DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
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GAVIN NEWSOM
GOVERNOR

CDSS
JENNIFER TROIA
DIRECTOR

DATE: July 21, 2026

All County Letter No: 26-XX
Behavioral Health Information Notice No: 26-XXX

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 II Policy Changes to Support Aligned Use of the Child and Adolescent Needs and Strengths (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 CANS tool.

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 aligned use of the Integrated Practice (IP)-CANS tool among county child welfare agencies, county juvenile probation departments (herein referred to as placing agencies), and Behavioral Health Plans (BHPs).

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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 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.

[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.

[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.*

- 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, communimetric[4] 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

[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 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 the 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 requires 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.

Table 1. Phase II CANS Alignment Policies

[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.

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

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 Early Childhood 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]

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

[6] ACL 25-10, released in January 2025, required juvenile probation departments to administer 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 Early Childhood Module and Potentially Traumatic/Adverse Childhood Experiences, see the IP-CANS Reference Manual.
[8] ACL 25-10 and ACL 25-71/BHIN 25-035

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. 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
- 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 still be completed through a collaborative process that includes, at minimum, the child or youth and their caregivers. 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 is certified[10] in *The IP-CANS: Overview and Preparation for Certification* Training of Trainers (TOT) training provided by the Praed Foundation (inclusive of the Los Angeles County Department of Children and Family Services)

    AND

2. Obtain IP-CANS certification[11] through 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.

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[9] 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. 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 livetraining@tcomtraining.com.

[10] Certification requires maintenance of at least a 0.8 trainer level in the Praed Foundation's *The IP-CANS: Overview and Preparation for Certification* Training of Trainers (TOT) training.

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

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

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 will be forthcoming.

BHP Cost Reimbursement

Proposition 30 requires the state to reimburse BHPs 100% 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

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

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 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.

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.

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 that their administrators are in compliance with the IP-CANS requirements and include a list of administrators who have completed an approved training and certification 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

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 (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
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* (10/11/2016).