LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
Quality, Outcomes, Training Division
PEIOutcomes@dmh.lacounty.gov

What is the CANS-IP?

- The CANS-IP is a 50-item measure built upon the most common and useful assessment items in the CANS repertoire.
- The CANS is a communimetric tool. It is designed to be completed collaboratively with the client, caregiver, and other involved stakeholders.
- Collaboration helps the clinical team, and all stakeholders form a shared vision of need and manner of treatment.
- Speed of administration will improve with experience
- An additional 12 items have been added to the CANS and are designed to assess the lifetime prevalence of trauma.

Is the CANS-IP a State Requirement?

- The CANS is currently required by the State of California for all clients between the ages of 6 and 21.

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CANS-IP Quick Guide

Child & Adolescent Needs and Strengths

The CANS (**Child and Adolescent Needs and Strengths)** is a structured evaluation tool used for identifying youth and family needs and strengths that may form the basis of treatment.

Items are organized in six domains, each of which defines important areas of functioning such as Behavioral/Emotional, Life Functioning, Risk Behaviors, Cultural Factors, Strengths, and Caregiver Resource and Needs.

Administration:

There is a great deal of freedom in CANS administration and no set questions attached to each item. The central task is to determine whether the client has discernable needs that are interfering with functioning and/or require immediate clinical intervention. The strength domain describes the youth's resources which can be used to address needs and build better functioning and positive outcomes. The training reference guide provides additional information about how each item is defined and rated along with examples.

Scoring and Interpretation:

Every item is categorized on a 4-level scale. A specific action is assigned to each item based upon the determined level of need. Typically, a clinician needs to determine whether an item requires intervention. Then, a specific kind of intervention can be determined whether timely or immediate. For the strengths domain, the items are rated in an opposite logical manner with 0 considered a centerpiece strength.

Needs Domains Item Rating	Needs Items ACTION
0 = No evidence of need	**0** = **Nothing**
1 = History or suspicion of a need with no or minimal impact on functioning	**1** = **Monitor,** watchful waiting/prevention/additional assessment
2 = Clear evidence of a need that interferes with functioning	**2** = **ACT to address need**
3 = Clear evidence of a need that is dangerous or disabling	**3** = **ACT Immediately/Intensely to address need**

Strengths Domains Item Rating	Strength Items USEFULNESS/UTILITY
0 = Centerpiece or well-developed strength	**0** = **MAY BE USEFUL** as a protective factor or in treatment planning
1=Evident strength but requires effort to maximize	**1** = **MAY BE USEFUL** in treatment planning but **may require development**
2 = Identified strength but will require significant strength building to be useful	**2** = **POTENTIALLY USEFUL but will require significant development** in order to be used for planning
3 = No current strength identified	**3** = **Currently NOT a STRENGTH,** efforts will be needed to identify and build strength

Certification:

Clinicians must be certified to administer and score the CANS. Yearly recertification is required. For more information about CANS certification, go to: https://dmh.lacounty.gov/for-providers/clinical-tools/training-workforce-development/cans/

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
Quality, Outcomes and Training Division
LevelOfCare@dmh.lacounty.gov

Purpose

Assess the level of care needs for children and youth ages 6 through 20 with mental health needs.

It is built on a graded evaluation of CANS items spanning the six domains of the measure.

Administration

- To administer the CANS, a mental health professional must have at least a bachelor's degree, complete Praed's online training and pass the certification exam.
- Best practice is to have a staff assigned to the case administer the CANS and review LOC.
- A Recommended LOC will be generated.
- LOC derived by the CANS does not replace clinical judgement.
- Clinicians may agree or disagree with the derived LOC.
- Actual Assigned LOC is determined by the staff using all available information.
- If the Actual Assigned LOC is different from the Recommended LOC, the clinician will need to provide a brief reason for the variance.

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Assessing Level of Care (LOC) Using the CANS-IP

Quick Guide

Advantages of the CANS LOC

- Informs treatment planning, service provision and transitions in care
- Supports clinical decision making and caseload management
- Establishes a common language for providers
- Characterizes a client's clinical presentation, risk, strengths and options for treatment

Scoring Information:

1. Staff will complete a CANS assessment as usual and enter the data into the agency's respective data entry system.
2. The Recommended LOC will be automatically calculated for the client.
3. Staff should review the results and decide whether the Recommended LOC fits the client or if another LOC is more appropriate.
4. Staff will indicate the Actual Assigned LOC by either agreeing with the Recommended LOC or by offering an alternative LOC.
5. If staff disagree with the Recommended LOC, they must briefly explain why. This helps improve the model over time.

Elements/Characteristic of Each Level of Care

Level of Care	Clinical Presentation Examples	Programs
Level One Prevention	Higher functioning, minimal impairments	Non-specialty services, Managed Care Plan (MCP), primary health care, graduation from mental health services
Level Two Early Intervention	Emerging issues, risk is low, functional impairment early in intensity	Child & Youth Wellbeing Outpatient Care Services CalWORKs Family Preservation
Level Three Outpatient	Moderate-high intensity, moderate complexity, functional impairment, more acute	Outpatient Care Services Child & Youth Wellbeing Intensive Services Foster Care (ISFC) Coordinated First Episode Specialty Care
Level Four Intensive Treatment	High intensity, active risk, multiple traumas, severe functional impairment	Day Treatment Intensive (DTI) Day Rehabilitation (DR) Assertive Community Treatment (ACT) Child & Youth FSP High Fidelity Wraparound (HFW) Intensive Home-Based Service (IHBS) Intensive Care Coordination (ICC)
Level Five Residential Treatment	Highest intensity, active risk, severe functional impairment, multiple placement failures at lower levels	Short-Term Residential Therapeutic Program (STRTP)

This illustrates how the CANS Level of Care is stratified. It is an example only. Please consult the LOC Manual for specific information when making clinical decisions.

The CANS Decision Model is designed to assist clinicians in determining an appropriate level of care. While the model provides informed recommendations based on assessment data, it does not replace professional clinical judgment. Clinicians are responsible for determining the most appropriate LOC based on the client's complete clinical presentation.