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"News for the CANS Community"
Volume 1
Number 3
August 2010

CANSNews

Presenting *CANS* in a Broader Context

Past issues of ***CANS*News** have usually reported on what is happening with the CANS in Massachusetts. However, there is much to be learned from observing CANS implementation elsewhere and so, this issue focuses on Massachusetts CANS in the national context.

Accordingly, the lead article is an interview with the developer of the CANS, John Lyons, Ph.D., sharing his perspectives on Massachusetts' CANS implementation and CANS practices elsewhere. Next we share two reports contributed by members of the UMMS CANS Training Program who participated in the national CANS conference in San Francisco in April. First, "Massachusetts: Building National Leadership in CANS Training Certification and Implementation," describes the strong positive reaction from other states to Massachusetts' innovations in CANS training and certification, and second a report on the 6th Annual CANS Conference: "*Expect Excellence*" shares major themes and updates from across the country. Also included in this issue, in response to clinicians asking about CANS reliability and validity, is a review of published studies on CANS psychometrics from other jurisdictions.

What these articles tell us is this: CANS implementation in other states has been a long and effortful process, but it culminates in clinical practice that is driven by data on family and youth needs and outcomes, John Lyons estimates it takes a system about three years, before "you start to have a consistent level and improving quality of use and can begin to use it in a significant way." By that standard, we are just past the half-way point, with a number of implementation milestones accomplished, but with much still to do.

Other articles in this newsletter highlight features of this work in progress, such as recertification and CBHI CANS application improvements. In the fall, we'll be back with a ***CANS*News** focused on provider best practices.

— Jack Simons Ph.D.
Assistant Director
Children's Behzavioral Health Interagency Initiatives

CBHI Mission

The Children's Behavioral Health Initiative (CBHI) is an interagency initiative of the Commonwealth's Executive Office of Health and Human Services. Our mission is to strengthen, expand and integrate Massachusetts state services into a comprehensive community-based system of care to ensure that families and their children with significant behavioral, emotional and mental health needs obtain the services necessary for success in home, school and community.

CANS Developer Speaks About CANS Implementation in Massachusetts

John Lyons, Ph.D.
Principle Developer of the CANS Instrument

In a recent interview, John Lyons, Ph.D. shared his insights and observations about CANS in Massachusetts and in other places. Here are excerpts from the interview conducted by Gretchen Hall of the UMMS CANS Training Program.

Q: *In Massachusetts, CANS was introduced in the context of multiple changes. (Wrap-around was introduced about a year ago as were 6 new community-based services). Given that context, what observations do you have on our implementation path?*
JL: I think the fact that you had a very aggressive ramp up and a lot of people getting certified, and the fact that you created this Community of Practice model to help people move from the form to the tool . . . is very positive . . . There is a journey, and the first stage is getting people to be trained and then start using it. Then you want to begin to encourage it to evolve. So, I think you're probably right where you should be in that kind of process.

Q: *It has now been about 18 months since the CANS requirement for MassHealth was introduced in November 2008. How many years has it taken in states that are similar to us in complexity and breadth of implementation, to arrive at effective system-wide use?*
JL: I would quote Randal Lea from Tennessee, who said, "I worked like a dog for CANS for three years and now CANS works for me." I think that's realistic. After about three years you start to have a consistent level of use, an improving quality of use, and can begin to use it in a sophisticated way. Illinois and Indiana are good models because they are increasingly using their information to guide policy on service. They are also about at the third year mark.

Q: *What would you hope to see us do and accomplish in the next 18 months?*
JL: I hope to see more and more use of the information being collected . . . so that you're using outcomes and . . . the profiles of needs to identify programming. I think improving the capacity of agencies to use a TCOM [Total Clinical Outcomes Management][1] approach at the agency level would also be something I would want to see.

> **"I worked like a dog for CANS for three years and now CANS works for me."**
> *— Randal Lea, Assistant Commissioner, Department of Children's Services, Nashville, Tennessee*

CBHI Childrens Behavioral Health Initiative
CANSNews
Commonwealth Medicine

A collaborative effort of CBHI, Virtual Gateway & UMass Medical School
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Q: *Could you reflect on which aspects of the MA implementation are unique or notable, and are there any implementation aspects that could be especially informative for other states?*

JL: I think what is interesting about your state is that you have been able to keep it separate from dollars. It's just about children and what is happening for them. . . . . So I think that you are in a unique position to begin to build that philosophy into how the system functions. . . . [T]ying it in at a system level to a wrap-around initiative, a state-wide wrap-around initiative, is also quite good. A lot of communities have done that, but I don't think any state has done that.

Q: *Talking with many clinicians, we have heard that CANS is sometimes difficult to fully integrate into practice. Barriers that are often mentioned are operational challenges including time, appropriately documenting the CANS, and transferring or entering the data into data systems. What are the best strategies that you have seen to successfully integrate CANS fully into daily practice, particularly in a mental health system?*

JL: I think the best practices are the ones that get away from thinking about it as a form; I think that's a hard thing to do. The best practices are the people who use it as their practice model. . . .This is how we talk to each other about kids. This is how we do our treatment plan. This is how we interact with families. It becomes the work. . . . [I]t's easy for me to say that but, it's a hard shift for some folks to make. They have such a history of viewing paperwork as a necessary evil, that they don't really, naturally, see the fact that you can actually make the CANS a living, breathing part of the work. . . . I think a piece of it is that it pushes the envelope about making the system be about kids. . . The people who get that and the fact that the business models should be emerging to reflect that . . . are the ones who have fewer problems with operational friction, because it becomes their work. I think that's the future of public mental health. . . . We're actually helping people change. So the people who have very little operational friction are the people who get that and say, . . . "we need to create a way to function as an agency that is actually focused on helping people change." If that is the focus, then you absolutely have to have something like the CANS that allows you to do that. Communicating about the shared vision – that's why the CANS is unique compared to any other measure. It is the only [tool for] assessment that actually represents the shared vision of kids and families. All of the others talk about kids in service. They don't separate that out. So you can't actually compare the last assessment in residential treatment to the first assessment in the community because they're different assessments. They are contextually different, but it is the same child.

I think the best practices are the ones that get away from thinking about it as a form, . . . I think a piece of it is that it pushes the envelope about making the system be about kids, . . .

Q: *Actually, one of the things that we've heard along those lines has been that people in Massachusetts often feel that because different people are doing a CANS, it is redundant to do it as clients move from one setting to another. We are really trying to get to a place where clinicians feel like they can share each other's information.*

JL: Absolutely, . . . [F]amilies have been saying [assessments are] redundant for 30 years . . . Regarding the assessment process – they [families] hate assessments because [assessments] are repeated over, and over, and over again. Finally now, when we all start using the same basic strategy, we recognize also that it's redundant. But, you don't need it to be redundant, because you don't have to redo the CANS. You can build on another person's CANS, and you can use that as a communication strategy so that you're not forcing the family to hit the reset button every time they initiate services with a new provider. . . . What you want to do is marshal more resources to help people change and reduce the redundancy by building on each others' assessments.

Q: *We know that there is power in the data, and we are moving the system in Massachusetts to make data at all levels more readily available to clinicians. How would you get clinicians excited about the power of the data while building the capacity to make it accessible?*

JL: I think you start sharing what data you can. You find some interesting information to share, you share it, and then you get people's reactions to that data. I think that's critical. Even if you're not fully confident of the data, you put it out there and you get people's reactions to it. That's how you start the conversation.

Q: *What is the most powerful and effective response that you offer to help people appreciate CANS?*

JL: I'm not sure that there is one answer to that question because my experience is that different people come to it [in] different ways at different times. . . . I think it's just a journey, and you just have to keep walking that journey. You frame it as giving people different ways of understanding the information. It really is a process.

Q: *What are the most exciting developments that you see occurring in the field with CANS?*

JL: It's really quite fascinating for me to watch how so many people are taking ownership of the process and kind of running with it and taking it in interesting ways from treatment planning manuals, to matching with evidence-based practice, to bench marking outcomes. . . . I think that the diversity of how different people are using it and moving forward with it is the most exciting piece. I do think that there's been a steady kind of expansion of its use and that it does come close to being the industry standard at this point. It's clearly the most widely used assessment process in the child serving system. There's nothing remotely close at this point, to my knowledge.

[1] "The essential idea [of Total Clinical Outcomes Management] is that all decisions at all levels of the system should be informed by knowledge of the needs and strengths of the child and family." Lyons, J. (2004). *Redressing the Emperor: Improving Our Children's Public Mental Health System*. Santa Barbara: Praeger.

6th Annual *CANS* Conference:
Stakeholders in the U.S. and Canada Gather to Discuss CANS Topics

By Martha Henry and Gretchen Hall, UMMS CANS Training Program

The 6th Annual CANS Conference, "Expect Excellence," hosted by the Praed Foundation and the San Francisco Department of Public Health, was held in San Francisco from April 18-20, 2010. Approximately 220 CANS stakeholders from across the country gathered to discuss a variety of CANS topics. As members of the Massachusetts CANS Training Program, we were invited to participate and present features of the Massachusetts program at the conference. It was exciting to join CANS leaders and users from across the country for a three day exchange of information and sharing of promising practices. We are pleased to share some key highlights from the conference with our *CANS*News readers in Massachusetts.

Currently, CANS is being used in over 40 states and several countries (e.g., Canada). For more information about the use of CANS in other states, please see page 7 for a few highlights. The CANS is used in several child-serving systems, including: child welfare, mental health, juvenile justice, education, and early intervention. Recently, an autism version of the CANS has been developed and is being used in Canada. Additionally, an adult version – Adult Needs and Strengths Assessment (ANSA) is being used in several states and Canada.

On day one, we had the opportunity to take part in a State Implementation roundtable discussion at which more than 14 jurisdictions ranging from pre-implementation to several years post training and certification implementation were represented. During day two, several key CANS leaders from throughout the US and Canada were invited to share their use of CANS, challenges encountered, and next steps. The keynote speakers represented different levels and areas of the child-serving system (e.g., state, county, provider organizations, child welfare, and mental health).

At the conclusion of day two, John Lyons, Ph.D., principle developer of the CANS instrument, provided a high level summary of CANS use and common implementation issues. Dr. Lyons acknowledged that initial implementation poses a challenge because fundamentally CANS creates a paradigm shift in how services are identified and ultimately delivered. Our work in human services starts with the premise that it is based in human relationships. It is important to tell a story, and CANS helps organize that story in a way that makes it easy to communicate with other relationship stakeholders. The tool focuses on the needs of the child or youth and not on the services already in place, as is commonly seen with other assessment tools. Focusing on the needs provides an opportunity to drive informed treatment and service planning while simultaneously communicating that information to the child or youth, family, and other providers. The tool is designed to be easy for families to understand and can be viewed at the item level rather than as an aggregate score that requires interpretation. Therefore, key elements of success in implementing the CANS include starting with the individual child and family and maintaining the focus on the shared vision (the needs and strengths of the target individual), and then communicating that information to other providers. In general, for both the individual and the multiple levels of the system it is critical to embrace and celebrate incremental progress.

It is important to tell a story, and CANS helps organize that story in a way that makes it easy to communicate . . .

Dr. Lyons spoke about using CANS for Total Clinical Outcomes Management (TCOM) strategies, which can transform the service system. This approach starts with sharing CANS information with the target individual and family which very quickly provides a picture of both needs and strengths – areas to focus on in treatment planning – and creates a common starting place for conversations with individuals, families, and other providers. For Dr. Lyons, 'it all starts with the individual at the treatment planning level. Then data for the different levels of the system can flow from that." A fundamental feature of successful implementations across the country has been using the data at all levels of the system (i.e., individual, program, system) for decision support, outcome monitoring, and quality improvement.

The third and final day of the conference gave participants the opportunity to attend several workshops targeting specialty areas using CANS, including but not limited to: day treatment programs, children's mental health outreach services, implementation experiences both statewide and in specific counties, using CANS as a supervision tool, Wraparound fidelity, child welfare and trauma, post-certification activities, outcomes and monitoring change. Massachusetts was a key participant in this conference, and several participants expressed interest in learning more about our comprehensive training and certification program and the support being offered to providers as they implement CANS in practice. For highlights of the Massachusetts presentation please read the article, "Massachusetts: Building National Leadership in CANS Training, Certification, and Implementation," in this edition of *CANS*News. Conference presentations can be found at the Praed Foundation website: ***http://www.praedfoundation.org/***

Next year, the 7th Annual CANS conference will be held in Baltimore, MD. We are excited to have been invited to participate in next year's conference to highlight Massachusetts' new approach to certification testing as well as our post-certification activities, such as the Community of Practice meetings and the Adobe Connect Conference Calls.

CANS: What about Reliability and Validity?

Hannah Karpman, MSW, Brandeis Doctoral Student and CBHI Intern

The CANS is currently used state-wide in 16 states and four Canadian provinces. Given its widespread use and significant implications for policy and decision making, it is important to understand the validity and reliability of the CANS when used as a measurement instrument. Three noteworthy studies separately examined the reliability and validity of the CANS.

Inter-rater reliability assesses the extent to which two CANS raters, working from the same information about the child, will rate the CANS the same. Lyons, et al. (2002) examined inter-rater reliability of the CSPI (the immediate ancestor of the CANS, with item descriptions that are quite similar to the current version). In his study, 353 clients received CSPI assessments at the point of intake over a period of two years. Retrospectively, researchers examined these 353 charts and re-rated them using the CSPI, having not seen the original assessment. The results between these two groups were then compared. The data indicated an overall reliability score of .72. Perhaps most interestingly, the data also evidenced reliability between agencies, suggesting that the tool could be in widespread use in a variety of settings and still maintain reliability. Finally, the reliability score increased in the second year of use, perhaps indicating that the longer the tool is utilized, the better the reliability.

In a second study of CANS reliability, Anderson, et al. (2003) utilized a random selection of 60 actual cases to review. Her research team independently rated each case based on the admission note, then compared their ratings to the scores from the actual clinician for each case. The intraclass correlation was .81, suggesting that there was significant reliability of scoring between raters. Furthermore, when differences were found, more than half of those differences would not result in a change in action in the treatment plan. Anderson's work suggests that the CANS can be consistently used across raters to assess a child's needs and strengths.

While reliability measures the variability of ratings across raters, validity assesses the accuracy of the CANS in measuring what it claims to measure. There are many facets to validity: "concurrent validity" is assessed by comparing the CANS against other types of measurement tools. A high validity score would suggest that when used in practice, CANS results accurately represent the needs and strengths of the clients. Dilley, et al. (2003) examined the question of CANS validity. Dilley and his colleagues selected a sample of 304 youth in the Illinois juvenile justice program. These cases were scored both with the CANS and the CAFAS (a well studied alternate measure). Dilley found that "items and subscales [of the CANS and CAFAS] purporting to measure the same general aspect of functioning generally yielded positive, significant, and moderate to high correlations," while "correlations between items and subscales purporting to measure related but somewhat different aspects of functioning were positive, significant, and ranged from low to moderate." The results suggested that the CANS is a valid measure of needs and strengths in this population.

Together, these studies suggest that the CANS is a reliable and valid measure of the needs and strengths of children and adolescents and can be confidently applied in service settings for this population. However, it is important to note that not all CANS tools are the same. For instance, the Mass CANS contains more acculturation items than any other version. As noted elsewhere in this newsletter, Massachusetts also has a more sophisticated CANS training and certification system than most other jurisdictions, which may support a higher level of inter-rater reliability. We hope that future research may result in better understanding of the CANS tool as it is implemented in Massachusetts

. . . CANS is a reliable and valid measure of the needs and strengths of children and adolescents . . .

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Lyons, J., Rawal, P., Yeh, I., Leon, S., & Tracy, P. (2002). Use of measurement audit in outcomes management. *Journal of Behavioral Health Services and Research*. 29(1), 75-80.

Massachusetts: A Leader in *CANS* Training and Certification

At the 6th Annual CANS Conference held in San Francisco on April 18-20, 2010, where UMMS MassCANS Training Program leadership were invited to be keynote speakers, it was evident that "our unique approach to training and certification was of great interest to others implementing the CANS across the country," reported MassCANS program director, Martha Henry, PhD. To date, Massachusetts has the largest number of certified CANS assessors in the United States. Conference attendees were also captivated by the web system's accessibility, the creative approach to training at the item level, the development of comprehensive materials to better support learners, the option of using the online training or attending an in-person class and, last but not least, the new certification exam. "People were impressed with the quality of the training and the technical support provided, as well as the post-certification activities that are taking place in Massachusetts" stated Gretchen Hall, M.Ed, assistant director of the UMMS MassCANS Training Program.

Training and certification is the first step in the process of implementing the use of the Child and Adolescent Needs and Strengths assessment tool. Massachusetts recognized the importance of a quality training and certification system for their MassHealth Behavioral Health providers serving children and youth under age 21. The State recognized that having a secure, personalized, and easy-to-use website that is ADA compliant and can take providers through each step of training and certification was critical to successfully training and certifying thousands of providers in a very short amount of time. Additionally, the state invested in offering both live, classroom style (less than 35 people per class) and online training to make it convenient for providers and people with different learning styles to be successful in learning the tool and becoming certified. UMMS continues to provide technical assistance via phone and email to providers seeking certification and recertification.

Once certified in Massachusetts, providers use their certification key to gain access to the CBHI CANS application on the Virtual Gateway (VG). The Virtual Gateway CBHI CANS application was designed to automatically confirm certification via a web services link to the UMMS CANS Training Program certification data. This provides seamless access, allowing providers who are actively certified in the UMMS system to enter child and youth specific CANS data into the system. The goal is to use the CANS data of our most vulnerable Massachusetts citizens to inform all levels of the system, starting with the child, youth, and family, and ultimately informing policy decisions about service needs based on behavioral health outcomes. A critical step in the use of this data is to invest in the training and support of those administering the CANS to children, youth, and families. Massachusetts' demonstrated support of that commitment is apparent throughout the UMMS MassCANS Training Program.

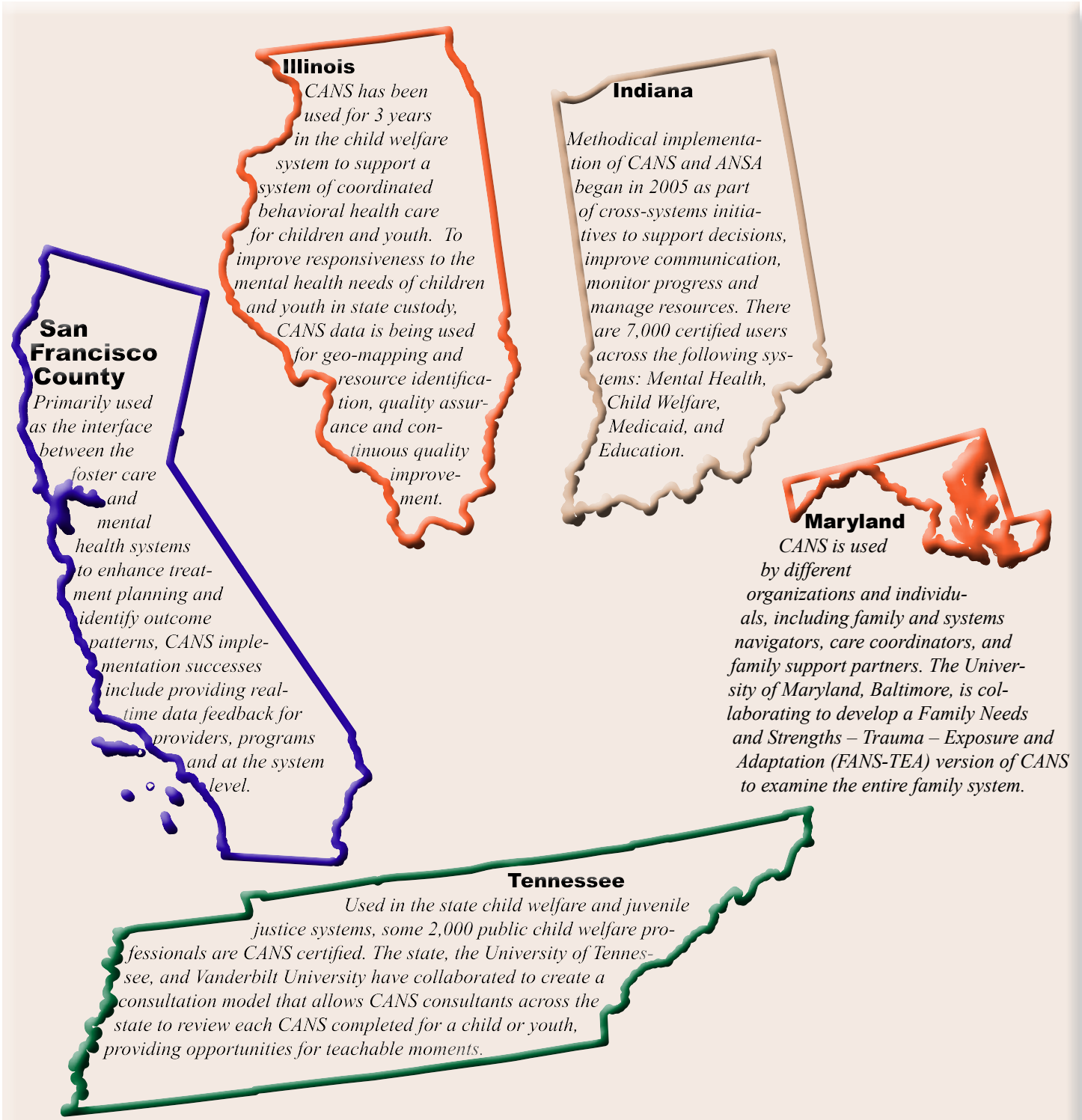
Did You Know? . . .

MCEs Hold CBHI Forums

More than 100 Massachusetts outpatient providers who treat children and youth under age 21 attended two Outpatient Forums on CBHI held in Newton and Worcester last month. Sponsored by the MassHealth Managed Care Entities (MCEs), the forums offered outpatient providers an opportunity to learn about CBHI services, the role and responsibilities of the outpatient provider as a Hub service, the high fidelity wraparound process, and the CANS tool in practice. A question and answer with the MCEs followed the presentations. Materials from the event are posted on the Massachusetts Behavioral Health Partnership (MBHP) website at www.masspartnership.com.

CANS in the US

CANS is used in counties, jurisdictions, and states across the country. Here are some examples of how CANS is being implemented in other places in the US.



Illinois

CANS has been used for 3 years in the child welfare system to support a system of coordinated behavioral health care for children and youth. To improve responsiveness to the mental health needs of children and youth in state custody, CANS data is being used for geo-mapping and resource identification, quality assurance and continuous quality improvement.

Indiana

Methodical implementation of CANS and ANSA began in 2005 as part of cross-systems initiatives to support decisions, improve communication, monitor progress and manage resources. There are 7,000 certified users across the following systems: Mental Health, Child Welfare, Medicaid, and Education.

San Francisco County

Primarily used as the interface between the foster care and mental health systems to enhance treatment planning and identify outcome patterns, CANS implementation successes include providing real-time data feedback for providers, programs and at the system level.

Maryland

CANS is used by different organizations and individuals, including family and systems navigators, care coordinators, and family support partners. The University of Maryland, Baltimore, is collaborating to develop a Family Needs and Strengths – Trauma – Exposure and Adaptation (FANS-TEA) version of CANS to examine the entire family system.

Tennessee

Used in the state child welfare and juvenile justice systems, some 2,000 public child welfare professionals are CANS certified. The state, the University of Tennessee, and Vanderbilt University have collaborated to create a consultation model that allows CANS consultants across the state to review each CANS completed for a child or youth, providing opportunities for teachable moments.

Mass *CANS* Certification Changes its Look

As a result of feedback from extensive training and technical assistance, a new and improved exam is being used to certify and recertify MassHealth Behavioral Health Providers. Participants are presented with a brief narrative of a fictional child or youth for each item on the CANS tool. They are then asked how they would rate the target child or youth for the identified CANS item. Participants have the opportunity to skip items and move onto the next. After all the items have been viewed one time, any skipped items will be presented again to be rated. Once all 66 items have been rated, a rating sheet is presented that summarizes the rating selections. Items may be revisited at that point, or the exam can be submitted for scoring.

10 Things to Know About Becoming *Recertified* In Massachusetts

1. Massachusetts CANS certification is valid for 24 months. For example, people certified in 2008 will require recertification in 2010 and every two years following that.

2. **In Massachusetts, CANS Certified Assessors must become recertified in order to continue to complete the required CANS behavioral health assessment for children and youth (up to age 21) served by MassHealth.**

3. Six weeks prior to the expiration of your certification you will receive an e-mail notification that will specify the exact date your CANS certification expires. The e-mail will be sent to the e-mail address you entered when you registered on the MassCANS Training website.

4. **Before the six week certification window, you will not have access to the recertification system.**

5. Once you receive the system generated e-mail reminder, you will have access to the recertification exam.

   a. To access the exam, log in to the Mass CANS training website at *https://masscans.ehs.state.ma.us* using the username and password that you created when you established an account with the MassCANS Training website. Please note: The MassCANS Training website is separate from the Virtual Gateway application for CBHI CANS.

   b. If you have forgotten your MassCANS Training website username and/or password, please go to the home page *https://masscans.ehs.state.ma.us* and access the 'forgot username' and 'forgot password' buttons.

6. **Please do not create a new account on the MassCANS Training Website as it will affect your access to the CBHI CANS application on the Virtual Gateway.**

7. When you complete your recertification your certification key will not change and you will have continuous uninterrupted access to the CBHI CANS application on the Virtual Gateway.

8. A new and improved certification exam procedure for initial CANS certification and recertification is being used.

9. To become CANS certified or recertified in Massachusetts, a person must have a score of .70 (intraclass correlation). Those seeking CANS certification or recertification will have up to three test opportunities to receive a passing score.

10. Technical assistance for CANS certification is available during regular business hours by phone: (508) 856-1016 and e-mail: mass.cans@umassmed.edu

Your Feedback...

A CANS Newsletter box has been established to receive your feedback regarding the CANS Newsletter. Send your MassCANS Newsletter comments, suggestions, and contributions to CANSnews@state.ma.us.

CANS Technology Buzz

Coming Soon . . .

New Release of CBHI CANS Application

A new release (Release 2.1), planned for Fall 2010, is being prepared for the CBHI CANS application. We will also be updating the documentation for the application ("Reference Guides" and "Learn How To" e-learning modules) on the CBHI website to reflect changes to the application. At ***www.mass.gov/masshealth/childbehavioralhealth***, go to Information for Providers, then CANS Tools.

Read on for a preview of coming enhancements and new features.

New fields have been added

- We have added more Race, Ethnicity, and Language(s) selections for the member. A member can now choose more than one Race, Ethnicity, Primary Language, and Language at Home. Also, there is a "Specify" option, to further clarify selection if needed (For example: If the Ethnicity selected is "African," Specify can be used to indicate country of origin (e.g., Ethiopia, Nigeria, Ghana, etc.)
- There is now a "Referred By" field; providers can enter the referral source.

New instruction on narrative fields

Previously, the narrative fields in the CANS had the following instruction: "Describe Rational for this Domain." We have changed the instruction to "Comments," because the narrative fields should be used for a variety of purposes in addition to justifying CANS ratings. For example, we intend you to use them, when appropriate, to document important complexity not captured in the ratings.

New feature: Disputed Notes

Consistent with HIPAA requirements, this feature provides a way to indicate that a member disputes information in the record.

- A HIPAA Disputed Notes Amendment can be added to a finalized record (for records that are "Complete," "Documented on Paper," or "Incomplete but Final"). This new field allows you to enter additional information to indicate what information is disputed by the member.
- In the "View Client" tab, a new icon appears to show that a record has been flagged as having disputed information.
- The Disputed Notes can be entered by the Certified Assessor (CA), a data entry operator (DEO) on their behalf, or persons assigned the Organization role.

Reporting

We modified, or changed the names of several reports found in the drop-down menu under "Reports," and have added two new reports. Here's what you will see:

- List of your CANS records. New! This new report for CAs and Orgs replaces "CA Detailed Report by Client" and "Organization Report." You choose the date range/status and the application responds with multiple members' SED/demographic details in a spreadsheet.
- Brief CANS Summary. This popular two-page report was new as of February 2010 but was formerly called "CA Action Member Report."
- List of your Consents. This report was formerly called "Consent Report."
- Download CANS data to Excel. NEW! This report allows for multiple records to be downloaded into Excel for research and statistical purposes. It is a much simpler process than the previous data export/import to Excel. You can choose whether you want to see records for "Documented on Paper" (just demographics and SED) or just "Complete" records with the Five through Twenty version of the tool.

Additional convenience regarding security roles

- A CA who wishes to also be a DEO (to be able to enter CANS assessments for other clinicians in same organization) will now have the ability to have both roles. To do so, a User Request Form (URF) should be submitted as a modification to request the additional role. When a user logs into the Virtual Gateway, there will be a drop down box by which you will be able to select which role you want to use for the session.
- DEOs will now have a "View CANS"/"View Client" tab available.
- After completing a record, CA's will now have the option to select a report (such as the Brief CANS Summary) as well as the Print-to-Screen option.

Performance

We have worked on improving performance for View, Reports, and basic navigation for Add, Edit, and Copy.

Data push to Managed Care Entities

Managed Care Entities (MCEs) will now receive daily CANS data that they can use for operations such as authorization and quality management. While this enhancement does not affect providers' use of the CBHI CANS application, it will permit MCEs to use CANS data more effectively.

Logging on to the Virtual Gateway: A step by step guide

The following steps guide you through logging in to the Virtual Gateway:

1. Access the Virtual Gateway home page at *www.mass.gov/vg* and click the Logon link:

There are two links on the Virtual Gateway web page that will take you to the *Welcome to the Virtual Gateway* page.

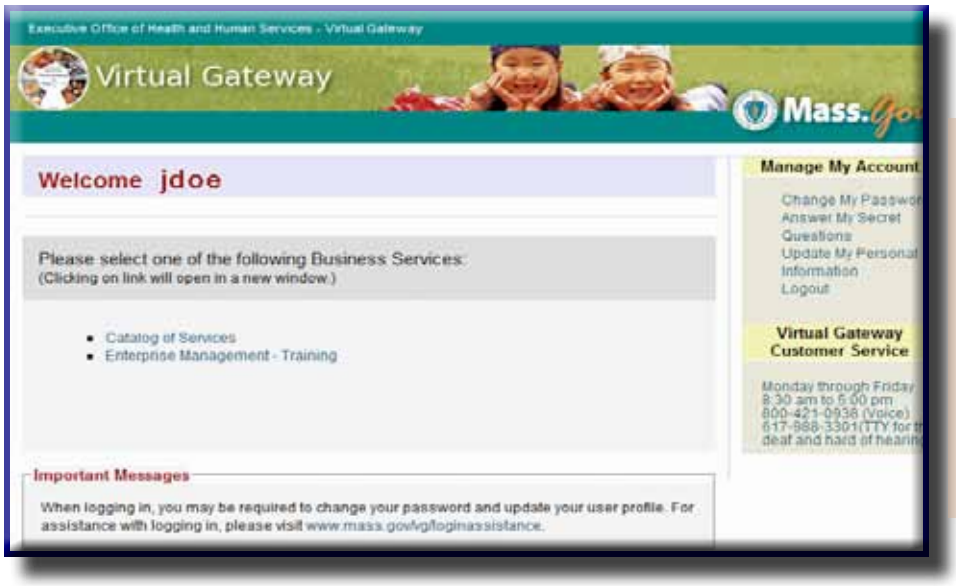
2. From the Welcome to the Virtual Gateway User page, enter your Virtual Gateway Username (user ID) and Password.

The Virtual Gateway login page has a new layout with the same information, but new links.

If you are an ***existing*** user, enter your current password.
If you you are a ***new user***, enter the ***temporary*** password you received from the Virtual Gateway in your New User email.

3. Click the [Login] button.

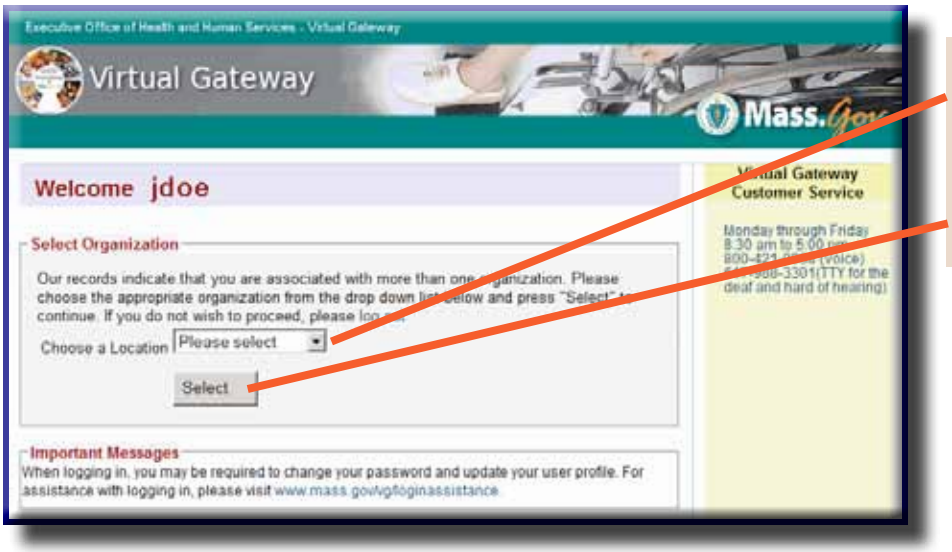
If you do not need to change your password, the following Business Service page will appear; it provides access to your specific business service(s). **



Business Service Page

- Business Services are listed on the left.
- The "Manage My Account;" links listed on the right hand side allow you to easily make changes to your account information or logout of the Virtual Gateway.
- The "Important Messages" area at the bottom displays the same messages you see on the Login Page.

If you are associated with more than one organization, you may be directed to the following page prior to the Business Service page:



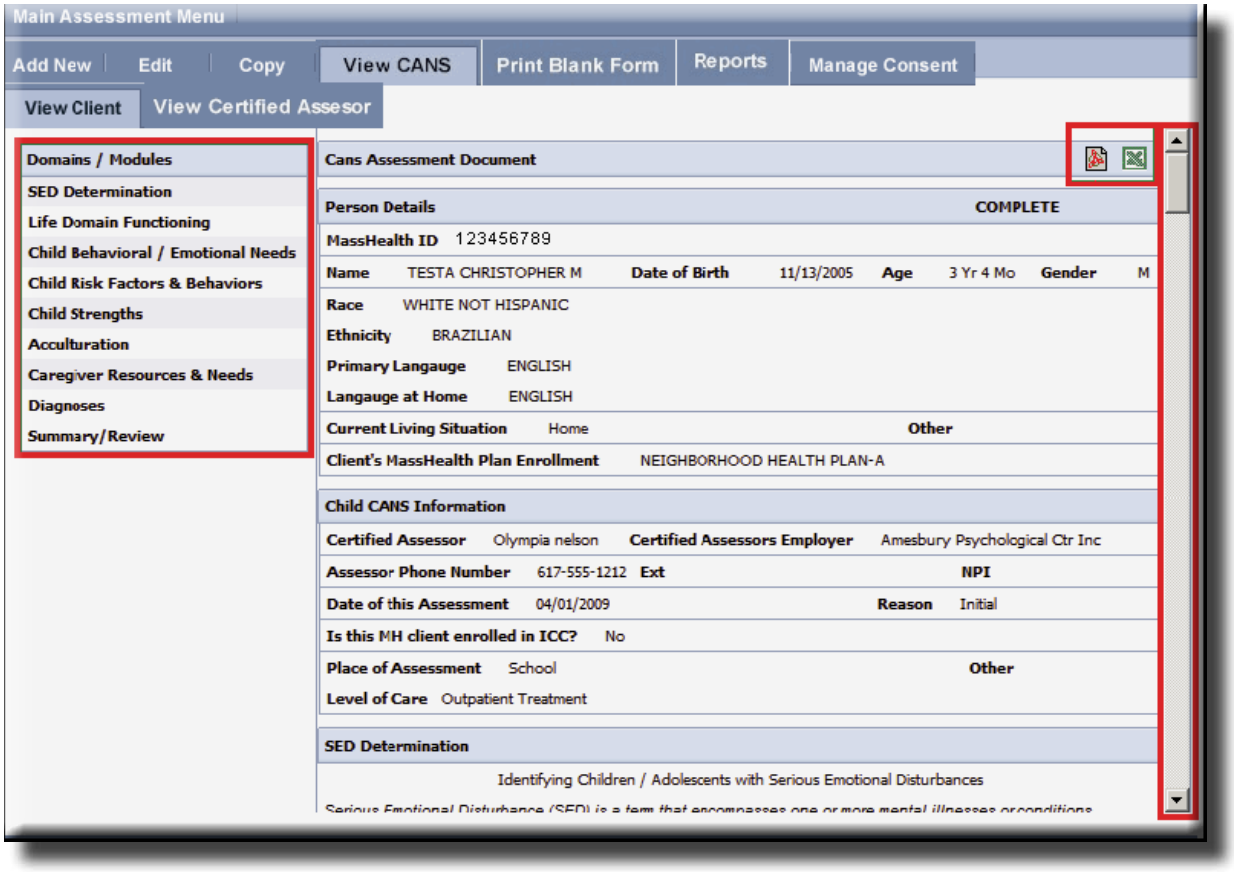
Choose the appropriate organization from the drop down list and click [Select] to continue.

You will be directed to the appropriate business service page.

Navigating in a CBHI CANS Assessment

While editing a CANS record, the left-pane allows you to easily move between modules/domains, if necessary.

- Save frequently – when editing a CANS record, each module/domain should be saved separately
- Always save your work and log out of CANS when you are finished or when you need to leave your desk. This not only ensures the security of information displayed on your screen, it also avoids the possibility of your session timing out.
- If you are interrupted while you are entering CBHI CANS data, the Virtual Gateway may time out. You may not realize it and you may try to continue editing/saving, but you will not be successful. If at any point your "Menu tabs" no longer show, you need close out and log back in to the Virtual Gateway.



For questions about logging into the Virtual Gateway or using the CANS application, please contact Virtual Gateway Customer Service at 1-800-421-0938. A TTY line is available at 1-617-988-3301 for deaf and hearing impaired individuals. You can reach us Monday through Friday from 8:30 AM to 5 PM. Printable reference guides and tutorials are also available ***online***.

Visit the CBHI web site for a complete list of ***Frequently Asked Questions***.

Frequently Asked Questions

The Virtual Gateway HelpDesk is frequently contacted about the questions in this column, so we thought it might be helpful to share them and offer a few suggestions:

Sometimes I find that information I thought I had entered into a CANS record is not there when I am done. Why does that happen?

It is very important to save your work as you go along. Information that you enter in each module/domain (Child Strengths, Acculturation, Diagnoses, etc.) should be saved while in that module. Saving frequently when editing a CANS record helps ensure that you won't lose any of your work.

Always save your work and log out of CANS when you are finished, when you need to leave your desk, or if you get interrupted. This not only ensures the security of information displayed on your screen, it also avoids the possibility of your session timing out. When a session times out, you are no longer connected to the Virtual Gateway even if the record you are working is still displayed and you can type into the fields. In order to minimize the loss of details and save yourself some frustration, save frequently. If at any point your "Menu tabs" no longer show, you need to close out and login to the Virtual Gateway again.

I sometimes have trouble getting back to other parts of the CANS record. How can I be more successful accessing the different parts of the record?

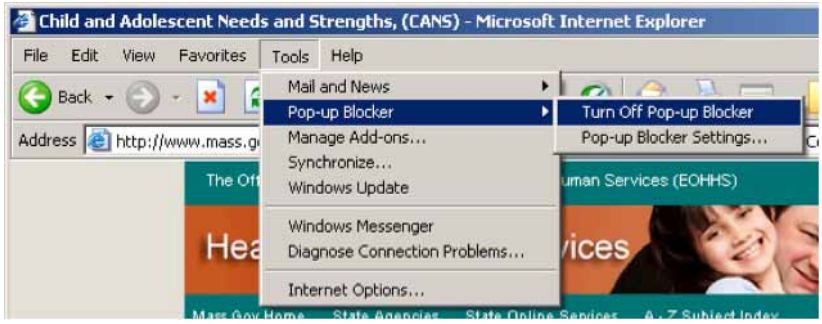
You should always use the Domains/Modules links in the left-pane when you need to move between modules and domains. You should never use your browser's "Back" button to try to go back to a previous page or section. In CANS, as in most online systems, clicking the "Back" button can cause unexpected results, since that's not the way navigation within the CBHI application is designed to work. While you are editing a CANS record, the left-pane allows you to easily move between modules/domains if necessary.

There have been reports of repetitive errors, also referred to as "looping" when users are trying to "Save" or "Complete" a record.

Typically, the experience of "looping" is related to your pop-up blocker preventing you from seeing the error messages. This makes it appear as if you are looping. This question is really about saving records, and here are our suggestions:

Saving records / navigation – using Internet Explorer

- Click on 'Tools' and select 'Internet Options'.
- Click 'Delete Cookies…' under 'Temporary Internet files';
- Click 'Delete Files' to also delete temporary files from your PC.
- Click on 'Tools' and select 'Pop-up Blocker.'
- If you see 'Turn Off Pop-up Blocker,' click it to turn off the pop-up blocker since there may be an error message that you are not able to see because the pop-up blocker is preventing it from being displayed.



CANSCalendar

In-person UMMS CANS Training Schedule

The following training session dates and locations are open to the public. Please visit the UMMS CANS training site to register: ***https://masscans.ehs.state.ma.us***

Tues. - Sept. 21, 2010 — City Place Inn, Springfield, MA
Fri - Oct. 15, 2010 — Needham Public Library, Needham, MA
Thurs - Dec. 02, 2010 — UMMS, Shrewsbury Campus/Finland Conf. room, Shrewsbury, MA

CANS Technical Assistance Conference Call Schedule:

*Wed - **Oct. 13**, 2010 12:00 - 1:00*
*Tues - **Nov. 9**, 2010 12:00 - 1:00*
*Thurs - **Dec. 15**, 2010 12:00 - 1:00*
*Fri - **Jan 21**, 2011 12:00 - 1:00*
*Tues - **Feb 22**, 2011 12:00 - 1:00*
*Wed. - **Mar 23**, 2011 12:00 - 1:00*
*Thurs - **Apr 14**, 2011 12:00 - 1:00*
*Fri - **May 20**, 2011 12:00 - 1:00*
*Wed - **June 22**, 2011 12:00 - 1:00*

CANS Community of Practice Schedule:

(Proposed Dates)

Wed - Sept 29, 2010. Advocates Inc., Clark Hill Rd, Framingham, MA

Wed - Oct. 27, 2010. Family Continuity Program, 60 Perseverance Way, Hyannis, MA

Confirm participation by email to:
mass.cans@umassmed.edu

CANS Technical Assistance Conference Calls with Adobe Connect: A New Enhanced Feature

Many efforts are being made to improve and enhance the CANS conference call series to include an interactive on-line meeting capacity. We hope that these added features will provide enhanced support, especially for the technical topics that are addressed in the conference calls. A key addition to accomplish this is the utilization of Adobe Connect.

What is Adobe Connect?

Adobe Connect is a tool that facilitates participation in on-line meetings. Using Adobe Connect, you can join a live meeting through your pc. Adobe Connect requires just a few essentials: an Internet browser, Flash Player plug-in, and an Internet connection. To use Adobe Connect as a general attendee of upcoming CANS conference calls, see *Getting Started* with Adobe Connect Meetings.

Why Attend via the Adobe Connect Meeting Tool?

If you join the CANS meeting using the Adobe Connect Meeting tool, you will be able to:

- View presentations from the speakers/ presenters on your pc desktop
- Participate in a web-based discussion of CANS tools or applications
- Ask questions and provide feedback through text chat
- Download documents from the meeting room to your pc desktop.

Preventing Potential Audio Issues Using Adobe Connect

You may find that the audio portion of the conference call meeting using Adobe Connect may not be loud enough or may be accompanied by an echo when using your computer. To avoid this, we recommend that you turn off the speakers of your computer during the Connect session and use your telephone to listen to the meeting. If you will be making a presentation during an Adobe Connect Meeting, a polycom or other phone with built in speakers is recommended, particularly if multiple people plan to attend the meeting in one room and you will be projecting the presentation onto a screen.

Watch your inbox in next few weeks for information about our next conference call using Adobe Connect. The email will be sent to the address we have on file from your registration at the *https://masscans.ehs.state.ma.us* website.

MassCANS Community of Practice Activities Move to Provider Sites

Clinicians throughout the Commonwealth hosted Community of Practice meetings this spring. Meetings were held at the Brien Center in Pittsfield, Family Continuity in Lawrence, and St. Vincent's in Fall River. Jack Simons, Assistant Director of CBHI and Gretchen Hall of the UMMS MassCANS Training Program facilitated these discussions. Holding Community of Practice meetings in provider venues offered an opportunity to address specific provider questions and to discuss with more accuracy how CANS is working in a particular organization. This format allowed participants to share what is working in the field and identify pressing needs that were particular to a specific program. We are looking forward to continuing this approach with the Community of Practice sessions planned for the fall, and would like to thank all of the providers who have expressed interest in hosting a meeting.

CANSContact

Children's Behavioral Health Initiative (CBHI)
Mailbox:
CBHI@state.ma.us
Website:
www.mass.gov/masshealth
Click on CBHI link

Virtual Gateway
Customer Service
800-421-0938
TTY: 617-988-3301

MassHealth
Customer Service Center
800-841-2900
TTY: 800-497-4648

UMMS CANS Training Program
508-856 -1016
Mailbox:
Mass.Cans@umassmed.edu
Training Website:
https://masscans.ehs.state.ma.us

The University of Massachusetts Medical School is the contracted provider for MASS CANS Training and Certification for the Children's Behavioral Health Initiative (CBHI) of the Massachusetts Executive Office of Health and Human Services