

# MichiCANS Soft Launch: Site Feedback and Lessons Learned

Bureau of Children's Coordinated  
Health Policy and Supports



# MichiCANS

## Soft Launch Participants

- ✓ Region 10 PIHP *and* Sanilac CMH
- ✓ Community Mental Health for Central Michigan
- ✓ Detroit Wayne Integrated Health Network *and* The Children's Center of Wayne County
- ✓ HealthWest
- ✓ North County Community Mental Health

# MichiCANS Soft Launch



September 2023 - Kick off meeting held with all involved in soft launch.

Soft launch timeframe - January through March 2024.

All children accessing CMH received MichiCANS Screener and, depending on results of Screener, the MichiCANS Comprehensive.

All sites were customers of PCE Electronic Health Record.

Regular meetings with PCE began July 2023 and will continue through September 2024.

Supervisor Community of Practice Meetings were offered to the supervisors of Soft Launch sites during the launch.

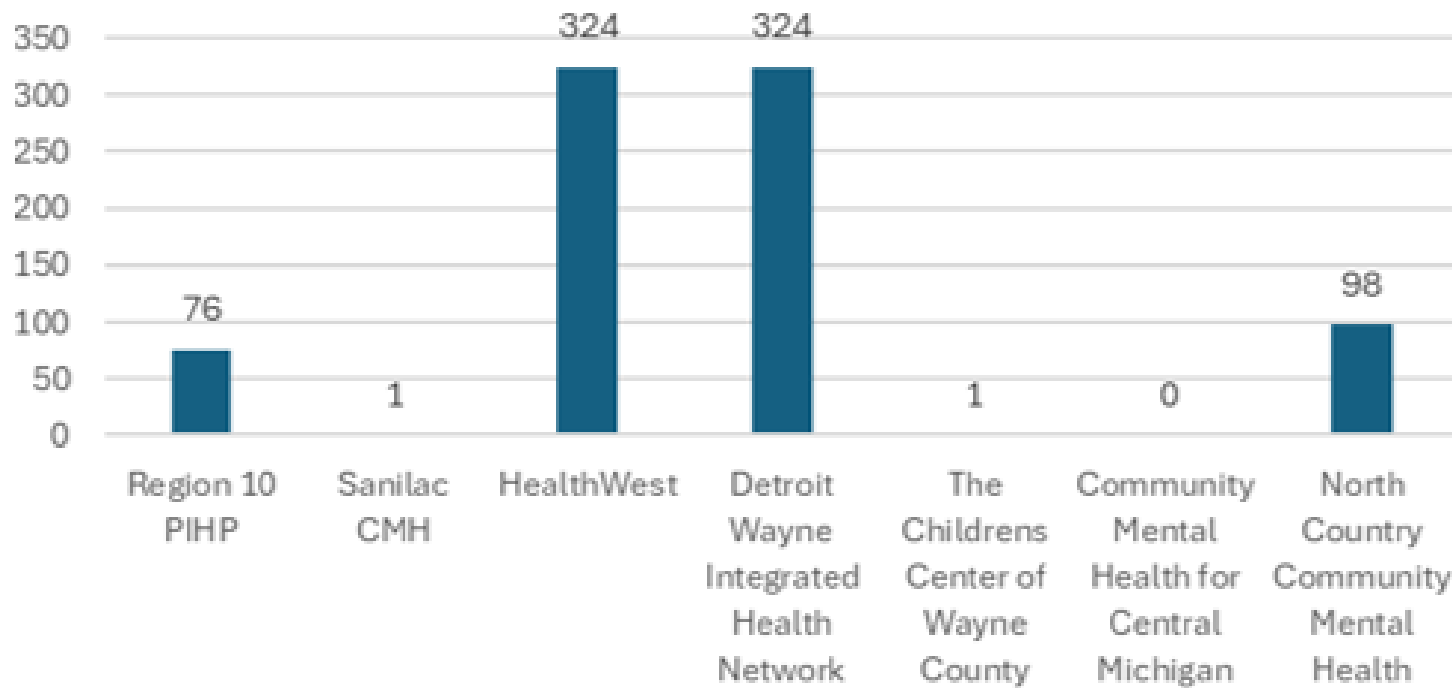
# MichiCANS Screener and Comprehensive Tool Use

Dependent on the Soft Launch Site and their clinical workflows, each site completed MichiCANS Screeners, MichiCANS Comprehensives or both.

# Total MichiCANS Screeners Completed: 824



Number of Screeners completed during the soft launch (January through March 2024)



Region 10 PIHP (Centralized Access) completed screeners for Sanilac CMH.

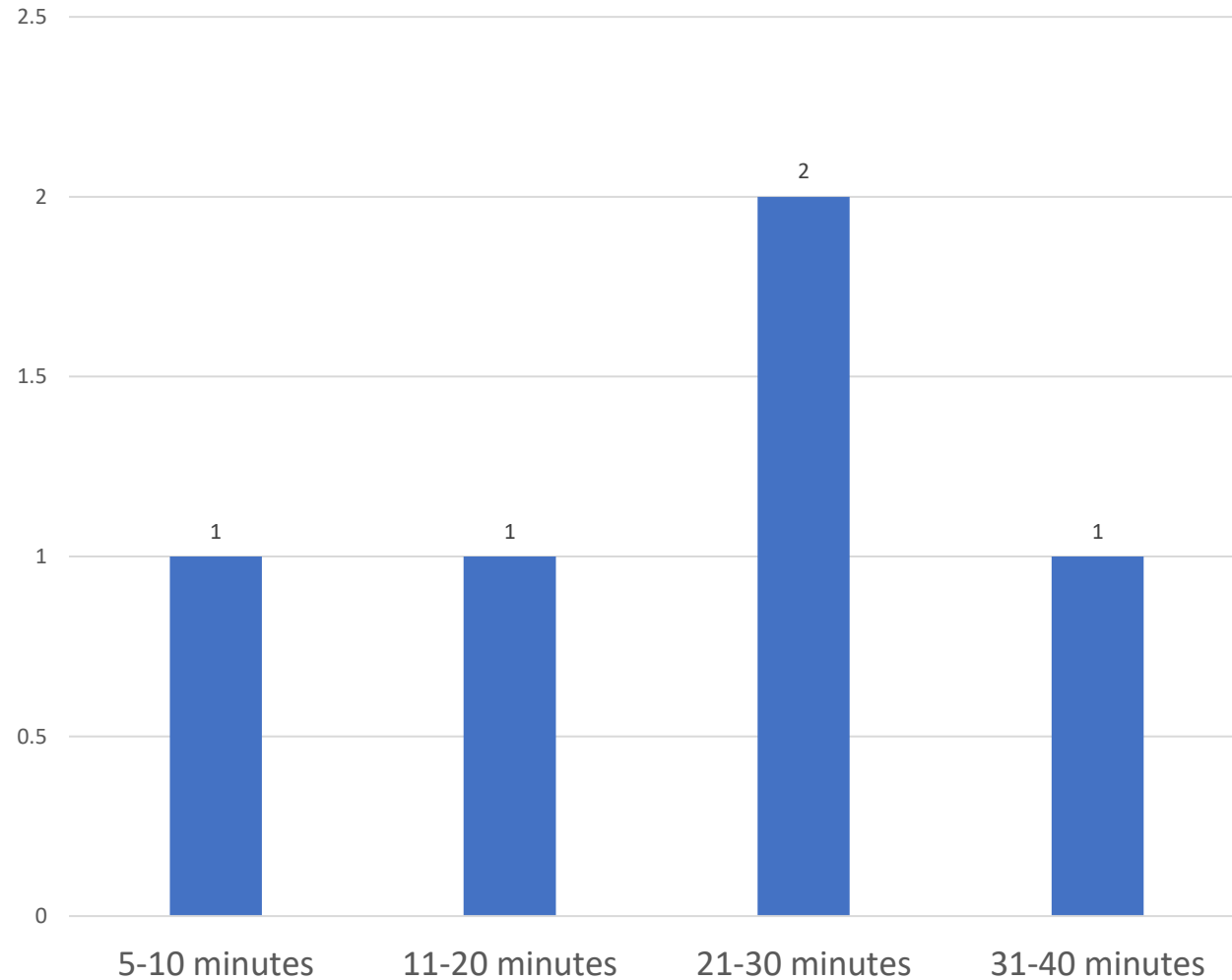
Detroit Wayne Integrated Health Network (Centralized Access) completed screeners for The Children's Center of Wayne County

Community Mental Health for Central Michigan has same day access therefore did not complete stand alone MichiCANS Screeners.

Overall average  
time to complete a  
MichiCANS  
Screener:

**22 minutes for  
the 824  
screeners  
completed**

Average time for staff to complete a  
MichiCANS Screener

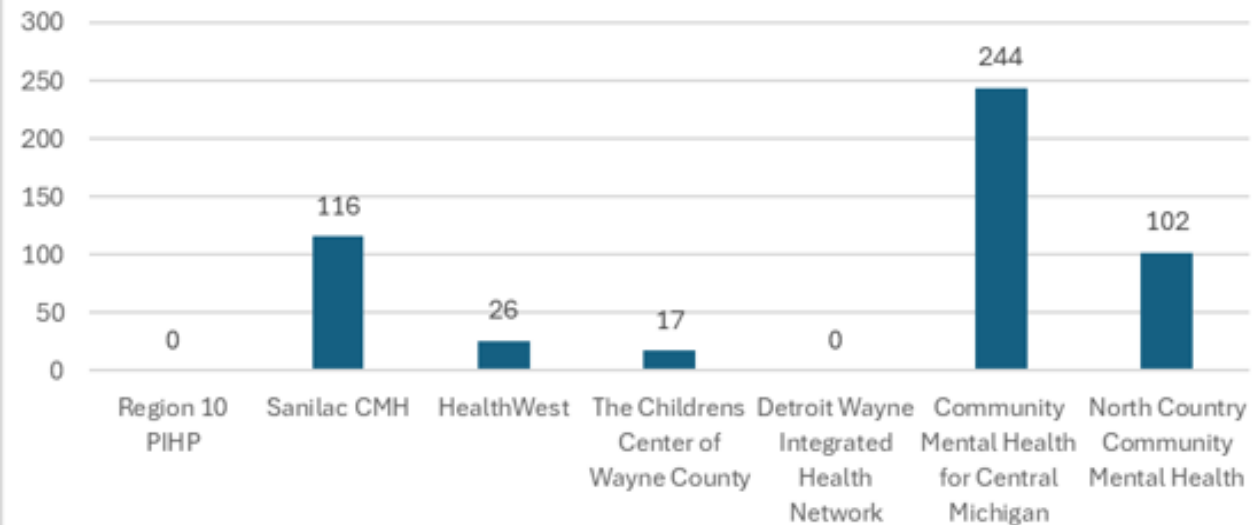


# Total MichiCANS Comprehensives Completed: 505

Sanilac CMH completed the Comprehensive tool based on the Screener results forwarded by Region 10 PIHP.

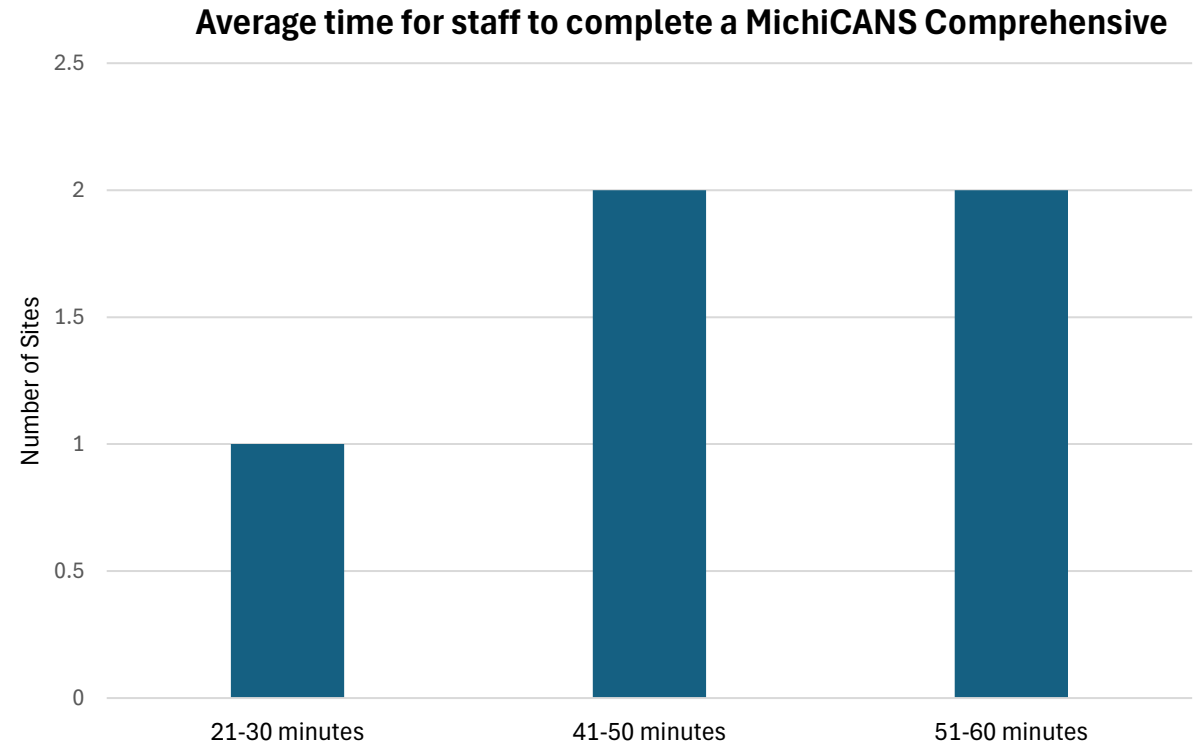
The Children's Center of Wayne County completed the Comprehensive tool based on the Screener results forwarded by Detroit Wayne Integrated Health Network.

Number of Comprehensive tools completed during the soft launch (January through March 2024)



Overall average  
time to complete a  
MichiCANS  
Comprehensive:

**45 minutes for the  
505  
Comprehensives  
completed**

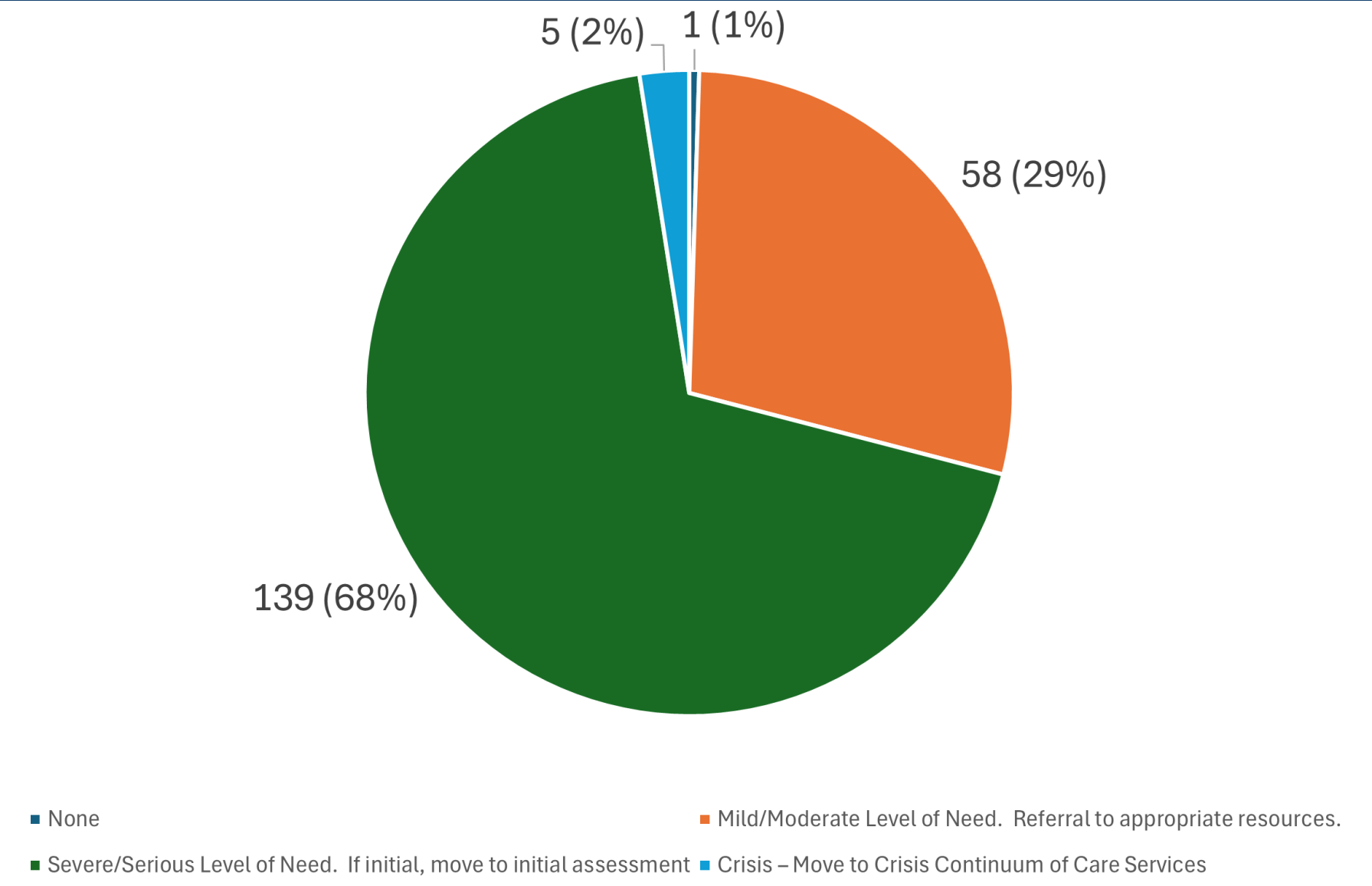




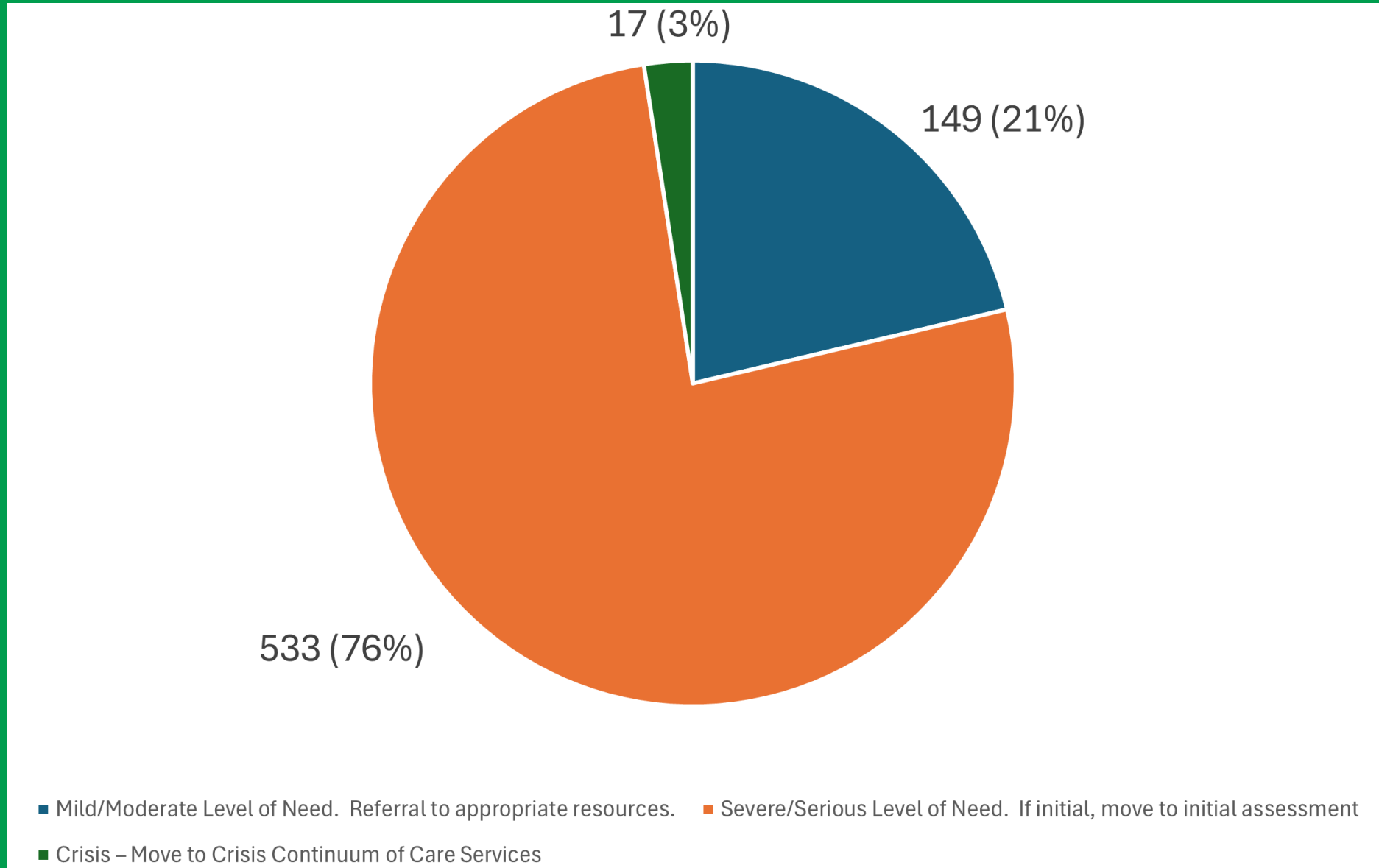
# Decision Support Models

Soft Launch sites had the opportunity to see the Decision Support Models attached to both Screener and Comprehensive as they scored the MichiCANS.

# Total Completed MichiCANS Screeners: Age 0-5



# Total Completed MichiCANS Screeners: Age 6 through 20



# Considerations for MICAS and SED Waiver Decision Support Model Recommendations for the Comprehensive

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Decision Support Models are designed to offer a standardized recommendation to clinicians for consideration based on complexity of needs.

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Decision Support Models are not directly linked to authorizations or authorization requests.

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Clinicians will have an opportunity to agree with recommendations or override recommendations of the Decision Support Model.

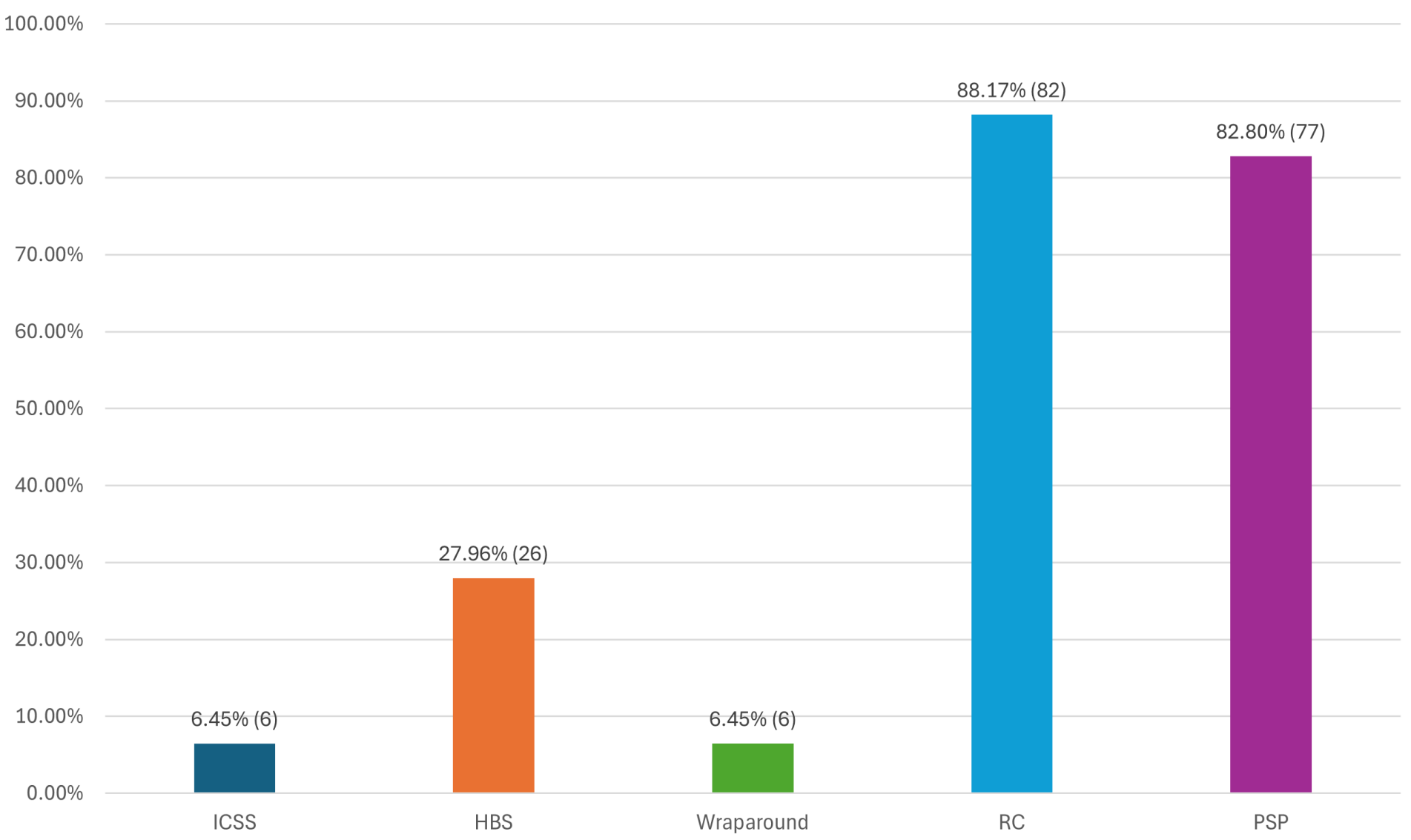
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Override data will be taken into consideration for further amendments or adjustments to Decision Support Models.

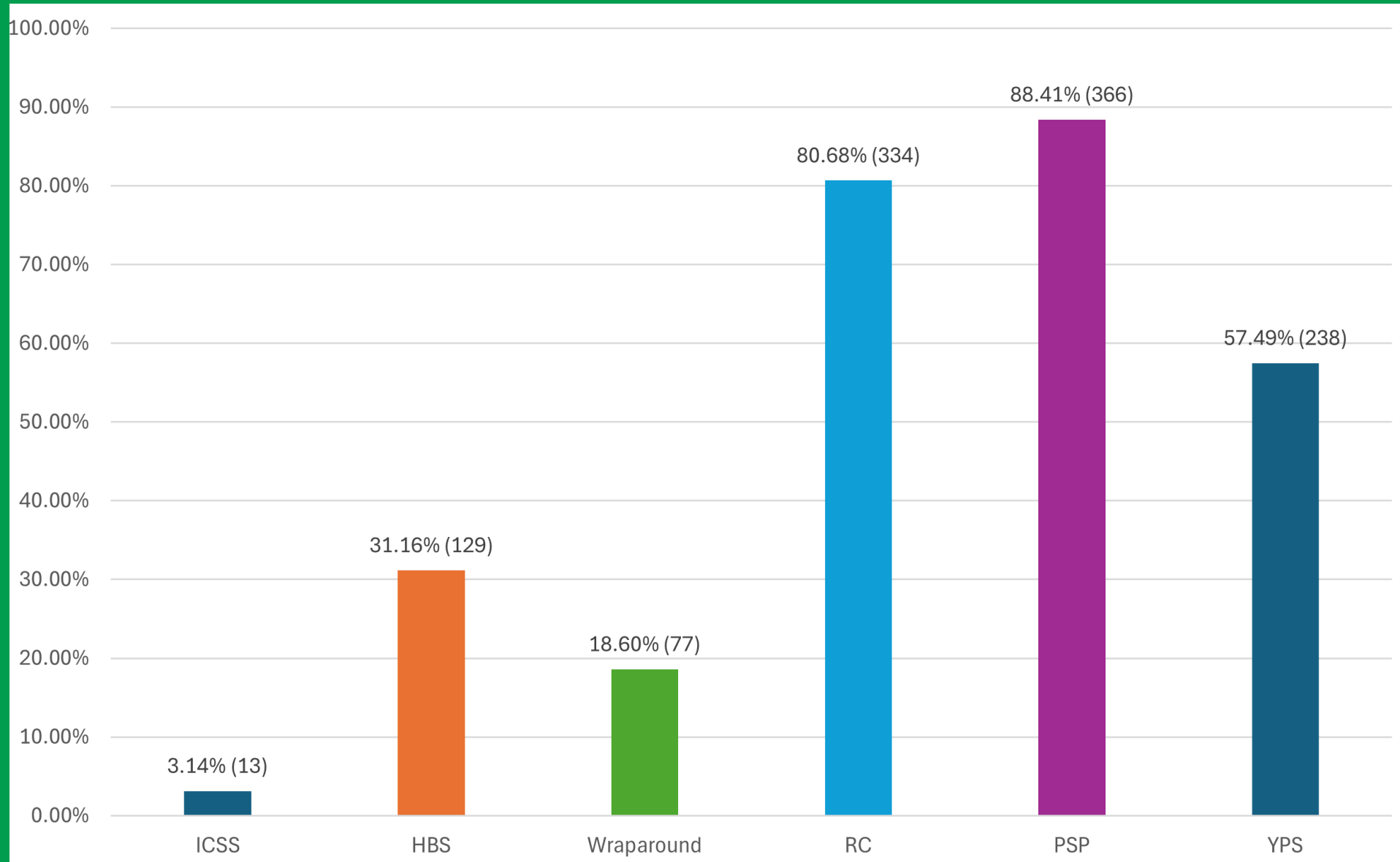
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Clinical analysis of data has not occurred to understand if recommended MICAS services were authorized or if there was an override to the recommendation.

# MichiCANS Comprehensives: Age 0-5



# MichiCANS Comprehensives: Age 6 through 20

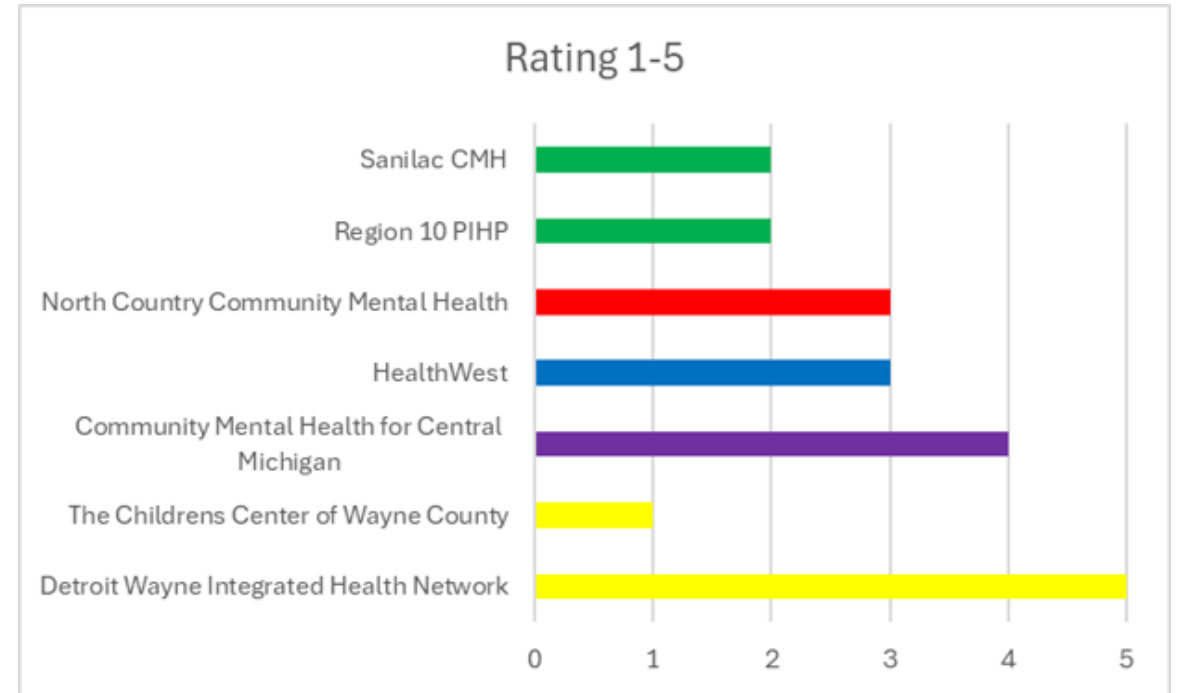
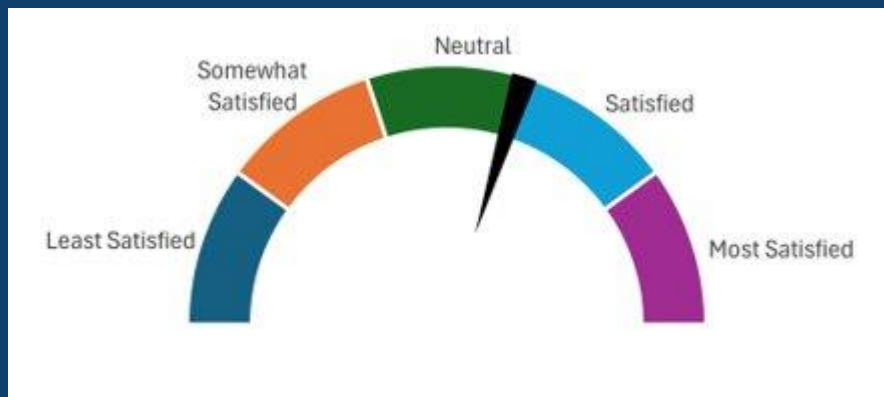


# Youth and Family Engagement

Soft Launch sites were trained in TCOM, the foundational framework for MichiCANS.

Engaging youth and family in sharing their story is the priority.

Overall, how helpful did the staff find the MichiCANS Screener and Comprehensive tools in engaging children and families in the assessment process?



Ranking Scale:  
1 – least satisfied  
5- most satisfied



How did your site engage children, youth or families in the discussion or completion of the MichiCANS Screener or Comprehensive?

### Screening:

- Via **general discussions** taking place per the telephonic Access screening with parent and/or guardian.
- We engaged people to **share their story** with us and documented accordingly

# How did your site engage children, youth or families in the discussion or completion of the MichiCANS Screener or Comprehensive?

## Comprehensive:

- The MichiCANS assessment is **explained** and **discussed** with families during Intake, while completing the psychosocial assessment.
- I allowed the family to rate their own experiences. We discussed why they chose that rating and discussed if I felt the rating was different.
- MICHICANS comprehensive **completed with input** from both children and families.
- Most of the clinicians use the MichiCANS as a **guide to collect the needed information** to determine eligibility for services.

# How did your site engage children, youth or families in the discussion or completion of the MichiCANS Screener or Comprehensive?

## General:

- Discussed the tool, purpose, and the survey.
- By discussing topics with families to ensure that as much **information** as possible has been **gathered**.
- **Telling their story** to assist in completing.
- Our staff informed clients and families about the purpose of the MichiCANS soft launch and the MichiCANS.

What is  
important to  
share about  
your  
experience?

### **The information gathered for the MichiCANS:**

- Is not intended to be gathered in a question-and-answer format.
- Is intended to be gathered as a part of a general discussion, while engaging people in sharing their story.

### **The MichiCANS allows families to rate their own experiences and encourages rich discussions.**

- Most of the information needed for the Biopsychosocial can be gathered via the MichiCANS Comprehensive.

### **Screening Frustrations:**

- Additional time required to complete the screening.
- Questions regarding caregiver needs at screener level caused confusion and frustration.

How did your site involve children, youth, and families in the discussion about the MichiCANS actionable items when planning for services and supports needed?

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“Review of the MichiCANS information and utilizing that in the development of the IPOS”.

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“The clinical recommendations are discussed with the families, during the Intake session and again at treatment planning session”.

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“Discussed targeted areas of need that were found in the MichiCANS and prioritized by the family”.

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“Parents and child create their own goals during their planning process”.

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“In discussing recommended services with families because of comprehensive recommendations”.

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“By letting them know that the actionable items were suggestions, but that their choice for services are parent driven”.

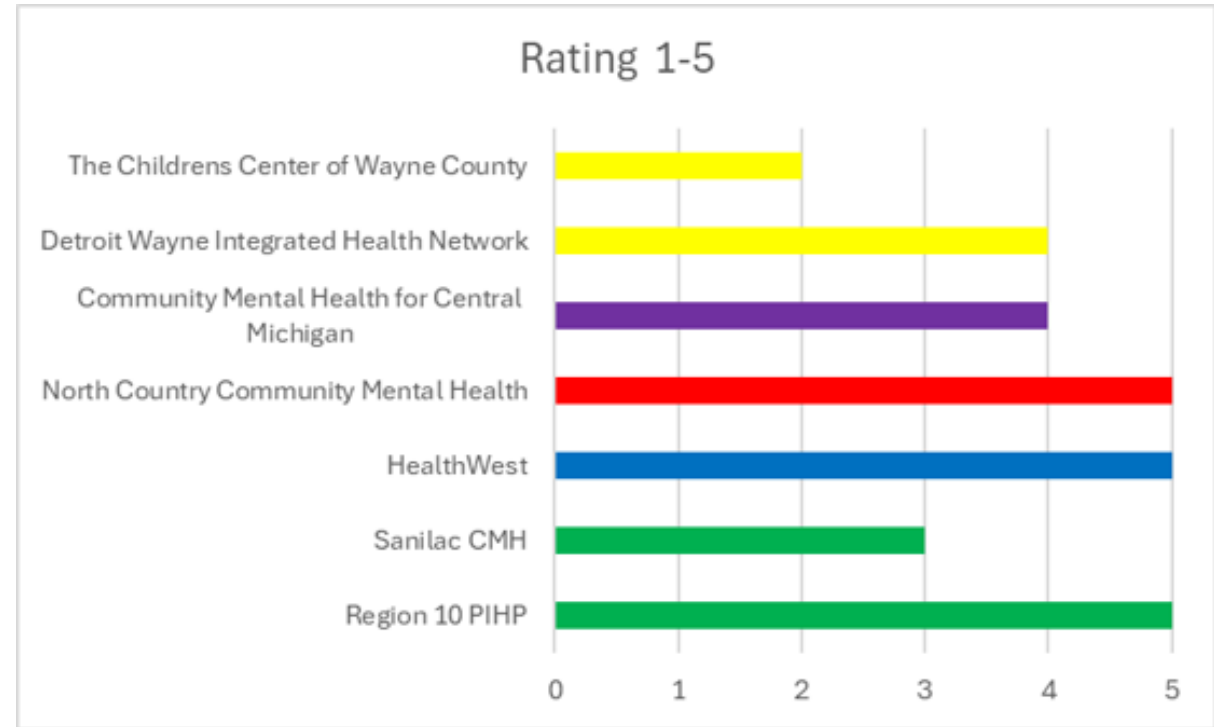
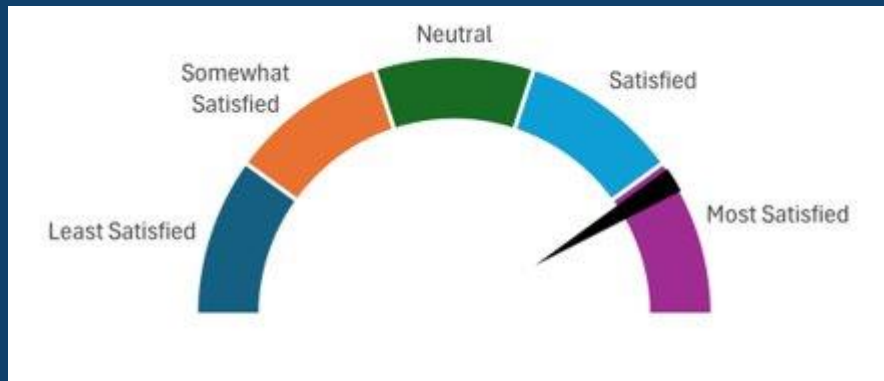
# Preparing for Implementation

Soft Launch sites had the opportunity to provide feedback on preparation for MichiCANS implementation.

This feedback has already supported changes made to enhance Hard Launch implementation.



# Overall, how prepared was your administration for soft launch implementation?



Ranking Scale:  
1 – least satisfied  
5- most satisfied

# What kind of staff was involved in decision making specific to the MichiCANS Screener and Comprehensive?

## **Access Department:**

- Call Center Team Members
- Access Manager

## **Administration:**

- Adult and Youth Clinical Directors
- Chief Executive Officer
- Chief Clinical Officer
- Chief Information Officer
- Clinical Administrators
- Clinical Directors
- Clinical Managers
- Chief Operating Officer
- Data Manager
- Deputy Director of Services
- Director of Child and Family Services
- Director of Children's Initiatives
- Director of Health and Information Services
- Directors of Utilization Management
- IT Management Team
- Quality Administrators

## **Direct Staff:**

- Clinicians
- Intake Staff

## **Outside Agency Staff:**

- PCE Project Director

## **Additional Recommendations:**

**Access Call Center Staff  
IT Management Team  
Quality Administrators  
Quality Assurance Staff  
Quality Intake Workers  
Utilization Management Directors  
and Staff**



# Specific Administrative Challenges Experienced

“Lack of clarity, timing of the guidance, misalignment with the state, lack of appreciation for CMH turnover and having ample training available, trainings where not accommodating to workforce issues (turnover of staff)”.


- As a result, MDHHS
- Created a MichiCANS webpage - [Michigan Child and Adolescent Needs and Strengths – MichiCANS](#)
- This webpage includes flyers, reference guides, rating sheets, video, FAQs, etc..
- Increased communication via memos and disseminated information widely.
- Increased the number of trainings available to prepare for October 1, 2024, hard launch.

“Clinicians are challenged with the added time it takes to complete the assessment. Clinical staff feel bombarded completing documentation, in lieu of working with families. Additionally, the assessment does not offer information/insight that is not captured in the psychosocial assessment”.

- As a result, MDHHS
- Created a Frequently Asked Questions document which provides answers and guidance on several topics including how agencies may wish to integrate the MichiCANS directly into their biopsychosocial to reduce duplicative processes.

“The IT pieces took longer to implement than anticipated. In addition, with such a large staff, it took several trainings to get all necessary staff certified in the tool”.

- As a result, the MDHHS is encouraging all organizations that were not involved in the soft launch to work with their Electronic Health Record Vendors to prepare for the hard launch.
- The MichiCANS Team has been working with the Electronic Health Record vendors of PCE, NetSmart and Streamline to prepare for the hard launch of this tool.



What were the specific administrative enhancements you experienced?

“The MichiCANS has more in-depth questions; therefore, it opens more discussion with families”.

“The MichiCANS allowed us to make efficient changes in processes and procedures including refining the intake assessment and the access screen.”

“Having Masters level clinicians complete the MichiCANS has been an excellent opportunity for them to learn how to do more formal evaluations and gain a deeper understanding of child development”.

“Our organization opted not to use the CAFAS as a screening tool to determine eligibility for services. The MichiCANS allowed us to have a tool to support our decision to either refer a youth for services or to refer to alternate providers”.

**Organization may make workflow decisions as a result of the MichiCANS and may wish to work with their EHR vendor to reduce duplication efforts afforded by the MichiCANS.**



# Soft Launch Perspective and Input

# Ideas or plans for future administrative enhancements

“Workshops where staff work together to use the tools, the added practice, and communication skills between clinical staff to help ensuring confidence when utilizing these tools”.

- The MDHHS has developed Supervisor Community of Practice (COP) meeting that will begin in the Fall for this purpose.
- The supervisors of clinical staff are encouraged and empowered to become local experts on the use of the MichiCANS and these COP will help to develop their skills in leading their teams.

“Add restrictions to the determination page for other services, such as when recommending home based, it asks if you have a willing and capable caregiver. When recommending youth peer, it should ask if they are over the age of 12, respite, if they qualify due to severity, etc.. it allows us to filter out or in those recommendations more easily”.

- As a result of this recommendation, the MDHHS adjusted the Decision Support Models.

"Our agency is looking at creating a children's specific intake assessment modeled with the MichiCANS and Access assessment".

- Organizations are encouraged to adjust their internal workflow to reduce duplicative processes.

What has MDHHS put in place to help make the transition to the use of the MichiCANS more manageable?



MichiCANS Flyers



MichiCANS Frequently Asked Questions Document



Supervisor Community of Practice Meetings



MichiCANS Website which includes:

- Reference Guides
- Rating Sheets
- Informational Video
- Supplemental Materials

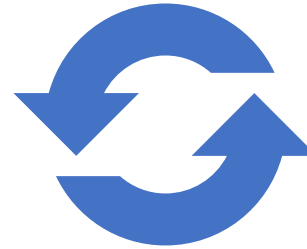
# What enhancements have already been implemented due to soft launch feedback?



## **Decision Support Models:**

Staff can now provide an override to any decision support.

Disposition text fields have been moved based on agency preference and needs.



## **Electronic health Record Updates:**

Actionable items and domains can now pull forward for planning processes.

Unnecessary text has been removed.

# MichiCANS and CAFAS Crosswalk Summary and Highlights



The MichiCANS and CAFAS has been tested to provide the following:

- Analysis of the MichiCANS and the CAFAS to explain the statistical approach for comparing the tools.
- A series of models to see which was the best fit for the comparison of the tools.

It is important to remember that:

- This is not bi-directional. We have tested the CANS ability to predict the CAFAS, the CAFAS cannot predict the CANS.
- This may not be valuable within an individual practice context with youth and families.

# An Analogy: Regression Testing for Comparison

Let's imagine we have our final exam in World History coming up....

- Our teacher tells us we can bring a 'friend' to help us take the exam...
- Who do we choose?
  
- Option #1:
  - Our actual best friend who knows nothing about World History.
- Option #2:
  - One of the eleven other history teachers at the school. But not all history teachers are the same. Which history teacher should we bring?



# Regression Testing for Comparison

- We want to make sure we bring the best consultant with us to help with our exam,
  - the teacher who can best determine the test answers ( $R^2$ ), and
  - have the fewest errors (least absolute deviation).
  - Looking for the teacher with the best fit
- $R^2$  is the coefficient of determination. Which model fits the best?
- Mean Absolute Deviation – the distance between the data point and the mean.

# Stats Humor

I have a regression joke...

...but it sounds quite mean.



Why do other types of analysis find linear regression annoying?

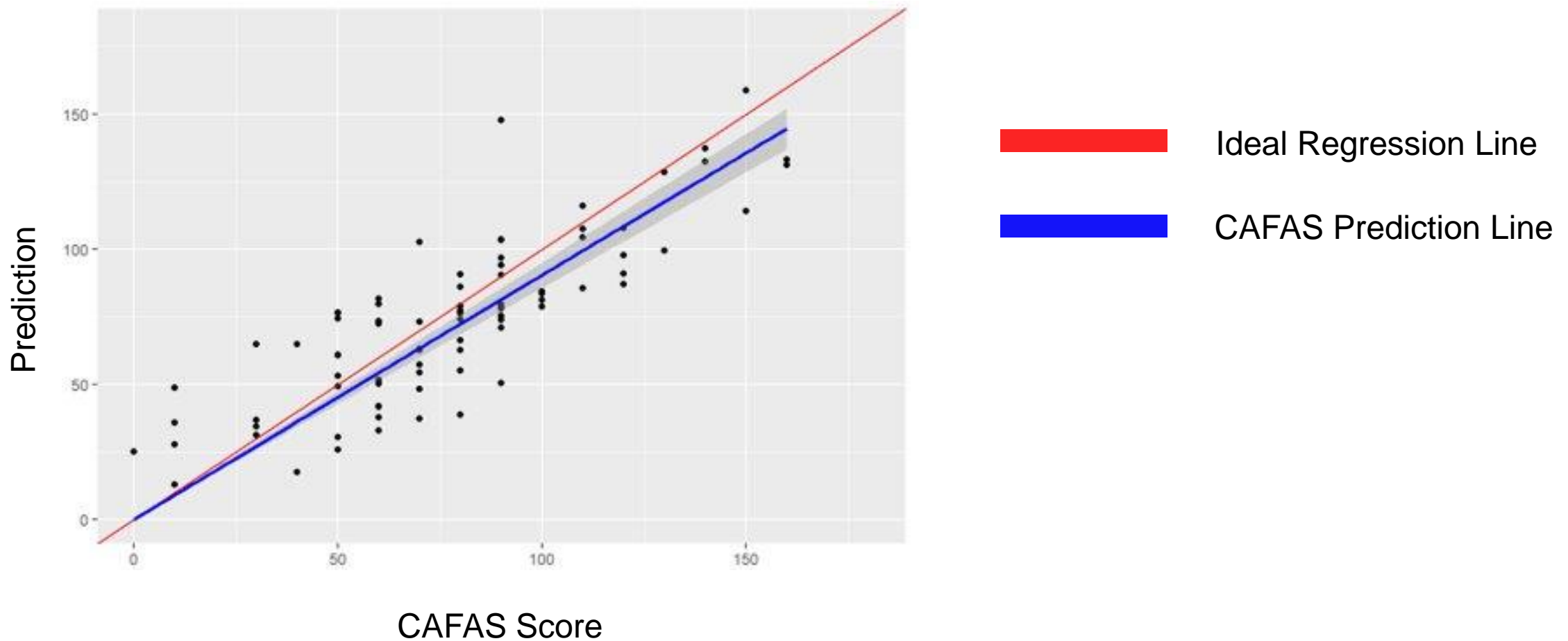
Because it's always trying too hard to fit in!

# CANS to CAFAS Comparison

- We tested 11 models for their ability to predict the CAFAS.
- We were looking for the best fit. (Highest R-Squared values (Range 0-1) and the lowest deviation values.)

Model	Mean Absolute Deviation	Root Mean Squared Error	Max Absolute Error	R Squared
Linear Model Actionable Score	22.503	29.750	80.172	0.306
Linear Domain TAI Score	24.502	30.832	87.204	0.255
LASSO Model Raw Score	<b>16.285</b>	19.577	46.127	<b>0.700</b>
LASSO Model Actionable Score	19.776	25.601	60.829	0.486
Linear PCA	19.039	23.160	49.932	0.580
Linear Model Raw Score	18.698	22.880	64.259	0.590
Ridge Model Raw Score	<b>16.681</b>	20.061	43.709	<b>0.685</b>
Ridge Model Actionable Score	21.199	27.546	66.539	0.405
Linear TAI Score	20.492	26.041	60.957	0.469
<b>Weighted Linear Model Raw Score</b>	<b>16.957</b>	<b>20.594</b>	<b>57.806</b>	<b>0.668</b>
Weighted Linear Model Actionable Score	19.014	23.621	54.264	0.563

# Raw Score Weighted Model Allows for Tool Comparison

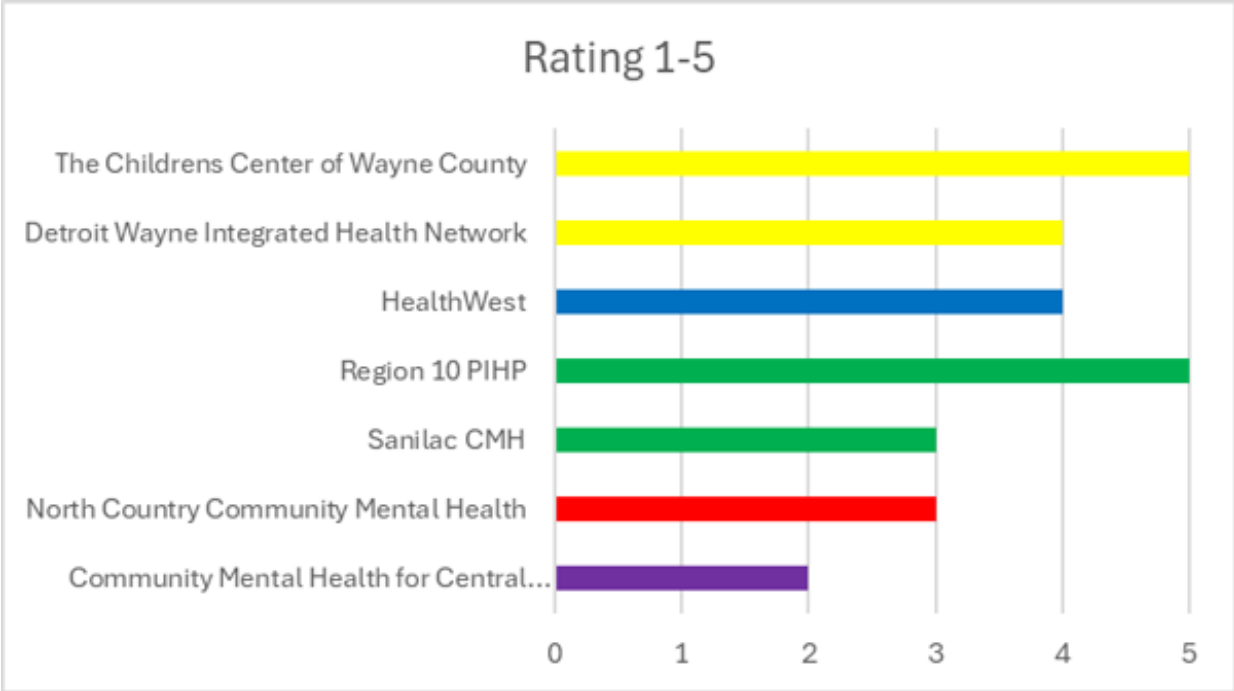


# Electronic Health Record

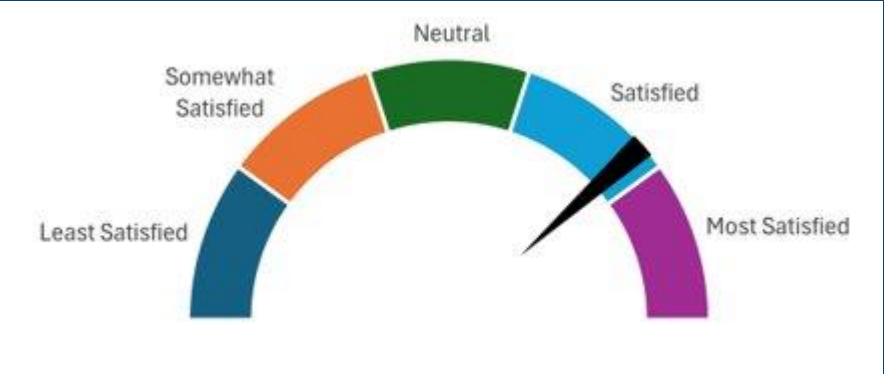
Soft Launch sites all shared the same electronic health record system – PCE.

Lessons learned from soft launch are shared with Netsmart and Streamline to ensure all systems benefit from Soft Launch experiences and preparations.

# Overall, how satisfied were you with the electronic health record (EHR) integration of the MichiCANS Screener and Comprehensive?



Ranking Scale:  
1 – least satisfied  
5- most satisfied



# What specific changes or enhancements did your organization make to your EHR?

- The Screening tool was embedded and placed before the disposition section.
- The tool was added to our EHR and incorporated into our workflows.
- Copied forward decision support tab into the PCP.
- The MichiCANS was added to the body of the screen in our PCE system.
- New calendars were developed, and the tool was built into our standard screening.
- The tool was added to our clinical screening document. Any clinician trained and certified in MichiCANS can complete the screening tool. The system automatically calculates the tool. Overall, the screener is user-friendly and seems to be working smoothly.

# What changes or enhancements to your EHR do you recommend or plan on pursuing in the future?

- This may be in the works, but it will be beneficial for the screener assessment to populate to the ongoing program's comprehensive assessment.
  - ✓ The Screener pulls forward into the Comprehensive.
- Comprehensive-decision support recommendations should get moved to the disposition page of the assessment and there should be an override option for level of care.
  - ✓ This change has been made in the PCE system.
- Reduce duplications in early development, trauma screening, PMLA, SUD, Presenting problem
  - ✓ Trauma module within the MichiCANS Comprehensive can replace the Trauma Screening.
- Only the items scored as 3 or 2 should be target or deferred and should pull forward into PCP and there should be an option to override for various reasons.
  - ✓ This has already been completed for all PCE systems.
- We are refining our assessments and removing duplications
  - ✓ The MichiCANS Team is asking all sites to share these improvements with us for dissemination.

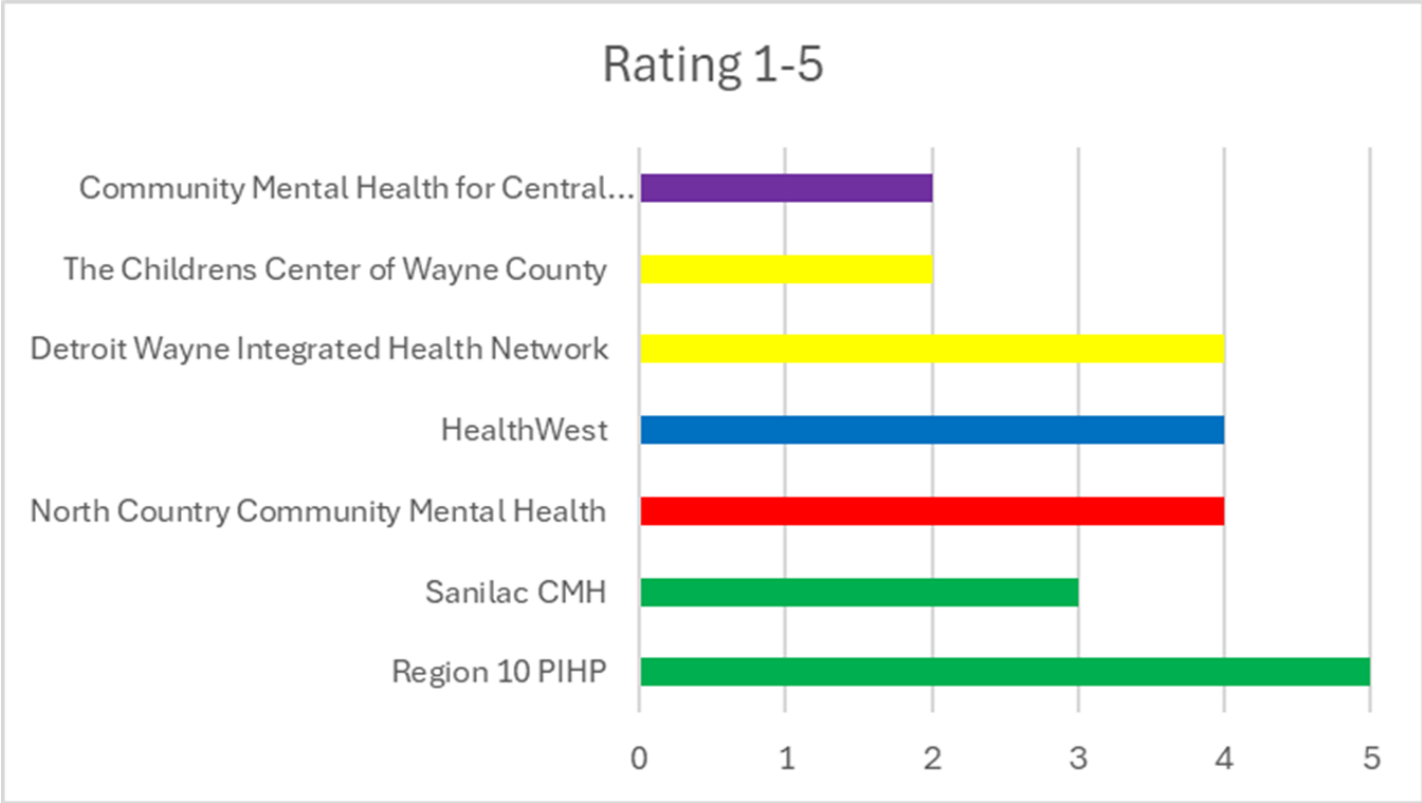


# Clinical Workflows

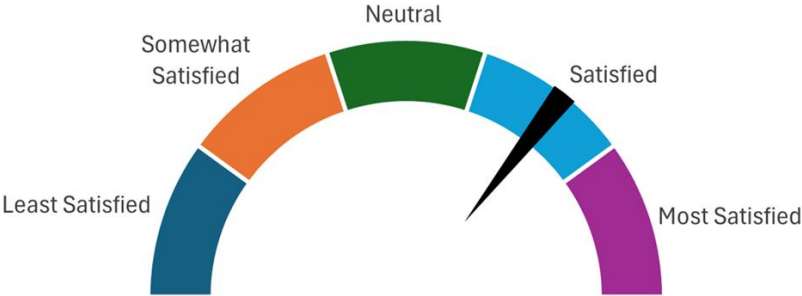
Soft Launch sites were testing the MichiCANS tools, however they were still using CAFAS/PECFAS as required throughout the pilot.

Based on their experience, they can understand how adjusting clinical workflows may enhance MichiCANS implementation.

Overall, how satisfied are you with the integration of the MichiCANS Screener and Comprehensive within your agency's clinical workflows?



Ranking Scale:  
1 – least satisfied  
5- most satisfied



What clinical workflow changes have you made, or do you plan to make, based on your soft launch experience?

“Our agency is currently in a deficit so we are in a hiring freeze, but we will need to add additional assessment specialists due to the increase in time it is taking to complete the assessment process”.



“Currently where it is at, the comprehensive flows appropriately. We will work on the brief screen to make it flow better”.



“We will be consolidating other screening tools that are now covered by the MichiCANS tool”.



# What clinical workflow changes would you recommend for sites preparing for statewide implementation of MichiCANS Screener and Comprehensive?



- “In preparation, the Screener does extend the time needed to complete a screening for a youth. Typically, we strive to take less than 30 minutes to complete a clinical screening. Due to the implementation of the MichiCANS our expectation for time spent on the screening has adjusted to allow for the tool to be completed”.

**Note: Soft Launch Sites did acknowledge that the length of time it took to complete the MichiCANS decreased with staff practice and experience with the tool, as expected.**

# Family Focused, Youth Driven Care.

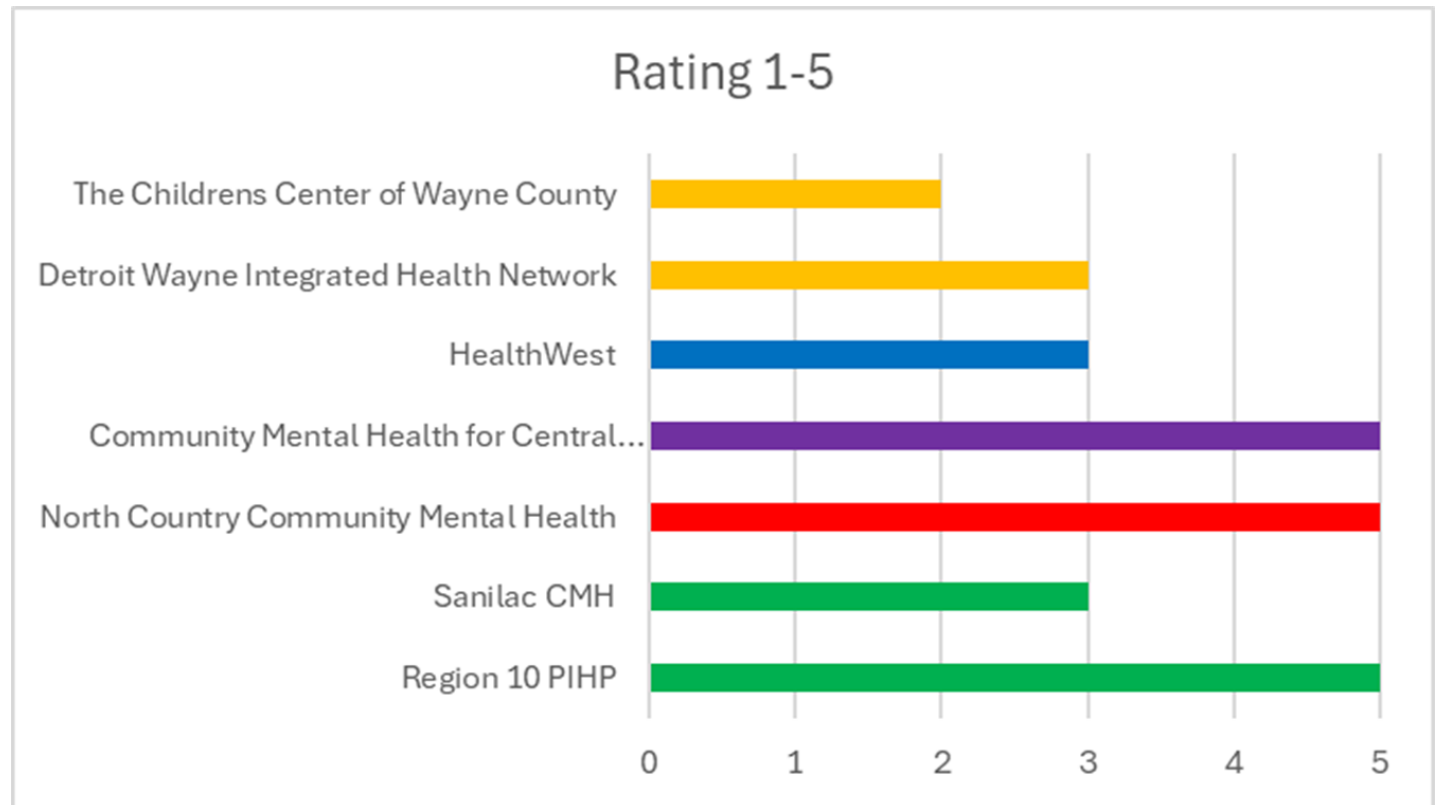
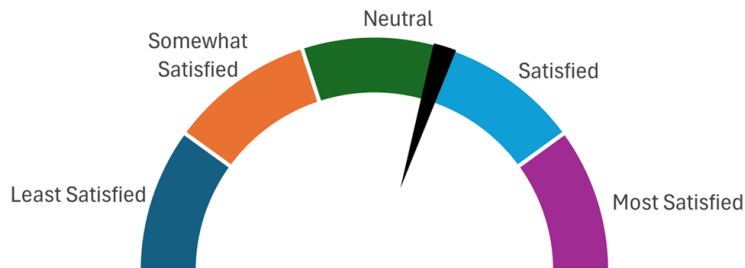
Soft Launch sites had the opportunity to provide feedback specific to how the MichiCANS tools specifically assist with ensuring Michigan can stay focused on the unique needs of every youth and family served.

# Feedback provided for specific groups of Children, Youth, and Young Adults



	Transition Age Youth Population	Youth with I/DD Population	I/DD Diagnosis Population	All Populations
Feedback From Soft Launch	Lack of clarification on how to serve this population with MichiCANS.	The decision support models should take I/DD needs into consideration	It would be helpful if we knew the new I/DD tool that will be used with adults.	Overall, we believe the tool does a really good job screening in all populations.
Response to Feedback	This has been clarified in our Q&A document. All children/youth will receive the MichiCANS Screener. Based on the results of the Screener, they will receive the MichiCANS Comprehensive if they are seeking children's service.	Decision Support Models have been updated and take both SED and IDD population needs into consideration.	The tool is the <b>WHODAS 2.0</b> to be implemented in Fall 2026.	No changes requested.

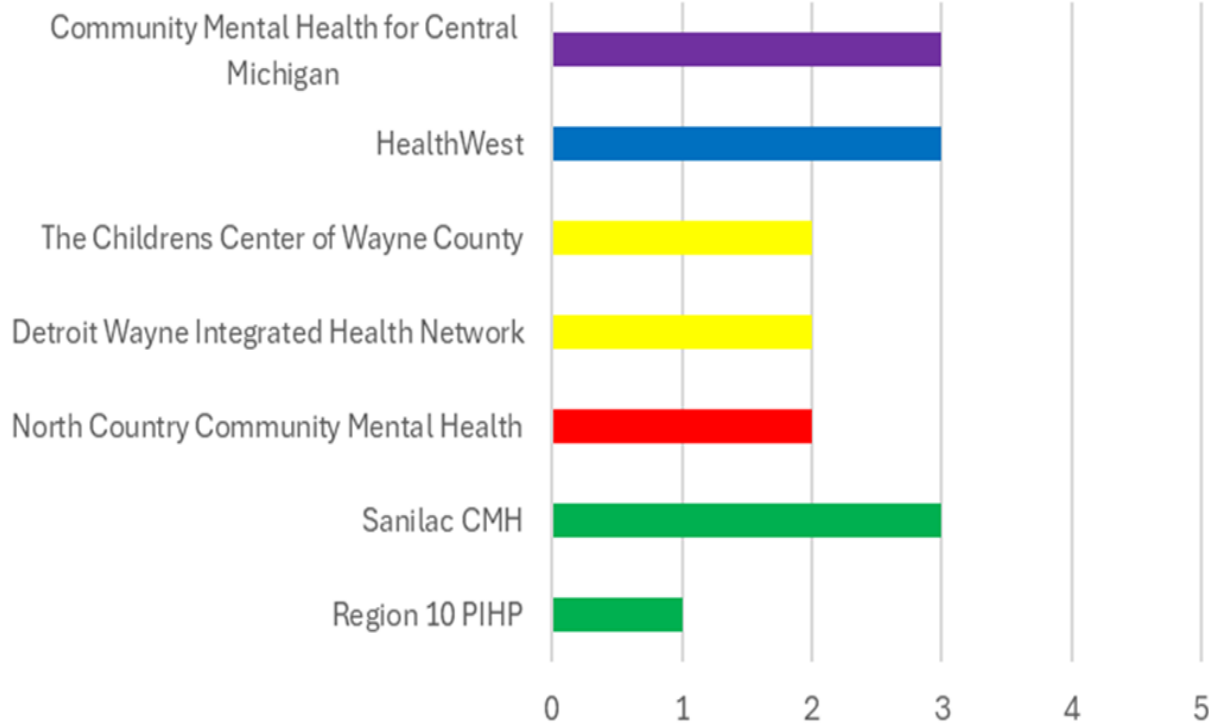
Based on your experience with the MichiCANS Screener and Comprehensive, how satisfied are you with the ability of the MichiCANS to communicate the unique needs and strengths of children, youth, young adults and their families?



Ranking Scale:  
1 – least satisfied  
5- most satisfied

# Based on your experience with the MichiCANS during the soft launch, how helpful did you find the use of MichiCANS actionable items for treatment planning purposes?

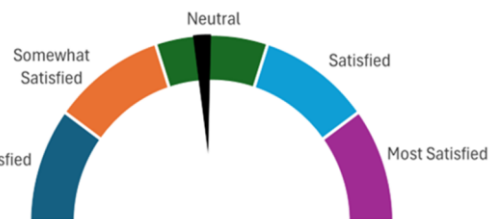
Rating 1-5



- At the time of the soft launch, ratings did not populate into the PCP and were not used for clinical decision making.

- Due to these reasons, the MichiCANS actionable items were not relevant to clinical workflows and/or leveraged to enhance decision making.

- For the October launch, all Need items rated 2 or 3 (Actionable) will prepopulate into a planning document to allow the clinician to document which needs are being addressed in the current plan. Each site will be able to choose where this documentation occurs within your current workflows.



Ranking Scale:  
1 – least satisfied  
5- most satisfied



# Data Driven Decisions

Soft Launch sites had the opportunity to provide feedback for how MichiCANS data can be used to enhance care and ensure a smooth transition to Data Driven Decision making across the state.

# How does your agency plan to use MichiCANS data in the future?



- Utilization Review



- Create clinical care pathways based on modules scored and needs (PSB, fire starting etc.).



- To ensure that the correct services are being utilized and all relevant issues are being discussed.



- Track in their paperwork and what services were recommended



- To help guide treatment planning

# How does your agency plan to use MichiCANS data in the future?

- “To better guide families in utilizing recommended services and to set up services” .
- “To support level of care decisions and ensure clients have the appropriate supports in place to help them have their best quality of life” .
- “Staff reported not feeling as though the MichiCANS provided any significant additional clinical information from our current screening tools. Likely we will consolidate down to just the MichiCANS and eliminate other screening tools” .
- “Continue to determine and identify areas of need and eligibility for community mental health services” .

# Final Thoughts from Soft Launch Sites

Soft Launch sites had the opportunity to provide any additional thoughts they felt important to share for statewide implementation.

# What resources might you need to utilize data from MichiCANS to make data driven decisions that drive care and ensure quality?



- “IT support”.
- “Not yet sure what we will need”.
- “We will need to create a report on dimensions scored in the 3 range and when modules were scored what those scores were to target high risk cases in the dashboard”.
- “Staff training”.
- “We need staff”.
- “Internally we are prepared to work together as an agency with the data we can gather from our PCE”.
- “We have already developed a reporting tool to view MichiCANS data”.
- “Data can be used to identify areas of need as a system. The number of eligible members and the severity of need continues to grow. This data may be used to show how the needs require additional providers that can accommodate these youths”.

# Additional feedback from your site...

## Communication

### Feedback:

- The lack of communication has made the role out frustrating for our staff. Knowing what sights where CCBHC would have been helpful.

### Response:

- The soft launch sites did have to “build the plan while flying it”, so this feedback is very fair. Luckily, the rest of the sites across the state will benefit from soft launch’s work and have clear communication published on a website for ease of access.

# Additional feedback from your site...



## **Conflict Free**

### **Feedback:**

- How is the conflict free decision going to affect everyone. What are our counter partners doing and how is it affecting us?

### **Response:**

- The MichiCANS will be used to support eligibility determinations and service planning for Medicaid- funded home and community-based services (HCBS), and MDHHS must implement the MichiCANS in compliance with CFAP requirements.
- The MichiCANS will be used to support service planning activities for home and community-based services including the development of the Independent Plan of Service (IPOS) and assessment and coordination of services.
- Under CFAP requirements, the provider that is completing service planning activities must be independent from the provider that is delivering home and community-based services.

# Additional feedback from your site...



## Information in MichiCANS is not new

### Feedback:

- My clinical staff are not finding the assessment provides information that would not already be available or obtained from the psychosocial. We are struggling to find this assessment useful in our daily practices.

### Response:

- This is accurate as the MichiCANS tools do not collect any new information that isn't currently already being collected in clinical workflows.
- The MichiCANS organizes and communicates the data from assessments differently, allowing a golden thread from assessment to planning, supporting data driven decision making and ongoing CQI practices.
- The soft launch sites did not have access to these benefits as they were not yet built, so staff was not able to experience the full benefits of this tool during the soft launch.



# Potential for Continuous Quality Improvement



- Soft Launch Sites were operating under current policy without ability to use data for decision making or CQI processes.
- Michigan will be learning from national collaborative on how to integrate MichiCANS data into decision making and CQI processes at the state level.
- CMH and PIHP leadership have opportunity to join learning collaboratives to maximize use of MichiCANS data at an individual, program and agency level.

# Potential Data Points and Future Data Uses



- Percentage of children, youth, and young adults that were recommended for a MICAS service and received that service (provided by Medicaid claims and encounters).
- Use MichiCANS MICAS recommendations to inform need for program expansion and resource increase.
- Review of services received in county of residence vs. county of service.
- Use MICAS data to determine what set of MICAS services are often provided together (service package).
- Mapping of high-risk behaviors (risk clusters) by utilizing MichiCANS 2 and 3 ratings and geographic data.



# Overall Impressions from a Soft Launch Perspective

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# More Information

- More information about the MichiCANS is available at:
- <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/childrenandfamilies>
  
- Any questions or inquiries about the MichiCANS or the Soft Launch can be directed to:
- [MDHHS-MichiCANS@Michigan.gov](mailto:MDHHS-MichiCANS@Michigan.gov)
  
- Information related to the original CANS instrument and its development can be located at:
- <https://praedfoundation.org/www.iph.uky.edu>