



GAVIN NEWSOM
GOVERNOR



DATE: November 4, 2025

ALL COUNTY LETTER (ACL) NO. 25-71
BEHAVIORAL HEALTH INFORMATION NOTICE (BHIN) NO. 25-035

TO: ALL CHIEF PROBATION OFFICERS
ALL COUNTY WELFARE DIRECTORS
ALL TRIBES WITH A CALIFORNIA TITLE IV-E AGREEMENT
COUNTY BEHAVIORAL HEALTH PROGRAM DIRECTORS
COUNTY DRUG AND 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
DOR REGIONAL DIRECTORS
COUNTY OFFICES OF EDUCATION SPECIAL EDUCATION LOCAL PLAN AREAS

SUBJECT: 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

REFERENCE: [ALL COUNTY INFORMATION NOTICE \(ACIN\) I-43-25](#), [ALL COUNTY LETTER \(ACL\) 25-54](#), [ACL 25-10](#), [ACL 21-27](#), [ACL 18-81](#), [ACL 18-85/MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICE INFORMATION NOTICE \(MHSUDS IN\) 18-029](#), [ACL 18-09/MHSUDS IN 18-007](#), [MHSUDS IN 17-052](#)



Purpose:

This joint All County Letter/Behavioral Health Information Notice (ACL/BHIN) details Phase I of two phases of policy changes being implemented by both the California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS) to support aligned use of the Child and Adolescent Needs and Strengths (CANS) tool. These policy changes involve the certification requirements and qualifications for providers administering the CANS, and the guidelines for the frequency of completing the CANS. Further policy clarifications and changes are forthcoming in subsequent guidance to implement Phase II. Phase II will focus on further programmatic alignment, necessary automation changes, data collection, training requirements, and the use of the same CANS tool across County child welfare agencies and juvenile probation departments (hereinafter referred to as placing agencies) and behavioral health plans (BHPs).

This ACL/BHIN supersedes [MHSUDS IN 17-052](#) in part. To the extent that there is a conflict between MHSUDS IN 17-052 and this ACL/BHIN, the policy contained within this ACL/BHIN supersedes MHSUDS IN 17-052.

Background:

As part of the [California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment \(BH-CONNECT\)](#) initiative, DHCS and CDSS are pursuing alignment of the use of the CANS tool among placing agencies and BHPs.

Both DHCS and CDSS have previously released guidance on the use of their respective CANS tools, including joint guidance for staff, Tribes, providers, and other County partners. To date, there have been differences in policies and requirements guiding the use of the CANS between the two departments.

A recommendation to align the CANS across both departments came from workgroup and stakeholder engagement.¹ CDSS and DHCS are working collaboratively to adopt necessary corresponding policy changes for both departments by the time of completion of Phase II. At the end of Phase II, placing agencies and BHPs will administer the same CANS tool in the same manner so that collaborative completion of the CANS is a

¹ The California Advancing and Innovating Medi-Cal 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](#).

shared responsibility, results are comparable, and outcomes can be tracked over time. Alignment of behavioral health and placing agencies' use of the CANS will have the additional benefit of enhancing communication to inform treatment planning and case plans for children and youth served by both systems. This will ensure that CANS ratings will be more easily shared between entities to support streamlined care for children and youth served in both systems and avoid redundancy.

The CANS Tool:

The CANS is a multi-purpose, communimetric² tool used to measure well-being, identify social and behavioral needs and strengths, inform individualized treatment planning, 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 utilizes the CANS-50, which includes the 50 core items to measure child and youth functioning.³ CDSS utilizes the IP-CANS, which includes the same 50 core items of the CANS-50, as well as the ability to assess up to four caregivers and the 12-item "CANS Potentially Traumatic/Adverse Childhood Experiences" domain.⁴ CDSS also requires placing agencies to complete the Early Childhood module for children ages zero through five. This module consists of 46 items across 7 domains tailored to very young children.

This ACL/BHIN intentionally uses the terms CANS and IP-CANS depending on the context. Generally, CANS is used in the context of assessments completed by the

² 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.

³ For more detail on the DHCS usage of CANS-50, see [MHSUDS IN 17-052](#).

⁴ For more detail on the CDSS usage of IP-CANS, see [ACL 18-81](#).

behavioral health system, and IP-CANS is used in the context of assessments completed by, or on behalf of, a placing agency.

POLICY:

CDSS Phase I policies described in this letter were announced with an effective date of July 1, 2025, via [ACL 25-10](#), released on February 18, 2025. Subsequently, [WIC Section 16560\(c\)\(1\)](#) was amended to extend the effective date for when all placing agencies will be required to ensure an IP-CANS is collaboratively completed for all children and youth to January 1, 2026. For the purpose of CANS alignment, CDSS Phase I policies are effective January 1, 2026. Additional guidance from CDSS regarding this amended effective date and IP-CANS fidelity requirements are available in [ACL 25-54](#).

DHCS Phase I policy changes detailed herein will become effective January 1, 2026.

Table 1. Phase I CANS Alignment Policies

Policy Area	Details
CANS Training and Certification Requirements	• New DHCS certification requirements for all BHPs who administer the CANS (supersedes MHSUDS IN 17-052 in instances where MHSUDS IN 17-052 conflicts with this ACL/BHIN). • CDSS clarification of the training and certification requirements for all BHPs administering the CANS on behalf of placing agencies, as outlined in ACL 25-10.
Professional Requirements for Providers who Administer the CANS	• Amended DHCS requirement eliminating specific professional licensure/credential for providers administering the CANS (supersedes MHSUDS IN 17-052 in instances where MHSUDS IN 17-052 conflicts with this ACL/BHIN).
Timing of CANS Completion	• Amended DHCS requirement adding CANS completion at change in condition, to align with “triggering conditions,” as identified in ACL 25-10. (Supersedes MHSUDS IN 17-052 in instances where MHSUDS IN 17-052 conflicts with this ACL/BHIN).

Policy Area	Details
	CDSS clarification of the requirement to complete the CANS no more than 60 days prior to closure of the child welfare/juvenile probation foster care case as stated in ACL 25-10.

CANS Training and Certification Requirements

Requirements for All BHPs Administering the CANS

This ACL/BHIN sets a new requirement that all BHPs administering the CANS must be certified through the [Praed Foundation](#)'s online learning platform (www.tcomtraining.com) regardless of any formal agreement that may support their relationship with placing agencies. This requirement supersedes the certification elements described in [MHSUDS IN 17-052](#). The requirement will ensure that professionals administering the CANS on behalf of both departments will do so with consistency and a common understanding of the tool's purpose, use, and philosophy.

Additionally, more specific training requirements to achieve certification may be included in the Phase II CANS alignment guidance.

BHPs may claim Medi-Cal reimbursement for the costs of CANS training for certified providers. Reimbursement is conditioned on successful certification and BHPs will not be reimbursed for training activities that do not result in certification. Training and certification for providers administering the CANS is a Utilization Review/Quality Assurance cost which can be claimed on the MC 1982 form.

Requirements for All BHPs Completing IP-CANS on Behalf of a Placing Agency

This ACL/BHIN clarifies that all BHPs completing an IP-CANS under the terms of a formal agreement with a placing agency are required to complete training from a CDSS-approved option specified below. The CDSS approved IP-CANS training courses are available via the [California Child Welfare Training](#)⁵ (CACWT) website and by reaching out to CalAcademies. This clarification aligns policy for BHPs that complete the IP-CANS on

⁵ Juvenile probation may also contact the [Chief Probation Officers of California](#) for CFT Facilitation training.

behalf of placing agencies with existing CDSS requirements for placing agencies found in [ACL 25-10](#).

Child welfare agencies can access training by enrolling in courses offered by their local CalAcademies through the [CACWT](#) website. Instructions for creating a CACWT account vary by region. 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 CalAcademy, visit the [CACWT Map Resource Page](#).

CDSS is developing processes for additional system and community partners to enroll in CACWT courses provided by the CalAcademies. Detailed guidance about these processes is found in [ACIN I-43-25](#). However, priority for CalAcademy training offerings will be given to staff from county child welfare agencies, tribal child welfare agencies, and county probation departments.

- [CalAcademies](#) (previously called Regional Training Academies or RTAs).
 - CDSS contracts with four [CalAcademies](#), which provide training at no cost to individuals who serve Title IV-E-eligible children and youth, meaning the child welfare and foster care population. Organizations, such as BHPs, which complete the IP-CANS on behalf of placing agencies, may enroll in CalAcademy courses. Standardized, available training topics include IP-CANS and Child and Family Team (CFT) Facilitation. Participants must have an active account with [CACWT](#) system to enroll in these courses. Please note that placing agency staff are prioritized for enrollment.
- [Praed Foundation](#)
 - The Praed Foundation provides IP-CANS statewide standardized training through their Transformational Collaborative Outcomes Management (TCOM) IP-CANS Training website for all placing agencies and BHPs for a fee per registrant. The Praed Foundation is the primary training resource for BHPs who are unable to enroll in CalAcademies IP-CANS courses due to limited capacity or availability. The IP-CANS Certification course will be added to behavioral health agencies' current bundle upon request. If behavioral health agencies need assistance with having the IP-CANS course added to their bundle, they may e-mail livetraining@tcomtraining.com.
- [Praed Foundation](#) IP-CANS Training of Trainers (ToT).
 - The Praed Foundation also provides a quarterly ToT course for individuals instructing the statewide standardized IP-CANS trainings. This option is available to all placing agencies and BHPs and is well suited to

organizations that prefer to administer the statewide standardized IP-CANS training internally. Placing agencies and their providers can access the Praed Foundation led ToT course through the [CalAcademies](#), and BHPs and their providers can access the ToT course by emailing livetraining@tcomtraining.com.

- The Los Angeles County Department of Children and Family Services (LA DCFS).
 - The LA DCFS provides IP-CANS training for their staff teams.

Professional Requirements for Providers Who Administer the CANS

This ACL/BHIN removes the DHCS requirement for providers administering the CANS to have a specific professional licensure or credential if the provider is CANS certified by the Praed Foundation. This supersedes the licensure or credentialing requirements found in [MHSUDS IN 17-052](#). Providers must meet the Praed Foundation's certification requirements and must be recertified on an annual basis.

Removing clinical licensure requirements in tandem with the introduction of the requirement of CANS certification via Praed Foundation will ensure that providers administering the CANS in both systems do so consistently. This alignment policy allows for a broader range of providers, including those who might have more familiarity with a given child or youth, to administer the CANS.

Timing of CANS Administration

This ACL/BHIN clarifies that the CANS must be completed for children, youth, and non-minor dependents at the timelines specified below:

- At case opening.
 - For those receiving Specialty Mental Health Services (SMHS), this occurs at the beginning of SMHS treatment.
 - For those with open child welfare cases, in probation foster care placements, or in foster care placements, this occurs prior to the development of a case plan, with input from members of the CFT, and is finalized during an initial CFT meeting (to take place as soon as possible

and no more than 60 days following involvement with the child welfare, probation or foster care systems).⁶

- Every six months following the first administration.
- Within 30 days of determining that there is a “triggering,” or significant or sudden, change in condition.⁷
- At the end of treatment.
 - For SMHS, this occurs at case closure.
 - For those with open child welfare cases, in probation foster care placements, or in foster care placements, this occurs no more than 60 days prior to case closure.

This ACL/BHIN supersedes the cadence of administration in [MHSUDS IN 17-052](#) and aligns with [ACL 25-10](#).

Sharing CANS Between BHPs and Placing Agencies

Per [ACL 18-09/MHSUDS 18-007](#), if a current CANS has been completed by a BHP, the CFT must use it. The placing agency is not required to conduct a new CANS but should consider whether any updates to the CANS ratings are appropriate. The additional trauma domain can be added as needed. As a required member of the CFT per [WIC Section 16501\(\(B\)\(i\)\(IV\)\)](#), a BHP representative is part of this deliberation and collaborative process.

Similarly, when a child or youth in foster care begins SMHS, a current IP-CANS completed by a placing agency or by someone acting on its behalf will be made available to the BHP. The BHP responsible for the child or youth’s SMHS must use the current IP-CANS and consider whether any of the ratings should be updated. The BHP is not required to conduct a new CANS. However, the BHP should make sure the ratings on the IP-CANS reflect any new information and changes in needs or strengths since the prior administration of the IP-CANS.

In both of the circumstances described above, if any ratings are updated, the updated CANS must be shared with the other county department promptly. This guidance

⁶ For additional details about CDSS timing requirements for completion of the IP-CANS, including case opening requirements, see [ACL 25-10](#).

⁷ For a list of some triggering conditions, see [ACL 25-10](#).

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clarifies implementation of [ACL 18-09/MHSUDS 18-007](#), and also aligns with the principles and standards contained in the [Integrated Training Guide](#) and [Integrated Core Practice Model Guide](#) produced jointly by both departments.

Compliance Monitoring for BHPs

BHPs are responsible for ensuring accountability and compliance with program requirements applicable to BHPs. DHCS will carry out its responsibility to monitor and oversee Medi-Cal behavioral health delivery systems and their operations as required by state and federal law. DHCS will monitor Medi-Cal behavioral health delivery systems for compliance with the requirements outlined above, and deviations from the requirements may require corrective action plans or other applicable remedies.

Fidelity Requirements for Placing Agencies

Placing agencies are responsible for measuring and ensuring fidelity of IP-CANS and CFT practices and processes, which are crucial to ensure that the individual needs of youth and families are understood, and that resources are provided with the goal of helping create stabilization and permanency for every youth in foster care. The CDSS will oversee and monitor fidelity and compliance of county IP-CANS and CFT practices. Ensuring fidelity is essential to delivering consistent, high-quality care to youth and families across systems, regardless of where youth reside in the state. 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
Behavioral Health
Department of Health Care Services

Original Document Signed By

ANGIE SCHWARTZ, Deputy Director
Children and Family Services Division
California Department of Social Services

Appendix A: Summary of Previous Guidance

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

- [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).⁸
- [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* (10/11/2016).

⁸ MHSUDS IN NO. 17-052 is superseded in part by this ACL/BHIN as related to CANS certification requirements, professional licensure or credential required for CANS administration and intervals of CANS administration.