State of California—Health and Human Services Agency

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JANUARY 25, 2018

ALL COUNTY LETTER (ACL) NO. 18-09
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES (MHSUDS)
INFORMATION NOTICE (IN) NO. 18-007

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL CHIEF PROBATION OFFICERS
ALL TITLE IV-E AGREEMENT TRIBES
COUNTY WELFARE DIRECTORS ASSOCIATION OF CALIFORNIA
COUNTY BEHAVIORAL HEALTH DIRECTORS
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA
CHIEF PROBATION OFFICERS OF CALIFORNIA
COUNTY COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES

SUBJECT: REQUIREMENTS FOR IMPLEMENTING THE CHILD AND ADOLESCENT NEEDS AND STRENGTHS ASSESSMENT TOOL WITHIN A CHILD AND FAMILY TEAM

REFERENCE: ASSEMBLY BILL (AB) 403 and AB 1997 (CHAPTER 773, STATUTES OF 2015 and CHAPTER 612, STATUTES OF 2016); AB 1006 (CHAPTER 714, STATUTES OF 2017); WELFARE AND INSTITUTIONS CODE 706.6, 832, 11400(f), 16501.1; ACL NO. 16-84/MHSUDS IN. NO. 16-049; ACL NO. 17-28; PATHWAYS TO MENTAL HEALTH SERVICES – CORE PRACTICE MODEL GUIDE; COUNTY FISCAL LETTER (CFL) NO. 16-17-22; MHSUDS IN NO. 17-052

Pursuant to AB 403 and the Continuum of Care Reform (CCR), the California Department of Social Services (CDSS) has selected the Child and Adolescent Needs and Strengths (CANS) as the functional assessment tool to be used with the Child and Family Team (CFT) process to guide case planning and placement decisions. The Department of Health Care Services (DHCS) has also selected the CANS, as well as the Pediatric Symptom Checklist, to measure child and youth functioning.[1] This ACL/MHSUDS IN provides information and guidance to counties regarding the use of the CANS.

The CANS Assessment Tool

The CANS is a multi-purpose assessment tool developed to assess well-being, identify a range of social and behavioral healthcare needs, support care coordination and collaborative decision-making, and monitor outcomes of individuals, providers, and systems. Completion of the CANS assessment requires effective engagement using a teaming approach. The CANS must be informed by CFT members, including the youth and family. The CANS assessment results must be shared, discussed, and used within the CFT process to support case planning and care coordination.

The use and implementation of the CANS by county child welfare, juvenile probation and behavioral health departments as a mental health and substance use disorder screening and functional assessment tool advances the efforts already underway through Pathways to Well-Being (previously known as Katie A.).

The CANS must be completed prior to the completion of the family case plan, and the CANS results are intended to inform the CFT in several key areas, including but not limited to:

- Determining if the child, youth, or Non-Minor Dependent (NMD) has unmet behavioral health or substance use needs;
- Making placement decisions;
- Informing the Level of Care protocol;
- Determining educational needs
- Identifying any immediate support needs of the family or care provider, such as coaching or respite care; and/or
- Developing a comprehensive plan to support safety, permanency, and well-being.

[1] MHSUDS IN NO. 17-052

The CANS assessment results should be used as a shared resource for team members throughout the CFT process. The CANS results provide a platform for the CFT to guide conversations and support the process of learning more about the child, youth, or NMD, and family's needs, as well as identifying behavior patterns.

The CDSS has adopted the CANS Early Childhood as the state-approved child welfare assessment tool for children ages birth to five. The **50 Core Items**, known as the CANS Core 50, is approved by both CDSS and DHCS as the child welfare and mental health assessment tool for children ages five to 21. The CANS Core 50 represents the minimum required common items to be used across the state. Counties may opt to add questions specific to their local needs, if desired.

Completion of the CANS

Child welfare and juvenile probation departments must provide a CFT to all children, youth, and NMDs in foster care, effective January 1, 2017, as outlined in ACL NO. 16-84/MHSUDS IN. NO. 16-049. A child, youth, or NMD must have an initial CFT meeting as soon as possible, but no later than within 60 days of entering the foster care system, and prior to the development of the case plan, in order to address placement decisions and case planning activities.

The CFT meetings inform a child, youth, or NMD, and family-centered case plan, and the case plan articulates specific actions and strategies for achieving the child, youth, or NMD, and family's goals. The CANS is the formal continuous assessment tool used by CANS-certified providers and by certified county staff to inform the case plan goals and serves as the foundation for ensuring the strengths and needs of the child, youth, or NMD, and family members are incorporated into the case plan. Case plan goals are based on identified, actionable items and focused on addressing the needs for child, youth and NMD permanency, safety, and well-being. In addition, the case plan must include compliance with any relevant court orders.

Children, youth and NMD's receiving specialty mental health services are assessed by CANS certified providers and certified county staff using the CANS every 6 months. County placing agencies and county Mental Health Plans (MHPs) are jointly responsible for ensuring that a single CANS tool is completed for each child, youth and NMD. As such, county placing agencies and MHPs must share with each other completed CANS assessments and their resulting identified outcomes for children assessed and/or served by both agencies to avoid unnecessary duplication and over-assessment of children, youth, and NMDs.

If a current CANS assessment has been completed by a county MHP or their contracted provider, 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. Similarly, if a current CANS assessment is completed by or on behalf of the placing agency, the MHP must use it. In this case, the MHP is not required to complete a new CANS but should consider whether any updates to the CANS ratings are appropriate.

For children, youth, or NMDs who are already in foster care and are not currently receiving specialty mental health services, the CANS tool functions as the required mental health screening.[2] If the screening indicates there may be a mental health need for specialty mental health services, the placing agency shall make a referral to the county MHP. The MHP must accept the completed CANS assessment and not complete a new CANS assessment, but may consider whether any updates to the CANS ratings are appropriate. The placing agency must document the screening and referral to the MHP in the Child Welfare Services/Case Management System (CWS/CMS). A CFT meeting to discuss the results of the CANS should also occur to support case planning and service coordination.

The CDSS will issue a subsequent policy letter that will provide further guidance around operationalizing the CANS and integration of the CANS within the CFT process.

Confidentiality

Appropriate and effective confidentiality and information sharing practices are key components of the CFT process. Therefore, the CFT process must be designed to protect children, youth, NMDs, and families' rights to privacy without creating barriers to coordinating care and receiving services. Welfare and Institutions Code Section 832 authorizes information sharing between CFT members relevant to case planning and necessary for providing services and supports to the child, youth, or NMD, and family and requires the execution of appropriate authorizations to share such information. A person designated as a member of a CFT may receive and disclose relevant information and records within the CFT, subject to the child, youth, or NMD, and/or their parent or guardian signing an authorization to release information, as required depending on the type of information. The CDSS and DHCS have developed a universal release of information form to be used by the CFT. The form which is attached to this letter and titled Child and Family Team Authorization for Use of Protected Health

[2] *Katie A. v. Bonta, et al.; All County Letter 15-11*

and Private Information, will allow for sharing of information between CFT members pursuant to Welfare and Institution Code 832.

County placing agencies and county MHPs must share CANS assessments for children, youth and NMDs assessed and/or served by either system and completion of a universal information release form shall not be required for this purpose. This is critical to ensure that children and youth are not subject to multiple assessments, and to promote consistent information across agencies. Additional guidance will be provided related to sharing of CANS assessments between CFT members.

Data Submission

While county placing agencies and county MHPs are to complete and share CANS assessments, each respective entity is expected to submit the CANS data to their respective lead State agency. Specifically, county MHPs must submit to DHCS the CANS data for dually-served children, along with the non-dually served children, in accordance with DHCS' data submission specifications described in DHCS MHSUDS Information Notice 17-052. This also applies to CANS assessments that are initially completed by a county placing agency and then provided to a county MHP upon referral for specialty mental health services – the county MHP must ensure that the county placing agency's CANS, including any updates, is entered into the MHPs database for subsequent submission to DHCS.

The CDSS will develop software capable of automating the CANS within a platform which allows for individual raters such as CANS-certified providers, certified county staff, and CFT members, including children, youth and NMDs to complete the CANS, and systematically transfer and integrate the completed CANS data within the new CWS system, known as the Child Welfare Services - California Automated Response and Engagement System (CWS-CARES). The software will be embedded into the CWS-CARES and will be roles-based, allowing CDSS and DHCS to build capacity for merging data and permitting different users to interface and retrieve customized multi-rater reports via an online dashboard.

CANS Implementation Schedule and Automation

The implementation of the CANS will be phased in based on the attached implementation schedule adopted by DHCS and CDSS. Information regarding automation of the CWS-CARES will be forthcoming.

CANS Training

The CDSS will provide training opportunities for skilled facilitators and staff who will administer or utilize CANS results. Counties are also encouraged to reach out to their local or neighboring counties, providers, or other system partners who have been trained and certified in the CANS tool to provide coaching and training opportunities. A training and implementation plan to support uniform implementation statewide will be provided in an upcoming policy letter.

MHPs should refer to MHSUDS IN 17-052 for CANS training information specific to MHPs.

Inquiries

Please direct all CFT questions, including CANS related inquiries, to the Integrated Services Unit, at (916) 651-6600, or via email at CWScoordination@dss.ca.gov or contact the DHCS, Mental Health Services Division, at (916) 322-7445 or email KatieA@dhcs.ca.gov.

Sincerely,

Original signed by

BRENDA GREALISH
Acting Deputy Director
Mental Health and Substance Use
Disorder Services
Department of Health Care Services

Original signed by

GREGORY E. ROSE, MSW
Deputy Director
Children and Family Services Division
California Department of Social Services

Attachments