MH 735
7/14/26

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

Name:_____ Relationship: ☐ Caregiver ☐ Other Family Member ☐ Child Welfare Worker ☐ 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)	☐	☐	☐	☐
2. Impulsivity/Hyperactivity	☐	☐	☐	☐
3. Depression	☐	☐	☐	☐
4. Anxiety	☐	☐	☐	☐
5. Oppositional	☐	☐	☐	☐
6. Conduct	☐	☐	☐	☐
7. Substance Use	☐	☐	☐	☐
8. Anger Control	☐	☐	☐	☐
9. Adjustment to Trauma	☐	☐	☐	☐

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	☐	☐	☐	☐
11. Living Situation	☐	☐	☐	☐
12. Social Functioning	☐	☐	☐	☐
13. Developmental/Intellectual	☐	☐	☐	☐
14. Decision Making	☐	☐	☐	☐
15. School Behavior	☐	☐	☐	☐
16. School Achievement	☐	☐	☐	☐
17. School Attendance	☐	☐	☐	☐
18. Medical/Physical	☐	☐	☐	☐
19. Sexual Development	☐	☐	☐	☐
20. Sleep	☐	☐	☐	☐

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	☐	☐	☐	☐
22. Non-Suicidal Self-Injurious Behavior	☐	☐	☐	☐
23. Other Self-Harm (Recklessness)	☐	☐	☐	☐
24. Danger to Others	☐	☐	☐	☐
25. Runaway	☐	☐	☐	☐
26. Sexual Aggression	☐	☐	☐	☐
27. Delinquent Behavior	☐	☐	☐	☐
28. Intentional Misbehavior	☐	☐	☐	☐

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	☐	☐	☐	☐
30. Traditions and Rituals	☐	☐	☐	☐
31. Cultural Stress	☐	☐	☐	☐

STRENGTHS DOMAIN

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

	0	1	2	3
32. Family Strengths	☐	☐	☐	☐
33. Interpersonal	☐	☐	☐	☐
34. Educational Setting	☐	☐	☐	☐
35. Talents and Interests	☐	☐	☐	☐
36. Spiritual/Religious	☐	☐	☐	☐
37. Cultural Identity	☐	☐	☐	☐
38. Community Life	☐	☐	☐	☐
39. Natural Supports	☐	☐	☐	☐
40. Resiliency	☐	☐	☐	☐

**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

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	☐	☐	☐	☐
42a. Involvement with Care	☐	☐	☐	☐
43a. Knowledge	☐	☐	☐	☐
44a. Social Resources	☐	☐	☐	☐
45a. Residential Stability	☐	☐	☐	☐
46a. Medical/Physical	☐	☐	☐	☐
47a. Mental Health	☐	☐	☐	☐
48a. Substance Use	☐	☐	☐	☐
49a. Developmental	☐	☐	☐	☐
50a. Safety	☐	☐	☐	☐

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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	☐	☐	☐	☐
42b. Involvement with Care	☐	☐	☐	☐
43b. Knowledge	☐	☐	☐	☐
44b. Social Resources	☐	☐	☐	☐
45b. Residential Stability	☐	☐	☐	☐
46b. Medical/Physical	☐	☐	☐	☐
47b. Mental Health	☐	☐	☐	☐
48b. Substance Use	☐	☐	☐	☐
49b. Developmental	☐	☐	☐	☐
50b. Safety	☐	☐	☐	☐

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	☐	☐	☐	☐
42d. Involvement w/ Care	☐	☐	☐	☐
43d. Knowledge	☐	☐	☐	☐
44d. Social Resources	☐	☐	☐	☐
45d. Residential Stability	☐	☐	☐	☐
46d. Medical/Physical	☐	☐	☐	☐
47d. Mental Health	☐	☐	☐	☐
48d. Substance Use	☐	☐	☐	☐
49d. Developmental	☐	☐	☐	☐
50d. Safety	☐	☐	☐	☐

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	☐	☐	☐	☐
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	☐	☐	☐	☐

**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	☐	☐
T2. Physical Abuse	☐	☐
T3. Emotional Abuse	☐	☐
T4. Neglect	☐	☐
T5. Medical Trauma	☐	☐
T6. Witness to Family Violence	☐	☐

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERS.

NO=no evidence
YES=interferes with functioning; action needed

	NO	YES
T7. Witness to Community/School Violence	☐	☐
T8. Natural or Manmade Disaster	☐	☐
T9. War/Terrorism Affected	☐	☐
T10. Victim/Witness to Criminal Activity	☐	☐
T11. Disruption in Caregiving/Attachment Losses	☐	☐
T12. Parental Criminal Behaviors	☐	☐

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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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LEVEL OF CARE

Recommended Level of Care

The Recommended Level of Care is derived through a decision support model based on the CANS ratings. This will be calculated in your data entry system once all responses are inputted.

☐ Level 1 − Prevention
☐ Level 2 − Early Intervention
☐ Level 3 − Outpatient
☐ Level 4 − Intensive Treatment
☐ Level 5 − Residential Treatment

ACTUAL ASSIGNED LEVEL OF CARE

☐ Level 1 − Prevention
☐ Level 2 − Early Intervention
☐ Level 3 − Outpatient
☐ Level 4 − Intensive Treatment
☐ Level 5 − Residential Treatment

***Reason for Variance**

**Only required if assigned level of care is different than recommended level of care*

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Agency:_____ **Provider #:**_____

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