

"News for the CANS Community" Volume 3 Number 1 - April 2012

Welcome to the latest edition of the CANSNews. CBHI is pleased to share with you feedback from *The Gandara Center* about their early experience using the Cultural Consideration (CC) domain which went into effect on November 30, 2011. The article features insightful comments from a parent, clinician and administrator that highlight the benefits of using the Cultural Consideration domain. Over time, CBHI hopes that CANS data will show how rating the CC domain items helps to integrate cultural consideration into all treatment planning and can make a positive difference. The results of this data may point to the CC domain as a best practice model that may help to reduce health care disparities by engaging more people in culturally comfortable and effective treatment that encourages providers and families to talk about issues related to race, ethnicity, and language, as well as, culture within families.

Also, in this edition you will find more useful information in the Tech Buzz section. Happy Spring!

A Provider and Parent offer Early Feedback on Cultural Considerations Domain

We recently had the opportunity to have a conversation with people at the Gandara Center on the use of the new Cultural Considerations Domain. The Gandara Center, CSA in Holyoke, serves a diverse community with a large Latino population. Fernando Aguila, Site Supervisor, talked with Ms. Yesri Maldonado, an in-home therapist (IHT) and Ms. Montalvo, a parent, to get feedback on how the new domain is effecting engagement with the family.

According to Yesri, using the Cultural Considerations Domain with families was a "very positive experience." The way the questions are now being asked allows providers to explore issues of discrimination and bias more comfortably. The questions in the new domain bring cultural issues to the surface. While the new domain did not change Yesri's approach, she reports that the revised items *do* increase her comfort level in talking with families about culture by making the discussion more conversational. She especially likes that the questions are more detailed and allow her to feel "more open" with families when asking the questions. Yesri reports that the changes in the domain help families voice things that they have experienced, but have previously been unable to address openly. "The new domain helps me by taking the beliefs of the family into consideration when developing a treatment plan with them". It is important to clarify that when we refer to "speaking the language of the family" it goes beyond linguistic connection. *It's an understanding of the family's expression and use of language*.

Fernando Aguila, Site Supervisor adds that "as an interviewer, not only am I aware of how I connect with the family through my body language, but through our mutual connection to the ever-soexpressive, Latin language". The cultural consideration domain offers the opportunity to explore discrimination, bias and cultural identity within the family structure and the family's relationship to systems of care. "Let's utilize this opportunity as a way to engage with the families and provide great feedback to providers invested in the well-being of our families".

From Ms. Montalvo's (a parent's) perspective, Yesri's approach as her in-home therapist makes the interaction and discussion of the revised items very comfortable. Ms. Montalvo emphasizes the importance of a Care Coordinator knowing the language that the family speaks at home and the significance of effective communication. She tells us that the revised questions in the new domain allow her to talk about the discrimination she experiences. Ms. Montalvo practices Santeria, which is a syncretic religion of West African and Caribbean origin influenced by Roman Catholic Christianity. This religious practice has been passed down from her parents and grandparents. Ms. Montalvo openly shares that she encounters people that do not respect her religious beliefs and that she feels they judge her. She relays that if she dresses in a certain way because of her religious practice, that people often make remarks. Ms. Montalvo states "I thought about dressing in all white for today's meeting, but then decided against it because I just did not want to draw too much attention to myself." This discrimination causes Ms. Montalvo to shelter some of her religious beliefs from her children to protect them from the outside world as she does not want her children to be judged or treated inappropriately due to her religion. When Ms. Montalvo first started working with Yesri (IHT), she was very reserved when sharing information about her culture and her religion since she fears being judged by the professionals who came in contact with her and her family. As she continues to work with IHT, she is more comfortable and able to "open up" about these issues. As a result, Ms. Montalvo says "I feel it's easier to talk about my culture, my religion and what it means to me as a mother"

Ms. Montalvo expresses gratitude for the services and her experience with the providers that she works with. She stresses that in the very beginning of working with Yesri, it was very important that she was not judged. Ms. Montalvo states that she "was afraid" of how others might interpret her due to her culture and religion.

While this interview reflects a small sample, it is extremely promising that the domain has improved the comfort level for clinicians and parents to begin to talk openly about these critical dimensions of the family's experience.

CBHI is very interested in hearing about your experience with the new Cultural Considerations domain and families. If you have a story to share, please send your comments and experiences to CBHI at: <u>CBHI@state.ma.us</u>

Training for the Cultural Considerations Domain

Cultural Considerations Domain Training, including 1.5 CEUs is available in the Post-Certification Resources section on the MassCANS Training Website https://masscans.ehs.state.ma.us

Who can use the CANS?

The MassCANS training and certification requirement was originally developed specifically for <u>clinicians and care coordinators</u> to *use* the CANS as part of a behavioral health assessment (and as part of ongoing treatment plan/care plan updates) for MassHealth children under age 21. In Massachusetts, the CANS is not a procedure; it is better described as a way of documenting information from an assessment process.

For other staff providing CBHI services, CANS training and certification is allowed; however, organizations should be reminded that the CANS can only be used by a MassCANS certified clinician who is then authorized to complete a CANS in the CANS application system (VG). Organizations may also decide to have their staff participate in CANS training but not pursue MassCANS certification. This could help to ensure that staff working with youth and families (other than those conducting behavioral health assessments and treatment/care plan updates) have a shared understanding of the common language within the CANS tool when collaborating with families and other providers.

This question and answer appeared in the last newsletter as a footnote to the feature article. The answer contained the word "administer" instead of "use". Since the word "administer" can imply thinking of the CANS as a "check-list", we prefer the term "use" in reference to CANS. Using the CANS with families encourages greater communication and helps to create a common language when all parties are familiar with the items and ratings. Our apologies for any confusion this may have caused you.

CANS Conference - Save the Date!

CBHI will present a workshop on the Cultural Considerations Domain at the national CANS Conference. We are very interested in including a provider and perhaps, even a parent/caregiver, to share their experience with the new domain in the presentation. If you can attend this conference and would be interested in participating in this presentation, please e-mail: <u>deborah.mcdonagh@state.ma.us</u>

The 8th annual CANS conference will be held at the Downtown Westin hotel in Indianapolis, Indiana on September 16 - 18, 2012. Please visit the Praed Foundation website at <u>www.praedfoundation.org</u> for more details.



<u>The following information is adjusted from a recent alert from Mass Health's Managed Care Entities to</u> <u>Providers</u>

Entering correct information for Current Living Situation, ICC enrolled and Level of Care

Providers are reminded of the following:

Current Living Situation

(SED Determination > Person Details)

It is important when documenting and entering the youth's living status, as this contributes to the significance of the data.

If the child's current living situation is in a Transitional Care Unit (TCU), click "Other" and fill in TCU in the "Other" field box.

Domains / Modules			
SED Determination *			
Person Details			
MassHealth ID : XXXXXX	xxxxxx		
Name Client Anne	Date of Birth 01/01/1	1997 Age 15 YR 1 P	M0 <mark>Gender</mark> F
Race White	? 5pe	scify	
White	Specify		
White	Specify		
Ethnicity American	Specify		
NA	Specify]	
NA	Specify]	
Primary Language Englis	sh 🍸 ?Specify		
Language At Home En	glish 💽 ?Specify	v	
Current Living Situation		? Other	-
Client's MassHealth Plan	Choose One CBAT / ICBAT DMH program DYS program Foster Home		
Child CANS Information	Group Home Home		
Certified Assessor	Hospital	's Employer	
Assessor Phone Number	Kinship Home Residential (766) Shelter	NPI	?
Date Of Assessment	Stabilization and Rapid Reintegration OTHER	Reason Initial	× ?

• Is this MH-client enrolled in ICC?

(SED Determination > Child CANS Information)

Let's assume that you are a provider completing the CANS. The question "Is this MH-client enrolled in ICC?" refers to whether the youth is currently receiving the ICC service. This does *not* refer to whether you are providing ICC.

• You should select "Yes" **only** if the youth is currently receiving the ICC service either from you or another provider.

Child CANS Information				
Certified Assessor (Name of I	CA Appears Here] Ce	rtified Assessor's En	n ployer (Name of CA's B	Employer Appears Here)
Assessor Phone Number**	5555551515	ext.	NPI	?
Date Of Assessment	01/10/2012		Reason Initial	▼ ?
Is this MH-client enrolled in	1CC ?		(Yes	C No
Place of Assessment ** C	oose One	⊻ ?	Other	
Level of Care ** Choose O	ne	× ?		
Referred by: Choose One	~	?	Other	

Level of Care

(SED Determination > Child CANS Information)

Let's assume that you are a provider completing the CANS. When selecting the **Level of Care** from the drop-down list, you should select the level of care/service that you are providing to the youth, i.e., outpatient, CBAT, IHT, ICC, etc.

This does not refer to the level of care where the youth is currently living.

- Note: The ICC (Intensive Care Coordination) service should only be selected by providers who are contracted as Community Service Agencies (CSAs)
- o Similarly, Inpatient should only be selected by inpatient providers.

Child CANS Inform	nation			
Certified Assessor	[Name of CA Appears Here] Ce	ertified Assessor	's Employer [Name of CA's Employe	r Appears Here]
Assessor Phone Nu	umber** 5555551515	ext.	NPI	3
Date Of Assessme	nt 01/10/2012		Reason Initial 💙	?
Is this MH-client e	nrolled in ICC?		O Yes (i	No
Place of Assessme	ent ** Home or Foster Home	× ?	Other	
Level of Care **	Choose One Choose One	~	?	
Referred by: Choo			Other	
	Psychiatric Hospitalization Outpatient Treatment			
SED Determination	FST or other In-Home Services Structured Outpatient Addictio	s n Treatment		

Certified Assesso	r [Name of CA Appears Here] Ce	rtified Assessor's E	mployer [Name of CA's Emp	oloyer Appears He
Assessor Phone N	umber ** 5555551515	ext.	NPI	?
Date Of Assessme	ent 01/10/2012		Reason Initial	▼ ?
Is this MH-client e	enrolled in ICC ?		C Yes	No
Place of Assessme	ent ** Home or Foster Home	× ?	Other	
Level of Care **	Choose One	⊻ ?	έλ.	1
	Choose One	⊻ ?		
Level of Care ** Referred by: Choo	Choose One CBAT/ICBAT	× ?	Other	
	Choose One CBAT/ICBAT Partial Hospitalization	× 3	Other	
Referred by: Choo	Choose One CBAT/ICBAT Partial Hospitalization Intensive Care Coordination	× 3	Other	
Referred by: Choo	Choose One CBAT/ICBAT Partial Hospitalization Intensive Care Coordination Psychiatric Hospitalization	× 3	Other	
Referred by: Cho	Choose One CBAT/ICBAT Partial Hospitalization Intensive Care Coordination	× 3	Other	

Did You Know . . .

The CBHI website 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. <u>http://www.mass.gov/eohhs/docs/masshealth/cbhi/cans-vg-troubleshooting.pdf</u> (see attached word document to view)



Children's Behavioral Health Initiative

(CBHI) Mailbox: **CBHI@state.ma.us** Virtual Gateway

Virtual Gateway Customer Service Executive Office of Health and Human Services 800-841-2900 100 Hancock Street, 5th floor, Quincy, MA 02171 TTY: 800-497-4648 Phone: (617) 984-1425 Fax: (617) 847-6575

Website: www.mass.gov/masshealth Click on CBHI link

Customer Service 800-421-0938 TTY: 617-988-3301 MassHealth **Customer Service Center**

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.

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.



ANSNews

A collaborative effort of CBHI, Virtual Gateway & UMass Medical School

Send your comments and suggestions about this newsletter to: CANSnews@state.ma.us

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