

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS-IP)

LA County DMH Version

Assessment Date: _____ Assessing Practitioner: _____

Assessment Type: Initial Reassessment Discharge Client has a caregiver*: Yes No

Contributor(s):	Name:	Relationship:	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Other Family Member	<input type="checkbox"/> Child Welfare Worker	
	Name:	Relationship:	<input type="checkbox"/> Agency Staff	<input type="checkbox"/> Probation Worker	<input type="checkbox"/> Educational Staff	<input type="checkbox"/> Other
	Name:	Relationship:	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Other Family Member	<input type="checkbox"/> Child Welfare Worker	<input type="checkbox"/> Other
	Name:	Relationship:	<input type="checkbox"/> Agency Staff	<input type="checkbox"/> Probation Worker	<input type="checkbox"/> Educational Staff	<input type="checkbox"/> Other
	Name:	Relationship:	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Other Family Member	<input type="checkbox"/> Child Welfare Worker	<input type="checkbox"/> Other
	Name:	Relationship:	<input type="checkbox"/> Agency Staff	<input type="checkbox"/> Probation Worker	<input type="checkbox"/> Educational Staff	<input type="checkbox"/> Other

BEHAVIORAL/EMOTIONAL NEEDS DOMAIN				
	0	1	2	3
0=no evidence				
1=history or suspicion; monitor				
2=interferes with functioning; action needed				
3=disabling, dangerous; immediate or intensive action needed				
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	1	2	3
0=no evidence				
1=history or suspicion; monitor				
2=interferes with functioning; action needed				
3=disabling, dangerous; immediate or intensive action needed				
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"/>

STRENGTHS DOMAIN				
	0	1	2	3
0=Centerpiece strength				
1=Useful strength				
2=Identified strength				
3=No evidence				
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"/>

LIFE FUNCTIONING DOMAIN				
	0	1	2	3
0=no evidence				
1=history or suspicion; monitor				
2=interferes with functioning; action needed				
3=disabling, dangerous; immediate or intensive action needed				
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"/>

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

*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

CAREGIVER RESOURCES AND NEEDS				
	0	1	2	3
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				
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
YES = interferes with functioning; action needed

	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
YES=interferes with functioning; action needed

	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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Name:

DMH ID#:

Agency:

Provider #:

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