

CANS CYF 6 thru 20 Assessment Technical Guide v2108

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

Assessment Category
☒ Initial ☐ Mid Year ☐ Annual ☐ Closing

Form Status
☒ Draft ☐ Pending Approval ☐ Final

Team Member to Notify
 [Dropdown Menu]

Team Member to Notify/Outgoing Comments
 [Text Box]

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

Client Was Linked to Interpreter Services
☐ Yes ☐ No

Language
 [Dropdown Menu]

Other
 [Text Box]

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.

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.

Initial	Mid-Year	Annual	Closing
Required: - CANS Ratings - Medi-Cal Required Elements Disabled: - Tab 16 (Summary of TX / Discharge Plan) - Tab 17 (CANS Screen)	Required: - CANS Ratings - Tab 16 (Summary of TX) Disabled: - Medi-Cal Required Elements - Tab 16 (Discharge Plan) - Tab 17 (CANS Screen)	Required: - CANS Ratings - Medi-Cal Required Elements - Tab 16 (Summary of TX / Discharge Plan) Disabled: - CANS Screen	Required: - CANS Ratings - Tab 16 (Summary of TX & Discharge Plan) Disabled: - Medi-Cal Required Elements - Tab 17 (CANS Screen)

CANS CYF 6 thru 20 Assessment Technical Guide v2108

1 - Presentation

- 2 - Trauma/Abuse
- 3 - Risk Behaviors
- 4 - Impact on Functioning
- 5 - Relevant History
- 6 - Child Strengths
- 7 - Caregiver Strengths
- 8 - Additional Caregivers
- 9 - Provider History
- 10 - Medical/Psychiatric
- 11 - Medication
- 12 - Developmental
- 13 - Formal Services/Interventions
- 14 - Mental Status Examination

Date: 09/24/2018

Assessment Category: ☒ Initial ☐ Mid Year ☐ Annual ☐ Closing

Form Status: ☒ Draft ☐ Pending Approval ☐ Final

Team Member to Notify Outgoing Comments:

When you see a yellow 'T' in the upper right-hand corner of a text box in this form, please right-click inside the text box to access the System Templates.

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

Current Presentation (Include symptoms, behaviors, onset, duration, severity, and family response to current situation):

System Templates:

- Documentation Dates and Times

Autosaved at 3:22 PM

Diagnosis

Information

This assessment requires a diagnosis. There is a link to the Diagnosis form in the left-hand panel of this form.

OK

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.

CANS CYF 6 thru 20 Assessment Technical Guide v2108

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.

CANS CYF 6 thru 20 Assessment Technical Guide v2108

1 - Presentation
2 - Trauma/Abuse
3 - Risk Behaviors
4 - Impact on Functioning
5 - Relevant History
6 - Child Strengths
7 - Caregiver Strength/Needs
8 - Additional Caregiver Strengths/Needs
9 - Provider History
10 - Medical/Psychiat...
11 - Medication
12 - Developmental
13 - Formal Services/...
14 - Mental Status Ex...
15 - Clinical Formulation
16 - Summary of Tre...

Additional Caregiver Strengths/Needs

skip this section if there are no additional caregivers.

Caregiver Name	Caregiver Relationship to Child	Medical/Physical	Mental Health	Substance Use	Supervision	Legal Involvement	Involvement With Care	Knowledge	Organization	Social Resources	Residential Stability	Safety	Marital / Intimate Partner Violence	Developmental	Self Care / Daily Living	Educational Attainment	Employment	Motivation for Care	Financial Resources	Transportation	Cultural Stress	Ability/Disability Category
		0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	

KEY: 0 = No current need; no need for action or intervention.
 1 = History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
 2 = Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
 3 = Problems are dangerous or disabling; requires immediate and/or intensive action.

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

Medical/Physical
☐ 0 ☐ 1 ☐ 2 ☐ 3

Mental Health
☐ 0 ☐ 1 ☐ 2 ☐ 3

Substance Use
☐ 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

Safety
☐ 0 ☐ 1 ☐ 2 ☐ 3

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

Developmental
☐ 0 ☐ 1 ☐ 2 ☐ 3

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

Educational Attainment
☐ 0 ☐ 1 ☐ 2 ☐ 3

Employment
☐ 0 ☐ 1 ☐ 2 ☐ 3

Motivation for Care
☐ 0 ☐ 1 ☐ 2 ☐ 3

Financial Resources
☐ 0 ☐ 1 ☐ 2 ☐ 3

Transportation
☐ 0 ☐ 1 ☐ 2 ☐ 3

Cultural Stress
☐ 0 ☐ 1 ☐ 2 ☐ 3

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

Specify Other Cultural Stress Category

Ability/Disability Category
☐ Physical ☐ Developmental
☐ Emotional/Behavioral ☐ Cognitive/Learning
☐ Other

Specify Other Ability/Disability Category

Submit

Autosaved at 4:32 PM
Diagnosis

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 of there is no caregiver or minor consent is given.

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 6 thru 20 Assessment Technical Guide v2108

The screenshot displays the 'CANS CYF 6 thru 20 Assessment' form. On the left is a sidebar with a list of 16 assessment categories, with '5 - Relevant History' highlighted. The main content area is divided into sections. The 'Cultural Factors' section includes a text box for describing precipitating events and another for cultural factors. Below these are three rows of radio button scales for 'Language', 'Traditions and Rituals', and 'Cultural Stress', each with options 0, 1, 2, and 3. The 'Cultural Stress' row has a green dot next to the '1' option. An orange box highlights the 'Cultural Stress Category' section, which contains checkboxes for 'Race/Ethnicity', 'Gender Identity', 'Language', 'Socio-Economic Status', 'Sexual Orientation', 'Religion', 'Age', and 'Ability/Disability' (which is checked). It also includes a 'Specify Other Cultural Stress Category' text box. To the right of this box is the 'Ability/Disability Category' section with checkboxes for 'Physical' (checked), 'Emotional/Behavioral', 'Other' (checked), 'Developmental', and 'Cognitive/Learning'. Below this is a 'Specify Other Ability/Disability Category' section with a text box labeled 'Other Ability/Disability'. At the bottom left of the form, it says 'Autosaved at 5:22 PM' and 'Diagnosis'.

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 6 thru 20 Assessment Technical Guide v2108

The screenshot shows the 'Trauma Events' section of the CANS CYF 6 thru 20 Assessment form. The 'Physical Abuse' field is highlighted with a red arrow. A lightbulb icon is visible next to the 'Physical Abuse' field, indicating a help message is available. The 'Physical Abuse' field is currently rated '0'.

Physical Abuse
This includes one or more episodes of aggressive behavior usually resulting in physical injury to the child. It also includes contact that is intended to cause feelings of intimidation, pain, injury or other physical suffering or bodily harm.

Ratings and Descriptions

- 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 of the CANS CYF 6 thru 20 Assessment form. The 'Physical Abuse' field is currently rated '0'. A lightbulb icon is visible next to the 'Physical Abuse' field, indicating a help message is available. The 'Physical Abuse' field is currently rated '0'.

Physical Abuse
This includes one or more episodes of aggressive behavior usually resulting in physical injury to the child. It also includes contact that is intended to cause feelings of intimidation, pain, injury or other physical suffering or bodily harm.

Ratings and Descriptions

- 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 6 thru 20 Assessment Technical Guide v2108

CANS CYF 6 thru 20 Assessment

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

Clinical Formulation
 A case formulation is the provider's and family's understanding of the child and their current presentations (behaviors and function). Helpful case formulations incorporate all that we and the family know into a working theory about why the child is experiencing 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

Modality of the services being proposed and the intervention

Interventions used and how they have reduced the impact

Priorities for Treatment Report

Submit

Autosaved at 5:22 PM
Diagnosis

Priorities for Treatment

☐ 01-Presentation > Adjustment to Trauma
☐ 01-Presentation > Anger Control
☐ 01-Presentation > Anxiety
☐ 01-Presentation > Attachment Difficulty
☐ 01-Presentation > Conduct
☐ 01-Presentation > Depression
☐ 01-Presentation > Eating Disturbances
☐ 01-Presentation > Impulsive/Hyperactive
☐ 01-Presentation > Oppositional
☐ 01-Presentation > Psychosis
☐ 01-Presentation > Somatization
☐ 01-Presentation > Substance Use
☐ 02-Trauma > Disrupt Caregiver/Attachment Losses

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 the 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, behavior, 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, a experience 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 6 thru 20 Assessment Technical Guide v2108

1 – Presentation Section (screen capture)

Chart CANS CYF 6 thru 20 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 5:22 PM
Diagnosis

Date: 09/24/2018
Assessment Category: Initial
Form Status: Draft
Team Member to Notify: [Dropdown]
Team Member to Notify's Outgoing Comments: [Text Area]
Section of Information: Client, Family/Caregiver, School, Other
When you see a [Yellow Flag] in the upper right-hand corner of a text box in this form, please right-click inside the text box to access the System Template.
Data and Time Worked Toward Completing CANS: [Text Area]
The provider submitting this assessment certifies that the information therein is current and in compliance with all the Federal, State, City and County of San Francisco regulations.

Client Was Linked to Culture Specific and/or Linguistic Services: Yes, No
Client Was Linked to Interpreter Services: Yes, No
Language: [Dropdown]
Other: [Text Area]

Current Presentation (Include symptoms, behaviors, onset, duration, severity, and family response to current situation)

**KEY: 0 = No current need; no need for action or intervention.
1 = History of escalation of problems; requires monitoring, watchful waiting, or preventive activities.
2 = Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
3 = Problems are dangerous or disabling; requires immediate and/or intensive action.**

Psychosis (Thought Disorder)	Conduct
0 1 2 3	0 1 2 3

Impulsivity/Hyperactivity	Sensitization
0 1 2 3	0 1 2 3

Depression	Anger Control
0 1 2 3	0 1 2 3

Substance Use	Attachment Difficulties
0 1 2 3	0 1 2 3

Anxiety	Eating Disturbances
0 1 2 3	0 1 2 3

Oppositional (Non-Compliance with Authority)	Adjustment to Transitions
0 1 2 3	0 1 2 3

Substance Use
Describe Substance/Alcohol Abuse (Specify onset, type - including tobacco and caffeine, frequency and amount, and level of impairment)

Severity of Use	Peer Influences
0 1 2 3	0 1 2 3

Duration of Use	Parental/Caregiver Influences
0 1 2 3	0 1 2 3

Stage of Recovery	Environmental Influences
0 1 2 3	0 1 2 3

CANS CYF 6 thru 20 Assessment Technical Guide v2108

2 – Trauma/Abuse Section (screen capture)

Chart CANS CYF 6 thru 20 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 5:22 PM
Diagnosis

Abuse History (Include type, age and details of any neglect, and/or physical, sexual and 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 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
Witness to Community Violence	<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 6 thru 20 Assessment Technical Guide v2108

3 – Risk Behaviors Section (screen capture)

Chart CANS CYF 6 thru 20 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 5:22 PM
Diagnosis

Describe Aggressive/Violent Behavior to Others. Include level of impairment (e.g., school suspension, law enforcement involvement, incarceration, crisis services, hospitalization). Also include an assessment of potential danger to others with the following risk factors: (a) aggressive, assaultive, or homicidal ideation; (b) a homicidal plan; (c) available means; (d) an identifiable target; (e) history of impulsivity acting out, homicide attempts, or assaults; (f) a strong urge to "get even" or control; (g) history of substance abuse; and (h) history of violence (e.g., friendships and/or relationships with verbal/physical fighting).

Date of Onset

Describe Self-Destructive/Bulimic Behavior (Danger to Self). Include level of impairment (e.g., crisis stabilization, hospitalization). Also include an assessment of potential danger to self with the following risk factors: (a) ideation; (b) a plan to harm self; (c) lethality (can they do it?); (d) available means; (e) history of mental or physical illness (e.g., depression); (f) history of attempts; (g) isolation/absence of support system; (h) loss; (i) substance abuse; (j) hopelessness; (k) preoccupation with death; and (l) family history of psychopathology and suicidal behavior.

Date of Onset

Suicide Risk
History of Attempts: 0 1 2 3
Caregiver Mental Health: 0 1 2 3

Violence History
History of Physical Abuse: 0 1 2 3
History of Violence: 0 1 2 3

Emotions/Behavior
Bullying: 0 1 2 3
Frustration Management: 0 1 2 3
Hostility: 0 1 2 3

Delinquent Behavior
Fire Setting: 0 1 2 3
Non-Suicidal Self-Injurious Behavior: 0 1 2 3
Intentional Misbehavior: 0 1 2 3

Accessible Firearm / Lethal Medication
0 1 2 3

Witness to Intimate Partner Violence
0 1 2 3

Witness to Environmental Violence
0 1 2 3

Paranoid Thinking
0 1 2 3

Secondary Gains From Anger
0 1 2 3

Violent Thinking
0 1 2 3

Resiliency Factors
Awareness of Violence Potential: 0 1 2 3
Response to Consequences: 0 1 2 3
Commitment to Self Control: 0 1 2 3
Treatment Involvement: 0 1 2 3

Sexually Aggressive Behavior
Relationship: 0 1 2 3
Physical Force/Threat: 0 1 2 3
Planning: 0 1 2 3
Age Differential: 0 1 2 3
Type of Sex Act: 0 1 2 3
Response to Accusation: 0 1 2 3
Temporal Consistency: 0 1 2 3
History of Sexually Aggressive Behavior: 0 1 2 3
Severity of Sexual Abuse: 0 1 2 3
Prior Treatment: 0 1 2 3

Runaway
Frequency of Running: 0 1 2 3
Consistency of Destination: 0 1 2 3
Safety of Destination: 0 1 2 3
Involvement in Illegal Activities: 0 1 2 3
Likelihood of Return on Own: 0 1 2 3
Involvement of Others: 0 1 2 3
Realistic Expectations: 0 1 2 3
Planning: 0 1 2 3

Juvenile Justice
Seriousness: 0 1 2 3
History: 0 1 2 3
Arrests: 0 1 2 3
Planning: 0 1 2 3
Community Safety: 0 1 2 3
Legal Compliance: 0 1 2 3
Peer Influences: 0 1 2 3
Environmental Influences: 0 1 2 3

Fire Setting
Seriousness: 0 1 2 3
History: 0 1 2 3
Planning: 0 1 2 3
Use of Accelerants: 0 1 2 3
Intention to Harm: 0 1 2 3
Community Safety: 0 1 2 3
Response to Accusation: 0 1 2 3
Remorse: 0 1 2 3
Likelihood of Future Fire Setting: 0 1 2 3

CANS CYF 6 thru 20 Assessment Technical Guide v2108

4 – Impact on Functioning Section (screen capture)

Chart CANS CYF 6 thru 20 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 5:22 PM
Diagnosis

Describe impact on self-care, home, school and community. Please note whether the impairments are symptoms/behaviors of the included DSM 5 diagnosis.

Family Functioning
☐ 0 ☐ 1 ☐ 2 ☐ 3

Living Situation
☐ 0 ☐ 1 ☐ 2 ☐ 3

Recreational
☐ 0 ☐ 1 ☐ 2 ☐ 3

Developmental/Intellectual
☐ 0 ☐ 1 ☐ 2 ☐ 3

Legal
☐ 0 ☐ 1 ☐ 2 ☐ 3

Medical/Physical
☐ 0 ☐ 1 ☐ 2 ☐ 3

Sexual Development
☐ 0 ☐ 1 ☐ 2 ☐ 3

School Behavior
☐ 0 ☐ 1 ☐ 2 ☐ 3

School Achievement
☐ 0 ☐ 1 ☐ 2 ☐ 3

School Attendance
☐ 0 ☐ 1 ☐ 2 ☐ 3

Social Functioning
☐ 0 ☐ 1 ☐ 2 ☐ 3

Decision Making
☐ 0 ☐ 1 ☐ 2 ☐ 3

Sleep
☐ 0 ☐ 1 ☐ 2 ☐ 3

CANS CYF 6 thru 20 Assessment Technical Guide v2108

5 – Relevant History Section (screen capture)

The screenshot displays the 'CANS CYF 6 thru 20 Assessment' software interface. On the left is a navigation menu with 17 items, where '5 - Relevant History' is highlighted. Below the menu is a 'Submit' button and a row of five icons. At the bottom left, it says 'Autosaved at 5:22 PM' and 'Diagnosis'. The main area contains three sections: 1. A large text box for 'Describe precipitating events and other significant life events leading to current situation.' with a red instruction line and an example. 2. A 'Cultural Factors' section with a text box and a red instruction line. 3. A section with three radio button scales: 'Language' (0, 1, 2, 3), 'Traditions and Rituals' (0, 1, 2, 3), and 'Cultural Stress' (0, 1, 2, 3). Below these are two groups of checkboxes: 'Cultural Stress Category' (Race/Ethnicity, Gender Identity, Language, Socio-Economic Status, Other, Sexual Orientation, Religion, Age, Ability/Disability) and 'Ability/Disability Category' (Physical, Emotional/Behavioral, Other, Developmental, Cognitive/Learning). At the bottom, there are two text boxes: 'Specify Other Cultural Stress Category' and 'Specify Other Ability/Disability Category'.

Chart CANS CYF 6 thru 20 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 5:22 PM
Diagnosis

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

Cultural Factors
Describe cultural factors which may influence presenting problems as viewed by child/youth, 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	

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 Cultural Stress Category
Other Stress

Specify Other Ability/Disability Category
Other Ability/Disability

CANS CYF 6 thru 20 Assessment Technical Guide v2108

6 – Childhood Strengths Section (screen capture)

Chart

CANS CYF 6 thru 20 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 6:42 PM

Diagnosis

Child Strengths and Supports

KEY: 0 = Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of strength-based plan.

1 = Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.

2 = Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.

3 = An area in which no current strength is identified; efforts are needed to identify potential strengths.

Child Strengths

Family Strengths	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3		Cultural Identity	<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		Community Life	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Educational Setting	<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	
Talents and Interests	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3		Resiliency	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Spiritual/Religious	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3		Optimism	<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							

CANS CYF 6 thru 20 Assessment Technical Guide v2108

7 – Caregiver Strengths/Needs Section (screen capture)

Chart CANS CYF 6 thru 20 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 6:42 PM
Diagnosis

KEY: 0 = No current need; no need for action or intervention.
1 = History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
2 = Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed
3 = Problems are dangerous or disabling; requires immediate and/or intensive action.

Describe Family and Community Supports AND Caregiver / Foster Caregiver Strengths and Needs

Minor Consent / No Known Caregiver:
☐ Yes

Caregiver Name:

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

Medical/Physical
0 1 2 3

Mental Health
0 1 2 3

Substance Use
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

Safety
0 1 2 3

Marital / Intimate Partner Violence
0 1 2 3

Developmental
0 1 2 3

Self Care / Daily Living
0 1 2 3

Educational Attainment
0 1 2 3

Employment
0 1 2 3

Motivation For Care
0 1 2 3

Financial Resources
0 1 2 3

Transportation
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:

CANS CYF 6 thru 20 Assessment Technical Guide v2108

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

Chart CANS CYF 6 thru 20 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 6:42 PM
Diagnosis

Skip this section if there are no additional caregivers.
Additional Caregiver Strengths/Needs

Caregiver Name	Caregiver Relationship to Child	Medical/Physical	Mental He...	Substance ...	Superv ...	Legal Involvem...

Add New Item Edit Selected Item Delete Selected Item

KEY: 0 = No current need; no need for action or intervention.
1 = History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
2 = Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed
3 = Problems are dangerous or disabling; requires immediate and/or intensive action.

Caregiver Name

Caregiver Relationship to Child

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

Medical/Physical
0 1 2 3

Mental Health
0 1 2 3

Substance Use
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

Safety
0 1 2 3

Marital / Intimate Partner Violence
0 1 2 3

Developmental
0 1 2 3

Self Care / Daily Living
0 1 2 3

Educational Attainment
0 1 2 3

Employment
0 1 2 3

Motivation for Care
0 1 2 3

Financial Resources
0 1 2 3

Transportation
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

CANS CYF 6 thru 20 Assessment Technical Guide v2108

9 – Provider History Section (screen capture)

Chart **CANS CYF 6 thru 20 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 6:42 PM
Diagnosis

Provider History

Type	...	Pho...	Date Last ...	Reason for Trea...	Outcome (W as it Helpful / ...	Date Records Requested
------	-----	--------	---------------	--------------------	--------------------------------	------------------------

Add New Item **Edit Selected Item** **Delete Selected Item**

Type

☒ Dentist
☐ School Nurse
☐ Psychiatrist
☐ Other

☐ Pediatric Specialist
☐ Primary Care Provider
☐ Alternative Healers

Phone #

Date Last Seen

Reason for Treatment

Name

Outcome (W as it Helpful / Why)

Date Records Requested

CANS CYF 6 thru 20 Assessment Technical Guide v2108

10 – Medical/Psychiatric Section (screen capture)

The screenshot displays the 'Medical/Psychiatric' section of the CANS CYF 6 thru 20 Assessment form. The interface includes a sidebar on the left with a list of 17 assessment categories, where '10 - Medical/Psychiatric' is highlighted. The main content area is divided into two sections: 'Medical History Reported' and 'Psychiatric History Reported'. Each section contains a radio button for 'Yes' or 'No', a text area for 'Past/Current Medical Illness and Medical Conditions (Include Previous Hospitalizations)' and 'Past/Current Psychiatric Illness and Conditions (Include Previous Hospitalization/Residential Treatment)', and two date input fields for 'Date of Last Physical Exam' and 'Date of Last Dental Exam'. A 'Submit' button is located in the sidebar. The bottom of the sidebar shows 'Autosaved at 6:42 PM' and 'Diagnosis'.

Chart **CANS CYF 6 thru 20 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

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 Hospitalization/Residential Treatment)

Autosaved at 6:42 PM

Diagnosis

CANS CYF 6 thru 20 Assessment Technical Guide v2108

11 – Medication Section (screen capture)

Chart CANS CYF 6 thru 20 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 6:42 PM
Diagnosis

Medication

Current/Previous Medication Name	Medication Evaluation	Does patient follow medication regimen?	Do...	Date Sta...	Da

Add New Item Edit Selected Item Delete Selected Item

Current Medication / Previous Medication
(Include all prescribed, over-the-counter medications and holistic/alternative remedies)

Current/Previous Medication Name Dosage

Medication Evaluation Date Started

Does patient follow medication regimen? Date of Last Dose

Effectiveness / Side Effects

Prescriber

CANS CYF 6 thru 20 Assessment Technical Guide v2108

12 – Developmental Section (screen capture)

Chart CANS CYF 6 thru 20 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 6:42 PM
Diagnosis

Describe significant events in Prenatal/Birth/Early Childhood stages, as well as enduring or pervasive developmental or cognitive difficulties.

KEY: 0 = No Evidence of Problems, 1 = History / Mild Problems, 2 = Moderate Problems, 3 = Severe Problems

Motor	0	1	2	3
Sensory	0	1	2	3
Communication	0	1	2	3
Substance Exposure	0	1	2	3
Maternal Availability	0	1	2	3

Describe significant events in Latency stage (peer/sibling relations, extracurricular activities, delinquency).

Describe significant events in Adolescence (include onset of puberty, extracurricular activities, teen parenthood, delinquency, gang involvement)

Complete if youth is 16 years or older OR if the child/youth has any of these needs.

Independent Living	0	1	2	3
Transportation	0	1	2	3
Parenting Role	0	1	2	3
Personality Disorder	0	1	2	3
Intimate Relationships	0	1	2	3
Medication Compliance	0	1	2	3
Educational Attainment	0	1	2	3
Victimization	0	1	2	3
Vocational	0	1	2	3

CANS CYF 6 thru 20 Assessment Technical Guide v2108

13 – Formal Services/Supports Section (screen capture)

Chart CANS CYF 6 thru 20 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 6:42 PM
Diagnosis

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 #

JPD Involvement
Current JPD Involvement
☒ Yes ☐ No
JPD Involvement Type
☐ 654 (Informal)
☐ 602 (Formal)
☐ 725 (Dual HSA + JPD w/lead HSA)
☐ Pre-adjudicated
Probation Officer
Probation Officer Phone #

School
Special Education Services
☒ Yes ☐ No
Current IEP Date
ERMHS (Education Related Mental Health Services)
☒ Yes ☐ No
School Name
Teacher Name
SOAR (Special Day Class - SED Students)
☒ Yes ☐ No
Phone #
CEEP (Counseling Enriched Educational Program)
☒ Yes ☐ No
Grade

Intensive
Intensive Services
☐ TBS ☐ Wrap ☐ ISS ☐ Legacy
☐ Other
Program Name
Provider Name
Phone #

Other Support Services
Name
Phone #

CANS CYF 6 thru 20 Assessment Technical Guide v2108

14 – Mental Status Exam Section (screen capture)

Chart

CANS CYF 6 thru 20 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 6:42 PM

Diagnosis

Mental Status

(Orientation, Appearance, Behavior, Relatedness, Level of Alertness, Speech, Abnormal Movements, Mood, Affect, Thought Flow, Thought Content, Delusions, Hallucinations, Intellectual Functioning, Insight/Judgement, Other Mental Status Findings)

T

CANS CYF 6 thru 20 Assessment Technical Guide v2108

15 – Clinical Formulation Section (screen capture)

The screen capture shows the 'CANS CYF 6 thru 20 Assessment' interface. On the left is a navigation menu with 17 items, where '15 - Clinical Formulation' is highlighted. Below the menu is a 'Submit' button and a set of icons. The main area is titled 'Clinical Formulation' and contains a definition of case formulation. Below this are four text input fields with labels: '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/impairments', 'Modality of the services being proposed and the interventions that link to the impairment and formulation', and 'Interventions used and how they have reduced the impairment or symptoms'. At the bottom right, a 'Priorities for Treatment Report' button is next to a list of checkboxes for treatment priorities, including categories like '01-Presentation' and '02-Trauma'.

CANS CYF 6 thru 20 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

Clinical Formulation

A case formulation is the provider's and family's understanding of the child and their current presentations (behaviors and function). Helpful case formulations incorporate all that we and the family know into a working theory about why the child is experiencing 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/impairments

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 symptoms

Priorities for Treatment Report

Priorities for Treatment

- ☐ 01-Presentation > Adjustment to Trauma
- ☐ 01-Presentation > Anger Control
- ☐ 01-Presentation > Anxiety
- ☐ 01-Presentation > Attachment Difficulty
- ☐ 01-Presentation > Conduct
- ☐ 01-Presentation > Depression
- ☐ 01-Presentation > Eating Disturbances
- ☐ 01-Presentation > Impulsive/Hyperactive
- ☐ 01-Presentation > Oppositional
- ☐ 01-Presentation > Psychosis
- ☐ 01-Presentation > Somatization
- ☐ 01-Presentation > Substance Use
- ☐ 02-Trauma > Disrupt Caregiv/Attach Losses
- ☐ 02-Trauma > Emotional Abuse
- ☐ 02-Trauma > Medical Trauma
- ☐ 02-Trauma > Natural or Man-Made Disaster

Autosaved at 6:42 PM
Diagnosis

CANS CYF 6 thru 20 Assessment Technical Guide v2108

16 – Summary of Treatment Section (screen capture)

The screenshot displays the 'CANS CYF 6 thru 20 Assessment' software interface. On the left is a vertical navigation menu with 17 items, each preceded by a square icon. Item 16, '16 - Summary of Treat...', is highlighted with a green background. Below the menu is a blue 'Submit' button and a row of six icons: a star, a pencil, a document, a red circle with a white 'X', a person with a red 'X', and a yellow star. At the bottom left, it says 'Autosaved at 6:42 PM' and 'Diagnosis'. The main area on the right contains two large text input fields. The top field is titled 'Summary of Treatment (Include behaviorally specific response/progress toward goals, other clinically relevant information)' and the bottom field is titled 'Discharge Plans (Include behaviorally specific response/progress toward goals, other clinically relevant information.)'. Both fields are currently empty. A large, faint 'DRAFT' watermark is visible across the center of the screen.

Chart CANS CYF 6 thru 20 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 6:42 PM
Diagnosis

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

Discharge Plans (Include behaviorally specific response/progress toward goals, other clinically relevant information.)

CANS CYF 6 thru 20 Assessment Technical Guide v2108

17 – CANS Screen Section (screen capture)

Chart

CANS CYF 6 thru 20 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 6:42 PM

Diagnosis

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

Current Presentation and Reason for Referral

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

Risk Behavior of Concern

Child/Youth Psychosocial and Educational Supports, Needs and Strengths

Family of Origin / Caregiver Needs and Strengths

Parent and Youth Input

Recommendations

Preliminary/Hypothesized Diagnosis

24 | Page