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Question Type	Tool reference	Question	Response	Respondent
Clinical / Administration	Both	Will DHCS develop a tool to cross walk findings from PSC-35 to help inform the CANS?	DHCS has a tool that it will share with counties after obtaining language from the CANS developers on its proper use/interpretation.	CBHDA
Clinical / Administration	CANS	A client has been transferred to my program or between U-codes and has had a CANS completed upon their discharge. How should the next administration of the CANS be identified?	When someone transfers from U-Code to U-Code, an updated assessment should be completed. It can be updated to describe the current functioning that is related to the change in U-Code. As long as within the 30 days, they can use the same CANS which is probably the previous program's discharge CANS. The new clinician should still review it for accuracy, then submit.	CSCBHSD
Clinical / Administration	CANS	Do you recommend that the CANS manual be given to the client or just the score sheet?	The administration of the CANS is an interactive and collaborative process of engagement and conversation. Staff administering the CANS should utilize their clinical judgment and best practice on how to administer and complete the CANS with each of their unique families. The CANS does not have to be completed in one session. With the CANS: EC, there is a Family Pre-planning Guide that could be given to families prior to administration. Please download from the BHSD website. Staff should seek consultation from their CANS Peer Mentor or their clinical supervisor regarding any questions related to the process of CANS administration.	CSCBHSD
Clinical / Administration	CANS	Does the caregiver strengths/needs section of CANS apply to all caregivers including both biological and foster parent?	DHCS indicates that the Caregiver Resources and Needs sections applies to any caregiver, including biological parents and foster parents.	CBHDA

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Clinical / Administration	CANS	For TAY clients who will be turning 18, when is the CANS administered?	• The CANS workgroup decided that they would use the CANS 5+ comprehensive with the CANS 18+module for TAY. They developed the module because they felt that the CANS and the module captured better info than the MORS. Once the TAY transitions to Adult services then the agency would use the MORS. • 18+ module is triggered by the age of the youth, not by any specific item within the CANS. You would still use the CANS 5+ if they are 17 at the time of initial assessment, and the next assessment, when they are 18, would trigger the use of the 18+ module. As of July 1, 2017: • For existing TAY clients who have no CANS on record, the CANS 18+ that is administered will be considered an “Initial” CANS. This Initial CANS should be completed over the course of the first quarter of the fiscal year (July-Sept 2017).	CSCBHSD
Clinical / Administration	CANS	For those who are over 18 or do not have a caregiver at the time, how do we rate caregiver sections? Is there a NA options if not involved?	At this time we do not have a function to indicate the youth does not have a caregiver. It may be of interest to explore within the workgroup why it was not added, then include it for specific populations (such as 18+). For now, it would not be considered as actionable.	CSCBHSD
Clinical / Administration	CANS	How do we claim the discharge CANS?	Typically, if a discharge CANS is completed with a client, re-assessment can be claimed. How a session is claimed depends on the focus and engagement with client. Consult with your quality team/documentation trainers for clarification.	CSCBHSD

Question Type	Tool reference	Question	Response	Respondent
Clinical / Administration	CANS	How do we claim time spent administering the initial and updated CANS?	Completion of the CANS may be billed as "Assessment" at any point where review/update is clinically indicated. Providers should consult the SCCBHSD Documentation Manual for advice on how to document assessment activities. Once the "initial assessment" is done and signed, there can be additional episodes of "follow-up assessment" provided, again when clinically indicated. Assessment is a recurrent process, especially with children and all their developmental changes. Please refer to the Operational Standards for additional information.	CSCBHSD
Clinical / Administration	CANS	How is the CANS administered?	As a person-centered and strengths based system of care, the administration of the CANS is an interactive process of engagement and exploration of needs and strengths.	CSCBHSD
Clinical / Administration	CANS	How should a discharge CANS be handled when the client either no shows, drops out of program, or ends treatment before a discharge CANS is completed and will not be completed?	If a beneficiary was closed due to no contact and the most recent CANS was ≤90 days ago, it should be used as the discharge CANS and indicated in a progress note as to what date the CANS represents and reasons for not being updated. If no CANS or PSC-35 was obtained, an administrative discharge should be completed. A progress note should detail why there is no CANS or PSC-35 at closing.	CSCBHSD
Clinical / Administration	CANS	I completed a CANS update on 6/22, my client has asked to be discharged this month (July) and I will be closing her by early next week (mid-July). Would I need to complete/enter a "discharge CANS"?	if the most recent CANS was ≤90 days ago, it should be used as the discharge CANS and indicated in a progress note as to what date the CANS represents and reasons for not being updated.	CSCBHSD
Clinical / Administration	CANS	If there is a client death, how do we indicate that at closure?	As with an AWOL or dropping out of services, a client death would probably result in an exit CANS that is a carry over from the previous one, with a clear note explaining why the exit CANS looks exactly like the one prior.	Praed Foundation/University of Kentucky
Clinical / Administration	CANS	Pregnancies and abortion questions for CSE module - is this only during the time of exploitation or lifetime?	Lifetime of the youth	Praed Foundation/University of Kentucky

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Clinical / Administration	CANS	We have begun assessing a new referral, but they have opted to not continue with services at this time. It is before the 60 day opening window – do we have to complete an initial CANS?	An initial CANS does not have to be completed if a client was not opened or they were closed within the initial 60 day window. That said, if you have completed it, we encourage you to file it (whether in your system or KIDnet) in case the youth re-opens. This can be helpful historical information for you or others that are working with that youth.	CSCBHSD
Clinical / Administration	CANS	When is the CANS administered?	The CANS will be completed with new clients and with current clients during treatment plan review/update (minimum of every 6 months) Please refer to the Operational Standards for additional information.	CSCBHSD
Clinical / Administration	PSC-35	Can we modify pronouns on PSC-35 items that are not gender inclusive?	DHCS indicates that counties should not modify the questions as changes will alter the context and are then no longer standardized.	CBHDA
Clinical / Administration	PSC-35	Has there been research or feedback on the tool's sensitivity to various cultures (e.g.: various African cultures, African American, Persian, etc.)?	Vis a vis cultural sensitivity for different ethnicities, the PSC has been translated into close to 3 dozen different languages and used in more than that number of countries and ethnic subgroups in the US. In most of these studies the researchers assessed validity and found it to be good to very good. If you Google Pediatric Symptom Checklist you will find our website at MGH and can read up in the background section about some of the studies done with different cultural groups.	Mass Gen
Clinical / Administration	PSC-35	How do we administer the PSC-35 with diverse families (e.g., caregivers who can't read)?	DHCS indicates that the staff person administering the PSC-35 may read it to them (verbatim).	CBHDA
Clinical / Administration	PSC-35	How do we claim time spent administering the initial and updated PSC-35?	The PSC-35 is completed by the parent/caregiver, therefore it cannot be billed as a service. What you may bill for is the analysis and discussion **with** the family about the results as it pertains to the assessment (including informing the CANS).	CSCBHSD

Question Type	Tool reference	Question	Response	Respondent
Clinical / Administration	PSC-35	The items that are not associated with specific factors (internalizing, externalizing, attention), are there plans to associate those with the previously mentioned factors or new ones?	The other 18 items bulk up the total score, giving the 35 item more statistical power than the 17 item version, but the 17 works very well. The most important score on the PSC 35 is total score (0-70) which is recoded into case 28+ and not case 27 and lower On the PSC 17 the most important score is the total score (0-34) which is recoded into base (15+ and not case 14 and lower). Because the PSC 35 score is based on all 35 items it is a bit stronger statistically than the 17 which has half as many items. The subscale scores (internalizing, externalizing, attention) are somewhat less important.	Mass Gen
Clinical / Administration	PSC-35	We noticed number 37 on the English form is different from the European Portuguese, Brazilian Portuguese and Spanish versions (I can't translate the other languages myself, but saw Haitian had a translation like Portuguese & Spanish). The English one asks "Are there any services that you would like your child to receive for these problems?", whereas the two languages I mentioned read "Is your child currently seeing a mental health counselor?" How should we direct folks to respond to those questions when English is different from the other languages?	Q 36 and 37 are optional questions We have used different versions at different times as ways to help clinicians validate the total scores by comparing to one or two bottom line questions They don't figure in the score, so they can differ from form to form or even be dropped for the CA MH project So leaving them as is is easiest if you can	Mass Gen
Data collection & submission	Both	Can the scores be entered into Unicare?	We no longer enter CANS data into Unicare. Please see the Operational Standards for information on data collection, including KIDnet enrollment and uploading (data interface) options.	CSCBHSD

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Question Type	Tool reference	Question	Response	Respondent
Data collection & submission	Both	For agencies not entering CANS or PSC-35 scores directly into KIDnet, what is the procedure?	Please refer to the Operational Standards or contact Decision Support. For questions: Veronica Marquez Veronica.Marquez@hhs.sccgov.org and Yasmina Janini Yasmina.Janini@hhs.sccgov.org	CSCBHSD
Data collection & submission	Both	We noticed Drug & Alcohol administrators and programs on the Info Notice. Are the Drug Medi-Cal programs included in this implementation or specialty mental health programs only?	Specialty mental health programs only, though CSCBHSD has incorporated CANS into SUTS contracts.	DHCS
Data collection & submission	Both	We're currently basing the alerts for 6 month's recurring CANS on the first due date, rather than the client admit date. So if a customer's admit date is 1/1/21 – the first CANS is due 30 days from that admit date. Does the 6 months CANS based on the 30th day or the Admit date?	The follow-up assessment should be done six months after the original assessment	DHCS
Data collection & submission	Both	What if I have questions or suggestions about KIDnet?	FAQs for KIDnet are available on the BHSD website. You can also connect with Veronica Marquez Veronica.Marquez@hhs.sccgov.org and Yasmina Janini Yasmina.Janini@hhs.sccgov.org in Decision Support for KIDnet-related questions and suggestions.	CSCBHSD
Data collection & submission	PSC-35	How much involvement should the provider have in supporting the completion of the tool? For example, if the provider sees there are 4 or more items missing, should they go back and discuss with the caregiver in order for it to get completed?	If this can be done without too much disruption of clinical routines, it may be a good idea. Sometimes parents inadvertently leave an item or two blank and if this is pointed out to them they can easily answer, thus rendering the PSC scored and valid…whereas with 4 or more items left blank it would be coded as invalid and thus missing. Doing this in the same session is definitely valid and even if this were done a week later the resultant score would probably be valid. Waiting much longer to fill in missing items is probably not valid.	Mass Gen

Question Type	Tool reference	Question	Response	Respondent
Data collection & submission	PSC-35	If there is no caregiver involved, who rates the tool (e.g.: youth is 18 and not a dependent, group placement, incarcerated, emancipated, etc.)?	The youth him or herself would be the first person to turn to as long as he/she is literate and understands the process. We use essentially the same form as the PSC – Y (youth repot) with just the changing of the pronouns on a few items; so this is valid and usually sufficient; if you think that the youth would not be an accurate reporter, then the person who brings the youth to the clinic might be a good choice. A counselor or group home worker who knows the youth could be asked to fill out the PSC if no parent is available.	Mass Gen
Data collection & submission	PSC-35	We see that for ages 3-5 the recommendation is to set the school-related items aside. We were thinking of still using them as some of those kiddos are in pre-school or daycare. Would that alter the validity and reliability if we do something like that, particularly around the cut-off score differences? Any recommendations?	You can use the same form for the younger kids since most parents of preschoolers leave them blank or mark never anyway. You would still use the lower cutoff score (24+)	Mass Gen
Data collection & submission	PSC-35	When giving the parent/caregiver the PSC-35, what is the time period they would want the parent/caregiver to reflect upon (last week, last 30 days, 60 days, last 6 mos, etc.)?	We do not specify a time frame for the recall of the symptom, instead leaving it up to the parent's subjective assessment of what is relevant and salient and when We considered this 35 years ago when we finalized the current version and decided against specifying a time frame. The result has been an instrument with good reliability and validity without this specification, although many of the other parent report symptom checklists do specify a specific time frame as you noted.	Mass Gen

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Data sharing	CANS	What are the expectations around sharing CANS information with child welfare?	ACL 18-09/IN 18-007 states that "The CANS assessment results must be shared, discussed, and used within the CFT process to support case planning and care coordination." However, given privacy laws and regulations governing mental health and SUD information, DHCS developed an Information Notice (18-029) that specifically addresses the sharing of CANS information between mental health plans and child welfare regarding foster children and youth only.	CBHDA
Defintions	CANS	18+ TAY module- caregiver item- how do you rate if the client/youth lost custody of their child?	If the youth has lost custody of their child permanently, then rate the item '0' and write a note as to the fact that the youth lost parental rights; If the youth has lost custody of their child temporarily, then rate it actionable, as they will need support in addressing whatever lead to the child's removal. Also write a note regarding this circumstance.	Praed Foundation/University of Kentucky
Defintions	CANS	For the "disruptions in caregivers" is there a time frame for this? Does it depend on client's own experience of whether disruption was stressful?	Disruptions in caregiving should be part of the Trauma Exposures section. The entire section is rated for the lifetime of the youth. Disruptions in caregiving should be rated whether or not the youth can state if the event was stressful or not (i.e., some youth were separated from their mothers at birth, and later have challenges around this in relation to adoption, etc.).	Praed Foundation/University of Kentucky
Defintions	CANS	The manual includes a much broader definition of "Exploitation" in the main section than in the CSE module. It seems "Exploitation" could be bullying, psychological abuse, victimization, but then the module is only for "Commercially Sexually Exploited" (CSE) type of victimization. How do we reconcile this?	"Exploitation" does and should reflect all forms. Our CSE module, which is triggered by this item in the CANS 5+, will only reflect those who have been sexually exploited. Therefore, if the exploitation not related to CSE, then the module would show the areas as not an issue, or "not actionable."	Praed Foundation/University of Kentucky

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Defintions	CANS	What is the Praed Foundation?	The Praed Foundation is a public charitable foundation committed to improving the wellbeing of all through the use of personalized, timely and effective interventions. https://praedfoundation.org/ The Praed Foundation maintains the copyrights on the Child & Adolescent Needs and Strengths (CANS), the Family Advocacy and Support Tool (FAST), the Crisis Assessment Tool (CAT), and the Adult Needs and Strengths Assessment (ANSA).	Praed Foundation/University of Kentucky
Programmatic	Both	Is there a certain color required for the CANS and PSC-35 score forms?	There is no color requirement for the score form.	CSCBHSD
Programmatic	Both	Where are the CANS Comprehensive 5 + and the CANS: EC materials, manuals, score forms, operational standards, and other information available?	Information related to CANS Implementation for Santa Clara County Behavioral Health Department can be found at the Santa Clara County Behavioral Health Department website	CSCBHSD
Programmatic	PSC-35	How does it inform level of care (is there a recommended algorithm, etc.)?	The primary validity of the PSC is for its case/not case score which is 28 or higher on the parent report and 30 or higher on the youth report. Very high scores like these indicate clear risk. Youth with lower scores may still be at risk, so a low score on the PSC does not mean no problems, just a lower likelihood of serious problems. What the state may also be interested in is raw score/change score. In general one would hope to see a lower score when PSC is filled out again in 3 or 6 months, so charting of the scores over time may be a useful indicator or progress in treatment over time.	Mass Gen
Programmatic	PSC-35	If a youth is 17.9 and is administered the PSC-35, then turns 18 prior to the next administration, should it be completed?	No.	DHCS
Trainer & Super User	CANS	How will the CANS Peer Mentor/Super User and trainer work together?	Mentor/Super User should provide feedback to the trainer if questions arise repeatedly.	CSCBHSD

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Question Type	Tool reference	Question	Response	Respondent
Trainer & Super User	CANS	What is the role of the CANS Peer Mentor/Super User?	This designated person has the CANS expertise and knowledge to share with peers and, therefore, can be available to provide support and be a "go to" person for questions about the CANS.	CSCBHSD
Trainer & Super User	CANS	What is the role of the CANS Trainer?	This agency designated person has been trained to be a CANS Trainer either by Dr. Lyons or by an official and approved Trainer by Dr. Lyons. The agency designated trainer will provide training on the CANS to all new hires, transfers, and intern/trainees who provide services to children ages 0-18 and their families and which will lead to their certification. Any staff person who provides therapeutic and/or home visitation services to this population must be trained on the CANS and be certified and recertified annually. Please refer to Operational Standards for program exceptions. As a person-centered and strengths based system of care, there will be emphasis that administering the CANS is an interactive process of engagement and exploration of needs and strengths.	CSCBHSD
Trainer & Super User	CANS	Who can be a CANS Peer Mentor (Super User)?	A CANS Peer Mentor is a person identified by the agency who uses the CANS on a regular basis and has the ability to articulate the philosophy of the CANS and person-centered and strengths based way of administration. While trainers can be considered peer mentors, not all mentors are trainers.	CSCBHSD

Question Type	Tool reference	Question	Response	Respondent
Trainer & Super User	CANS	Who can be a CANS trainer?	To be a CANS Comprehensive 5+ trainer, one must have received a reliability score of .80 or above on the CANS 5+. Potential trainer must also be comfortable making presentations to an audience, comfortable developing a narrative/sponsorship statement and have their own stories to tell about using CANS with families. To be a CANS: EC trainer, one must have been trained in the CANS: EC and received a reliability score of .80 or above. Also must have a foundational knowledge in Early Childhood Development and Mental Health. Potential trainer must also be comfortable making presentations to an audience, comfortable developing a narrative/sponsorship statement and have their own stories to tell about using CANS with families. A trainer is an agency-designated position.	CSCBHSD
Trainer & Super User	CANS	Who should be trained in the CANS?	Each program/agency will ensure that provider staff are trained and certified in the CANS Comprehensive 5+ (and the CANS: Early Childhood version for provider staff that serve clients birth through age 5). Each program/agency will ensure that supervisors/managers are trained and certified in the CANS Comprehensive 5+ and/or the CANS: Early Childhood. Each program/agency directors/executives will receive an overview of the CANS training. Please refer to the Operational Standards for additional information.	CSCBHSD
Training & Certification	CANS	Agency does not currently have a CANS trainer, is there another option?	Yes. Please reference the “CANS Certification and Re-certification Policy” posted on the BHSD Functional Assessment tools website	CSCBHSD
Training & Certification	CANS	What happens when a clinician is not certified or recertified, and a client on their caseload is due for a CANS re-assessment?	A clinician or provider staff person who is not certified or recertified cannot administer the CANS 5+ or CANS: EC. Clinician or provider staff person needs to consult with their clinical supervisor or program manager.	CSCBHSD

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Training & Certification	CANS	What is the process of recertification?	Please reference the CANS Certification and Re-certification Policy on the SCCBHSD website. Provider staff need to be recertified annually by the anniversary date of their initial certification. Each agency is responsible to ensure that their staff are certified and recertified though the Praed Foundation, though in-house (live) trainings are recommended, particularly for persons who are new to the material.	CSCBHSD
Training & Certification	CANS	When will the next CANS trainings be held?	The Behavioral Health Services Department (BHSD) sponsored CANS trainings are offered sparingly through the year. Certification is completed online with the Praed Foundation (https://tcomtraining.com/login). It is recommended that agencies build trainer capacity in-house to support the use of CANS and preparation for certification/re-certification. The BHSD may sponsor a Train the Trainer option once per year or every other year. The Train the Trainers program will be a 1-day training with Dr. John Lyons or a designated representative from Praed Foundation/University of Kentucky to train agency-designated staff to be a CANS trainer for their agency. This is to build internal capacity to train and support new staff and interns/trainees.	CSCBHSD
Transitioning	Both	Re: change of service type (higher or lower level of care) – if transferred to another service (i.e. Outpatient to Intensive OP), would the first CANS/PSC provided by IOP be considered initial or subsequent?	In terms of change of service type, if you have previous CANS scores that you can carryover from before IOP, then you would call the first ones provided at IOP “Subsequent.” But, you won’t have that for the PSC (I assume) so this would be identified as “Initial” and if you don’t have scores you can carryover from before IOP than the first ones provided at IOP are “Initial” too. CANS should carry throughout treatment, regardless of program transition.	DHCS

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Transitioning	CANS	If a youth is being transferred between programs (could be level of care change or agency change), what is time frame (go off previous completion date or do dates start over in new episode opening)?	CANS should carry throughout treatment, regardless of program transition. Any significant change triggers the need to update a CANS (they should never start from scratch when a CANS has been done). If the change is considered significant by anyone on the CFT, then a new CANS update is warranted. Generally, change of provider for the same level of care does not signify a significant change for the child. But the team should also ask why the provider/agency is changing. And does that change mean that the family loses a team member that was important to them, get them services in a less convenient environment, etc.	DHCS