

Pediatric Symptom Checklist (PSC) FAQ

Question: For what ages will the PSC be used?

Answer: 4-18 year old clients.

Question: Is PSC done with 18 year olds (but not after 19th birthday)?

Answer: Done through age 17.

Question: Can the PSC be done by the client?

Answer: No, only the Parent/Caregiver.

Question: What if we are serving a self-consenting teen (no parental involvement)?

Answer: Skip/do not do the PSC if minor consent, with share care flag turned on

Question: When will we receive the hard copies of the PSC and will we simply make copies ourselves as needed?

Answer: Copies can be made from:

https://www.massgeneral.org/psychiatry/services/psc_scoring.aspx

Question: Will the PSC be available in English and Spanish on your website for us to print and give to parents?

Answer: SBC Behavior Wellness will send the Spanish and English version for you to give out to parents.

Question: The CANS will be completed by the clinician in Gateway and the PSC will be completed by the caregiver and then entered by the clinician into Gateway, right?

Answer: Yes, correct

Question: Is there a training for the PSC?

Answer: No, not required. Gateway will auto-score the tool.

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.

Child and Adolescent Needs and Strengths (CANS): FAQ

Question: What is the age range of the CANS?

Answer: The CANS is 6 through age 20, therefore, up to age 21. Complete MORS at age 21

Question: What if we keep clients open during the summer (and close in September if they do not re-engage in counseling)? Only keep clients open that meet criteria, are actively engaged, and being served; do not keep clients open when not being served.

Answer: Generally: close clients at the end of the school year (May/June) and do a CANS. Reopen and do another CANS in the Fall.

On a case by case basis- if kept open due to the need for continued services, continue with current CANS timeframe.

Question: What if we serve clients at schools for less than 6 months (open in February, for example)?

Answer: See above; if closing, do a CANS; if kept open due to the need for continued services, continue with current CANS timeframe.

Question: What about clients who “carry over” into the new fiscal year, do we do the CANS and PSC mid-treatment or not do it?

Answer: For the clients that have an existing CANS, continue as usual and complete the update when it is due.

Question: There will be some clients who will have been opened prior to July 1 who will carry over into the new fiscal year (and in our program they will not have an existing CANS), will we do an initial PSC (and CANS) for them mid-treatment July 1 or will we only be doing this for new clients?

Answer: Do a CANS and PSC on all clients. If there is not one in place, it will be an initial. We understand it will be mid-treatment.

Question: Are all CANS updates due 6 months after the last CANS was completed?

Answer: Yes, every 6 months, and at discharge.

(reminder: at any time a CANS can be updated within the 6-month period, so the follow-up CANS will be due from the date of the last CANS).

Question: Will this be the same training required for the CANS 50 or will there be an updated training

Answer: 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. For more information, please visit the Training and Certification page on the Praed Foundation website <https://canstraining.com>

Question: Is there a cost for the training?

Answer: No; it's free.

Please go to:

<https://canstraining.com>

Register and develop your profile. As you complete your profile, you will be asked to select a 'Jurisdiction', please select Santa Barbara Behavioral Health, and ADMHS in the next drop down for 'Agency.'

Jurisdiction = Santa Barbara Behavioral Health
Agency = ADMHS

Selecting these correctly will result in not having to pay to complete the training. If you select any other option than the above, you will have to pay.

CANS and PSC

Question: What is the proper way to document the time spent completing the CANS?

Answer: The CANS 50 and the PSC templates will have a drop down with the option to select the service code 6009- CLIENT SUPPORT – OUTCOME REPORTING. You will need to come up with a separate tracking system when spending time training your staff on the CANS. Then you would report that to fiscal so that the time spent on training can also be claimed. The templates launched on July 2nd. They are working and the codes should also be working. Do not use any other billing code and do not include in your assessment claiming - keep them separate (until the state sends out the most updated process due to conflicting Info notices)

Question: Could I include the PSC and CANS trainings on the annual Training Report that we will be doing (tracking HIPAA, Code of Conduct, Cultural Competence, etc.) or would these trainings be tracked separately?

Answer: Separately since the state reimburses for the CANS and PSC only.

Question: Is there a manual?

Answer: No, DCHS was unable to recreate a manual. The pared foundation website does have a CANS manual and DHCS is working to create a manual.

Question: Is April Howard still the contact?

Answer: Shereen Khatapoush is Research and Program Manager skhatapoush@sbcbswell.org



Power Point of CANS and PSC Presentation:

CANS & PSC: Required



State of California—Health and Human Services Agency




JANUARY 25, 2018

ALL COUNTY LETTER (ACL) NO. 18-09
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES (MHSUDS)
INFORMATION NOTICE (IN) NO. 18-007

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY JUDICIAL OFFICERS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL CHIEF PROBATION OFFICERS
ALL TITLE IV-E AGREEMENT TRIBES
COUNTY WELFARE DIRECTORS ASSOCIATION OF CALIFORNIA
COUNTY BEHAVIORAL HEALTH DIRECTORS
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA
CHIEF PROBATION OFFICERS OF CALIFORNIA
COUNTY COUNCIL OF COMMUNITY BEHAVIORAL HEALTH

All Children's Mental Health Programs are now required to complete the CANS and PSC beginning in FY 8-19 (July, 2018)

SUBJECT: REQUIREMENTS FOR IMPLEMENTING THE CHILD AND ADOLESCENT NEEDS AND STRENGTHS ASSESSMENT TOOL WITHIN A CHILD AND FAMILY TEAM



SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

Child and Adolescent Needs & Strengths: CANS



- The Child & Adolescent Needs & Strengths (CANS) must be administered by trained clinical staff (county/CBO) at:
 - Intake
 - Every 6 months thereafter
 - Discharge
- CBO Quarterly Reports: CBOs report % change in each domain
- Expectation: positive change (percentage) in at least half of the CANS domains (3 out of 6)



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Pediatric Symptom Checklist (PSC)

Pediatric Symptom Checklist (PSC)

Emotional and physical health go together in children. Because parents can often do the best to notice a problem with their child's behavior, attention, or learning, you may help your child get the best care possible by answering these questions. Please write an answer for each question.

How many days the following has been true during your child's:

	None	Sometimes	Often
1. Complaints of aches and pains	1		
2. Sleeps more than usual	2		
3. Tiredness, has less energy	3		
4. Drops, accidents or falls	4		
5. Has trouble with reading	5		
6. Has attention problems	6		
7. Acts out, does as he pleases	7		
8. Disobedient, disrespectful	8		
9. Observed using	9		
10. Unhappy or sad	10		
11. Talks and answers	11		
12. Talks frequently	12		
13. Talks too much	13		
14. Has trouble concentrating	14		
15. Uses inappropriate words	15		
16. Talks with others frequently	16		
17. Appears to be afraid	17		
18. Shows signs of depression	18		
19. Is down or low on mood	19		
20. Shows the doctor with doctor's holding waiting notes	20		
21. Has trouble sleeping	21		
22. Wakes up	22		
23. Wakes in the night	23		
24. Talks to himself	24		
25. Talks to himself often	25		
26. Talks too much	26		
27. Talks too fast	27		
28. Talks too much about himself	28		
29. Talks too much to others	29		
30. Talks too much to himself	30		
31. Does not understand other people's feelings	31		
32. Needs others	32		
33. Needs others for fun or for rewards	33		
34. Needs things that are not his or hers	34		
35. Believes in death	35		

How many days the following has been true during your child's:
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 How many days the following has been true during your child's:

- The Pediatric Symptom Checklist (PSC) must be completed by the child's parent/guardian at:
 1. Intake
 2. Every 6 months thereafter
 3. Discharge
- CBO Quarterly Reports: CBO's report the % of parents/guardians that completed the checklist
- Expectation: 100% of all parents complete at intake and every 6 months



CANS and PSC Collaboration

- CANS-50 and PSC-35 begin on July 1st 2018
- One CANS and one PSC for each client
- The CANS and PSC will follow the client
- Any clinical staff may complete the CANS (with training)
- The PSC is completed by the parent/caregiver, and will need to be entered into Gateway by a clinician
- Time spent completing the CANS/PSC can be claimed
- CANS and PSC templates will have a tickler in Gateway (every 6 months)
- The CANS must be shared with CWS/Probation with an ROI for open CWS/Probation clients
- Communication is key in order for there to be no duplication of the CANS/PSC
- School-based programs will complete the CANS at intake, after 6 months, and at discharge





Training & Billing

Certification Information

Annual training and certification is required for use of the CANS. In order to be certified in the CANS, clinicians must demonstrate reliability on a case vignette of .70 or greater. The Praed Foundation's Collaborative Training Website at www.canstraining.com provides on-line training and certification. A standardized training protocol has been developed by Dr. Lyons, the CANS developer, that includes: video tutorials, practice tests and vignettes, printable certificates, functionality to provide reports identifying users by agency or reporting unit, and functionality to provide annual reminders to account holders to complete CANS recertification.

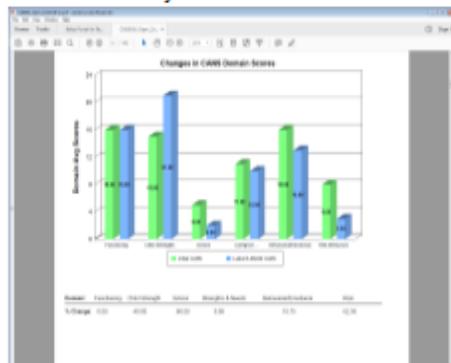
Training time for the CANS/PSC- The time staff spend on training can be claimed. CBO's will need to track staff time on CANS/PSC Training. If you already track training time, suggest your track the CANS/PSC separately.

New Billing Code: 6009 Client Support Outcome Reporting



Reporting

(A) County Quarterly CANS report CBO's
Receive: CG6000]



Questions about CANS report?
Request for change?

Take % change from County report
(A)
and enter into CBO Quarterly report
(B)

(B) CBO Quarterly Report: CANS Table

CANS Domain	Program Name			
	Q1 18 change	Q1 18 change	Q1 18 change	Q1 18 change
Functioning				
Behavioral/Emotional				
Skills				
Needs & Health				
Orientation				
Programmer Needs & Emergencies				

