



Performance Outcomes System: Functional Assessment Tool Roll Out

CALQIC

March 15, 2018



Agenda

Functional Tools Assessment Implementation

Aligning Implementation Efforts with CDSS

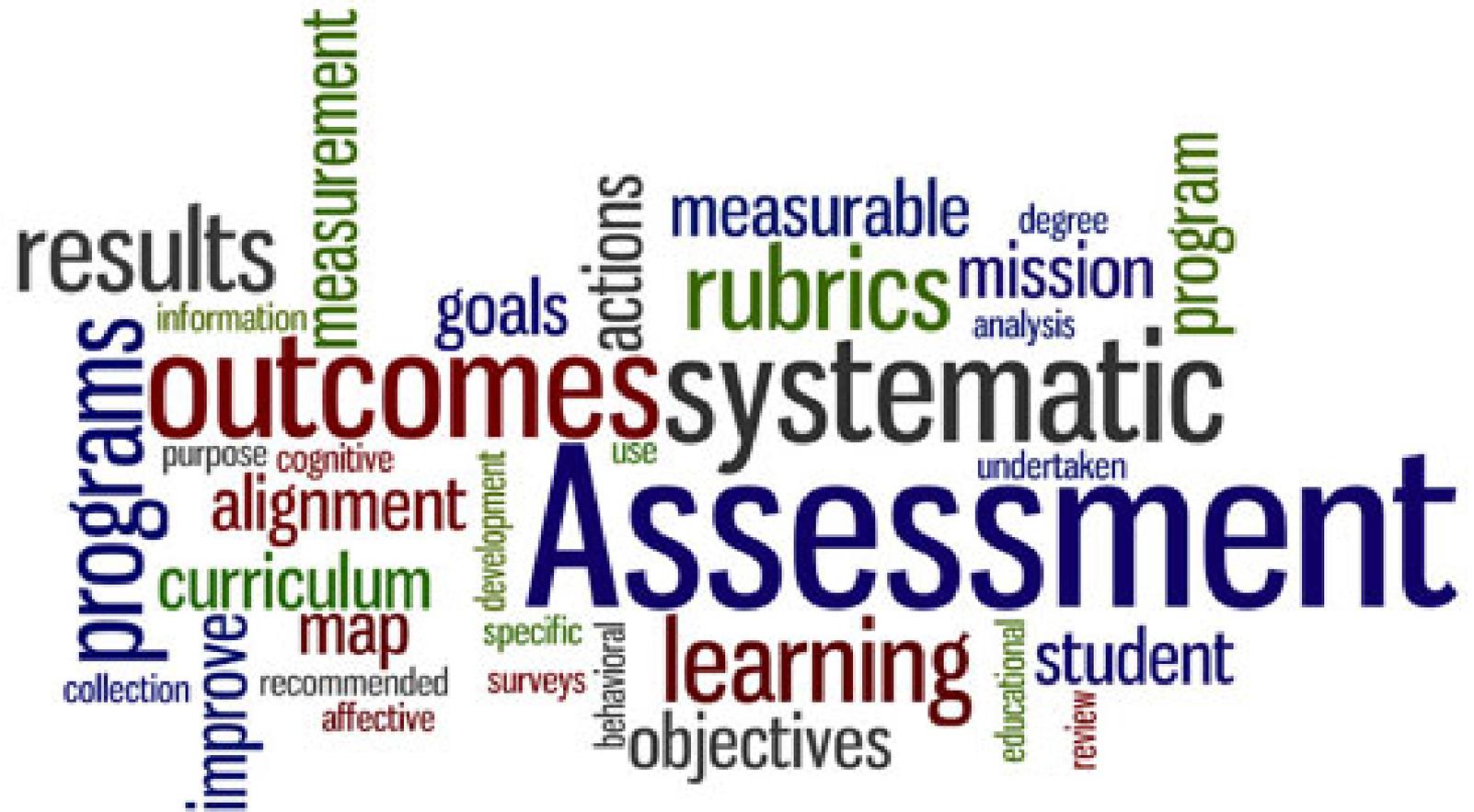
Claiming for CANS and PSC-35

Quality Improvement Expectations Using the CANS and PSC-35

Questions



Functional Tools Assessment Implementation





Functional Tools Assessment Implementation

Two tools selected for statewide implementation May 2017*:

- **Pediatric Symptoms Checklist (PSC-35)**** – parent/caregiver version; recommended by UCLA evaluation

* [Information Notice 17-052](#)

** [Enclosure 2](#)



Functional Tools Assessment Implementation

- Child and Adolescent Needs and Strengths (CA-CANS 50)* – California-specific version with 50 questions used in outcomes research

* [Enclosure 3](#)



Functional Tools Assessment Implementation

- CA-CANS-50
 - For children/youth ages 6 to 20*
 - Collaborative structured assessment used to identify youth & family actionable needs & useful strengths
 - Used to inform planning, support decisions, and monitor outcomes

*Information Notice: 17-052 lists ages 6 to 17



Functional Tools Assessment Implementation

- PSC-35
 - For children/youth ages 3* to 18
 - Psychosocial screening tool
 - Completed by parents/caregivers
 - Designed to facilitate recognition of cognitive, emotional, & behavioral problems so appropriate interventions can be initiated as early as possible

*Information Notice: 17-052 lists ages 4 to 18



Functional Tools Assessment Implementation

- Timeline for implementation
 - Staggered implementation start dates beginning July 1st 2018, with start date based on whether counties already using CANS
 - 33 counties start July 1st, 2018; 25 counties start October 1st, 2018; and 1 county starts January 1st, 2019



Functional Tools Assessment Implementation

- **Counties implementing July 1st, 2018:**
Alameda, Alpine, Butte, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Modoc, Mono, Placer, Riverside, San Bernardino, San Francisco, San Joaquin, San Luis Obispo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou Solano, Sonoma, Stanislaus, Trinity, and Yolo



Functional Tools Assessment Implementation

- Counties implementing October 1st, 2018: Amador, Calaveras, Colusa, Contra Costa, Imperial, Inyo, Kern, Merced, Monterey, Napa, Nevada, Orange, Plumas, Sacramento, San Benito, San Diego, San Mateo, Sierra, Tehama, Tulare, Tuolumne, Ventura, Sutter/Yuba, Berkeley City, and Tri-City



Functional Tools Assessment Implementation

- Los Angeles County implements
January 1st, 2019



Aligning Implementation





Aligning Implementation Efforts with CDSS

- Requirements for implementing the CANS within a Child and Family Team (CFT)*
- CANS chosen as a tool to be used within the CFT process to guide case planning and placement decisions.

*[All County Letter No. 18-09](#)

*[MHSUDS Information Notice 18-007](#)



Aligning Implementation Efforts with CDSS

- CANS intended to inform CFT in several key areas, including but not limited to:
 - Determining if child, youth, or non-minor dependent (NMD) has unmet mental health or substance use disorder needs;
 - Making placement decisions;
 - Informing the level of care protocol;
 - Determining educational needs;



Aligning Implementation Efforts with CDSS

- Identifying any immediate support needs of the family or care provider, such as coaching or respite care; and/or,
- Developing a comprehensive plan to support safety, permanency, and well-being.

CANS results should be a shared resource for team members throughout the CFT process.



Aligning Implementation Efforts with CDSS

- The CANS results provide a platform for the CFT to guide conversations and support the process of learning more about the child, youth, or NMD, and family's needs, as well as identifying behavior patterns.
- The CDSS has also adopted the CANS Early Childhood as the state-approved child welfare assessment tool for children ages birth to five.



Aligning Implementation Efforts with CDSS

- The **50 Core Items**, known as the CANS Core 50, is approved by both CDSS and DHCS as the child welfare and mental health assessment tool for children ages 5 to 21*.
- The CANS Core 50 represents the minimum required common items to be used across the state. Counties may opt to add questions specific to their local needs, if desired.

*Age range for CA-CANS is 6-21; for DHCS Performance Outcomes System ages covered is 6 to under 21



Aligning Implementation Efforts with CDSS

- Children, youth and NMD's receiving specialty mental health services are assessed every 6 months by CANS certified providers and county staff.
- County placing agencies and county Mental Health Plans (MHPs) are jointly responsible for ensuring that a single CANS tool is completed for each child, youth and NMD.



Aligning Implementation Efforts with CDSS

- As such, county placing agencies and MHPs need to share with each other completed CANS assessments and their resulting identified outcomes for children assessed and/or served by both agencies to avoid unnecessary duplication and over-assessment of children, youth, and NMDs.
- If a current CANS assessment has been completed by a county MHP or their contracted provider, the CFT should use it. The placing agency is not required to conduct a new CANS, but should consider whether any updates to the CANS ratings are appropriate.
 - Similarly, if a current CANS assessment is completed by or on behalf of the placing agency, the MHP should use it. In this case, the MHP is not required to complete a new CANS, but should consider whether any updates to the CANS ratings are appropriate.



Aligning Implementation Efforts with CDSS

- For children, youth, or NMDs who are already in foster care and are not currently receiving specialty mental health services, the CANS tool functions as the required mental health screening.² If the screening indicates there may be a mental health need for specialty mental health services, the placing agency shall make a referral to the county MHP. The MHP must accept the completed CANS, and not complete a new CANS, but may consider whether any updates to the CANS ratings are appropriate.

² *Katie A. v. Bonta, et al.; All County Letter 15-11*



Aligning Implementation Efforts with CDSS

- A CFT meeting to discuss the results of the CANS should also occur to support case planning and service coordination.
- County placing agencies and county MHPs need to share CANS assessments for children, youth and NMDs assessed and/or served by either system and completion of a universal information release form shall not be required for this purpose.
- This is critical to ensure that children and youth are not subject to multiple assessments, and to promote consistent information across agencies.



Aligning Implementation Efforts with CDSS

- While county placing agencies and county MHPs are to complete and share CANS assessments, each respective entity is expected to submit the CANS data to their respective lead State agency.
 - Specifically, county MHPs must submit to DHCS the CANS data for dually-served children, along with the non-dually served children, in accordance with DHCS' data submission specifications described in DHCS MHSUDS Information Notice 17-052. This also applies to CANS assessments that are initially completed by a county placing agency and then provided to a county MHP upon referral for specialty mental health services – the county MHP must ensure that the county placing agency's CANS, including any updates, is entered into the MHPs database for subsequent submission to DHCS.



Aligning Implementation Efforts with CDSS

- CDSS will develop software capable of automating the CANS within a platform which allows for individual raters, such as CANS-certified providers, certified county staff, and CFT members, including children, youth and NMDs to complete the CANS, and systematically transfer and integrate the completed CANS data within the new CWS system, known as the Child Welfare Services -California Automated Response and Engagement System (CWS-CARES). The software will be embedded into the CWS-CARES and will be roles-based, allowing CDSS and DHCS to build for the capacity for merging data and permitting different users to interface and retrieve customized multi-rater reports via an online dashboard*.

*This is the vision being strived for. For now, DHCS will have data submission similar to CSI for the CANS and PSC-35.



Claiming for CANS & PSC-35





Claiming for CANS & PSC-35

- Counties will be required to submit PSC-35 and CANS data to DHCS according to DHCS specifications once the DHCS system is ready to accept it. Draft data dictionaries for PSC-35 and CANS are currently available on the Client and Services Information Systems Documentation through the Behavioral Health Information Systems portal. Once finalized, the dictionaries will be maintained and updated at this location.



Claiming for CANS & PSC-35

MHP Reimbursement

- DHCS will reimburse MHPs for the following costs associated with the implementation of PSC-35 and CANS:
 - Costs for CANS training for clinicians;
 - Time clinicians spend in training for CANS;
 - Time clinicians spend completing CANS;
 - Costs for IT upgrades to capture PSC-35 and CANS data;
 - Time staff spend entering PSC-35 and CANS data into a data system; and (documented)
 - Time spent preparing and submitting PSC-35 and CANS data to DHCS. (documented)



Claiming for CANS & PSC-35

- DHCS considers training and certification for individuals (providers) administrating CANS and the entry of assessment data into the system a Utilization Review/Quality Assurance cost, which is currently claimed on the MC 1982 C claim form. DHCS considers IT upgrades an Administrative cost, which is currently claimed on the
 - MC 1982 B claim form. Accordingly, DHCS has amended the MC 1982 B and
 - MC 1982 C claim forms to allow MHPs to claim reimbursement for these costs.
- These forms may be accessed via the following link below, under the title, *Certification Forms*:
<http://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>.

*Counties can claim Administrative costs on the 1982 B claim form and Utilization Review/Quality Assurance (UR/QA) costs on the 1982 C claim form.



Claiming for CANS & PSC-35

- Reimbursement will be based upon the MHP's costs. The interim payments will be settled to actual cost through the cost report. The cost report will be subject to a fiscal audit. MHPs must maintain documentation to support the costs allocated to the Performance Outcome System. The documentation must be consistent with the Office of Management and Budget circular A-87.
- As of March 5th, 2018, no county has filed any POS claims for CANS or PSC-35.



Claiming for CANS & PSC-35

- What to do? Contact cmhpos@dhcs.ca.gov if have questions about claiming or anything implementation related.
- I'll also be conducting Technical Assistance calls with County Support contacts for every county that is implementing starting July 1st to answer any questions they may have regarding claiming or any other implementation question; these will start post-CALQIC.



Quality Improvement Using CANS & PSC-35





Quality Improvement Using the CANS & PSC-35

- The **primary** purpose for the data obtained from the CANS and PSC-35 is for quality improvement efforts.





Quality Improvement Using the CANS & PSC-35

- As recommended by UCLA, because the PSC-35 lacks established norms for improvements over time, the data gathered in the first one to two years will be considered baseline.
- The same approach will be taken with CANS.



Quality Improvement Using the CANS & PSC-35

- Initially, DHCS will focus on working with counties to monitor and improve data quality.
- After multiple years of data have been collected, benchmarks will be established and used to identify where quality improvement efforts need to be focused, and this process will inform technical assistance needs.



Quality Improvement Using the CANS & PSC-35

- The overarching goal of the quality improvement efforts are to use data to inform and improve policy and practice in a timely and effective manner.



Questions







Your time is appreciated!

Questions contact: cmhpos@dhcs.ca.gov