Integrated Practice CANS Primer

Authority Quality Improvement Services
Certification & Designation Support Services
Andrew Parker, LMFT





End of an era

- YOQ no longer mandated as of April 1st, 2022
- Plan was to use YOQ and OQ Analyst software, however...
 - State has other plans
- CANS and PSC-35 mandated by California DHCS as part of Medicaid/Medicare Final Rule
 - Implemented in Orange County as of October 1st, 2018
- Addition of Trauma and Early Childhood Module to CANS
 - CANS questions from before remain, adjustment to the Parent/Caregiver Module
 - Twelve trauma-focused questions, called the **Trauma Module**
 - Separate Early Childhood Module for clients aged 0-5

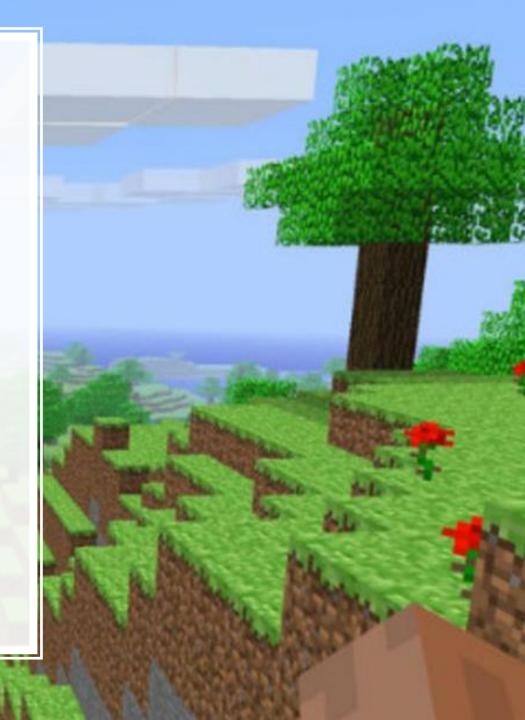
Why are we here? Who are all these people?!

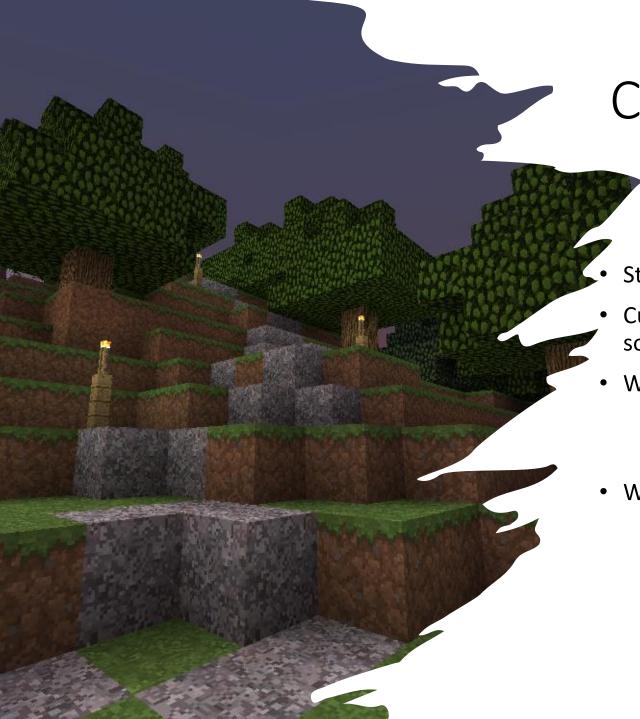
- To start conversations with stakeholders completing CANS and PSC-35, including:
 - CANS Trainers, both County and County-Contracted
 - County
 - Service Chiefs
 - Clinical staff
 - Contract Monitors
 - County-Contracted
 - Program Managers
 - QA/QI staff
 - Billing staff
 - EHR management staff
 - CANS Consultants
- To build a unified training approach on CANS and PSC-35
 - Promote interrater reliability
 - Improve training infrastructure



Challenges with CANS and PSC-35

- Different compared to YOQ measures
- Tricky to operate
 - Teaching CANS lingo
 - Data entry
 - Overlapping administration timelines
- CANS and interrater reliability
- Time and energy spent → client outcomes?
- Data submission to State is error-prone using IRIS and otherwise
 - Requires strong Coordination of Care and communication





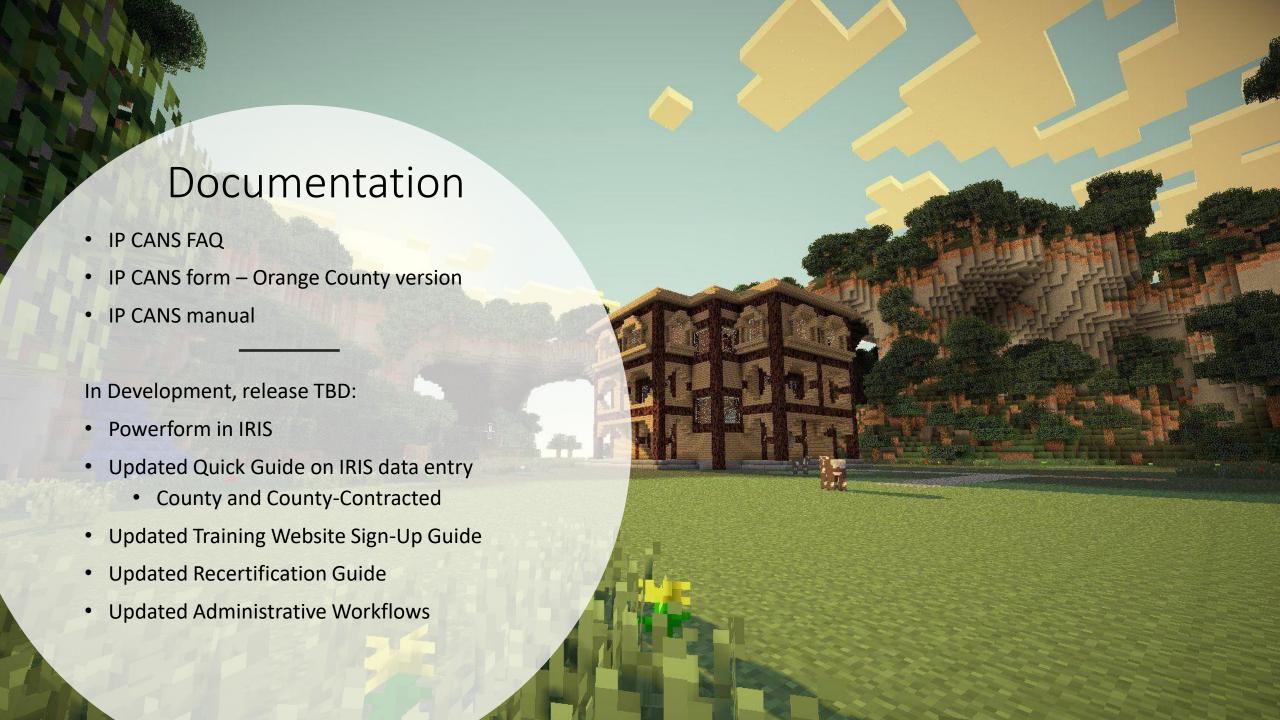
Certification Changes

• Staff do not need to recertify to the IP-CANS at this time

 Current certification in the CANS 50 1.0 is valid, and will remain so until it expires

We are changing over to training and certifying on the IP-CANS

- Date TBD pending adjustment by Praed Foundation
- Meetings this week to discuss process
- When ready, you will be notified
 - Supporting documentation and workflows will be available



What is in the IP-CANS?

- Behavioral/Emotional Needs
- Life Functioning
- Risk Behaviors
- Cultural Factors
- Strengths
- Caregiver Resources and Needs
- Trauma Module
- Early Childhood Module
- Changes to Parent/Caregiver Module





This domain identifies the mental health needs of the children.

While the CANS is not a diagnostic tool, it is designed to be consistent with diagnostic communication.

BEHAVIORAL/EMO	TIONAL NEEDS DOMAIN
0 = no evidence	1 = history or suspicion; monitor
2 = interferes with functioning; action needed	3 = disabling, dangerous; immediate or intensive action needed
	0 1 2 3
1. Psychosis (Thought Disorde	er)
2. Impulsivity/Hyperactivity	
3. Depression	
4. Anxiety	
5. Oppositional	
6. Conduct	
7. Substance Use	
8. Anger Control	
9. Adjustment to Trauma	

This domain describes how children and families are functioning in the individual, family, peer, school, and community realms.



LIFE FUNCTIO	NING DOMAIN			
0=no evidence 2=interferes with functioning; action needed	1=history or susp 3=disabling, dan or intensive a	gerous	; imme	
	0	1	2	3
10. Family Functioning				
11. Living Situation				
12. Social Functioning				
13. Developmental/Intellectual				
14. Decision Making				
15. School Behavior				
16. School Achievement				
17. School Attendance				
18. Medical/Physical				
19. Sexual Development				
20. Sleep				

Risk behaviors are actions that can get children and youth in trouble, or put them in danger of harming themselves or others.

RISK B	BEHAVIORS				
0=no evidence 2=interferes with functioning; action needed	1=history 3=disablin or inter	g, dang	gerous;	imme	
		0	1	2	3
21. Suicide Risk					
22. Non-Suicidal Self-Injurious	Behavior				
23. Other Self-Harm (Reckless	ness)				
24. Danger to Others					
25. Runaway					
26. Sexual Aggression					
27. Delinquent Behavior					
28. Intentional Misbehavior					

These items describe difficulties that the youth may experience or encounter as a result of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society.

CULTURAL FACTORS DOMAIN				
0 = no evidence	1=history or susp	•		
2 = interferes with functioning;	3=disabling, dang			diate
action needed	or intensive a	ction no	<u>eeded</u>	
	0	1	2	3
29. Language				
30. Traditions and Rituals				
31. Cultural Stress				

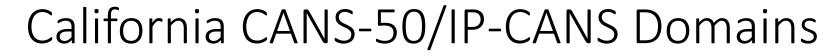






Two types of positive, contextual, social and individual variables or strengths are identified that support the youth's development: assets and resources.

STRENG	THS DOMAIN	
0 = Centerpiece strength	1 = Useful strength	
2 = Identified strength	3 = No evidence	
	0 1 2	3
32. Family Strengths		
33. Interpersonal		
34. Educational Setting		
35. Talents and Interests		
36. Spiritual/Religious		
37. Cultural Identity		
38. Community Life		
39. Natural Supports		
40. Resiliency		





These items represent potential areas of need for caregivers while simultaneously highlighting the areas in which the caregivers can be a resource for the youth.

Orange County will use four separate boxes for each Caregiver! Watch for this!

CAREGIVER RESOURCES A	ND NEED	OS		
A. Caregiver Name:				
Relationship:				
 0 = no evidence; this could be a strength 1 = history or suspicion; monitor; may be an 2 = interferes with functioning; action neede 3 = disabling, dangerous; immediate or inten 	ď	•		
	0	1	2	3
41a. Supervision				
42a. Involvement with Care				
43a. Knowledge				
44a. Social Resources				
45a. Residential Stability				
46a. Medical/Physical				
47a. Mental Health				
48a. Substance Use				
49a. Developmental				
50a. Safety				

Trauma + Early Childhood Module

Potentially Traumatic/ Adverse Childhood Experiences (All Ages)

T1. Sexual Abuse

T2. Physical Abuse

T3. Emotional Abuse

T4. Neglect

T5. Medical Trauma

T6. Witness to Family Violence

T7. Witness to Community/Schl Viol.

T8. Natural or Manmade Disaster

T9. War/Terrorism Affected

T10. Victim/Witness to Criminal Act.

T11. Disrupt. in Caregiving/Attch Losses

T12. Parental Criminal Behaviors

Early Childhood Module This section is completed for all children from birth to 5 years-old. The Potentially Traumatic/Adverse Childhood Experiences (items #T1 – T12 above) must also be completed for this age group.

Challenges

EC1. Impulsivity/Hyperactivity

EC2. Depression

EC3. Anxiety

EC4. Oppositional

EC5. Attachment Difficulties

EC6. Adjustment to Trauma

EC7. Regulatory

EC8. Atypical Behaviors

EC9. Sleep

Functioning

EC10. Family Functioning

EC11. Early Education

EC12. Social and Emotional Funct.

EC13. Developmental/Intellectual

EC14. Medical/Physical

Risk Behaviors & Factors

EC15. Self-Harm EC16. Exploited

Risk Behaviors & Factors

EC17. Prenatal Care

EC18. Exposure

EC19. Labor and Delivery

EC20. Birth Weight

EC21. Failure to Thrive

Cultural Factors - Family

EC22. Language

EC23. Traditions and Rituals

EC24. Cultural Stress

Strengths

EC25. Family Strengths

EC26. Interpersonal

EC27. Natural Supports

EC28. Resiliency (Persist. & Adaptab.)

EC29. Relationship Permanence

EC30. Playfulness

EC31. Family Spiritual/Religious

Dyadic Considerations

EC32. Emotional Resp. of Caregiver

EC33. Caregiver Adj to Trauma Exp.

Caregiver Resources and Needs

EC34. Supervision

EC35. Involvement with Care

EC36. Knowledge

EC37, Social Resources

EC38. Residential Stability

EC39. Medical/Physical

EC40. Mental Health

EC41. Substance Use

EC42. Developmental

EC43. Safety

EC44. Family Rel. to the System

EC45. Legal Involvement

EC46. Organization

Trauma Module

POTENTIALLY TRAUMATIC/ADVERSE CHILDHO	OD EXP	ERS.
NO = No evidence of any trauma of this type.		
YES = Exposure/experienced a trauma of this type.		
	NO	YES
T1. Sexual Abuse		
T2. Physical Abuse		
T3. Emotional Abuse		
T4. Neglect		
T5. Medical Trauma		
T6. Witness to Family Violence		

POTENTIALLY TRAUMATIC/ADVERSE CHILDHO	OD EXP	ERS.
NO = No evidence of any trauma of this type.		
YES = Exposure/experienced a trauma of this type.		
	NO	YES
T7. Witness to Community/School Violence		
T8. Natural or Manmade Disaster		
T9. War/Terrorism Affected		
T10. Victim/Witness to Criminal Activity		
T11. Disruption in Caregiving/Attachmnt Losses		
T12. Parental Criminal Behaviors		

Early Childhood Module

EARLY CHILDHOOD MODULE

This section is to be completed when the child is birth to 5 years old. The Potentially Traumatic/Adverse Childhood Experiences (#T1-T12 below) must also be completed for this age group. This section can also be completed for youth of any age who are experiencing developmental challenges.

POTENTIALLY TRAUMATIC/ADVERSE CHILDHO	OD EXP	ERS.
NO =no evidence		
YES = Exposure/experienced a trauma of this type.		
	NO	YES
T1. Sexual Abuse		
T2. Physical Abuse		
T3. Emotional Abuse		
T4. Neglect		
T5. Medical Trauma		
T6. Witness to Family Violence		
T7. Witness to Community/School Violence		
T8. Natural or Manmade Disaster		
T9. War/Terrorism Affected		
T10. Victim/Witness to Criminal Activity		
T11. Disruption in Caregiving/Attachmnt Losses		
T12. Parental Criminal Behaviors		

Early Childhood Module

CHALLENGES	
0 = No evidence 2 = Interferes with functioning; action needed	1 = History or suspicion; monitor3 = Disabling, dangerous; immediate or intensive action needed
	0 1 2 3
EC1. Impulsivity/Hyperactivity	
EC2. Depression	
EC3. Anxiety	
EC4. Oppositional	
EC5. Attachment Difficulties	
EC6. Adjustment to Trauma	
EC7. Regulatory	
EC8. Atypical Behaviors	
EC9. Sleep (12 months to 5 years	old)
FUNCTIONING	
FUNCTIONING	
0 = No evidence 2 = Interferes with functioning; action needed	1 = History or suspicion; monitor 3 = Disabling, dangerous; immediate or intensive action needed
	0 1 2 3
EC10. Family Functioning	
EC11. Early Education	
EC12. Social and Emotional Fur	nctioning
EC13. Developmental/Intellect	ual 🔲 🔲 🔲
EC14. Medical/Physical	

RISK BEHAVIORS & FACTORS					
0 = No evidence 2 = Interferes with functioning; action needed	1 = History o 3 = Disabling immedia needed	, dang	erous;		
		0	1	2	3
EC15. Self-Harm (12 months to 5 EC16. Exploited EC17. Prenatal Care EC18. Exposure EC19. Labor and Delivery EC20. Birth Weight EC21. Failure to Thrive	years old)				
CULTURAL FACTORS					
0 = No evidence 2 = Interferes with functioning; action needed	1 = History o 3 = Disabling immedia needed	, dang	erous;		
		0	1	2	3
EC22. Language EC23. Traditions and Rituals EC24. Cultural Stress					

Early Childhood Module

STRENGTHS	
0 = Centerpiece strength	1 = Useful strength
2 = Identified strength	3 = No evidence
	0 1 2 3
EC25. Family Strengths	
EC26. Interpersonal	
EC27. Natural Supports	
EC28. Resiliency (Persist. & Ad	aptability)
EC29. Relationships Permanen	ce 🔲 🔲 🔲
EC30. Playfulness	
EC31. Family Spiritual/Religiou	s 🔲 🔲 🔲
	· - · - · - · - · - · - · - · - · - · -
DYADIC CONSIDERATIONS	
0 = No evidence	1 = History or suspicion; monitor
2 = Interferes with functioning;	3 = Disabling, dangerous;
action needed	immediate or intensive action needed
	0 1 2 3
EC32. Caregiver Emot. Respons	siveness
EC33. Caregiver Adj. to Trauma	

Four separate boxes

CAREGIVER RESOURCES AND NEEDS	
A. Caregiver Name:	
Relationship:	
0 = No evidence; this could be a strength	
1 = History or suspicion; monitor; may be an opportunity to build	
2 = Interferes with functioning; action needed 3 = Disabling, dangerous; immediate or intensive action needed	
0 1	2 3
EC34a. Supervision	
EC35a. Involvement with Care	
EC36a. Knowledge	
EC37a. Social Resources	
EC38a. Residential Stability	
EC39a. Medical/Physical	
EC40a. Mental Health	
EC41a. Substance Use	
EC42a. Developmental	
EC43a. Safety	
EC44a. Family Rel. to the System	
EC45a. Legal Involvement	
EC46a. Organization	



Training Support for Staff

- Redirect to new IP-CANS Manual
 - Trauma Module
 - Early Childhood Module
- Read the grey boxes, Questions to consider
- Praed Foundation Training Website will have resources
 - Quizzes for each module
 - Practice Vignette Exams
 - Certification Exam
- Developing CANS standards in your Program
 - Complete vignettes, have agreed-upon answers, and train!
 - Can be somewhat flexible in interpretation
 - Should be ≤ 1 and provide justification

Data Entry in IRIS and Contractor EMR's

- Powerform updates in IRIS are pending
 - Focus on providing head's up information and prompts
 - Avoid duplicates, out of order submissions
 - Redirect staff to double-check what is in IRIS before submitting new forms
- Many Contractors have reached out regarding your own EMR's
 - Thank you!
- Renewed focus on Coordination of Care
 - Between programs
 - Within your own program



Error Corrections

- Started in late 2021
- Individualized e-mails asking for corrections
 - <u>County</u>: sent to clinician who administered CANS, or Service Chief if no longer working at program
 - <u>Contracted</u>: sent to Contract Monitors for distribution
- Asking for response to the BHS IRIS Liaison Team mailbox for tracking and compliance
- Error rate stands between 20-30% so far in 2022
 - Errors received vs CANS successfully submitted to State each month
- May modify approach based on feedback
- Could adjust frequency of data submissions
- Reports to help with error correction still pending in IRIS
 - Error Detail Report
 - Output report for completed CANS



