

# Meeting Minutes

<b>Mtg. Facilitator:</b> Samantha Sweet, Cheryle Wilcox, Alison Krompf	<b>Where:</b> Microsoft Teams <b>Date:</b> 9-11-2020 <b>Start Time:</b> 10:00pm <b>End Time:</b> 11:00pm
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## Attendees

Those in yellow highlight were in attendance

Name	DA/SSA/Dept.	Name	DA/SSA/Dept.
Dustin Redlein	RMH	Carolyn McBain	DMH
Megan Shedaker	NCSS	Dillon Burns	VCP
Virginia Havemeyer	LCMH	Bryanne Castle	LCMH
Diane Bugbee	DAIL	Laura Kass	RMH
Lindsay Mesa	Pathways	Danielle Payton	RMH
Kate Lamphere	HCRS	Lori Vadakin	UCS
Julie Pagglicia	UCS	Matt McNeil	HC
Tim Gould	NKHS	Noreeen Shapiro-Berry	NKHS
Lisa Dobkowski	CSAC	Gretchen Pembroke	CMC
Chelsea Alsofrom	Pathways	Tim Gould	NKHS
Christine Ouellette	UCS	Claudia Alexander	NKHS
Trevor Hanbridge	HC		

**Regrets:** Lisa Dobkowski, Lori Vadakin, Samantha Sweet

Time	Topic	Focus
Regional Updates	<p><b>Questions from group members:</b></p> <ol style="list-style-type: none"> <li>1. Who needs to have an ANSA related to payment reform?</li> <li>2. When it needs to be implemented? <b>July 1, 2021-this is an extension from the original date of January 1, 2021</b></li> <li>3. How do we get administrative access? <b>See attached document with directions-there can be more than one person at an agency with this ability. Gaining administrative access to see who in your agency is trained on the ANSA is: Schmidt, Lauren K. <a href="mailto:Lauren.Schmidt@uky.edu">Lauren.Schmidt@uky.edu</a></b></li> </ol> <p><b>Regional Updates:</b></p> <ul style="list-style-type: none"> <li>• <b>RMH:</b> started to develop core group and will be meeting next week. They have included someone who was involved in CANS implementation to assist them.</li> <li>• <b>NCSS:</b> pre-COVID there was a core monthly group meeting which has been on hold during the pandemic. They are reconvening this group. They are also in the process of their new EMR being implemented.</li> <li>• <b>HCRS:</b> Started to get things rolling pre-COVID and then need to put the work on hold. Looking forward to redundancy discussion because they are interested in seeing what ANSA can replace.</li> <li>• <b>Howard:</b> Bringing up the ANSA information to keep it on everyone's radar. Have done great work in getting reports on the CANS so people can see what is capable with these tools.</li> </ul>	<p>Website link for training site:  <a href="https://www.schoox.com/academy/CANSAcademy/">https://www.schoox.com/academy/CANSAcademy/</a></p>

	<ul style="list-style-type: none"> <li>• <b>CMC:</b> reconvening core group which had started pre-COVID. Getting leadership certified and trained. Identify direct care staff that need to be certified. Starting to cross-walk initial assessment for overlaps with ANSA.</li> <li>• <b>NKHS:</b> just starting to put together a core group of folks to get certified and then look at rolling out to direct staff.</li> <li>• <b>UCS:</b> will be setting up a core team.</li> </ul>	
Assessments and redundancy	<p>Dillon went back to Directors (AOP and CRT) to ask what folks thought about which assessments felt redundant: SSOM, CRT reassessment, AOP reassessment, LOCUS.</p> <p>Two areas where you can use the ANSA-this is up to agencies:</p> <ul style="list-style-type: none"> <li>• The ANSA can be used for the CRT reassessment—you just need to add a clinical formulation at the end.</li> <li>• The ANSA can also be used as the psychosocial with a few additions of narrative.</li> </ul> <p>Regarding the SSOM, it is a Vermont requirement so we can talk that through to see if it can be replaced by the ANSA.</p> <p>Regarding the LOCUS, the LOCUS is very quick and easy, so it is worth talking through to see if agencies want to replace with the ANSA. There is a lot more info. gained by the ANSA.</p>	See draft documents showing how the CRT reassessment and psychosocial can
Manual Updates	<p>Alison shared the ANSA Vermont development worksheet that shows which items are core (which are required), which are options and where we landed in Vermont.</p> <ul style="list-style-type: none"> <li>• Language concerns have been raised by peer members of the ANSA development team-we are working on shifting language to be person-centered and respectful while not losing the intent of the items.</li> <li>• Added cognition</li> <li>• Employment discussion-the question had an NA and there is a question of who should be NA (eg. those on disability?) It should not be an NA for those on disability-that would be rated as a 3. This was confirmed with the Praed foundation yesterday on the call Alison and Cheryle had with April Fernando. This is a topic for many states.</li> <li>• Intimate Relationships-not mandatory and group is leaning towards not including it.</li> <li>• Command Hallucinations-not including-this is covered in psychosis question</li> <li>• Hospitalizations-shortened to what is really needed to collect</li> </ul> <p><b>Goal is to have Vermont's ANSA finalized by November</b></p>	<p>Alison will send more detailed information</p> <p>If you want to join the development group, you are very welcome to</p>

	<p>1. Question was asked about Primary care connection question—this would be an outcome we could track. Is there a way otherwise to track this? If it is in the ANSA, we will have data. It is not mandatory to have this question but if we have it, we can show the work being done in this area. Something to think about. We could always include it and then get rid of it if isn't yielding what we want. Taking questions away is easier than adding.</p>	
<p>Discussion with April Fernando from Praed Foundation</p>	<p>Cheryle and Alison spoke to April yesterday and are working towards figuring out virtual trainings (these would not happen before Nov) and possible consultation groups. We will look into funding and keep you all updated.</p>	
<p>Wrap Up and Next Steps</p>	<p>Having folks get into the system and do a log in is a great next step to move forward.</p>	