Minutes

Mtg. Facilitator: Alison Krompf, Samantha Sweet, Carolyn McBain	**Where**: Microsoft Teams **Date:** 11.12.21 **Start Time:** 10:00pm **End Time:** 11:00pm

Attendees
Those marked with a "✓" were in attendance, those marked with a "×" weren't. **BOLD** indicate meeting guests.

	Name	DA/SSA/Dept.		Name	DA/SSA/Dept.
❶	Casey SmithSpieros	NCSS	❶	Rhett Sorensen	HCRS
	Amanda Morong	NCSS	❶	Dillon Burns	VCP
❶	Lori Vadakin	UCS	❶	Bryanne Castle	LCMH
	Lindsay Mesa	Pathways		Josh Burke	NKHS
❶	Kate Lamphere	HCRS		Danielle Payton	RMH
	Julie Pagliccia	UCS	❶	Matt McNeil	HC
❶	Tim Gould	NKHS		Noreen Shapiro-Berry	NKHS
❶	Lisa Dobkowski	CSAC	❶	Gretchen Pembroke	CMC
	Chelsea Alsofrom	Pathways	❶	Patty Collins	NKHS
❶	Dustin Redlein	RMH	❶	Jeff Rothenberg	WCMH
❶	Carissa Berry	CSAC		Rebeka Lawrence-Gomez	Pathways
❶	Kate Danforth	?	❶	Trevor Hanbridge	HC

Time	Topic	Focus
10:00-10:10	Introductions and updates from each agency	☒ Inform ☐ Discuss ☐ Decide
10:10-10:55	Updates and Check ins: • Questions/Problem Solving- Jeff had a few questions, but he found the answers. Alison reminded the group that there is a Q&A section on the DMH website you may reference. • DA Updates: o Casey, NCSS, concerned about scores remaining around a 2 or a 3 for CRT population and whether that will impact success over time, or not. Alison said that it is not about whether clients are improving or not, but scores inform programs re- issues, such as need to connect someone with their PCP, or community care not whether there was a decrease in the need for psychosis treatment. We don't yet know long term data for VT. o Jeff, WCMHS, returned from vacation to hear there had been "push back" re- ANSA roll out- seemed based on some inaccurate information. 6 clinicians got certified. Training took under 2 to over 3 hours. o Gretchen, CMC- clinicians and case managers continue certifications. Looking at ways to streamline and what it will "look like" 1/2022 in terms of scale- maybe not all will be ready to go. Alison said move forward with standardized assessment tools, but room for what's expected and not 100% implementation but move forward. o Patty, NCSS- Clinicians and case managers continuing to get certified. One seasoned clinician took 6X to pass. Alison reminded group that Praed tracks this and provides TA around areas people	☐ Inform ☒ Discuss ☐ Decide

seem to be getting tripped up- very helpful. The build of ANSA in their system is looking good as they continue to streamline / merge with the clinical assessment / psych eval.

- o Tim, NKHS- Is the clinician's name and number required on the score sheet form and does that go to the Dashboard? Alison said they will discuss with IT re- what's the best way to find who enters scores in EMR vs. just on that form. Need more attention to the top section of the form or create a work-flow if there are more than one person entering information. Dillon pointed out that the state doesn't need to know who is filling out the assessment, nor would VCP (similar to CANS submissions).

- Input on billing encounter for the ANSA- Alison said that DMH has added a billing code to capture time collecting data and inputting scores. Question for group- Is the extra time feeling overwhelming? Gretchen said more of a concern re- reimbursement. Yes- can't use in same way as FFS, but would be valued for case rate accounts. Alison will follow up with DVHA and billing dept. re- time range and is it 1:1= get $? Can Reach Up and Eldercare use this code? H2000 service runs around $200.

- Informal survey regarding target setting for ANSA implementation: Right now using baseline data- just reporting. Next year, target / minimum will be set. People want to know what that will be ahead of time. The goal will not be 100% implementation so make sure people are not worrying un-needlingly.

- Lisa- CSAC- brought up that asking people about "goals" brings up stress for clients.

- Presentations – Matt- HC- Shared a Power Point outlining their process. There has been a lot of "mythos" and questions such as asking whether the ANSA needs to be completed during the treatment team meetings? HC is using a template shared by RMHS and they have started to generate reports (they can share at a future meeting of this group.) They've decided to do in-person trainings with in-house trainers (6 clinicians and Matt) using the TTT model. They will have the entire AOP staff trained in 2 weeks and CSP/CRT including residential staff early 2022. Working to educate clients and family members about ANSA via a "client awareness program," including letting people know that no one will be "grandfathered" out of using ANSA. The ANSA will be used with each person as they are due for their clinical re-assessment. Matt would like to work on template with this committee. Currently the ANSA reports are being stored in a section in Credible that does not link to / inform the treatment plan (yet.)
Kate- HCRS- Shared a Power Point outlining their process. Originally, they were going to start using the ANSA as part of the clinical assessment but due to technical issues, it is currently stand alone. "Dynamic Forms" and "Cloning" will be used to combine / integrate the ANSA with the other required elements of the assessment in the future. They are looking into how it will function, guide and enhance clinical functions for creating the treatment plan. Using the Praed version for in-house workshops and pre-introduction and communications with their Local Standing Committee, which is currently just asking questions. Once staff are trained well, the full

	ANSA intro is shared by management's Community Project Study Sessions for new clients and when treatment plans are due.
	
	• Reminder: Future presentations – how is the ANSA looking for you?
	    o December meeting – CSAC/NKHS/WCMH/NCSS/RMHS Superuser
	    o December meeting – Nalani, clinician from NCSS will meet with this group to share her experience using ANSA	

10:55-11:00	Wrap Up	☐ Inform ☐ Discuss ☒ Decide