Pediatric Symptom Checklist – 35 (PSC-35)
Implementation Orientation for Administrators & Managers
June 2018
OBJECTIVES

- Review why and how we will be using the PSC-35 within Santa Clara County
- Learn about the significance of the PSC-35 in the State of California and within Santa Clara County
- Learn the timelines and reporting processes for the PSC-35
- Understand Quality Improvement using the CANS and PSC-35
OUTLINE

I. Purpose

II. Process of Administration

III. Alignment with CANS

IV. Reporting

V. Sustainability

VI. Contacts

VII. Q&A

VIII. Resources & References
PURPOSE
DHCS INFO NOTICE

• DHCS Info Notice 17-052 (Nov 14, 2017): *Early and Periodic Screening, Diagnostic and Treatment (EPSDT) – Specialty Mental Health Services Performance Outcomes System Functional Assessment Tools for Children and Youth*

• DHCS has selected the Pediatric Symptom Checklist (PSC-35) (parent/caregiver version) and Child & Adolescent Needs & Strengths (CANS) to measure child and youth functioning, as intended by Welfare and Institutions Code Section 14707.5.
  
  – Santa Clara County Behavioral Health Services Department (SCCBHSD) is scheduled for implementation on **July 1, 2018** and is required to collect and report data obtained from the PSC-35, as well as the CANS, to DHCS.

• SCCBHSD has been utilizing the CANS since 2012, whereas the PSC-35 is new to our County.
DHCS EXPECTED OUTCOMES

• “Data for Use in Quality Improvement Efforts: The primary purpose for the data obtained from the functional assessment tools is for quality improvement efforts….Initially, DHCS will focus on working with counties to monitor and improve data quality. After multiple years of data have been collected, benchmarks will be established and used to identify where quality improvement efforts need to be focused, and this process will inform technical assistance needs. The overarching goal of the quality improvement efforts are to use data to inform/improve policy and practice in a timely and effective manner.” (p 5)
PSC-35: SPECIFICS

- **“PSC-35:*** The PSC-35 is a psychosocial screening tool designed to facilitate the recognition of cognitive, emotional, and behavioral problems so appropriate interventions can be initiated as early as possible.” (IN 17-052, p 2)
  - **Parents/caregivers will complete PSC-35** (parent/caregiver version) for children and youth **ages 3 up to age 18** (note, this has been updated from age 4 to age 3 per discussion with DHCS)

- Free/No Cost
- Available in 20 languages, as well as pictorial versions in 3 languages
PROCESS OF ADMINISTRATION
PROGRAMS TO ADMINISTER PSC-35

• Completed with new and current clients of programs that have Length of Stay greater than 90 days.

• To avoid duplication, a primary service program/agency will be identified and will be responsible for the initial and subsequent PSC-35.

• For clients with multiple MH providers (“open episodes”), each program/agency must collaborate to select the primary provider for completion, which will be identified as follows:
  – The program/agency providing the most intensive service level (i.e. hours per month) of service will be considered the primary provider (excluding TBS, which is an adjunct service).
  – For programs of equivalent service level, the program/agency with the longest history and/or expected length of service will be the considered the primary provider.
Please mark under the heading that best describes your child:

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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1. Complains of aches and pains</td>
<td>Never</td>
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<tr>
<td>2. Spends more time alone</td>
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<td>3. Tires easily, has little energy</td>
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<td>4. Fidgety, unable to sit still</td>
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<tr>
<td>5. Has trouble with teacher</td>
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<tr>
<td>6. Less interested in school</td>
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<tr>
<td>7. Acts as if driven by a motor</td>
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<tr>
<td>8. Daydreams too much</td>
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<td>9. Distracted easily</td>
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<tr>
<td>10. Is afraid of new situations</td>
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<tr>
<td>11. Feels sad, unhappy</td>
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<td>12. Is irritable, angry</td>
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<td>13. Feels hopeless</td>
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<td>14. Has trouble concentrating</td>
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<td>15. Less interested in friends</td>
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<tr>
<td>16. Fights with other children</td>
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<tr>
<td>17. Absent from school</td>
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<tr>
<td>18. School grades dropping</td>
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<td>19. Is down on him or herself</td>
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<tr>
<td>20. Visits the doctor with doctor finding nothing wrong</td>
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<tr>
<td>21. Has trouble sleeping</td>
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<td>22. Worries a lot</td>
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<tr>
<td>23. Wants to be with you more than before</td>
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<tr>
<td>24. Feels he or she is bad</td>
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<tr>
<td>25. Takes unnecessary risks</td>
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<tr>
<td>26. Gets hurt frequently</td>
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<td>27. Seems to be having less fun</td>
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<td>28. Acts younger than children his or her age</td>
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<tr>
<td>29. Does not listen to rules</td>
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<td>30. Does not show feelings</td>
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<tr>
<td>31. Does not understand other people’s feelings</td>
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<tr>
<td>32. Teases others</td>
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<td>33. Blames others for his or her troubles</td>
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<tr>
<td>34. Takes things that do not belong to him or her</td>
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<tr>
<td>35. Refuses to share</td>
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</tbody>
</table>

Total score __________

Does your child have any emotional or behavioral problems for which she or he needs help? ( ) N ( ) Y
Are there any services that you would like your child to receive for these problems? ( ) N ( ) Y

If yes, what services? ______________________________________________________________
Languages Available

https://www.massgeneral.org/psychiatry/services/psc_forms.aspx
WAYS TO ADMINISTER

• Completed by the parent/guardian
  – If no caregiver, the youth would be the first person to turn to as long as they are literate and understand the process.
  – If you think that the youth would not be an accurate reporter, then the person who brings the youth to the clinic might be a good choice. A counselor or group home worker who knows the youth could be asked to fill out the PSC if no parent is available.

• Most effective if completed prior to sessions and independently [“…improvements in functioning found with clinician-report measures are corroborated by independent parent reports.” (Murphy, et al., 2011)]
  – Mailing to the family ahead of time
  – Front desk
  – Technology use (iPad, computer, etc.)

• In session
  – With little to no assistance from staff
SCORING OVERVIEW

• 35-items that are rated as: “Never”, “Sometimes”, or “Often” present and scored 0, 1, and 2, respectively.

• Item scores are summed

• If one to three items are left blank by parents, they are simply ignored (score = 0).
  – If four or more items are left blank, the questionnaire is considered invalid. Follow-up with parents is needed for completion. If not applicable, rank as “Never”.

• Clinical Cut-off scores do not affect the client’s ability to receive services, they are only meant to indicate if problems are clinically significant.
CLINICAL CUTOFFS

• Clients ages 3 to 5:
  – Total Score Range: 0 to 70
  – Clinical Cut-off: 24 or above
  – (24 or above = impaired; 23 or below = not impaired)
  – **Note**: items 5, 6, 17, and 18 are not required for this age group unless they are in school. Score range and cut-off remain as indicated above.

• Clients ages 6 to 18:
  – Total Score Range: 0 to 70
  – Clinical Cut-off: 28 or above
  – (28 or above = impaired; 27 or below = not impaired)
• This tool can and should be provided to the family prior to session(s)

• If completed within the context of the assessment session, should be documented as such. This should not be completed in isolation.
  
  – Clinical supervision is indicated for supporting utility of gathering and facilitating recognition of cognitive, emotional, & behavioral problems so appropriate interventions can be initiated as early as possible.
Workload

• Estimated time of completion for family: 5-10 minutes
• Will require staff time to collect and analyze
• Not a clinician-rated tool, though they do need to interpret and discuss the results with the child and family
## WORKFLOW

<table>
<thead>
<tr>
<th>New Clients</th>
<th>Existing Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>• At opening, every 6 months, and discharge</td>
<td>• PSC-35</td>
</tr>
<tr>
<td>- PSC-35</td>
<td>- align initial with next</td>
</tr>
<tr>
<td>- CANS</td>
<td>CANS due date</td>
</tr>
<tr>
<td></td>
<td>• Continue completion every 6 months and at discharge</td>
</tr>
</tbody>
</table>
ASSESSMENT TYPES

• Initial
  – At opening

• Subsequent
  – Any 6 month update from date of administration

• Discharge

• Administrative Discharge
CLINICAL USE & ALIGNMENT WITH CANS
“…the PSC may be particularly useful as a quality assurance or treatment outcome measure for clinicians...” (McCarthy, et al., 2015)

- PSC-35 Subscale:
  - **Attention** – 4, 7, 8, 9, 14 (cutoff = 7)
  - **Internalizing** (depression/anxiety) – 11, 13, 19, 22, 27 (cutoff = 5)
  - **Externalizing** (Conduct) – 16, 29, 31, 32, 33, 34, 35 (cutoff = 7)

- Cross-walk of the CANS and PSC-35 drafted by F&C Functional Assessment Tools Workgroup
  - Submitted to Praed Foundation/Chapin Hall and UMASS for review
REPORTING

Data → Data reporting → Data Analysis → Generate Business Value

SANTA CLARA COUNTY
Behavioral Health Services
REPORTING & DATA COLLECTION

• “These functional assessment tools need to be completed at the beginning of treatment, every six months following the first administration, and at the end of treatment.” (p 3)

• Goal for FY19: transition to KIDnet

• Until built into KN, initial collection of data will be via excel spreadsheet
  – Identifying information should align with information on EHR

• Frequency of submission to BHSD
  – Quarterly (Oct, Jan, April, July)
COVER SHEET ADD-ON

Pediatric Symptoms Checklist 35 (PSC-35)

Demographics

PROVIDER COMPLETED INFORMATION

Today’s Date: __________________________
Agency Name: __________________________
Program U-code: ________________________
Primary Provider Name: __________________

Assessment Type:  
☐ Initial  ☐ Subsequent  ☐ Discharge  ☐ Administrative Discharge

CONSUMER INFORMATION

Unicare ID #: __________________________
VMC MRN ID #: __________________________
Consumer’s Legal Name: __________________
Consumer’s Preferred Name (“goes by”): __________________
Consumer’s Date of Birth: __________________
Questionnaire Completed by: __________________

Relationship to Consumer:  
☐ Mother  ☐ Father  ☐ Grandparent  ☐ Legal Guardian  ☐ Foster Parent  
☐ Other: __________________________
SUSTAINABILITY

• FAQs & Operational Standards
• Integrating into CANS trainings
• On-going training through supervision program
• CANS Workgroup is now the “F&C Functional Assessment Tools Workgroup”
• Implementation Office Hours
  – June 25, 2018
  – Mediplex (725 E. Santa Clara St, 3rd Floor, Rm A), 11:30 AM – 1 PM: office hours / consult & support available
CONTACTS

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RESOURCES & REFERENCES – P 1

• Pediatric Symptom Checklist: https://www.massgeneral.org/psychiatry/services/psc_home.aspx


RESOURCES & REFERENCES – P 2


