

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

Documentation

- IP CANS FAQ
 - IP CANS form – Orange County version
 - IP CANS manual
-

In Development, release TBD:

- Powerform in IRIS
- Updated Quick Guide on IRIS data entry
 - County and County-Contracted
- Updated Training Website Sign-Up Guide
- Updated Recertification Guide
- Updated Administrative Workflows



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





California CANS-50/IP-CANS Domains

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/EMOTIONAL 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 Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Impulsivity/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Anger Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

California CANS-50/IP-CANS Domains

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



LIFE FUNCTIONING DOMAIN				
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
10. Family Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Living Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Social Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Developmental/Intellectual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. School Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. School Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. School Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Sexual Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

California CANS-50/IP-CANS Domains

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

RISK BEHAVIORS					
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	
21. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Non-Suicidal Self-Injurious Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Other Self-Harm (Recklessness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Danger to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Runaway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Sexual Aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Delinquent Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Intentional Misbehavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

California CANS-50/IP-CANS Domains

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					
2 = interferes with functioning; action needed					
		0	1	2	3
29. Language		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Traditions and Rituals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Cultural Stress		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



California CANS-50/IP-CANS Domains



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

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



California CANS-50/IP-CANS Domains

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 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
41a. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42a. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43a. Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44a. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45a. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46a. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47a. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48a. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49a. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50a. Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 CHILDHOOD EXPERS.		
NO = No evidence of any trauma of this type. YES = Exposure/experienced a trauma of this type.		
	NO	YES
T1. Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>
T2. Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>
T3. Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>
T4. Neglect	<input type="checkbox"/>	<input type="checkbox"/>
T5. Medical Trauma	<input type="checkbox"/>	<input type="checkbox"/>
T6. Witness to Family Violence	<input type="checkbox"/>	<input type="checkbox"/>

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERS.		
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	<input type="checkbox"/>	<input type="checkbox"/>
T8. Natural or Manmade Disaster	<input type="checkbox"/>	<input type="checkbox"/>
T9. War/Terrorism Affected	<input type="checkbox"/>	<input type="checkbox"/>
T10. Victim/Witness to Criminal Activity	<input type="checkbox"/>	<input type="checkbox"/>
T11. Disruption in Caregiving/Attachmnt Losses	<input type="checkbox"/>	<input type="checkbox"/>
T12. Parental Criminal Behaviors	<input type="checkbox"/>	<input type="checkbox"/>

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 CHILDHOOD EXPERS.

NO =no evidence

YES = Exposure/experienced a trauma of this type.

	NO	YES
T1. Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>
T2. Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>
T3. Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>
T4. Neglect	<input type="checkbox"/>	<input type="checkbox"/>
T5. Medical Trauma	<input type="checkbox"/>	<input type="checkbox"/>
T6. Witness to Family Violence	<input type="checkbox"/>	<input type="checkbox"/>
T7. Witness to Community/School Violence	<input type="checkbox"/>	<input type="checkbox"/>
T8. Natural or Manmade Disaster	<input type="checkbox"/>	<input type="checkbox"/>
T9. War/Terrorism Affected	<input type="checkbox"/>	<input type="checkbox"/>
T10. Victim/Witness to Criminal Activity	<input type="checkbox"/>	<input type="checkbox"/>
T11. Disruption in Caregiving/Attachmnt Losses	<input type="checkbox"/>	<input type="checkbox"/>
T12. Parental Criminal Behaviors	<input type="checkbox"/>	<input type="checkbox"/>

Early Childhood Module

CHALLENGES				
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
EC1. Impulsivity/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC2. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC3. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC4. Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC5. Attachment Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC6. Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC7. Regulatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC8. Atypical Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC9. Sleep (12 months to 5 years old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FUNCTIONING				
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
EC10. Family Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC11. Early Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC12. Social and Emotional Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC13. Developmental/Intellectual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC14. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RISK BEHAVIORS & FACTORS				
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
EC15. Self-Harm (12 months to 5 years old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC16. Exploited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC17. Prenatal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC18. Exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC19. Labor and Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC20. Birth Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC21. Failure to Thrive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CULTURAL FACTORS				
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
EC22. Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC23. Traditions and Rituals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC24. Cultural Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Early Childhood Module

Four separate boxes

STRENGTHS				
0 = Centerpiece strength	1 = Useful strength			
2 = Identified strength	3 = No evidence			
	0	1	2	3
EC25. Family Strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC26. Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC27. Natural Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC28. Resiliency (Persist. & Adaptability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC29. Relationships Permanence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC30. Playfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC31. Family Spiritual/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DYADIC CONSIDERATIONS				
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
EC32. Caregiver Emot. Responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC33. Caregiver Adj. to Traumatic Exper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAREGIVER RESOURCES AND NEEDS				
A. Caregiver Name:	<input type="text"/>			
Relationship:	<input type="text"/>			
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC35a. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC36a. Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC37a. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC38a. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC39a. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC40a. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC41a. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC42a. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC43a. Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC44a. Family Rel. to the System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC45a. Legal Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC46a. Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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
 - County: sent to clinician who administered CANS, or Service Chief if no longer working at program
 - Contracted: 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



Future Directions

- Presentations in QI Coordinator Meetings
- Trainings for your programs
- Thanks for attending!

E-mail at Aparker@ochca.com

Call at 714-834-3172