DR. EMILY TRASK

CANS & PSC SUBMISSION PRACTICES

LESSONS FROM SAN DIEGO COUNTY

BACKGROUND

- Some counties have reported struggling to submit timely FAST reassessments
- San Diego County’s reassessment rates are high
- What system structures or policies were put in place to support reassessments in San Diego County?

Background: San Diego County

- 97% of discharged clients ages 6-21 have at least two CANS measures*
- 66% of discharged clients ages 3-18 have at least two PSC measures*
- San Diego CYFBHS providers have experience collecting measures and monitoring compliance

*Data Parameters: Clients were in services FY 2021-22 for at least two months, & had intake and discharge dates in the EHR

POLICIES & PRACTICES

... that may contribute to our high reassessment rate


CANS CERTIFICATION
COMPLIANCE STANDARDS
DOCUMENTATION STANDARDS
ADDITIONAL SUPPORTS & TRAINING
HIGH REASSESSMENT RATES
COUNTY MEDICAL RECORD REVIEW
CLINICAL INTEGRATION
CYF mHOMS: Standards, Support, Reminders
COMMUNITY-ACADEMIC PARTNERSHIP

CANS CERTIFICATION

- High % of clinicians trained on the CANS systemwide
- It's mandatory and tracked
- Utilize the Train-the-Trainer model
- CANS SuperUser group - discontinued

COMPLIANCE STANDARDS

All SD County CYFBHS programs have CANS and PSC compliance goals that they report to the county on quarterly status reports

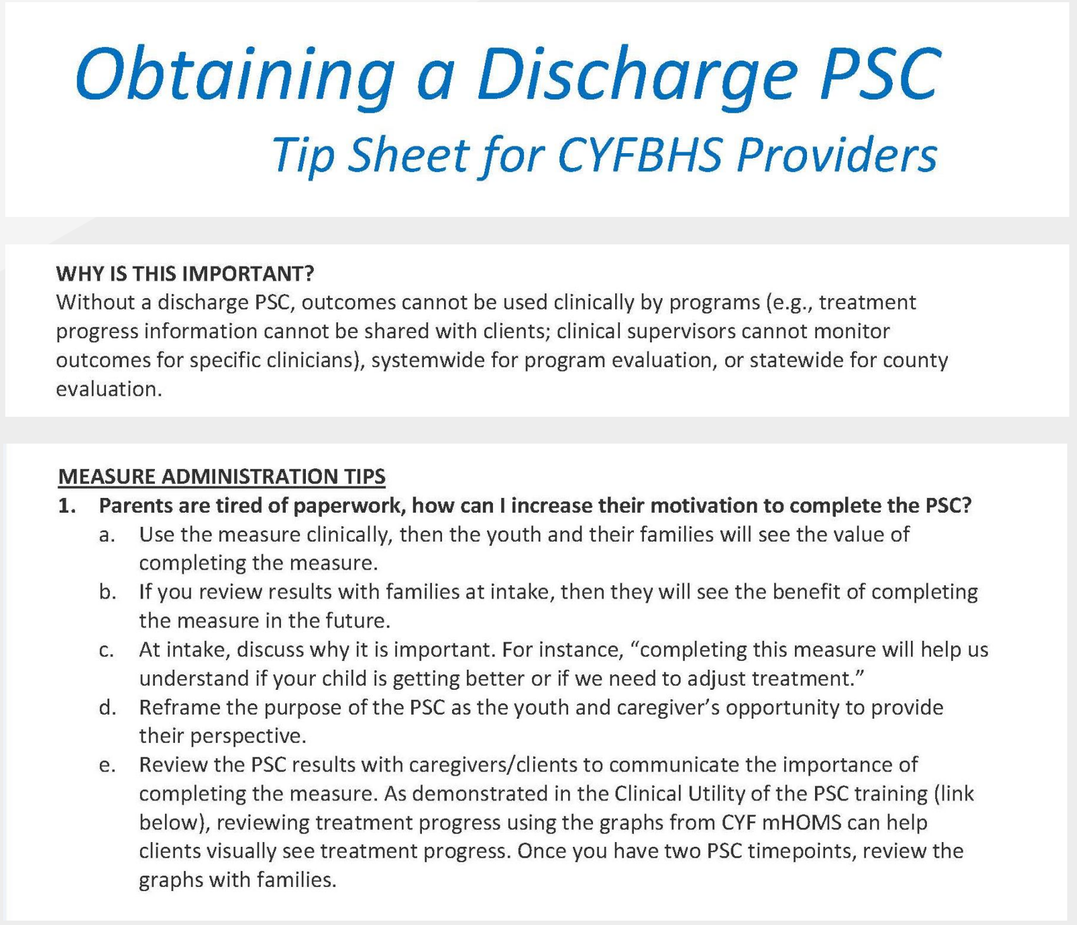
At Discharge, **75%** of clients **ages 3-18** whose episode lasted 60 days or longer have **Parent PSC data available** for both Initial and Discharge assessments demonstrating completion rate.

At Discharge, **95%** of clients **ages 6-21** whose episode lasted 60 days or longer have **CANS data available** for both initial and discharge assessments.

Please provide explanation below if **completion rate is below target %**

COMPLIANCE Cont.

Provide clinicians with a tip sheet on collecting a discharge PSC: https://psychiatry.ucsd.edu/research/programs-centers/casrc/soce/Tip-Sheet-for-Obtaining-a-Discharge-PSC_100622.pdf



Obtaining a Discharge PSC

Tip Sheet for CYFBHS Providers

WHY IS THIS IMPORTANT?

Without a discharge PSC, outcomes cannot be used clinically by programs (e.g., treatment progress information cannot be shared with clients; clinical supervisors cannot monitor outcomes for specific clinicians), systemwide for program evaluation, or statewide for county evaluation.

MEASURE ADMINISTRATION TIPS

1. **Parents are tired of paperwork, how can I increase their motivation to complete the PSC?**
   a. Use the measure clinically, then the youth and their families will see the value of completing the measure.
   b. If you review results with families at intake, then they will see the benefit of completing the measure in the future.
   c. At intake, discuss why it is important. For instance, “completing this measure will help us understand if your child is getting better or if we need to adjust treatment.”
   d. Reframe the purpose of the PSC as the youth and caregiver’s opportunity to provide their perspective.
   e. Review the PSC results with caregivers/clients to communicate the importance of completing the measure. As demonstrated in the Clinical Utility of the PSC training (link below), reviewing treatment progress using the graphs from CYF mHOMS can help clients visually see treatment progress. Once you have two PSC timepoints, review the graphs with families.

DOCUMENTATION STANDARDS

- Every 6 months CANS/PSC must be administered
- If any of the measures are not completed, the clinician should submit a Client Information Sheet stating the reason for non-completion
- Measures and summary sheets are filed in the hybrid chart

DOCUMENTATION STANDARDS Cont.

- Every 6 months a new Utilization Management (UM) form is completed. CANS and PSC scores are documented on the UM form to support request for additional services.

- If score is above the clinical cutoff:
  - Clinician documents in progress note
  - Clinician documents interventions in the client plan that address the issue

- All CANS scores of a ‘2’ or ‘3’ must be documented in the Behavioral Health Assessment (BHA) or Discharge Summary

COUNTY MEDICAL RECORD REVIEW (MRR)

- During the MRR, the QI auditor reviews the Assessment Summary report (Slide 19) to ensure that the PSC/CANS were entered in San Diego's local database (CYF mHOMS) within 30 days of administration
  - During the MRR, auditors also ensure all CANS outcomes with a Need rating of a "2" or "3" have supporting indicators referenced in the BHA

CYF mHOMS

(Children, Youth, and Families Mental Health Outcomes Management System)

- San Diego developed their own database (CYF mHOMS)
- Clinicians or data entry staff enter the measures
- State Upload Process
  - Download data from CYF mHOMS
  - Clean and format data
  - Upload to FAST by deadline

CYF mHOMS DATA ENTRY STANDARDS

- Initial CANS/PSC must be entered within 30 days of intake date
- CANS/PSC must be entered prior to new UM cycle
- Discharge CANS/PSC must be entered within 7 days from discharge date

CYF mHOMS SUPPORT

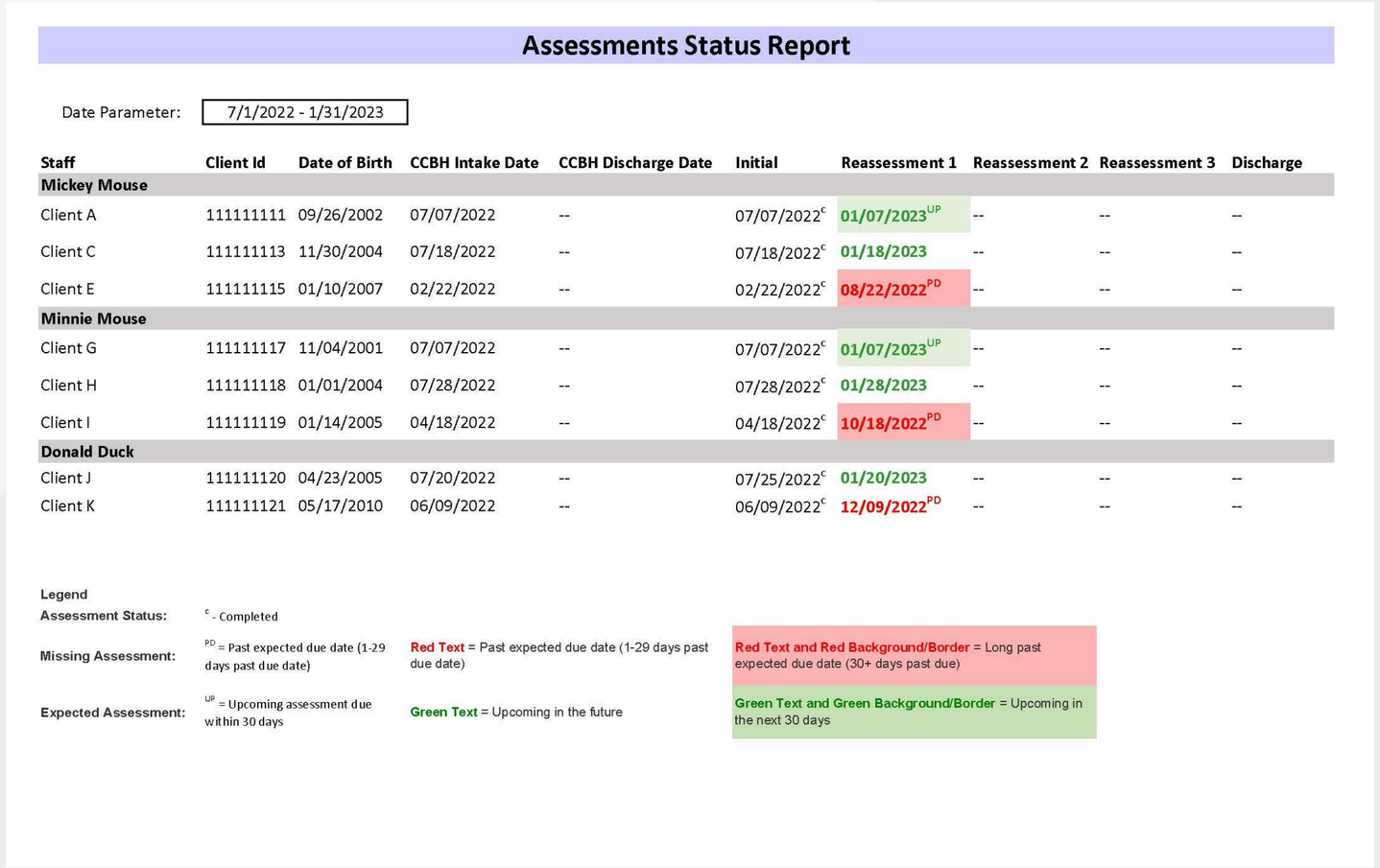
- 1:1 Data Entry Training with data entry staff, clinicians, or program managers
- Data Entry Video Tutorials
- Quarterly Reminders sent to Program Managers and Data Entry Staff

CYF mHOMS REMINDERS

- Assessment Status Report
- Missing / Pending Cases Report

ASSESSMENTS STATUS REPORT

Lists upcoming or past due assessments



Assessments Status Report

Date Parameter: 7/1/2022 - 1/31/2023

Staff	Client Id	Date of Birth	CCBH Intake Date	CCBH Discharge Date	Initial	Reassessment 1	Reassessment 2	Reassessment 3	Discharge
Mickey Mouse									
Client A	111111111	09/26/2002	07/07/2022	--	07/07/2022[C]	01/07/2023[UP]	--	--	--
Client C	111111113	11/30/2004	07/18/2022	--	07/18/2022[C]	01/18/2023	--	--	--
Client E	111111115	01/10/2007	02/22/2022	--	02/22/2022[C]	08/22/2022[PD]	--	--	--
Minnie Mouse									
Client G	111111117	11/04/2001	07/07/2022	--	07/07/2022[C]	01/07/2023[UP]	--	--	--
Client H	111111118	01/01/2004	07/28/2022	--	07/28/2022[C]	01/28/2023	--	--	--
Client I	111111119	01/14/2005	04/18/2022	--	04/18/2022[C]	10/18/2022[PD]	--	--	--
Donald Duck									
Client J	111111120	04/23/2005	07/20/2022	--	07/25/2022[C]	01/20/2023	--	--	--
Client K	111111121	05/17/2010	06/09/2022	--	06/09/2022[C]	12/09/2022[PD]	--	--	--

Legend

Assessment Status: [C] - Completed

Missing Assessment: [PD] = Past expected due date (1-29 days past due date)

Red Text = Past expected due date (1-29 days past due date)

Red Text and Red Background/Border = Long past expected due date (30+ days past due)

Expected Assessment: [UP] = Upcoming assessment due within 30 days

Green Text = Upcoming in the future

Green Text and Green Background/Border = Upcoming in the next 30 days

MISSING / PENDING CASES

Lists clients that are missing and/or pending measures

Missing/Pending Cases

Client ID	Name	Date of Birth	CCBH Intake Date	Staff ID	Assignment	Timepoint	Subunit	CANS	PSC-P	PSC-Y	Discharge
111111111	Client A	3/9/2006	11/01/2022	12345 - svillarin	1	Initial	9999	P (11/01/2022)	C (11/01/2022)	C (11/01/2022)	N/A
111111112	Client B	8/16/2007	12/26/2019	12346 - anunez	1	R1	9999	--	--	--	N/A
111111113	Client C	3/17/2012	07/20/2021	12347 - etrask	1	Initial	9999	--	P (07/20/2021)	C (07/20/2021)	N/A
111111114	Client D	11/17/2007	11/21/2022	12348 - evelandia	1	Initial	9999	--	--	--	N/A
111111115	Client E	11/24/2007	11/21/2022	12349 - dcalma	1	Initial	9999	--	--	--	N/A
111111116	Client F	5/22/2003	05/03/2021	12350 - jilano	1	Initial	9999	--	C (05/03/2021)	C (05/03/2021)	N/A
111111117	Client G	6/4/2007	12/21/2021	12351 - achadwick	1	R2	9999	C (11/07/2022)	--	--	N/A
111111118	Client H	7/13/2022	11/03/2022	12352 - smiley	1	Initial	9999	--	--	C (11/03/2022)	N/A
111111119	Client I	7/1/2009	08/30/2022	12352 - smiley	1	Initial	9999	--	C (08/30/2022)	--	N/A

P = Pending Case (measure has been saved but not submitted).
C = Completed Case (measure has been entered or a reason for non-completion has been noted).
– = Missing (measure has not been entered).
N/A = Not Applicable (measure is not applicable for types other than discharge).

INTEGRATION OF MEASURES INTO CLINICAL WORK

- *Assessment Summary*: Review with Supervisor and Families
- *PSC Parental Explanation Sheets* – Review with Families
- *PSC Treatment Progress Graph* – Review with Supervisor and discuss with families
- *CANS Client Report (Treatment Progress Report)* - Review with Supervisor and families

Assessment Summary

Assessment Summary — Initial

Client ID: 111111111 **Name:** Client, A **DOB:** 9/26/2006
Assignment Number: 1 **CCBH Intake Date:** 12/9/2022 **CCBH Discharge Date:**
Unit: 9990 **Subunit:** 9999 **Assigned Clinician:** Clinician 1

CANS Date 12/9/2022 **Reason Not Completed** Completed
Date Entered 12/12/2022 **Administered by** Clinician 1

Strengths to leverage to achieve goals

Strengths (item rated '0' or '1')	- Talents/Interests

Core Modules

	High Need: Act Immediately and/or Intensively (item rated a '3')	Help is Needed: Address in Services (item rated a '2')
Child Behavioral/ Emotional Needs	- Depression	- Anxiety - Adjustment to Trauma
Caregiver Resources and Needs		
Life Functioning		
Cultural Factors		
Risk Behaviors		- Suicide Risk
	# OF 'HIGH NEEDS' ITEMS = 1	**# OF 'HELP IS NEEDED' ITEMS** = 3

Follow-up Assessment Modules

Trauma Module Clinician endorsed 'Yes'	- Emotional Abuse - Disruptions in Caregiving/Attachment Losses

	High Need: Act Immediately and/or Intensively (item rated a '3')	Help is Needed: Address in Services (item rated a '2')
Sexual Abuse		
Traumatic Stress		- Traumatic Grief/Separation - Numbing
Substance Use		
Sexuality		
Juvenile Justice		

Parent PSC Respondent Biological Parent **Respondent DOB** MAR 14

Parent PSC Date 12/9/2022 **Reason Not Completed** Completed
Date Entered 12/12/2022 **Administered by** Clinician 1

PSC for Ages 6 and up

	Score	Missing*	Clinical Cutoff Score
Attention Problems Subscale (0-10)[a]	5	0	Not At-Risk (Under 7)
Internalizing Problems Subscale(0-10)[b]	8	0	**At-Risk (5 or higher)**
Externalizing Problems Subscale (0-14)[c]	7	0	**At-Risk (7 or higher)**
Total Scale Score (0-70)[d]	38	0	**Impaired (28 or higher)**

Youth PSC Date 12/9/2022 **Reason Not Completed** Completed
Date Entered 12/12/2022 **Administered by** Clinician 1

	Score	Missing*	Clinical Cutoff Score
Attention Problems Subscale (0-10)[a]	3	0	Not At-Risk (Under 7)
Internalizing Problems Subscale(0-10)[b]	5	0	**At-Risk (5 or higher)**
Externalizing Problems Subscale (0-14)[c]	2	0	Not At-Risk (Under 7)
Total Scale Score (0-70)[d]	24	0	Not Impaired (Under 30)

a. AT RISK - Children with scores of 7 or higher on this subscale usually have significant impairments in attention.
b. AT RISK - Children with scores of 5 or higher on this subscale usually have significant impairments with anxiety and/or depression.
c. AT RISK - Children with scores of 7 or higher on this subscale usually have significant problems with conduct.
d. IMPAIRED
- PSC Parent - Children ages 6-18 with scores of 28 or higher and children ages 3-5 with scores of 24 or higher usually have psychological impairment.
- PSC Youth - Children ages 11-18 with scores of 30 or higher usually have psychological impairment.

CANS 6-21 Item Definitions

Strengths:

TALENTS/INTERESTS: Children who have strength in this area have a talent, interest, or hobby that makes them happy and feel good about themselves (for example, athletics or music).

Child Behavioral/Emotional Needs:

DEPRESSION: Children who need support in this area may have a range of symptoms including looking sad or reporting that they feel sad, preferring to be alone more often, problems falling or staying asleep, trouble getting along with others, crying more than usual, having little interest in doing fun things that were previously enjoyable, being more irritable or cranky than they have been in the past, and/or having thoughts of wanting to disappear, hide, or die.

ANXIETY: Children who need support in this area may seem nervous and fidgety. Even with support and coaching, they may avoid doing things children usually enjoy because they are too scared. Young children may have an especially hard time being away from their caregivers and may cling and cry more intensely or for longer than expected when they are away from their caregivers.

ADJUSTMENT TO TRAUMA: Children who need support in this area a) have experienced a stressful event that was perceived as having the ability to cause harm and b) show signs of difficulty coping with feelings that are triggered by the memory of that event. Some of these signs include nightmares, excessive clinginess, fear of things/people that remind them of the traumatic event, increased jumpiness, changes in their eating/sleeping/toileting habits, irritability, aggression to self and others, and difficulty calming down.

Risk Behaviors:

SUICIDE RISK: Children who need support in this area have current or recent thoughts about hurting or killing themselves.

Trauma Module:

EMOTIONAL ABUSE: Emotional abuse involves saying or doing things that harm a child such as making a child feel humiliated or shamed, insulting or calling a child names, telling a child they are no good, and yelling or bullying. It can also involve not showing a child love or not giving them physical contact.

DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES: This occurs when a child has had one or more major changes with their caregivers such as being separated because of separation or divorce, death of a caregiver or because a caregiver is being deported or sent to prison. Caregivers could be parents, grandparents, brothers or sisters, or other family members who help look after the child.

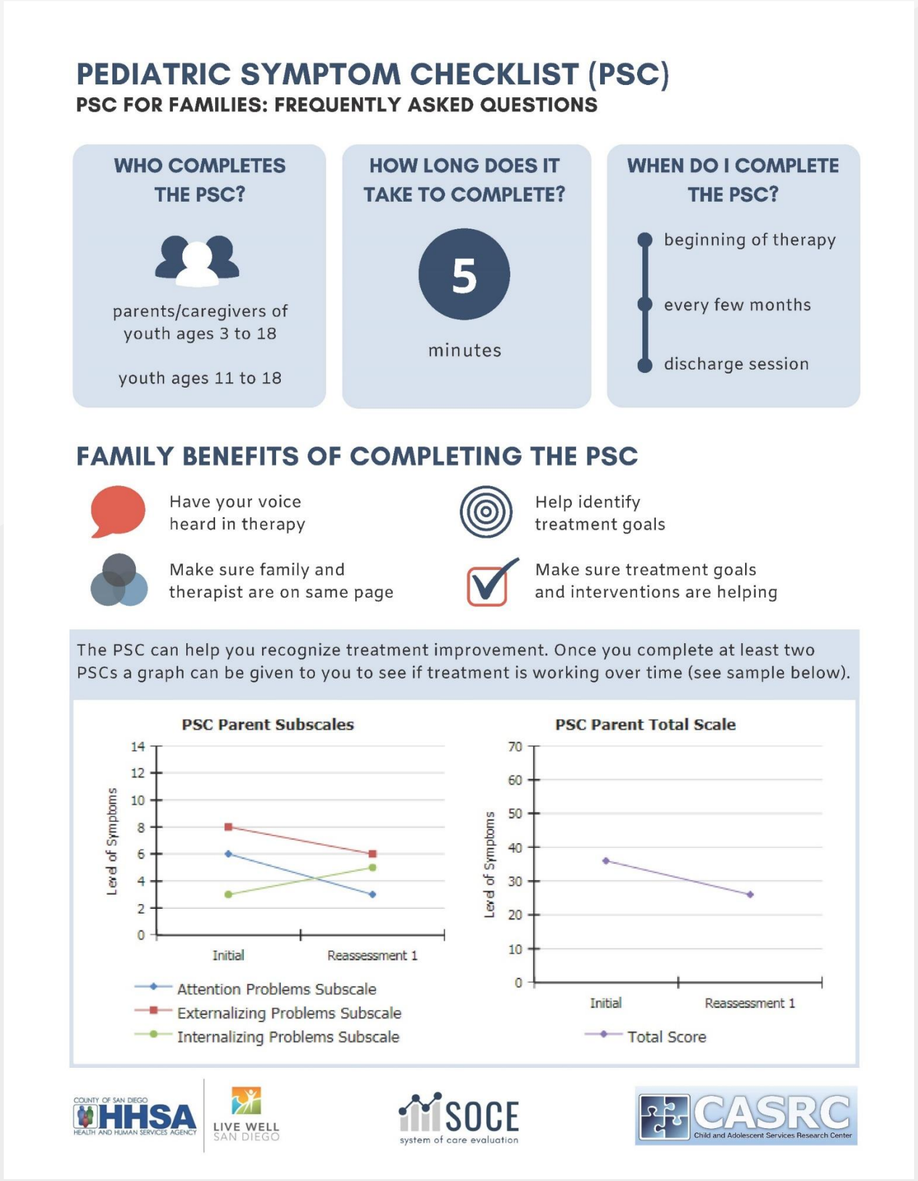
Traumatic Stress Submodule:

TRAUMATIC GRIEF/SEPARATION: Children who need support in this area have experienced traumatic grief due to death or separation from someone important to them. They may be withdrawing or isolating from others, and this is affecting their life.

NUMBING: Children who need support in this area rarely show emotions (that is, they have a flat emotional state), have difficulty experiencing intense emotions, or feel detached from others following a traumatic experience. They may have less interest in participating in activities.

PSC – PARENTAL EXPLANATION

- PSC Info Sheet for Families
- Establishes buy-in of clinicians and families



PEDIATRIC SYMPTOM CHECKLIST (PSC)

PSC FOR FAMILIES: FREQUENTLY ASKED QUESTIONS

WHO COMPLETES THE PSC?

parents/caregivers of youth ages 3 to 18

youth ages 11 to 18

HOW LONG DOES IT TAKE TO COMPLETE?

5

minutes

WHEN DO I COMPLETE THE PSC?

- beginning of therapy
- every few months
- discharge session

FAMILY BENEFITS OF COMPLETING THE PSC

- Have your voice heard in therapy
- Help identify treatment goals
- Make sure family and therapist are on same page
- Make sure treatment goals and interventions are helping

The PSC can help you recognize treatment improvement. Once you complete at least two PSCs a graph can be given to you to see if treatment is working over time (see sample below).

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO | SOCE system of care evaluation | CASRC Child and Adolescent Services Research Center

CLINICAL INTEGRATION:

PSC Treatment Progress

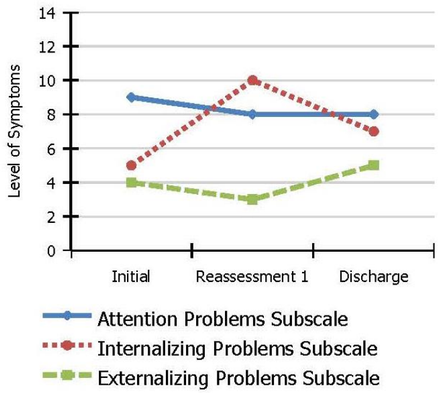
Graphs to share with clients and families

PSC Youth

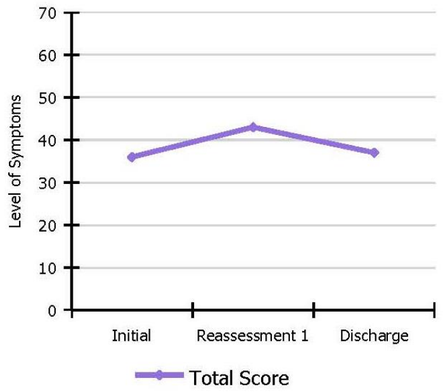
Client ID: 111111111
Client Name: Client, A
CCBH Intake Date: 7/21/2021

Unit: 9990
Subunit: 9999

PSC Youth Subscales



PSC Youth Total Scale



	Initial	Reassessment	Discharge
Attention Problems Subscale (0-10)[a]	9 (AT-RISK)	8 (AT-RISK)	8 (AT-RISK)
Internalizing Problems Subscale (0-10)[b]	5 (AT-RISK)	10 (AT-RISK)	7 (AT-RISK)
Externalizing Problems Subscale (0-14)[c]	4	3	5
Total Score (0-70)[d]	36 (IMPAIRED)	43 (IMPAIRED)	37 (IMPAIRED)

a. AT RISK - Children with scores of 7 or higher on this subscale usually have significant impairments in attention.
b. AT RISK - Children with scores of 5 or higher on this subscale usually have significant impairments with anxiety and/or depression.
c. AT RISK - Children with scores of 7 or higher on this subscale usually have significant problems with conduct.
d. IMPAIRED - Children ages 11-18 with scores of 30 or higher usually have psychological impairment.

CLINICAL INTEGRATION:

CANS Client Report

- Shows CANS scores across 3 timepoints
- Highlights Needs and Strengths

Client ID: 111111111
Assignment Number: 1
Unit: 9990
Initial CANS assessment Date: 7/21/2021
Most recent assessment (RA) Date: 10/8/2021
Discharge CANS assessment Date: 1/21/2022

Name: Client, A
CCBH Intake Date: 7/21/2021
Subunit: 9999

DOB: 8/11/2007
CCBH Discharge Date: 1/21/2022
Assigned Clinician: Clinician1

Child and Adolescent Needs and Strengths (CANS) Client Report

CHILD BEHAVIORAL/EMOTIONAL NEEDS

0 = no evidence
1 = history or suspicion
2 = interferes with functioning; action needed
3 = disabling, dangerous; immediate or intensive action needed

	Initial	RA	Discharge
1. Psychosis (Thought Disorder)	0	0	0
2. Impuslivity/Hyperactivity	1	1	1
3. Depression	2	2	1
4. Anxiety	2	2	1
5. Oppositional	1	1	1
6. Conduct	1	1	1
7. Anger Control	1	1	1
8. Adjustment to Trauma [1]	2	2	2
9. Substance Use [2]	0	0	0

CAREGIVER RESOURCES AND NEEDS

STRENGTHS

0 = centerpiece strength
1 = useful strength
2 = identified strength
3 = no evidence

	Initial	RA	Discharge
20. Family Strengths	1	1	1
21. Interpersonal	2	2	2
22. Education Setting	3	3	3
23. Talents/Interests	3	3	3
24. Spiritual/Religious	3	3	3
25. Cultural Identity	3	3	3
26. Community Life	3	3	3
27. Natural Supports	2	2	2
28. Resiliency	2	2	2

LIFE FUNCTIONING

ADDITIONAL SUPPORTS & TRAINING

- Provided trainings on how to use the PSC and CANS clinically
- Easy, cross-linked, access to resources: https://psychiatry.ucsd.edu/research/programs-centers/casrc/soce/cyf-mhoms-des.html

IN SUMMARY

- CYF BHS System is structured to support collection and use of outcomes:
  - County BHS leadership
  - Supervisors/Program Managers
  - Clinicians
  - Data Entry Staff

Questions?

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