



## **ADULT NEEDS AND STRENGTHS ASSESSMENT (ANSA) OPERATIONAL STANDARDS**

### **PURPOSE**

The Adult Needs and Strengths Assessment (ANSA) is an assessment process in addition to a multi-purpose tool developed for adult and older adult services to support decision making (e.g., level of care and service planning), facilitate quality improvement initiatives, and monitor the outcomes of services. The measure is based on research findings that “optimally effective treatment...should include both efforts to reduce symptomatology and efforts to use and build strengths” (Lyons, 2009). Use of the youth equivalent of the ANSA, the Child and Adolescent Needs and Strengths (CANS), in the County of Santa Clara Behavioral Health Services (CSCBHS) Children, Youth and Family (CYF) System of Care began in 2012, and has become a requirement in all specialty mental health (SMHS) youth programs throughout California in 2017 (MHSUDS Information Notice 17-052) with start in 2018. The ANSA replaces the Milestones of Recovery Scale (MORS) for the Adult/Older Adult (AOA) System of Care in fiscal year 2025. This clinical tool will assist the multi-disciplinary outpatient team staff in their decision making around level of care and service planning. It will facilitate quality improvement initiatives and allow for the monitoring of outcomes of services. Outpatient staff will benefit from using the ANSA because of the robust data collection options the tool provides, staff can generate reports and data during the client’s treatment that can be shared with the client and other treatment providers. Clients can provide input into their treatment by rating the progress and improvements they have made compared to the MORS which can be more subjective and clinician driven. The ANSA will benefit continuity of care for clients who may require on-going care as they age out of the CYF system of care, as well as provide a more thorough picture of the recovery journey all clients experience throughout CSCBHS. Utilizing a clinical assessment tool is critical to the services BHS provides to clients. It will help clinician and client to jointly develop therapeutic goals and interventions and monitor clinical changes.

### **1. SYSTEM STANDARDS**

- 1.1. The ANSA will be completed with every client served in the Behavioral Health Services BHS AOA System of Care for primary mental health programs that are expected to provide services for more than 90 days. The information will be used to inform the client’s personal and treatment goals and measure service outcomes.
- 1.2. The ANSA will be provided in an interactive process, with the client and family, when applicable, reviewing scores, in a client-centered and transparent manner.
- 1.3. The ANSA will be provided in the preferred language of the client/family members. CSCBHS will provide ANSA score sheets translated into the required threshold languages.
- 1.4. Each program/agency (County-run program and/or CCP) will ensure that provider staff are trained and certified in the ANSA manual appropriate for the clients they serve.
  - 1.4.1. Certification in CANS is not transferable to use of ANSA and vice versa. Each tool utilized by a particular practitioner (CANS EC, CANS 5+, CAT, and/or ANSA)

will require certification to ensure practitioner knowledge in each developmental area.

- 1.5. CSCBHSD will provide an initial series of trainings for all required provider staff. Each program/agency are to arrange subsequent certification and recertification of their provider staff as needed. Please reference the Certification and Recertification Policy [on the CSCBHSD website](#) for requirements and recommendations.
- 1.6. Each program/agency will ensure that supervisors and clinical managers are trained and certified in the ANSA and that directors/executives receive an overview of the ANSA training. This ensures clear and consistent supervision, communication, and support across the system.
- 1.7. CSCBHSD provided initial “Train the Trainer” trainings. Each program/agency will implement a sustainable “Train the Trainer” method and will follow a program/method approved by CSCBHSD and the TCOM tools developer. Ongoing, programs/agencies must have at least two (2) trainers to maintain support and sustainability of the TCOM tools (CANS and/or ANSA).
- 1.8. Any exceptions to the use of the ANSA (e.g., Employment Readiness, Criminal Justice, etc.) will require approval of CSCBHSD.

## 2. STANDARDS FOR ANSA COMPLETION

- 2.1. ANSA will be completed with new clients and current clients at intake, every 6 months (at minimum), and at discharge. These tools are to be used to inform care through the Problem List and treatment plan (“care plan”), where applicable.
  - 2.1.1. The ANSA will be initially completed at intake with the client/family within the first 60 days of beginning services (admit date) and will be used to help inform the client’s Problem List and treatment goals.
    - 2.1.1.1. Following the implementation of the ANSA in FY25, existing clients will receive their initial ANSA on the anniversary of their opening date or by their next clinical assessment due date, whichever is first.
  - 2.1.2. An initial ANSA does not have to be completed if a client was not opened or they were closed within the initial 60-day window. If the ANSA has been completed, it should be filed in AMS’s Qalo (and your own EMR/EHR, if required by your agency) in case the client re-opens. This can be helpful historical information for you or others that may work with that client. It is encouraged to also indicate the ANSA completion within a progress note.
  - 2.1.3. The ANSA will be reviewed and updated with the client/family a minimum of every six months from the admit date (or more frequently if clinically indicated to measure progress and revise the Problem List and/or treatment goals) and at discharge. Reasons to review/update the ANSA in between the six-month follow-up timeframe include, but are not limited to, changes in environment, level of care changes, significant changes to diagnosis and/or client/family functioning, etc.

- 2.1.3.1. Programs/Agencies may choose to increase the frequency of completion to every three (3) months, though that is not required by CSCBHSD.
- 2.2. To provide trauma informed care and reduce duplication, clients with multiple MH providers (“open episodes”), will identify a primary outpatient service program/agency (herein referred to as the “primary provider”) who will be responsible for all required ANSA completions.
  - 2.2.1. To avoid duplication, a primary service program/agency (herein referred to as the “primary provider”) will be identified and will be responsible for the initial and subsequent ANSA.
  - 2.2.2. The primary provider will be responsible for completing the ANSA and will collaborate with the client, family, and other CSCBHSD network programs/agencies serving the client to share the information. All concurrent providers will incorporate the information to create a coordinated care plan and update the plan regularly.
  - 2.2.3. The program/agency providing the most intensive service level will be considered the primary provider (excluding adjunct services, such as residential programming).
  - 2.2.4. For programs of equivalent service level, the program/agency with the longest history and/or expected length of service will be the considered the primary provider.
  - 2.2.5. Should a client be closed to the primary provider, the next most intensive service level will be responsible for completion of the ANSA.
- 2.3. If a client is transferred from one program/agency to another, the two programs will work together to ensure that an ANSA review/update is completed prior to discharge via the warm handoff process.
- 2.4. The “receiving” program/agency has the option to review/update the ANSA at admission if it is in the client’s best interests and reflective of the client’s current status. Otherwise, the provider should use the prior completion of the ANSA for baseline functioning and care planning. In any event, the “receiving” program/agency must review and update the ANSA no later than six months from a prior completion of these tools.
- 2.5. Programs that are designed and funded for Transitional Age Youth (TAY) will complete the CANS 5+ (including 18+ module for clients over age 18) with all clients admitted and PSC-35 for those youth under 18. The primary provider will continue to review/update the CANS 5+ version until the program discharge date, even if the client turns age 26 prior to program discharge date. If transitioning to an AOA program, the programs should coordinate care together and the new AOA program will complete an initial ANSA.

### 3. DOCUMENTATION STANDARDS

- 3.1. The ANSA forms will not replace the clinical assessment forms, but will supplement the assessment process.

- 3.2. Completion of the ANSA with the client/family may be billed as “assessment” at any point where review/update is clinically indicated and completed as a direct service. The provider should consult the CSCBHSD Mental Health Companion Guide for recommendations on how to document assessment activities.
- 3.3. Once the “initial assessment” is done and signed, there can be additional episodes of “follow-up assessment” provided, when clinically indicated. Assessment is a recurrent process, especially with developmental changes of children.

#### 4. DISCHARGE ANSA

- 4.1. All clients should have ANSA at discharge.
- 4.2. If a client was closed due to no contact and the most recent ANSA was  $\leq 90$  days ago, it should be used as the discharge ANSA and indicated in a progress note as to what date the ANSA represents and reasons for not being updated.
- 4.3. If no ANSA was obtained, an administrative discharge should be completed. A progress note should detail why there is no ANSA at closing.

#### 5. USE OF ANSA FOR REPORTING AND OUTCOMES MEASUREMENT

- 5.1. Each program/agency will share ANSA information with CSCBHSD to create a reliable data set to improve client and system level decision making.
- 5.2. The program/agency will capture enter ANSA data electronically into the CSCBHSD Avatar EHR using a method and frequency agreed upon with CSCBHSD, but no later than two (2) weeks after the close of the month. The best practice is for the data to be entered immediately after or during the session where the assessment is being completed with the client and their family.
- 5.3. CSCBHSD will monitor completion rates and provide notices for corrective action.
- 5.4. The CSCBHSD Avatar EHR will host reports to inform decisions at the client, program, and system levels. CSCBHSD will also provide extracted reports, as requested, to programs/agencies upon request.