



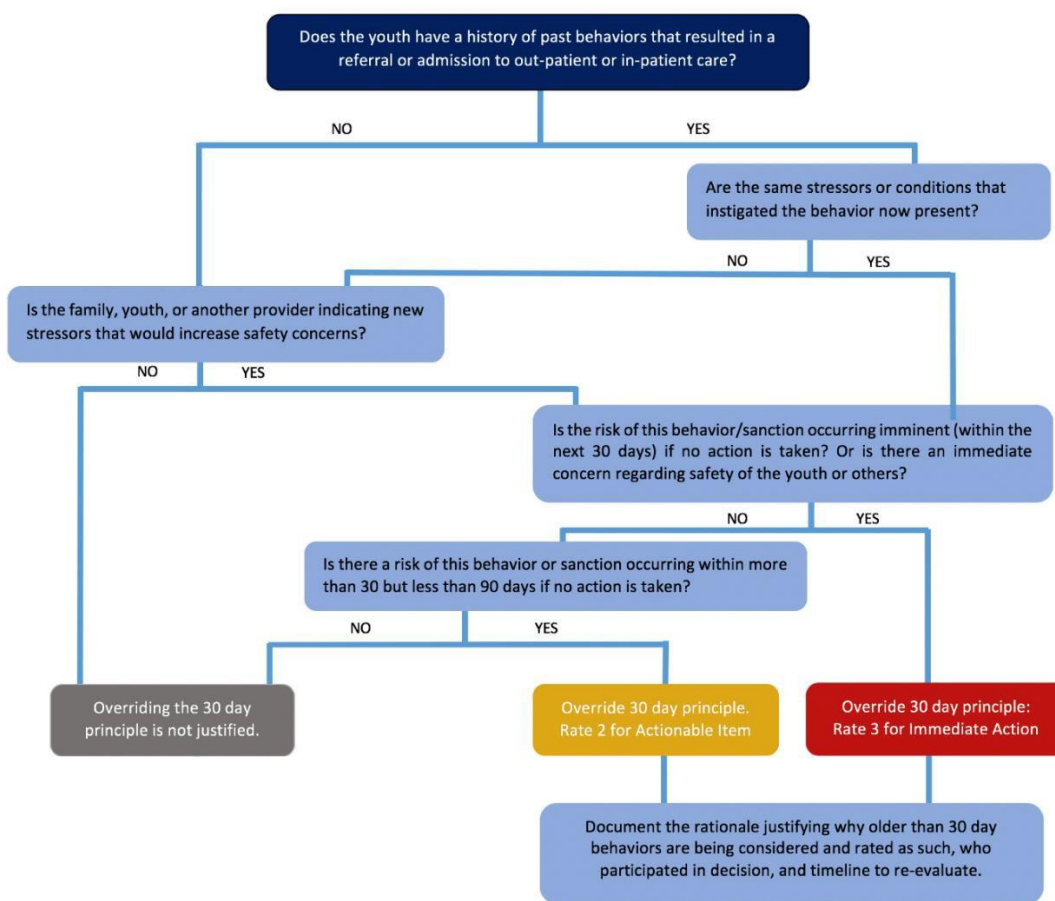
Key Principle: Rate Items Within a 30-Day Window

CANS-NY User Tip Sheet

The 30-Day Window is a short look back period that all CANS-NY facilitators use to assess the child or youth's current status. A 30-Day Window is used for ratings in order to make sure assessments stay "fresh" and relevant to the child or youth's present circumstances. However, the action levels can be used to override the 30-Day rating period. In some circumstances it is in the best interest of the youth or family to override this 30-Day Window.

The CANS is a care planning tool that provides an up-to-date snapshot of the youth's strengths and needs. The 30-Day Window Principle ensures the information being provided by the CANS-NY is current and captures the youth's status at the time of care planning. However, if a youth's past reactions to certain situations and stressors can inform the current care planning and transformation process, those should be considered.

When should the 30-Day Window be overridden? Whenever the 30 days just prior to the assessment fail to capture the youth's/family's needs or risk levels adequately. Ask yourself...Are the stressors or conditions that led to the need still present? Are any new stressors present with the potential to intensify the need?



Recommendations for Overriding

Overriding Due To Safety: Primary focus for overriding the 30-Day Window should be on measures related to safety and/or risk behaviors that might: a) Have an impact on the ability of the youth/client to remain in the community; b) Result in a placement disruption if not addressed; or c) Result in a higher level of care placement (e.g., RTF, hospitalization, etc.) if not addressed.

Collaborative Decision: All decisions related to overriding the 30-Day Window should be done collaboratively with the team, including the family if possible.



Best Practice: Documenting Overriding the 30-Day Window

It is best practice to document when the 30-Day Window is being overridden. This ensures that the next Care Manager or service provider understands why a specific action rating was used. The Care Manager’s Documentation should include

- The evidence used to support the rating, especially if over-riding the 30-day window.
- Who was involved in the decision making and who reviewed the decision; and
- A timeline for the need to be reassessed.

Please note that when contemplating whether the 30-Day Window fails to capture a youth’s true level of actionable need or risk, consider if it is due to masking. Masking occurs when a need is masked by a service currently in place. For example, a youth with a known history of delinquent behavior may not have committed any new acts during the last 30 days because he or she is in a residential program with 24-hour supervision. This would not be an example of overriding the 30-Day Window Principle, but rather, an example of the Principle of Rate the Individual, not the Individual in Care. See the tip sheet: “Key Principle: Ratings Describe the Individual”.

The following examples are selected from across the CANS-NY. Each example includes the item, the rating, and a sample of how that rating and the reasons behind it might be documented.

Examples		
Item	Rating	Sample Documentation
School Behavior	3	Joe is an 11 year old youth who is being admitted into a Day Treatment program at an alternative school for emotionally disturbed youth. His referral was triggered by his sudden explosive behavior while in school, resulting in the significant injury of a teacher who was pressuring him to complete his in-class assignment. He has been on a waiting list for 4 months for day treatment services and has been receiving home tutoring during that period. Although he has done well with the tutor, Child Protective Services has been in the home to monitor the children due to safety issues arising from domestic violence following the release of Dad from prison 5 months ago. The treatment team at the Day Treatment Program has determined that the stressors in Joe’s life (structured school setting and Dad’s return home) warrant overriding the 30-Day Window. If he is able to manage his behaviors without an aggressive act for one month, School Behavior will be rated a “2.”
Suicide Risk	2	Sue is a 15 year old youth who was admitted the previous year to inpatient psychiatric care following a suicide attempt after her father died unexpectedly. Although she is denying ideation, the mother notes Sue’s growing anxiety and depression as the anniversary of the father’s death approaches. The interdisciplinary team, at the mother’s request, is rating her as actionable for the next 3 months. At that time, she will be reassessed and the rating will be adjusted to meet Sue’s anticipated needs.