



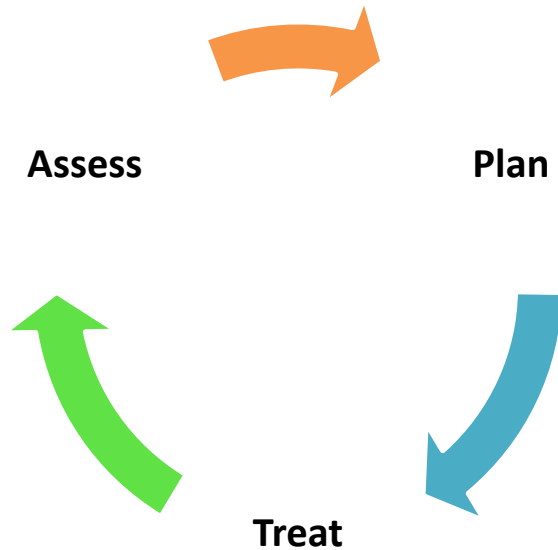
Behavioral Health
Children and Youth Collaborative Services (CYCS)

Child and Adolescent Needs and Strengths (CANS)

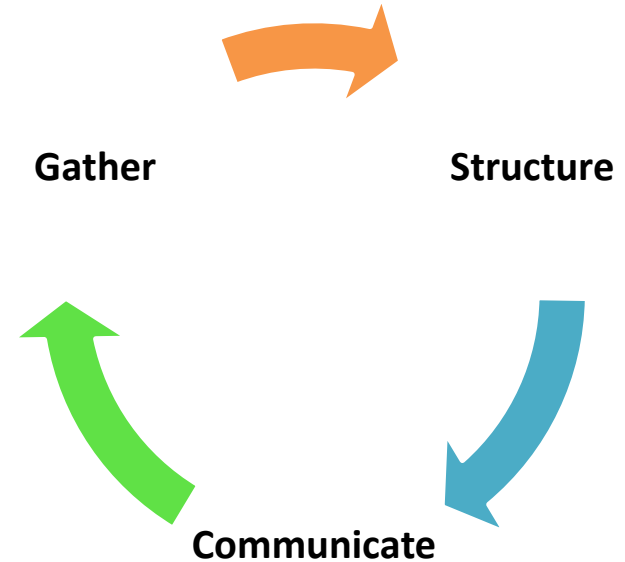
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- The CANS is a multiple purpose information integration tool that is designed to be the output of an assessment process.
- Using the CANS to help identify children and youth in need of services for trauma related difficulties is common.
- The CANS is a collection of unique items which are integrated into a collaborative assessment process.
- The specific collection of CANS items may be tailored to specific purposes
- The CANS is not a self-report measure

Clinical Process Loop



Clinical Information Loop

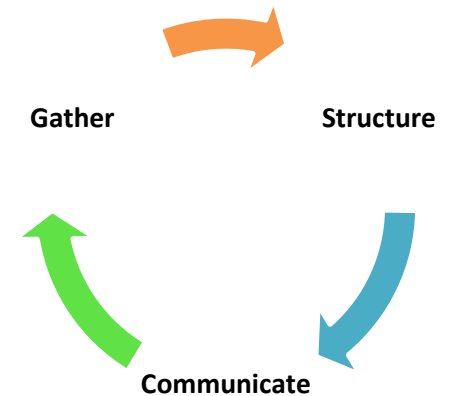


Emphasis is on:

- Client Understanding
- Clinician Understanding
- Clinical Work

Consistent Process
Leverage a Tool for this Process

- **Gather:**
 - Items in CANS direct the Clinician to focus on trauma related topics
 - Benchmarks provide assessment standards for accuracy between providers
- **Structure:**
 - The standardized item ensure consistent information is available
 - Scoring method further structure the information
- **Communicate:**
 - Needs are easy to review
 - Scores immediately inform actions that are needed



1. Each item has implications for differential action. They **might impact service planning**
2. Each item uses a 4-level rating system. Levels of items **translate immediately into action levels.**
3. Rating should **describe the child/youth, not the child/youth in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating and item would be rated as actionable (i.e., '2' or '3').
4. Culture and development should be considered prior to establishing the action levels.
5. Measurement is descriptive and minimizes cause-effect assumptions. It is about the 'what', not about the 'why'
6. Apply an observation window (e.g., 30 days) to keep assessments relevant and fresh, but observation windows can be trumped by the action levels.

#3 - Rating should **describe the child/youth, not the child/youth in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating and item would be rated as actionable (i.e., ‘2’ or ‘3’).

“It is about the consumer, not the consumer in treatment.” – Services/Supports may mask a need

#4 - Culture and development should be considered prior to establishing the action levels.

- Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths.
- Ratings should be completed considering the youth's developmental and/or chronological age depending on the item.

#5 - Measurement is descriptive and minimizes cause-effect assumptions.

- It is about the ‘What’, not about the ‘Why’
- ‘What’ orientation allows more room for different, personal versions of ‘Why’
- Collaboratively establishing a ‘What’ helps with treatment, but is not part of scoring

#6 - Apply an observation window (e.g., 30 days) to keep assessments relevant and fresh, but observation windows can be trumped by the action levels.

- 30 days is not rigid
- Action levels can be used to over-ride the 30-day rating period

In considering the Principles, remember to Integrate Information

- Multiple inputs of information maybe combined to generate a measurement
- Not a self report measure
- Not solely a measure of clinical impression

1. Each item has implications for differential action. They **might impact service planning**
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3. Rating should **describe the child/youth, not the child/youth in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating and item would be rated as actionable (i.e., '2' or '3').
4. Culture and development should be considered prior to establishing the action levels.
5. Measurement is descriptive and minimizes cause-effect assumptions. It is about the 'what', not about the 'why'
6. Apply an observation window (e.g., 30 days) to keep assessments relevant and fresh, but observation windows can be trumped by the action levels.

Needs Action Levels:

- 0** = No need for action; no evidence of need
- 1** = Watch need carefully to prevent worsening
- 2** = Act; include in plan of care
- 3** = Act immediately/intensively

Strengths Action Levels:

- 0** = Centerpiece strength for plan of care
- 1** = Useful strength for plan of care
- 2** = Identified strength, but needs building
- 3** = No strength identified in this area

CANS is incorporated into Full Assessment

Dysfunction requiring treatment (consider work, school, home, peer, family, parenting, self-care, etc.): None

LIFE DOMAIN FUNCTIONING

1 - Office	4 - Home	8 - Correctional Facility	11 - Faith-based	14 - Client's Job Site	17 - Non-Traditional	20 - Telehealth
2 - Field	5 - School	9 - Inpatient	12 - Health Care	15 - Adult Residential	18 - Other	21 - Unknown
3 - Phone	6 - Satellite Clinic	10 - Homeless	13 - Age-Specific	16 - Mobile Service	19 - Children's Residential	

DATE: _____ BILLING TIME: _____ LOCATION: _____ SERVICE TYPE: _____ PREFERRED LANGUAGE: _____
 DATE: _____ BILLING TIME: _____ LOCATION: _____ SERVICE TYPE: _____ PREFERRED LANGUAGE: _____

Gender: M F Marital Status: Single Married Divorced Widowed Separated Lives In/With: _____
 Age: Under 6 Y/O! Over 15 Y/O!

NOTE: Shaded items with superscripts trigger CANS-SB Module. Completion of triggered CANS-SB Modules is required.

Person giving treatment consent: Parent(s) Guardian CFS Court Self
 Referral source: Person(s) child is living with School CFS Court Probation Access Unit Health Plan Self
 Other agencies/providers client is involved with: None
 Sources of information: Minor Caregiver Other (name, role) _____

PRESENTING PROBLEM / HISTORY OF CURRENT PROBLEMS
 Include significant problems with regard to daily living, such as with responsibilities, social relations, living arrangement, mental health and physical health. Include cultural explanations if these are important to the client.

Motives for services / What does client really want from services?

What do caregivers really want from services?

Why is client coming for help now?

REFER TO CANS-SB MANUAL FOR DETAILED SCORING INFORMATION
 0 = NO EVIDENCE TO BELIEVE ITEM REQUIRES ANY ACTION
KEY 1 = NEEDS WATCHFUL WAITING, MONITORING OR POSSIBLY PREVENTIVE ACTION
 2 = NEEDS ACTION, STRATEGY NEEDED TO ADDRESS PROBLEM/NEED
 3 = NEEDS IMMEDIATE/INTENSIVE ACTION, IMMEDIATE SAFETY CONCERN/PRIORITY FOR INTERVENTION

CHILD BEHAVIORAL/EMOTIONAL NEEDS

Psychosis (Thought Disorder)	0	1	2	3	Attachment Difficulties	0	1	2	3
Impulsivity/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anger Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eating Disturbances*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emotional/Physical Dysregulation*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mania*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral Regressions*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Somatization†	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Use‡	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjustment to Trauma‡	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

CHILD/ADOLESCENT CLINICAL ASSESSMENT – CANS-SB NAME: _____
 San Bernardino County
 DEPARTMENT OF BEHAVIORAL HEALTH CHART NO: _____
 Confidential Patient Information DOB: _____
 See W&I Code 5328 PROGRAM: _____

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LIFE DOMAIN FUNCTIONING

Decision Making	n/a	0	1	2	3
Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Development†	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Behavior‡	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Achievement‡	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Attendance‡	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LTH HISTORY

Therapeutic Modality (therapy, medication)	Date(s)	Response to Treatment

NT OF RISK LEVEL OR ABOVE ONLY

Plan Intent w/o means Intent w/means
 Plan Intent w/o means Intent w/means
 Tarasoff! See note dated: _____
 no taken.

RISK BEHAVIORS

Delinquent Behavior ¹	0	1	2	3
Fire Setting ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intentional Misbehavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HISTORY

ANS-SB NAME: _____
 CHART NO: _____
 DOB: _____
 PROGRAM: _____

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Psychosis (Thought Disorder)	0	1	2	3
Impulsivity/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mania*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjustment to Trauma [§]	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



When child or youth needs help with adjusting to trauma, then more detailed items are utilized to clarify issues and needs.

<i>Characteristics of the Trauma Experience</i>		Trauma Module ⁸				Not Applicable			
		0	1	2	3	0	1	2	3
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural Disaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Witness to Family Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Witness to Community Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Witness/Victim - Criminal Acts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marital/Partner Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sexual Abuse Expansion - Complete if Sexually Abused</i>									
Emotional Closeness to Perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Force	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Traumatic Stress Symptoms - Complete for All Traumas</i>									
Emotional/Physical Dysregulation (Item in Bx/Emo. Needs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Numbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intrusions/Re-Experiencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dissociation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperarousal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avoidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic Grief & Separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caregiver Post-Traumatic Reaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Output of the Assessment Process

CANS-SB Modules				
Early Childhood (EC) Module - 0.5		PV UK 0 1 2 3		
LIFE DOMAIN FUNCTIONING				
0 = no evidence of problems 2 = moderate		1 = history, mild 3 = severe		
PV	N/A	0	1	2 3
Family Functioning ³		○	○	●
Living Situation		○	○	●
Social Functioning		○	○	●
Recreational		○	○	○
Developmental/Intellectual ⁴		○	○	○
Job Functioning ¹⁵	●	○	○	○
Legal		○	○	○
Decision Making		○	○	○
Medical/Physical		○	○	○
Sexual Development ⁵		○	○	○
Sleep		○	○	○
School Behavior ⁶		○	○	○
School Achievement ⁶		○	○	○
School Attendance ⁶		○	○	○
STRENGTHS DOMAIN				
0 = centerpiece 2 = identified		1 = useful 3 = not yet identified		
PV	N/A	0	1	2 3
Family Strengths		○	○	○
Interpersonal		○	○	○
Optimism		○	○	○
Educational Setting		○	○	○
Vocational	●	○	○	○
Talents/Interests		○	○	○
Spiritual/Religious		○	○	○
Cultural Identity		○	○	○
Community Life		○	○	○
Natural Supports		○	○	○
Relationship Permanence ⁷		○	○	○
Well-Being		○	○	○
Resilience		○	○	○
Resourcefulness		○	○	○
CULTURAL FACTORS				
0 = no evidence of problem 2 = moderate		1 = history, mild 3 = severe		
PV		0	1	2 3
Language		○	○	○
Traditions and Rituals		○	○	○
Cultural Stress		○	○	○
CAREGIVER STRENGTHS & NEEDS				
Caregiver Assessment(s) Present NO				
BEHAVIORAL/EMOTIONAL NEEDS				
0 = no evidence of problem 2 = signif, meets dx		1 = hx or sub-threshold 3 = severe/dangerous		
PV		0	1	2 3
Psychosis (Thought Disorder)		○	○	○
Impulsivity/Hyperactivity		○	○	○
Depression		○	○	○
Anxiety		○	○	○
Mania		○	○	○
Oppositional		○	○	○
Conduct		○	○	○
Adjustment To Trauma		○	○	○
Attachment Difficulties		○	○	○
Anger Control		○	○	○
Eating Disturbances		○	○	○
Emotional and/or Physical Dysregulation		○	○	○
Behavioral Regressions		○	○	○
Somatization		○	○	○
Substance Use ⁹		○	○	○
RISK BEHAVIORS				
0 = no evidence of problem 2 = recent - ACT		1 = Hx - Watch/Prevent 3 = acute - ACT IMMED.		
PV		0	1	2 3
Suicide Risk		○	○	○
Non-Suicidal Self-Injurious Behavior		○	○	○
Other Self Harm (Recklessness)		○	○	○
Danger To Others		○	○	○
Sexual Aggression ¹¹		○	○	○
Runaway ¹²		○	○	○
Delinquent Behavior ¹³		○	○	○
Fire Setting ¹⁴		○	○	○
Intentional Misbehavior		○	○	○
Exploitation		○	○	○
Modules 1 » 0 thru 5 2 » TAY 3 » Family Diff. 4 » Dev. Needs (DD) 5 » Sexuality 6 » School 7 » Permanency 8 » Trauma 9 » Subst. Use D/O (SUD) 10 » Violence 11 » Sexually Aggr. Bx. (SAB) 12 » Runaway 13 » Juv. Just. (JJ) 14 » Fire Setting (FS) 15 » Vocational (VOC)				
PV = Previous Value of question from most recent previous assessment: display value when different; display blank when not different or when previous value not present.				

Actionable Items (i.e., 2's & 3's) need to be addressed.

BEHAVIORAL/EMOTIONAL NEEDS				
0 = no evidence of problem 2 = signif, meets dx		1 = hx or sub-threshold 3 = severe/dangerous		
	PV	0	1	2 3
Psychosis (Thought Disorder)		○	○	○
Impulsivity/Hyperactivity		○	○	○
Depression		○	○	○
Anxiety		○	○	○
Mania		○	○	○
Oppositional		○	○	○
Conduct		○	○	○
Adjustment To Trauma		○	○	○
Attachment Difficulties		○	○	○
Anger Control		○	○	○
Eating Disturbances		○	○	○
Emotional and/or Physical Dysregulation		○	○	○
Behavioral Regressions		○	○	○
Somatization		○	○	○
Substance Use ⁹		○	○	○

Trauma Module Provides Details when Needed 16

When child or youth needs help with adjusting to trauma, then more detailed items are utilized to clarify issues and needs.

BEHAVIORAL/EMOTIONAL NEEDS				
0 = no evidence of problem	1 = hx or sub-threshold			
2 = signif, meets dx	3 = severe/dangerous			
PV	0	1	2	3
Psychosis (Thought Disorder)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Impulsivity/Hyperactivity	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mania	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional Conduct	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Adjustment To Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Attachment Difficulties				
Anger Control				
Eating Disturbances				
Emotional and/or Physical Regression				
Somatization				
Substance Use ⁹				

Trauma Module	PV	0	1	2	3		PV	0	1	2	3
(Characteristics of the Trauma Experience)											
Sexual Abuse *		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Natural Disaster		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Abuse		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Witness to Family Violence		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Emotional Abuse		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Witness to Community/School Violence		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Neglect		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Victim/Witness To Criminal Activity		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Medical Trauma		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Marital/Partner Violence		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Abuse Expansion - Complete if Sexually Abused											
Emotional Closeness to Perpetrator		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Force		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Frequency of Abuse		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Reaction to Disclosure		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Duration		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traumatic Stress Symptoms - Complete for All Traumas											
Emotional and/or Physical Dysregulation		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Numbing		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Intrusions/Re-Experiencing		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Dissociation		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Hyperarousal		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Avoidance		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Traumatic Grief and Separation		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Caregiver Post-Traumatic Reactions		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

San Bernardino DBH provides an initial assessment for Child and Family Services (CFS) and the Characteristics of Trauma items from the Trauma Module are always completed.

II. NATURE OF TRAUMA PROMPTING CFS INVOLVEMENT: *(include details needed for future mental health providers)*

All incidents recorded were previously reported as required by a mandated reporter. No duplicative reports submitted.

	0	1	2	3		0	1	2	3		0	1	2	3
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Witness/Victim – Criminal Acts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural Disaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Martial/Partner Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Witness to Fam. Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Witness to Comm. Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

<p>HEALTHY HOMES ASSESSMENT County of San Bernardino DEPARTMENT OF BEHAVIORAL HEALTH Confidential Patient Information See W&I Code 5328</p>	<p>Name: <input style="width: 100%;" type="text"/></p> <p>Chart No: <input style="width: 100%;" type="text"/></p> <p>DOB: <input style="width: 100%;" type="text"/></p> <p>PROGRAM: <input style="width: 100%;" type="text"/></p>
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CHILD BEHAVIORAL/EMOTIONAL NEEDS				
0=no evidence	1=history or suspicion; monitor			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
0	1	2	3	
1. Psychosis (Thought Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Impulsivity/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Anger Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIFE DOMAIN FUNCTIONING				
0=no evidence	1=history or suspicion; monitor			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
0	1	2	3	
10. Family Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Living Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Social Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Developmental/Intellectual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Decision-Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. School Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. School Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. School Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Sexual Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RISK BEHAVIORS				
0=no evidence	1=history or suspicion; monitor			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
0	1	2	3	
21. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Non-Suicidal Self-Injurious Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Other Self-Harm (Recklessness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Danger to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Sexual Aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Delinquent Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Runaway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Intentional Misbehavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CULTURAL FACTORS				
0=no evidence	1=history or suspicion; monitor			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
0	1	2	3	
29. Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Traditions and Rituals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Cultural Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STRENGTHS DOMAIN				
0=Centerpiece strength	1=Useful strength			
2=Identified strength	3=No evidence			
0	1	2	3	
32. Family Strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Educational Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Talents/Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Spiritual/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Cultural Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Community Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Natural Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Resiliency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAREGIVER RESOURCES AND NEEDS				
A. Caregiver Name:				
0=no evidence	1=history or suspicion; monitor			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
0	1	2	3	
41a. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42a. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43a. Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44a. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45a. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46a. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47a. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48a. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49a. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50a. Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Youth has no known caregiver. Skip Caregiver Resources and Needs Domain.

- By January 1, 2019 all County Mental Health Plans and Child Welfare Agencies will be utilizing CANS.
- DHCS is requiring 50 Core Items, including Adjustment to Trauma.
- Most CANS have more items.
- CDSS is exploring required items for 0-5 year olds, including more trauma related items.



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