FROM THE GROUND UP: BUILDING A FOUNDATION FOR THE CANS IN VERMONT

Belinda Bessette, LICSW, Clinical Services Program Manager, Northwestern Counseling and Support Services, bbessette@ncssinc.org

Alison Krompf, MA, Senior Policy Advisor, Department of Mental Health, Alison.Krompf@Vermont.gov

Cheryle Wilcox, LICSW, Interagency Planning Director, Department of Mental Health, Cheryle. Wilcox@Vermont.gov

A little about Vermont…

◦ Population:

◦ State Capital:

◦ Largest City:

◦ How much maple syrup did Vermont produce in 2017?
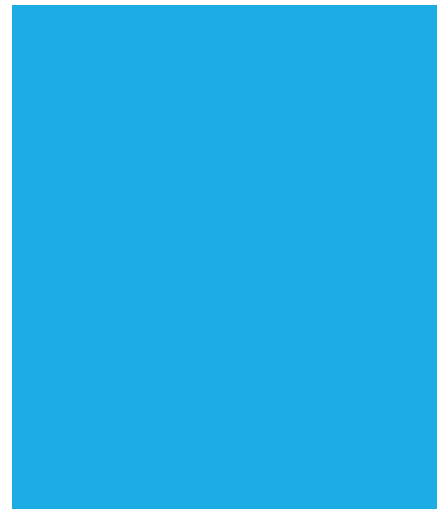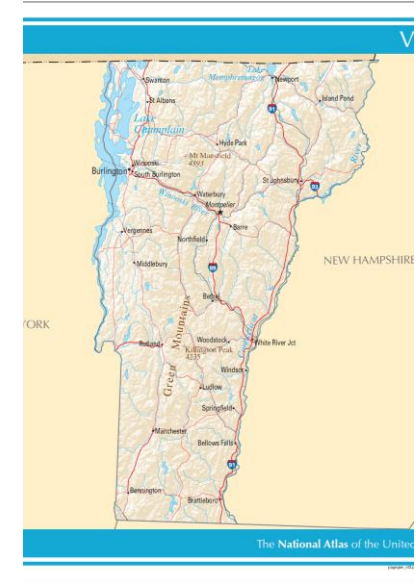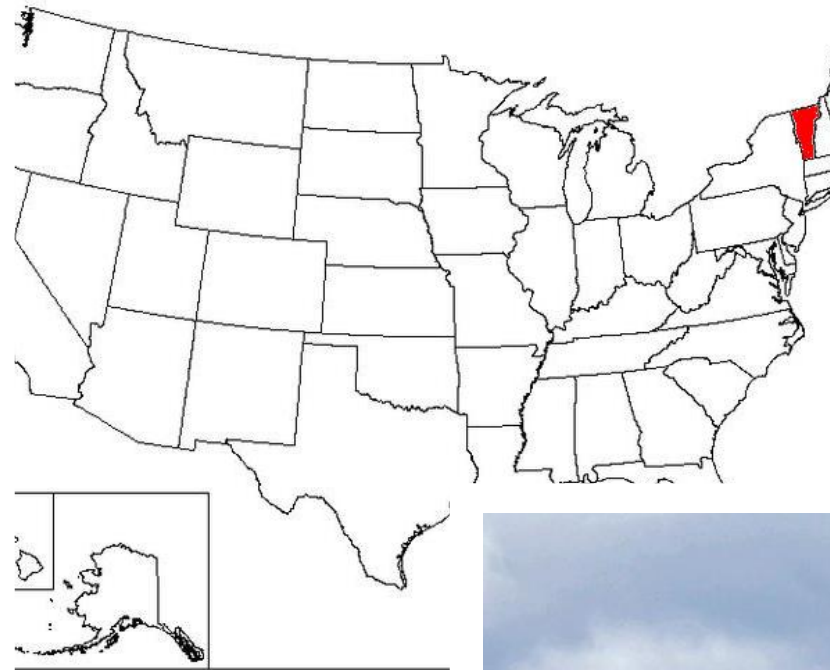
1. Identify how to effectively engage a broad scope of stakeholders to integrate the CANS at the individual, program and statewide systems level.

2. Discuss the foundation for creating sustainability of CANS knowledge at a statewide level.

3. Review and learn about how Vermont is using CANS data to inform services and supports for children, youth and families.

Learning Objectives

Vermont Leadership Support for the CANS

https://youtu.be/MyjiQEjn_lg?list=PLTsaEiB7W8wo9yKuoWnRCgkixJyqQG3Wy

Context of CANS in Vermont

○ The CANS is primarily being used at Designated Agencies, Specialized Services Agencies, and residential programs.

○ DAs and SSAs are in different phases for embedding the CANS into their EHR systems and creating report functions; a great deal of progress is being made in this area.

○ The focus for the CANS is for children/youth receiving Behavior Intervention supports and children/youth involved in multiple services. The scope continues to expand with Mental Health payment reform efforts underway.

Current status of CANS implementation

- CANS Implementation began in Vermont in 2014.

- After looking at a variety of tools and wanting to have something that would tell us, "Is anyone better off" because of our interaction with them the CANS was decided upon and implementation began in earnest in 2015.

- There is a statewide CANS Implementation Team which has been meeting monthly ever since and includes representation from the State and from community partners. This team created the Vermont CANS versions, has implemented trainings, hosted community learning calls and supports policy development.

- Currently there are two versions being used in Vermont: CANS-VT 0-5 and 5-22
  - A Transition-aged youth module is under development which will be added to the 5-22 CANS

- We have trained providers in every region to ensure sustainability

- In the fall 2018, we will have aggregate CANS data from UVM for children involved with DCF-Family Services who are also receiving mental health services.

Lessons Learned

- We have spent time mapping it to current practice

- We have worked to assist agencies to build the CANS into their EMR to show immediate visual results. This then informs treatment planning *(this work is ongoing and each agency is at a different place)*

- We have adjusted our time frame for CANS completion to ensure we have enough time to have the level of information needed to accurately complete the CANS

- We developed a practice protocol with child welfare/youth justice staff

How we got buy in: Individual Clinical Level

- Used initially to inform Treatment Planning
- Communicate clearly with clients, families and treatment teams the needs and **strengths**
- Over time to Celebrate success
- Highlight when change in approach is needed
- Use it in supervision
- Look at trends in needs

REQUIRES:
Initial and every six month prompt to clinicians to complete the tool

Embedding the CANS within the psychosocial creates a wonderful efficiency!

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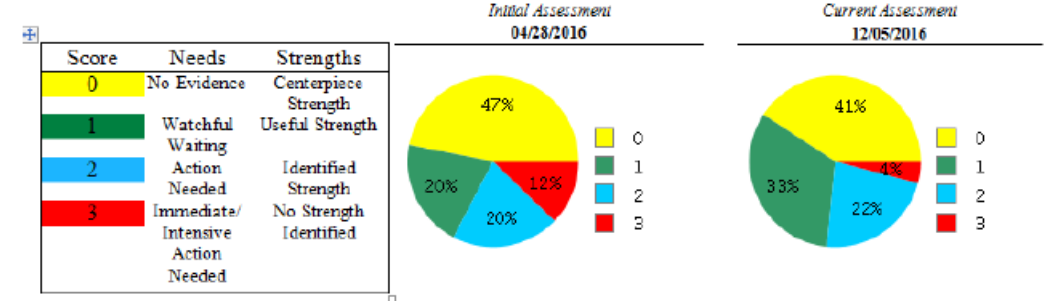
23613 - DUCK, DONALD
Client age: 54
Date of Assessment: 12/05/2016
Caregiver Evaluated: Kinship caregiver

DCF Custody? Y

What CANS is this? Review

Staff: KROMPF, ALISON

Initial Assessment 04/28/2016

Current Assessment 12/05/2016

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 pie chart: 47% (0, yellow), 20% (1, green), 20% (2, blue), 12% (3, red)

Current Assessment pie chart: 41% (0, yellow), 33% (1, green), 22% (2, blue), 4% (3, red)

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.

Priority of Needs for Population

Are you sure you know what brings your clients into care?

By simply summing up all scores per item you can get a break down of the most intensive needs of the clients your agency is serving

If you add programs to the data, you can slice by program to determine whether there are distinct needs between clients accessing certain programs, and determine whether those programs have the resources they need to address those needs
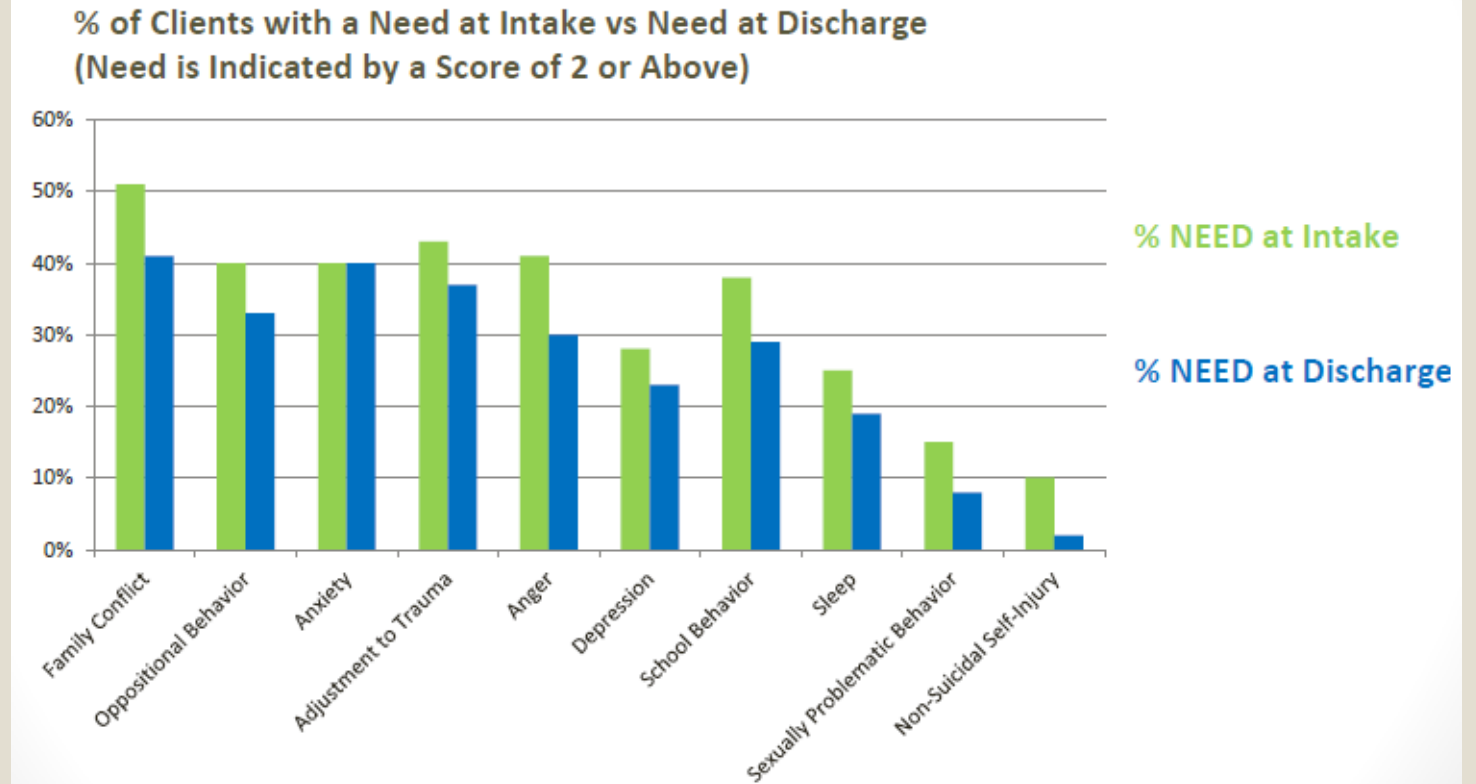

Highest Scoring CANS items per FY 18 for Population Assessed
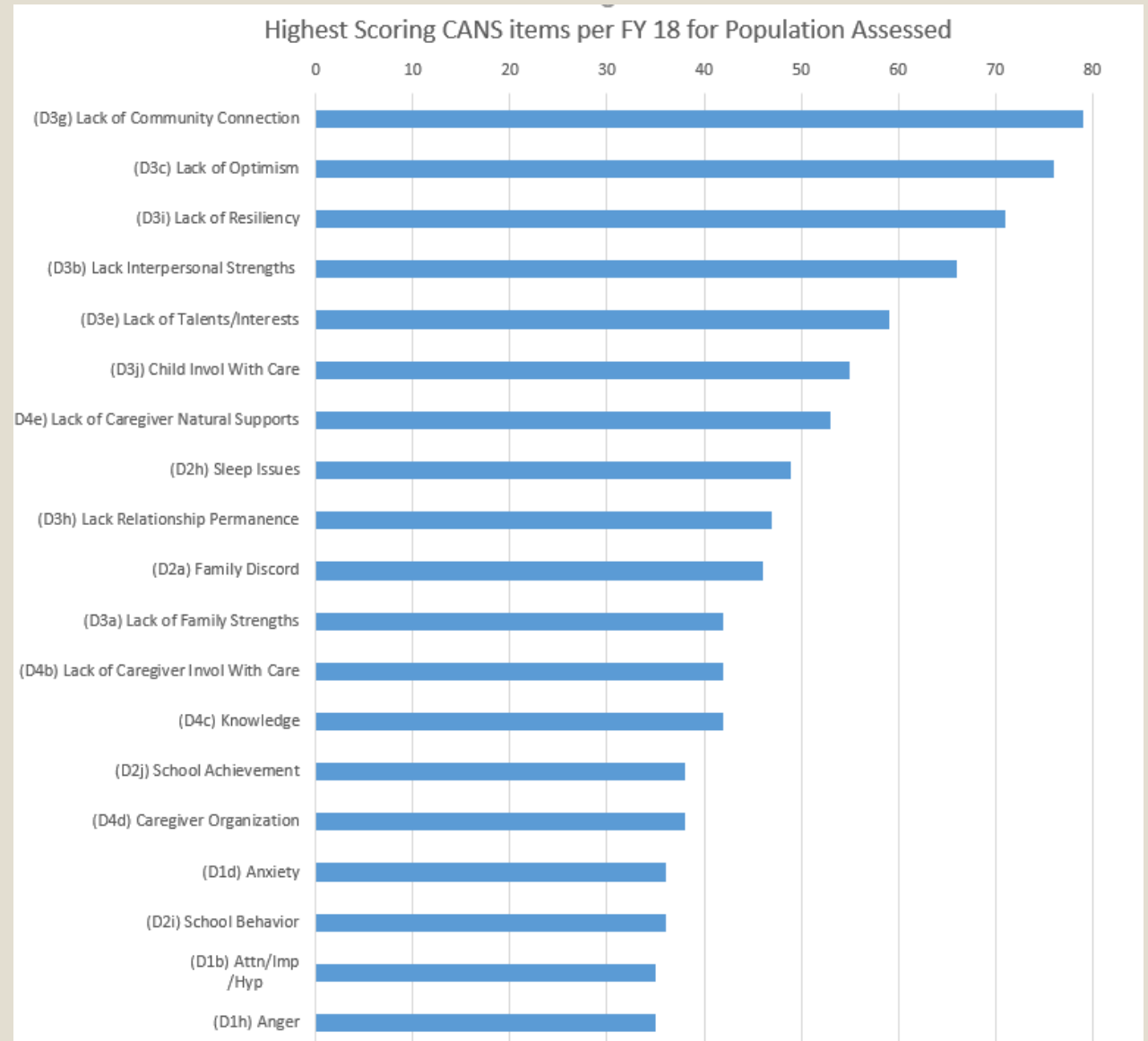
Agency or Program level

The "Percent Resolved" represents the percentage of children who, at intake, needed help with an issue, but at discharge no longer needed help
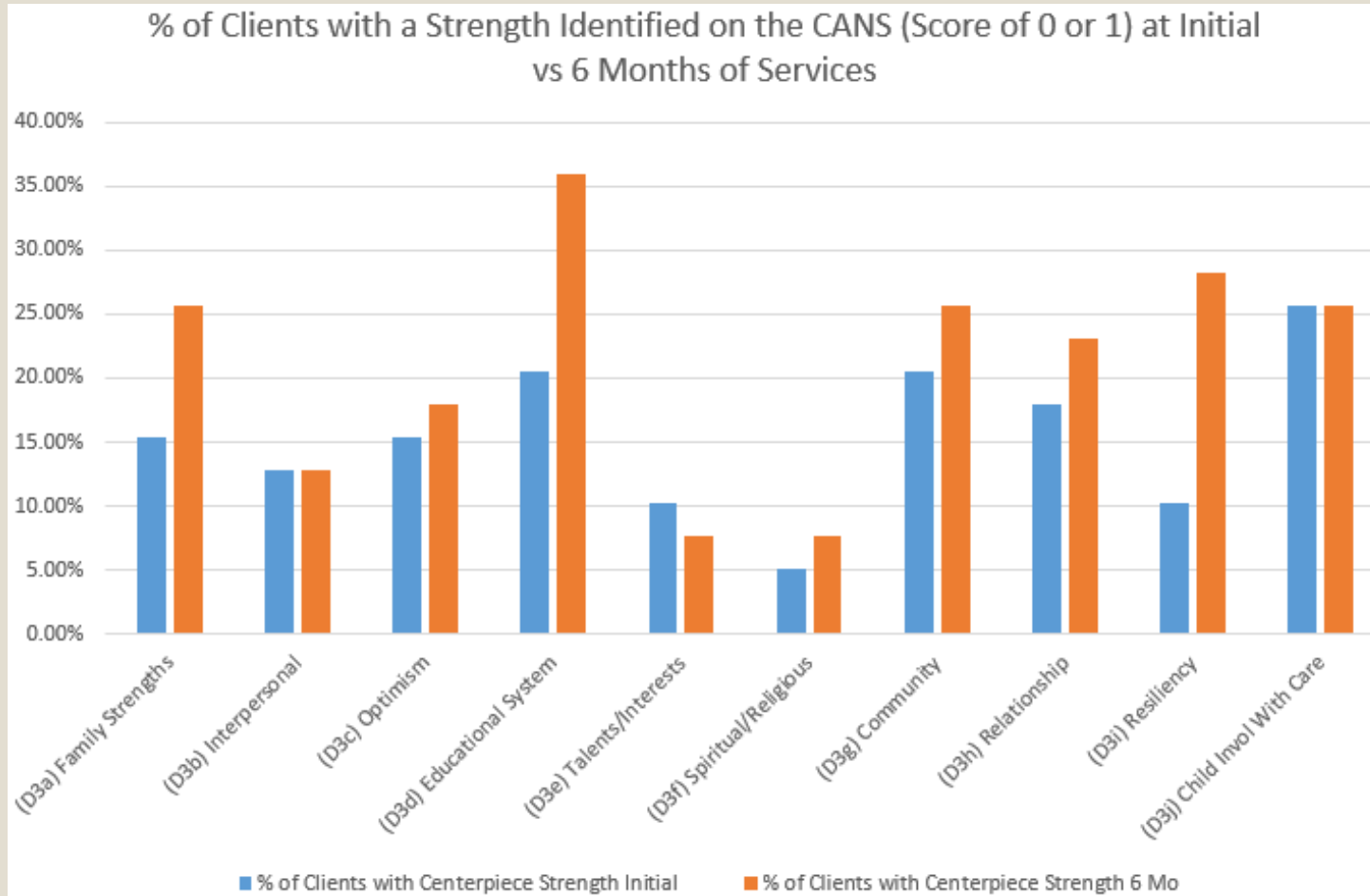
DEFINITION

- % with score of 2 or 3 on a set of items at intake/% with score of 2 or 3 on same set of items at discharge

Tip: *You may want to exclude any clients who were not in services for more than 6 months, or who discharged due to lost to contact, etc.*

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

% of Clients with a Strength Identified on the CANS (Score of 0 or 1) at Initial vs 6 Months of Services
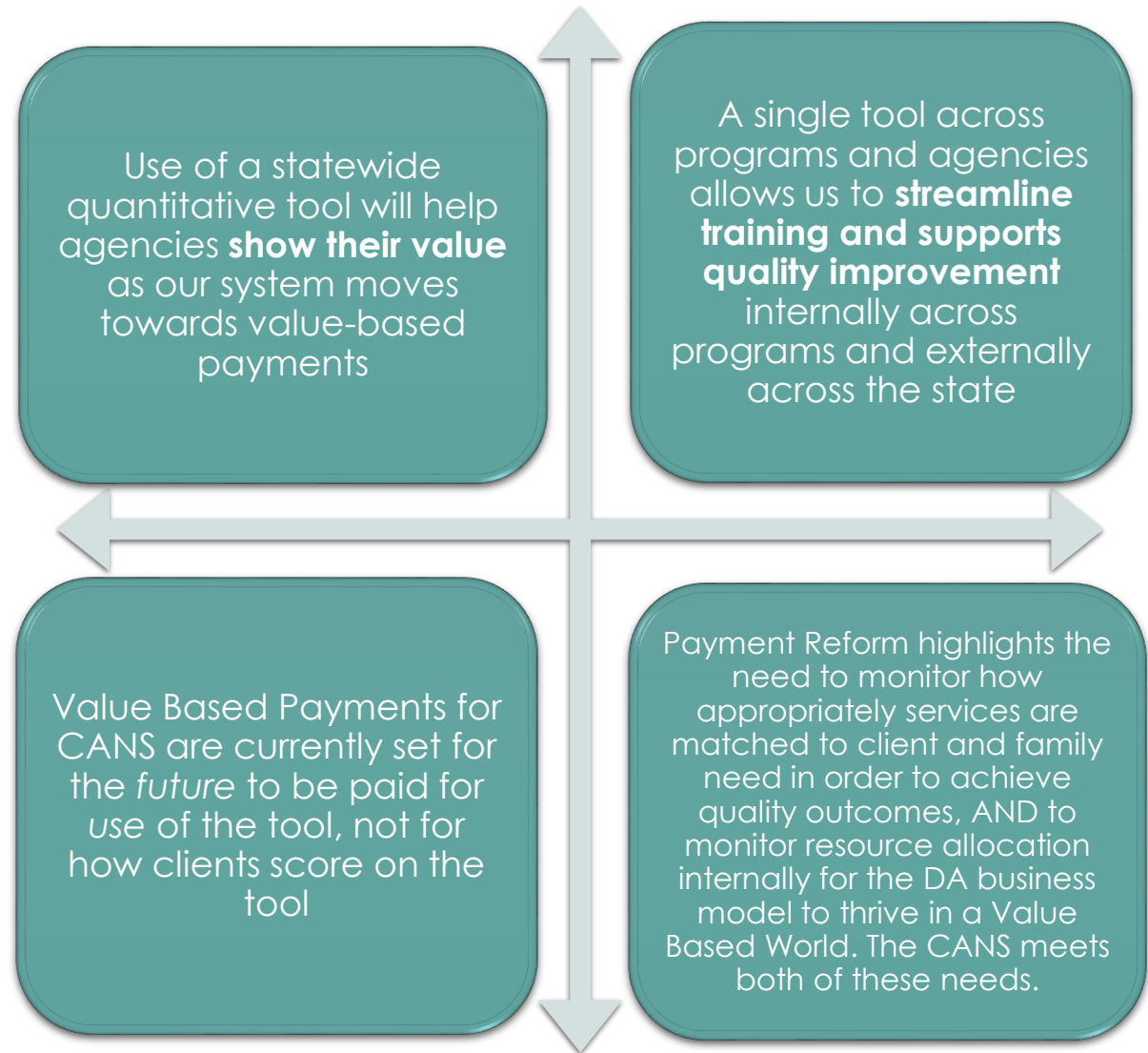
Strengths Built Over Time

- We know that Strengths mitigate needs
- We know that Strengths effect the impact of traumatic experiences
- We know that Strengths are incredibly important to highlight, utilize and build
- When showing Strengths over time we want to insure we illustrate them going up.
- To do this we measure the presence of 0's and 1's, instead of 2's and 3's

How Vermont Implemented the CANS with Success

- We got leadership support
- Created liaisons between clinical and data people
- Have offered ongoing opportunities for learning- during monthly statewide Implementation Team meetings, webinars, technical assistance
- We nurtured organic growth rather than starting with mandates

How the CANS meets internal data needs for payment reform *and* system wide needs

Use of a statewide quantitative tool will help agencies **show their value** as our system moves towards value-based payments

A single tool across programs and agencies allows us to **streamline training and supports quality improvement** internally across programs and externally across the state

Value Based Payments for CANS are currently set for the *future* to be paid for *use* of the tool, not for how clients score on the tool

Payment Reform highlights the need to monitor how appropriately services are matched to client and family need in order to achieve quality outcomes, AND to monitor resource allocation internally for the DA business model to thrive in a Value Based World. The CANS meets both of these needs.

Severity Score

- Need a broad brush way to see how things are going?

- Use Severity Score

- Severity Score calculates the need and intensive needs of all of your clients.

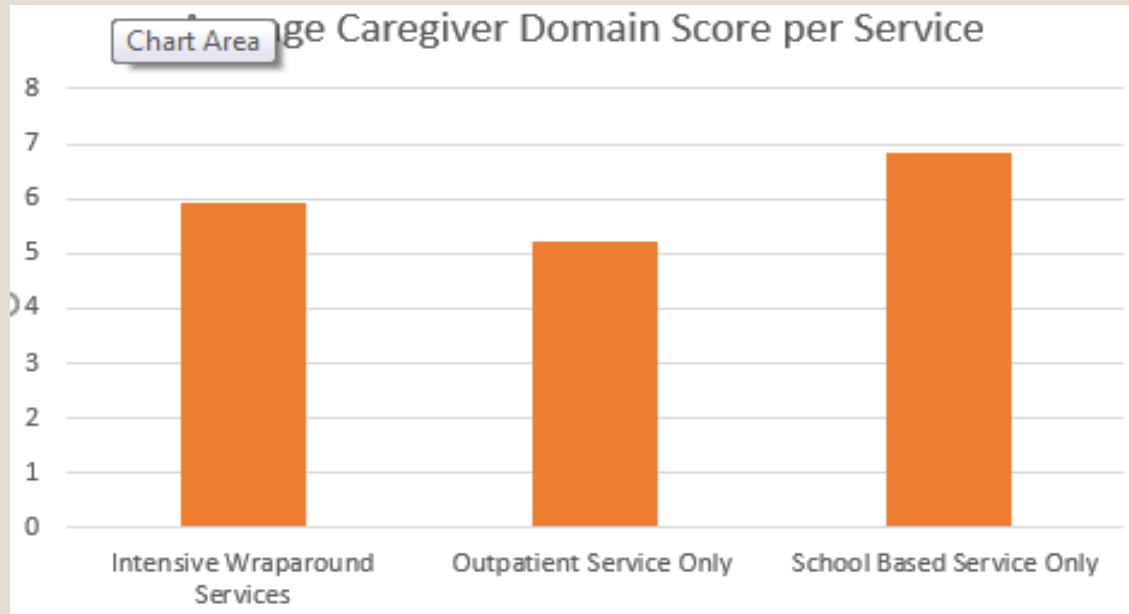- Watching this number over time can tell you if any of these needs or intensive needs are mitigating

DEFINITION

- Severity Score = Sum of 2's and 3's for each CANS

- Includes all items on the CANS

Average Severity Score of Children Served
CANS Baseline vs CANS 6 Months

Utilization Review – Right Type

Average Caregiver Domain Score per Service

Are clients with high risk of harm being served in programs with limited ability for follow up, coordination of care or home visiting components?

Risk Domain

Are clients with high needs in the Caregiver Domain being served in programs that have very little caregiver component?
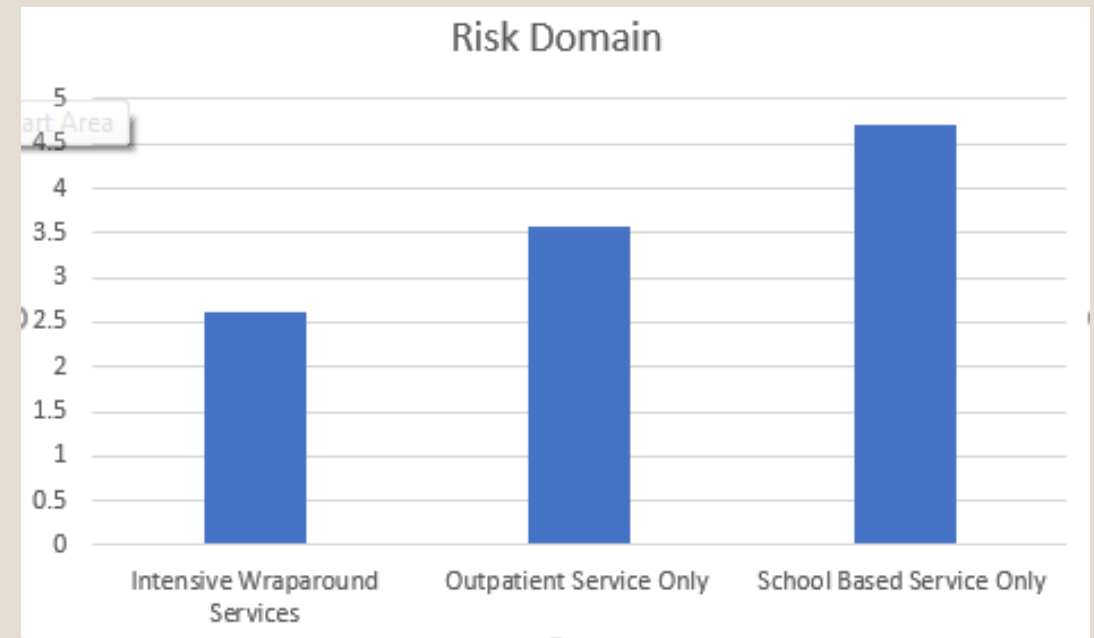
Utilization Review – Right Level of Care

- The CANS is one way to ensure clients get the right level of care at the right time.

- This is a quick way to take a look at right level. On average, are clients who have the highest severity of need in the highest level of service we have, or are they receiving services that provide only intermittent, 1 x week, less than hour, etc.
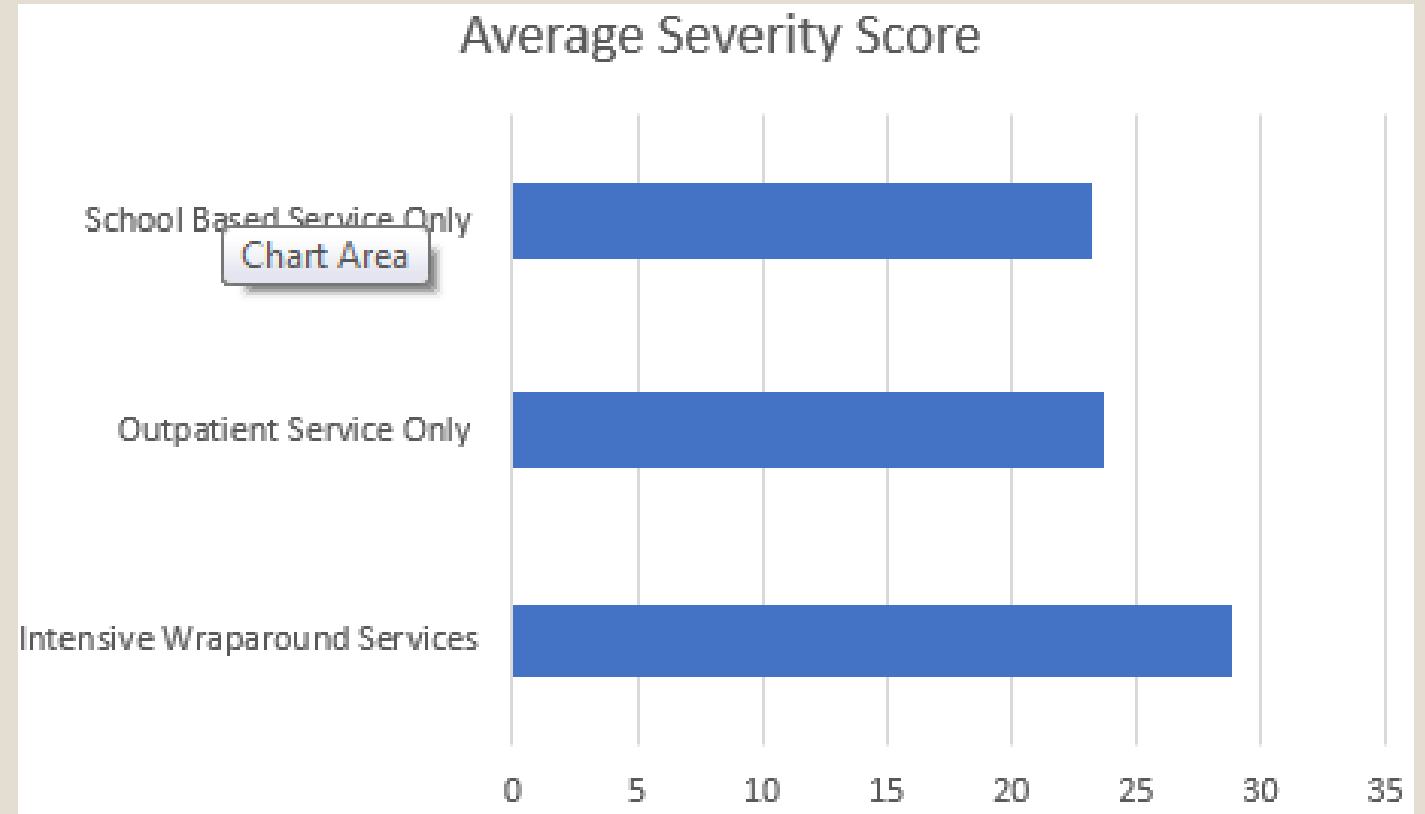
Severity Score = Sum of 2's and 3's

Questions?

Enjoy your winter… our next season in Vermont!