



Recommendations - Children's Mental Health Screening Tools November 22, 2019

Thank you for the opportunity to comment on the question of assessment and screening tools used in multiple areas of children's mental health.

AspireMN members agree that the opportunity to strategically evaluate all assessment and other approaches to services for our children and youth is meritorious – particularly as we consider the joint priorities of assuring quality care for children, youth and families, and, supporting systems toward greater efficiencies and sustainability.

To that end, any system transformation that advances at this time, must reduce current onerous regulatory burdens, address rate deficiencies, and incorporate significant resources to allow for implementation within a field that has been under-resourced, over-regulated and is striving to provide services within an incredibly challenging environment.

Outlined below are reflections on current tools utilized by Children's Mental Health providers, and, recommendations for potential next steps. If a change is to be implemented, it must be thoroughly vetted by stakeholders, include appropriate planning time and incorporate significant financial support for implementation.

Current CMH tools – current challenges, noted in brief:

- One hour to conduct all assessments with the child and family is often insufficient
- All assessments are very subjective
- Every new EBP has a new screen or tool to use with each unique process – generating another challenge
- Costs can be prohibitive – and again layers on with direct costs for assessments and resources required to enter, score, track, submit data, etc, - making it all the more challenging when the data does not come back to the provider to leverage for internal quality improvements and other programmatic areas
- When a child is needing support based on a specific circumstance, the full set of assessments can be a waste of time and resources, including irritation of caregivers who are clear on the lack of value for them/their child to be engaging in data reporting that is outside of their circumstances/needs



Ages and Stages Questionnaire (ASQ)

- Positively, the ASQ can cut across domains and allows for a look at the full child and examines overall development
- It can be quite objective
- A challenge is creating the appropriate opportunities for interaction with the child and parent as part of it and, staff find value in observing the child and parent interact.
- ASQ is often one part of the DC0-5 process

CBCL & SDQ

- Looks to symptoms that could possibly map to a diagnosis, not as valuable due to lack of subjectivity, is very lengthy and includes caregiver report so can be skewed, and if the CBCL continued birth-17 it could be more helpful to see change over time – particularly as it maps to a diagnosis
- CBCL and SQD have a lot of redundancy and overlap
- SDQ has little value – most information is captured in the DA

ECSI/CASII is very subjective, can be helpful when thinking about the child in a full context (educational elements, natural supports) – looking at the child in their full environment; absence of training is challenging because that allows for maximizing of the tool

CAGE for 12 and older – as good as the relationship with the client and their ability to be honest/open, information typically would be uncovered by the DA process

PHQ9 – as useful as the client is willing to be honest, it reflective of their self-report; again, not information that would not be revealed during the course of the DA, and, can be helpful as the children do understand the questions, and thus can be a tool that is used for establishing treatment goals

Potential future tools to consider:

- Alignment of assessment with treatment goals - the goal is to make the assessment truly valuable and inform treatment goals and tracking progress
- Consistency between providers – so children can transition and have streamlined care offered between providers
- To increase the value of any assessment there needs to be a full investment from the system in valuing the time/results/utility – the current system also has significant differential between payers
- Assessments should have practical value for engagement with the families
- There are examples of app/games that can assess for executive functioning while providing useful measures for the caregiver – these are the types of future assessments that should be considered



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The most significant recommendation – all system transformations must shift toward reliance on the expertise and recommendations of the clinician and wider clinical team. Assessments are tools, our system needs investments in the expert providers to power those tools to deliver quality care for children, youth and families.

Thank you for the opportunity to submit comment.

AspireMN leaders are glad to provide additional feedback and consultation as any shifts in assessment tools are considered. Providers believe there can be a benefit in shifting toward assessments that are more practical, consistent, and less onerous than current tools. To do so we must honor the current pressure on the children's mental health system and assure any shift is accompanied by clear financial, technical and other supports to fulfill implementation requirements. The end result of any system transformation cannot come as an additional financial burden for children's mental health providers.