INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF MENTAL HEALTH AND ADDICTION
OFFICIAL POLICY

Name of Policy: **Assessment Requirements for Children and Adolescents Entering or Treated in All State Owned or Operated Mental Health Institutions**

Effective Date: September 3, 2008

I. Purpose

The purpose of this policy is to define the use of the Child and Adolescent Needs and Strengths (CANS) assessment in State owned or operated mental health hospitals. For children and adolescents admitted, DMHA hospital treatment staff is required to reassess each patient every 90 days and at discharge using the CANS tool. Hospital treatment staff shall use the CANS assessment and reassessments to support treatment interventions and transitional planning to the community.

II. Application

All State owned or operated mental health institutions (DMHA hospitals).

Community Mental Health Centers (CMHC's) in their role as gatekeeper for DMHA hospital services.

III. Policy Statement

Prior to admission to a DMHA hospital, a Child and Adolescent Needs and Strength assessment (CANS) is required. Upon determining a child or adolescent may be in need of DMHA hospital services, the gatekeeper shall complete and/or verify the CANS as part of their clinical assessment to determine the appropriateness of the hospital admission. The CANS assessment shall be completed, by the gatekeeper or other verified CANS user that is providing treatment for the child, based on a face-to-face interview with the child and family and/or caregiver, along with a review of available supporting information.

To support the referral for DMHA hospital treatment, gatekeepers are required to submit a copy of the CANS, the gatekeeper's clinical assessment based on direct contact with the family and child, and the recommended intensity of care report from IBHAS to the DMHA hospital(s) at the time of referral. These documents are in addition to the designated referral form and other required supporting documents. To be considered for admission to a state owned or operated hospital, the CANS assessment must have been completed within the 30 days prior to the submission of the request for admission.

Exceptions: If the CANS assessment does not identify the need for treatment in a congregate setting and the gatekeeper requests admission to a DMHA hospital, the gatekeeper shall submit additional documentation with their referral to justify and support the request for admission to the designated hospital. Gatekeepers are required to utilize designated forms to submit justifications to the DMHA hospital(s) and must also fax a copy of the justification to FSSA/DMHA for quality improvement purposes. Based on this information and the CANS intensity of service algorithm recommendation, the hospital admissions team, gatekeeper, child and family, and significant others (i.e., Department of Child Services Family Case Manager), shall determine if admission to a DMHA hospital is appropriate at this time. If consensus is not obtained, appropriateness shall be determined by utilizing IC12-24-5.

Upon determining that the child or adolescent is appropriate for admission, the DMHA hospital shall place the child or adolescent on the DMHA wait list. Any child or adolescent remaining on the wait list for more than 30 days requires the gatekeeper to submit updated information monthly regarding the child's status to designated DMHA hospitals utilizing the designated forms. Updates shall include but not limited to: mental health/behavioral needs, type/intensity of community interventions, and current medications. The gatekeeper is required to fax a copy of these monthly updates to FSSA/DMHA for quality improvement purposes.

If a child or adolescent remains on the wait list for admission to a DMHA hospital for more than 90 days from the last CANS, the CANS must be redone by the gatekeeper to assess current needs; either the comprehensive or the reassessment

CANS tools shall be used. Indiana Behavioral Health Assessment System (IBHAS) reports shall be submitted to the designated hospitals with supporting documentation. If the CANS assessment does not identify the need for treatment in a congregate setting and the gatekeeper continues to request admission to a state hospital, steps identified in the noted exception above shall be taken to determine if admission to a congregate setting is appropriate.

Upon admission to a DMHA hospital, the child's treatment staff shall review the CANS assessment and IBHAS report, along with other pertinent clinical data, to develop an appropriate treatment and transition plan.

For children who were admitted prior to implementation of this policy and for whom there is no CANS completed by the gatekeeper, DMHA hospital staff will complete an initial comprehensive CANS assessment within 30 days of the effective date of this policy followed by the required 90 day reassessments. The CANS assessments are to be completed with input from the hospital team, gatekeeper, child, family and significant others (i.e., DCS Family Case Manager) in order to achieve agreement regarding needs, to monitor progress, and to create an effective transition plan to community based care. The CANS is to be completed every ninety (90) days and at discharge/transfer.

All CANS ratings completed by staff within the state hospital will be reported to the Indiana Behavioral Health Assessment System (IBHAS) in a timeframe established by DMHA. Reports from IBHAS include an individual's ratings, Behavioral Health Decision Model recommendations for community based care and outcomes. A copy of the CANS assessments and IBHAS reports will be retained in the consumer's clinical record at the DMHA hospital.

IV. Definitions

Child – an individual age 0 through 12

Adolescent – an individual aged 13 through 17

Child and Adolescent Needs and Strengths (CANS) Assessment – a functional assessment of both the child and family (unpaid caregiver(s). The assessment instrument is copyrighted by the Praed Foundation, 1999. Indiana's CANS tools are posted at http://ibhas.in.gov under "Documents".

Indiana Behavioral Health Assessment System (IBHAS) – the interactive web based database created by DMHA to collect, analyze and report information based on CANS assessments.

Intensive Community Based Services include Intensive Case Management [defined in 440 IAC 9-2-10 (e) (3) & (f)] and Day Treatment, Intensive Outpatient and/or Home Based Services. If needed, Intensive Community Based Services may be provided through a Child and Family Wraparound Team. Children and families receiving intensive community based services may also receive outpatient services.

A congregate setting is referenced as a State Owned or Operated Mental Health Institution or PRTF.

V. Legal References and Authority

IC 12-24-5 Admission to State Institutions

VI. Attachments

REVIEWED AND ENDORSED by DMHA Policy Development Committee

Willard L Mays — 9/3/08

Chair, DMHA Policy Development Committee — Date

APPROVED for Implementation

Cathy Briggs — 9-5-08

Director, Division of Mental Health and Addiction — Date