MH 735 8/7/24

## CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS-IP)

| LA County DMH Version  |                |  |                       |                     |                                |   |  |                   |                        |                         |               |                  |  |  |  |   |  |                    |           |  |  |
|--|----------------|--|-----------------------|---------------------|--------------------------------|---|--|-------------------|------------------------|-------------------------|---------------|------------------|--|--|--|---|--|--------------------|-----------|--|--|
| Assessment Date: Assessing Practitioner:   |                |  |                       |                     |                                |   |  |                   |                        |                         |               |                  |  |  |  |   |  |                    |           |  |  |
| Assessment Type:   |                |  |                       |                     |                                |   |  |                   |                        |                         |               |                  |  |  |  |   |  |                    |           |  |  |
| If Administrative Close, select reason:   Client not available/assess only   Client/Caregiver declined to participate   Other  |                |  |                       |                     |                                |   |  |                   |                        |                         |               |                  |  |  |  |   |  |                    |           |  |  |
| Contributor(s):  | Name:          | Re   | elationshi            | ip: [               | Caregi<br>Agenc                | ver<br>y Staff  | Other Family Memb  | =                 | hild Welf<br>ducationa | are Worker              | ☐ Otl         | her              |  |  |  |   |  |                    |           |  |  |
|  | Name:          | Re   | elationshi            | ip: 🖺               | Caregi<br>Agenc                | ver   | Other Family Memb  | er 🔲 Cl           |                        | are Worker              |               |                  |  |  |  |   |  |                    |           |  |  |
|  | Name:          | Re   | elationshi            | ip:                 | _ Agenc<br>_ Caregi<br>_ Agenc | ver   | Other Family Memb  | er 🔲 Cl           |                        | are Worker              |               |                  |  |  |  |   |  |                    |           |  |  |
| BEHAV  | /IORAL/EMC     | OTIONAL NEE  | EDS DO                | MAIN                |                                | y Starr   | CULTUR   |                   |                        |                         |               |                  |  |  |  |   |  |                    |           |  |  |
| 0=no evidence<br>2=interferes with<br>action needed  | n functioning; | 1=history or sus<br>3=disabling, day<br>or intensive a | ngerous;<br>ction nee | immed<br>eded       | iate                           | 2=i   | no evidence<br>nterferes with<br>ctioning; action needed   | 3=disa<br>l or in | bling, da<br>tensive a | aspicion; mangerous; in | mmedia<br>led |                  |  |  |  |   |  |                    |           |  |  |
|  |                |  | 0                     | 1 2                 | 3                              |   |  |                   | 0                      |                         | 2             | 3                |  |  |  |   |  |                    |           |  |  |
|  | hought Disorde | er)  |                       |                     |                                |   | . Language   | -                 | $\exists$              |                         |               |                  |  |  |  |   |  |                    |           |  |  |
|  | Hyperactivity  |  |                       |                     | !                              |   | ). Traditions and Ritua  | ıls L             | 4                      |                         |               |                  |  |  |  |   |  |                    |           |  |  |
| 3. Depression  |                |  |                       |                     |                                | 31  | . Cultural Stress  | L                 |                        |                         | <u> </u>      |                  |  |  |  |   |  |                    |           |  |  |
| <ul><li>4. Anxiety</li><li>5. Oppositional</li></ul>   | ı              |  |                       |                     |                                |   | STR  | STRENGTHS DOMAIN  |                        |                         |               |                  |  |  |  |   |  |                    |           |  |  |
| 6. Conduct   | l              |  | H                     | HF                  |                                | 0=  | -Centerpiece strength  |                   | Useful st              |                         | •             |                  |  |  |  |   |  |                    |           |  |  |
| 7. Substance Us  | se             |  |                       |                     |                                |   | Identified strength  |                   | No evide               |                         |               |                  |  |  |  |   |  |                    |           |  |  |
| 8. Anger Contro  |                |  |                       |                     |                                |   |  |                   | 0                      | 1                       | 2             | 2                |  |  |  |   |  |                    |           |  |  |
| 9. Adjustment t  |                |  |                       |                     |                                | 20  | 2. Family Strengths  |                   |                        |                         |               | 3                |  |  |  |   |  |                    |           |  |  |
| •  |                | TIONING DON  | f A D I               |                     |                                |   | Interpersonal  |                   | H                      | H                       | H             | H                |  |  |  |   |  |                    |           |  |  |
|  | LIFE FUNC      | ΓΙΟΝΙΝG DON  |                       |                     |                                |   | Educational Setting  |                   | Ħ                      | П                       | Ħ             | Ē                |  |  |  |   |  |                    |           |  |  |
| 0=no evidence  | c .: :         | 1=history or sus                                       |                       |                     |                                |   | 5. Talents and Interests   | 3                 |                        |                         |               |                  |  |  |  |   |  |                    |           |  |  |
| 2=interferes with action needed  | i functioning; | 3=disabling, da<br>or intensive a                      |                       |                     | nate                           |   | 5. Spiritual/Religious   |                   |                        |                         |               |                  |  |  |  |   |  |                    |           |  |  |
| action needed  |                | or intensive a   | ction nee             | eded                |                                |   | '. Cultural Identity   |                   |                        |                         |               |                  |  |  |  |   |  |                    |           |  |  |
|  |                |  | 0                     | 1 2                 | 3                              |   | 3. Community Life  |                   |                        |                         |               |                  |  |  |  |   |  |                    |           |  |  |
| 10. Family Func  |                |  |                       |                     |                                |   | Natural Supports   |                   |                        |                         |               |                  |  |  |  |   |  |                    |           |  |  |
| <ul> <li>11. Living Situation</li> <li>12. Social Functioning</li> <li>13. Developmental/Intellectual</li> <li>14. Decision Making</li> <li>15. School Behavior</li> <li>16. School Achievement</li> </ul> |                |  |                       |                     |                                | 40  | ). Resiliency  |                   |                        |                         |               |                  |  |  |  |   |  |                    |           |  |  |
|  |                |  |                       |                     |                                | *Skip Caregiver Resources and Needs Domain if client has no<br>Caregiver. |  |                   |                        |                         |               |                  |  |  |  |   |  |                    |           |  |  |
|  |                |  |                       |                     |                                |   |  |                   |                        |                         |               |                  |  |  |  | The primary caregiver should always be listed as Caregiver A.  **For Relationship, refer to valid list of Caregiver Relationship Values |  |                    |           |  |  |
|  |                |  |                       |                     |                                |   |  |                   |                        |                         |               | 17. School Atten |  |  |  |   |  | · · · <sub>F</sub> | CAREGIVER |  |  |
|  |                | 18. Medical/Phys                                       |                       |                     |                                |   | i 🗖 l  | Λ                 | Caregiver Name:        |                         |               |                  |  |  |  |   |  |                    |           |  |  |
| 19. Sexual Devel   |                |  |                       |                     |                                | A.  | Relationship: **   |                   |                        |                         |               |                  |  |  |  |   |  |                    |           |  |  |
| 20. Sleep  | •              |  |                       |                     |                                | 0   |  | 11                |                        |                         |               |                  |  |  |  |   |  |                    |           |  |  |
|  | DICK           | DELLAVIODE   |                       |                     |                                |   | no evidence; this coulcing enion eni |                   |                        | n opportuni             | ity to bu     | iild             |  |  |  |   |  |                    |           |  |  |
| 0  | RISK           | BEHAVIORS  |                       | : 4                 |                                |   | interferes with function   |                   |                        |                         | ty to bu      | iiiu             |  |  |  |   |  |                    |           |  |  |
| 0=no evidence<br>2=interferes with   | functioning    | 1=history or sus<br>3=disabling, dar                   |                       |                     | into                           |   | disabling, dangerous;  |                   |                        |                         | n neede       | d                |  |  |  |   |  |                    |           |  |  |
| action needed  | runctioning,   | or intensive ac  |                       |                     | iaie                           |   | g,g,   |                   |                        |                         | 2             | 3                |  |  |  |   |  |                    |           |  |  |
| action needed  |                | or intensive ac  |                       |                     |                                | 41  | a. Supervision   |                   | <u></u>                |                         |               |                  |  |  |  |   |  |                    |           |  |  |
|  |                |  | 0                     | 1 2                 | 3                              |   | a. Involvement with C  | are [             | 5                      |                         |               |                  |  |  |  |   |  |                    |           |  |  |
| 21. Suicide Ris  |                |  |                       |                     |                                | 43  | a. Knowledge   | [                 |                        |                         |               |                  |  |  |  |   |  |                    |           |  |  |
| 23. Other Self-Harm (Recklessness)  24. Danger to Others   |                |  |                       |                     | 44                             | a. Social Resources   |  |                   |                        |                         |               |                  |  |  |  |   |  |                    |           |  |  |
|  |                | ssness)  |                       |                     |                                | 1   | ia. Residential Stability  |                   |                        |                         |               |                  |  |  |  |   |  |                    |           |  |  |
|  |                |  | 1                     | a. Medical/Physical |                                | $\exists$   |  |                   |                        |                         |               |                  |  |  |  |   |  |                    |           |  |  |
| 25. Runaway  |                |  |                       |                     |                                |   | a. Mental Health   | _                 | $\exists$              |                         |               |                  |  |  |  |   |  |                    |           |  |  |
| 26. Sexual Agg   |                |  |                       |                     |                                |   | Sa. Substance Use  | _                 | $\dashv$               |                         |               |                  |  |  |  |   |  |                    |           |  |  |
| 27. Delinquent   |                |  |                       |                     |                                |   | a. Developmental   | _                 |                        |                         |               |                  |  |  |  |   |  |                    |           |  |  |
| 28. Intentional  | Misbehavior    |  |                       |                     |                                | 30  | a. Safety  | L                 |                        |                         | <u> </u>      |                  |  |  |  |   |  |                    |           |  |  |
|  |                |  |                       |                     |                                |   |  |                   |                        |                         |               |                  |  |  |  |   |  |                    |           |  |  |

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 (CANS-IP)

| 2/0/21  |                    |                | L/              | A Count  | y DMH V                                      | ersion  | •                      | ,            |  |  |  |
|---|--------------------|----------------|-----------------|--|--|---|------------------------|--------------|--|--|--|
| CAREGIVER RES   | OURCES             | AND NE         |                 |  |  |   | ESOURCES AND N         | EEDS         |  |  |  |
| B. Caregiver Name:  |                    |                |                 |  | D. C   | aregiver Name:  |                        |              |  |  |  |
| Relationship:**   |                    |                |                 |  | F  | Relationship:**   |                        | <u>-</u>     |  |  |  |
| 0=no evidence; this could be a str                                      | ength              |                |                 |  | 0=no   | evidence; this could be   | a strength             |              |  |  |  |
| 1=history or suspicion; monitor; may be an opportunity to build         |                    |                |                 |  |  | 1=history or suspicion; monitor; may be an opportunity to build |                        |              |  |  |  |
| 2=interferes with functioning; act                                      |                    |                | ,               |  | 2=interferes with functioning; action needed |   |                        |              |  |  |  |
| 3=disabling, dangerous; immedia   | te or intensi      | ve action      | needed          |  | 3=disa                                       | abling, dangerous; imm  |                        |              |  |  |  |
|   | 0                  | 1              | 2               | 3  |  |   | 0 1                    | 2 3          |  |  |  |
| 41b. Supervision  |                    |                |                 |  |  | Supervision   |                        |              |  |  |  |
| 42b. Involvement with Care  |                    |                |                 |  |  | nvolvement w/ Care  |                        |              |  |  |  |
| 43b. Knowledge  |                    |                |                 |  |  | Knowledge   |                        |              |  |  |  |
| 44b. Social Resources   |                    |                |                 |  |  | Social Resources  |                        |              |  |  |  |
| 45b. Residential Stability  |                    |                |                 |  |  | Residential Stability   |                        |              |  |  |  |
| 46b. Medical/Physical   |                    |                |                 |  |  | Medical/Physical  |                        |              |  |  |  |
| 47b. Mental Health  |                    |                |                 |  |  | Mental Health   |                        |              |  |  |  |
| 48b. Substance Use  |                    |                |                 |  | 48d. Substance Use                           |   |                        |              |  |  |  |
| 49b. Developmental  |                    |                |                 |  | 49d. Developmental                           |   |                        |              |  |  |  |
| 50b. Safety   |                    |                |                 |  | 50d. S                                       | Safety  |                        |              |  |  |  |
|   |                    |                |                 |  |  |   |                        |              |  |  |  |
| CAREGIVER RES   | OURCES             | AND NE         | EEDS            |  |  | **CAREGIVER   | RELATIONSHIP V         | ALUES        |  |  |  |
| C. Caregiver Name:  |                    |                |                 |  | Agency Sta                                   |   | Mother                 | Father       |  |  |  |
| Relationship:**   |                    |                |                 |  | Aunt   | Foster Mother   | Foster Father          | Grandmother  |  |  |  |
| 0=no evidence; this could be a str                                      | ength              |                |                 |  | Uncle  | Legal Guardian  | Non-Relative Caregiver | Grandfather  |  |  |  |
| 1=history or suspicion; monitor; i                                      |                    | pportunity     | v to build      |  | Self   | Sibling   | Stepmother             | Stepfather   |  |  |  |
| 2=interferes with functioning; act                                      |                    |                | ,               |  |  | bioling   | Stephiother            | Stephaner    |  |  |  |
| 3=disabling, dangerous; immedia   |                    | ve action      | needed          |  | Other  |   |                        |              |  |  |  |
|   | 0                  | 1              | 2               | 3  |  |   |                        |              |  |  |  |
| 41c. Supervision  |                    |                |                 |  |  |   |                        |              |  |  |  |
| 42c. Involvement with Care  |                    |                |                 |  |  |   |                        |              |  |  |  |
| 43c. Knowledge  |                    |                |                 |  |  |   |                        |              |  |  |  |
| 44c. Social Resources   |                    |                |                 |  |  |   |                        |              |  |  |  |
| 45c. Residential Stability  |                    |                |                 |  |  |   |                        |              |  |  |  |
| 46c. Medical/Physical   |                    |                |                 |  |  |   |                        |              |  |  |  |
| 47c. Mental Health  |                    |                |                 |  |  |   |                        |              |  |  |  |
| 48c. Substance Use  |                    |                |                 |  |  |   |                        |              |  |  |  |
| 49c. Developmental  |                    |                |                 |  |  |   |                        |              |  |  |  |
| 50c. Safety   |                    |                |                 |  |  |   |                        |              |  |  |  |
|   |                    |                |                 |  |  |   |                        |              |  |  |  |
| POTENTIALLY TRAUMATIC/AD  | VEDSE CHI          | DHOOD          | EVDEDC          | _  | POTEN  | NTIALLY TRAUMATIC   | ADVERSE CHII DHOO      | DD EXPERS    |  |  |  |
| NO = No evidence of any trau  |                    |                | EAI ERS.        |  |  | No evidence of any t  |                        | DD EAT ERS.  |  |  |  |
| YES = Exposure/experienced  |                    | ~ I            | ne.             |  |  | = Exposure/experience   |                        | vne          |  |  |  |
| 125 - Exposure/experienced  | d tradifia C       |                |                 | YES  | 125  | znposono onponon  |                        | NO YES       |  |  |  |
| T1. Sexual Abuse  |                    |                |                 |  | т7 Х   | itness to Community   | /School Violence       |              |  |  |  |
| T2. Physical Abuse  |                    |                |                 |  |  | atural or Manmade D   |                        |              |  |  |  |
| 1 · · · · · · · · · · · · · · · · · · ·                                 |                    |                |                 |  |  | actifat of Wallinade L<br>ar/Terrorism Affecte                  |                        |              |  |  |  |
| T3. Emotional Abuse $\Box$ $\Box$ $\Box$ $\Box$                         |                    |                |                 | Victim/Witness to Cri                            |  |   |                        |              |  |  |  |
|   |                    |                |                 | -  |  |   | •                      |              |  |  |  |
| T5. Medical Trauma  T6. Witness to Family Violence                      |                    |                |                 | Disruption in Caregivin<br>Parental Criminal Bel |  |   |                        |              |  |  |  |
| 10. Withess to Family violence  | ,C                 |                |                 |  | 112.1  | arcınai Cillilliai Bel  | 14 1018                |              |  |  |  |
| This confidential information is  | provided to you    | in accord w    | ith State an    | d Federal la                                     | ws and                                       |   | DAZII ID !!            |              |  |  |  |
| regulations including but not limit HIPAA Privacy Standards. Dupl       | ed to applicable   | Welfare and    | Institutions of | code, Civil C                                    | ode and Nai                                  | ne:   | DMH ID#:               |              |  |  |  |
| without prior written authorization                                     | of the client/auth | norized repres | entative to wl  | nom it pertain                                   | s unless A 96                                | ency:   | Provider #:            |              |  |  |  |
| otherwise permitted by law. Destr<br>the original request is fulfilled. | icuon of this info | ormation is re | quirea after    | me stated pur                                    | bose of                                      | os Angeles County   |                        | ental Health |  |  |  |

## CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS-IP)

|    | LA County DW   | H version                             |                           |
|----|--|---------------------------------------|---------------------------|
| 1. | Areas of sufficiency or strength (e.g. Areas marked as "0," "1", or "2   | 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 link   | kage & referral:                      |                           |
|    |  |                                       |                           |
|    |  |                                       |                           |
|    |  |                                       |                           |
|    |  |                                       |                           |
|    | Comments: (include history & current status of need, relevant information documents/chart review, & any barriers to getting needs met):  | on from significant supports, informa | ation from other          |
|    | documents/chart review, & any barriers to getting needs mety.  |                                       |                           |
|    |  |                                       |                           |
|    |  |                                       |                           |
|    |  |                                       |                           |
|    |  |                                       |                           |
|    | 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   | Name:                                 | DMH ID#:                  |
|    | 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 | Agency: Los Angeles County – Depa     | Provider #:               |
|    | the original request is fulfilled.   | Los Angeles County - Depa             | artinent of wental mealth |