

CANS CYF 0 thru 5 Assessment Technical Guide v2018

1 - Presentation

- 2 - Trauma/Abuse
- 3 - Risk Behaviors
- 4 - Impact on Functioning
- 5 - Relevant History
- 6 - Child Strengths
- 7 - Caregiver Strengths...
- 8 - Additional Caregiver...
- 9 - Provider History
- 10 - Medical/Psychiatric
- 11 - Medication
- 12 - Developmental
- 13 - Formal Services/Su...
- 14 - Mental Status Exam
- 15 - Clinical Formulation
- 16 - Summary of Treat...
- 17 - CANS Screen

Assessment Category

☐ Initial ☐ Mid Year ☐ Annual ☐ Closing ☐ Screen

Date 09/24/2018

Draft/Final

☒ Draft ☐ Pending Approval ☐ Final

Team Member to Notify

Team Member to Notify Outgoing Comments

Source of Information

☐ Client ☐ Family/Guardian ☐ DHS/CPD ☐ School ☐ Other

Confirm

By clicking OK you are verifying that you have received clearance from CBHS to proceed with the CANS Screen.

OK Cancel

CANS Screen

If "Screen" is selected, the above message will display. Only programs authorized to submit a CANS Screen should proceed.

The "Screen" option will enable the core CANS ratings and disable the narrative fields in the form. The CANS Screen section will also be enabled.

New Sections/Improved Top-Down Flow

There are 17 reorganized sections that provide an improved top down flow to the form.

It is important to work your way down from the top of the form as ratings in top sections will enable ratings in subsequent sections.

Multi-functional Form

This form replaces the old assessment, the closing summary and the old service eligibility form (renamed, "screen") performing the same functions all in this one form. Begin by selecting the correct Assessment Category (below are the associated "form events" that happen when you select a specific category).

- **Initial:** All sections enabled except 16 & 17.
- **Mid-Year:** Only the rated items are enabled; narrative fields (except Summary of Treatment) are disabled. Sections 10, 14, 15, and 17 are disabled.
- **Annual:** All sections enabled except 17.
- **Closing:** Only the rated items are enabled; narrative fields (except Summary of Treatment and Discharge Plans) are disabled. Sections 10, 14, 15, and 17 are disabled.

| Initial | Mid-Year | Annual | Closing |
|--|--|---|--|
| Required: <ul style="list-style-type: none"> - CANS Ratings - Medi-Cal Required Elements Disabled: <ul style="list-style-type: none"> - Tab 16 (Summary of TX / Discharge Plan) - Tab 17 (CANS Screen) | Required: <ul style="list-style-type: none"> - CANS Ratings - Tab 16 (Summary of Tx) Disabled: <ul style="list-style-type: none"> - Medi-Cal Required Elements - Tab 16 (Discharge Plan) - Tab 17 (CANS Screen) | Required: <ul style="list-style-type: none"> - CANS Ratings - Medi-Cal Required Elements - Tab 16 (Summary of TX / Discharge Plan) Disabled: <ul style="list-style-type: none"> - CANS Screen | Required: <ul style="list-style-type: none"> - CANS Ratings - Tab 16 (Summary of Tx & Discharge Plan) Disabled: <ul style="list-style-type: none"> - Medi-Cal Required Elements - Tab 17 (CANS Screen) |

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Date
10/24/2018

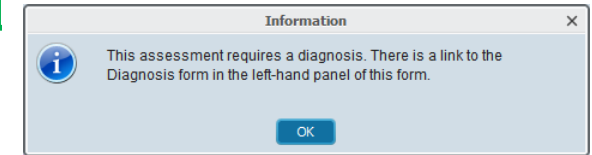
Assessment Category
☐ Initial ☐ Mid Year ☐ Annual ☐ Closing ☐ Screen

Draft/Final
☒ Draft ☐ Pending Approval ☐ Final

Team Member to Notify
[Dropdown menu]

Sources of Information
☐ Client ☐ Family/Guardian ☐ DHS/JPD ☐ School ☐ Other

Diagnosis



New Pop-Up Reminder

When selecting Initial, Annual or Closing, a reminder will display indicating a diagnosis needs to be completed.

Templates

The **T** icon will indicate there is a template available for this narrative box.

Right click inside the narrative box to get a drop down menu. Click on "System Templates" to access the template that is available for this narrative.

Link to Diagnosis Form

A link to the Diagnosis form has been added.

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This is the assessment date, as entered in the CANS form.

This is the "system date," i.e., the most recent date that the form was submitted. Note that this date may be different from the Assessment Date.

CANS CYF 0 thru 5 Assessment

| Date | Data Entry Date | Data Entry By (Login) | Assessment Category | Draft/Final |
|------------|-----------------|-----------------------|---------------------|-------------|
| 09/10/2018 | 09/10/2018 | Vincy Chow | Initial | Final |
| 09/10/2018 | 09/10/2018 | Vincy Chow | Mid Year | Final |
| 09/10/2018 | 09/10/2018 | Vincy Chow | Annual | Final |
| 09/10/2018 | 09/13/2018 | Lawrence Eaton (NTST) | Closing | Draft |

Edit the selected record (pick up where you left off on an existing Draft).

Add a new record for this client/episode.

Delete the selected record (Draft only).

Add Edit Delete Cancel

myAvatar 2018 - Select Row to Default Information From

| Episode | Date | Data Entry Date | Data Entry By (Lo | Assessment Catego | Draft/Final |
|---------|------------|-----------------|-------------------|-------------------|-------------|
| 1 | 09/10/2018 | 09/10/2018 | Vincy Chow | Initial | Final |
| 1 | 09/10/2018 | 09/10/2018 | Vincy Chow | Mid Year | Final |
| 1 | 09/10/2018 | 09/10/2018 | Vincy Chow | Annual | Final |
| 1 | 09/10/2018 | 09/13/2018 | Lawrence Eaton (N | Closing | Draft |

OK

The "Pre-Display"

When opening a CANS form, once you have selected a client and episode, the "Pre-Display" will list all instances of the form that have previously been filed for the selected client and episode (as shown). This step is skipped by Avatar when there are no previously filed instances of the form for the selected client and episode.

"Pull Forward" Functionality

With this redesign of the form, a clinician will be able to "pull forward" information from any initial into their mid-year, from any mid-year into their annual, and, finally, into a closing assessment.

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Submit

Diagnosis

Skip this section if there are no additional caregivers.

Additional Caregiver Strengths and Needs:

| Caregiver Name | Caregiver Relationship to Child | Medical/Physical | Mental He... | Substance ... | Developme... | Superv... |
|----------------|---------------------------------|------------------|--------------|---------------|--------------|-----------|
| | | | | | | |

Add New Item Edit Selected Item Delete Selected Item

Caregiver Name

Caregiver Relationship to Child

- ☐ Relative
- ☐ Foster Caregiver
- ☐ Non-Relative Extended Family Member
- ☐ Other Paid Caregiver
- ☐ Other Unpaid Caregiver

KEY:
 0 = no evidence/strength
 1 = some risk, monitor
 2 = moderate need, act
 3 = severe need, act immediately/intensively

| Medical/Physical | Mental Health | Substance Use | Developmental | Supervision | Legal Involvement | Involvement With Care | Knowledge | Organization | Social Resources | Residential Stability | Family Relationship to the System | Safety | Marital / Intimate Partner Violence |
|------------------|---------------|---------------|---------------|-------------|-------------------|-----------------------|-----------|--------------|------------------|-----------------------|-----------------------------------|---------|-------------------------------------|
| 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 |

Self Care / Daily Living

0 1 2 3

Employment

0 1 2 3

Transportation

0 1 2 3

Educational Attainment

0 1 2 3

Financial Resources

0 1 2 3

Motivation for Care

0 1 2 3

Cultural Stress

0 1 2 3

Cultural Stress Category

- ☐ Race/Ethnicity
- ☐ Gender Identity
- ☐ Language
- ☐ Socio-Economic Status
- ☐ Other
- ☐ Sexual Orientation
- ☐ Religion
- ☐ Age
- ☐ Ability/Disability

Specify Other Cultural Stress Category

Ability/Disability Category

- ☐ Physical
- ☐ Emotional/Behavioral
- ☐ Other
- ☐ Developmental
- ☐ Cognitive/Learning

Specify Other Ability/Disability Category

Caregivers

There are two sections for caregivers.

- *Section 7 - Caregiver Strength/Needs*
 - *Section 8 - Additional Caregiver Strength/Needs*
- The caregiver data reported in section 7 will be sent to the State. Caregiver data reported in section 8 will not be sent to the State.*

There is a checkbox in section 7 to indicate if there is minor consent is given or there is no caregiver.

Iteration Tables

Section 8 Additional Caregiver Strengths/Needs is an example of an iteration table. The unusual aspect of the iteration table is that while fields appear to be “red and required” they are not. This section can be skipped and the form can be finalized.

Only when the “Add New Item” button is selected are the fields (in red) required to be completed.

CANS CYF 0 thru 5 Assessment Technical Guide v2018

The screenshot displays the 'CANS CYF 0 thru 5 Assessment' form. On the left is a navigation menu with 17 items, where '5 - Relevant History' is highlighted. The main form area contains several sections: a text box for 'Describe precipitating events...', a 'Cultural Factors' section with a description and text box, and a 'Cultural Stress' section. The 'Cultural Stress' section includes a rating scale (0-3) with '1' selected, and two sub-sections: 'Cultural Stress Category' and 'Ability/Disability Category'. The 'Cultural Stress Category' has checkboxes for Race/Ethnicity, Gender Identity, Language, Socio-Economic Status, and Other (checked). The 'Ability/Disability Category' has checkboxes for Physical (checked), Emotional/Behavioral, Other (checked), Sexual Orientation, Religion, Age, and Ability/Disability (checked). Below these are text boxes for 'Specify Other Cultural Stress Category' and 'Specify Other Ability/Disability Category'. An orange box highlights the 'Cultural Stress' section, and an orange arrow points from the text on the right to the 'Cultural Stress' rating scale.

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Submit

Diagnosis

Cultural Stress
0 1 2 3

Cultural Stress Category
☐ Race/Ethnicity
☐ Gender Identity
☐ Language
☐ Socio-Economic Status
☒ Other

Ability/Disability Category
☒ Physical
☐ Emotional/Behavioral
☒ Other
☐ Sexual Orientation
☐ Religion
☐ Age
☒ Ability/Disability

Specify Other Cultural Stress Category
Other

Specify Other Ability/Disability Category
Other

New Cultural Stress Category

There is a new module to capture cultural stress data. To activate the Cultural Stress Category module, a rating above "0" will need to be recorded for Cultural Stress.

Cultural Stress is captured for the client and caregiver. You will see this module in the caregiver sections.

CANS CYF 0 thru 5 Assessment Technical Guide v2018

The screenshot shows the 'Trauma Events' section of the CANS CYF 0 thru 5 Assessment form. The 'Physical Abuse' field is highlighted with a red arrow. A lightbulb icon is visible next to the field, indicating a help message is available. The 'Ratings and Descriptions' section for Physical Abuse is also visible, showing three levels of severity.

| Rating | Description |
|--------|---|
| 0 | There is no evidence that child has experienced physical abuse. |
| 1 | The child has experienced one episode of physical abuse or there is a suspicion that child has experienced physical abuse but no confirming evidence. |
| 2 | The child has experienced repeated physical abuse. |
| 3 | The child has experienced severe and/or repeated physical abuse that causes sufficient physical harm to necessitate hospital or medical treatment. |

The screenshot shows the 'Physical Abuse' field with a lightbulb icon. The 'Ratings and Descriptions' section for Physical Abuse is also visible, showing three levels of severity.

| Rating | Description |
|--------|---|
| 0 | There is no evidence that child has experienced physical abuse. |
| 1 | The child has experienced one episode of physical abuse or there is a suspicion that child has experienced physical abuse but no confirming evidence. |
| 2 | The child has experienced repeated physical abuse. |
| 3 | The child has experienced severe and/or repeated physical abuse that causes sufficient physical harm to necessitate hospital or medical treatment. |

Updated Lightbulbs

All rated items have associated help messages (lightbulbs), formatted for improved readability. You can see these help messages by hovering your cursor over the light bulb icon.

In the first screenshot below, the cursor is hovering over the light bulb associated with the Physical Abuse field. The second screenshot shows the same help message after clicking the light bulb icon.

The information in the lightbulbs can also be found in the updated CANS manuals.

CANS CYF 0 thru 5 Assessment Technical Guide v2018

Chart CANS CYF 0 thru 5 Assessment

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Submit

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Diagnosis

Clinical Formulation
A case formulation is the provider's and family's understanding of the child and their current presentations (behaviors and functioning). Helpful case formulations incorporate all that we and the family know into a working theory about why the child is experiencing current challenges. This comprehensive understanding can then lead directly to diagnoses and treatment.

DSM diagnosis, domain of functional impairment, nature of functional impairment

Symptoms/Behavior of the DSM diagnosis and theory about etiology

Modality of the services being proposed and the intervention

Interventions Used and How They Have Reduced the Impairment

Priorities for Treatment Report

Priorities for Treatment

- ☐ 01-Presentation > Adjustment to Trauma
- ☐ 01-Presentation > Anxiety
- ☐ 01-Presentation > Attachment Difficulty
- ☐ 01-Presentation > Atypical Behaviors
- ☐ 01-Presentation > Caregiver Adj Traum.
- ☐ 01-Presentation > Caregiver Emo Resp.
- ☐ 01-Presentation > Depression
- ☐ 01-Presentation > Impulsive/Hyperactive
- ☐ 01-Presentation > Oppositional

Priorities for Treatment Report
The "Priorities for Treatment Report" button will display the needs items rated a "2" or "3" and the strength items rated "0" or "1" so you can begin to prioritize these for treatment planning.

Example of report is displayed here.

After reviewing the items displayed on the report, check the corresponding boxes in the "Priorities for Treatment" field.

San Francisco Health Network
Behavioral Health Services

Priority of Treatment Report

The CANS items listed below are rated "2" or "3" in your current assessment for the Needs domains, and "0" or "1" for the Strengths domains.

Please use this list to organize your understanding of the needs (and strengths) of your client to inform your priorities for treatment. Then, select those items in the "Priority of Treatment" field in the "Clinical Formulation" section.

In selecting CANS items as priorities of treatment, it is useful to organize and conceptualize needs and strengths as follows (Lyons, 2018):

- Priority of Treatment Needs** are actionable needs (rated "2" or "3") in the impact on Functioning, Behavioral/Emotional Needs, and Risk Behaviors domains that are the focus of intervention.
- Background Needs** are factors that are contributing to the client's problem behaviors, symptoms, and impairments. These are likely not addressable but shift the pathway down which treatment is provided. Examples are significant trauma experiences or intellectual impairment.
- Strengths to Use** are protective factors (rated "0" or "1") in your client that help inform a strengths-based approach.
- Strengths to Build** are areas (rated "2" or "3") where no strengths exist, or where you need to help the client build strengths.
- Anticipated Outcome Needs or Strengths** are items that will be expected to change as a result of effectively targeting the priority of treatment needs. For example, helping a client in their Adjustment to Trauma (a priority of treatment need) would be anticipated to have a positive effect on School Behavior and School Achievement.

| | |
|----------------------------------|---|
| 1 - Presentation | |
| Depression | 3 |
| Conduct | 3 |
| Somatization | 3 |
| 2 - Trauma/Abuse | |
| Sexual Abuse | 2 |
| Physical Abuse | 2 |
| Emotional Abuse | 2 |
| Neglect | 3 |
| Natural or Man-Made Disaster | 2 |
| War/Terrorism Affected | 2 |
| 3 - Risk Behaviors | |
| Delinquent Behavior | 3 |
| Intentional Misbehavior | 3 |
| 4 - Impact on Functioning | |
| Family Functioning | 3 |
| Living Situation | 3 |
| 5 - Relevant History | |
| Traditions and Rituals | 3 |
| 6 - Child Strengths | |
| Strengths to Use: | |
| Educational Setting | 1 |
| Strengths to Build: | |
| Resiliency | 3 |

CANS CYF 0 thru 5 Assessment Technical Guide v2018

1 – Presentation Section (screen capture)

Chart CANS CYF 0 thru 5 Assessment

09/24/2018 T Y

Assessment Category: Initial Mid Year Annual Closing

I would like to start with a blank assessment: Yes

Sources of Information: Client Family/Guardian DHS/JPD School Other

The provider submitting this assessment certifies that the information herein is current and in compliance with all Federal, State, and City and County of San Francisco regulation

Draft Pending Approval Final

Team Member to Notify: Team Member to Notify Outgoing Comments

When you see  in the upper right-hand corner of a text box in this form, please right-click inside the text box to access the System Ter

Dates and Times Worked Toward Completing CA

Client Was Linked to Culture Specific and/or Linguistic Services: Yes No

Client Was Linked to Interpreter Services: Yes No

Language: Other

Current Presentation (include symptoms, behaviors, onset, duration, severity, and family response to current situati

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Diagnosis

KEY: 0 = No evidence or no reason to believe that the rated item requires any action.
1 = A need for watchful waiting, monitoring or possibly preventative action.
2 = A need for action. Some strategy is needed to address the problem/need.
3 = A need for immediate or intensive action. This level indicates an immediate safety concern or a priority for inter

| | | | | | | | | | |
|---------------------------|---|---|---|---|---|---|---|---|---|
| Attachment Difficulties | 0 | 1 | 2 | 3 | Oppositional (Non-Compliance with Authority) | 0 | 1 | 2 | 3 |
| Anxiety | 0 | 1 | 2 | 3 | Atypical Behaviors | 0 | 1 | 2 | 3 |
| Regulatory | 0 | 1 | 2 | 3 | Sleep (12 mos. thru 5 y.o.) | 0 | 1 | 2 | 3 |
| Adjustment to Trauma | 0 | 1 | 2 | 3 | Dyadic Considerations | | | | |
| Depression | 0 | 1 | 2 | 3 | Caregiver Emotional Responsiveness | 0 | 1 | 2 | 3 |
| Impulsivity/Hyperactivity | 0 | 1 | 2 | 3 | Caregiver Adjustment to Traumatic Experiences | 0 | 1 | 2 | 3 |

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2 – Trauma/Abuse Section (screen capture)

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Submit

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Diagnosis

Abuse History (include type, age and details of any neglect, and/or physical, sexual, emotional abuse)

Check Here If No Trauma Events Reported
☐ Yes

Trauma Events

| | | | | | | | | | |
|----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---|-------------------------|-------------------------|-------------------------|-------------------------|
| Sexual Abuse | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | Witness to Community/School Violence | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Physical Abuse | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | Natural or Man-Made Disaster | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Emotional Abuse | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | War/Terrorism Affected | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Neglect | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | Victim/Witness to Criminal Activity | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Medical Trauma | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | Disruptions in Caregiving / Attachment Losses | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Witness to Family Violence | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | Parental Criminal Behaviors | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |

Trauma Symptoms

| | | | | | | | | | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|--------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Emotional and/or Physical Dysregulation | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | Hyperarousal | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Intrusions/Re-Experiencing | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | Avoidance | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Dissociation | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | Numbing | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Traumatic Grief and Separation | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | | | | | |

Sexual Abuse Details

| | | | | | | | | | |
|------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Emotional Closeness to Perpetrator | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | Force | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Frequency of Abuse | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | Reaction to Disclosure | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Duration | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | | | | | |

CANS CYF 0 thru 5 Assessment Technical Guide v2018

3 – Risk Behaviors Section (screen capture)

The screenshot displays the 'CANS CYF 0 thru 5 Assessment' software interface. On the left is a navigation pane with a list of sections: 1 - Presentation, 2 - Trauma/Abuse, 3 - Risk Behaviors (highlighted in green), 4 - Impact on Functioning, 5 - Relevant History, 6 - Child Strengths, 7 - Caregiver Strengths..., 8 - Additional Caregiver..., 9 - Provider History, 10 - Medical/Psychiatric, 11 - Medication, 12 - Developmental, 13 - Formal Services/Su..., 14 - Mental Status Exam, 15 - Clinical Formulation, 16 - Summary of Treat..., and 17 - CANS Screen. Below this list is a 'Submit' button and a set of icons for undo, redo, and other functions. At the bottom left, it says 'Autosaved at 7:41 PM' and 'Diagnosis'.

The main content area is titled 'Risk Behaviors' and contains a text box for describing aggressive/violent behavior. Below the text box is a 'Date of Onset' field. Further down, there are two rows of radio button options for 'Self Harm (12 mos. thru 5 y.o.)' and 'Exploited', each with options 0, 1, 2, and 3. A yellow lightbulb icon is visible next to the 'Exploited' row.

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Submit

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Diagnosis

Risk Behaviors

Describe aggressive/violent behavior to self/others. Include impact on child's functioning at home, in a day care/preschool, and in other community settings. Also include an assessment of potential danger to self/others with the following risk factors: (a) ideation; (b) a plan to harm self/others; (c) available means to carry out the plan; (d) history of attempts; (e) quality of support system (e.g. isolation, dysfunctional); (f) preoccupation with death/aggression; and (g) family history of psychopathology and/or suicidal/violent behaviors.

Date of Onset

Self Harm (12 mos. thru 5 y.o.)
0 1 2 3

Exploited
0 1 2 3

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4 – Impact on Functioning Section (screen capture)

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Submit

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Diagnosis

Describe impact on self-care, home, preschool/daycare, and community. Please note whether the impairments are due to symptoms/behavior of the included DSM 5 diagnosis.

Motor
0 1 2 3

Communication
0 1 2 3

Sensory
0 1 2 3

Medical/Physical
0 1 2 3

Developmental/Intellectual
0 1 2 3

Family Functioning
0 1 2 3

Early Education
0 1 2 3

Social and Emotional Functioning
0 1 2 3

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5 – Relevant History Section (screen capture)

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Submit

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Diagnosis

Describe precipitating events and other significant life events leading to the current situation.
(e.g., caregiver divorce, immigration, level of acculturation/assimilation, losses, moves, financial difficulties)

Cultural Factors
Describe cultural factors which may influence presenting problems as viewed by parent/caregiver and clinician.
(may include ethnicity, race, religion, spiritual practice, sexual orientation, caregiver socioeconomic status, living environment)

Language
0 1 2 3

Traditions and Rituals
0 1 2 3

Cultural Stress
0 1 2 3

Cultural Stress Category

| | |
|--|--|
| <input type="checkbox"/> Race/Ethnicity | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Language | <input type="checkbox"/> Age |
| <input type="checkbox"/> Socio-Economic Status | <input checked="" type="checkbox"/> Ability/Disability |
| <input checked="" type="checkbox"/> Other | |

Specify Other Cultural Stress Category
Other

Ability/Disability Category

| | |
|---|---|
| <input checked="" type="checkbox"/> Physical | <input type="checkbox"/> Developmental |
| <input type="checkbox"/> Emotional/Behavioral | <input type="checkbox"/> Cognitive/Learning |
| <input checked="" type="checkbox"/> Other | |

Specify Other Ability/Disability Category
Other

CANS CYF 0 thru 5 Assessment Technical Guide v2018

6 – Childhood Strengths Section (screen capture)

Chart CANS CYF 0 thru 5 Assessment

- 1 - Presentation
- 2 - Trauma/Abuse
- 3 - Risk Behaviors
- 4 - Impact on Functioning
- 5 - Relevant History
- 6 - Child Strengths**
- 7 - Caregiver Strengths...
- 8 - Additional Caregiver...
- 9 - Provider History
- 10 - Medical/Psychiatric
- 11 - Medication
- 12 - Developmental
- 13 - Formal Services/Su...
- 14 - Mental Status Exam
- 15 - Clinical Formulation
- 16 - Summary of Treat...
- 17 - CANS Screen

Submit

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Diagnosis

Describe Individual Strengths and Supports

KEY:
0=centerpiece strength
1=useful strength
2=identified strength
3=not yet identified strength

| | | | | | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|--|
| Family Strengths | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | |
| Interpersonal | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | |
| Relationship Permanence | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | |
| Curiosity | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | |
| Playfulness | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | |
| Natural Supports | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | |
| Resiliency (Persistence and Adaptability) | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | |
| Family Spiritual/Religious | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | |

CANS CYF 0 thru 5 Assessment Technical Guide v2018

7 – Caregiver Strengths/Needs Section (screen capture)

Chart CANS CYF 0 thru 5 Assessment

1 - Presentation
2 - Trauma/Abuse
3 - Risk Behaviors
4 - Impact on Functioning
5 - Relevant History
6 - Child Strengths
7 - Caregiver Strengths...
8 - Additional Caregiver...
9 - Provider History
10 - Medical/Psychiatric
11 - Medication
12 - Developmental
13 - Formal Services/Su...
14 - Mental Status Exam
15 - Clinical Formulation
16 - Summary of Treat...
17 - CANS Screen

Submit

Autosaved at 8:01 PM
Diagnosis

Describe family and community supports AND caregiver and foster caregiver strengths and needs

Minor Consent / No Known Caregiver
☐ Yes

Caregiver Name
John Doe

Caregiver Relationship to Child
☐ Relative
☐ Foster Caregiver
☐ Non-Relative Extended Family Member
☒ Other Paid Caregiver
☐ Other Unpaid Caregiver

KEY:
0 = no evidence/strength
1 = some risk, monitor
2 = moderate need, act
3 = severe need, act immediately/intensively

Medical/Physical
☐ 0 ☐ 1 ☐ 2 ☐ 3

Mental Health
☐ 0 ☐ 1 ☐ 2 ☐ 3

Substance Use
☐ 0 ☐ 1 ☐ 2 ☐ 3

Developmental
☐ 0 ☐ 1 ☐ 2 ☐ 3

Supervision
☐ 0 ☐ 1 ☐ 2 ☐ 3

Legal Involvement
☐ 0 ☐ 1 ☐ 2 ☐ 3

Involvement With Care
☐ 0 ☐ 1 ☐ 2 ☐ 3

Knowledge
☐ 0 ☐ 1 ☐ 2 ☐ 3

Organization
☐ 0 ☐ 1 ☐ 2 ☐ 3

Social Resources
☐ 0 ☐ 1 ☐ 2 ☐ 3

Residential Stability
☐ 0 ☐ 1 ☐ 2 ☐ 3

Family Relationship to the System
☐ 0 ☐ 1 ☐ 2 ☐ 3

Safety
☐ 0 ☐ 1 ☐ 2 ☐ 3

Marital / Intimate Partner Violence
☐ 0 ☐ 1 ☐ 2 ☐ 3

Self Care / Daily Living
☐ 0 ☐ 1 ☐ 2 ☐ 3

Employment
☐ 0 ☐ 1 ☐ 2 ☐ 3

Transportation
☐ 0 ☐ 1 ☐ 2 ☐ 3

Educational Attainment
☐ 0 ☐ 1 ☐ 2 ☐ 3

Financial Resources
☐ 0 ☐ 1 ☐ 2 ☐ 3

Motivation For Care
☐ 0 ☐ 1 ☐ 2 ☐ 3

Cultural Stress
☐ 0 ☐ 1 ☐ 2 ☐ 3

Cultural Stress Category
☐ Race/Ethnicity
☐ Gender Identity
☐ Language
☐ Socio-Economic Status
☐ Other

Sexual Orientation
☐ Religion
☐ Age
☐ Ability/Disability

Ability/Disability Category
☐ Physical
☐ Emotional/Behavioral
☐ Other

Developmental
☐ Cognitive/Learning

Specify Other Cultural Stress Category

Specify Other Ability/Disability Category

CANS CYF 0 thru 5 Assessment Technical Guide v2018

8 – Additional Caregiver Strengths/Needs Section (screen capture)

Chart CANS CYF 0 thru 5 Assessment

1 - Presentation
2 - Trauma/Abuse
3 - Risk Behaviors
4 - Impact on Functioning
5 - Relevant History
6 - Child Strengths
7 - Caregiver Strengths...
8 - Additional Caregiver...
9 - Provider History
10 - Medical/Psychiatric
11 - Medication
12 - Developmental
13 - Formal Services/Su...
14 - Mental Status Exam
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16 - Summary of Treat...
17 - CANS Screen

Submit

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Diagnosis

Skip this section if there are no additional caregivers.

Additional Caregiver Strengths and Needs

| Caregiver Name | Caregiver Relationship to Child | Medical/Physical | Mental He... | Substance ... | Developme... | Superv... |
|----------------|---------------------------------|------------------|--------------|---------------|--------------|-----------|
| | | | | | | |

Add New Item Edit Selected Item Delete Selected Item

Caregiver Name

Caregiver Relationship to Child

- Relative
- Foster Caregiver
- Non-Relative Extended Family Member
- Other Paid Caregiver
- Other Unpaid Caregiver

KEY:
0 = no evidence/strength
1 = some risk, monitor
2 = moderate need, act
3 = severe need, act immediately/intensively

Medical/Physical
0 1 2 3

Mental Health
0 1 2 3

Substance Use
0 1 2 3

Developmental
0 1 2 3

Supervision
0 1 2 3

Legal Involvement
0 1 2 3

Involvement With Care
0 1 2 3

Knowledge
0 1 2 3

Organization
0 1 2 3

Social Resources
0 1 2 3

Residential Stability
0 1 2 3

Family Relationship to the System
0 1 2 3

Safety
0 1 2 3

Marital / Intimate Partner Violence
0 1 2 3

Self Care / Daily Living
0 1 2 3

Employment
0 1 2 3

Transportation
0 1 2 3

Educational Attainment
0 1 2 3

Financial Resources
0 1 2 3

Motivation for Care
0 1 2 3

Cultural Stress
0 1 2 3

Cultural Stress Category

- Race/Ethnicity
- Gender Identity
- Language
- Socioeconomic Status
- Other
- Sexual Orientation
- Religion
- Age
- Ability/Disability

Specify Other Cultural Stress Category

Ability/Disability Category

- Physical
- Emotional/Behavioral
- Other
- Developmental
- Cognitive/Learning

Specify Other Ability/Disability Category

CANS CYF 0 thru 5 Assessment Technical Guide v2018

9 – Provider History Section (screen capture)

Chart CANS CYF 0 thru 5 Assessment

- 1 - Presentation
- 2 - Trauma/Abuse
- 3 - Risk Behaviors
- 4 - Impact on Functioning
- 5 - Relevant History
- 6 - Child Strengths
- 7 - Caregiver Strengths...
- 8 - Additional Caregiver...
- 9 - Provider History**
- 10 - Medical/Psychiatric
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- 12 - Developmental
- 13 - Formal Services/Su...
- 14 - Mental Status Exam
- 15 - Clinical Formulation
- 16 - Summary of Treat...
- 17 - CANS Screen

Submit

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Diagnosis

Provider History

| ... | N... | Pho... | Date Last Seen | Reason for Treatment | Outcome (Was it Helpful / Why) | Date Records Requested |
|-----|------|--------|----------------|----------------------|--------------------------------|------------------------|
| | | | | | | |

Add New Item Edit Selected Item Delete Selected Item

Type

☐ Dentist ☐ Pediatric Specialist

☐ School Nurse ☐ Primary Care Provider

☐ Psychiatrist ☐ Alternative Healers

☐ Other

Date Last Seen

Reason for Treatment

Name Phone #

Outcome (Was it Helpful / Why)

Date Records Requested

CANS CYF 0 thru 5 Assessment Technical Guide v2018

10 – Medical/Psychiatric Section (screen capture)

Chart CANS CYF 0 thru 5 Assessment

- 1 - Presentation
- 2 - Trauma/Abuse
- 3 - Risk Behaviors
- 4 - Impact on Functioning
- 5 - Relevant History
- 6 - Child Strengths
- 7 - Caregiver Strengths...
- 8 - Additional Caregiver...
- 9 - Provider History
- 10 - Medical/Psychiatric**
- 11 - Medication
- 12 - Developmental
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- 15 - Clinical Formulation
- 16 - Summary of Treat...
- 17 - CANS Screen

Submit

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Diagnosis

Medical History Reported

☐ Yes ☐ No

Past/Current Medical Illness and Medical Conditions (include previous hospitalizations)

Allergies

Date of Last Physical Exam Date of Last Dental Exam

Psychiatric History Reported

☐ Yes ☐ No

Past/Current Psychiatric Illness and Conditions (include previous psychiatric hospitalizations and residential treatment)

CANS CYF 0 thru 5 Assessment Technical Guide v2018

11 – Medication Section (screen capture)

Chart CANS CYF 0 thru 5 Assessment

- 1 - Presentation
- 2 - Trauma/Abuse
- 3 - Risk Behaviors
- 4 - Impact on Functioning
- 5 - Relevant History
- 6 - Child Strengths
- 7 - Caregiver Strengths...
- 8 - Additional Caregiver...
- 9 - Provider History
- 10 - Medical/Psychiatric
- 11 - Medication**
- 12 - Developmental
- 13 - Formal Services/Su...
- 14 - Mental Status Exam
- 15 - Clinical Formulation
- 16 - Summary of Treat...
- 17 - CANS Screen

Submit

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Diagnosis

Medication

| Current/Past Medication Name | Medication Evaluation | Does patient follow medication regimen? | Do... | Date Sta... | Date of |
|------------------------------|-----------------------|---|-------|-------------|---------|
| | | | | | |

Add New Item Edit Selected Item Delete Selected Item

Current medication/previous medication
(include all prescribed and over the counter medications, as well as holistic/alternative remedies)

Current/Previous Medication Name Dosage

Medication Evaluation
☐ Yes ☐ No

Does patient follow medication regimen?
☐ Yes ☐ No

Date Started

Date of Last Dose

Effectiveness / Side Effects

Prescriber

CANS CYF 0 thru 5 Assessment Technical Guide v2018

12 – Developmental Section (screen capture)

Chart CANS CYF 0 thru 5 Assessment

- 1 - Presentation
- 2 - Trauma/Abuse
- 3 - Risk Behaviors
- 4 - Impact on Functioning
- 5 - Relevant History
- 6 - Child Strengths
- 7 - Caregiver Strengths...
- 8 - Additional Caregiver...
- 9 - Provider History
- 10 - Medical/Psychiatric
- 11 - Medication
- 12 - Developmental**
- 13 - Formal Services/Su...
- 14 - Mental Status Exam
- 15 - Clinical Formulation
- 16 - Summary of Treat...
- 17 - CANS Screen

Describe significant events in prenatal/birth/early childhood stages, as well as enduring or pervasive developmental or cognitive difficulties. Please include any in utero exposure to traumatic events.

Birth Weight
☐ 0 ☐ 1 ☐ 2 ☐ 3

Prenatal Care
☐ 0 ☐ 1 ☐ 2 ☐ 3

Labor and Delivery
☐ 0 ☐ 1 ☐ 2 ☐ 3

Exposure
☐ 0 ☐ 1 ☐ 2 ☐ 3

Maternal / Primary Caregiver Availability
☐ 0 ☐ 1 ☐ 2 ☐ 3

Failure to Thrive
☐ 0 ☐ 1 ☐ 2 ☐ 3

Submit

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Diagnosis

CANS CYF 0 thru 5 Assessment Technical Guide v2018

13 – Formal Services/Supports Section (screen capture)

Chart CANS CYF 0 thru 5 Assessment

1 - Presentation
2 - Trauma/Abuse
3 - Risk Behaviors
4 - Impact on Functioning
5 - Relevant History
6 - Child Strengths
7 - Caregiver Strengths...
8 - Additional Caregiver...
9 - Provider History
10 - Medical/Psychiatric
11 - Medication
12 - Developmental
13 - Formal Services/Su...
14 - Mental Status Exam
15 - Clinical Formulation
16 - Summary of Treat...
17 - CANS Screen

Submit

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HSA Involvement

Current HSA Involvement
☐ Yes ☐ No

HSA Involvement Type
☐ 300
☐ Adoption
☐ Legal Guardianship
☐ Voluntary
☐ AB12 Non-Minor Dependent
☐ Other/Unknown

HSA Worker Name
HSA Worker Phone Number

School

Special Education Services
☐ Yes ☐ No

Current IEP Date
T Y

ERMHS (Education Related Mental Health Services)
☐ Yes ☐ No

School Name (include pre-school and daycare)

SOAR (Special Day Class-SED Students)
☐ Yes ☐ No

Teacher Name

CEEP (Counseling Enriched Education Program)
☐ Yes ☐ No

School Phone # Grade

Intensive

Intensive Services
☐ TBS ☐ Wrap ☐ ISS ☐ Legacy
☐ Other

Program Name

Other
Provider Name
Provider Phone #

CANS CYF 0 thru 5 Assessment Technical Guide v2018

14 – Mental Status Exam Section (screen capture)

The screenshot shows the 'CANS CYF 0 thru 5 Assessment' software interface. On the left is a sidebar with a list of 17 assessment sections. Section 14, 'Mental Status Exam', is highlighted with a green background. Below the list is a 'Submit' button and a row of six icons: a blue square with a white 'i', a blue square with a white 'e', a blue square with a white 'd', a red circle with a white 'x', a blue circle with a white 'x', and a yellow star. At the bottom left, it says 'Autosaved at 8:01 PM' and 'Diagnosis'. The main area on the right is titled 'Mental Status' in red. Below the title is a red definition: 'Appearance, apparent reaction to situation, self-regulation, motor, speech and language, thought, affect and mood, plus relatedness.' To the right of this text is a small yellow box with a black 'T'. Below the definition is a large, empty white text area with a vertical scrollbar on the right side.

Chart CANS CYF 0 thru 5 Assessment

- 1 - Presentation
- 2 - Trauma/Abuse
- 3 - Risk Behaviors
- 4 - Impact on Functioning
- 5 - Relevant History
- 6 - Child Strengths
- 7 - Caregiver Strengths...
- 8 - Additional Caregiver...
- 9 - Provider History
- 10 - Medical/Psychiatric
- 11 - Medication
- 12 - Developmental
- 13 - Formal Services/Su...
- 14 - Mental Status Exam**
- 15 - Clinical Formulation
- 16 - Summary of Treat...
- 17 - CANS Screen

Submit

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Diagnosis

Mental Status
Appearance, apparent reaction to situation, self-regulation, motor, speech and language, thought, affect and mood, plus relatedness.

CANS CYF 0 thru 5 Assessment Technical Guide v2018

15 – Clinical Formulation Section (screen capture)

The screenshot displays the 'Clinical Formulation' section of the CANS CYF 0 thru 5 Assessment. The interface includes a left-hand navigation menu with 17 items, where '15 - Clinical Formulation' is highlighted. The main content area is titled 'Clinical Formulation' and contains a descriptive paragraph. Below this are three large text input fields for 'DSM diagnosis, domain of functional impairment, nature of functional impairment', 'Symptoms/Behaviors of the DSM diagnosis and theory about why the child is experiencing the current symptoms/impairment', and 'Modality of the services being proposed and the interventions that link to the impairment and formulation'. A 'Submit' button is located below the navigation menu. At the bottom, there is a 'Priorities for Treatment Report' button and a list of checkboxes for treatment priorities, all of which are currently unchecked. The interface also features a 'Draft' watermark and an 'Autosaved at 8:01 PM' status message.

Chart **CANS CYF 0 thru 5 Assessment**

- 1 - Presentation
- 2 - Trauma/Abuse
- 3 - Risk Behaviors
- 4 - Impact on Functioning
- 5 - Relevant History
- 6 - Child Strengths
- 7 - Caregiver Strengths...
- 8 - Additional Caregiver...
- 9 - Provider History
- 10 - Medical/Psychiatric
- 11 - Medication
- 12 - Developmental
- 13 - Formal Services/Su...
- 14 - Mental Status Exam
- 15 - Clinical Formulation**
- 16 - Summary of Treat...
- 17 - CANS Screen

Submit

Clinical Formulation
A case formulation is the provider's and family's understanding of the child and their current presentations (behaviors and functioning). Helpful case formulations incorporate all that we and the family know into a working theory about why the child is experiencing current challenges. This comprehensive understanding can then lead directly to diagnoses and treatment.

DSM diagnosis, domain of functional impairment, nature of functional impairment

Symptoms/Behaviors of the DSM diagnosis and theory about why the child is experiencing the current symptoms/impairment

Modality of the services being proposed and the interventions that link to the impairment and formulation

Interventions Used and How They Have Reduced the Impairment or Symptom

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Diagnosis

Priorities for Treatment Report

Priorities for Treatment

- ☐ 01-Presentation > Adjustment to Trauma
- ☐ 01-Presentation > Anxiety
- ☐ 01-Presentation > Attachment Difficulty
- ☐ 01-Presentation > Atypical Behaviors
- ☐ 01-Presentation > Caregiver Adj Traum.
- ☐ 01-Presentation > Caregiver Emo Resp.
- ☐ 01-Presentation > Depression
- ☐ 01-Presentation > Impulsive/Hyperactive
- ☐ 01-Presentation > Oppositional

CANS CYF 0 thru 5 Assessment Technical Guide v2018

16 – Summary of Treatment Section (screen capture)

The screenshot displays the CANS CYF 0 thru 5 Assessment software interface. The top navigation bar includes a 'Chart' icon and the title 'CANS CYF 0 thru 5 Assessment'. On the left, a sidebar lists 17 assessment sections, with '16 - Summary of Treat...' highlighted in green. Below the sidebar is a 'Submit' button and a set of six icons (three in the top row, three in the bottom row). At the bottom left, it says 'Autosaved at 8:01 PM' and 'Diagnosis'. The main content area has two sections: 'Summary of Treatment (include behaviorally specific response / progress toward goals, other clinically relevant information)' and 'Discharge Plans (include follow-up efforts, linkage to formal and informal services, and contingency plan)'. Both sections have large, empty text boxes for input, each with a vertical toolbar on the right side.

Chart CANS CYF 0 thru 5 Assessment

- 1 - Presentation
- 2 - Trauma/Abuse
- 3 - Risk Behaviors
- 4 - Impact on Functioning
- 5 - Relevant History
- 6 - Child Strengths
- 7 - Caregiver Strengths...
- 8 - Additional Caregiver...
- 9 - Provider History
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- 12 - Developmental
- 13 - Formal Services/Su...
- 14 - Mental Status Exam
- 15 - Clinical Formulation
- 16 - Summary of Treat...**
- 17 - CANS Screen

Submit

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Diagnosis

Summary of Treatment (include behaviorally specific response / progress toward goals, other clinically relevant information)

Discharge Plans (include follow-up efforts, linkage to formal and informal services, and contingency plan)

CANS CYF 0 thru 5 Assessment Technical Guide v2018

17 – CANS Screen Section (screen capture)

Chart

CANS CYF 0 thru 5 Assessment

1 - Presentation

2 - Trauma/Abuse

3 - Risk Behaviors

4 - Impact on Functioning

5 - Relevant History

6 - Child Strengths

7 - Caregiver Strengths...

8 - Additional Caregiver...

9 - Provider History

10 - Medical/Psychiatric

11 - Medication

12 - Developmental

13 - Formal Services/Su...

14 - Mental Status Exam

15 - Clinical Formulation

16 - Summary of Treat...

17 - CANS Screen

Submit

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Diagnosis

WARNING! The CANS Screen is not a comprehensive mental health assessment under Medi-Cal regulations and intended for designated programs only. Do not complete the Screen unless you have received clearance from proceed. Please consult with your program director if you have any questions.

Current Presentation and Reason for Referral

Has this child had 3 or more placements within the past 24 months due to behavioral health needs?
☐ Yes ☐ No

Risk Behavior of Concern

Child Psychosocial and Educational Supports, Needs, and Strengths

Family of Origin/Caregiver Needs and Strengths

Parent/Caregiver Input

Recommendations

Preliminary/Hypothesized Diagnosis

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