

March 12, 2021

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY LETTER NO. 21-27**

The purpose of this All County Letter (ACL) is to provide information to all county partners, staff, Tribes (if required by the tribe's IV-E agreement), and providers about Child and Adolescent Needs and Strengths (CANS) training and certification. This ACL further describes the mandatory entry of CANS data into the California Automated Response and Engagement System-Live, including the implementation timeline for this all county requirement. Lastly, this ACL introduces the Child and Family Team/CANS Implementation Support Toolkit.



KIM JOHNSON  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



GAVIN NEWSOM  
GOVERNOR

March 12, 2021

ALL COUNTY LETTER NO. 21-27

TO: ALL COUNTY CHILD WELFARE PROGRAM MANAGERS  
ALL COUNTY WELFARE DIRECTORS  
ALL CHIEF PROBATION OFFICERS  
ALL TITLE IV-E AGREEMENT TRIBES  
ALL ADOPTION REGIONAL AND FIELD OFFICES  
ALL FOSTER FAMILY AGENCIES  
ALL GROUP HOME DIRECTORS  
ALL SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM DIRECTORS  
ALL INDEPENDENT LIVING PROGRAM COORDINATORS  
ALL BEHAVIORAL HEALTH DIRECTORS

SUBJECT: CHILD WELFARE REQUIREMENTS FOR CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) TRAINING, CERTIFICATION, AND ENTRY OF CANS DATA INTO THE CARES-LIVE SYSTEM

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; ALL COUNTY INFORMATION NOTICE \(ACIN\) NO. I-21-18; COUNTY FISCAL LETTER \(CFL\) NO. 16/17-22; ACL NO. 18-09/ MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES \(MHSUDS\) INFORMATION NOTICE \(IN\) NO. 18-007; ACL NO. 18-81; ACL NO. 18-85/ MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES \(MHSUDS\) INFORMATION NOTICE \(IN\) NO. 18-029; ACIN NO. I-21-18/MHSUDS IN NO. 18-022; ACL NO. 09-31; ACIN NO. I-62-16](#)

## **PURPOSE**

The purpose of this ACL is to inform Child Welfare Departments (CWDs), Juvenile Probation Departments (JPDs), Tribal partners (if required by the tribe's IV-E agreement), community, and other providers and stakeholders about the required California Integrated Practice Child and Adolescent Needs and Strengths (IP-CANS, herein referred to as CANS) training and certification requirements. This ACL also describes the mandatory entry of CANS data into the CARES-Live system, including the implementation timeline for this all county requirement. Lastly, this ACL introduces the Child and Family Team (CFT)/CANS Implementation Support Toolkit, available on the [University of California at Berkeley's California Social Work Education Center \(CalSWEC\) website](#).

There are four California Department of Social Services (CDSS) approved CANS training modules that provide competency and readiness for the use of the CANS. These modules are intended for an array of professionals and partners who are part of the CFT process and who use the CANS as a communication tool to inform the assessment, planning, monitoring and transition efforts for the CFT.

While completion of the CDSS approved CANS trainings is not a requirement for Mental Health Plans (MHPs) or JPDs, all partners are encouraged to attend the CDSS approved CANS training(s) that apply to their role. Unless otherwise noted, the mandates set forth in this ACL are required for child welfare departments. When information is applicable to JPDs or MHPs it will be explicitly noted for clarity.

## **BACKGROUND**

The statewide CFT/CANS Implementation Team, established in November 2018, supports county CWDs, MHPs, and JPDs toward their collective and aligned efforts to implement the practices of the state's Integrated Core Practice Model (ICPM). Central to that effort is the effective practice of the CFT process, and CANS use within that process. Within the framework of the ICPM, the Implementation Team identifies and suggests promising and best strategies for overcoming barriers to implementation, along with collaboratively building a CFT/CANS implementation model for all counties to utilize.

The Implementation Team provides input for policy development and support for workforce development, training, communications, and outcome measures needed for statewide teaming and CANS use. The Implementation Team, through its various workgroups, supports integrating the practice of CANS and values of the ICPM within the CFT process. The team has informed CFT and CANS curriculum development by identifying the values, knowledge, skills, and abilities that staff and supervisors need to

implement to practice quality engagement and teaming processes that support youth and family engagement and trauma recovery. The learning objectives of the previously developed CANS training have also been updated.

## **STATEWIDE IMPLEMENTATION TOOLKIT AND SYSTEM OF CARE MEMORANDUM OF UNDERSTANDING (MOU)**

Building on the work of the County Welfare Director's Association, the CFT/CANS Implementation Team developed a CFT/CANS Implementation Support Toolkit. The Toolkit is accessible via the [CalSWEC website](#) and provides tools and resources for cross agency implementation of CFT/CANS practice by each county.

The aim of the toolkit is to support an aligned and uniform implementation planning roadmap that can be used by local partner agencies. These tools support counties, and all System of Care partners, to collaboratively plan across systems toward full implementation of CFT/CANS as a core practice of the ICPM. Critically, the toolkit's resources support the teaming component captured within parts 4,5,7 and 8 of each county's local [Assembly Bill 2083 \(System of Care\)](#) MOU and supports local systems by establishing processes and practices for cross system teaming, collaborative and coordinated assessments, and service delivery.

There are four major areas of implementation capacity building that reflect the framework of the ICPM and its behaviors, values, and principles:

- Organization and Leadership
- Workforce Development
- Strengthening Partnerships for Quality Practice
- Using Data for Understanding and Improvement

By attending to these areas, counties target key elements of their culture and environment that create the conditions for an integrated CFT/CANS practice, regardless of the developmental stage of their CFT or CANS implementation. The toolkit is designed to help local leaders manage implementation of CFT/CANS practice. It contains two pages:

- [CFT/CANS Implementation Planning Materials](#): A Comprehensive Implementation Planning Guide along with key templates to help interagency teams plan for successful CFT/CANS implementation.
- [CFT/CANS Tools and Resources](#): A selection of tools and resources to support full implementation of interagency CFT/CANS practice.

## **THE CANS WITHIN THE CFT PROCESS**

As outlined in [ACL 18-09](#), the California Integrated Practice-CANS (IP-CANS), is required for all children with an open case (whether voluntary or with Dependency Court involvement such as Family Maintenance, Family Reunification, Other Planned Permanent Living Arrangement, and Adoption/Guardianship). However, it should be noted that some counties have exercised their option to include additional items that they require to meet their local practice needs. In addition to the IP-CANS, these additional items must also be completed in compliance with local county policy and practice.

Although the CFT is not mandated for children who have an open child welfare case and remain with their family of origin (referred to as Family Maintenance or Voluntary Family Maintenance cases), CFTs are the best practice for in-home cases consistent with the ICPM. As outlined in [ACL 18-81](#), the CANS has replaced the child welfare Structured Decision Making (SDM) Family Strengths and Needs Assessment (FSNA)/Child Strengths and Needs Assessment (CSNA), and as such a complete CANS is required in every open child welfare case.

The CANS, used within the CFT process and outlined in [ACL 18-81](#), includes the gathering of information, completion of a draft CANS, and then bringing the initial results back to the team for discussion and consensus. Used in this way, the CANS supports engagement with youth and families in their own care by assessing well-being and identifying a range of social and behavioral needs of youth, the parents, and the current caregivers. CANS-informed CFT meetings assist in care coordination, collaborative decision-making, and monitoring progress and outcomes for the family.

Prior to the completion of the case plan, the CANS must be completed by an individual who is currently certified by the [Praed Foundation](#) to administer the CANS. ***The CANS must be informed by CFT members***, including the youth and family. A [Release of Information \(ROI\)](#) for each individual assessed must be obtained prior to sharing the CANS results with individuals or entities other than the county placing agency or MHP during the CFT meeting. Additionally, the substance use items for the youth and caregivers must be redacted within the IP-CANS, including the Early Childhood version, and not be included and discussed at the CFT meeting unless a ROI is obtained to specifically release this information. CANS results must be shared, discussed, and used within the CFT process to support case planning and care coordination. Refer to [ACL 18-85/MHSUDS No. 18-029](#) for guidance from CDSS and the Department of Health Care Services (DHCS).

All CANS actionable needs (rated '2' or '3') should be prioritized, addressed, and documented in the plan, and linkage to services should be coordinated as required by

your county while being informed by the CFT. If the needs are related to the child welfare protective issue (also referred to as harm or danger), they must be addressed in the case plan. Some actionable needs not related to the protective issue can be addressed outside of the case plan, such as in a treatment plan, CFT action plan, or other applicable plans when needed to support the youth or family.

Through the CFT process and use of the CANS, CDSS supports teams in decision-making for the most appropriate placement and care with consideration of all cultural factors for all families and children. For Indian children, placement preferences are adhered to as outlined by the Indian Child Welfare Act (ICWA) ( Pub. L. 95–608, 92 Stat. 3069, enacted November 8, 1978), codified at 25 U.S.C.

For Indian children, actionable needs involving cultural factors and considerations should be addressed in the case plan. Further, the CANS must reflect the input of the Indian child's tribe, throughout the process to provide the tribal and cultural perspective on needs, strengths, case plan services and supports. California law recognizes that it is in an Indian child's best interest to enhance and protect the child's connection to their tribe and tribal community. Home to 109 federally recognized tribes and the largest Native American population in the United States, California is comprised of both California Native Americans and Native Americans affiliated with tribes throughout the nation. Counties must strive to team collaboratively with an Indian child's tribe in the development of the CFT, coordination of CFT meetings, completion and review of the CANS and results, and development of the case plan.

### **SCREENING FOR MENTAL HEALTH NEEDS USING THE CANS**

CDSS recommends that counties utilize the CANS as the required mental health screening tool. A rating of "1," "2," or "3" on any one of the items in the Child Behavioral/Emotional Needs domain requires a referral to the MHP for a full, clinical mental health assessment. A CFT meeting to discuss the results of the CANS should also occur to support case planning and service coordination. As outlined in [ACL 15-11](#) mental health screening must occur at intake and, at least, yearly thereafter. Mental health screening and referral must be documented in the Health Notebook of the Child Welfare Services/Case Management System.

Note that a youth may have recently met their mental health treatment goals, and because of this treatment history, a CANS rating of '1' may be appropriate for the county CWD to monitor any potential regression. This would not prompt that the youth needs an additional mental health assessment or referral for mental health services for this need; the CFT makes the distinction between a need that was already referred for services and being monitored versus a new need that is also rated a '1' and indicates a need for a full mental health assessment.

## **CDSS APPROVED CANS TRAININGS AND CERTIFICATION**

CANS training and technical assistance is provided by CDSS via the Praed Foundation and the Regional Training Academies (RTAs). The CDSS approved CANS training offerings are available via each RTA's website for their region through the CalSWEC website [Statewide Training Schedule](#).

The four CDSS training modules on CANS are grounded in the ICPM. They are intended to guide all members of the CFT and associated partners and professionals to use the CANS within the CFT process to enhance engagement, teaming, and care coordination, informing service and case plan development and ongoing collaboration on the plan with families.

For child welfare social workers, MHP clinicians, and CFT facilitators these modules are not intended to be a sequence; participants take only one, depending on need for preparation for certification and/or understanding of the use of the CANS. For supervisors, there is a sequence in that they will take either **Module A** or **Module B** depending on whether they are overseeing use of the CANS in the case plan or will pursue certification. Supervisors will follow either **Module A or B** with **Module C** which focuses on supervision. All modules are described in detail in Attachment A.

Per [ACL 18-81](#), any individual completing the CANS must have active certification through the [Praed Foundation](#). In addition, CDSS strongly recommends that child welfare supervisors who oversee case planning should be CANS certified in order to reinforce and coach staff on the appropriate use of CANS. While specific training modules prepare individuals for certification, the certification process is not included within the training; it is a separate online process through the [Praed Foundation's Collaborative Training Platform](#). Training and certification requirements for CWDs are outlined in the CDSS approved CANS Training Modules matrix (Attachment A). Target training audiences are indicated by an "X" for different levels of staff and CANS certification requirements, based on who will be completing the CANS or using the CANS for case planning.

## **CANS USER AND SUPERVISOR RECERTIFICATION REQUIREMENTS**

Re-certification on the CANS occurs annually on the Praed Foundation's Collaborative Training Platform. To recertify, previously certified CANS users must take and pass a final CANS test vignette at .70 or higher. The Praed Foundation, along with CDSS, requires those administering the CANS to be certified. Please note, if a user's certification lapses, they should not continue to complete the CANS until recertification occurs. Support and coaching on certification are available through the Praed Foundation at [coaching@tcomtraining.com](mailto:coaching@tcomtraining.com).



## **CERTIFIED CANS TRAINER REQUIREMENTS**

The Praed Foundation provides a “train the trainer” program to develop local trainers who prepare and support individuals within their own departments or agencies in completing and using the CANS. The requirements described in this section are for Certified CANS Trainers who will be delivering the CDSS approved CANS training modules previously described. The CANS Training for Trainers workshop provides opportunities to learn the curricula and accompanying materials, understand and practice key CANS concepts as well as gaining in-depth experience with the tool – the application of ratings and use of the items in case planning – through small group discussions, exercises and activities.

To become a Certified CANS Trainer:

- Participate in a four-day, in-person CANS Training for Trainers workshop offered by the Praed Foundation.
- Obtain a CANS certification passing score of .80 or higher.
- Complete, submit and receive approval on required credentialing materials. Examples of credentialing materials include (but are not limited to): developing an original vignette with recommended action levels and rationale using the IP-CANS; developing a case plan using the rated IP-CANS of the trainer-developed vignette; developing examples that illustrate the Six Key Principles of a communimetric tool.
- A Master’s Degree is strongly recommended to become a certified CANS trainer and is a requirement for RTA trainers.

## **CANS AND CARES-LIVE**

The timely entry of CANS information into the CARES-Live system is paramount to both effective service coordination, and to monitoring and adapting case plans. Data to inform cross-agency outcomes can be monitored and therefore enhanced with timely and complete CANS entry.

The CANS tool is one of several products in the CARES-Live environment. Statewide, all county CWDs are now required to enter CANS data into the CARES-Live system for all children with an open child welfare case regardless of which agency completes the CANS, based on the dates listed below:

- **By or before May 1, 2021** - Entry of all new CANS (Early Childhood version) completed or updated as of the issuance of this ACL guidance for children ages zero-five with an open child welfare case.
- **By or before July 1, 2021**- Entry of all new CANS (IP-CANS and Early Childhood version) completed or updated for all children and youth (ages



zero-21) with an open child welfare case as of the issuance of this ACL guidance.

As referenced in [ACL 18-09/MHSUDS IN 18-1007](#) and [ACL 18-85/MHSUDS IN 18-029](#), CWDs and MHPs are jointly responsible for ensuring that a single CANS is completed for each child, youth and nonminor dependent and is updated every six months. As such, CWDs and MHPs must share with each other completed CANS and the identified outcomes for children assessed and/or served by both agencies to avoid unnecessary duplication and over-assessment of children, youth, and nonminor dependents. The additional 12 Potentially Traumatic/Adverse Experiences items required on the IP CANS can be rated by the child welfare social worker and entered in the CARES-Live system, and do not require certification through the Praed Foundation. Please note that a CANS cannot be marked completed in CARES-Live until these items have been rated as well as all other fields.

While CANS completed prior to the effective date of this ACL are not required to be entered into CARES-Live, CDSS, in collaboration with partners, is working on a mechanism to provide counties with timeliness and other CANS specific reports. Therefore, counties, of their own accord, are encouraged to add historical CANS data for the benefit of generating accurate CANS reports as capacity allows. Generally, the CANS data set will be robust if entered longitudinally. The CANS data sets can be built to inform and improve policy, practice, training and outcome monitoring efforts through aggregate reports and individual case management. If historical CANS for youth are entered within CARES-Live, it allows the data to be sufficiently analyzed, providing the family, worker, and county with an accurate and complete picture. Not including this information in CARES-Live can result in skewed and incomplete data. Therefore, CDSS supports and encourages the entry of all available data.

## **TRAINING RESOURCES**

Users have a variety of ways to learn how to use CARES-Live. This includes CARES-Live web-based training, demos, videos, and job aides addressing CARES-Live functionality, which are outlined below. Access the link to the [CARES-Live Job Aids](#).

Additional access and training information for CARES-Live:

### **CARES-Live Access**

Counties have several options to add new users to CARES-Live. Counties can work with their internal Implementation coordinators to add users internally, or they can work with the Child Welfare Digital Services (CWDS) Customer Relations team or Service Desk team to add users to CARES-Live.

CARES-Live Questions: Counties should attempt to address CARES-Live questions in their internal Information Technology Departments. If they are unable to resolve those issues, CWDS Customer Relations handles federal CARES-Live questions and inquiries at [CWS\\_CustRel@osi.ca.gov](mailto:CWS_CustRel@osi.ca.gov) and any service tickets or issues can be sent to the Service Desk at [servicedesk@CWDS.ca.gov](mailto:servicedesk@CWDS.ca.gov).

The user will need to have a CWS/CMS login so that a CARES-Live account with the appropriate permissions can be set up for the user.

### **CARES-Live Trainings**

To support counties' implementation and training of the CARES-Live application, CWDS has created a straightforward and easy to use Training and Implementation Portal. Users can sign up for an account for the first time to access all content by visiting [CARES Implementation Portal](#) and then selecting the Learning on Demand or Tools and Documents links on the menu in the upper right hand side.

To quickly access training content without a login, users can also access materials and videos through the Quick Access link in the same location. This will take you to the CARES-Live Training environment, which allows users to practice data entry and use of the tools in a practice environment, as well as Job Aids and Demo Videos.

These tools provide staff with self-guided training and materials to learn about using the applications for data entry. No additional formal training course is needed for the data entry. Counties have the option of developing their own training based on the above content.

### **INQUIRIES**

If you have any questions or need additional guidance regarding the policy and program related to CANS, contact the CDSS Integrated Services Unit at (916) 651-6000 or by email at [CWScoordination@dss.ca.gov](mailto:CWScoordination@dss.ca.gov).

Please reach out to [CWS\\_CustRel@osi.ca.gov](mailto:CWS_CustRel@osi.ca.gov), with any federal CARES-Live questions and inquiries. Any service tickets or issues can be sent to the Service Desk at [servicedesk@CWDS.ca.gov](mailto:servicedesk@CWDS.ca.gov).

All County Letter No. 21-27  
Page Ten

Sincerely,

***Original Document Signed By***

ANGIE SCHWARTZ  
Deputy Director  
**CHILDREN AND FAMILY SERVICES DIVISION**

c: California Alliance of Child and Family Services  
County Welfare Directors Association  
Chief Probation Officers of California  
Judicial Council of California

Attachment

## **ATTACHMENT A**

### **CDSS Approved CANS Training Modules**

Certification requirements for Child Welfare Departments:

- Any individual responsible for completing the CANS must be CANS certified and recertified annually.
  - Certification must be completed via the Praed Foundation's Collaborative Training Platform: [TCOMtraining.com](https://TCOMtraining.com).
- Child Welfare Supervisors who oversee case planning are strongly recommended to be CANS certified in the first year as a supervisor.

This matrix outlines the CANS Training Modules and their intended audience.

- **Module A:** The CANS: Overview and Case Planning. Full-day, in-person workshop
- **Module B:** The CANS: Overview, Case Planning, and Preparation for Certification. Two-day, in-person workshop
- **Module C:** Supervision and the CANS. Full-day, in-person workshop
- **Module D:** The CANS: Review and Case Planning. Full-day, in-person workshop

#### **Module A: The CANS: Overview and Case Planning**

This is a one-day workshop appropriate for those who will be informing or discussing the CANS (this can include, but is not limited to child welfare social workers, clinicians, juvenile probation staff, tribal partners, and other partners on the CFT, such as parent partners, court partners, and supervisors). Module A includes instruction and practice in applying the CANS data to case/treatment planning. This module does not include explicit instruction on completing the tool and does not provide CANS certification preparation.

Note that Module A is the minimum training required for all child welfare staff who will use CANS information, including but not limited to case planning, investigations where there is a completed CANS, and other CANS informed activities. However, Module B is recommended to deepen knowledge and practice.

#### **Module B: The CANS: Overview, Case Planning and Preparation for Certification**

This is a two-day workshop required for child welfare social workers completing the CANS, child welfare supervisors who oversee case planning, and CFT facilitators. This module is available but not required for tribal partners, service providers, clinicians, or other identified staff who will be using and/or completing the CANS. This module includes instruction and practice on completing the CANS and using it in case or treatment planning. Completion of Module B will prepare participants for certification in CANS. This training module is required for any child welfare staff who will complete the CANS as it is the only module that prepares individuals for CANS certification.

#### **Module C: The CANS and Supervision**

This is a one-day workshop required for child welfare supervisors who will be supporting staff who use the CANS in case planning in order to support staffs' use of the CANS. Module A or B is a prerequisite for taking this course. Supervisors who will not oversee case planning may

take Module A, while supervisors who will oversee the use of the CANS in case planning or will pursue certification are required to take Module B. This module is also available for mental health and juvenile probation supervisors but is not required.

#### **Module D: The CANS: Review and Case Planning**

This is a one-day workshop for child welfare social workers, clinicians, juvenile probation staff and supervisors who attended “**Using the CANS in the California Integrated Core Practice Model**” (former one-day CANS overview course offered from October 2018-November 2019) as a refresher of core concepts as well as additional instruction and practice on use of the CANS in case or treatment planning.

Please note that virtual courses are also available and encouraged per local, state, and national guidance. However, schedules may be adjusted to adapt to a successful virtual experience.

## CDSS Approved CANS Training Modules (continued)

- **Module A:** The CANS: Overview and Case Planning. Full-day, in-person workshop
- **Module B:** The CANS: Overview, Case Planning, and Preparation for Certification. Two-day, in-person workshop
- **Module C:** Supervision and the CANS. Full-day, in-person workshop
- **Module D:** The CANS: Review and Case Planning. Full-day, in-person workshop

Intended Training Participants	Module A	Module B	Module C	Module D
<p><b>Module A</b> <i>Informational- Recommended for individuals who will be using the CANS information in case planning and other activities, but are not completing the CANS.</i></p> <p>Recommended individuals include:</p> <ul style="list-style-type: none"> <li>• Child Welfare Social Workers (required),</li> <li>• Mental Health Plan Clinicians,</li> <li>• Juvenile Probation Staff,</li> <li>• Tribal partners and providers,</li> <li>• Supervisors who do not oversee case planning, and</li> <li>• FFAs, STRTPs, and other community partners in the CFT, such as Parent Partners and Court partners.</li> </ul> <p><b>Module A does not prepare individuals for certification.</b></p>	X			
<p><b>Module B</b> For individuals who will be using and/or completing the CANS or who supervise case planning including:</p> <ul style="list-style-type: none"> <li>• Child Welfare Social Workers (required),</li> <li>• Mental Health Plan Clinicians,</li> <li>• CFT facilitators (required),</li> <li>• Tribal partners,</li> <li>• Child Welfare Supervisors who oversee case planning (required)</li> <li>• other identified staff.</li> </ul> <p><b>Module B is the only module that prepares individuals for CANS certification.</b></p>		X		

### CDSS Approved CANS Training Modules (continued)

- **Module A:** The CANS: Overview and Case Planning. Full-day, in-person workshop
- **Module B:** The CANS: Overview, Case Planning, and Preparation for Certification. Two-day, in-person workshop
- **Module C:** Supervision and the CANS Full-day, in-person workshop
- **Module D:** The CANS: Review and Case Planning. Full-day, in-person workshop

Intended Training Participants	Module A	Module B	Module C	Module D
<b>Supervisors: Required</b> Child Welfare supervisors who will be supporting staff who use the CANS in case planning are required to complete <b>Module B</b> and <b>Module C</b> . CANS certification is strongly recommended for supervisors who will be supporting staff using the CANS and using the CANS for case planning.  <i>After completing the initial CANS certification for supervisors, annual recertification is not necessary.</i>		X	X	
For individuals who attended the former one-day CANS overview course, "Using the CANS in the California Integrated Core Practice Model," offered from October 2018-November 2019, or are already certified, and need training and practice on using the CANS in case or treatment planning. <ul style="list-style-type: none"> <li>• Child Welfare Social Workers,</li> <li>• Mental Health Plan Clinicians,</li> <li>• Juvenile Probation Staff,</li> <li>• Child and Family Team Facilitators,</li> <li>• Supervisors with previous CANS training or certification</li> </ul>				X

Virtual courses are also available and encouraged per local, state, and national guidance. However, schedules may be adjusted to adapt to a successful virtual experience.