

CANSNews

"News for the CANS Community"
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Supporting a New Way of Serving Children and Families

As readers of this newsletter probably know, Children's Behavioral Health Initiative (CBHI) is about system transformation – part of a broad effort by EOHHS to shift towards services that are more family and youth driven, culturally informed, collaborative and integrated, and guided by outcomes and evidence. In 2008, Massachusetts adopted the CANS for use in virtually all Medicaid-funded behavioral health services for children ages birth to 21, in compliance with the Rosie D. court order. What does the CANS have to do with the vision of CBHI?

Dr. John Lyons, the developer of the CANS, tells us that when it is initially implemented, providers view the CANS as just a form to fill out. After some experience, they begin to see it as a useful tool for communication and collaboration. Finally, in the most developed phase of using CANS, providers understand how CANS supports a new way of serving children and families – a system transformation. Typically, the transition from seeing the CANS as a form to using it as a tool and moving toward system change takes several years. In an implementation such as Massachusetts, where CANS adoption involves thousands of clinicians, hundreds of agencies, multiple managed care entities, and many levels of care, this transition takes longer.

In this edition, you will learn about a wide range of exciting targeted efforts for the upcoming year that will help bring us closer to meeting compliance standards and transforming our behavioral health system to better serve children and families in their communities. Your participation is critical. In the near future we will be reaching out to providers to talk about ways you can help inform these next steps. Thank you for your continued efforts to use the CANS in your work to help children and families meet their treatment goals.

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.

How does the CANS support the vision of CBHI?

- CANS is family friendly – designed to be completed by the clinician as part of an ongoing, vital discussion with the family and youth about their strengths and needs. Printing the Brief CANS Summary (the two-page summary you can print from the Virtual Gateway) gives you a good document for discussing progress and plans with families.
- CANS supports culturally informed practice, asking you to discuss and document Cultural Considerations that will affect how the youth and family use services and supports.
- CANS is designed for collaboration, to provide a common language for talking about needs and strengths with families across providers and state agencies. New IT improvements planned for 2013 will allow providers, with consent, to access and copy CANS created by other providers for the same youth, saving provider time and effort and making collaborative use of the CANS much easier.
- Finally, CANS supports outcome-based practice. In discussions with youth and family and in clinical supervision, CANS items provide a way to track the most important issues identified by the youth and family. Closely tracking progress may help to avert dropouts and keep treatment focused on key issues.

In collaboration with families and providers, CBHI and related initiatives at EOHHS agencies are bringing us a long way toward an integrated system of care, but we're not at the end of the road. As we enter the fifth year of CANS implementation, CBHI plans to improve the effective use of the CANS through three new developments:

- Making it easier for clinicians to share CANS information and data across providers on the Virtual Gateway through an enhanced consent process.
- Making it easier for clinicians to display and interpret their clients' data through the use of an improved reporting tool.
- Identifying and developing new training and certification approaches that focus on CANS use in clinical practice within the framework of CBHI's values.



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Consent Changes Underway

CBHI recognizes that families and providers want assurances that their information is highly secure, while being accessible to specific providers who are working together to deliver treatment and services in a timely manner. As a result, CBHI is developing a revised consent form that will be adopted late in 2013. The new form will be more easily understood and more family-friendly. It will also incorporate a change in the scope of consent that will allow clinicians to save time and effort and make it easier to use the CANS collaboratively in everyday practice.

The new consent procedure will allow providers to use the Virtual Gateway as a platform for sharing the CANS across providers when consent is given. Providers have consistently told us this would make the CANS a more useful tool. The new consent form will provide the basis for a broader process of sharing information with user-friendly language for families and providers alike. This change will require extensive IT development and is on track to be in place by the end of 2013. It will also require that all old consents be replaced with new consents. As the transition point approaches, we will provide extensive notice and education to providers, so the change brings a minimum of confusion or distress.

Sharing CANS across providers is particularly important for children who are in multiple levels of care or have changing levels of care over the course of treatment. For example, a child receiving Outpatient treatment may also be receiving In-Home therapy or ICC. Sharing across these levels will reduce time spent in assessment and will enhance communication around treatment goals and progress. If a child goes into CBAT or inpatient, the provider in the 24-hour service will be able to view and copy the CANS previously created by other providers. On discharge, the CANS from the 24-hour level of care will be immediately available to the aftercare providers. If the caregiver gives consent to all the providers, all authorized parties will be able to communicate efficiently with each other to build a process that reflects a comprehensive understanding of the child's needs and strengths.

CANS Training Program – *Looking Forward*

Since its initial launch of the CANS certification training in 2008, over 10,000 professionals have become certified using the Mass CANS training and certification program. Now, as we enter the fifth year of CANS implementation, the Training Program is embarking on an evaluation of CANS training, certification, and post certification support.

The training evaluation will involve a review of the on-line CANS certification training, the CANS certification test, and the post-certification support materials. Preparation for re-certification will also be considered with an eye toward redesign. We are particularly interested in developing a “toolbox” of resources to help clinic supervisors and trainers inform, motivate and train staff at all levels of care to improve the quality of CANS practice.

CANS Training Program – Looking Forward *Continued from page 3*

Provider and MCE input will be essential in this redesign, which will also incorporate information about the new CANS sharing and reporting options that are coming in 2013. The CANS Training Program will be reaching out to providers and MCEs for input on improving training and support. We'll seek provider input through a combination of phone interviews, online surveys, and focus group sessions.

As the Training Program conducts its review, we will focus especially on improving CANS utilization for outpatient providers, who treat more children and families than providers at other levels of care. One way to provide needed training and technical assistance to this important group of providers is through CANS initial training, topic-specific training, and biannual recertification activities.

Ultimately, the primary purpose of this evaluation is to make CANS training more effective in helping providers use the CANS in everyday practice. The revised online training will include updated materials and user-friendly learning technology to support using CANS in practice in ways that encompass CBHI values and Wraparound principles of care.



CANS Technology Buzz



Significant efforts are underway that are focused on two major endeavors. First, work is in progress to get the new consent form operational. CBHI is developing a revised consent form that will be more easily understood and more family-friendly. It will also save time and effort, make it easier to use the CANS collaboratively, and allow clinicians to share CANS information with other team members providing services.

The second important technical effort underway is the development of a CANS reporting application that will allow providers to have quick, easy, and immediate access to the CANS data on their clients. This will allow providers to visualize and document an individual child's progress over time in treatment, as reflected in the CANS data. Providers will be able to view ratings and changes for an individual child over time, identify areas of improvement, and better understand the needs over time. This project is complex and it is anticipated that the reporting application will be available at the end of 2013.

Did You Know . . .

- **There is a link on the CBHI website** which includes a chart of the top five reasons why CANS users call the VG Helpdesk and the CANS Training Program Helpdesk. This chart provides solutions and resources for resolving these frequently asked questions:
<http://www.mass.gov/eohhs/docs/masshealth/cbhi/cans-vg-troubleshooting.pdf>
- **You can Save time and Copy! You don't have to Re-enter CANS data** when performing the 90-day re-assessment. Copy the previous record and then edit it to update *only* those questions (and text fields) that reflect any clinical or life changes that have occurred since the previous CANS. This also works if the child or youth has a CANS assessment entered at another level of care within your organization. When the new consent form is released, you will also be able to use the copy function in the CANS to share data across providers.
- **There is a “Save and Next” work-around for a defect in the CANS Application**
If you have encountered a known defect within the CANS Application known as the "Save and Next" issue, here is a quick “work-around” to the problem. If you are stuck in the domain after clicking “Save and Next” (it doesn't go on to the next domain), and the green checks on the left disappear, it is possible that clicking more than once on “Save and Next” will exacerbate the problem. So, try (!) to resist the impulse to do that. Not all MassHealth IDs are affected, so if you have trouble with child A you may be fine with child B. Until this is fixed, the following workaround may work for you:

Using the mouse and the navigation bar on the left of the screen, navigate to “SED Determination”. Click “Save and Next”. The green checks should reappear and you should be able to navigate to the section you want. Always use the mouse and navigation bar for navigation (not the browser's back button, as that will cause problems).

If this work-around does not work for you, you might have success logging out and logging in again. Be sure to close all browser windows and reopen Internet Explorer before logging in again. We recommend clearing your cookies and cache (deleting temporary Internet files) in your browser if the application responds slowly. CBHI apologizes for this inconvenience and the time you may need to spend on this issue, which we will eventually resolve. Please note that not all MassHealth IDs are affected, so if you have trouble with child A, you may be fine with child B.

Don't forget that you can always contact CBHI at CBHI@state.ma.us if you have questions about the CANS application.

CANSNews provides a rich resource for support in CANS implementation. Many of the articles in earlier editions are still timely and informative, so we encourage you to use this resource for you and your staff at all levels. [View all past issues of CANSNews are available at the CBHI website.](#)

CANSContacts

Children's Behavioral Health Initiative

- ❖ Mailbox: CBHI@state.ma.us
- ❖ [CBHI Website](#); choose on the CBHI logo located in the bottom left-hand column

MassHealth Customer Service Center

- ❖ Tel: 800-841-2900
- ❖ TTY: 800-497-4648

CANS Training Program

- ❖ Tel: 508-856-1016
- ❖ Mailbox: masscans@umassmed.edu
- ❖ [CANS Training Website](#)

Virtual Gateway Customer Service

- ❖ Tel: 800-421-0938
- ❖ TTY: 617-988-3301

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.