CANSNews

"News for the CANS Community"
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Moving Forward

With each issue of the CANS Newsletter, CBHI strives to offer relevant and meaningful information. In this issue, CBHI is pleased to enhance the CANS Newsletter with provider perspectives. We are excited to introduce articles written by clinicians that share implementation solutions and CANS activity from across the provider community. We hope you will find this occasional feature helpful in considering how to make implementation improvements as we move forward. Also, in this edition we are pleased to provide a preview of an upcoming improvement to the CANS Acculturation domain. Over the past year, various stakeholders have been working to improve the domain to reflect a more culturally competent and useful understanding of cultural considerations in practice. Each of these efforts is aimed at moving CANS in daily practice forward in Massachusetts.

CANS: Driving Greater Improvements in Daily Practice

Submitted by: Bonny Saulnier, MA, Vice President
Wayside Community Service Agency

At the Wayside Community Service Agency (CSA), the Child and Adolescent Needs and Strengths (CANS) Tool is seen as a roadmap that assists our clinicians, families, and others in guiding a youth to improved overall functioning within the community. Clinicians use the CANS to point the way to a clearer diagnosis, to guide the care/treatment planning process, and to provide us with feedback as to when goals and needs of youth are met. As a hub for the CBHI services, our CSA also relies on the CANS to communicate together as a Care Planning Team (CPT) about the varied perspectives that each team member brings to the work ahead.

The Assessment Conversation

The work that the Wayside Intensive Care Coordination (ICC) Care Coordinators do to complete the CANS is essentially the same work that goes into any comprehensive assessment. It is an extended, sensitive conversation with the family, which maps the territory into which we are venturing. In conversation with the family, the ICC Care Coordinator learns about the strengths and needs of the youth in order to embark on a course of action to help meet the youth and family's needs.

The difference from other assessment tools is that the CANS simplifies information gathering, organizes the information in a very useful manner, ensures that all domains of the youth and family's life are considered, and provides a common language for the CPT that will evolve as the ICC service gets under way.

The CANS covers all the relevant domains of a youth and family's life, and CANS questions are designed to elicit understanding of behavioral health functioning and symptoms of emotional disturbance as

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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: Driving Greater Improvements in Daily Practice

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well as the strengths and supports that can help to overcome mental health challenges.

Wayside's initial assessment conversation is most often one conversation with two staff – the ICC Care Coordinator who will complete the CANS as part of the comprehensive assessment, and the Family Partner who will use the exact same information to complete the Strength, Needs and Culture Discovery document.

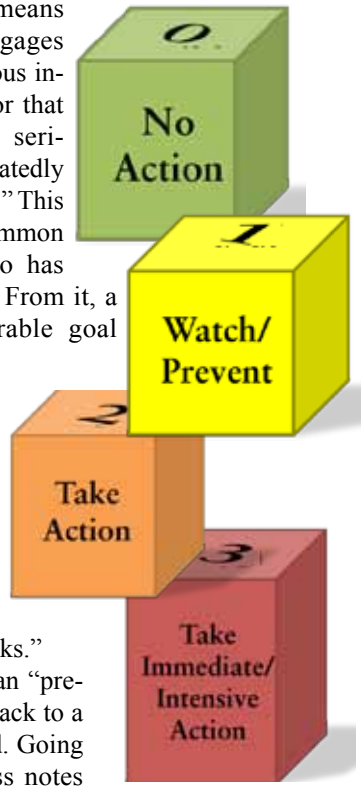
Using a set of open-ended, respectful questions that reflect the focus of each CANS section, such as, "How does your child show his/her emotions?" and "How does your child get along with other members of your family?", the two staff members engage the family in much the same way that good clinicians have always done. From that conversation, the ICC Care Coordinator is able to both complete the CANS ratings and provide sufficient narrative to support the ratings. The CANS narrative and ratings supply all the evidence that the ICC Care Coordinator needs to formulate a working diagnosis and establish medical necessity for the service.

As with any assessment, follow up discussion with the family and input gathered with the family's consent from other stakeholders relative to the family's well-being, can be added, as needed, either at the time of the initial assessment or in subsequent revisions. The assessment is a living document that evolves as new information becomes available or different life situations develop. CANS reassessments at 90-day intervals help keep the assessment up-to-date.

The "Golden Thread"

The comprehensive assessment, inclusive of the CANS, leads to a well-supported diagnosis, including a description of how the diagnosis affects the youth's functioning. The "prescription" for the diagnosed behavioral health disorder is the Treatment or Action or Care plan. This is the same planning stage that follows any assessment and diagnosis. However, with the CANS, the prescription (treatment planning) is more focused and measurable, since items of concern are clearly highlighted by each CANS rating. The CANS organizes information so that no important item is left out and full attention falls on items that carry actionable ratings ('2's and '3's).

The CANS allows everyone to use the same language. For example, under "Sanction Seeking Behavior," a rating of '3' means that a youth engages in "frequent serious instigating behavior that forces adults to seriously and/or repeatedly sanction the child." This description is common to everyone who has seen the CANS. From it, a specific, measurable goal emerges on the Action Plan, such as "decrease Sanction Seeking Behavior from a '3' (severe) to a '2' (moderate) level over the next four weeks."



The Action Plan "prescription" links back to a documented need. Going forward, progress notes maintain the "golden thread" of medical necessity by carrying out the prescription (treatment goal).

CANSNews

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

Send your comments and suggestions about this newsletter to:

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Communication

The CANS provides a common language for members of the CPT. The Wayside team of ICC Care Coordinator and Family Partner share the completed CANS with every family. For some, this confirms that the ICC Care Coordinator "got it right" when translating the family conversation into an assessment. For others, it serves as a point of departure for further discussion. For example, additional information from collaterals may have influenced the assessment after the conversation with the family. Sharing the completed CANS assessment means sharing that new or different information with the family in a transparent, respectful manner.

The CANS language also promotes accuracy during the initial assessment conversation. One Wayside ICC Care Coordinator had the experience of asking a mother about any fire setting behavior engaged in by her son. The mother indicated there was no concern (a '0' on the CANS). Later in the conversation, the mother described an incident in which she was driving with her son to an activity and he lit a match under the car seat while they were in transit. The ICC Care Coordinator was able in the moment to go back to the fire setting section on the CANS and revisit the '0' score. Reading the definitions together, they agreed that the best fit was a '2' ("recent fire setting behavior . . . not of the type that endangered the lives of others"), which helped to inform accurate diagnosis and treatment/care planning.

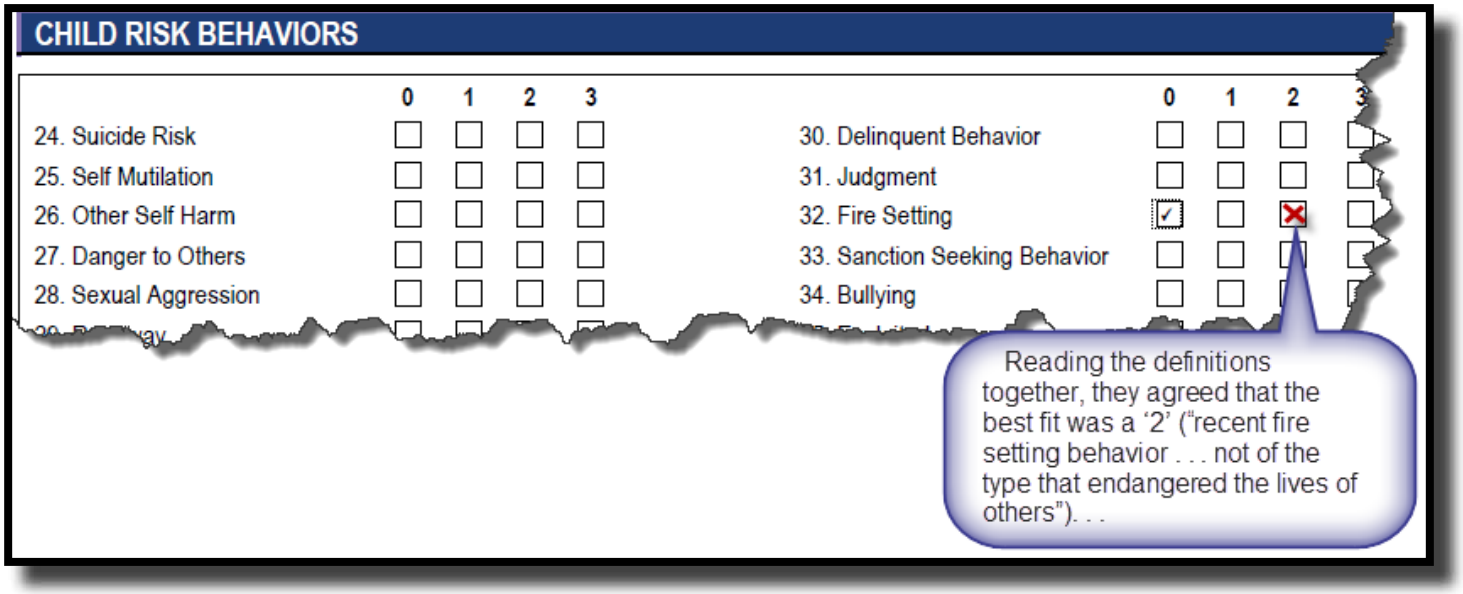
Sharing the CANS with families has the added benefit of giving them a tool for communication with others of the families' choice, others who may not yet be part of the CPT – for example, if a youth requires emergency placement in an acute treatment facility or STARR program that was not previously involved.

Providers using the CANS can compare their clinical impressions of a youth using the same items and scale. In this way, they can identify differences, double check assumptions and biases, and arrive at more fully informed assessments.

The CANS drives the process in CPT meetings. The shared language and "golden thread" (medical necessity) of connections bring areas of concern into focus more quickly, consensus is readily achievable, and progress is measurable. When a '3' drops to a '2', you can clearly see that progress has been made. When the '2' is finally a '1', you've made further progress. If a CANS revision alerts the CPT to a new actionable concern, they can see the evidence for addressing an emergent need.

Summary

The CANS provides a clear map for gathering the information needed for an informed diagnosis, an effective treatment/care plan, and documentation of medical necessity. The identified needs of the youth translate directly into measurable goals for treatment. The CANS ratings are a quantitative measure of travel toward these goals. With all members of a CPT sharing the same information in the same format with a common language for discussion, communication stays on course even when there are detours from the original plan. And, the CPT members all have greater confidence with the outcomes – that the goals and needs of the youth are being met.



Improvements to CANS Domain: Cultural Considerations to Replace Acculturation

The Children's Behavioral Health Initiative (CBHI) has been working to update the CANS domain, Acculturation, and its accompanying items, to more accurately capture and understand the individual, group and family cultural considerations of the children and families who are served by CANS assessors. The data collected in the newly revised Cultural Considerations domain can be used at the individual level to inform treatment planning and service provision, at the program level to understand the children and families served and the necessary support that providers require to offer services to their clients, and at the systems level to inform policy development and the future direction of behavioral health care services in Massachusetts. Transforming the Acculturation domain to the Cultural Considerations domain demonstrates CBHI's ongoing effort to ensure that the CANS is a culturally informed tool that may help in addressing some aspects of health care disparities.*

The domain revisions are still underway with the rollout of the new Cultural Consideration domain expected in late 2011. CBHI would like to acknowledge that the revised domain is the result of a collective effort and reflects input and ideas garnered through a collaborative process that included members of the CBHI Advisory Committee for Health Care Disparities Sub-committee, UMMS Training Program and CBHI staff who participated in the development of both the goal and specific items included in the revised Cultural Considerations domain. CBHI looks forward to sharing more details about the revised domain in the coming months. Please stay tuned for more information about these upcoming changes.

"Transforming the Acculturation Domain to the Cultural Considerations domain demonstrates CBHI's ongoing effort to ensure that the CANS is a culturally informed tool that may help in addressing some aspects of health care disparities."

*For more information on health care disparities go to:
National Association of Chronic Disease Directors (NACDD). Definition of Health Disparities. Retrieved February 17, 2011 from *http://www.diseasechronic.org/i4a/pages/index.cfm?pageid=3447*

YourFeedback...

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

CBHI Website to Unveil a New Look!

You will soon notice significant changes to the CBHI website. While most of the content will be familiar to veteran users, the website will be reorganized to allow for easier access to needed information. It also includes some new features:

Quick Links:

On each page of the website, users will be able access links to the CBHI Brochure and Companion Guide, information on applying for MassHealth, and contact information for plans and providers. Users will also be able to sign up for the CBHI list serv.

A Streamlined CANS Page:

Previously, users had to scroll through a very long list of items. The new CANS webpage will be divided into sections so that users can easily find what they are looking for, from CANS forms to reference guides. More improvements are planned for this section—we will keep you posted of the changes as they occur.

Publications and Reports:

Users will be able to access reports on screening, services and utilization that CBHI will now post to the website on a regular basis.

Information for Early Education and Care, Pre K-12 School Personnel and Information for Higher Education:

These sections are works in progress. Both sections aim to provide resources to educators who work with students who have behavioral health needs. CBHI hopes the Higher Education section will also be a resource to educators preparing the next generation of practitioners working with children and families.

CBHI will send out an email alert to inform you when the website is live. If you have bookmarked any individual pages on the website, those links may have broken in the website redesign. You will need to update those bookmarks in your "Favorites".

Your feedback is important to us so please let us know what you think. You can send an email to: ***cbhi@state.ma.us***

Important Reminder for Clinic Access Administrators

Managing Users that Leave Your Organization

When a CANS user is no longer employed by a provider organization, the Access Administrator needs to be notified immediately so he/she can remove (deactivate) the CANS user's access to the CBHI CANS Application for that organization. If a CANS user works for more than one provider organization, the CANS user has a single VG Username, but when logging in, he/she must indicate the organization for which assessments need to be entered. Removing the CANS user's access from one organization will not remove his/her access from the other organization(s).

Using "Incomplete but Final" Status in the CANS Application

Incomplete information is a fact of clinical life. Generally a rating of '0' on a CANS item indicates either no concern or no information. This ambiguity is built into the CANS tool and is usually not a problem. A skilled clinical inquiry will usually lead you to those areas where you need to focus your information gathering effort so that you will have needed information about those items that need to be rated higher than '0'. Therefore "no information" really will correlate with "no concern".

But sometimes the assessment process is seriously derailed. For example, an informant does not return for a second interview or leaves a 24-hour setting unexpectedly. In cases where large amounts of information are missing, it is appropriate to finalize the record as "Incomplete but Final". 'Incomplete but Final' is available as an option when there is not enough information available to complete the CANS.

For more information on using 'Incomplete but Final' status ***click here*** or see page 10 of Virtual Gateway Guidelines.

CBHI encourages outpatient clinicians to take adequate time for the assessment. Note that MassHealth and MCEs allow up to two 90801-HA sessions for assessments done in outpatient.

CANSCalendar

In-person UMMS CANS Training Schedule

In-Person training sessions are offered every other month.
You may view the upcoming schedule and locations at:
https://masscans.ehs.state.ma.us
Upcoming CANS In-person Training:
Tuesday - June 21, 2011 — City Place Inn & Suites, Springfield, MA

CANSContact

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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