BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL

Chapter: 4	**Care and Treatment Services**		
Section: 3	**Assessment**		
Topic: 10	**Assessment Tools and Clinical Outcome Measures for Infants and Children and Youth with SED**		
Page: 1 of 12	**Supersedes:** **Pol: 3-18-04, 6-18-98** **Proc: 4-30-18, 10-10-13, 9-30-06, 2-17-04, 6-15-01, 7-28-98**	**Approval Date:** **Pol: 12-19-13** **Proc: 10-1-24**	________________ ***Board Chairperson Signature*** ________________ ***Chief Executive Officer Signature***
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 12/2/2024. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) that all children and youth with SED including infants/toddlers who are appropriate and eligible for BABHA sponsored services will receive an assessment using the appropriate tool(s) at the specified times. These tools will be used to gather clinical outcome measures.

Purpose

This policy and procedure was established to ensure required Michigan Department of Health and Human Services (MDHHS) assessment/outcome tools and other applicable assessment tools are completed at required/specified intervals to ensure timely, accurate data collection and submission to MDHHS, when applicable.

Education Applies to

☐ All BABHA Staff
☒ Selected BABHA Staff, as follows: All Clinical Staff and Clinical Management
☐ All Contracted Providers: ☐ Policy Only ☐ Policy and Procedure
☒ Selected Contracted Providers, as follows: Children's Services Primary Care Providers
☐ Policy Only ☒ Policy and Procedure
☐ Other:

Definitions

~~**CAFAS** - Child and Adolescent Functional Assessment Scales (CAFAS). The MDHHS mandated assessment and outcome tool for all youth from age 7 to 18 The CAFAS consists of eight (8) subscales that measure the youth's functioning in the following areas: home, school, community, behavior toward others, moods/emotions, self-harmful behavior, substance use, and thinking. CAFAS scoring ranges from a total score of 0 to 240 and subscale score(s) of 0 to 30.~~

Revision

~~**PECFAS** - Preschool and Early Childhood Functional Assessment Scale. The MDHHS mandated assessment and outcome tool for all children from age 4 through 6. The PECFAS consists of seven (7) subscales that measure the child's functioning in the following areas: home, daycare, community, behavior toward others, moods/emotions, self-harmful behavior, and thinking/communication. PECFAS scoring ranges from a total score of 0 to 210 and subscale score(s) of 0 to 30.~~

MichiCANs – Michigan's Child and Adolescent Needs and Strengths tool. The MDHHS mandated screening tool for all children from birth through age 20 (until a day prior to 21), who are experiencing issues related to intellectual/developmental disabilities (IDD) or a serious emotional disturbance (SED), and who are requesting or receiving specialty mental health services and supports.

The MichiCANS includes domains that focus on important areas of the child's/youth's life. The MichiCANS also includes ratings that help the provider, child/youth, and family understand where intensive or immediate action is most needed and, where a child/youth has strengths that can become a major part of the treatment or service plan.

The MichiCANS consists of two parts: the MichiCANS Screener and the MichiCANS Comprehensive assessment. The Screener is completed at the child/youth's point of access; and the MichiCANS Comprehensive assessment is completed at intake and periodically during the implementation of services to reflect growth, progress, and changes in life events. The information that is collected through the MichiCANS Screener flows into the MichiCANS Comprehensive to avoid requiring the family to share their experiences multiple times.

DECA - Devereux Early Childhood Assessment. In addition to the MichiCANS, based on the results of the MichiCANS 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 (1 day prior to the sixth birthday) who have (1) SED or (2) SED and IDD. ~~The MDHHS assessment tool for infants age 1 month through 4 years who are receiving BABHA Infant Mental Health (IMH) services.~~ The DECA consists of 35 questions divided into five (5) areas: attachment/relationships, initiative/self-regulation, behavioral concerns, self-control, and total protective factors. DECA scoring ranges from 0 to 100 per area.

Revision

Revision

UCLA PTSD Reaction Index (RI) for Children – This assessment tool is used with children ages 7 to 17 when a primary worker knows that the child has endured a trauma, and they are displaying Post Traumatic Stress Disorder (PTSD) symptoms. The UCLA PTSD Reaction Index-Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revisions (DSM-5-TR)is a self-report questionnaire that is used to screen the exposure to traumatic events. It asks specific questions around the expose of specific trauma events, trauma details, and the child's role in the traumatic event. All the specific trauma events that the child has identified are then reviewed and the child then identifies which of the traumatic events they endorsed bothers them the most now. This is then considered their anchor trauma. The UCLA PTSD RI is also used to assess PTSD symptoms in children and adolescents. The UCLA PTSD RI uses a scale to assess the frequency of PTSD symptoms during the last month. It is rated using 0 to 4 and 0 being none of the time and 4 being most of the time.

UCLA PTSD Reaction Index Parent Version – UCLA PTSD Index for DSM-5-TR (Parent Version)- This assessment tool is recommended best for children ages 7-12 and over 13 years old to 17. This version is a parent administered version of the UCLA PTSD RI. The structure, questions, and scoring is very similar to the child/adolescent administered version of the UCLA PTSD RI. Trauma Symptom Checklist for Young Children - **TSCYC**. This assessment tool is used with children ages 5 to 9 and it is administered to the child's parent or guardian. Children are identified by their primary worker who is aware that the child has experienced a traumatic event and they are displaying PTSD symptoms. This tool consists of 90 questions that focus on the following 9 areas: Response Level, Anxiety, Depression, Anger/Aggression, Intrusion, Avoidance, Arousal, Dissociation, and Sexual Concerns. The TSCYC scoring ranges from 27 to 108 per area.

Caregiver Wish List - CWL. This assessment tool is used with children ages 6 to 12 who have been referred to the Parent Management Training-Oregon (PMTO) program. The tool consists of 53 questions that focus on three (3) areas: skills the parents wished the child had, skills the parents wish they had, and the development of an overall wish list.

<u>Procedure</u>

MichiCANS:

Staff Requirements: The ~~CAFAS or PECFAS~~MichiCANS will be completed by those BABHA or contract agency staff serving BABHA children who are trained and certified ~~as Reliable Raters~~in the MichiCANS. ~~Reliable Rater~~ Certification status is achieved by completing the ~~CAFAS or/and PECFAS~~MichiCANS training ~~every 2 years~~ and achieving a "passing" ~~rating~~ grade on written test ~~on the vignettes~~ that ~~are~~ is completed at the end of the training. As the MichiCANS is a new tool, implemented by MDHHS for FY25, the parameters for recertification process are pending development by MDHHS.

~~Reliable Rater certification expires at the end of a two- year period. If a BABHA staff member or contract staff member completes a CAFAS or PECFAS without having a current active Reliable Rater certificate, BABHA may request repayment for the entire treatment session in which the PECFAS or CAFAS was completed.~~

Administration of the ~~CAFAS or PECFAS~~MichiCANS: The ~~CAFAS/PECFAS~~MichiCANS Screening is administered at the time of Access Screening to determine provisional eligibility. The MichiCANS Comprehensive (assessment) will be completed at the initial intake appointment by a certified ~~reliable rater~~clinician. This ~~CAFAS/PECFAS~~MichiCANS is entered into the Electronic ~~CAFAS/PECFAS Database~~Heal Record (EHR)~~. It~~ and is used as a tool to support the clinical determination of~~e~~ overall service eligibility and guide level of care recommendation.

The ~~CAFAS/PECFAS~~MichiCANS is completed ~~quarterly~~ annually thereafter, and at time of discharge. 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 primary caseholder will update any items if there is knowledge of any changes in functioning. If there is no new information to update, items will remain as listed from the last assessment. The primary caseholder will document information in the proper text/data fields related to the unplanned discharge. ~~After entering the discharge CAFAS/PECFAS, the staff member will deactivate the case in the Electronic CAFAS/PECFAS database. The discharge~~

Revision

~~CAFAS/PECFAS date will be the same date as the discharge summary. In cases where a youth discontinues services without notice, the discharge CAFAS/PECFAS will reflect the last known functioning status of the youth. When a case is transferred a discharge CAFAS/PECFAS will be completed. A new initial CAFAS/PECFAS will be completed at the initial appointment for the new service. When the youth reaches his or her 18th birthday, a discharge CAFAS is to be completed even if the case remains open. Upon a child's 7th birthday an exit PECFAS needs to be completed and an initial CAFAS then needs to be completed.~~

Treatment Implications for the ~~CAFAS and PECFAS~~MichiCANS: The MichiCANS 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. It gathers 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, which all assists in the development of the Family Driven Youth Guided treatment plan.

~~At the initial intake session, the CAFAS/PECFAS is utilized to determine eligibility for BABHA children's services and provide a level of care guideline. Typically, this CAFAS/PECFAS will be completed by the children's services assessment specialist.~~

~~Eligibility Criteria:~~

~~A youth is considered not SED if the total CAFAS or PECFAS score is 40 or lower and all subscale scores are 20 or lower. These children should be referred to the Medicaid Health Plans, private insurance companies, or community resources at the time of referral or upon a step-down from CMH. These children are not considered SED and do not meet the criteria to receive SED services through a community mental health program.~~

~~Level of Care Guidelines:~~

Revision

Chapter: 4	**Care and Treatment Services**		
Section: 3	**Assessment**		
Topic: 10	**Assessment Tools and Clinical Outcome Measures for Infants and Children and Youth with SED**		
Page: 6 of 12	**Supersedes:** **Pol: 3-18-04, 6-18-98** **Proc: 4-30-18, 10-10-13, 9-30-06, 2-17-04, 6-15-01, 7-28-98**	**Approval Date:** **Pol: 12-19-13** **Proc: 10-1-24**	______________________ *Board Chairperson Signature* ______________________ *Chief Executive Officer Signature*
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 12/2/2024. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

Revision

~~A total CAFAS or PECFAS score of 120 or above should be assessed for need of inpatient hospitalization. These children/adolescents may also need intensive crisis stabilization services, if available.~~

~~A Total CAFAS or PECFAS score of 80 to 120 is appropriate for home based services including, Trauma - Focused Cognitive Behavioral Therapy (TF-CBT), or Parent Management Training-Oregon Model (PMTO).~~

~~A Total CAFAS or PECFAS score of 50 to 90 is appropriate for Outpatient Therapy services which can also include, TF-CBT, PMTO, or Case Management.~~

~~If a child scores a 30 or 20 on the PECFAS subscales of School, Home, and Behavior toward Others, he or she is considered to have a “Pervasive Behavioral Impairment” and should be referred for home based services.~~

~~The CAFAS can also be used to triage youth at the Access Center and during the course of treatment. Each youth is assigned to one (1) of seven (7) client types based on his/her scores on the CAFAS subscales. These categories are hierarchical, such that qualifying for a condition higher up in the list excludes the youth for a category appearing lower, even if the youth has both types of problems. The category names listed below are presented in hierarchical order, beginning with conditions that have such pervasive implications for the youth’s day to day functioning that they jeopardize the youth being maintained in his/her natural environment.~~

~~*Thought Problems* - a score of 20 or 30 on Thinking subscale - considerations for treatment recommendations- These youths have a moderate to severe thought disorder which may require a specialized setting or close supervision- i.e.: inpatient or partial hospitalization. The youth will benefit from more diagnostic work- i.e.: IQ testing, neuropsychological. Youth who are misinterpreting their environment in major ways can be at risk for hurting themselves or others because of their confusion or misunderstandings. If the youth is comorbid, it is critical to consider the relationship of their thinking impairment to other problems. The diagnosis for these youths may include, but are not limited to: ASD, Schizophrenia, Schizotypal, brief psychotic episode, OCD, Manic episode, and Severe PTSD. These youths are probably not functioning well enough to remain safely in the community and may need a hospitalization screening.~~

~~*Maladaptive Substance Use* – a score of 20 or 30 on Substance Use subscale- considerations for treatment recommendations- These youths are having negative consequences or effects on themselves or others due to alcohol or other drug use. It is recommended that these youth participate with specialized intense substance use treatment along with mental health treatment. These youths are at a higher risk for suicidal behavior.~~

~~*Self-Harmful Potential* – a score of 20 or 30 on Self-Harmful Behavior subscale OR a 30 on the Moods/Emotion subscale- considerations for treatment recommendations-These youth have suicide intent, have made a suicide attempt, have a suicide plan, have engaged in non-accidental self-harming behavior, or have repeatedly talked about dying; or these youths are severely depressed to such an extent that they are impaired in everyday functioning. Identification of these youth is important for evaluating risk and promptly implementing a treatment of sufficient strength. If a youth presents in crisis with these subscales, her or she is at an extremely high risk for suicidal/self-harmful behavior and needs to be evaluated for the possible need for a psychiatric inpatient admission.~~

~~*Delinquent Behavior* – a score of 20 or 30 on Community subscale- considerations for treatment recommendations- These youths have been in trouble with the law, or there is substantial reason to believe they have seriously or repeatedly violated the law, despite not having been in trouble yet. These youths need untraditional services. If a youth is assigned to this tier, he or she will mostly likely be appropriate for intensive case management, home based service, or other possible recommendations.~~

~~*Behavior Problems with Moderate Mood Disturbance* – a score of 20 or 30 on School/Work, Home, or Behavior Toward Other's subscales AND 20 on Moods/Emotions subscale- considerations for treatment recommendations- These youth are having behavioral problems at school and/or in the home and have poor interpersonal relationships. In addition, the youth have anxiety or depression which is not severe but has a negative effect on the youth's functioning. Many of these youths are characterized by disruptive behavior, with many youth being diagnosed with ADHD, and/or ODD. If a youth is assigned to this tier, he or she would most likely need home based services; or in some cases intensive OP services that might be delivered in the clinic or home settings. PMTO, TF-CBT, EMDR, and DBT might also be appropriate.~~

Revision

~~*Behavior Problems without Moderate Mood Disturbance* – a score of 20 or 30 on School/Work, Home or Behavior Toward Other's subscales- considerations for treatment recommendations- These youth have behavioral problems at school and/or home and/or poor interpersonal relationships with other youth or adults. There is a notable absence of anxiety or depression. If a youth is assigned to this tier, he or she would most likely need home based; or in some cases intensive OP services that might be delivered in the clinic or home settings. TF-CBT, PMTO, and Social Skills Groups might also be appropriate.~~

~~*Moderate Mood/Mild Behavioral Problems* – no subscales higher than 10 except for Moods/Emotions, which can be as high as 20. Considerations of treatment recommendations: This youth is most likely Not an SED youth and not appropriate for the CMH system. Referrals to other community programs would be initiated.~~

~~CAFAS and PECFAS~~MichiCANs Outcome Measurements: Mapping the information from the MichiCANS to the plan of service facilitates outcomes monitoring and management by all members of the team including the youth and family, allowing for plan adjustment, acknowledgement of accomplishments, and celebrating goals that have been met.

~~The CAFAS and PECFAS outcome measurements are "free of severe impairments" as measured by the absence of a score of 30 on any subscale at the time of discharge; and "meaningful and reliable improvement in functioning" as measured by a reduction in 20 points of the total score from the initial CAFAS/PECFAS to discharge CAFAS/PECFAS.~~

DECA:
Staff Requirements: The DECA is completed by those BABHA ~~IMH~~ staff members who have completed the DECA day-long training. The staff member is only required to attend this training once.

Administration of the DECA: The DECA is completed by the ~~IMH~~ staff member who documents the parent/primary care provider's response to questions pertaining to their infant, ~~/~~toddler, or child. The DECA is completed every three (3) months with the first DECA being completed any

Revision

time after the first four (4) weeks of treatment but before the completion of three (3) months of treatment.

Treatment Implications for the DECA: The DECA is used to identify areas of strengths and weaknesses the ~~IMH~~ staff and parent/primary care provider can work together on to increase the social/emotional competency of infants/toddlers thus furthering a positive relationship between child and parent/primary care provider. A score of 16 and below in any of the five (5) scored categories indicates “a need area” and would be addressed in the treatment plan. A score of 84 or above in any of the five (5) categories indicates a “strength area”. Scores between 18 to 55 are considered “typical” but may be additional items added to the treatment plan.

DECA Outcome Measurements: A healthy DECA outcome measurement would entail scores in all 5 categories to be 50 or higher at the time of discharge.

UCLA PTSD Reaction Index:
Staff Requirements: UCLA PTSD RI are completed by BABHA or contract agency staff that have completed or are participating in the TF-CBT training program.

Administration of the UCLA PTSD Reaction Index: These assessments are administered when a primary worker knows that a child has endured a traumatic experience(s) and the child/adolescent is exhibiting PTSD symptoms. The primary worker consults with their supervisor and then it is assigned to a TF-CBT therapist as an add on to complete the UCLA PTSD RI. The TF-CBT therapist administers the assessments with only the child/adolescent and TF-CBT Therapist present. If the child begins TF-CBT with a TF-CBT therapist, administration of the assessment tools is considered the “Initial UCLA PTSD RI”. These tools are administered before the trauma narrative is started and upon the completion of TF-CBT.

Treatment Implications for the UCLA PTSD Reaction Index: The UCLA PTSD RI is used to identify a trauma incident(s) and determine if the trauma(s) is/are resulting in the youth meeting the threshold of a PTSD diagnosis per the most recent version of the Diagnostic and Statistical Manual (DSM). The UCLA PTSD RI is also broke up into 4 sub categories for PTSD symptoms

Revision

and these categories are: Re-experiencing, hyperarousal, avoidance, and dissociation. Each subcategory is scored and an overall score for "likely has PTSD" and "meets PTSD diagnosis" is then determined. If the child/adolescent does not endorse a trauma they identified as an anchor trauma then the next part of the UCLA PTSD RI in which the PTSD symptoms are assessed and scored is not completed.

TSCYC and UCLA PTSD Parent Version:

Staff Requirements: The UCLA Parent Version and TSCYC are completed by a TF-CBT therapist with the child's parent/guardian. The TF-CBT therapist is either thru BABHA or a contract agency. The therapist has completed or is participating in the TF-CBT training program.

Administration of the UCLA PTDS Reaction Index Parent Version and Administration of the TSCYC: The primary worker knows that the youth has endured a traumatic event and the child is exhibiting PTSD symptoms. The primary worker then consults with their supervisor and the child is then assigned to a TF-CBT therapist as an add on if the primary worker is not a TF-CBT therapist. A TF-CBT therapist then completes the TSCYC with the parent or guardian. If the child begins TF-CBT with a TF-CBT therapist, administration of assessment tool(s) is the considered the Initial UCLA PTDS Reaction Index Parent Version or the initial TSCYC. Both the UCLA PTSD RI parent version and the TSCYC are also administered before the trauma narrative is started and at the end of TF-CBT.

Treatment Implications for the UCLA PTSD Reaction Index Parent Version TSCYC: The UCLA Parent Version is used to identify a traumatic event that a child or adolescent has endured and to score PTSD symptoms. It follows the same guidelines as the UCLA PTSD RI assessment that is completed with a TF-CBT therapist and the identified child. If a TSCYC is used, which measures the child's related PTSD symptom, and the child has a total score of 40 or greater on the TSCYC, he or she most likely is experiencing PTSD symptoms. The child then needs to have a UCLA PTSD RI Parent Version completed to see if that child endorses any traumatic events and identifies an anchor trauma.

TSCYC Outcome Measurements: The TSCYC outcome measurement is the child should have a total score of 40 or less on the TSCYC at the end of TF-CBT services.

Revision

Caregivers Wish List (CWL):
Staff Requirements: The CWL is completed by the BABHA staff member that has completed, or is participating in the PMTO training program.

Administration of the CWL: The CWL is administered initially within the first 30 days of PMTO services, and then it is administered a second time at the end of the PMTO services.

Treatment Implications for the CWL: The CWL is used to identify the parent and child's areas of strengths and needs. There is no score. The PMTO therapist reviews the parent's responses, using them to develop the treatment plan. The responses are also the "starting place" for the PMTO services.

CWL Outcome Measurements: The CWL outcome measurement is the parent is able to report an improvement in his or her child's skill list as well as report an improvement in their skill list when comparing the initial CWL to the end of services CWL.

Attachments

N/A

Related Forms

N/A

Related Materials

MDHHS MichiCANs
Electronic database that contains the ~~CAFAS, PECFAS and~~ Caregivers Wish List
DECA
Northshore and UCLA Assessment Tool
UCLA Parent Version and TSCYC Assessment Tool

Revision

Chapter: 4	Care and Treatment Services		
Section: 3	Assessment		
Topic: 10	Assessment Tools and Clinical Outcome Measures for Infants and Children and Youth with SED		
Page: 12 of 12	Supersedes: Pol: 3-18-04, 6-18-98 Proc: 4-30-18, 10-10-13, 9-30-06, 2-17-04, 6-15-01, 7-28-98	Approval Date: Pol: 12-19-13 Proc: 10-1-24	______________________ *Board Chairperson Signature* ______________________ *Chief Executive Officer Signature*
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 12/2/2024. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

References/Legal Authority

N/A

SUBMISSION FORM				
AUTHOR/ REVIEWER	**APPROVING BODY/COMMITTEE/ SUPERVISOR**	**APPROVAL/REVIEW DATE**	**ACTION (Deletion, New, No Changes, Replacement or Revision)**	**REASON FOR ACTION - If replacement list policy to be replaced**
E. Albrecht	E. Albrecht	08/24/10	Revision	Review only – Updated with BABHA acronym – no changes to policy/procedure
D. Cranston	PNLT	10/10/13	Revision	Triennial review: Revised to include the PECFAS, DECA, CWL – PMTO tool, Northshore, UCLA, UCLA Parent Version and TSCYC-TF Tools, Retitled – old was “State Mandated Assessment Forms/Clinical Outcome”
J. Hahn	J. Hahn	05/15/15	Revision	Review and update – MDCH name change to MDHHA
E. Young/K. Maciag	N. Kulhanek	4/30/18	Revision	Revised to current procedure process
J. Hahn	J. Hahn	10/1/18	No changes	Triennial Review-no changes
E. Young/ P. VanWormer	J. Hahn	10/1/2024	Revisions	Triennial Review; Revised to include MichiCANS tool and to remove CAFAS/PECFAS tool information.

Revision