

# CHILD AND ADOLESCENT NEEDS AND STRENGTHS 0-5 (CANS 0-5)

## LA County DMH Version

Assessment Date: \_\_\_\_\_ Assessing Practitioner: \_\_\_\_\_

Assessment Type:  Initial  Reassessment  Discharge  Administrative Close  Urgent Client has a caregiver\*:  Yes  No

If Administrative Close, select reason:  Client not available/assess only  Client/Caregiver declined to participate  Other

Contributor(s): Name: \_\_\_\_\_ Relationship:  Caregiver  Other Family Member  Child Welfare Worker  
 Agency Staff  Probation Worker  Educational Staff  Other

Name: \_\_\_\_\_ Relationship:  Caregiver  Other Family Member  Child Welfare Worker  
 Agency Staff  Probation Worker  Educational Staff  Other

Name: \_\_\_\_\_ Relationship:  Caregiver  Other Family Member  Child Welfare Worker  
 Agency Staff  Probation Worker  Educational Staff  Other

### POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERS.

NO = no evidence  
YES = exposure/experienced a trauma of this type

	NO	YES
T1. Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>
T2. Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>
T3. Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>
T4. Neglect	<input type="checkbox"/>	<input type="checkbox"/>
T5. Medical Trauma	<input type="checkbox"/>	<input type="checkbox"/>
T6. Witness to Family Violence	<input type="checkbox"/>	<input type="checkbox"/>
T7. Witness to Community/School Violence	<input type="checkbox"/>	<input type="checkbox"/>
T8. Natural or Manmade Disaster	<input type="checkbox"/>	<input type="checkbox"/>
T9. War/Terrorism Affected	<input type="checkbox"/>	<input type="checkbox"/>
T10. Victim/Witness to Criminal Activity	<input type="checkbox"/>	<input type="checkbox"/>
T11. Disruption in Caregiving/Attachment Losses	<input type="checkbox"/>	<input type="checkbox"/>
T12. Parental Criminal Behaviors	<input type="checkbox"/>	<input type="checkbox"/>

### RISK BEHAVIORS & FACTORS

0=no evidence 1=history or suspicion; monitor  
2=interferes with functioning; 3=disabling, dangerous; immediate action needed

	0	1	2	3
EC 15. Self-Harm (12 months to 5 years old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 16. Exploited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 17. Prenatal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 18. Exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 19. Labor and Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 20. Birth Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 21. Failure to Thrive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### CHALLENGES

0=no evidence 1=history or suspicion; monitor  
2=interferes with functioning; 3=disabling, dangerous; immediate action needed

	0	1	2	3
EC 1. Impulsivity / Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 2. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 3. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 4. Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 5. Attachment Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 6. Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 7. Regulatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 8. Atypical Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 9. Sleep (12 months to 5 years old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### CULTURAL FACTORS

0=no evidence 1=history or suspicion; monitor  
2=interferes with functioning; 3=disabling, dangerous; immediate action needed

	0	1	2	3
EC 22. Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 23. Traditions and Rituals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 24. Cultural Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### FUNCTIONING

0=no evidence 1=history or suspicion; monitor  
2=interferes with functioning; 3=disabling, dangerous; immediate action needed

	0	1	2	3
EC 10. Family Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 11. Early Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 12. Social and Emotional Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 13. Developmental/Intellectual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 14. Medical / Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### STRENGTHS

0= Centerpiece strength 1= Useful strength  
2= Identified strength 3= No evidence

	0	1	2	3
EC 25. Family Strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 26. Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 27. Natural Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 28. Resiliency (Persist. & Adaptability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 29. Relationships Permanence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 30. Playfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 31. Family Spiritual/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### DYADIC CONSIDERATIONS

0= No Evidence 1= History or suspicion; monitor  
2= Interferes with functioning; 3= Disabling dangerous; immediate action needed

	0	1	2	3
EC 32. Caregiver Emot. Responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 33. Caregiver Adj. to Traumatic Exper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Name: \_\_\_\_\_ DMH ID#: \_\_\_\_\_

Agency: \_\_\_\_\_ Provider #: \_\_\_\_\_

**Los Angeles County – Department of Mental Health**

# CHILD AND ADOLESCENT NEEDS AND STRENGTHS 0-5 (CANS 0-5)

## LA County DMH Version

*\*Skip Caregiver Resources and Needs Domain if client has no Caregiver*  
 The primary caregiver should always be listed as Caregiver A.  
*\*\*For Relationship Values, refer to valid list of Caregiver Relationship Values*

**CAREGIVER RELATIONSHIP VALUES			
Agency Staff	County Social Worker	Mother	Father
Aunt	Foster Mother	Foster Father	Grandmother
Uncle	Legal Guardian	Non-Relative Caregiver	Grandfather
Self	Sibling	Stepmother	Stepfather
Other			

CAREGIVER RESOURCES AND NEEDS				
A. Caregiver Name: _____				
Relationship:** _____				
0=no evidence; this could be a strength				
1=history or suspicion; monitor; may be an opportunity to build				
2=interferes with functioning; action needed				
3=disabling, dangerous; immediate or intensive action needed				
	0	1	2	3
EC 34a. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 35a. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 36a. Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 37a. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 38a. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 39a. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 40a. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 41a. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 42a. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 43a. Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 44a. Family Rel. to the System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 45a. Legal Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 46a. Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAREGIVER RESOURCES AND NEEDS				
B. Caregiver Name: _____				
Relationship:** _____				
0=no evidence; this could be a strength				
1=history or suspicion; monitor; may be an opportunity to build				
2=interferes with functioning; action needed				
3=disabling, dangerous; immediate or intensive action needed				
	0	1	2	3
EC 34b. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 35b. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 36b. Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 37b. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 38b. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 39b. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 40b. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 41b. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 42b. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 43b. Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 44b. Family Rel. to the System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 45b. Legal Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 46b. Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAREGIVER RESOURCES AND NEEDS				
C. Caregiver Name: _____				
Relationship:** _____				
0=no evidence; this could be a strength				
1=history or suspicion; monitor; may be an opportunity to build				
2=interferes with functioning; action needed				
3=disabling, dangerous; immediate or intensive action needed				
	0	1	2	3
EC 34b. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 35b. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 36b. Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 37b. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 38b. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 39b. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 40b. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 41b. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 42b. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 43b. Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 44b. Family Rel. to the System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 45b. Legal Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 46b. Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAREGIVER RESOURCES AND NEEDS				
D. Caregiver Name: _____				
Relationship:** _____				
0=no evidence; this could be a strength				
1=history or suspicion; monitor; may be an opportunity to build				
2=interferes with functioning; action needed				
3=disabling, dangerous; immediate or intensive action needed				
	0	1	2	3
EC 34b. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 35b. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 36b. Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 37b. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 38b. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 39b. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 40b. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 41b. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 42b. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 43b. Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 44b. Family Rel. to the System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 45b. Legal Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 46b. Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS 0-5 (CANS 0-5)**  
**LA County DMH Version**

1. **Areas of sufficiency or strength** (e.g. Areas marked as "0," "1," or "2" within the Strengths Domain):

**Comments** (include any positive outcomes where previous needs were met or improved upon):

2. **Areas of potential need** (e.g. Areas marked as "2" or "3"):

**Agreed upon areas to provide support/assistance through linkage & referral:**

**Comments:** (include history & current status of need, relevant information from significant supports, information from other documents/chart review, & any barriers to getting needs met):

<small>This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.</small>	<b>Name:</b>	<b>DMH ID#:</b>
	<b>Agency:</b>	<b>Provider #:</b>
<b>Los Angeles County – Department of Mental Health</b>		