



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
BEHAVIORAL HEALTH DEPARTMENT

Nick Drews, Health Agency Director

Star Graber, Ph.D., LMFT Behavioral Health Director

Practice Guidelines | California CANS

Child and Adolescent Needs and Strengths (CANS): The CANS is a tool that helps identify child and youth strengths and needs, and it supports level of care and service planning.

Information | Timelines

Initial CANS: An initial CANS assessment must be completed during the intake and assessment process.

Documentation Requirements:

- A new California CANS, PSC 35, and CSI must be completed at regular intervals during a client's treatment episode depending on the age of the client.
Documentation that must be completed for a youth client:
 - California CANS
 - Client ages 0 to 5½: Due Annually
 - Client ages 5 ½ to 20 (unless client is transferred to an adult clinic): Due every six months
 - PSC 35
 - Client ages 3 through 17: Due every six months
 - CSI
 - Client ages 0 to 20: Due Annually
- Youth BH Clinicians should complete a service note to document this assessment activity by using the CANS Update Service Note template (found in SmartCare Key Phrases).
 - Assign Program Supervisor as cosigner for CANS
 - Assign the site HIT as a cosigner to the CANS and PSC 35 Assessments for processing/flag setting
 - Clinician can attach CANS Update Service Note to CANS by associating the documents
 - For CANS Update Service Note utilize LPHA Assessment Service Code

RATINGS & EXAMPLES

NEEDS | Scoring & Requirements

***0** -

***1** -

2 - Narrative required

3 - Narrative required

*Significant changes in symptoms and functioning/CANS rating - Narrative required

STRENGTHS | Scoring & Requirements

***0** - Narrative required

***1** -

2 -

3 -

*Significant changes in symptoms and functioning/CANS rating - Narrative required

To Note: For initial CANS completed as part of CalAIM Assessment it is sufficient to refer reader to original CalAIM Assessment with a sentence stating "See CalAIM Assessment dated [enter date]."

COMPLETING CALIFORNIA CANS IN SMARTCARE

Initial | General

General

County	<input type="text" value="San Luis Obispo"/>				
Date of Assessment	<input type="text" value="10/1/2024"/>	<input type="text" value="DOB: 02/01/2011"/>	Age:	13	
Assessment Type	<input checked="" type="radio"/> Initial <input type="radio"/> Reassessment <input type="radio"/> Discharge <input type="radio"/> Administrative Close <input type="radio"/> Urgent				
Assessor	<input type="text" value="Yarnold, Katelyn A"/>	Program	<input type="text" value="SS Lewis Flamson Junior Hig"/>	Grade	<input type="text"/>
<input type="checkbox"/> Youth has no known caregiver. Skip Caregiver Resources and Needs Domain.					

Date of Assessment, Assessment Type, Grade - Enter information into each domain's text box

DOB, Age, Assessor, Program - This information will auto-populate

Below are examples of various ways a Clinician/Case Manager can choose to document narrative:

Behavioral/Emotional Needs | Scoring & Examples

Behavioral/Emotional Needs Domain

Item	0 = No evidence 1 = History or suspicion; monitor		2 = Interferes with functioning; action needed 3 = Disabling, dangerous; immediate or intensive action needed		Previous Rating
	0	1	2	3	
Psychosis (Thought Disorder)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsivity/Hyperactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Behavioral/Emotional Needs Domain Description

Please write a rationale for any item in the above domain or module

[See examples included below](#)

[Rating 2] Impulsivity/Hyperactivity

Example: Client's mother reports client is always on the go and struggles to sit still or complete tasks. His mother reports client always wants to be moving or doing something and she struggles to keep up with him. His mother reports client struggles more when completing more challenging activities and will quickly get upset and give up. His mother reports this happens daily.

Example: Client always on the go, unable to sit still/ complete tasks. Avoids challenging tasks & gives up daily.

[Rating 2] Depression

Example: Client reports that he experiences low energy daily and struggles to get up and out of bed. He reports feeling sad and irritable most of the day, everyday. He reports that he struggles to initiate sleep and will toss and turn. The client shares daily feelings of hopelessness. He reports isolating from peers and family. He reports difficulty concentrating while at school.

[Example:](#) Client endorses moderate depressive symptoms which include low energy, continuous sadness, irritability, difficulty sleeping, feelings of hopelessness, isolation and poor concentration daily.

[Rating 2] Anxiety

[Example:](#) Client has difficulty separating from his mother. When he needs to go somewhere away from the home he will not separate from his mother. His mother reports if she wants to spend time with her other child, he will not let her. client's mother had to take client out of preschool due to him becoming upset and sobbing for extended periods. His mother does not endorse other concerns around fears or worries.

[Rating 3] Anxiety

[Example:](#) The client reports that he struggles with excessive worry daily and is unable to engage in school and/or in any social situations. He fears losing control and experiences daily irritability and tension. He reports having several panic attacks each week which cause him distress and result in needing support at school or in social situations.

[Example:](#) Client endorses daily excessive worry, fear of losing control, irritability and tension. Client reports that he experiences multiple panic attacks throughout the week.

[Example:](#) Separation anxiety with mother (i.e. will not go outside of the home without mother). Unable to attend preschool due to crying bouts without mother present.

Life Functioning | Scoring & Examples

Life Functioning Domain

0 = No evidence
1 = History or suspicion; monitor

2 = Interferes with functioning; action needed
3 = Disabling, dangerous; immediate or intensive action needed

Item	0	1	2	3	Previous Rating
Family Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Living Situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Social Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Developmental/Intellectual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Decision Making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
School Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
School Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
School Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Medical/Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sexual Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Life Functioning Domain Description

Please write a rationale for any item in the above domain or module

[See examples included below](#)

[Rating 2] Family Functioning

Example: Mom reported client is argumentative, slams doors, and yells when angry. Client will also destroy property when angry. Client has strained relationship with parents that result in verbal arguments daily. Mom reported she is overwhelmed by client's behaviors.

Example: Frequent arguments with parents and siblings, angry outbursts (slams doors, yells, destroys property)

[Rating 2] Social Functioning

Example: Per mother, client gets in conflicts with peers and often changes friends. Mother suspects that client has a hard time keeping friends. Client reports a cycle of unhealthy interpersonal relationships. Client got into a fight at school last month that resulted in a suspension. Client reports she has no "real friends."

Example: Few friends due to isolating and avoidant behaviors, difficulty trusting others leads to frequent conflict with peers, physical fighting resulting in suspension this reporting period

[Rating 2] School Behavior

[Example:](#) Client talks back to teachers, frequent arguing. Client is often late to class and refuses to complete his schoolwork. Client reports that anger, emotional dysregulation, and impulsivity symptoms cause tension within her relationships and has led to verbal and physical altercations at school, which lead to client's expulsion from SLCUSD and transfer to Loma Vista Community School last school year.

[Example:](#) Refusing to complete work, late to class, arguments with teachers and peers

[Rating 3] School Achievement

[Example:](#) Client is in the 10th grade at Loma Vista. Mom reports client frequently needs to be picked up from school due to panic attacks, stomach aches, sadness and fatigue. Client has a hard time concentrating and she is often tired which impacts her work completion. Client is currently failing two classes. She is also 25 credits behind.

[Example:](#) Client is in the 10th grade at Loma Vista. Often absent from school due to anxiety and somatic symptoms. Difficulty concentrating, failing two classes, behind 25 credits.

Risk Behaviors | Scoring & Examples

Risk Behaviors

0 = No evidence

1 = History or suspicion; monitor

2 = Interferes with functioning; action needed

3 = Disabling, dangerous; immediate or intensive action needed

Item	0	1	2	3	Previous Rating
Suicide Risk	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Non-Suicidal Self-Injurious Behavior	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Other Self-Harm (Recklessness)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Danger to Others	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sexual Aggression	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Delinquent Behavior	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Runaway	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Intentional Misbehavior	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	

Risk Behaviors Description

Please write a rationale for any item in the above domain or module

See example included below

Example: During this treatment period, client reported experiencing active suicidal ideation 2-3 times per week and passive suicidal ideation “all the time.” She did not act on these thoughts during this treatment period and had no contact with emergency services.

Client continues to engage in SIB during periods of heightened stress. She reports that “I am just looking for something to make me feel, or not feel” and denies these behaviors have suicidal intent. Client reports “cutting mostly, usually not that deep” on upper thigh. Client reports “less than four” episodes of SIB during this treatment period.

There were no instances of aggression toward others or sexual aggression during this treatment period, and this rating has moved from a 2 to a 1, however this continues to be an area of clinical focus, as client identifies these as “my big risk factors.”

Client continues to engage in “bad choices”, including high risk behaviors regarding substance use, shoplifting, and sexual behaviors, “sometimes just to see if anyone cares, sometimes because I can.”

Safety plan was reviewed and updated as appropriate.

Cultural Factors | Scoring & Examples

Cultural Factors Domain

0 = No evidence

1 = History or suspicion; monitor

2 = Interferes with functioning; action needed

3 = Disabling, dangerous; immediate or intensive action needed

Item	0	1	2	3	Previous Rating
Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Traditions and Rituals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Cultural Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

Cultural Factors Description

Please write a rationale for any item in the above domain or module

[See examples included below](#)

[Rating 2] Language

Example: Client's family is monolingual Spanish speaking and interpretation is needed.

[Rating 3] Language

Example: Client is a native Spanish speaker born and raised in Mexico and needs interpretation services to communicate with others. Client reports having only gone to school through 1st grade and shared he struggles to read and write.

[Rating 2] Tradition and Rituals

Example: Client's family of origin is Spanish speaking catholic and the client is currently placed in an English speaking foster home that does not celebrate holidays. Client's foster family has allowed the client's CASA to take the client to a few celebrations, however Client reports feelings upset and sad that they are unable to celebrate the holidays their family celebrates within their home.

[Rating 2] Cultural Stress

Example: Client is a native Mixteco speaker living in a Spanish speaking foster home. Client's mother & client report feeling looked down upon and discriminated against. Client's mother reports feeling that the foster family does not understand and respect their culture.

[Rating 2] Cultural Stress

Example: Client reports being raised in a very traditional home. Client identifies as bisexual and has not come out to her family as she feels that her family will not understand this. Client loves her parents and reports she knows they love her, but she is scared they will shame her for her sexuality if they knew she is bisexual.

[Rating 3] Cultural Stress

[Example](#): Client is transgender (male to female) and utilizes the pronouns they/them. The client's family of origin did not accept the client's transgender status and the client has been kicked out of their home and no longer has contact with their family of origin as a result of their disapproval.

Strengths | Scoring & Examples

Strengths Domain

Item	0 = Centerpiece strength 1 = Useful strength		2 = Identified strength 3 = No evidence		Previous Rating
	0	1	2	3	
Family Strengths	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Interpersonal	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Educational Setting	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Talents and Interests	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Spiritual/Religious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Cultural Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Community Life	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Natural Supports	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Resiliency	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Strengths Domain Description

Please write a rationale for any item in the above domain or module

[See examples included below](#)

Example: Client identifies a number of natural resources she finds supportive, including teachers, a dance teacher, and the mother of a friend. She is very involved in her dance community and hopes to earn a college scholarship through dance. She reports that she finds her school setting to be “ok, not great but mostly not a problem” and is able to identify a few meaningful friendships, though acknowledges that she does still have some struggles with peer relationships. There continues to be significant conflict within the family system.

Trauma/Transition | Potentially Traumatic/Adverse Childhood Experiences - Lifetime Exposure

Potentially Traumatic/Adverse Childhood Experiences - Lifetime Exposure.

NO = No evidence of any trauma of this type	YES = Exposure/experienced a trauma of this type	
Item	No	Yes
Sexual Abuse	<input checked="" type="radio"/>	<input type="radio"/>
Physical Abuse	<input type="radio"/>	<input checked="" type="radio"/>
Emotional Abuse	<input type="radio"/>	<input checked="" type="radio"/>
Neglect	<input type="radio"/>	<input checked="" type="radio"/>
Medical Trauma	<input checked="" type="radio"/>	<input type="radio"/>
Witness to Family Violence	<input type="radio"/>	<input checked="" type="radio"/>
Witness to Community/School Violence	<input checked="" type="radio"/>	<input type="radio"/>
Natural or Manmade Disaster	<input checked="" type="radio"/>	<input type="radio"/>
War/Terrorism Affected	<input checked="" type="radio"/>	<input type="radio"/>
Victim/Witness to Criminal Activity	<input checked="" type="radio"/>	<input type="radio"/>
Disruption in Caregiving/Attachment Losses	<input type="radio"/>	<input checked="" type="radio"/>
Parental Criminal Behaviors	<input type="radio"/>	<input checked="" type="radio"/>

Please write a rationale for any item in the above domain rated 'Yes'

[See examples included below](#)

Reassessment | Include information from the last 6 months & historical information

Narrative (6-month Reassessment): Confirm that historical trauma information is included in reassessment. Include any new trauma and current impact on functioning.

[Current Information Example 1:](#) Client has not experienced any new trauma since intake. Client continues to experience hypervigilance, flashbacks, and avoidance of trauma triggers.

[Historical Information Example 1:](#) Client reports being sexually assaulted by a classmate in February 2024. Since this assault school attendance and grades have declined. Client has withdrawn from social relationships and experiences intermittent SI.

Narrative (6-month Reassessment)

[Current Information Example 2:](#) No new trauma reported.

[Historical Information Example 2:](#) Historical Information: Client was physically hit by stepfather in response to being non-compliant with stepfather’s directives, from age 8-12. Client also witnessed stepfather physically abusing her old brother. Client reports this occurred at least weekly, sometimes more often, and stepfather’s abuse of her older brother was more frequent and more severe.

From age 8-12, client reports not being allowed to eat her favorite foods (macaroni and cheese and chicken nuggets) and when she was not “behaving well” and stepfather instructed her mother to only make food client did not like (broccoli, other vegetables). Client reported that from age 8-12, she was frequently locked in her room by her stepfather and not given food when she was hungry.

Client witnessed domestic violence between her mother and stepfather from age 8-12. Client reports that the violence occurred multiple times per week and often included stepfather yelling at her mother, locking her out of the house and sometimes grabbing her arm and pulling her in or out of the house.

Client experienced multiple changes in caregivers. She lived with her father from birth to age 8, due to mother’s severe substance use. Mother was granted custody and client lived with mother and stepfather from age 8-12, at which point CWS removed client and solder brother from mother’s care. Client has been in 7 foster homes between age 12 and 15. Both of client’s parents and stepfather engaged in substance use and sale of methamphetamine. Client’s stepfather is currently incarcerated, charges unknown.

Caregiver Resources | Caregiver Resources

Caregiver Resources

- 0 = No evidence; this could be a strength
- 1 = History or suspicion; monitor; may be an opportunity to build
- 2 = Interferes with functioning; action needed
- 3 = Disabling, dangerous; immediate or intensive action needed

Contacts

Caregiver Resources and Needs

Caregiver 1

Caregiver Name	<input type="text" value="Last Name, First Name"/>	Relationship	<input style="width: 100%;" type="text"/>		
Item	0	1	2	3	Previous Rating
Supervision	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Involvement with Care	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Knowledge	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Social Resources	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Residential Stability	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Medical/Physical	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Mental Health	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Substance Use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Developmental	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Safety	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Please write a rationale for any item in the above domain or module

See examples included below

Example: Caregiver and client present with a caring and attuned bond, though mother acknowledges that at times her own mental health challenges result in ruptures in their relationship. Mom is open about her personal mental health needs and is consistently attending therapy and med support appointments to manage this. As a single parent, mom reports she sometimes struggles to provide supervision while also working and indicates that there are financial stressors often in the family, however she is committed to ensuring that client has access to appropriate mental and physical healthcare, presents as open to feedback and education, and states she “wants better for my kids than I had.”

COMPLETING A SERVICE NOTE IN SMARTCARE

CANS Update Service Note | Information

CANS Update Service Note template can be found in SmartCare Key Phrases

Information

Describe current service(s), how the service addressed the beneficiary's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors).

Describe current service(s), how the service addressed the beneficiary's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors).

Example:

This clinician met with client and ___ [i.e. parent/guardian] to complete an assessment of the client's strengths and needs. Please see CANS and PSC assessments dated ___ [enter date here].

Include any relevant information in the following areas (use N/A when appropriate):

- **300 dependent/Katie A subclass:** Example: Client was removed from parent's care in 12/23 due to physical abuse. Client is living in a foster home and has visitation with parents. Not Katie A subclass.
- **Changes in living situation/caregivers:** Example: See above
- **Medication changes:** Example: Client recently stopped taking their medication. They are still seeing psychiatrist.
- **Other significant changes:** Example: Due to changes in living situation client has changed schools.

CANS Update Progress Note | Care Plan

CANS Update Service Note template can be found in SmartCare Key Phrases

Care Plan

Indicate the goals, treatment, service activities, and assistance to address the objectives of the plan and the medical, social, educational, and other services needed by the beneficiary. Include how the beneficiary or their representative helped to develop the goals, and the progress toward meeting the established goals. Indicate transition plan if the individual has achieved the goals of the care plan.

Indicate the goals, treatment, service activities, and assistance to address the objectives of the plan. Include the medical, social, educational, and other services needed by the beneficiary. Include how the beneficiary or their representative helped to develop the goals, and the progress toward meeting the established goals. Indicate transition plan if the individual has achieved the goals of the care plan.

Example: Client, who has been receiving services for [length of time OR since last intake date of ____]. Client continues to meet access criteria and this clinician recommends the following treatment plan for the next six/twelve months: [weekly therapy, case management services as needed, medication support services as directed, etc.] in order to [statement about needs and functioning: reduce symptoms of depression and anxiety, to increase distress tolerance to support, to improve functioning in relationships/school performance, etc].

OR

The client has met their treatment goals and is ready to transition to a lower level of care. This clinician will work with the parent/guardian to connect the client with a CenCal provider.