



Comparison of Assessment Tools for the REACH Initiative

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Health and
Human Services

Introduction

Background

- ▶ As part of the REACH Initiative, Iowa HHS intends to develop a plan ensuring all assessments regarding eligibility for the Relevant Services, including those completed by Managed Care Organizations (MCOs), use the same criteria for services and the same screening and assessment tool.
- ▶ Mathematica performed an environmental scan of existing assessment tools for children and youth with serious emotional disturbance (SED) to support the state of Iowa and the REACH Initiative.

Methods and Key Objectives

Objectives

- ▶ Determine assessment tools used by states for children and youth with SED.
- ▶ Understand the process of connecting children and youth with SED and their families to appropriate services post-assessment.

Key Assumptions

- ▶ The assessment tool that will be used as part of the REACH Initiative will be used to determine eligibility for REACH Initiative relevant services.
- ▶ The tool will be used in a clinical setting by a licensed practitioner.
- ▶ A separate assessment will be necessary to determine eligibility for a Medicaid home and community-based waiver.

Methods

► Initial Search:

- Conducted a literature search using various search terms across databases, journals, and webpages.
- Compiled a comparison matrix of eight assessment tools from sources like Health Affairs and Google.
- Identified "peer states" with comparable systems to Iowa, including Illinois, Michigan, Nebraska, Kansas, West Virginia, and Montana.

► Targeted Search:

- Conducted a focused search on peer states to gather detailed information on assessment tools, developers, priority populations, and intake processes.
- Utilized state Medicaid websites and snowball searches on relevant articles and publications for data collection.

Potential Assessment Tools

- Child and Adolescent Needs and Strengths (CANS)
- Child and Adolescent Functional Assessment Scale (CAFAS)
- Child and Adolescent Service Intensity Instrument (CASII)
- Youth Daily Living Activities – 20 (DLA – 20)

Child and Adolescent Needs and Strengths (CANS)

- ▶ Assessment tool designed for children and youth aged 6-20.
 - Providers integrate multiple information sources to assign the child a score ranging from zero (indicating no evident need) to three (indicating potentially dangerous or disabling need).
 - This information aids providers in assessing the level of need and crafting recommendations for future care.

Child and Adolescent Functional Assessment Scale (CAFAS)

- ▶ Assessment tool for children aged 3-19 which uses information from several domains to evaluate need
 - Consists of a series of statements and a trained assessor who will select which statements apply to the child.
 - The software calculates a score, which is used to evaluate care needs and track progress.

Child and Adolescent Service Intensity Instrument (CASII)

- ▶ Scoring tool used to rate the level of intensity of services needed by a child with behavioral health conditions. CASII can be used to score children ages 6 -18, with a corresponding Early Childhood Service Intensity Instrument for ages 0-5.
 - The CASII is a scoring tool rather than an assessment questionnaire. This includes a score associated with six domain intensity levels.
 - The sum of the scores corresponds to one of six service intensity levels, ranging from maintenance to needing 24-hour monitoring services.

Youth Daily Living Activities –20 (DLA-20)

- ▶ Functional assessment tool used to estimate functioning in 20 areas of daily living from 6 – 18, with a corresponding Adult MH DLA-20 for ages 18 and older.
 - Provides a 30-day snapshot of strengths and needs.
 - Measure is used to evaluate care needs, drive treatment goals, and track outcomes.

Key Considerations

Key Considerations

- ▶ Mathematica recommends that the **CANS**, **CASII**, **CAFAS** and **DLA –20** assessments be considered as the child behavioral health assessment tool for children with SED.
- ▶ Mathematica also recommends three key areas to evaluate and make a final decision:
 - Ease of Implementation
 - Provider Uptake and Capacity
 - Cost and Fees

Ease of Implementation

Iowa should consider the steps required to adequately customize the screening tool to the state context

Tool	Considerations
CANS	<ul style="list-style-type: none">• Requires customization for state context• Would require development of a tool for children ages 0 – 5
CAFAS	<ul style="list-style-type: none">• Can be used with minimal customization• Would require development of a tool for children ages 0 – 2
CASII	<ul style="list-style-type: none">• Requires customization for state context
DLA – 20	<ul style="list-style-type: none">• Can be used without customization• Would require development of tool for children ages 0 – 5

Provider Uptake and Capacity

- ▶ For all screenings, Iowa should consider the current needs and capacity of the behavioral health workforce, as implementation will require training and ongoing education.
 - Iowa Total Care is trained to administer the DLA-20 and is qualified to train others
- ▶ The screenings also require care coordination efforts to be successful.

Cost and Fees

Iowa should consider the potential costs associated with the three assessment tools, including costs for training and software.

Tool	Costs
CANS	<ul style="list-style-type: none">The assessment is free, but there are costs associated with training professionals to use it
CAFAS	<ul style="list-style-type: none">Requires annual software fee and has cost per assessment
CASII	<ul style="list-style-type: none">Cost associated with both training and printing materials for assessment
DLA – 20	<ul style="list-style-type: none">Costs associated with assessment

Comparison

	Child and Adolescent Needs and Strengths (CANS)	Child and Adolescent Functional Assessment Scale (CAFAS)	Child and Adolescent Service Intensity Instrument (CASII)	Youth DLA –20 (DLA - 20)
Age range	6 – 20	3 – 19	0 – 18	6 – 18
Requires trained administrator	Yes	Yes	Yes	Yes
Incorporates input from parents/teachers	Yes	No	Yes	No
Tested for validity/reliability	Yes	Yes	Yes	Yes
Multicultural norming	No	No	No	No
Online data entry	No	Yes	No	No
Focus of measures	Level of need, level of strength	Level of impairment	Level of service intensity	Level of functioning in daily living activities
Cost	Free	Pay per assessment; annual software fee	Pay for training and print manuals	Pay per assessment
Adaptation and customization	Required	Minimally allowed	Required	Not required



Discussion

- ▶ What are subcommittee members initial questions and reactions to the four potential tools.
- ▶ Are there additional considerations beyond ease of implementation, provider uptake and capacity and cost and fees?
- ▶ What additional information does the subcommittee need to help inform a recommendation on an assessment tool for the REACH Initiative?

Questions



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