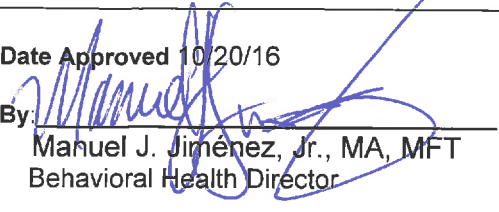




Date Approved 10/20/16

By:   
Manuel J. Jimenez, Jr., MA, MFT  
Behavioral Health Director

**POLICY TITLE**

**Guidelines and Operational Standards for CANS/ANSA Tools Within the Mental Health System of Care**

**Policy No:** 1601-1-1

**Date of Original Approval:** 10/20/2016  
**Date(s) of Revision(s):**

**PURPOSE**

This policy provides guidelines and operational standards for the administration of the **CANS** (Child and Adolescent Needs and Strengths) and **ANSA** (Adult Needs and Strengths Assessment) tools.

With the **CANS** and **ANSA** tools, Alameda County Behavioral Health Care Services (BHCS) is able to track whether or not clients/consumers are receiving the services they actually need and where any gaps exist within the service delivery system. From a quality improvement perspective the **CANS** and **ANSA** tools provide a standardized way to provide both individual and aggregate feedback – specific enough to be useful for prioritizing interventions, treatment planning, and informing decision-making at the client level and aggregate enough to help guide policy, measure outcomes, and inform planning at the agency level. Until recently, there has been no centralized way to oversee all of these processes and streamline the flow of information. The **CANS** and **ANSA** tools offer this ability.

**AUTHORITY**

Alameda County Behavioral Health Care Services' Mental Health Plan Agreement with the California Department of Health Care Services, Exhibit A, Attachment 1, Section 22: Quality Management Program and Section 23: Quality Improvement Program.

**SCOPE**

All County-operated programs in addition to entities and programs providing mental health services under a contract with BHCS are required to adhere to this policy. The CANS/ANSA is not a requirement for providers of the following services: Inpatient, Crisis, Medication-Only, Therapeutic Behavioral Services, and Prevention and Early Intervention. BHCS-contracted Out-of-County providers may be required to adhere to this policy as determined by the relevant System Of Care Director. This policy does not apply to individual, group, and organizational Mental Health Plan Fee-for- Service Network Providers. Other exemptions may be granted on a case by case basis with the approval of BHCS Executive Leadership.

## **POLICY**

This policy establishes guidelines and operational standards for the administration of the **CANS** and **ANSA** tools, outlines background, training, operational standards, documentation standards, and reporting and outcome measurement.

Effective **September 1, 2015**, the BHCS Mental Health Children's System of Care and Transition Age Youth System of Care programs began administering the **CANS and ANSA-T** tool.

Effective **December 5, 2016**, the BHCS Mental Health Adult System of Care and Older Adult System of Care will begin administering the **ANSA 25+** tool in Level -1 Outpatient Programs (Service Teams, Full Service Partnerships, Assertive Community Treatment programs) and selected programs (Sub-Acute, Day Treatment, Residential Treatment and Vocational).

## **PROCEDURE**

### I. Background

Alameda County Behavioral Health Care Services (BHCS) uses the **Child and Adolescent Needs and Strengths (CANS)** and the **Adult Needs and Strengths Assessment (ANSA)** as part of the assessment and treatment planning process. The CANS/ANSA are multi-purpose communication tools developed for child and adult services to support decision making, including level of care and service planning that allow for the monitoring of outcomes and support goal attainment. The CANS/ANSA allows for the effective communication with the client/family to accurately represent the shared vision of the child, adult, and/or family member. The measure is based on research findings that "optimally effective treatment of children and youth should include both efforts to reduce symptomatology and efforts to use and build strengths" (Lyons, 2009).

### **CANS/ANSA Core Domains**

Each tool is comprised of seven core domains. These domains reflect the different aspects that make up one's life and vision.

- **Life Functioning:** This domain relates to the activities and relationships that are a part of everyday life including family, school, community and health.
- **Strengths:** This domain relates to an individual's resources and assets. These are the positive things in an individual's life that can be used to promote healthy development and positive outcomes.
- **Caregiver Strengths & Needs:** This domain refers to areas in which the caregiver may need assistance or support in their caregiving role/responsibilities while simultaneously highlighting the areas in which the caregivers can be a resource for the individual.
- **Cultural Factors:** This domain relates to an individual's adjustment to the primary culture in which they live, including factors such as language barriers or barriers that prevent the practice of their beliefs. Culture is broadly defined to include, but not limited

to race, ethnicity, sexual orientation, gender identity, religion, age, gender, socio-economic status, etc.

- **Behavioral/Emotional Needs:** This domain refers to the symptoms and/or behaviors that an individual may display. This is intended to capture “what” is occurring and not the reasons “why” it is occurring.
- **Risk Behaviors/Factors:** This domain relates to whether or not the individual currently behaves in ways that could prove to be dangerous to him/her or others.
- **Trauma Experiences:** This domain focuses on the individual’s exposure to potentially traumatic/adverse childhood experiences over their lifetime.

## II. Administering Provider Staff

- a. Due to the clinical nature of the CANS/ANSA, staff who complete a CANS/ANSA must meet the credentialing standards as in the category of Evaluation (CANS/ANSA) on the BHCS Guidelines for Scope of Practice Credentialing grid (Licensed, Waivered, Registered LHPA’s and Graduate Student/Trainees): [http://www.acbhcs.org/providers/QA/docs/training/ACBHCS\\_Guidelines\\_Scope\\_Practice\\_Credentialing\\_Provide\\_Specialty\\_MH\\_Services.pdf](http://www.acbhcs.org/providers/QA/docs/training/ACBHCS_Guidelines_Scope_Practice_Credentialing_Provide_Specialty_MH_Services.pdf).

## III. Training of Providers

- a. Initial training and annual certification is required for use of the CANS/ANSA tools. In order to be certified, clinicians must demonstrate reliability on a case vignette of 70% or greater. The Praed Foundation's Collaborative Training Website at [www.canstraining.com](http://www.canstraining.com) provides on-line training and certification. A standardized training protocol has been developed by Dr. John Lyons that includes: video tutorials, practice tests and vignettes, printable certificates, functionality to provide reports identifying users by agency or reporting unit, and functionality to provide annual reminders to account holders to complete CANS/ANSA recertification.
- b. Each agency shall ensure that provider staff are trained and certified in the appropriate version based on population(s) served. Four CANS/ANSA versions include: CANS-Early Childhood (birth -5), CANS (6-17), ANSA-T (18-24), and ANSA (25+). BHCS shall provide an initial series of trainings for all required provider staff. Each program/agency shall arrange subsequent certification and recertification of their provider staff as needed.
- c. Each program/agency shall ensure that supervisors/managers are trained in the CANS/ANSA and that directors/executives receive an overview of the CANS/ANSA training.
- d. BHCS shall provide an initial “Train the Trainer” program. Each program/agency shall implement a sustainable “Train the Trainer” method and shall follow a program/method approved by BHCS and the CANS/ANSA developer.

IV. Operational Standards

- a. The CANS/ANSA shall be completed with every client served in the BHCS Mental Health Systems of Care for Children, Transition Age Youth, Adult and Older Adult unless exempted otherwise. The information shall be used to inform the client's treatment plan and measure service outcomes.
- b. Any exceptions to the required use of the CANS/ANSA tools shall require approval by BHCS Executive Leadership.
- c. The CANS/ANSA shall be administered in an interactive process, with client and significant support persons reviewing scores, in a client-centered and transparent manner.
- d. For clients with multiple mental health providers ("open episodes"), each program/agency shall be responsible for CANS/ANSA completion based upon their respective Reporting Unit episode opening dates.
- e. All providers responsible for completing the CANS/ANSA shall collaborate with the client, caregiver and other BHCS programs/agencies to coordinate treatment.

V. Documentation Standards

- a. The CANS/ANSA tools replace the Community Functioning Evaluation (CFE).
- b. The CANS/ANSA form shall not replace the BHCS approved assessment forms but supplements the assessment process.
- c. The required administration time frames shall be as follows:
  - i. At Opening. The Initial CANS/ANSA must be completed within 60 calendar days of the Episode Opening Date (EOD), but prior to the treatment plan completion. CANS/ANSA scores shall be used to inform the Initial Client Plan.
  - ii. At 6-month mark. A Re-Assessment CANS/ANSA must be completed within the calendar month prior to the 6th month of the EOD.
  - iii. At Annual Re-Authorization. A Re-Assessment CANS/ANSA must be completed during annual re-authorization timeframe which is within the calendar month prior to the episode opening month. CANS/ANSA scores shall be used to inform the annual Client Plan.
  - iv. Clinically significant change. Once the Initial CANS/ANSA is completed, staff must re-administer the CANS/ANSA whenever a clinically significant change occurs or need arises. This CANS/ANSA re-assessment could signal the need to update the Client Plan.
  - v. Client Plan Update. Conversely, since the CANS/ANSA is used to inform the Client Plan, the CANS/ANSA must be updated with every Client Plan update.

- vi. At Discharge. A CANS/ANSA must be completed prior to closing the case.

Example: Episode Open Date is 3/15/2015.

1. At opening – Complete CANS/ANSA within the first 60 calendar days of the EOD (by 5/14/15); prior to completion of the Initial Client Plan.
  2. During the month of August (the month prior to the end of the first 6-month cycle)
  3. During the month of February (the month prior to EOD anniversary month)
- d. If a client is transferred from one program/agency to another, the two programs shall work together to ensure that a CANS/ANSA review is completed prior to discharge.
    - i. The “transferring” program/agency must complete a Discharge CANS/ANSA prior to closing the case.
    - ii. The “receiving” program/agency must complete Initial CANS/ANSA within 60 days of the EOD, but prior to the treatment plan completion.
  - e. The CANS/ANSA document, which is part of the official medical record, shall indicate who administered it. Staff must sign with credentials, required co-signatures, and date.
  - f. The CANS/ANSA shall be included in a consumer’s chart (medical record).
  - g. A Progress Note must accompany the completion of the CANS/ANSA, indicate who administered it, and be claimed as either 324-90791 (face-to-face) or 326-90889 (non face-to-face). If the CANS/ANSA is integrated into the Mental Health Assessment, it must be coded as 323-90791, 565-90792, or 325-90889.
  - h. Completion of the CANS/ANSA with the client and/or caregivers may be billed as “assessment” at any point where review and/or update is clinically indicated. The provider should consult the BHCS Clinical Documentation Standards Manual on how to document assessment activities. See the BHCS QA Manual, Section 7: [http://www.acbhcs.org/providers/QA/qa\\_manual.htm](http://www.acbhcs.org/providers/QA/qa_manual.htm).

**VI. Use of CANS/ANSA for Reporting and Outcomes Measurement**

- a. Each program/agency shall share CANS/ANSA information with BHCS to create a reliable data set in order to improve client and system level decision making.
- b. The program/agency shall capture CANS/ANSA client level data electronically and transmit the data to the BHCS-Objective Arts CANS/ANSA Automated Data Collection and Reporting System.
- c. BHCS may monitor completion rates, provide notices for corrective action, and utilize data for Quality Improvement.

**CONTACT**

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**DISTRIBUTION**

This policy will be distributed to the following:

- ACBHCS Staff
- ACBHCS County and Contract Providers
- Public

**ISSUANCE AND REVISION HISTORY**

**Original Author:** Alexander Jackson, LCSW, Quality Management Division

**Original Date of Approval:** 10/20/16 by Manuel J. Jiménez, Jr., MA, MFT, BHCS Director

<b>Revise Author</b>	<b>Reason for revise</b>	<b>Date of Approval by (Name)</b>

**DEFINITIONS**

<b>Term</b>	<b>Definition</b>
<b>ANSA</b>	Adult Needs and Strengths Assessment
<b>CANS</b>	Children and Adolescent Needs and Strengths
<b>Community Functioning Evaluation (CFE)</b>	An earlier assessment tool used by BHCS to inform treatment planning and to obtain system-wide data.
<b>Episode Opening Date (EOD)</b>	The date that the client's case is opened in BHCS's claiming system.
<b>LPHA</b>	Licensed Practitioner of the Healing Arts