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“News for the CANS Community”

Volume 1

Number 2

April 2010

CANSNews

Why the CANS Matters

Children develop in interaction with their social environments, and the children’s behavioral health field now recognizes the need to provide interventions that foster a young person’s healthy development within the family and community context. The Children’s Behavioral Health Initiative (CBHI) has created an array of new community-based treatment services for young MassHealth members, based on current science and CBHI values that underlie best practices. According to these values, services should be: Child-Centered and Family Driven; Strengths-Based; Culturally Responsive; Collaborative and Integrated; and Continuously Improving.

The CANS matters because it supports practice that is consistent with all of these CBHI values – even in those MassHealth behavioral health services that existed before CBHI. While system change is difficult, the CANS can be a powerful tool for moving practice forward.

Child-Centered and Family Driven

Written in accessible language, the CANS items can be discussed with youth and families, and used to establish treatment plans that reflect a youth’s and family’s

own priorities. Like many clinicians, I was trained in a model that emphasized clinician expertise in directing care. When I began to practice Wraparound in 2003, I was surprised at my difficulty in truly integrating many kinds of expertise, beginning with that of the family. (I felt, of course, that I had always been sensitive to family voice.) If you believe in building practice on family voice and choice, then look to the CANS as a vehicle for families to drive their own care.

Strengths-Based

The CANS inventories child strengths, and assesses their potential function in the treatment plan. It also allows the clinician and family to track strengths as they emerge and develop. Youth and families are often reluctant, or unable, to identify their strengths. Like most of us, they are protective of their dreams, and accustomed to focusing on deficits. Strengths often emerge into view over time, in a trusting relationship. The CANS provides a framework for continued work on finding, naming, and building on strengths and protective factors.

Culturally Responsive

Because culture matters in the way people understand health and illness,

and in the way people seek and experience help, it is important to inquire into cultural issues that affect the treatment process. Recognizing this, when designing the Massachusetts CANS, MassHealth added several items to the Acculturation domain. The clinical dialog about culture is a subtle one, fraught with pitfalls for both the family and the clinician. We know from training feedback, and from CANS records entered into the CBHI CANS application on the Virtual Gateway, that the CANS items on culture are some of the most challenging CANS items for clinicians to understand and rate (we are currently looking for ways to clarify these items conceptually). The CANS pushes us to understand these issues better, and to engage with families in dialog about issues that undeniably affect engagement and outcomes.

Collaborative and Integrated

Many children are served by multiple providers, services or systems. The CANS is designed to promote communication by establishing a common language for communicating about a child, and by providing useful standard reporting formats (such as the Brief CANS Summary, for example, a two-page summary which lists

Continued on page 2

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.

Why the CANS Matters

Continued from page 1

priority items – those scored 2 or 3 – along with the clinician’s formulation).

Although families often experience our systems as fragmented, the CANS has been adopted by MassHealth, DCF, DMH and DYS, and offers a real opportunity for working within a common assessment and outcomes framework. It is available for any trained provider to use, free of charge, for any child regardless of insurance (although only MassHealth members can have data entered and managed using the CBHI CANS application).

Collaboration and integration depend on provider behavior and motivation; the CANS can be a powerful tool for motivated providers and families to use in working in a collaborative and integrated way.

Continuously Improving

Our new system is complex; a family may use a number of services simultaneously or in sequence. It will be a challenge for families and professionals to navigate the system, choose appropriate services, and evaluate what works, when, for whom. At the provider level, it is important, but often difficult, to get good data on populations served, and on their outcomes. At the systems level, it is essential to have good data that reflects the experience of children and families as they use the service system, in order to improve the system.

The CANS is designed to identify and track important outcomes at all three levels: at the level of the child and family, the service provider, and the payer and overall service system. No tool can do everything well, and at each level we can identify the shortcomings of the CANS; but in serving multiple levels



we believe it is the best Swiss Army Knife currently available.

Families and clinicians can track progress on the CANS items they have identified as high priorities. Provider agencies can download their accumulated data from the CBHI CANS application on the Virtual Gateway, to use for their own purposes in supervision, program management, program planning and evaluation, and in making an evidence-based case for sup-

port to their donors and funders. Finally, MassHealth and its Managed Care Entities can use CANS data to enhance care at all three levels: incorporating CANS information into the process of authorizing care for a child or youth, working with providers around management of quality and outcomes, and designing and improving the overall system of interrelated services in conjunction with other child-serving stage agencies and initiatives. Early on, we are just beginning to analyze CANS data from all levels of care; over time, we will be able to use the rich information that CANS provides to understand which youth are getting which services, and with what outcomes.

CANS data can drive service improvement for children and families, for providers, and for the larger system. Experience will allow us to improve the CANS and the way we use it. But now and in the future, the CANS matters.

— Jack Simons PhD

Assistant Director Children’s Behavioral Health Interagency Initiatives

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

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Capturing Who We Serve: The Significance Of Race, Ethnicity, and Language Data



There are important distinctions when gathering data about language. For example, there is a key difference between “primary language” and “language at home”. To understand why this is important, we must recognize that Massachusetts residents speak over 115 different languages at home, according to the 2000 U.S. Census. The child’s primary language may be different from the language spoken at home.

“Primary Language” refers to the language mainly spoken by the child.

“Language At Home” refers to the primary language of the parents.

Best practice asks that CANS ratings be determined without regard to race and ethnicity. Items that seek to understand a person’s cultural beliefs and perspectives are included to make sure that service provision and interventions are appropriately aligned with the belief system of the child and family. However, documented differences (disparities) do exist with respect to access, use and outcomes in behavioral health services based on race, ethnicity and language. The only way we can begin to address these disparities is by gathering data on race, ethnicity, and language. Collecting valid data is critical, and the CBHI CANS application now has revised drop-down lists to improve the capture of this demographic information.

It is important to collect race, ethnicity and language data because it provides information about who we are serving and helps to ensure access to the best possible care for all MassHealth members. Massachusetts has the 7th largest immigrant population in the United States. Nearly ¼ of Massachusetts children are children of immigrants. Consistent data collection in these areas will help us improve the planning, delivery, monitoring and evaluation of services and programs. Key to our efforts is that data must be collected consistently, accurately, and professionally.

Best practice for collecting race, ethnicity and language data means always allowing a person to self identify and asking all participants about their race, ethnicity and language. Never make assumptions based on appearance. This can

be most comfortably done with a brief explanation of why this data is being collected, such as “We collect information about race, ethnicity and language to learn more about the families and communities we serve. This information will only be used to give all families the best possible care.” It will be helpful to have a printed list of race categories to allow clients to make an accurate determination of their race category. Show the client the race categories, and ask him or her to select one category for race.



Anticipate that many families have multiple racial and ethnic identities and be prepared for questions. In the CBHI CANS application only one choice may be selected, however, the fields allow for the selection of: Other, Chooses not to self-identify, and Unknown. A future release of the CBHI CANS application will permit a person to choose more than one race and ethnicity.

Categories for Race

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African-American: A person having origins in any of the black racial groups of Africa.

Black/Hispanic: A person having origins in any of the black racial groups of Africa AND who is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.

White/Hispanic: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa, AND who is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.

White/Non-Hispanic: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

In addition to the race categories listed above, a complete listing of Race, Ethnicity and Language Options can be found on the CBHI CANS web site at www.mass.gov/masshealth/childbehavioral-health, click on Info for Providers, then click on CANS Tools.

MASS CANS Recertification: Beginning May 2010

Training and certification are required to use the MASS CANS. MASS CANS Certification is valid for 24 months and certified assessors must become recertified in order to continue to complete behavioral health assessments for children and youth (up to age 21) served by MassHealth. The first phase of recertification for current Certified Assessors will begin in May of 2010. Anyone trained and certified in 2008 will require recertification this year – 24 months from their initial certification date. You can find your certification information on the CANS Home Page. See image below.

Certified Assessors will be notified via e-mail several weeks before their CANS certification expires. The e-mail notifications will include instructions and a link to access the certification exam. Access to the exam will require signing into the MASS CANS Training site using the Certified Assessor's username and password. Click here for: [Help Accessing Training Username and Password](#).

As a result of feedback from trainings and the extensive technical assistance provided to people working toward CANS certification, we have developed a new and improved certification exam

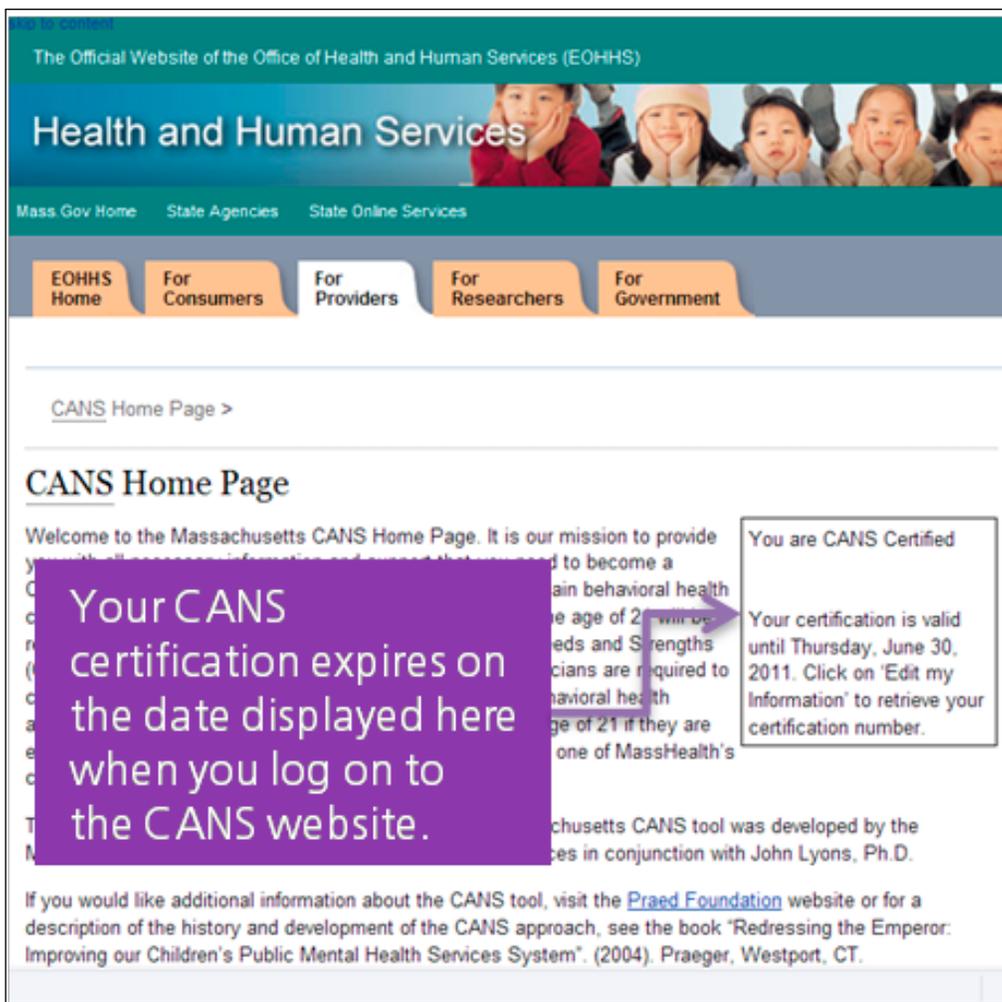
procedure that will be used for initial certification and recertification. The new certification format was created to reduce the ambiguity inherent in the original single person vignette format and to allow providers to assess their knowledge for each item on the CANS.

In Fall of 2009, an updated version of the online course for MASS CANS Certification Training was released. The new online course was designed to allow participants to learn CANS at the item level and to test their knowledge on each item as they move through the self-paced course. To access the improved online course, click here: [CANS](#)

[Distance Learning Tool](#)

The new certification exam is designed in the same way as the CANS certification course, at the item level. Test takers are presented with a brief narrative of a fictional child or youth for each item on the CANS assessment tool. They are then asked how they would rate the child or youth for the identified CANS assessment item. Participants have the opportunity to skip items and move onto the next. Once all the items have been viewed, any skipped items will again be presented to the user. After 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. To become CANS certified, a person must have a score of .70 (intraclass correlation). Those seeking CANS certification will have up to three test opportunities to receive a passing score. Those needing further assistance must contact the UMMS Massachusetts CANS Training Program. Technical assistance for CANS certification is available during regular business hours by phone: (508) 856-1016 and e-mail: mass.cans@umass-med.edu.

CANS training website:
<https://masscans.ehs.state.ma.us/Default.aspx>



Rating Sheets May Now be Used to Document the CANS on Paper

If you obtain member consent to enter the CANS into the CBHI CANS application on the Virtual Gateway, you can then use the CBHI CANS application to generate a print copy or an electronic copy for your medical record.

However, if the member declines consent, then you

must include a paper copy of the CANS in the medical record, or you may attach an electronic image of the CANS to an electronic health record. Until now, documenting the CANS on paper required the inclusion of the full 20+ pages of the paper document.

As of March 15, 2010, MassHealth will also accept

documentation of the CANS with a seven-page Rating Sheet (“bubble sheet”) which captures demographic information, determination of Serious Emotional Disturbance (SED), CANS ratings and text (comment) fields. Using this shorter form will save paper and space in provider medical records.

Ratings Sheets are available for both the CANS Birth through Four and the CANS Five through Twenty, at the Children’s Behavioral Health Initiative (CBHI) web site: www.mass.gov/masshealth/childbehavioralhealth.

Sample page from the CANS seven-page Rating Sheet. Using this shorter form will save paper and space in provider medical records.

Massachusetts Child and Adolescent Needs and Strengths (CANS)										
Needs Scale Key = Please rate the highest level of need in the past 30 days (unless otherwise specified).										
0 = No evidence or no reason to believe that the rated item requires any action.										
1 = A need for watchful waiting, monitoring or possibly prevention action.										
2 = A need for action. Some strategy is needed to address the problem/need.										
3 = A need for immediate or intensive action. This level indicates an immediate safety concern or a priority for intervention.										
LIFE DOMAIN FUNCTIONING										
	0	1	2	3		0	1	2	3	
1. Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Self Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Social Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. School Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. School Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. School Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Sexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
12. Comments on LIFE DOMAIN FUNCTIONING										
CHILD BEHAVIORAL/EMOTIONAL NEEDS										
	0	1	2	3		0	1	2	3	
13. Psychosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Hyperactivity/Impulsivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Emotional Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Eating Disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Comments on CHILD BEHAVIORAL/EMOTIONAL NEEDS										
January 2010 CANS copyright is held by the Praed Foundation 3										

Developing the CBHI CANS Application

Large software projects are works of great complexity, and often involve delays and unforeseen defects. Although we are not 100% successful, MassHealth goes to great lengths to “get it right.” We thought you might be interested in some of the steps involved in developing the CBHI CANS application.

Information Technology (IT) is the study, design, development, implementation, support and management of computer-based programs and systems. The CBHI CANS application is an in-house developed system, meaning that EOHHS creates and changes things just for Massachusetts CBHI.

How does the application get built and tested?

- 1) We establish requirements (what the software program must do) with input from stakeholders who will use the software.
- 2) The Business Analyst translates the requirements into “Use Cases,” a set of detailed descriptions of how the software should behave in every possible situation for the expected workflow. (The CBHI Use Cases we are now working from are 182 pages long.) The Business Analyst and the Programmers must plan who will use the software (security roles), how the software will respond to a person in each role, how the software will interact with other systems, how data will be entered into the system, and how the system will give data back. The CBHI CANS application “talks” to four (4) other business applications on the Virtual Gateway (VG), as well as to the CANS Certification system at the UMMS CANS training program.
- 3) We prepare screen mockups and report mockups (pictures of how data will go in and out of the system) based upon the requirements.
- 4) When CBHI leadership signs off on the plan, Programmers begin to write the actual Java language computer code to implement the Use Cases. The CBHI application has, at various stages, required the work of between one and three full-time Java Programmers.
- 5) We test the application in stages; the entire test sequence can take several weeks.
 - a. The Business Analyst writes dozens of detailed test scenarios (“scripts”) based on the Use Cases. The goal is to verify every possible workflow demand, including “help” and “cancel.”
 - b. The Business Analyst and the Programmers exhaustively test each screen or report of the application under a variety of circumstances by following the test scripts.
 - c. A separate Quality Assurance (QA) team links the application to other programs to determine if it interacts with those programs in the manner for which it was designed.
 - d. The next step is “QA,” during which the EOHHS Security Office team does vulnerability testing (making sure computer hackers can’t access any Protected Health Information data). The QA team and project team test for compliance with the Americans with Disabilities Act, using two different tools for compliance and ease of navigation.
 - e. Performance testing is last, to be sure that the CBHI application plays well with other programs on the Virtual Gateway, and that it performs well with many simultaneous users.
- 6) Approval and signoff occurs based upon the recommendations and results. If the application is altered during this process, we repeat the entire test cycle.
- 7) Finally, the tested program is installed

in the “Production environment” on a server at the Massachusetts Information Technology Center in Chelsea. When you login to the CBHI application, you are connecting over an encrypted internet connection to the server in Chelsea.

What happens when users report problems with the application?

- 1) The Virtual Gateway Help Desk receives user calls and emails reporting questions or problems. They are able to resolve most problems about which users call.
- 2) The Virtual Gateway Help Desk staff member refers unresolved problems to the CBHI IT Team to review the problem and determine the cause.
- 3) Once the CBHI IT Team learns of an unresolved problem, we begin a diagnostic process, trying to duplicate it and discover the circumstances under which it does or does not occur. This is why we ask for detailed information about the situation in which you encountered the problem.
- 4) If we determine that there is a critical error, we immediately begin to determine how to fix it and prepare a solution as quickly as possible. This is what happened when we learned in February of a problem affecting some MassHealth records in our software release 2.0. We notified users, identified the cause of the problem, wrote and tested new code, and were able to release version 2.0.1 in four weeks.

Future releases

We are currently writing Use Cases and code for a major update, version 2.1, which we expect to release in late summer or fall of 2010. It will incorporate improvements requested by clinicians, provider organizations, and the MassHealth Managed Care Entities. Stay tuned for more news on CBHI 2.1!

CBHI Releases Updated Version of CANS Application

On February 11 the CBHI CANS Application Release 2.0 became active

Its new features include:

- An announcement feature to help users stay current on the latest news and technical updates.
- Drop-down menus for Race, Ethnicity and Primary Language are now available. This will increase the data available to providers and MassHealth, ensuring improved services and provision of the best care possible. MassHealth members should be assured that their privacy is protected.
- A Certified Assessor ‘Member Action Report.’ This report provides a quick summary of a ‘Complete’ CANS record, showing only items rated 2 or 3, along with the final text box containing the clinician’s overall summary or formulation. This new report should prove useful when talking with family and other providers about key issues to be addressed in treatment.
- An Organization “Consent Report.” This report provides a summary of consent records across an organization.
- A “copy” feature that can now be used with expired CANS records and CANS records up to 180 days old.
- An email link to contact CBHI directly for assistance. ●

Cookies? Cache? Why Would I Want to Delete them?

You may have called Customer Service and been told to clear your cookies and cache. You did not reach a wrong number to a bakery!

What are cookies?

A cookie is a piece of information in the form of a very small text file that is placed by a web site on an internet user’s hard drive. Cookies make the interaction between users and web sites faster and easier. Web sites use cookies mainly because they save time and make the browsing experience more efficient and enjoyable.

What is cache?

Often referred to as ‘the cache,’ the Temporary Internet Files folder on your PC contains a kind of travel record of the items you have seen or downloaded from the Web, including images, Web pages, and of course cookies. These files are stored on your computer to make browsing the Web faster.

Why would I Want to Delete Cookies and Cache?

If you are having problems accessing web sites, sometimes damaged cookies are the problem. Deleting, or ‘clearing,’ cookies from your computer usually fixes the problem.

It is recommended that if you are clearing your cookies, you should also clear your cache. All those files stored in your cache take up space. From time to time, you may want to clear out the files stored in your cache to free up some space on your computer. It may help your PC run faster.

How to delete cookies and cache in Internet Explorer 7.0

1. Open Internet Explorer.
2. Select the “Tools” menu.
3. Select “Internet Options.”
4. Under Browsing History, click the Delete button.
5. Under Delete Browsing History, click Delete for Temporary Internet Files and Cookies.
6. Click OK.

Other versions of Internet Explorer may vary after clicking Internet Options. Use the Help Menu for specific instructions for your browser.

The Virtual Gateway is built to be used with Internet Explorer. If you are using Firefox, Safari, or another browser, please use your Help menu to find instructions for deleting temporary internet files and cookies. ●

For questions about logging into the Virtual Gateway or using the CANS tool, 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 listing of [Frequently Asked Questions](#).

Responding to *Your* Questions & Concerns

"Is the data being used for anything?"

Providers can access CANS data as an outcomes measure within their agency. MCEs will increasingly integrate CANS into their interactions with providers with respect to quality and utilization management. At the State level, CANS data is beginning to be used to understand the characteristics of children receiving different services.

"Repeated use of the CANS is a waste of time for clinicians and bothers families."

This statement suggests that the provider "administers" the CANS as a structured interview, going over every item with family every time the tool is used. This is not the intended use of the tool. The clinician should use the CANS as a way of documenting known information, including information previously gathered from multiple sources. The application allows the provider to copy previous CANS and only edit as needed for update. (Contact CBHI if you have questions.)

"CANS is not an outcomes measure."

CANS has been used for outcomes measurement in other jurisdictions, and there is ample evidence that CANS items related to functioning, symptoms, and risk behaviors can be combined to yield valid and sensitive summary scales for outcomes measurement. We intend to provide further guidance on using CANS for outcomes in the future.

"Providers have no access to their data."

Providers may currently access their accumulated data as delimited text files through the Virtual Gateway. Plans are in place for the data to be available in an easier-to-use Excel format in Summer 2010.

"The Virtual Gateway seems to be slow sometimes."

Not all applications on the Virtual Gateway perform equally. Our testing indicates that slow performance for providers using the CBHI CANS application is generally due to local computer/browser settings.

What do I need to get started with the CBHI Application on the Virtual Gateway?

- A username and password for the EOHHS Virtual Gateway. (Contact Virtual Gateway customer service for assistance at 800-421-0938).
- Your CANS Certification Email and/or a copy of your CANS Certification Key.

How do I get started if I have a Data Entry Operator entering my CANS forms on the Virtual Gateway?

- A Data Entry Operator cannot access the system until you have set up your certification and logged in initially.
- Be aware that records entered on your behalf are NOT finalized until you login and 'Complete' them.

How do I manage re-assessments?

Since you are doing a re-assessment every 90-days, the application allows you to 'copy' an existing CANS record. This feature allows you to select the client's previous record and update that information according to the new assessment data for the current period of time. Select the 'copy' menu tab, enter the MassHealth ID/confirm the member and the list of records available to 'copy' will be provided for your organization.

I am having trouble printing my CANS assessment?

- Make sure Internet Explorer is configured to use Adobe Acrobat Reader to open PDF Files. Version 8.0 or 9.0 of Adobe should work.
- Be sure the Pop-Up Blocker is turned OFF. To check, select Pop-Up Blocker from the Tools menu in Internet Explorer.
- If you are trying to print the "Consent Information Sheet" and are a Certified Assessor, click "View Client" and select "Print to Screen."

How do I make sure Internet Explorer is configured to use Adobe Acrobat Reader to open PDF files?

- Close Internet Explorer and Start Acrobat or Adobe Reader using your desktop icon or your computer's start programs menu.
- Select Preferences from the Edit menu at the top of the window.
- Select Internet from the Categories menu on the left.
- Deselect "Display PDF in browser" and click OK.

NOTE: The next time you select a link to a PDF file, the browser may prompt you to open or save the file. If you choose to open the file, the browser opens the file in the application that you specified. If you choose to save the file, then the browser downloads the file to your computer's hard disk.

How to Access the CANS Distance Learning Course After Certification



If you are a CANS Certified Assessor, you may at any time access the CANS Distance Learning Training to review the CANS items and complete CANS practice vignettes. Using the Distance Learning Training as a refresher may be helpful if you have not been actively using the CANS and will need to complete a CANS for a new client. It may also be helpful to review this course before taking the recertification exam.

- Login to the [CANS Training and Certification website](https://gateway.bhs.state.ma.us/authn/login.do) with your existing username and password.
- Select “Enrollment” from the CANS Menu on the right.

- Click on the CANS Distance Learning Training link to access the online training materials.
- Use the “Next” button at the bottom of each page to navigate through the Distance Learning Training in sequence, or use the course menu on the right to jump directly to a specific area of interest.

For more information and to use the enhanced Distance Learning Program, visit the UMMS CANS Training Program at <https://masscans.ehs.state.ma.us>. ●

About the CANS in Massachusetts

The CANS tool used here in Massachusetts is referred to as MASS CANS. It is a version of the CANS information integration tool copyrighted by the Praed Foundation and John Lyons, Ph.D. Mass CANS has been modified to meet specific requirements in Massachusetts. The web site is:

<https://gateway.bhs.state.ma.us/authn/login.do>

The UMMS CANS Training Program refers to the CANS Training and support system offered through the University of Massachusetts Medical School. The web site is:

<https://masscans.ehs.state.ma.us/login.aspx>

Interactive Tutorials for CBHI CANS Application Users

Did you know tutorials for CBHI CANS application users are available on the CBHI web site? These interactive sessions provide easy to follow step-by-step directions for Certified Assessors and Data Entry Operators who use the CBHI CANS application on the Virtual Gateway. The tutorials can

be found on the CBHI web site at www.mass.gov/masshealth. Click CBHI and go to “Information for Providers”, then click on “CANS Tools”. The tutorials can be found under “Information on Using CANS Application on the Virtual Gateway”. ●

CANS Calendar



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>

- May 11, 2010 — Boston Transportation Building
- June 17, 2010 — UMass Medical School, Grafton

CANS Technical Assistance Conference Call Schedule:

- May 14, 2010 12:00 - 1:00
- July 9, 2010 12:00 - 1:00

CANS Community of Practice Schedule: (Proposed Dates)

- May 19, 2010
- June 23, 2010
- July 21, 2010

Confirm participation by email to:

mass.cans@umassmed.edu

MASS CANS Community of Practice Activities Summarized in Conference Call

On February 26, 2010, a CANS Community of Practice (CoP) conference call was held, in which we summarized what we've learned during the course of our activities to date. Thus far, CoP activities have consisted of two conference calls and three meetings in which a wide spectrum of providers and representatives from CBHI, MassHealth, MCEs, and the UMMS CANS Training Program have participated in candid discussions regarding their experiences with the CANS. These meetings also inspired additional conversations and emails with providers, trade and professional groups, and members of the Children's Behavioral Health Advisory Council.

A CoP is a group of people who share knowledge, learn together, and create common practices. The CANS CoP has been shaped by three fundamental elements: a domain of Knowledge (children's behavioral health), a community of people who care about that domain (all MA CANS stakeholders), and shared Practice (use of the CANS).

The goals of the CANS CoP include working toward a shared vision of how CANS can be useful, identifying challenges that lie in the way, and supporting effective CANS implementation. CBHI and MassHealth hope that the CoP meetings will serve as a vehicle to provide clarity about requirements, so providers can understand what they must do and where they can innovate. Additionally, CBHI and MassHealth want to help providers better understand the electronic data system capabilities, so they can achieve the greatest benefit for their agencies and help to improve its function. Together with providers, CBHI hopes to identify practice contexts where CANS works well now, as well as those areas where cooperative effort may improve practice. Finally, CoP discussions are an opportunity to share knowledge and practices amongst providers related to implementation, use, and innovation with the CANS.

Through the CoP discussions thus far, we have begun to learn about factors affecting provider implementation of the

CANS. There is a wide variation among providers in approaches to integrating CANS. Some factors seem predictable - type of service, population served, clinical specialty, involvement with other new MassHealth behavioral health services, and established organizational commitment to family-centered and collaborative work, while other factors relate to specific organizational considerations such as provider infrastructure, personnel and training issues, IT resources, established documentation processes, organizational culture and other factors. Some solo practitioners have adopted CANS with success while some large organizations have not yet fully integrated it into their operations.

Providers approach CANS from various perspectives. Common concerns raised in these meetings included documentation workflow issues, audits, and IT issues. It also became clear that knowledge of CANS requirements and how the CBHI system works on the Virtual Gateway vary tremendously across providers. Another frequently identified consideration is that CANS implementation is taking place within the context of serious financial stressors, rollout of new services and other external forces.

Managed Care Entities (MCEs) did not initially participate in the CoP. However, it has become clear that many provider concerns lie in MCE areas of responsibility. Many participants wanted clarification of the roles of various state entities and the MCEs. To respond to this interest, Kelly English of MassHealth's Office of Behavioral Health provided a presentation on the role of MCEs. Additionally, Gina Battaglia of MBHP presented on how MBHP, one of the five MCEs, works. The MCEs will be included in CoP meetings going forward.

We are happy to announce the continuation of the CANS Community of Practice Meetings, and we are excited to be expanding the Community of Practice experience and discussion to new locations. If you are interested in hosting a meeting at your site, please contact the UMMS

In each issue of **CANSNews** we will review something of interest to the CANS Community of Practice. 



PHOTOS: CASSANDRA PERRY

Training Program office at masscans@umassmed.edu, or call 508-856-1016. We sincerely hope that many of you will come and share your successful CANS practices. What is working well? What practical obstacles have you faced? Offer suggestions and learn about resources from MassHealth, CBHI, MCEs, and the UMMS CANS Training Program.

The schedule for upcoming meetings is as follows:

- **May 19 (Wednesday) – Brien Center, 333 East St., Pittsfield, MA 01201 (11:00-1:00)**
- **June 23 (Wednesday) – 3 Centennial Drive, North Grafton (10:00-12:00)**
- **July 21 (Wednesday) – Location TBD**

Did You Know?.....

- » *The Department of Children and Families (DCF) was the first agency to introduce the CANS tool in Massachusetts. Long before CBHI was established, DCF developed a CANS tool to meet their particular needs and created their own CANS application to collect data internally. After introducing the CANS to its Lead Agency Providers in 2004, DCF began to require its use in 2005. John Lyons, developer of CANS, provided all of the early training for DCF Lead Agency Providers. Currently the MassCANS website and the Distance Learning CANS training program are both available to DCF for CANS certification and recertification. All training and certification in Massachusetts is coordinated through the UMMS CANS training program.*



- » *If you have questions about adding or removing access to the CBHI CANS tool for yourself or your staff you can email the Virtual Gateway at VirtualGatewayCBHI@state.ma.us*

Keep your CANS Contact Information Up-to-Date

If your contact information has changed or you have switched agencies, be sure to update this information on the CANS Training and Certification web site to ensure that you continue to receive important information.

- Login to the [MASS CANS website](#) with your existing username and password.
- Select “Edit my Information” from the CANS Menu on the right.
- Make any changes and click “Save” at the top of the page. ●

ICD to DSM Crosswalk

While the CBHI application on the Virtual Gateway uses the ICD system in its diagnosis drop down, most clinicians use the DSM. Wouldn't it be helpful to have a crosswalk between the two systems that you could print, and highlight the diagnoses you frequently use?

Good news! You can find a crosswalk from DSM to ICD at the website of the American Psychological Association Practice Directorate:

<http://www.apapracticecentral.org/reimbursement/billing/icd-9-cm.aspx>

(We thank the staff at the Child Development Unit at MetroWest Medical Center in Natick for this suggestion.)

MASS CANS Statistics

Number of:	January	February	March
UMMS CANS trained clinicians	9,385	9,512	9,780
UMMS CANS trained certified clinicians	8,910	9,054	9,281
MASS CANS records in CANS database	30,106	32,060	37,428
Organizations submitting MASS CANS records	235	239	247

Next CoP Meeting

Spaces are still available. Contact the UMMS Training Program office at mass.cans@umassmed.edu, or call 508-856-1016.

May 19 (Wednesday) – 11:00 am -1:00 pm
Brien Center, 333 East Street,
Pittsfield, MA 01201

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.

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