

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS-IP)

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
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 Agency Staff Probation Worker Educational Staff Other

BEHAVIORAL/EMOTIONAL NEEDS DOMAIN				
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
1. Psychosis (Thought Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Impulsivity/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Anger Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CULTURAL FACTORS DOMAIN				
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
29. Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Traditions and Rituals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Cultural Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIFE FUNCTIONING DOMAIN				
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
10. Family Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Living Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Social Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Developmental/Intellectual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. School Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. School Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. School Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Sexual Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STRENGTHS DOMAIN				
0=Centerpiece strength	1=Useful strength			
2=Identified strength	3=No evidence			
	0	1	2	3
32. Family Strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Educational Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Talents and Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Spiritual/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Cultural Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Community Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Natural Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Resiliency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Skip Caregiver Resources and Needs Domain if client has no Caregiver.

The primary caregiver should always be listed as Caregiver A.

**For Relationship, refer to valid list of Caregiver Relationship Values

RISK BEHAVIORS				
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
21. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Non-Suicidal Self-Injurious Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Other Self-Harm (Recklessness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Danger to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Runaway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Sexual Aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Delinquent Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Intentional Misbehavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
41a. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42a. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43a. Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44a. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45a. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46a. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47a. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48a. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49a. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50a. Safety	<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

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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
41b. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42b. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43b. Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44b. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45b. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46b. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47b. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48b. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49b. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50b. Safety	<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
41d. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42d. Involvement w/ Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43d. Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44d. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45d. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46d. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47d. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48d. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49d. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50d. Safety	<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
41c. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42c. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43c. Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44c. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45c. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46c. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47c. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48c. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49c. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50c. Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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			

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERS.

NO = No evidence of any trauma of this type
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"/>

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERS.

NO = No evidence of any trauma of this type
YES = Exposure/experienced a trauma of this type

	NO	YES
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"/>

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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):

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Agency: _____ Provider #: _____

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