
To: July 20, 2018

CYF Memo: # 02 -18/19

To: CYF Mental Health Treatment Programs

From: Yael Koenig, CYF Deputy Director

Re: **CYF Outcome Tools Exception Request**

On July 1, 2018 the administration of the State-mandated new outcomes measures, CANS (Child and Adolescent Needs and Assessment) and PSC (Pediatric Symptom Checklist), became effective.

CYF recognizes that some programs have historically been exempt from completing specific outcomes measures. Moving forward, all programs are expected to complete CYF system outcomes including; YSS (Youth Services Survey), CANS, PSC and CRAFFT, unless the program receives written exception authorization from their COR.

In order to streamline the process for exemption determination, a uniform system has been established to provide program notification of an exemption status. The attached document will be the official notification provided to programs to document outcome tool(s) exception authorization. Programs or COR may initiate the CYF outcomes exception request.

Programs are responsible for retaining the written exception notification and making it available at the request of the COR or QI specialists.

Programs that have current exceptions have been reviewed and those that continue to be appropriate for exception will receive written authorization from COR.

Attachment: CYF Outcome Tools Exception Request Form

Cc: Child and Adolescent Research Center (CASRC)
Health Services Research Center (HSRC)
Behavioral Health Education & Training Academy (BHETA)
County of San Diego Performance Improvement Team
County of San Diego Quality Management

CYF OUTCOME TOOLS EXCEPTION REQUEST

(Note: This is contract specific and would require updating at close of contract term when applicable. Program is responsible to keep this exception on file and make it available at the request of the COR/County.)

Legal Entity: _____

Date of Request: _____

Program Name: _____

Contract Number: _____

Unit Number: _____

Program Manager: _____

Request for exception to the following system measures (please mark applicable CYF system outcome measure/s):

- ☐ Youth Services Survey – Parent/Caregiver (YSS)
- ☐ Youth Services Survey - Youth (YSS)
- ☐ Pediatric Symptom Checklist-Parent/Caregiver/Staff (PSC)
- ☐ Pediatric Symptom Checklist- Youth (PSC – Y)
- ☐ Child and Adolescent Needs and Strengths (CANS)
- ☐ CRAFFT

Justification:

- ☐ Short Length of Stay
- ☐ No Parent/Caregiver
- ☐ Other: _____

AUTHORIZATION

Program Coordinator/COR is authorizing program to be exempt from completing the following system measures:

- ☐ Youth Services Survey - Parent/Caregiver (YSS)
- ☐ Youth Services Survey - Youth (YSS)
- ☐ Pediatric Symptom Checklist - Parent/Caregiver/Staff (PSC)
- ☐ Pediatric Symptom Checklist - Youth (PSC-Y)
- ☐ Child and Adolescent Needs and Strengths (CANS)
- ☐ CRAFFT

Program Coordinator/COR: _____

Signature: _____

Date of Approval: _____

CYF Deputy Director approved

COR Office Use Only

Distributed to:

☐ PIT

☐ CASRC

☐ HSRC

☐ Exception grid updated