MH 755
2/5/21

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	☐	☐
T2. Physical Abuse	☐	☐
T3. Emotional Abuse	☐	☐
T4. Neglect	☐	☐
T5. Medical Trauma	☐	☐
T6. Witness to Family Violence	☐	☐
T7. Witness to Community/School Violence	☐	☐
T8. Natural or Manmand Disaster	☐	☐
T9. War/Terrorism Affected	☐	☐
T10. Victim/Witness to Criminal Activity	☐	☐
T11. Disruption in Caregiving/Attachment Losses	☐	☐
T12. Parental Criminal Behaviors	☐	☐

CHALLENGES

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

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

FUNCTIONING

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

	0	1	2	3
EC 10. Family Functioning	☐	☐	☐	☐
EC 11. Early Education	☐	☐	☐	☐
EC 12. Social and Emotional Functioning	☐	☐	☐	☐
EC 13. Developmental/Intellectual	☐	☐	☐	☐
EC 14. Medical / Physical	☐	☐	☐	☐

RISK BEHAVIORS & FACTORS

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

	0	1	2	3
EC 15. Self-Harm (12 months to 5 years old)	☐	☐	☐	☐
EC 16. Exploited	☐	☐	☐	☐
EC 17. Prenatal Care	☐	☐	☐	☐
EC 18. Exposure	☐	☐	☐	☐
EC 19. Labor and Delivery	☐	☐	☐	☐
EC 20. Birth Weight	☐	☐	☐	☐
EC 21. Failure to Thrive	☐	☐	☐	☐

CULTRUAL FACTORS

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

	0	1	2	3
EC 22. Language	☐	☐	☐	☐
EC 23. Traditions and Rituals	☐	☐	☐	☐
EC 24. Cultural Stress	☐	☐	☐	☐

STRENGTHS

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

	0	1	2	3
EC 25. Family Strengths	☐	☐	☐	☐
EC 26. Interpersonal	☐	☐	☐	☐
EC 27. Natural Supports	☐	☐	☐	☐
EC 28. Resiliency (Persist. & Adaptability)	☐	☐	☐	☐
EC 29. Relationships Permanence	☐	☐	☐	☐
EC 30. Playfulness	☐	☐	☐	☐
EC 31. Family Spiritual/Religious	☐	☐	☐	☐

DYADIC CONSIDERATIONS

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

	0	1	2	3
EC 32. Caregiver Emot. Responsiveness	☐	☐	☐	☐
EC 33. Caregiver Adj. to Traumatic Exper.	☐	☐	☐	☐

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**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	☐	☐	☐	☐
EC 35a. Involvement with Care	☐	☐	☐	☐
EC 36a. Knowledge	☐	☐	☐	☐
EC 37a. Social Resources	☐	☐	☐	☐
EC 38a. Residential Stability	☐	☐	☐	☐
EC 39a. Medical/Physical	☐	☐	☐	☐
EC 40a. Mental Health	☐	☐	☐	☐
EC 41a. Substance Use	☐	☐	☐	☐
EC 42a. Developmental	☐	☐	☐	☐
EC 43a. Safety	☐	☐	☐	☐
EC 44a. Family Rel. to the System	☐	☐	☐	☐
EC 45a. Legal Involvement	☐	☐	☐	☐
EC 46a. Organization	☐	☐	☐	☐

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	☐	☐	☐	☐
EC 35b. Involvement with Care	☐	☐	☐	☐
EC 36b. Knowledge	☐	☐	☐	☐
EC 37b. Social Resources	☐	☐	☐	☐
EC 38b. Residential Stability	☐	☐	☐	☐
EC 39b. Medical/Physical	☐	☐	☐	☐
EC 40b. Mental Health	☐	☐	☐	☐
EC 41b. Substance Use	☐	☐	☐	☐
EC 42b. Developmental	☐	☐	☐	☐
EC 43b. Safety	☐	☐	☐	☐
EC 44b. Family Rel. to the System	☐	☐	☐	☐
EC 45b. Legal Involvement	☐	☐	☐	☐
EC 46b. Organization	☐	☐	☐	☐

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	☐	☐	☐	☐
EC 35b. Involvement with Care	☐	☐	☐	☐
EC 36b. Knowledge	☐	☐	☐	☐
EC 37b. Social Resources	☐	☐	☐	☐
EC 38b. Residential Stability	☐	☐	☐	☐
EC 39b. Medical/Physical	☐	☐	☐	☐
EC 40b. Mental Health	☐	☐	☐	☐
EC 41b. Substance Use	☐	☐	☐	☐
EC 42b. Developmental	☐	☐	☐	☐
EC 43b. Safety	☐	☐	☐	☐
EC 44b. Family Rel. to the System	☐	☐	☐	☐
EC 45b. Legal Involvement	☐	☐	☐	☐
EC 46b. Organization	☐	☐	☐	☐

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	☐	☐	☐	☐
EC 35b. Involvement with Care	☐	☐	☐	☐
EC 36b. Knowledge	☐	☐	☐	☐
EC 37b. Social Resources	☐	☐	☐	☐
EC 38b. Residential Stability	☐	☐	☐	☐
EC 39b. Medical/Physical	☐	☐	☐	☐
EC 40b. Mental Health	☐	☐	☐	☐
EC 41b. Substance Use	☐	☐	☐	☐
EC 42b. Developmental	☐	☐	☐	☐
EC 43b. Safety	☐	☐	☐	☐
EC 44b. Family Rel. to the System	☐	☐	☐	☐
EC 45b. Legal Involvement	☐	☐	☐	☐
EC 46b. Organization	☐	☐	☐	☐

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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):*