

## Frequently Asked Questions about the Michigan Child and Adolescent Needs and Strengths (MichiCANS) Tool for Community Mental Health Service Programs (CMHSPs) and Prepaid Inpatient Health Plans (PIHPs)

The Michigan Department of Health and Human Services (MDHHS) created this frequently asked questions (FAQ) document to help partners better understand the Michigan Child and Adolescent Needs and Strengths (MichiCANS) tool and answer common questions related to the tool. This document will continue to evolve during the implementation process.

### 1. What is the Child and Adolescent Needs and Strengths (CANS) and MichiCANS?

The CANS is a multipurpose information integration tool designed to summarize information gathered from multiple sources and the assessment process. It is not a standalone clinical assessment or evaluation. Rather, it is a multipurpose information integration tool meant to be used as the comprehensive summary of information gathered from a variety of sources, including assessment results. The CANS is comprised of a core set of 50 items and is customizable based on the needs of the state/agency that is utilizing the tool. The version of the tool that MDHHS has developed is called the MichiCANS. This tool is used to support *Family Driven, Youth Guided* care planning and level of care decisions, facilitate quality improvement initiatives, and monitor outcomes of services.

### 2. What does the MichiCANS include?

The MichiCANS has two components – the Screener and Comprehensive. MDHHS intends to use both tools in conjunction with each other, as the information collected through the Screener is used to inform the completion of the Comprehensive. The Comprehensive includes all the information obtained from the Screener plus additional domains, modules, and submodules. Both tools gather information on the child/youth's and parents/caregivers' needs and strengths. Strengths are the child/youth's assets: areas in life where they are doing well or have an interest or ability. Needs are areas where a child/youth requires help or intervention. Strengths and needs are organized through the use of ratings. These ratings help the provider, child/youth, and family, understand where intensive or immediate action is needed.

- **The MichiCANS Screener** gathers limited information on the child/youth's and parents/caregivers' needs and strengths.
  - Community Mental Health Service Programs (CMHSP) will use the Screener at the initial access point (before the intake assessment). Based on the results of the Screener, the CMHSP will either initiate a crisis response, refer the child for an intake assessment at the CMHSP, or refer the child for services outside of the CMHSP.
  - Children's Services Administration (CSA) staff will collect information through the Screener on all youth entering foster care. CSA staff will not complete the Comprehensive at this time. If information gathered via the Screener indicates the youth should be referred to the CMHSP for services, the MichiCANS Screener will be

provided to the local CMHSP Access Center to inform immediate decisions. CMHSP Access staff will:

- review the MichiCANS Screener results from CSA and update the results if new information is available. CMHSP Access staff will not administer a duplicative Screener if CSA has already completed a Screener unless a circumstance warranting an additional Screener is identified.
- **The MichiCANS Comprehensive is only completed at the CMHSP** after the Screener is completed. The MichiCANS Comprehensive gathers additional comprehensive information on the child/youth's and parents/caregivers' needs and strengths to directly inform the service plan and treatment.

**3. Will CMHSPs and PIHPs be required to complete the MichiCANS with infants, toddlers, children, youth, young adults, and families in order to access services?**

Yes, the MichiCANS Screener and Comprehensive will have to be completed in order for infants, toddlers, children, youth, and young adults to access services.

**4. What age demographic will PIHPs and CMHSPs use MichiCANS with?**

The MichiCANS Screener will be used with all infants, toddlers, children, youth, and young adults ages birth through age 20 (until the day prior to 21).

Based on the results of the Screener, the MichiCANS Comprehensive will be used with all infants, toddlers, children, youth, and young adults ages birth through age 20 with Serious Emotional Disturbance and/or Intellectual and Developmental Disability.

In addition, based on the results of the Screener, the Devereux Early Childhood Assessment (DECA) will be used for intake and treatment planning with infants, toddlers, and children ages 1 month through age five who have (1) SED or (2) SED and IDD.

**5. Is the LOCUS still required for the Transition Age Youth (TAY) population (specifically ages 18 through age 20)?**

A MichiCANS Screener is required for all youth birth through age 20. If moving to initial assessment, a MichiCANS Comprehensive is required for all youth birth through age 20 who will be accessing youth services. If a young adult, age 18-20, going through intake will not be accessing youth services and is only accessing adult services, a MichiCANS Comprehensive is not required. The decision to access children or adult services for those in the transition age youth population age range (18 through 20), belongs to the individual. The requirements for LOCUS have not changed.

**6. Will the MichiCANS be used with children diagnosed with Autism Spectrum Disorder (ASD)?**

Yes, this tool will be used with all children, youth, and young adults from birth through age 20, including those presenting with SED and/or IDD, including ASD. Additional assessment will be required if an indication of ASD is present.

**7. Will the MichiCANS replace the Child and Adolescent Functional Assessment Scale (CAFAS) and Preschool and Early Childhood Functional Assessment (PECFAS)?**

Yes, the MichiCANS will replace the CAFAS and PECFAS on October 1, 2024.

**8. When will the MichiCANS become a requirement?**

October 1, 2024.

**9. When will infants, toddlers, children, youth, and young adults already receiving services prior to October 1, 2024, receive the MichiCANS?**

For children, youth, and young adults already receiving services on October 1, 2024, a MichiCANS will need to be completed at the time of annual assessment due date or sooner if warranted due to needs.

**10. When is the MichiCANS completed? At intake and then how often?**

The Screener will be used at the point of access to determine if children/youth may require CMHSP services. Information from the screening process will help determine the child/youth's needs and strengths which may result in a crisis response, intake, or referral for services. The Comprehensive version will be completed at intake to help guide treatment service planning. A MichiCANS comprehensive is required to be completed at intake, annually and at exit. A MichiCANS comprehensive will also be updated when new information is learned about the child, youth and/or family that would impact/change the clinical interpretation of needs and strengths, or if the new information would impact/change the treatment plan. The MichiCANS is expected to be completed at exit from services. In the event of an unplanned exit from services, information from the most recently completed MichiCANS will pull forward and populate. The appropriate staff member will update any items if there is knowledge of any changes in functioning (e.g. if primary care has sent updated information, if the youth/family has called providing updated information, etc.). If there is no new information to update, items will remain as listed from last assessment. The appropriate staff member will document information in the proper text/data fields related to the unplanned discharge.

**11. How much time does it take to document the MichiCANS Screener?**

The length of time per Screener varies; however, the majority of soft launch sites indicated that it took 5-10 minutes to complete a MichiCANS Screener.

**12. How much time does it take to document the MichiCANS Comprehensive?**

The length of time per Screener varies; however, the majority of soft launch sites indicated that it took 50-60 minutes to complete a MichiCANS Comprehensive.

**13. Will this document be shared with families?**

Your agency may choose to have a document created to share with families and/or additional professionals and natural supports. Each agency will work with their electronic health record provider to determine what information will be included on the printed document that will be disclosed.

**14. How will mobile crisis teams use the MichiCANS during the initial crisis contact?**

The MichiCANS Screener is not required to be completed during the emergent situation unless onsite staff determine it is appropriate.

**15. Is the MichiCANS Comprehensive Trauma Module approved as a trauma screener?**

Yes. Your organization may choose to use the MichiCANS Comprehensive Trauma Module to screen for trauma as it is recognized as an approved tool by the State of Michigan.

**16. What data exists on the reliability and validity of this tool, and its effectiveness in achieving positive outcomes?**

Please refer to The Praed Foundation’s “CANS Reliability and Validity: Executive Summary.”  
<https://praedfoundation.files.wordpress.com/2018/03/cans-reliability-and-validity-exec-summ.pdf>

**17. Will the MichiCANS identify the need for additional assessments?**

Yes, the MichiCANS may identify the need for additional assessments. In addition, information from outside assessment tools also informs the MichiCANS ratings and level of care decisions.

**18. Will the MichiCANS determine level of care decisions?**

Yes, the MichiCANS will provide an indication of appropriate level of care. A logic model, called a Decision Support Model (DSM) will run in the background of the Electronic Health Record (EHR) to provide recommendations for related levels of need and services. **If you do not use an EHR to complete the MichiCANS, and instead use the CareConnect360 (CC360) application, the DSM will also be active in the background and provide the necessary recommendations.** These DSMs help ensure statewide standardization of initial recommendations related to level of care. Additional DSMs will be utilized to determine eligibility for the Michigan Intensive Child and Adolescent Services as well as the Serious Emotional Disturbance (SED) Waiver.

**19. Will the MichiCANS be embedded into already existing EHRs?**

Yes, it will be embedded into existing EHRs (PCE, NetSmart and Streamline) for the October 1, 2024, requirement. The MichiCANS will also be accessible via CareConnect360 (CC360).

**20. How will end users increase their skill level in using the MichiCANS?**

MichiCANS Certification Training will be required for all MichiCANS users. After initial training and certification, MDHHS will develop learning collaboratives to support continued learning in the use of the MichiCANS. In addition, technical assistance will be available to provide end users with additional information related to the MichiCANS.

**21. What specific MichiCANS training is needed for end users?**

All staff completing the MichiCANS Screener and/or Comprehensive, and the supervisors who oversee these staff members, are required to complete specific training, and pass an initial certification assessment.

- To become a certified user of the MichiCANS, clinician/raters who administer the MichiCANS, and their supervisors, are **required** to complete initial training, which includes two sessions: **TCOM Orientation** (3.5 hours) and **MichiCANS Overview** (3.5 hours).
- Individuals are required to pass a vignette-based assessment following training to be considered certified in the use of the tool. Clinicians/raters must also complete and receive a passing assessment score annually for re-certification purposes.
- The Department is also requiring **MichiCANS Action Planning** training for all certified MichiCANS staff who participate in any component of a planning process, and their supervisors. This training will assist users with the overall use and understanding of the tool and its role in service planning.
- Supervisors will also be required to attend **Supervisor Training**.

Please see the chart below for training details.

List of Trainings by Type of Team Member	
Staff Role/Training Type	Trainings Required
<b>Clinical Staff Training</b> Access and Intake staff, Clinicians, Case Managers, Case Workers, and any staff directly completing the tool with youth & families	<b>MichiCANS Certification Training</b> - This training is required for anyone who will be directly completing the tool with youth and families. <ul style="list-style-type: none"> <li>• TCOM Orientation (3.5 hours)</li> <li>• MichiCANS Overview (3.5 hours)</li> <li>• Certification Assessment - Upon completion of trainings, individuals must complete an assessment and receive a 70% or higher in order to be a certified user of the MichiCANS.</li> </ul> <b>Additional required training:</b> <ul style="list-style-type: none"> <li>• <b>Action Planning</b> (must have MichiCANS certification to attend this training)</li> </ul>
<b>Clinical Supervisor Training</b> Supervisors of clinical staff and anyone overseeing staff that will be completing the MichiCANS tool	<b>MichiCANS Certification Training</b> - This training is required for anyone who will be directly completing the tool with youth and families and those who supervise staff using the tool in this capacity. <ul style="list-style-type: none"> <li>• TCOM Orientation (3.5 hours)</li> <li>• MichiCANS Overview (3.5 hours)</li> <li>• Certification Assessment - Upon completion of trainings, individuals must complete an assessment and receive a 70% or higher in order to be a certified user of the MichiCANS.</li> </ul> <b>Additional required trainings:</b> <ul style="list-style-type: none"> <li>• <b>Action Planning</b> (must have MichiCANS certification to attend this training)</li> <li>• <b>Supervisor Training</b> (must have completed Action Planning to attend this training).</li> </ul>
<b>Agency Leadership &amp; Others Interested Training including:</b> Example- utilization management team members, administrative staff, and staff who will not be completing/rating the tool; however, would like an understanding of the tool.	<b>MichiCANS Leadership Training</b> - This training is for administrative leadership and others who would like knowledge of the tool; however, will not be using the tool for clinical purposes nor are supervising those using the tool. <ul style="list-style-type: none"> <li>• Overview of TCOM and MichiCANS (2 hours). Certification is not required or provided.</li> </ul>

**22. Does all staff, including those who only complete the MichiCANS Screener, need to be certified in the use of the tool?**

Yes, all staff completing the MichiCANS, and the supervisors who oversee these staff members, are required to complete the full training, and achieve successful certification even if they are only administering the Screener.

**23. Who conducts MichiCANS training?**

The University of Kentucky and state trainers will provide initial training for all users and supervisors. Beginning October 2024, state trainers will conduct ongoing training.

**24. Can training be completed by watching recorded training sessions?**

No, training must be completed via live virtual training.

**25. When will training take place?**

Statewide training for the hard launch of the MichiCANS started in April and will continue through September 2024 in order to prepare for the October 1, 2024, implementation of the tool. Regular training sessions will also be available beyond September 2024. All training for MichiCANS will be conducted by certified state trainers after October 1, 2024. PIHP and CMHSP's will not need to develop trainers. In addition, the cost associated with training is covered by the State.

**26. Who has access to the MichiCANS Screener and/or Comprehensive data?**

All data from the MichiCANS tools is sent to Care Connect 360 (CC360) electronically. This data is then available to CC360 users with rights/permissions to the data.

**27. If a MichiCANS Screener or Comprehensive was completed elsewhere in the state of Michigan, how can that data be accessed?**

By October 1, 2024, all information will be accessible via CareConnect360 and your EHR vendors are working to create an interchange to share information from CC360 to your EHR.

**28. If a MichiCANS Screener or Comprehensive was completed elsewhere in the state of Michigan, what should be done with that data?**

As with any previous assessment completed outside of your organization, you should recognize, value, and accept that information. We suggest you review previous MichiCANS scores and information with the youth/family and update as needed to ensure the new MichiCANS document in your clinical workflow represents the child and family's current strengths and needs.

**29. How will progress be monitored through use of the MichiCANS?**

Each PIHP, CMH and provider using MichiCANS can use data from the tool to monitor progress at an individual, program, or system level. The State of Michigan has not implemented a monitoring system for statewide progress monitoring at this time.

**30. How will the MichiCANS be used by schools, physicians, child protective services, foster care providers, other family and youth serving systems/providers?**

Currently, the foster care system is piloting the MichiCANS Screener in specific counties. Beginning October 1, 2024, a CSA staff member will complete a MichiCANS Screener for all youth entering foster care. MichiCANS Screener results provided by CSA will be used at point of ACCESS when referral is made as a result of the Screener recommendations. At this time, additional youth serving providers are not piloting the tool.

**31. Is there a plan for this to be applicable to adult services?**

The adult equivalent of the MichiCANS tool is known as the Adult Needs and Strengths Assessment (ANSA) tool. The use of the ANSA is not required. Providers can choose to implement the use of the ANSA for their adult population if they desire; however, this is not a current or pending requirement.

**32. If duplicate paperwork/assessments exist, will agencies be encouraged to change previous paperwork to help streamline processes?**

Throughout the soft launch, pilot sites have begun to identify how they will reduce duplication and maximize efficiency by updating paperwork processes and workflows. Reducing duplication of paperwork processes is a priority and is supported and encouraged. Below are some examples of how you might reduce duplication:

- The MichiCANS Comprehensive Trauma Module does meet requirements for Trauma Screening. Sites can choose to replace current Trauma Screener with the MichiCANS Comprehensive Trauma Module.
- The MichiCANS Comprehensive is able to communicate assessment in multiple areas of presenting problems, leaving the biopsychosocial essential for collecting history of treatment, diagnosis, and demographic information.
- Other jurisdictions, such as Chicago Illinois, has embedded the scoring of their tool into their biopsychosocial assessment process. Agencies can choose to work with their electronic health vendors if they want to make these enhancements. Please follow the link included for this example:

<https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/IMCANSCoreLifespanVersioneff04012024.docx>

**33. How can I find more information related to the CANS?**

More information related to the CANS can be located at <https://praedfoundation.org/> or [www.iph.uky.edu](http://www.iph.uky.edu)

**34. How can I find more information about the MichiCANS?** More information about MichiCANS is located at <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/childrenandfamilies>

Please email any questions about MichiCANS to [MDHHS-MichiCANS@michigan.gov](mailto:MDHHS-MichiCANS@michigan.gov)