

ANSA Implementation Team Meeting Minutes

10-11-19

1:00-3:00

Facilitators: Alison Krompf, Samantha Sweet and Cheryle Wilcox-DMH

Present:

Name	DA/SSA/Dept.	Name	DA/SSA/Dept.
☛ Samantha Thomas	NCSS	☛ Carolyn McBain	DMH
☛ Megan Shedaker	NCSS	☛ Dillon Burns	VCP
☛ Virginia Havemeyer	LCMH	☛ Blaine LaChance	NKHS
☛ Diane Bugbee	DAIL	☛ Laura Kass	RMH
☛ Lindsay Mesa	Pathways	☛ Danielle Payton	RMH
☛ Kate Lamphere	HCRS	☛ Paul Dilonno	UCS
☛ Julie Pagglicia	UCS	☛ Matt McNeil	HC
☛ Samantha Sweet	DMH	☛ Alison Krompf	DMH
☛ Cheryle Wilcox	DMH		

Agenda Item	Discussion Notes	Next Steps
Welcome & Introductions	<p>Cheryle - Context and purpose of the group</p> <ul style="list-style-type: none"> • This group will operate similarly to the implementation group that began five years ago (and is still going) for the CANS (Child and Adolescent Needs and Strengths). CANS information is on the IFS website https://ifs.vermont.gov/content/child-and-adolescent-needs-and-strengths-cans-0 if you are interested in seeing the official CANS, guidance documents, training info. • This team is an advisory group. • Cath Burns (VCP) sent a letter to Cheryle with recommendations from the DA network. <ul style="list-style-type: none"> ○ Most topics from that letter will be addressed in a different group (scoring and metrics workgroup). ○ Policy and practice guidance will be addressed in this group. CANS started in IFS and the energy grew in the field. ANSA is a bit different, but the implementation team of the CANS is valuable and could be replicated with the ANSA. 	
Overview of ANSA tool	<p>Alison – overview of the ANSA tool and data possibilities</p> <ul style="list-style-type: none"> • Walked through current draft of scoring sheet and manual. • ANSA is the Adult version of the CANS. • Aggregated data – use for supervision, your program, your agency and the system. Planning tool in a qualitative way. Goal today is to discuss why the ANSA (see powerpoint). • Everyone wants a tool that will be useful on the ground. Cost effective as it is public domain. • Item level analysis – is anyone better off? Aggregate at the program level. • One of the few tools that assess strengths. • Common language and vision that can be used across our system. • Data that benefits everyone – It is intended to be used at the client level – tx planning. • ANSA score sheet – There are core ANSA domains that we will want to collect so that we can compare nationally. We always made it clear that we didn't want to make it overwhelming. Very careful with 	

	the CANS implementation group to not make it too large of a document.	
ANSA/CANS data	<p>Spectrum of EMR – implementation of EMR –</p> <ul style="list-style-type: none"> • Data dictionary is needed for EMRs. CANS did jump ahead and built a dictionary. It's not that hard and categories makes it easier. We could send out an email to list our categories. According to some of the EMR builders, they need the data dictionary now. In regards to Credible, can't build till January. Alison will help with building the dictionary. • Part of this group is to elevate those types of questions as we know EMR is on everyone's plate. • What is going away? Where are my efficiencies? We already have some ideas – opportunities for streamlining redundancies. • Not a requirement for psychosocial but it can be built in. DMH has looked at what is needed to meet Medicaid requirements. • In regards to the CRT reassessment – a clinical summary, clinical formulation and diagnosis is needed. One dimension look at someone, some agencies are handling differently. Most are looking at this embedding into the reassessment but about the half is looking at getting it into the psychosocial. A narrative box at the end of each domain is not needed. 	
Snapshot of VCP dashboard	VCP dashboard – Dillon gave an overview. VCP is creating different dashboards. How well are you doing? Has been done with the CANS.	
Population that will receive an ANSA	<ul style="list-style-type: none"> • Children services completes the CANS every 6 months. • In the Adult world, this will be completed every year. • If you are certified in the CANS are you certified in the ANSA? No, you need to be certified for both the CANS and ANSA. The version that you get certified on is bigger than what Vermont will have. One bundle for each clinician so no additional funds are required if certifying for both. According to someone in the group, if you know the CANS then the ANSA only takes about 15 minutes. 	Timeframe – The ANSA is not required until January of 2021.
Wrap Up and Next Steps (Scheduling of future meetings)	<ul style="list-style-type: none"> • Could there be more in-depth look at replacing other documents required within CRT programs? Like SSOM or CRT intake form? DMH is open to looking at that. • We need a subcommittee to develop the Vermont ANSA – This subcommittee would report back to this committee. Don't have to tell us now but we need to start soon so email or call Alison. It can be in person or through Skype. It will likely be a couple of two-hour meetings. Short term group. Looking to limit the group to 5 individuals. • Initial training plan and ongoing support and consultation – November training with Suzie Button from Praed Foundation– learn more about the ANSA – November 19th. CANS for supervisors will be on November 20th. This will be the first however there will be other opportunities. CANS trainings were located throughout the State and that would be helpful to the DAs. That will be the work of this ANSA implementation group to make that determination. 	<p>Future meetings – Second Friday of the month- 10 -11:30</p> <p>Next meeting will be November 8th Cheryle will send the invite.</p>

	<p>Future topics - Talking about the Transformational COM principles so that everyone understand. Online training is very good at scoring, but it doesn't take away from the face to face, which is very important.</p>	
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