SANTA CLARA COUNTY
Behavioral Health Services

Pediatric Symptom Checklist – 35 (PSC-35) Implementation Orientation for Direct Service Providers June 2018

OBJECTIVES

- Learn about the significance of the PSC-35 in the State of California and within Santa Clara County
- Learn about the evidence behind parent completed tools in supporting treatment services
- Understand the utility of the PSC-35 and how it can be used to collaboratively inform the CANS in developing your Care Plans

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.

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

PSC-35

Please mark under the heading that best describes your child:

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

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

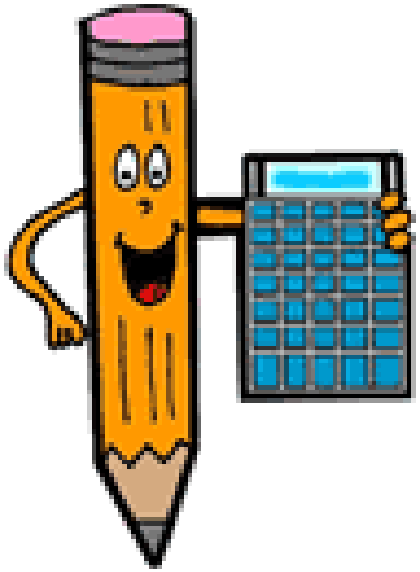
- PSC English PDF
- PSC Spanish PDF
- PSC-Y (Youth Self-Report) English PDF
- PSC-Y (Youth Self-Report) Spanish PDF
- PSC Brazilian-American Portuguese PDF
- PSC-Y Brazilian-American Portuguese PDF
- PSC Chinese PDF
- PSC Dutch PDF
- PSC European Portuguese PDF
- PSC Filipino PDF
- PSC French PDF
- PSC-Y French PDF
- PSC German PDF
- PSC Haitian-Creole PDF
- PSC-Y Haitian-Creole PDF
- PSC Hebrew PDF
- PSC Hindi PDF
- PSC Hmong PDF
- PSC Italian PDF
- PSC Japanese PDF
- PSC Khmer PDF
- PSC Malayalam PDF
- PSC Nepali PDF
- PSC Setswana PDF
- PSC-Y Setswana PDF
- PSC Somali PDF
- PSC-17 Chinese PDF
- PSC-17 English PDF
- PSC-17-Y (Youth Self-Report) English PDF *
- PSC-17 Spanish PDF
- PSC-17-Y (Youth Self-Report) Spanish PDF *
- PSC-33 Spanish, Chilean version
- PSC-17 Vietnamese PDF
- Pictorial PSC with English subtitles PDF
- Pictorial PSC with Spanish subtitles PDF
- Pictorial PSC with Filipino Subtitles PDF

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; 24 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)



ACTIVITY: SCORING THE PSC-35

DOCUMENTATION

- 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.
  - The PSC-35 is a great resource to initiate conversation with the youth and family about various target behaviors and symptoms
  - It can inform your CANS, therefore should be completed prior to or in sync with the CANS and your treatment plans.

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 – JULY 1, 2018 START

New Clients

- Completed at opening, every 6 months, and discharge
  - PSC-35
  - CANS

Existing Clients

- PSC-35
  - align initial with next CANS due date
- Continue completion every 6 months and at discharge

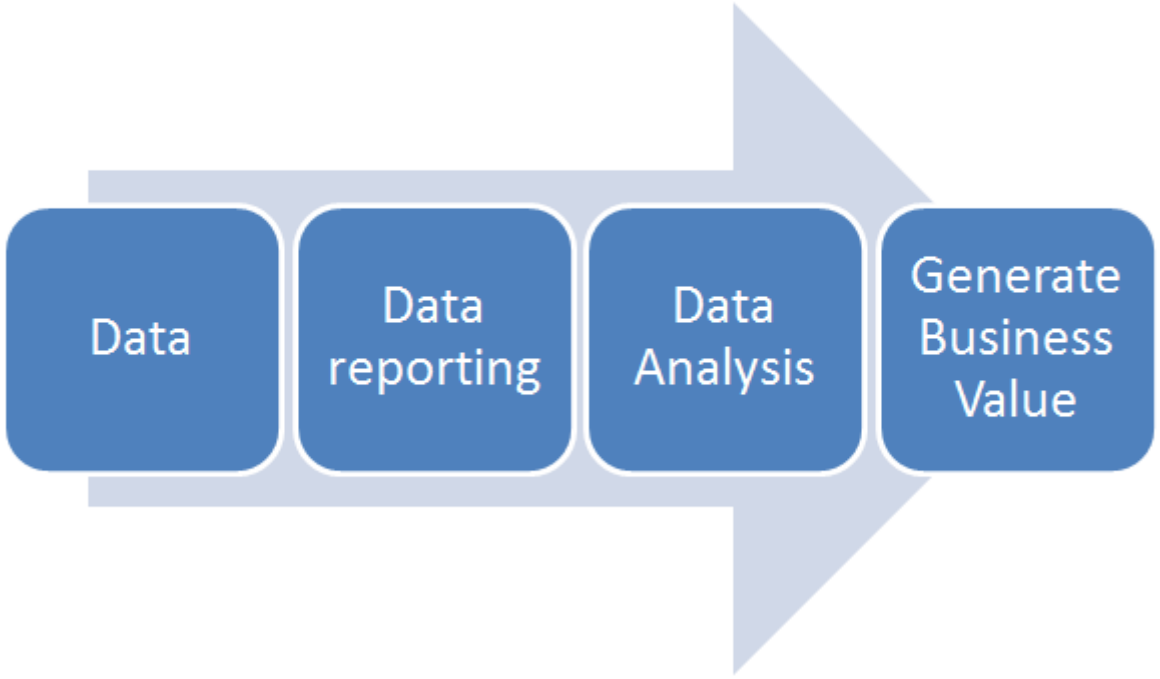
ASSESSMENT TYPES

- Initial
  - At opening
- Subsequent
  - Any 6 month update from date of administration
- Discharge
- Administrative Discharge

CLINICAL USE & ALIGNMENT WITH CANS

TOPICS OF CONVERSATION

- "…the PSC may be particularly useful as a quality assurance or treatment outcome measure for clinicians..." (McCarthy, et al., 2015)
- Functioning, Behaviors, Symptoms, Diagnosis
  - 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


Data
Data reporting
Data Analysis
Generate Business Value

REPORTING

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 then, please speak to your administrators as to how you will be collecting the data.

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

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

COMMENTS & QUESTIONS

CONTACTS

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RESOURCES & REFERENCES – P 1

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