Commission on Mental Health and Substance Use Disorder

Children and Youth Subcommittee

Outcomes Work Group 7/10/2024

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Outcomes Workgroup Goal:

Improved and evidence-based behavioral health outcome measures that accurately reflect the needs and progress of children and youth, leading to better-informed policy and practice decisions.

Outcomes Workgroup Objective and Process

Objective:

Evaluate and enhance the effectiveness of behavioral health outcome measures for children and youth.

PROCESS:

1. ***Review Existing Measures:*** Conduct a comprehensive review of currently utilized behavioral health outcome measures for children and youth.
2. ***Data Analysis:*** Gather and analyze data on the effectiveness and applicability of these measures in diverse populations and settings.
3. ***Identify Gaps****:* Identify any gaps or limitations in the current measures, including cultural relevance, age appropriateness, and the ability to capture long-term outcomes.
4. ***Recommendation Development:*** Based on the data and analysis, develop informed recommendations for the Subcommittee on the most effective measures to use, considering any necessary modifications or the adoption of new measures.
5. ***Report Findings:*** Present the findings and recommendations to the Subcommittee, providing a detailed report that includes data, analysis, and suggested next steps for implementation.

Tools Evaluated:

- ASAM - American Society of Addiction Medicine Level of Care Assessment
- CFARS – Children's Functional Assessment Rating Scale
- CALOCUS – Child and Adolescent Level of Care Utilization System
- NCFAS – North Carolina Family Assessment Scale
- CGAS – Children's Global Assessment Scale
- DLA-20 – Daily Living Activities - 20
- GAIN – Global Appraisal of Individual Needs
- SAMHSA NOMS – SA and MH Services Administration National Outcome Measures
- BH Works/BHS – Behavioral Health Screen
- Wellness Assessment (Optum)
- CANS – Child and Adolescent Needs and Strengths
- CAFAS – Child and Adolescent Functional Assessment Scale

Evaluation Metrics

- Intended Use of the Tool
- Efficacy of the Tool
- Applicability Across Diverse Populations and Settings
- Total Cost
  - Cost for tool
  - Cost for Training/supervision
  - Cost for fidelity monitoring
- Time to Administer
- Inter-Rater Reliability
- Frequency Recommendation
- Limitations
- Any Data on State-Wide Roll Out
- Any Data on School District/DOE Roll Out

Completed Evaluation

TOOL	TOOL INTENDED USE	EFFICACY OF THE TOOL	APPLICABILITY ACROSS DIVERSE POPULATIONS AND SETTINGS	COST	TIME TO ADMINISTER	INTER-RATER RELIABILITY	FREQUENCY RECOMMEDATION	LIMITATIONS	ANY DATA ON STATE-WIDE ROLL OUT	ANY DATA ON SCHOOL DISTRICT/DOE ROLL OUT
ASAM	Substance use eval of care.	Dependent on the clinician utilizing the tool	Individuals with addiction and co-occurring conditions- determining level of care and treatment planning	140 for book- From 1-50 users it is $504 a year to 500+ users it is $403 a year. Annual management fee of $180	15- 30 minutes	Differentiate between 1 level	ASAM should be administered regularly as the Individual progresses through treatment to determine when they should transition to another LOC	Only for SU, cost to use and E.H.R capabilities, children above 11	No	No
CFARS/FARS	Developed in 1995 and updated in 2005 to evaluate the effectiveness of publically funded treatment services.	Effectively detects treatment effects and program performance.	Designed for Florida, 5 and older for program effectiveness and outcome measurement..	Free 2 hour training.	15-20 minutes	Good inter-rater reliability	Completed with children over 5 at intake, six month intervals and discharge.	None.	Used in Florida, implemented in Wyoming, New Mexico, Illinois and Malta but no evidence that it is still being used in those locations.	None.
LOCUS/CALOCUS	Assessment Tool, Outcome	Dependent on the clinician utilizing the tool	To assess immediate service needs. Monitor the course of recovery and service needs over time. Value driven guidance for medical necessity determinations, treatment planning. Dimensions are risk of harm, functional status, co-morbidity, recovery environment-environmental stress, recovery environment-environmental support, resiliency and treatment history, acceptance and engagement (child/adolescent) and acceptance and engagement (parent/primary caretaker)	Requires a license to use the tools	Approximately 15 minutes	Based on subjective interpretation of the dimensions.	Admission, continued stay, discharge	Requires a license to use the tools	No	No
NCFAS	Developed to inform placement decesions for kids involved in child welfare.	Reliable in measuring the family's functioning.	Not intended to provide a single index of overall functioning; the rating should inform case decisions such as removal or closure for kids involved with child welfare as well as treatment planning. It's not really an Outcome Measurement tool.	3 hour training, workbook, printed materials	15-30 minutes, technically requires 2 people to do the assessment	Relies on Intra-rater reliability, rather than inter-rater reliability, which necessitates the same provider completing the assessment.	Intake, D/C and if needed if there is a caregiver change or placement change	Up to 18 years old, child welfare specific, must have the family, requires a tremendous amount of historic information	All Florida CAT Teams use this, Rolled out from NC statewide	None Found
CGAS	Intended to rate the general functioning of children.	Effectively detects treatment outcomes	Provides a single global rating based on lowest level of functioning in last 30 days. Appropriate for 4-16 years of age	There is no suggested training manual or any particular education required. There is a 2-page description/instruction for raters	5 minutes	Good inter-rater reliability	No frequency recommendations but looks back at 30 days	Only up to age 16, very subjective	No information found	No information found
DLA-20	Intended for outcomes measurement and monitoring.	Reliable in measuring the daily living areas impacted by mental illness.	Appropriate for individuals ages 6 and up, regardless of diagnosis, diasbility, or cultural background. Applicable across all settings.	3.5 Hour training, tools available on-line, in many EHR systems and can be built in other systems.	Recommended 10-15 minutes	95%	Intake, every 90 days, discharge, or other frequency. It looks at last 30 days.	None.	Used statewide in 12 states. Used nationally.	None Found
GAIN	Designed to support clinical diagnosis, placement, treatment planning, performance monitoring, program planning and economic analysis	GAIN- Family of Assessments	GAIN-I: Comprehensive Bio-psychosocial primarily for substance use treatment settings; GAIN-Q3: Brief Screener to identify a wide range of problems; GANI-SS: Screener to identify/flag bh disorders. Can be adapted for specific cultures and subpopulations.	GAIN-1 and GAIN-Q3: 7 hour training training; GAIN-SS: 1 hour training. Cost not readily available.	GAIN-I: 90-120 minutes; GAIN-Q3: 15-45 minutes; GAIN-SS: 5 minutes.	Reliability , validity, norms established.	Follow-up versions available.	Appropriate for use with adolescents, young adults and adults.	Used in 65 states/provinces/territories	None Found
SAMHSA NOMS	SU- grant focused	Self reported measure	10 NOM domains intended to link to data records and to develop strategies. Includes Abstinence, Employment/Education, Crime and Criminal Justice, Stability in housing, Access/Capacity, Retention in treatment/readmission rate to hospitals, Social connectedness, Perception of care, Cost-effectiveness, Use of evidenced based practices	Appears to be provided by SAMHSA	Unknown	Self reported measures	Baseline, Reassessment, discharge	Reporting for federal SU grants- possibly generated for adults	No	No
BH Works- screening tool BHS (Behavioral Health Screen); offers validated assesments across 16 mental health psychosocial domains	Web-based system for integrating behavioral health screening, triage, and prevention services	Self reported measure- 13 major domains in behavioral and mental health issues; Access to multiple assessments; Completed on a computer or mobile device; scored immediately	Intended for use in medical, school, and mental health settings. Web based screen identifies a number of behavioral health problem areas, including depression, anxiety, substance use, trauma.	Unclear	7-12 minutes	Consists of psychiatric symptom scales and risk behaviors- gives a risk score. Self-report (Individual/Patient/Client), Direct Provider (working directly with individual)	Up to the Organization	validated for only ages 12 and above. Instrument available to use with paid licensing of the BH-Works platform. The instrument requires a licensing fee per organization.	Yes- Maryland, Pennsylvania, Deleware, New York, New Jersey, Indiana, Kentucky, Tennessee, Mississippi, Alabama, Florida and California	Yes
Wellness Assessment (Optum)	Individual level self assessment/Medicaid	Self reported	One-page Wellness Assessment (WA) which contains items that measure behavioral health symptom severity, functional impairment, and self-efficacy. Items are included to screen for substance abuse risk and medical co-morbidity. Youth and Adult tool to track changes in health status and functioning. Covers 14 domains	Unclear	10 Minutes, Self-assessment	Self reported measures	Up to the Organization	Self Assessment	None Found	None Found
CANS	Multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to monitor outcomes.	Needs and strengths assessment determined to be accurate.	Ages 6-20, used in urban and rural settings, numerous jurisdictions, committed to creating a diverse and inclusive environment.	Free to use. Training and annual certification is expected.	20-30 Minutes	Has demonstrated reliability and validity.	At admission and at least every 180 days.		Versions of the CANS are currently used worldwide in child welfare, mental health, juvenile justice, and early intervention applications.	None
CAFAS	Used to assess a youth's day to day functioning across 8 critical life subscales and determining if functioning improves over time.	Backed by 20 years of research supporting its validity and sensitivity to detecting change in behaviors. Items are behaviorally descriptive and anchored, resulting in high credibility.	Ages 5-19, translated into French, Spanis and Dutch.		10 minutes	Developed in 1989, supported by over 20 years of research and 80 published articles, has demonstrated satisfactory internal consistency and interrater reliability.	Completed quarterly		None Found	None Found

Children's Functional Assessment Rating Scale (CFARS) Deep Dive

In 1993 DCF District 7 and University of South Florida's Louis de la Parte Florida Mental Health Institute collaborated to develop procedures to evaluate the effectiveness of publicly funded behavioral health services. They evaluated a number functioning scales and ended up selecting and modifying the CCAR (Colorado Client Assessment Record) that had been in use in Colorado for over 15 years.

In Fiscal Year 1995-1996, Florida's Department of Children and Families' (then called Department of Health and Rehabilitative Services) in District 7 (four counties around Orlando), with assistance from FMHI, implemented the Functional Assessment Rating Scale (FARS) to evaluate effectiveness of state contracted mental health and substance abuse services for adults in that area. As part of the pilot, FMHI also conducted a survey of clinicians completing the FARS for children in that area.

The results of that survey of use of FARS for evaluating children indicated that some changes were needed to ensure an accurate reflection of the specific children's issues believed to be important to children's specialists employed in the public behavioral health system. Feedback from the clinician survey, along with input from a consultant child psychologist and several other licensed mental health professionals (including the first and second authors of the Scale), were utilized to develop the 17 domains that were included in the first version of the Children's Functional Assessment Rating Scale (CFARS).

The goal of the CFARS was to have a single instrument that could: 1) gather Functional Assessment information for domains relevant for evaluating children, 2). gather Florida's societal outcome data elements that were needed to meet Performance Based Planning and Budgeting initiatives required by the legislature, 3) provide information helpful to clinicians and agencies delivering services (to assist in treatment planning and quality improvement monitoring), and 4) be flexible to describe changing status in aggregate reports of Florida's children in care that would reliably inform DCF's mandated reports to the legislature.

In December 1996, the CFARS was implemented in a four-county pilot area (DCF. District 7) and implemented statewide by June of 1997 as part of Florida's Performance Based Planning and Budgeting initiative.

Daily Activities of Living – 20 (DLA-20) Deep Dive

- The DLA-20 (Daily Living Activities - 20) is a functional assessment tool used to measure the impact of mental illness and disability on daily living activities. It was developed by the National Council for Behavioral Health and MTM Services. The tool includes 20 activities covering areas such as grooming, health practices, housing stability, money management, and social networks. It aims to provide a standardized method for clinicians to assess and track the functional status and outcomes of their patients.

History and Development

- The DLA-20 was created to address the need for a reliable and valid functional assessment tool in behavioral health settings. Initially designed to capture a 30-day snapshot of a patient's daily living activities, the tool helps clinicians identify areas of need and measure treatment progress over time. Its development was driven by the growing demand for outcome-based care, especially following the implementation of the Affordable Care Act, which emphasizes value over volume in healthcare services.

Usage and Implementation

- The DLA-20 is used by over 500 provider organizations across 43 states, with more than 35,000 trained clinicians who have served over a million consumers. Implemented state-wide in 14 states and fully integrated into 37 electronic health records. Training for clinicians is essential to ensure proper use and scoring of the tool. The training covers how to ask questions, handle misconceptions, and develop quantifiable patient goals. It also emphasizes the creation of individualized treatment plans and the measurement of modified Global Assessment of Functioning (mGAF) scores.

Children's Functional Assessment Rating Scale (CFARS) Pros/Cons

Pros:

Comprehensive Assessment of functional impairment in children and adolescents, covering domains such as self-care, school/work functioning, family relationships, and community involvement.

The severity rating scale is 1-9 which provides for more detail.

Standardized Measure with established reliability and validity, ensuring consistency in assessing functional impairment across different individuals and settings.

Objective Measurement of functional impairment, facilitating comparison over time and between different clients or cases.

Individualized Treatment Planning by identifying specific areas of functional impairment that require intervention or support.

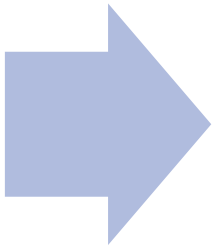
Supports Evidence-Based Practice in child and adolescent mental health, guiding clinicians in identifying areas of strength and areas needing intervention.

Outcome Monitoring of treatment progress and outcomes by providing baseline and subsequent scores to track changes in functional impairment over time.

There is a free Internet web site where form downloads, and on-line training and certification is available for using the CFARS.

Able to be administered in 8-15 minutes.

Funded by Medicaid 3 times per fiscal year.



Cons:

Time-Intensive Administration: Administering the CFARS and scoring it can be time-consuming, especially in clinical settings where time for detailed assessments may be limited.

Dependence on Rater Judgment: Interpretation of responses and scoring in the CFARS relies on clinician judgment, which can introduce variability in results.

Limited Scope: While comprehensive for functional impairment, the CFARS may not capture other important aspects of a child or adolescent's well-being, such as emotional functioning, coping skills, or social interactions.

Cultural and Linguistic Considerations: The CFARS may not be culturally sensitive or may require adaptation for use with children and adolescents from diverse cultural backgrounds, potentially affecting its validity and reliability.

Skill and Training Requirements: Proper administration and scoring of the CFARS require training and expertise, which may vary among clinicians and affect the consistency of results.

Stigmatization Concerns: Focusing on functional impairment through tools like the CFARS may inadvertently reinforce labels or stigmas associated with mental health issues in children and adolescents.

Daily Living Assessment (DLA)-20 Pros/Cons

Pros

Comprehensive Assessment covering a wide range of daily living activities, including personal care, household tasks, and mobility, providing a comprehensive view of an individual's functional abilities.

Objective Measurement offering a structured and standardized method for assessing functioning, which enhances objectivity in evaluating clients' functional status over time or across different settings.

Scalability across various populations and settings, making it adaptable for use in different clinical or community-based environments.

Level of Care and Treatment Planning: Results can inform level of care, and treatment planning by identifying specific areas of difficulty in daily functioning that require intervention or support.

Care Management: Results assists in care management by identifying the level of assistance or support individuals may need to maintain or improve their functioning.

Outcome Monitoring for systematic monitoring of clients' progress in functional abilities, helping to evaluate the effectiveness of interventions or therapies aimed at improving functioning. Facilitates the measurement of treatment outcomes, helping clinicians evaluate the effectiveness of interventions and make data-driven decisions about care.

High Levels of interrater reliability.

Able to be administered in 8-15 minutes.

Funded by Medicaid 3 times per fiscal year.

Cons

Subjectivity in Reporting: Similar to other assessment tools, the accuracy of DLA-20 results may be influenced by clinician's perception, mood, or cognitive abilities, potentially affecting the reliability of the assessment.

Cultural and Linguistic Considerations: The DLA-20 may not be culturally sensitive or may require adaptation for use with clients from diverse linguistic or cultural backgrounds, impacting its validity and reliability.

Training Requirements: Proper administration and interpretation of the DLA-20 require training and expertise, which may vary among staff members and affect the consistency of results across different assessors. Proper training requires time and financial resources which may not be feasible for all organizations.

Privacy Concerns: The detailed nature of questions in the DLA-20 about personal care and daily activities may raise privacy concerns for some clients, potentially impacting their willingness to provide accurate information.

Recommendations

- Improved and evidence-based behavioral health outcome measures that accurately reflect the needs and progress of children and youth, leading to better-informed policy and practice decisions.
- **The Workgroup recommends the statewide implementation of the DLA-20**
  - Reliable, improved evidence-based functional assessment tool designed to identify areas of need and measure progress over the course of care.
  - Utilized nationally and rolled out statewide in 14 states.
  - Fully integrated in 37 electronic health records and able to be integrated in any other for free
  - Relatively inexpensive (no cost for the tool, EHR integration)
- **State Sponsored Training Program (perhaps the MMA plans), leading to a sustainable Train the Trainer model**
- **Increased Florida Medicaid fiscal year limit for Limited Functional Assessment to cover the cost of administration**
- **Include the DLA-20 in all new state contracts (DCF, DJJ, DOE)**

Partners to Mobilize Recommendations

- The Agency for Health Care Administration
- Medicaid Managed Care Plans
- The Department of Education
- The Department of Children and Families
- Managing Entities
- Community Based Care Entities
- The Department of Juvenile Justice
- The Florida Behavioral Health Association
- MTM Consulting

Impact of Recommendations

- Move towards value-based care with measurable outcomes driving policy and funding decisions
- Improved outcome measurement for clinicians, guiding effective treatment interventions
- Change management in terms of statewide roll out of the tool
- Training requirement ensuring accurate use of the tool
- Funding to cover initial training for roll out
- Increased Medicaid limit for administration as needed