Implementing the CANS at your agency

August 29, 2017

Alison Krompf, Northwest Counseling and Support Services
Dillon Burns, Vermont Care Partners
Laurel Omland, Agency of Human Services, Department of Mental Health
Cheryle Bilodeau, Agency of Human Services, Department of Mental Health
Why are we doing this?

Part One

• Agencies that service children, youth and families provide quality clinical assessment and treatment work that we do every day. The CANS is a quantitative expression of that work.
• We can use it to measure and share progress with families, teams, and our agencies.
• It helps to hold us accountable for making progress in all key domains in the lives of the children and youth we serve.
• By requiring good communication with families and teams, it improves our practice.
• It can help us with utilization review and matching children and youth to appropriate levels of care.
Why are we doing this?
Part Two

- Use of a statewide quantitative tool will help agencies **show their value** as our system moves towards value-based payments.
- Using a single tool across programs and agencies allows us to **streamline training and supports quality improvement** internally across programs and externally across the state.

![Graphs showing CANS Needs Severity Score at Baseline vs 6 Months in Services](N = 98)

![Graphs showing % of Clients with a Need at Baseline vs 6 Months](N = 98)
Implementation Topics Covered in this PowerPoint

- CANS team
- Redundancy Assessment
- Practice Protocols
- Staff Training
- Supervisor Training
- Data Management
- Outcomes
- Learning Collaboratives
- Resources
First steps for local leadership

Create a CANS implementation team
- Will lead efforts in implementation, training, data, learning community, communication
- May want to structure meeting agendas using these areas

Ensure representation from:
- All relevant clinical programs
- Human Resources or Compliance
  - IT
  - Quality Improvement or Outcomes representative

Expect to meet weekly or biweekly at first
- Over time, the group may taper to monthly or quarterly meetings or morph into a learning collaborative role, once CANS is fully implemented
First step for local CANS implementation team

Develop a mission that integrates CANS into the everyday workings of the organization
- Create a shared vision with families and providers about what success is and how to measure it
  - You cannot manage transformation if you cannot measure transformation. People deserve to celebrate their progress!
- Creating a common language across the child serving system is the foundation to fostering collaboration and clear communication

Develop an implementation timeline:
- Create goals or deadlines for when each program will be trained, and when staff will start using the CANS
  - One lesson learned: start clinician use of CANS with new clients and current clients when updating treatment plans, rather than expecting a clinician to perform a CANS for everyone on caseload

Delegate one member to statewide CANS implementation team
- Meets monthly on the first Friday 9-10:30
  - Call-in option available
- To join, contact Cheryle Bilodeau at cheryle.bilodeau@vermont.gov
  - IT rep should connect with counterparts at other agencies to start working on getting CANS data into EMR by contacting NCSS’ Chris.kelly@ncssinc.org or CSAC’s Jim Gallot jgallott@csac-vt.org
Next step for local CANS implementation team: **redundancy assessment**

Map the array of screening and assessment tools used across your programs/agency. Consider:

- Which populations they apply to
- Who administers them
- What time periods
- Where information is stored
- What decisions are informed by the tools
- Which stakeholders need the information

Develop a plan:

- Define areas of overlap
- Make recommendations for streamlining use of assessment tools
- Plan for phase out of eliminated tools
- Update program policies/procedures to incorporate changes

Example: ASEBA

- Several agencies who have adopted the CANS are now using the ASEBA (CBCL) when clinically indicated rather than as a requirement
- Department of Mental Health has collaborated by removing the ASEBA as a requirement for Behavior Interventionist programs
Next step for CANS implementation team: practice protocols

Determine who will be administering the CANS
- Clinicians in all children’s mental health programs? Just some?
- When internal teams exist, who is responsible, case manager or clinician?
- What about DS case managers?

Determine when the CANS will be administered
- At intake?
  - When Diagnosis and Evaluation is completed?
  - With treatment plan?
  - In team meeting or not?
  - With family or not?
  - Practice guidelines can be found on the IFS website that will help with these decisions

Update relevant clinical forms in EMR to embed CANS information
Examples:
- Treatment plans
- Intake forms
- Diagnosis and evaluations
- Internal referrals
- Discharge forms
Next Step for local CANS implementation team: training

Train multiple in-house trainers

- Ensure that all clinical supervisors are trained to support use of tool for assessment and treatment planning
- Some agencies have one person who offers a monthly training for new staff
- Some agencies are embedding CANS training into new staff orientation

Plan for in-house trainings

- Contact Lauren Schmidt (lschmidt@chapinhall.org) and ask for your agency to be added to the drop-down choices on the CANS training website. Ask Lauren for vouchers for yourself and the staff you will be training ($10/person if purchased in bulk). She can invoice the agency.
- Train by program, as challenges with completion will be program-specific
- Best practice: train staff and then establish deadline for taking online certification test within two weeks. Ideally have staff take the test together in staff meeting or small groups.
- Taking test as part of training can increase staff anxiety and leads to teaching to the test. It is best to focus on clinical use of the tool – the test is a necessary evil to ensure reliability across providers.

Develop plan to track initial training and annual recertification

- Some agencies have one point person responsible for tracking this
- Some agencies have embedded this into monitoring practices
- Contact Lauren Schmidt at lschmidt@chapinhall.org to get administrative access to the TCOM website, so you can confirm results of the certification test
Training resources available on Vermont’s IFS website

http://ifs.vermont.gov/content/child-and-adolescent-needs-and-strengths-cans-0

• Includes links to:
  • Frequently Asked Questions about Training and Certification for the CANS
  • Vermont Training Website and Exam Tips
  • A Family Guide to the CANS
  • Official 0-5 CANS and 5-22 CANS
Round Table Discussion

In Groups:
Please share with each other what your agencies are currently doing, thinking about, or planning in the following areas:

1. Leadership – show of commitment/gaining buy in
2. Redundancy Assessment
3. Practice Protocols
4. Training and Resources

Share good ideas, as well as any obstacles that would be helpful for your colleagues to foresee.

There is paper on each table to write down questions that come up in discussion. There will be an opportunity to discuss these pending questions at the end of the day.
Next Steps:
Supervisor trainings

Develop supervisory guidelines for training teams to train supervisors

- Example: All staff need to bring their first two CANS to review during individual supervision
- Protocols when CANS is showing no improvement
  Ex: discuss adapting treatment plan, call team meeting, or provide targeted supervision to discuss approach

Discussing the CANS during supervision can help the supervisor:

- Obtain a quick snapshot of the client’s/family’s strengths and needs and ensure comprehensive assessment has been completed
- Assist supervisees to track progress and determine discharge criteria
- Assist supervisee to analyze the level of care that would be most successful
- Be informed about the needs in aggregate of those entering their program and identify training gaps

Discussing the CANS during supervision can help the supervisee:

- Develop comprehensive assessment skills
- Develop case conceptualization skills and treatment plans that coincide with the strengths and needs identified with clients and their families
- Develop team collaboration skills
- Learn to talk about and celebrate progress with families
Next Step: Data Management

Find out: do you have the ability to embed it into your EMR?

- Many agencies do, including those with LWSI
- Statewide IT team has been a key resource network for agencies; contact Chris.kelly@ncssinc.org or Jim Gallot jgallott@csac-vt.org
  - If no, NCSS has spreadsheets that can be used
- All finalists for unified EMRs had CANS already embedded in their product

Update Departmental Workflows to include CANS

- Examples: Incorporate CANS into the Psychosocial
- Incorporate CANS scores into treatment plans
- Create referral guidelines using CANS scores as framework (clients with high caregiver needs should include family component)
- CANS data for Utilization Review. Complete reviews internally to determine if low needs clients are currently served in high needs programs

Utilize EMR capabilities

- Examples: implement functions that do not allow CANS data to be saved if all questions are not completed
- Automated triggers of CANS to clinicians at six months
- Prompts when a client is being discharged to complete a CANS if their CANS reassessment date has not happened yet, to avoid clients leaving without follow up data
Next Step: Data Management

Ensure that internal and external stakeholders agree on what data will be tracked from the start.

- Think about this from an individual/family standpoint, programmatic, and system-level. See table below.

Resources on what other agencies are doing include:

- CANS implementation team
  - Statewide IT directors
  - Vermont Care Partners Outcomes Group
  - NCSS Examples

National Resources:

- Total Clinical Outcomes Management (TCOM)

<table>
<thead>
<tr>
<th>Family &amp; Youth</th>
<th>Program</th>
<th>System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decision Support</td>
<td>Care planning Identify shared vision and common goals</td>
<td>Eligibility Step down</td>
</tr>
<tr>
<td>Outcome Monitoring</td>
<td>Assess progress at service transitions &amp; Celebrations</td>
<td>Program evaluation</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>Facilitate integrated care Guideline for supervision</td>
<td>Accreditation readiness Program redesign</td>
</tr>
</tbody>
</table>
Next Step: Outcomes

Consider how you want to share CANS outcomes with families

Consider how you want to use CANS outcomes programmatically

Consider how you want to report CANS outcomes to stakeholders
Next Steps: **Communication**

### Develop communication materials to convey consistent information and use

- Tools for managers to use during the supervision process – **Ex: Supervisor Form on website**
- Materials to educate stakeholders

### Develop systems or strategies to provide ongoing updates and to maintain momentum

- Examples: agency newsletters, listservs, standing items on staff meeting agendas
- Construct feedback loop so clinicians can provide feedback
- Bring data back to the clinicians as soon as possible. Showing program leaders what the top 10 needs of clients coming into their programs can be a great place to start, as often this may be novel information
- Create a CANS questions email for all staff to use

### Create materials to educate stakeholders

- Think about: schools, DCF, judges, guardians ad litem, foster families, childcare providers, other community partners. Also consider providing them with their own aggregate data. For example what are the top 10 needs of clients and families coming into mental services in DCF custody? How are your services impacting those needs?
Round Table Discussion

In Groups:
Please share with each other what your agencies are currently doing, thinking about, or planning in the following areas:

1. Supervisor training
2. Data Management
3. Outcomes
4. Communication

Share good ideas, as well as any obstacles that would be helpful for your colleagues to foresee.

There is paper on each table for questions that come up in discussion. There will be an opportunity to discuss these pending questions at the end of the day.
Severity Score

Severity Score = Sum of 2’s and 3’s
*Includes all items
Individual Baseline Report

23613 - DUCK, DONALD
Client age: 54
Date of Assessment: 12/05/2016
Caregiver Evaluated: Kinship caregiver

DCF Custody? Y
What CANS is this? Review

Staff: KROMPF, ALISON

<table>
<thead>
<tr>
<th>Score</th>
<th>Needs</th>
<th>Strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No Evidence</td>
<td>Centerpiece</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strength</td>
</tr>
<tr>
<td>1</td>
<td>Watchful Waiting</td>
<td>Useful Strength</td>
</tr>
<tr>
<td>2</td>
<td>Action Needed</td>
<td>Identified</td>
</tr>
<tr>
<td>3</td>
<td>Immediate/Intensive Action</td>
<td>No Strength</td>
</tr>
<tr>
<td></td>
<td>Needed</td>
<td>Identified</td>
</tr>
</tbody>
</table>

Initial Assessment 04/28/2016
- 47% 0
- 20% 1
- 12% 2
- 20% 3

Current Assessment 12/05/2016
- 41% 0
- 33% 1
- 12% 2
- 4% 3

Immediate/Intensive Action Needed

- OPPOSITIONAL- Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others
- FAMILY RELATIONSHIPS- Child is having severe problems with parents, siblings and/or other family members.

Action Needed

- ADJUSTMENT TO TRAUMA- Child presents with a moderate level of symptoms as a result of traumatic or adverse childhood experiences that need to be addressed
- ANGER CONTROL- Moderate anger control problems.
- CULTURAL STRESS- Individual is experiencing cultural stress that is causing problems of functioning in at least one life domain.
Program Level Data

This data when looked at by program can be really helpful for identifying which programs best address which needs, both for referral triaging, as well as for appreciative inquiry and quality improvement efforts.
Reporting requirements are still under discussion. Your ideas and input are important. The CANS Implementation Team and the Vermont Care Partners Outcomes Group wants your ideas to help shape these decisions.
Next Step: Establish opportunities for ongoing consultation

**Purpose:** to support practice and maintain reliability
- Think about how this could work well in your agency
- Some agencies mandated that newly trained staff go to 6 learning community groups a year (some held monthly, others every 2 weeks)
- Discuss complicated cases and common questions, review work flow process and iron out barriers to data quality
- The secret to data quality is making this useful for clinicians on the ground!

**Leadership can join statewide learning collaborative calls**
- To get information about these calls, contact Interagency Planning Director, cheryle.bilodeau@vermont.gov
- Topics vary from how to embed the CANS in community mental health practice, to data extract and IT logistics.

**Is there an interest in statewide clinical consultation calls?**
- Agencies who are interested in a statewide clinical consultation call should convey that to the CANS implementation team.
Implementing the CANS continues to pose challenges and opportunities, Let’s work together on:

- CFR Part 2 and sharing information
- Could the CANS be the treatment plan?
- Could the CANS be the Diagnosis and Evaluation?
- How do we score the CANS in unique situations such as when youth are in residential placement?
- How do we best demonstrate outcomes?
Quality Improvement – How Much

“You can’t manage what you can’t measure”

–John Lyons
Quality Improvement – How Well

Intensity of Need for “Caregiver Knowledge” by Town

CANS definition of Caregiver Knowledge:
The caregiver’s knowledge of the specific strengths and needs of the child and the rationale for the treatment or management of these issues

The darker the red, the more intense the need
Quality Improvement - Is anyone better off?

% of Clients with a Need at Intake vs Need at Discharge
(Need is Indicated by a Score of 2 or Above)

% NEED at Intake
% NEED at Discharge
Population Data - Is anyone better off?

Comparing how we impact the needs of all clients versus clients in DCF custody

Average Severity Score for All Clients at Intake, 6 Months and 1 Year

Average Severity Score for Clients in DCF Custody at Intake, 6 Months and 1 Year
Utilization Review

Analyze Severity Scores to systematically review whether clients are in the right level of care:

• Pull all clients with Severity Score of 4 or below. Look at how many hours of service they are receiving as well as their level of care
• Pull all clients whose Severity Scores have not changed. Do their treatment plans reflect any discussion around change in approach or level of service?

Can plot CANS 1’s versus CANS’s 2’s for quick way to view which clients are making progress or may be ready to discuss discharge
State Vision
AKA: what is the State’s Agenda for the CANS?

What it isn’t:
• Not something to use as a cut-off score for level of care

What it is:
• Partnering with system of care providers to develop statewide standards for the use of CANS
• Informs clinical decision making and utilization review
• Demonstrate outcomes of services:
  • DA master grant reporting on client functioning
  • Behavior intervention program annual reporting
Statewide Standards

**Goal:** Consistent use of the tool based on agreed upon standards within the VT System of Care.

- We plan to finalize standards within six months. Please be involved with the workgroup in this process and commitment to uphold standards.
- We plan to develop standards for:
  - Time frame, how frequently conducted
  - How conducted (collaborative from all team members)
  - What needs to be included in the report
  - Metric for what shows improvement in CANS score
  - How it should be shared with families
  - If using CANS, needs to tie into psychosocial evaluation, plan of care, utilization review, progress monitoring
  - Policies & procedures, family guide
RESOURCES

Formal
• IFS website CANS page: http://ifs.vermont.gov/content/child-and-adolescent-needs-and-strengths-cans-0
  • TCOM website: https://tcomtraining.com
  • TCOM blog: https://tcomconversations.org/blog/
• Video of CANS developer John Lyons https://vimeo.com/17391621
  • Statewide CANS implementation team

Informal
• Peers at other agencies
  • Alison Krompf alison.krompf@ncssinc.org
  • Dillon Burns dillon@vermontcarepartners.org