

## ANSA Implementation Team Meeting Minutes

<b>Mtg. Facilitators:</b> Cheryle Wilcox, Alison Krompf	<b>Where:</b> AHS – WSOC Beech <b>Date:</b> 2/14/2020 <b>Start Time:</b> 10:00pm <b>End Time:</b> 11:30pm
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<b>Attendees</b> <b>BOLD</b> indicates those in attendance.
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Name	DA/SSA/Dept.	Name	DA/SSA/Dept.
<b>Samantha Thomas</b>	<b>NCSS</b>	<b>Carolyn McBain</b>	<b>DMH</b>
<b>Megan Shedaker</b>	<b>NCSS</b>	<b>Dillon Burns</b>	<b>VCP</b>
Virginia Havemeyer	LCMH	<b>Gretchen Pembroke</b>	<b>CMC</b>
<b>Diane Bugbee</b>	<b>DAIL</b>	<b>Laura Kass (phone)</b>	<b>RMH</b>
Lindsay Mesa	Pathways	<b>Danielle Payton (phone)</b>	<b>RMH</b>
<b>Kate Lamphere (phone)</b>	<b>HCRS</b>	<b>Lori Vadakin (phone)</b>	<b>UCS</b>
Julie Pagglicia	UCS	<b>Matt McNeil</b>	<b>HC</b>
Tim Gould	NKHS	Noreeen Shapiro-Berry	NKHS
<b>Lisa Dobkowski (phone)</b>	<b>CSAC</b>		

**Regrets:** Samantha Sweet, Ginny Havemeyer

Agenda Item	Discussion Notes	Next Steps
Updates: <ul style="list-style-type: none"> <li>• Regional – how is readiness going?</li> <li>• Discuss training ideas</li> </ul>	<p><b>Howard Center Matt McNeil</b></p> <ul style="list-style-type: none"> <li>• Started an ANSA team at Howard.</li> <li>• In the CANS implementation team at Howard there is an issue that came up that will impact ANSA as well.               <ul style="list-style-type: none"> <li>○ Moved from psych consult to Credible, and the world view is the old one was client based and now it is clinician based. Since the clinician does the service there was concern that the CANS (and therefore the ANSA) wouldn't pre-populate. They checked and that is true even for the same clinician.</li> <li>○ They have been told it isn't possible, but they are working on it and seeing if that can be worked on with Credible. Credible wasn't super optimistic about a timeline.</li> <li>○ Laura K. said if they all push with Credible at the same time it may happen quicker.</li> <li>○ Not sure if the same thing is true to NetSmart. CMC uses NetSMart and has not heard of this being an issue. Each clinician is connected to a caseload and that information is being pushed to the clinician. Have not heard there is an issue with pre-populating the CANS. Gretchen will double check this.</li> </ul> </li> </ul> <p><b>Clara Martin Center, Gretchen Pembroke:</b></p> <ul style="list-style-type: none"> <li>• Started to meet as an ANSA implementation team</li> <li>• Working on where they are going to do this (eg. intake) and how that will impact their flow for clients.</li> <li>• Figuring out how the ANSA can impact treatment planning.</li> </ul>	

- Cross walk of current assessment and the ANSA as we know it now to inform this process and not have the ANSA be a separate document.
- How to start training staff and how to do that keeping in mind the Jan 1, 2021 go live. Determining who to train as well so they don't over burden staff, but are thoughtful of who to bring on board.
- Thinking of bringing on some super users.
- How do we handle the Transition aged module and overlap with ANSA? **Could we line up doing the CANS/ANSA based on where in the DMH bundle (children vs. adults) the funding is coming from for a client.**

**NCSS, Sam and Megan:**

- Expanding ANSA implementation team by two people-providers from outpatient and mobile outreach.
- Working to do an ANSA kick off meeting for training
- Megan and two other clinicians from CRT are doing chart reviews on a weekly basis and using the current ANSA to score and talk through issues so they can provide coaching when they go live.
  - Scoring around employment and being on disability— discussing if they are financially stable on disability? Can they work? Do they want to work?
  - Folks who have guardians and how they plays a role.
  - There was a situation where a CRT client hadn't been very engaged with services and using the ANSA they were able to identify some strengths that hadn't otherwise been highlighted which helped this client.
- Megan has pushed out the online training to the supervisors and team leaders encouraging them to start that process.

**Rutland Mental Health, Laura and Danielle:**

- Has assembled their internal implementation team and they've had their first meeting. IT, AOP, CRT, intake, Scott Louiselle is on as an advisor (he is an active on the CANS Implementation team). They do not have representation from HR at this point.
- When they train staff, they will use the finalized ANSA version. They are going to use the online training for leaders right now so they are getting up to speed on the ANSA.

**HCRS, Kate:**

- Still swimming in new EMR (Credible) and navigating that transition.
- Went over ANSA with their standing committee.

**CSAC, Lisa:**

- Also transitioned to new EMR this fall. Focused on rolling out ANSA work in a way that supports staff who are still trying to learn their new EMR.

	<ul style="list-style-type: none"> <li>• Have spoken with children and families about CANS and feel confident the transition will go well given what they learned from CANS implementation.</li> <li>• Will work towards getting a team together.</li> </ul> <p><b>UCS, Lori:</b></p> <ul style="list-style-type: none"> <li>• Lori is the new outpatient director and joined our meeting today to start getting up to speed on the ANSA-welcome!</li> </ul> <p><b>DMH</b></p> <ul style="list-style-type: none"> <li>• Has put together an ANSA webpage for resources and meeting minutes. Feel free to check it out: <a href="https://ifs.vermont.gov/content/adult-needs-and-strengths-assessment-ansa">https://ifs.vermont.gov/content/adult-needs-and-strengths-assessment-ansa</a></li> <li>• If you have resources, you want posted to share send them to Cheryle.</li> <li>• You can sign up for TCOM Conversations at <a href="http://www.TCOMconversations.org">www.TCOMconversations.org</a> to find out information</li> <li>• Remember DMH is available to go to your region to help get folks up to speed-you can reach out to Alison Krompf if you are interested</li> <li>• DMH is looking at requirements to see what could possibly be replaced by the ANSA—please share your ideas with DMH. <ul style="list-style-type: none"> <li>○ The <b>self-sufficiency matrix</b> is required for housing funds and wondered if DMH could look at this to see if there is a way to remove the redundancy in doing both? Carolyn McBain will follow up with Brian Smith about this.</li> <li>○ Gretchen brought up the <b>SNAP</b> that is used for co-occurring as another place to look for redundancies. <b>Cheryle will find out from ADAP where this requirement comes from.</b></li> <li>○ <b>LOCUS-Alison is looking into this</b></li> </ul> </li> <li>• ANSA does not require a Master’s degree-<b>Alison will check on specific requirements and language in the Medicaid Manual</b></li> <li>• <b>New email for support for ANSA:</b> <a href="mailto:support@tcomtraining.com">support@tcomtraining.com</a> to let them know you need administrative access to the training website. With this access, you will see which staff at your agency have done the training and when their certification is due again. You do not need to pay for this access or trainings-DMH is covering the cost for those under payment reform.</li> </ul> <p><b>KEEPING AN EYE ON UPCOMING DATES</b></p> <ul style="list-style-type: none"> <li>• January 1, 2021: all new clients receive an ANSA</li> <li>• December 31, 2021: all existing clients have an ANSA</li> <li>• January 1, 2021: ANSA built into EMR</li> <li>• Work on developing individual summary reports</li> </ul>	
<p><b>Updates on ANSA Core Development Committee</b></p>	<p>The group has a worksheet they are keeping updated to identify which items are core and need to stay, which are interesting but not mandatory.</p> <ul style="list-style-type: none"> <li>• Emotional Behavioral Domain: <ul style="list-style-type: none"> <li>○ Somatization-ruled out. Felt it was a term not well-received by a lot of people.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>○ Autism-ruled out because it is not EB and is covered elsewhere.</li> <li>○ Cognition-felt like it would be helpful. put it somewhere else though because it also isn't EB.</li> <li>● Sexual Function-literally is are you having trouble having sex. Group decided not to include. Replace with Sexual Development which defines this as trouble with your own sexuality, sexual behavior, sexual concerns and reactions of others.</li> <li>● Recreational does not have to be CORE and recommend removing it.</li> <li>● Decision Making is CORE (is in risk category) and the group felt like it would be helpful to have.</li> <li>● Medication: <ul style="list-style-type: none"> <li>○ Medical Compliance: <ul style="list-style-type: none"> <li>▪ There is a member from the State Standing Committee on the ANSA development group, and this new member has been very helpful for discussing language. Initially discussed getting rid of the question altogether, however, the reason to have this on is to do something about the item. Ultimately, the group decided to keep this item and changed the name to Medication Support. Alison has been in touch with Praed and they support this change.</li> <li>▪ Also looking at adding an item "Medication Consent/Autonomy/Disagreement/Coercion". Editing and working on this later today in the meeting.</li> </ul> </li> </ul> </li> </ul>	
<p><b>Wrap Up and Next Steps</b></p>	<p>March meeting is on the same day as the VCP conference-what do we want to do?</p>	<p>We will cancel March meeting and use the month to review latest ANSA draft and come in April with thoughts, suggestions, concerns.</p>