

Implementing the ANSA at your agency

November 8, 2019

ANSA Implementation Team Meeting

Department of Mental Health

Why are we doing this?

Part One

- Vermont mental health agencies **provide quality clinical assessment and treatment work** every day. The ANSA offers a **quantitative expression** of that work.
- Providers can use it to **measure and share progress** with clients, families, teams, and program directors.
- It helps to **hold us accountable** for making progress **in all key domains** in the lives of the people we serve.
- By requiring good communication with clients and teams, **it can improve practice.**
- It can help with utilization review and **matching individuals 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

State Vision

AKA: what is the State's Agenda for the CANS?

What it isn't:

- A total score that indicates whether someone is well or unwell

What it is:

- Transparent way to communicate between the individual, client, team and system about needs and strengths
- Informs clinical decision making and utilization review
- Demonstrate outcomes of services

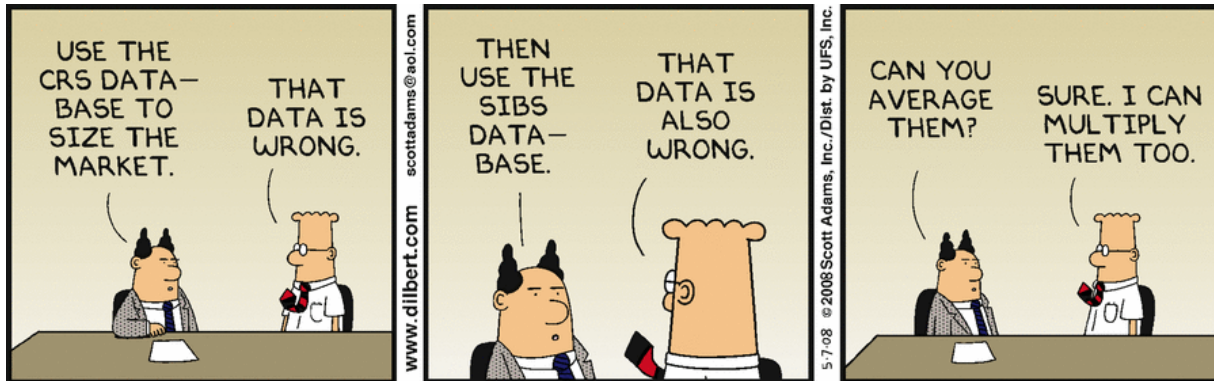


Why the ANSA

Reasons ANSA was selected by other adult programs across the country:

- Reliable and valid
- Clinically Useful
- Public Domain
- Cost effective
- Low demand burden
- Item level analysis – allows for us to target applicable items per various programs
- Useful in aggregate for program evaluation
- Can be an outcome for multiple evidence based treatments
- Creates a culture that maintains focus on our clients, their needs AND strengths
- Aligns our various programs with a common language and vision

Data that Benefits Everyone



Data that does not mean something to the person collecting it is often of poor quality

The ANSA has face value utility for practitioners, clients and supervisors. The information is useful and therefore will be used transparently in assessment and treatment planning. This limits incentive to manipulate for secondary gain.

This will lead to better quality data going up to the program and system levels.

DA staff *already collect* this information, just in narrative form. The ANSA is essentially a scored reassessment. The tool simply serves to communicate this information beyond an individual narrative buried in the chart, which allows it to serve a larger purpose.

Name	Which ANSA is this?	CRT Status	Date
Lloyd Christmas	Review 2	Active CRT	7/12/19
Who provided input to this ANSA?		OP therapist; Psychiatry; Case Manager; Community Health Team SW	

For all Domains except Strengths: (See Strengths Domain for Scoring)
 0 = no evidence
 1 = history, mild
 2 = moderate, action needed
 3 = severe, immediate action needed

RISK BEHAVIORS
 0 1 2 3

MEDICAL
 0 1 2 3

Suicide Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Injurious Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exploitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gambling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criminal Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Primary Care Connected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication Adherence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Health Conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical/ER hospital visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CULTURE
 0 1 2 3

Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traditions and Rituals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STRENGTHS
 NA 0 1 2 3

0 = Centerpiece Strength
 1 = Useful Strength
 2 = Identified Strength
 3 = Not Yet Identified

Family Social Connectedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talents/Interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Volunteering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual/Religious Community Connection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resiliency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resourcefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PSYCHIATRIC HOSPITALIZATIONS
 0 1 2 3

Number of hospitalizations in the past 180 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of hospitalizations less than or = to 30 days within past 2 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of hospitalizations greater than 30 days within the past 2 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of psychiatric crisis episodes in the past 90 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EMOTIONAL/BEHAVIORAL NEEDS
 0 1 2 3

PsychosisThought Disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulse Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mania	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antisocial Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disturbances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LIFE FUNCTIONING
 NA 0 1 2 3

Physical/Medical Family Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual/Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement in Recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ANSA Draft Score Sheet

Current VT Draft ANSA

There are a core set of common questions that every state uses. There are additional items available that some states add to their ANSA for certain reasons (Ex: adding psych hospitalization and crisis hx to aid in assessing eligibility for programming.)

ANSA can serve as a blueprint for what case managers should have a comprehensive understanding of for their clients.

Creates a quality standard and common language for assessment

HOW DOES IT WORK?

Clinical staff complete their intake process just as they would normally

The ANSA is the **output** of the assessment (and reassessment) process

By scoring the items it generates a **report in real time, in plain language.**

Highlights **strengths** to facilitate discussions of how they can be used in treatment planning

ANSA can provide a **colorful pie chart**, identifying how many areas require intensive support. This can be used to monitor **progress over time** and **celebrate successes with the client.**

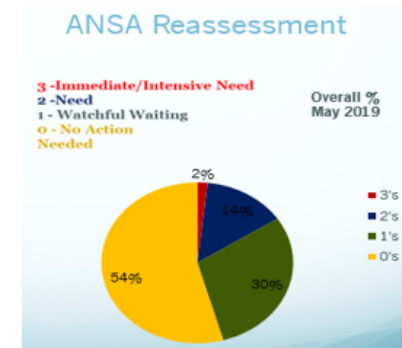
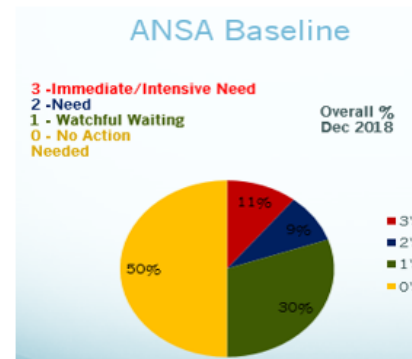
ANSA REASSESSMENT

Client: Dean Martin

Date: May 15, 2019

Staff: Alison Krumpf, MA

Current Services and Supports: CRT, Supported Employment, Psychiatry Med Management



Immediate/Intensive Needs

NATURAL SUPPORTS – Individual has no known natural supports who contribute to supporting his/her health and well-being

Needs

PSYCHOSIS/THOUGHT DISTURBANCE – Individual with evidence of moderate disturbance in thought process or content. The individual may be somewhat delusional or have brief or intermittent hallucinations. The person's speech may be at times quite tangential or illogical.

SELF CARE – A moderate degree of self-care impairment is evidenced. Self-care does not represent an immediate threat to the person's safety, but has the potential for creating significant long term problems if not addressed.

DECISION MAKING – Significant problems with decision-making. Individual may be struggling with thinking through problems, anticipating consequences or concentrating.

INTERPERSONAL PROBLEMS – Significant degree of interpersonal problems exist

COMMUNITY CONNECTION – Individual has limited ties and/or supports from the community

Areas of Focus for Implementation

ANSA
implementation
team

Redundancy
Assessment

Practice
Protocols

Staff Training

Supervisor
Training

Data
Management

Outcomes

Learning
Collaboratives

Resources

Timeline Draft

Activity	Date
Early Adopters do online training	Available now and ongoing
Early Adopters attend first ANSA statewide information training	November 19th
Vermont ANSA finalized	TBD – sub-committee will provide date estimation at next mtg
Build VT ANSA into EMR	Required to be operational by Jan 1, 2021
Build reports into EMR	Individual summary report to be developed
Regional Trainings (DMH will partner with your agency to put on agency training)	Per agency request – email Alison.Krompf@Vermont.gov
All new clients* receive an ANSA	Jan 1, 2021
All existing clients have an ANSA	Dec 31, 2021

First steps for local leadership

Create an ANSA 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 ANSA is fully implemented



First step for local ANSA implementation team

Develop a mission that integrates ANSA into the everyday workings of the organization

- Create a shared vision with clients 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 adult serving system is the foundation to fostering collaboration and clear communication

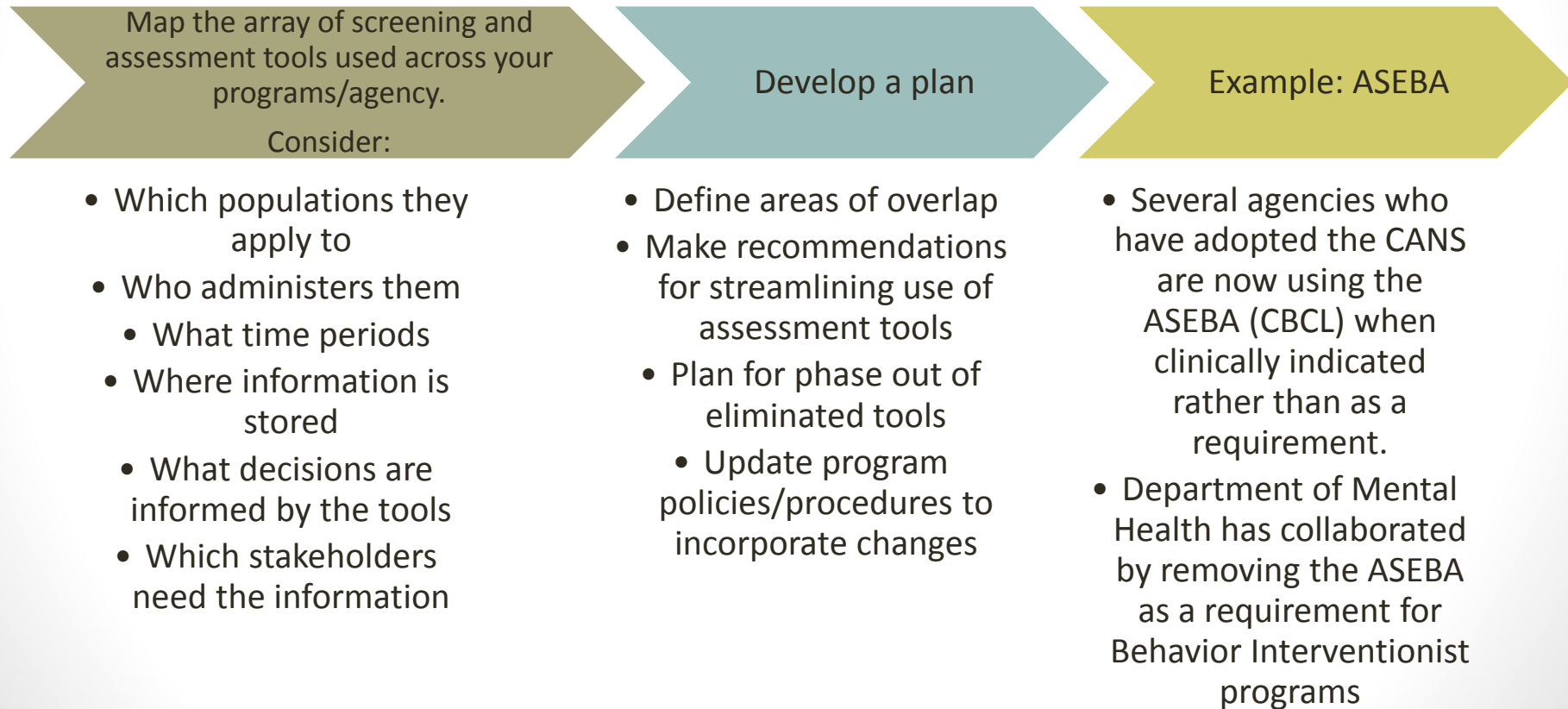
Develop an implementation timeline:

- Create goals or deadlines for when each program will be trained, and when staff will start using the ANSA
- One lesson learned: To pilot the ANSA have clinicians try to complete it on individuals they know well.

Delegate one member to statewide ANSA implementation team

- Meets monthly on the second Friday 10:00 -11:30
- Call-in option available
- To join, contact Cheryle Wilcox at cheryle.wilcox@vermont.gov

Next step for local agencies for ANSA implementation: redundancy assessment



Next step for ANSA implementation team: practice protocols

Determine who will be administering the ANSA

- DMH is requiring the ANSA for all adults receiving more than outpatient therapy or meds only at minimum.
- The DA network plans to expand their reach to adults served under payment reform in order to assure data represents the same populations across DA's.

Determine when the ANSA will be administered

- DMH requires the ANSA be completed prior to the treatment plan, as it is intended to inform tx planning.
- Agencies can create workflows to complete initial ANSA:
 - at intake
 - Embedded in the Diagnosis and Evaluation process
 - Post psychosocial but in tandem with treatment plan
 - Reassessments -In team meeting or not?
 - Practice guidelines are in development that will help with these decisions

Update relevant clinical forms in EMR to embed ANSA information

Examples:

- Treatment plans (can pull strengths from the ANSA to populate, can use improvement on items as objective measures towards goals, etc.)
 - Intake forms
- Diagnosis and evaluations – can combine ANSA into document
- Internal referrals –can populate needs and strengths
- Discharge forms – can populate with needs resolved from the ANSA during treatment, and strengths built

Next Step for local ANSA implementation team: training

Train multiple in-house trainers

- Online training is available now
- Ensure that all clinical supervisors are trained to support use of tool for assessment and treatment planning
- DMH to support training over the coming years. Reach out to Alison.Krompf@Vermont.gov to request on site agency training.
- Train the trainers are offered at the annual TCOM conference, which is in New Orleans in Oct, 2020.
- Consider embedding ANSA training into new staff orientation once trainer capacity is built

Plan for online trainings

- DMH has purchased training vouchers for all staff. Contact support@TCOMtraining.com if you have any problems accessing the online training.

Develop plan to track initial training and annual recertification

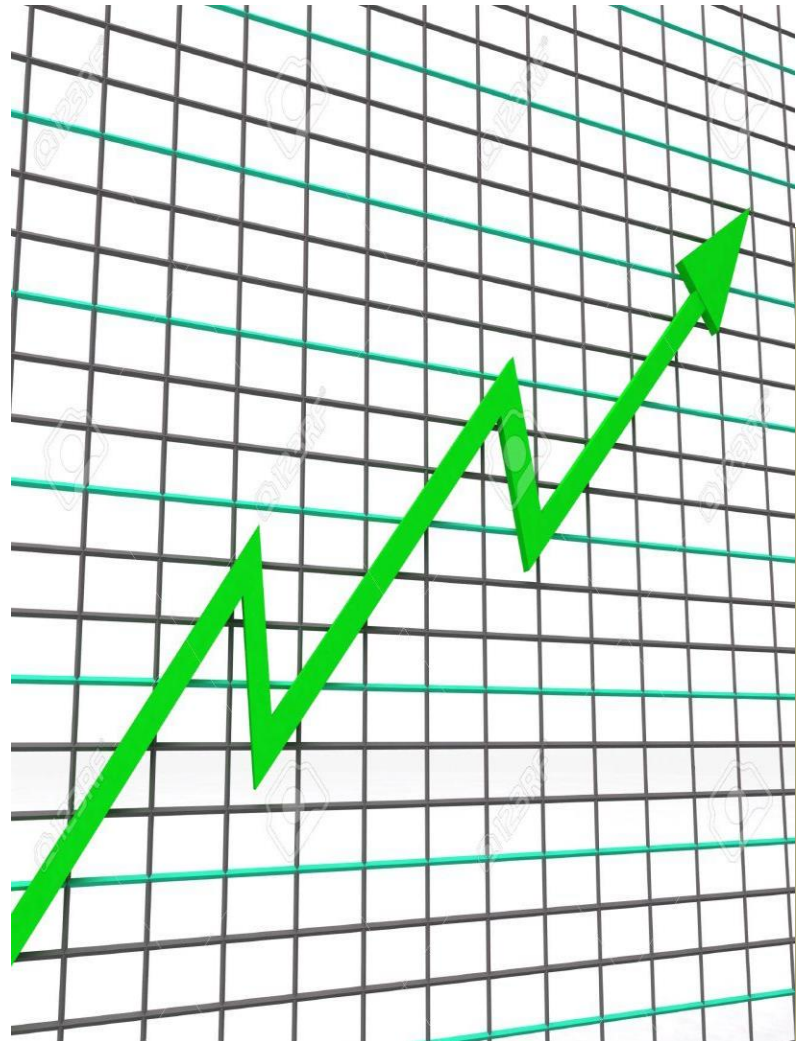
- Identify a point person to have access to the admin view of the training site to monitor staff training
- Some agencies have embedded this into HR monitoring practices
- Contact support@tcomtraining.com to get administrative access to the TCOM website, so you can confirm results of the certification test

Quality Improvement – How Much

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

–John Lyons

*Make sure you have a way of
tracking progress on the number
of ANSA’s being completed
leading up to Jan 1, 2021 start
date.*



Next Steps:

Supervisor trainings

Develop supervisory guidelines for training teams to train supervisors

- Example: Staff bring ANSA's to review during individual supervision
 - Protocols when ANSA is showing no improvement Ex: discuss adapting treatment plan, call team meeting, or provide targeted supervision to discuss approach

Discussing the ANSA during supervision can help the supervisor:

- Obtain a quick snapshot of the client'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 ANSA 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 clients

Next Step: Data Management

Find out: What is your timeline to embed this in your EMR?

- Statewide IT team can be a resource as well as new EMR implementation leads
- DMH has templates for those who want to build now, including ANSA reassessment and ANSA psychosocial versions

Update Departmental Workflows to include ANSA

- Examples: Incorporate ANSA into the Psychosocial
- Incorporate ANSA scores into treatment plans
- Create referral guidelines using ANSA scores as framework
 - Use ANSA 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 ANSA data to be saved if all questions are not completed
- Automated triggers of ANSA to clinicians at 12 months
- Prompts when a client is being discharged to complete an ANSA if their ANSA 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 a client standpoint, programmatic, and system-level. See table below.

Resources on what other agencies are doing include:

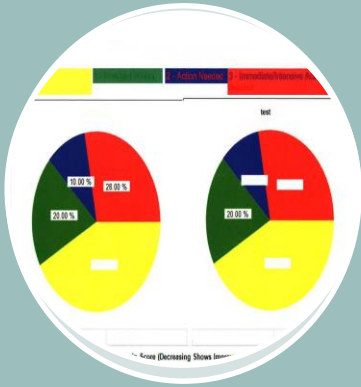
- ANSA implementation team
 - Statewide IT directors
 - Vermont Care Partners Outcomes Group
 - Early adopter examples

National Resources

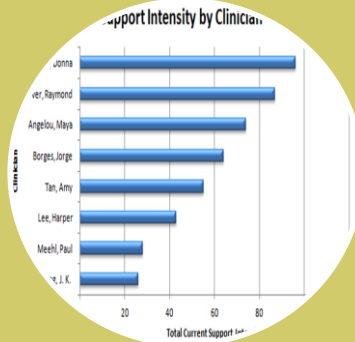
- Total Clinical Outcomes Management (TCOM)
- <http://praedfoundation.org/tools/transformational-collaborative-outcomes-management-tcom/>

	Family & Youth	Program	System
Decision Support	Care planning Identify shared vision and common goals	Eligibility Step down	Resource management Right sizing
Outcome Monitoring	Assess progress at service transitions & Celebrations	Program evaluation	Performance tracking Provider Profiles
Quality Improvement	Facilitate integrated care Guideline for supervision	Accreditation readiness Program redesign	Business model design Transformation

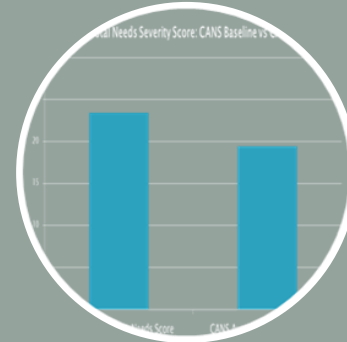
Next Step: Outcomes



Consider how you want to share ANSA outcomes with clients



Consider how you want to use ANSA outcomes programmatically



Consider how you want to report ANSA outcomes to stakeholders



Individual Baseline Report

23613 - DUCK, DONALD

Client age: 54

Date of Assessment: 12/05/2016

Caregiver Evaluated: Kinship caregiver

DCF Custody? Y

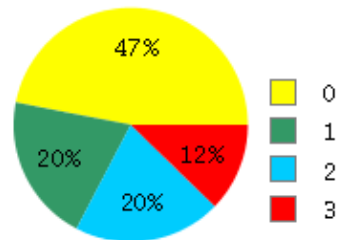
What CANS is this? Review

Staff: KROMPF, ALISON

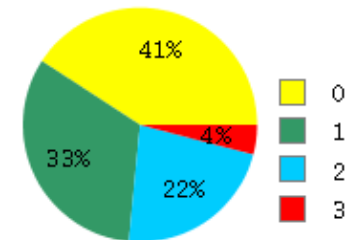


Score	Needs	Strengths
0	No Evidence	Centerpiece Strength
1	Watchful Waiting	Useful Strength
2	Action Needed	Identified Strength
3	Immediate/Intensive Action Needed	No Strength Identified

Initial Assessment
04/28/2016



Current Assessment
12/05/2016



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

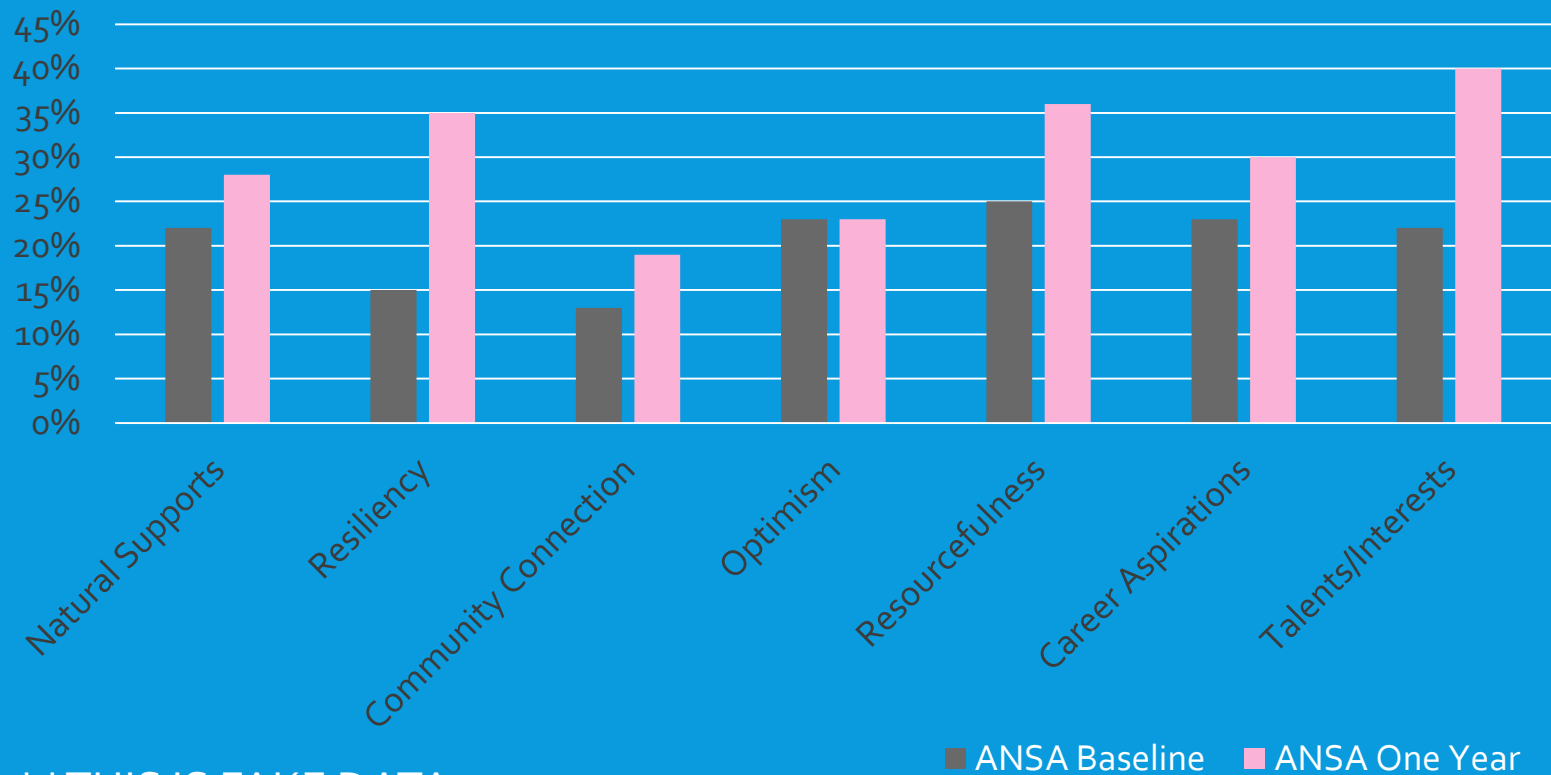
-ADJUSTMENT TO TRAUMA- Child presents with a moderate level of symptoms as a result of traumatic or adverse childhood experiences that need to be addressed

-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.

MEASURES STRENGTHS BUILT OVER TIME

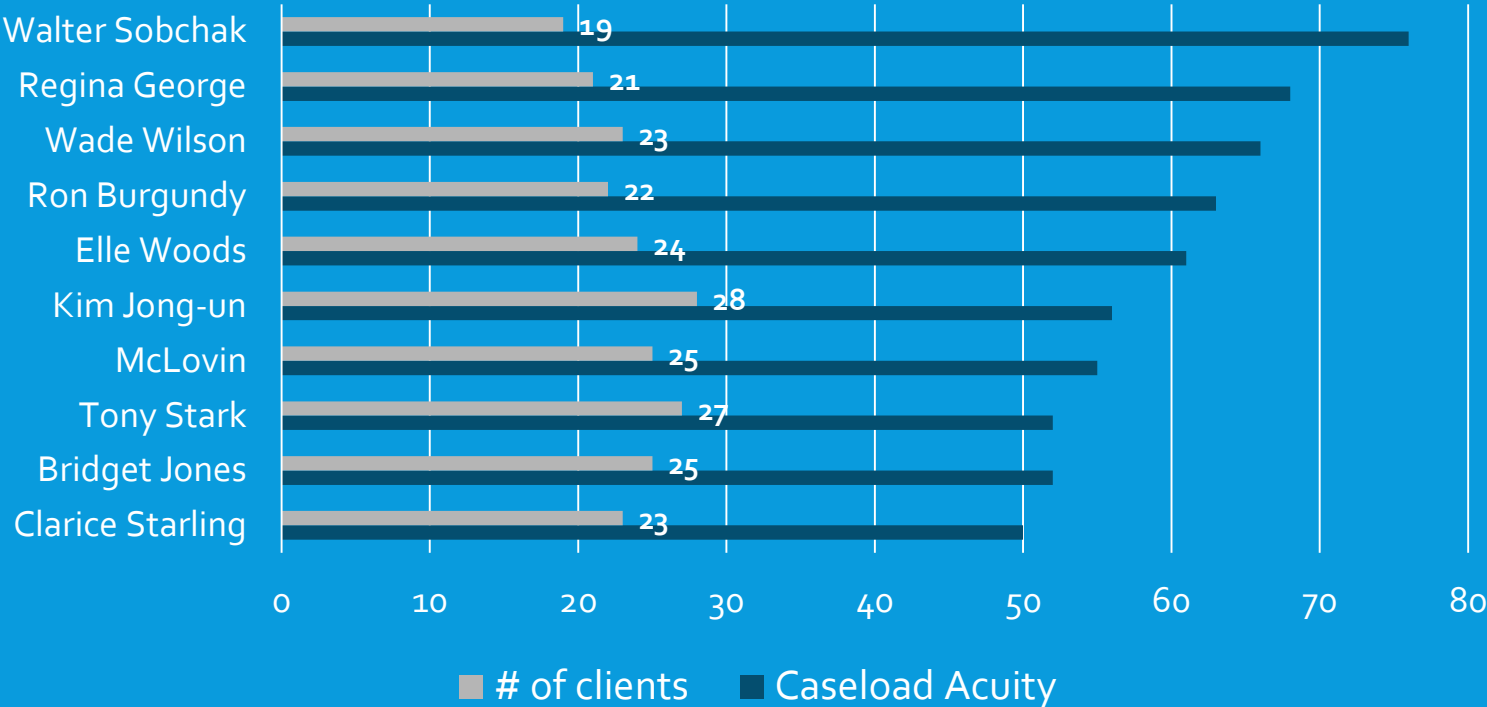
AOP Program Level STRENGTHS - Progress Over Time
% of Clients with a Strength (0 or 1) at Baseline and One Year Reassessment



**THIS IS FAKE DATA

UTILITY FOR SUPERVISORS - MANAGE CASELOADS BY CLIENT NEED INSTEAD OF NUMBER

Support Intensity of Caseload per Clinician



Next Steps: Communication

IDEAS FROM AGENCIES:

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 an ANSA questions email for all staff to use

Create materials to educate stakeholders

- Think about: Corrections, guardians ad litem, DCF involved parents, primary care, other community partners. Also consider providing them with their own aggregate data. For example what are the top 10 needs of clients coming into mental health care who are high ED utilizers? Who have chronic health conditions? How are your services impacting those needs?

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 required newly trained staff go to 6 learning community groups a year (some held monthly, others every 2 weeks)
- The learning groups discuss complicated cases and common questions, review work-flow process and iron out barriers to capturing quality information.
- The secret to data quality is making this useful for clinicians on the ground!

Leadership can join statewide learning collaborative calls

- State ANSA implementation team members should bring common questions and areas identified that need more discussion - Learning Collaborative calls can be developed to address these needs.
- Topics can vary from how to embed the ANSA in community mental health practice, to data extract and IT logistics.

Is there an interest in statewide clinical consultation calls?

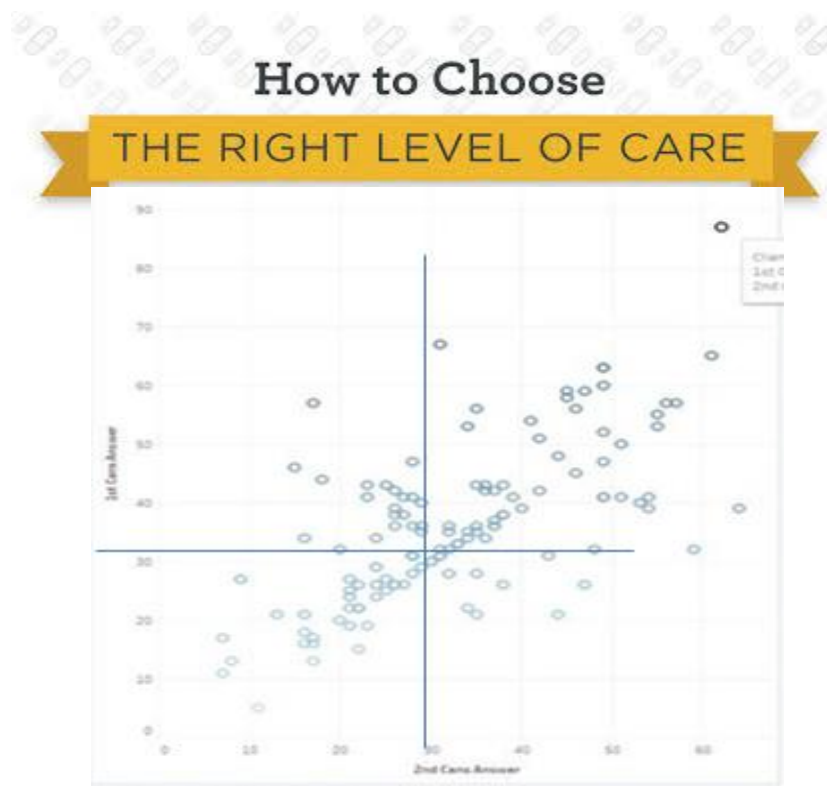
- Agencies who are interested in a statewide clinical consultation call should convey that to the ANSA implementation team

Utilization Review - Overall

Can analyze Scores to systematically review whether clients are in the right level of care. ANSA is a great tool to help you know where to look.

EXAMPLES:

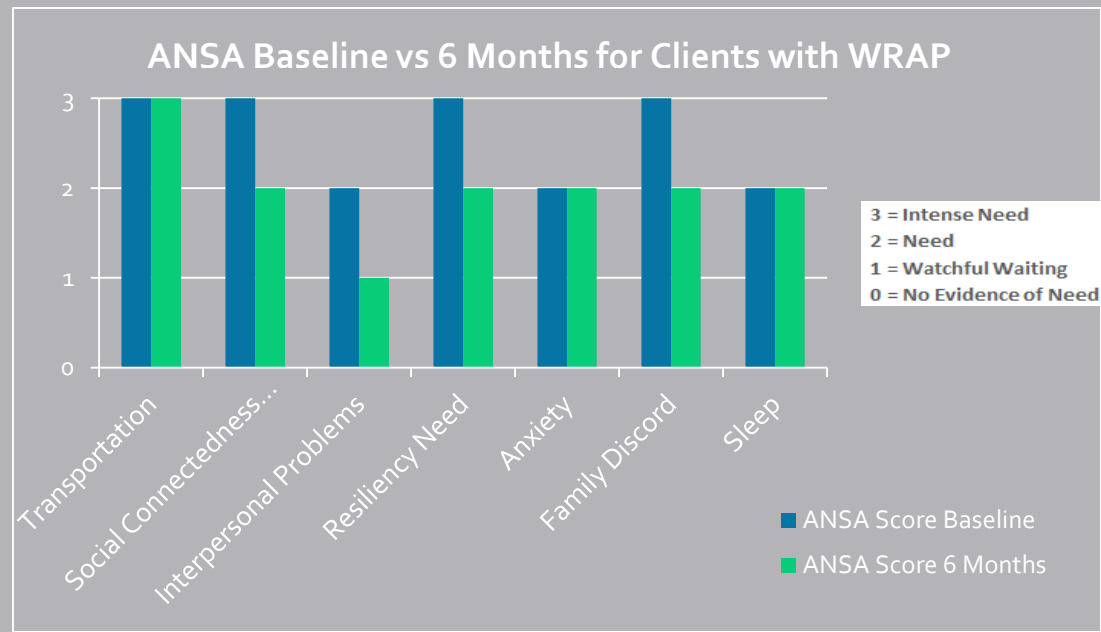
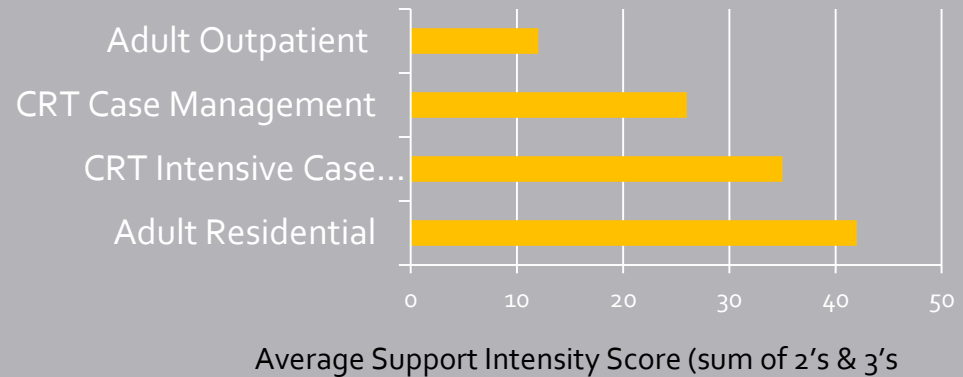
- Pull all clients with low number and level of needs. Look at how many hours of service they are receiving as well as their level of care
- Pull all clients whose Scores have not changed. Do their treatment plans reflect any discussion around change in approach or level of service?



Can plot ANSA Time 1's versus ANSA Time 2's for quick way to view which clients are making progress or may be ready to discuss discharge

UTILIZATION REVIEW AT YOUR AGENCIES

- Avg Intensity of Need (*Avg Severity Score*) by program
- Allows supervisors and program directors quick surveying of programs to determine if clients appear to be in the **right level of care**, or are **ready for step down**
- **Evidence Based Practice matching.** In what programs are certain items improving consistently. What are they doing well and how do you expand that?



**THIS IS FAKE DATA

Implementing the ANSA poses challenges and opportunities, Let's work together on:

- CFR Part 2 and sharing information
- How to align the ANSA and the treatment plan
- How to align the ANSA and the psychosocial assessment
- How do we score the ANSA in unique situations such as when adults are in residential placements?
- How do we best demonstrate outcomes?



Statewide Standards

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

Current minimum standards:

- Utilized at intake and every 12 months, prior to the treatment plan.
- Collaborative input is expected, whether it is done in a team process or by the clinician based on input from client and relevant team member
- Conducted in a person-centered, transparent way, with client voice fully incorporated.

Areas to be developed:

- What needs to be included in the report – new EMR's offer new opportunities for report building. We want to create a standard individual summary report
- Methodology for outcomes on ANSA at the individual, program and system level
- How it should be shared with clients, tx teams and DMH (compliance and privacy considerations)
- Formal Policies & procedures document and client and stakeholder guides

