



GAVIN NEWSOM
GOVERNOR



DATE: October 13, 2026

All County Letter No: 26-74
Behavioral Health Information Notice No: 26-032

TO: All Chief Probation Officers
All County Welfare Directors
All Tribes with a California Title IV-E Agreement
County Behavioral Health Directors
County Drug & Alcohol Administrators
County Behavioral Health Directors Association of California
County Welfare Directors Association of California
California State Association of Counties
California Regional Centers
Association of Regional Center Agencies
Department of Rehabilitation Regional Directors
County Offices of Education Special Education Local Plan Areas
Chief Probation Officers of California

SUBJECT: Phase II Policy Changes to Support Aligned Use of the Integrated Practice Child and Adolescent Needs and Strengths (IP-CANS) Tool by County Behavioral Health Plans, County Child Welfare Agencies, and Juvenile Probation Departments

PURPOSE: To provide guidance on Phase II of policy changes implemented by the California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS) to support aligned use of the IP-CANS tool.

California Department of Health Care Services

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State of California

Gavin Newsom, Governor



California Health and Human Services Agency

REFERENCE: [County Fiscal Letter \(CFL\) 25/26-76](#); [CFL 25/26-73](#); [All County Letter \(ACL\) 25-71/Behavioral Health Information Notice \(BHIN\) 25-035](#); [BHIN 25-023](#); [ACL 25-54](#); [ACL 25-10](#); [Medi-Cal Specialty Mental Health Services Quality Assurance/Utilization Review \(MC\) Quarterly Claim for Reimbursement Attestation 1982B](#); [MC Cost Report 1982C](#); [All County Information Notice \(ACIN\) I-35-24](#); [BHIN-22-049](#); [ACL 18-81](#); [Mental Health and Substance Use Disorder Services Information Notice \(MHSUDS IN\) 17-052](#)

BACKGROUND:

As part of the [Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment \(BH-CONNECT\)](#) initiative, the DHCS and CDSS are pursuing aligned use of the IP-CANS tool among county child welfare agencies, county juvenile probation departments (herein referred to as placing agencies), and Behavioral Health Plans (BHPs).

DHCS and CDSS have each released prior guidance on the use of their respective CANS tools, including joint guidance for staff, Tribes, providers, and other county partners, as noted in Appendix A of [ACL 25-71/BHIN 25-035](#). Previous policies and requirements guiding the use of the CANS have varied between the two departments. A recommendation to align the administration of the CANS across both departments was a result of workgroup and stakeholder engagement.¹ These alignment efforts reinforce [California's System of Care for Children and Youth](#) framework (Assembly Bill (AB) 2083)² which established and required standard components of local memorandums of understanding (MOUs) related to integrated assessments, shared planning, and cross-system teaming. Joint administration of the IP-CANS is a key mechanism for ensuring

¹ This recommendation came from the California Advancing and Innovating Medi-Cal's Foster Care Model of Care Workgroup, which was regularly convened between June 2020 and April 2021, and the Child and Family Team (CFT) Implementation Team, which convened regularly between 2019 and 2024 and was then re-launched as the [CFT CANS Statewide Forum](#) and Steering Committee in 2025. For more information see the Medi-Cal's [Foster Care Strategies Memorandum](#).

² [California Assembly Bill No. 2083 \(2017–2018 Reg. Sess.\) \(Chapter 815, Statutes of \(Cal. Stat. 2018, ch. 815\), Foster youth: trauma-informed system of care.](#)

consistent, family-centered assessment and for strengthening Child and Family Team (CFT) practice expectations, as outlined in the AB 2083 MOUs.

CDSS and DHCS are working collaboratively to adopt necessary corresponding policy changes for both departments. Phase I is outlined in [ACL 25-71/BHIN 25-035](#), and was effective January 1, 2026. The Phase I policies include:

- New DHCS CANS certification requirements for all BHPs.
- CDSS clarification of training and certification requirements for BHPs administering the IP-CANS on behalf of a placing agency.
- DHCS elimination of specific professional licensure/credential for providers administering the CANS.
- DHCS addition of CANS administration at change in condition.
- CDSS addition of IP-CANS administration no more than 60 days prior to case closure.³

Phase II builds upon the changes implemented in Phase I. With the implementation of Phase II, placing agencies and BHPs will administer the same IP-CANS tool in the same manner so that collaborative completion of the IP-CANS is a shared responsibility, results are comparable, and outcomes can be tracked more effectively over time. Through this alignment, children, youth, and families will not be subject to duplicative assessments or repetitive sharing of their stories. Alignment of behavioral health and placing agencies' use of the IP-CANS will have the additional benefit of enhancing communication to inform treatment planning and case plans for children and youth served by both systems.

The CANS Tool

The CANS is a multi-purpose, communimetric⁴ tool used to measure well-being, identify social and behavioral needs and strengths, inform individualized treatment planning,

³ Regarding IP-CANS and CFT practices, case closure refers to when a child welfare case is closed by the court or by the agency in voluntary cases. For probation, case closure means when the court terminates a foster care placement order for the youth or when a youth exits extended foster care as ordered by the court.

⁴ The term "communimetric" refers to how the tool measures information about a child or youth, their parents, and caregivers, and presents that information in a way that is easy to communicate.

and track improvements and changes in a child or youth's functioning over time. The purpose of the CANS is to facilitate effective communication about information gathered during the assessment process, allowing professionals and the child or youth, family, and others to talk about personal and environmental strengths that could be useful when determining treatment services; and about individual needs that should be addressed. Because the CANS is a communimetric tool, collaboration and consensus building among team members are critical to ensuring the CANS accurately reflects the strengths and needs of children and youth. It is a flexible and evolving tool that supports open discussion and collaborative decision-making regarding care coordination and planning, levels of care, services and supports, and placement (if applicable). It provides a framework for developing and communicating a shared vision and uses youth and family information and engagement to inform planning, support decisions, and monitor outcomes.

There are various versions of the CANS tailored to different populations. DHCS has historically utilized the CANS-50, which consists of 50 core items to measure child and youth functioning.⁵ CDSS has utilized the IP-CANS, which includes the same 50 core items of the CANS-50, the ability to assess up to four caregivers, and the 12-item "Potentially Traumatic/Adverse Childhood Experiences" domain. Additionally, for children ages zero through five, CDSS has required completion of the Early Childhood (EC) module of the IP-CANS.

POLICY:

CDSS and DHCS Phase II policy changes detailed herein are effective January 1, 2027.

This ACL/BHIN supersedes [ACL 25-71/BHIN 25-035](#) in part, as well as sections of prior ACLs and BHINs containing CANS policy. To the extent that there is a conflict between prior ACLs and BHINs and this ACL/BHIN, the policy contained within this ACL/BHIN supersedes.

⁵ For more detail on the DHCS usage of CANS-50, see [MHSUDS IN 17-052](#).
For more detail on the CDSS usage of IP-CANS, see [ACL 18-81](#).

Table 1. Phase II CANS Alignment Policies

Policy Area	Details
Transition to Aligned IP-CANS Tool	All BHPs shall adopt the IP-CANS
Use of the Early Childhood (EC) Module of the IP-CANS	All BHPs shall administer the EC Module of the IP-CANS for children ages zero through five years old
IP-CANS Training and Certification Requirements	All administrators of the IP-CANS shall complete training and certification per outlined IP-CANS training protocols
IP-CANS Shared Data System	All administrators of the IP-CANS shall ensure data is documented and accessible in a forthcoming shared, cross-system data collection platform

Transition to Aligned IP-CANS Tool

For the purposes of this guidance, the following terms are defined for clarity:

- “Administrator”, is defined as the individual who is trained and certified as outlined below and is the author of IP-CANS completion documentation in the child or youth’s health record.
 - Please note: “IP-CANS Completer” is the term used by placing agencies and prior CDSS-issued policy letters to mean the individual trained and certified to administer the IP-CANS.*

BHPs shall utilize the IP-CANS for all children and youth, ages zero through 20, in alignment with existing placing agency practices.⁶ Completion of the EC Module is required for children ages zero through five years old. The IP-CANS further requires completion of the 12-item Potentially Traumatic/Adverse Childhood Experiences for children and youth of all ages.⁷

⁶ [ACL 25-10](#), released in February 2025, required juvenile probation departments to ensure the collaborative completion of the IP-CANS, and [ACL 18-81](#), released in July 2018, required child welfare agencies to administer the IP-CANS.

⁷ For additional information on the EC Module and Potentially Traumatic/Adverse Childhood Experiences, see the [IP-CANS Reference Manual](#).

Children and youth with a prior CANS-50 assessment on file do not require an updated IP-CANS until the cadence of new CANS administration is met.⁸

Collaborative Completion of the IP-CANS

All IP-CANS must be completed through a collaborative, culturally and trauma informed process and teaming approach to ensure that a single IP-CANS tool is completed for children, youth, and nonminor dependents and that the IP-CANS is fully informed by relevant participants involved in the individual's care.

In certain cases (see below), the IP-CANS must be completed in the context of a Child and Family Team (CFT). A CFT includes the youth, family members, Tribe(s) in the case of an Indian child, supportive adults, and other natural supports and professionals working together to authentically engage and empower the youth, their family, and caregivers, identify strengths and needs, and promote safety, permanency, and well-being.

The IP-CANS may be drafted prior to a CFT meeting and then reviewed by the entire team at the meeting to ensure it reflects the input of everyone, especially the child or youth and family. The ratings in the IP-CANS should be considered "draft" until consensus is reached in the CFT meeting (please see [ACL 25-54](#)). In these certain cases, draft results from the IP-CANS must be shared, discussed, modified (if determined necessary by the CFT), finalized, and used within the CFT process to support planning and care coordination.

An IP-CANS must be completed in the context of a CFT when a child or youth is:

- Involved with the child welfare and/or juvenile probation systems and the IP-CANS completion process is led by a placing agency
- Involved with the child welfare and/or juvenile probation systems and the IP-CANS completion process is led by a BHP acting on behalf of a placing agency under the terms of a formal agreement
- Receiving High Fidelity Wraparound services

When a child or youth does not meet the criteria above, completing the IP-CANS in the context of a CFT, if one exists, is recommended but is not required. The IP-CANS must

⁸ [ACL 25-10](#) and [ACL 25-71/BHIN 25-035](#)

be completed through a collaborative process that includes, at minimum, the child or youth and their caregivers. In the case of an Indian child, engagement with the child's Tribe must occur. Completion must reflect open communication, engagement, consensus building, and collaborative decision-making. The IP-CANS administrator must ensure that the IP-CANS reflects a shared vision and draws on youth and family information to inform and support decisions.

IP-CANS Training and Certification Requirements

This ACL/BHIN aligns training and certification requirements for all administrators of the IP-CANS across settings and supersedes the CANS Training and Certification Requirements section of [ACL 25-71/BHIN 25-035](#). The requirements will ensure that professionals administering the IP-CANS on behalf of both departments will do so with consistency and a common understanding of the tool's purpose, use, and philosophy.

Specifically, by December 31, 2028, all IP-CANS administrators shall:

1. Complete *The IP-CANS: Overview and Preparation for Certification* training from the CDSS/DHCS approved list of training providers, as follows:
 - [CalAcademies](#)⁹
 - [Praed Foundation](#) Transformational Collaborative Outcomes Management (TCOM)
 - An entity that has completed the IP-CANS Training of Trainers course¹⁰ (inclusive of the Los Angeles County Department of Children and Family Services)

AND

⁹ Child welfare agencies can access training by enrolling in courses offered by their regional CalAcademies through the [CACWT](#) website. Juvenile Probation, tribal partners, County Behavioral Health staff, and Community-based Organization (CBO) staff can refer to the [CACWT Partner Organization Resource](#) page. To identify your county's Cal Academy, visit the [CACWT Map Resource](#) page. Juvenile probation may also contact the [Chief Probation Officers of California](#) for CFT Facilitation training. BHPs and their providers can access support for the Praed training courses by emailing livettraining@tcomtraining.com.

¹⁰ Certification to train requires continuous maintenance of at least a 0.8 "trainer level" certification in the IP-CANS and completion of the 2-day *The IP-CANS: Overview and Preparation for Certification* Training of Trainers (TOT) training.

2. Obtain IP-CANS certification¹¹ through the [Praed Foundation's online learning platform](#) and maintain that certification by recertifying annually.

Administrators new to CANS administration or who do not hold a current CANS certification must complete *The IP-CANS: Overview and Preparation for Certification* training from an entity on the CDSS/DHCS approved list and obtain IP-CANS certification prior to administering the IP-CANS.

Administrators who have completed a CANS training other than *The IP-CANS: Overview and Preparation for Certification* and/or have active certification to administer CANS prior to the effective date of this ACL/BHIN shall complete *The IP-CANS: Overview and Preparation for Certification* and obtain IP-CANS certification by December 31, 2028. These administrators may administer the IP-CANS from January 1, 2027, and shall be permitted to continue administering the tool until the earlier of the following:

- Successful completion of the required training and certification process, at which point their authorization to administer the IP-CANS shall be extended in accordance with applicable requirements; or
- December 31, 2028, after which such administrators shall no longer be permitted to administer the IP-CANS unless they have completed *The IP-CANS: Overview and Preparation for Certification* training and have been IP-CANS certified.

While *The IP-CANS: Overview and Preparation for Certification* training from the above list of entities is approved by both CDSS and DHCS, placing agency staff should prioritize enrollment through the CalAcademies to align with automated tracking in the statewide child welfare learning management system.

All administrators must recertify annually in order to continue to administer the IP-CANS.

IP-CANS Shared Data System

¹¹ Certification requires achievement of at least a 0.7 level in the Praed Foundation's IP-CANS certification.

CDSS and DHCS are implementing Opeeka's Person-Centered Intelligence Solution (P-CIS), a shared data exchange solution which will facilitate cross-system data collection and exchange of IP-CANS. Additional information on Opeeka P-CIS is forthcoming.

BHP Cost Reimbursement

Proposition 30 requires the state to reimburse BHPs 100 percent of the non-federal share for increased costs to implement realigned programs that result from new requirements the state imposed after September 30, 2012.¹² The costs incurred by BHPs to align IP-CANS administration and implement a shared data exchange solution are eligible for Proposition 30 funding.

BHPs may claim reimbursement for costs associated with IP-CANS training and certification for administrators and/or contracted providers, as well as other allowable reimbursement categories outlined in [BHIN 25-035](#) (which supersedes [MHSUDS IN No. 17-052](#)). Reimbursement for training and certification is contingent upon successful certification; BHPs will not be reimbursed for training activities that do not result in certification.

Training and certification for providers administering IP-CANS is a Utilization Review/Quality Assurance cost which can be claimed on the [MC 1982C](#) (QA/UR) form, as appropriate.

BHPs may also claim reimbursement for costs that include required system updates to Electronic Health Records (EHRs), as well as training costs, to prepare staff to utilize a shared data exchange solution and associated APIs. Details of claiming procedures can be found in [BHIN 22-049](#).

Administrative activities - including EHR and system updates, and oversight of data exchange solution implementation - may be claimed on the [MC 1982B](#) (Admin) form. Training and certification activities for providers may be claimed on the [MC 1982C](#) (QA/UR) form.

¹² [BHIN-22-049-Updated-Requirements-and-Forms-for-SMHS-QA-UR-and-County-Administrative-Claims.pdf \(ca.gov\)](#)

Hardware and software upgrade costs associated with IP-CANS can be claimed on the [MC 1982B](#) (Admin) form.

Placing Agency Cost Reimbursement

For information regarding CFT and IP-CANS claiming instructions, allocations, and other cost reimbursement information, please see County Fiscal Letter ([CFL 25/26-73](#) and [CFL 25/26-76](#)). Allocations for fiscal year 2026/27 will be issued in a forthcoming CFL.

Compliance Monitoring for BHPs

BHPs are responsible for ensuring administrators meet the training and certification requirements by January 1, 2029. BHPs are required to submit three annual reports to DHCS by March 15, 2027, March 15, 2028, and March 15, 2029. In each annual report, BHPs must include an attestation signed by the Behavioral Health Director or their designee that attests their administrators are in compliance with the IP-CANS requirements and include a list of administrators who have completed an approved training, certification and/or recertification during the prior calendar year. BHPs will also include how many administrators are not in compliance, and an outline of the steps the BHP has taken to ensure administrators are fully compliant.

BHPs are responsible for ensuring accountability and monitoring contracted providers for compliance with the terms of the BHP's contract with DHCS, including policies and program requirements outlined in this BHIN. BHPs must update policies and/or procedures as needed to ensure compliance and must communicate this policy to relevant contracted providers as necessary. DHCS will carry out its responsibility to monitor and oversee Medi-Cal BHPs and their operations as required by state and federal law. DHCS will monitor BHPs for compliance with the requirements outlined above, and deviations from the requirements may require corrective action plans or other applicable remedies. DHCS may impose a corrective action plan, as well as administrative and/or monetary sanctions for non-compliance. For additional information regarding administrative and monetary sanctions, see [BHIN 25-023](#), and any subsequent iterations on this topic.

Fidelity Requirements

Ensuring fidelity is essential to delivering consistent, high-quality care to children, youth and families across systems, regardless of where they reside in the state. Placing agencies are responsible for measuring and ensuring fidelity to IP-CANS and CFT practices and processes, including IP-CANS completed by and on behalf of the placing agency. This is crucial to ensuring that the individual needs of youth and families are understood, and that resources are provided with the goal of helping create and maintain safety, permanency, and increased well-being for those youth. CDSS will oversee and monitor fidelity and compliance of IP-CANS and CFT practices completed by and on behalf of placing agencies. Detailed information on fidelity requirements and updated or available resources can be found in [ACL 25-54](#), as well as [All County Information Notice I-35-24](#), and the [CDSS Fidelity Webpage](#), [CDSS CFT webpage](#), and [CDSS IP-CANS webpage](#).

Please direct any questions to cwscoordination@dss.ca.gov and BH-CONNECT@dhcs.ca.gov.

Sincerely,

Original Document Signed By

PAULA WILHELM, Deputy Director
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Appendix A: Phase I and Phase II Policy Comparison

Policy Area	Phase I (ACL 25-71/BHIN 25-035)	Phase II (as of 1/1/2027)
Transition to IP-CANS Tool	BHPs not acting on behalf of a placing agency use CANS-50 BHPs acting on behalf of a placing agency align with CDSS use of IP-CANS	All BHPs use IP-CANS (supersedes relevant section of ACL 25-71/BHIN 25-035)
IP-CANS Training and Certification Requirements	New DHCS certification requirements for all BHPs who administer the CANS CDSS clarification of the training and certification requirements for all BHPs administering the IP-CANS on behalf of placing agencies, as outlined in ACL 25-10	All entities administering CANS adhere to IP-CANS training and certification requirements pursuant to the timeline outlined in this guidance (supersedes relevant section of ACL 25-71/BHIN 25-035)
Data collection	No updates	BHPs and placing agencies must collect and exchange CANS data through the forthcoming Opeeka P-CIS shared data exchange system (effective date forthcoming)
Professional Requirements for Providers who Administer the CANS	Amended DHCS requirement eliminating specific professional licensure/credential for providers administering the CANS	No updates
Timing of IP-CANS Completion	Amended DHCS requirement adding IP-CANS completion at change in condition, to align with "triggering conditions," as identified in ACL 25-10 CDSS clarification of the requirement to complete the CANS no more than 60 days prior to closure of the child welfare case or juvenile probation foster care case as stated in ACL 25-10	No updates

Appendix B: Summary of Previous Guidance

CDSS and DHCS guidance on the use of the CANS include:

- [ACL 25-71/BHIN 25-035](#): *Phase I Policy Changes to Support Aligned Use of the Child and Adolescent Needs and Strengths Tool by County Behavioral Health Plans, County Child Welfare Agencies and Juvenile Probation Departments* (11/4/25).
- [ACL 25-54](#): *Fidelity and Continuous Quality Improvement Tools Required to Enhance Integrated Practice Child and Adolescent Needs and Strengths and Child and Family Team Practices* (8/26/25).
- [ACIN I-43-25](#): *Account Access to the California Child Welfare Training Learning Management System* (8/18/25).
- [ACL 25-10](#): *Updated Requirements for Administration of the Integrated Practice Child and Adolescent Needs and Strengths Tool and Child and Family Teams* (2/18/2025).
- [ACIN I-35-24](#): *New Resources Available to Enhance Fidelity and Support of Child and Family Team (CFT) Meetings and the Child and Adolescent Needs and Strengths (CANS)* (7/19/2024).
- [ACIN I-21-24/BHIN 24-021](#): *The California Children, Youth, and Families Integrated Core Practice Model and the California Integrated Training Guide* (5/29/2024).
- [County Fiscal Letter \(CFL\) 23/24-17](#): *CWD County Expense Claim Reporting Information System Administrative Time Study and Claiming Instructions for the December 2023 Quarter* (10/2/2023).
- [CFL 21/22-72](#): *Updated Claiming Instructions for the Child and Family Teams (CFT) Process and the Child and Family Needs and Strengths (CANS) Assessment Activities* (2/3/2022).
- [ACL 21-27](#): *Child Welfare Requirements for Child and Adolescent Needs and Strengths (CANS) Training, Certification, and Entry of CANS Data into the CARES-Live System* (3/12/2021).
- [CFL 19/20-56](#): *CWD County Expense Claim Time Study and Claiming Instructions for the March 2020 Quarter* (1/2/2020).
- [MHSUDS IN 18-048](#): *Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)- Specialty Mental Health Services Performance Outcomes System Functional Assessment Tools for Children and Youth* (10/17/2018).
- [ACL 18-85/MHSUDS IN 18-29](#): *Clarification Regarding Sharing of CANS Assessments by County Placing Agencies and Mental Health Programs* (7/9/2018).
- [ACL 18-81](#): *Requirements and Guidelines for Implementing the Child and Adolescent Needs and Strengths Tool Within a Child and Family Team (CFT) Process* (7/2/2018).

- [ACL 18-09/MHSUDS IN 18-007](#): *Requirements for Implementing the Child and Adolescent Needs and Strengths Assessment Tool within a Child and Family Team* (1/25/2018).
- [MHSUDS IN 17-052](#): *Early and Periodic Screening, Diagnostic and Treatment (EPSDT) – Specialty Mental Health Services Performance Outcomes System Functional Assessment Tools for Children and Youth* (11/14/2017).
- [CFL NO. 17/18-25](#): *CWD County Expense Claim Time Study and Claiming Instructions for the December 2017 Quarter* (9/29/2017).
- [CFL NO. 17/18-09E](#) and [CFL NO. 17/18-09](#): *Claiming Instructions to County Probation Departments for Nonfederal Child and Family Teams for Youth in Detention* (9/19/2017 and 7/31/2017).
- [CFL NO. 16/17-22](#): *Child and Family Team Claiming Instructions* (10/11/20).