State of California—Health and Human Services Agency
Department of Health Care Services

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DIRECTOR

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TO: COUNTY BEHAVIORAL HEALTH DIRECTORS
COUNTY DRUG & ALCOHOL ADMINISTRATORS
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS
CALIFORNIA ASSOCIATION OF ALCOHOL & DRUG PROGRAM EXECUTIVES, INC.
CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES
CALIFORNIA OPIOID MAINTENANCE PROVIDERS

SUBJECT: Early and Periodic Screening, Diagnostic and Treatment (EPSDT) – Specialty Mental Health Services Performance Outcomes System Functional Assessment Tools for Children and Youth

The Department of Health Care Services (DHCS) has selected the **Pediatric Symptom Checklist (PSC-35)** and the **Child and Adolescents Needs and Strengths (CANS)** tools to measure child and youth functioning, as intended by Welfare and Institutions Code Section 14707.5 (Enclosures 1 and 2). Mental Health Plans (MHPs) will not incur costs to purchase these tools as they are both in the public domain, but will incur costs to train clinicians to administer and complete CANS, for data entry, and for technical changes to county data systems to collect and report to DHCS PSC-35 and CANS data.

Functional Assessment Tools

Upon recommendation from the Expert Task Force, DHCS contracted with University of California, Los Angeles (UCLA), to recommend evidence-based tool(s) to measure children and youth functional outcomes in California. UCLA took a three-part approach to narrowing down the options for a functional assessment tool:

Part I. UCLA developed a list of candidate tools by conducting an environmental scan of the tools used to measure functional status by other states or nations and surveyed California county MHPs and a sample of their contracted providers on tools that are currently used. UCLA then conducted an in-depth literature review on a subset of the tools identified in the environmental scan and survey to assess their psychometric properties and use as an outcome measure.

Part II. UCLA assembled a modified Delphi Panel, which is a well-established approach that combines review of scientific evidence with expert clinical judgment, to evaluate the tools identified in the first part. The modified Delphi panel rated the tools on effectiveness of care, scientific acceptability, usability, and feasibility.

Part III. Using several criteria, UCLA made a recommendation to DHCS for a statewide outcomes measurement tool to monitor the effectiveness of publicly funded specialty mental health services, which was PSC-35 (parent/caregiver version).

DHCS is adopting UCLA's recommendation to use the parent/caregiver version of PSC-35. In addition, DHCS determined it would also be beneficial to adopt a tool representing the clinician's perspective of child/youth functioning formed through a collaborative assessment process including the youth, caregivers, and other individuals identified by the youth and family. Therefore, using the information gleaned from the UCLA study, along with stakeholder and county MHP input, DHCS selected CANS. Brief descriptions of each tool are as follows:

PSC-35
The PSC-35 is a psychosocial screening tool designed to facilitate the recognition of cognitive, emotional, and behavioral problems so appropriate interventions can be initiated as early as possible. Parents/caregivers will complete PSC-35 **(parent/caregiver version)** for children and youth ages 4 up to age 18.

CANS
The CANS is a structured assessment used for identifying youth and family actionable needs and useful strengths. It provides a framework for developing and communicating about a shared vision and uses youth and family information to inform planning, support decisions, and monitor outcomes. Providers will complete the **California CANS (CANS)** (form dated October 3, 2016) through a collaborative process which includes children and youth ages 6 up to age 17, and their caregivers (at a minimum).

These functional assessment tools need to be completed at the beginning of treatment, every six months following the first administration, and at the end of treatment. DHCS may revisit this administration methodology in the future if it is determined this timeframe is insufficient. Both functional assessment tools are available on the DHCS Performance Outcomes System webpage at: http://www.dhcs.ca.gov/provgovpart/pos/Pages/Functional_Assessment_Tools.aspx.

Training

DHCS expects MHPs to provide or arrange for training to all clinicians who will be administrating CANS. The Praed Foundation provides this training and certification either in person or via internet-based training, and is an optimal training resource as Praed is current on the advances in CANS training curriculum. It is important MHPs ensure CANS training is provided to their staff by a trainer who holds a current CANS training certificate. For more information, please visit the Training and Certification page on the Praed Foundation website (https://praedfoundation.org/training-and-certification).

The PSC-35 does not require training because it is completed by the parent/caregiver. For more information about the tool, including implementation, scoring and clinical utility, please visit the Pediatric Symptoms Checklist webpage at: http://www.massgeneral.org/psychiatry/services/psc_home.aspx.

In addition to the formal training provided by the Praed Foundation on CANS and the background reading available on PSC-35, DHCS will be developing a Clinical Manual, which will include a historical context on performance measurement trends nationally; performance measurement in California; history, development, and current use of CANS; history, development, and current use of PSC-35; and frequently asked questions. The Clinical Manual will also contain information covering implementation timelines, administration and scoring procedures, and other information needed to effectively implement CANS and PSC-35. The Clinical Manual is being developed collaboratively with the Expert Task Force and is expected to be published in January 2018. Development of the clinical manual does not change or alter the need for counties to begin training and preparing to implement these tools.

Funding

The 2017-18 Budget Act includes $14,952,000 for Fiscal Year 2017-18, to support the implementation of PSC-35 and CANS for both the State and MHPs. However, this figure is subject to changes based on edits to the implementation methodology (e.g., changing the implementation start date from January 1, 2018, as was originally planned, to a phased-in implementation, which will begin on July 1, 2018, as currently reflected in this Information Notice).

State
DHCS will use a portion of the funding to build a data system to capture PSC-35 and CANS data submitted by MHPs. Counties will be required to submit data according to DHCS specifications once the new system is ready. 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.

MHPs
MHPs are expected to collect and report to DHCS the data obtained from PSC-35 and CANS. It is anticipated this will require increasing staff resources or enhancing current staffing levels. It will also likely require modifications to existing data systems, including the installation of new software and/or upgrading existing hardware. Accordingly, counties will need to develop a process to capture, store, and submit this information to DHCS, as specified in PSC-35 and CANS data dictionaries.

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)

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.

Cost and Audit Settlement
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. For example, staff time directly allocated to the performance outcome system should be supported by a time study.

Data for Use in Quality Improvement Efforts

The primary purpose for the data obtained from the functional assessment tools is for quality improvement efforts. As recommended by UCLA, because 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. 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. The overarching goal of the quality improvement efforts are to use data to inform/improve policy and practice in a timely and effective manner.

Implementation and Data Submission Dates

The collection of CANS and PSC-35 data will be phased-in based on counties' CANS implementation history. DHCS will require counties that have already implemented CANS to start collecting information from new clients on **July 1, 2018**, using the versions of the functional assessment tools specified in this Information Notice. With the exception of Los Angeles County, the remaining counties will begin implementation on **October 1, 2018.** Los Angeles County will begin implementation on **January 1, 2019**. Please see the "Functional Assessment Tool Implementation Schedule" (Enclosure 3). DHCS is working to determine data submission timeframes and will update counties as more information becomes available.

If you have any questions regarding this Information Notice, please contact the DHCS Performance Outcomes System Unit at cmhpos@dhcs.ca.gov.

Sincerely,

Original signed by

Karen Baylor, Ph.D., LMFT, Deputy Director
Mental Health & Substance Use Disorder Services

Enclosures

- Enclosure 1: Functional Assessment Tool Implementation Schedule
- Enclosure 2: Pediatric Symptom Checklist (parent/caregiver version)
- Enclosure 3: California CANS