

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	QM
	Policy Number	QM-10-33
	Effective Date	07-01-2020
	Revision Date	
Title: Pediatric Symptom Checklist (PSC-35) Standards	Functional Area: Clinical Care Chart Review – Non-Hospital Services	
Approved By: (Signature on File) Signed version available upon request		
Alexandra Rechs, LMFT Program Manager, Quality Management		

Background/Context:

In 2017, the Department of Health Care Services (DHCS) selected the Pediatric Symptoms Checklist (PSC-35), along with the Child and Adolescent Needs and Strengths (CANS) tool, to measure child, youth and transition age youth (TAY) functioning with a plan for statewide implementation in 2018 as intended by Welfare and Institutions Code Section 14707.5. On October 1, 2018, Sacramento County Mental Health Plan (MHP) implemented the 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. Research shows that earlier detection and treatment can lead to better outcomes. Parents/caregivers complete PSC-35 (parent/caregiver version) for children and youth ages 3 through age 18. The PSC-35 is free of cost. The PSC-35 information and outcomes helps to influence the Client Plan elements and must be used in sessions with the client and/or parent/caregiver to discuss changes in behaviors, symptoms, and progress towards Client Plan objectives for treatment.

Definitions:

As used in this policy, the following capitalized terms shall have the following meanings:

County: Sacramento County Division of Behavioral Health Services, Mental Health Plan.

Mental Health Provider(s): Individual or organizational provider contracted with Sacramento County Division of Behavioral Health, Mental Health Plan to provide mental health services. Mental health services are defined as, “assessment, diagnosis, treatment or counseling in a professional relationship to assist an individual, family or group in alleviating mental or emotional illness, symptoms, conditions or disorders that interfere with day-to-day functioning.” This also includes County operated mental health program staff.

Child Adolescent Needs and Strengths (CANS): The CANS is a structured assessment used for identifying youth and family actionable needs and useful strengths. It provides a framework for developing and communicating about a shared vision and uses youth and family information to inform planning, support decisions, and monitor outcomes. Providers complete the CANS

through a collaborative process which includes children and youth ages 6 through age 20, and their caregivers (at a minimum).

Purpose:

The purpose of this policy is to provide direction for the administration and clinical use of the PSC-35 for Mental Health Providers that serve children, adolescents and transition-age youth.

Details:

The PSC-35 is to be completed by the parent/caregiver and it is most effective if parents/caregivers complete the PSC-35 independently. It can be provided to the parent/caregiver prior to the session(s). The scoring and discussion should be part of assessment session(s) while it is reviewed with the parent/caregiver, as it requires simple math and scanning of the form to get a sense of what questions are checked "often."

Although any staff may provide the PSC-35 to a parent/caregiver; the discussion of the PSC-35 in an assessment session would be by staff that have the qualifications provide Assessment services including: Licensed Practitioner of the Healing Arts (LPHA), LPHA Waived, Student Interns, Mental Health Rehabilitation Specialist (MHRS) or MHA III's in the Adult Programs under their scope of practice privileges.

When multiple programs are working together to provide services and coordinate care for a child/youth, the results of the PSC-35 should be discussed as part of the treatment planning process. The PSC-35 results may be shared, discussed, and used when there is an existing CFT process. Sharing of the documents or results must be included on the releases of information that are completed as part of the CFT process. Child Welfare is not required to complete this form as part of their CFT and screening process.

Translated versions of the form can be located at:

<https://www.massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist/>

Training

The PSC-35 does not require training because it is completed by the parent/caregiver. For more information about the tool, including implementation, scoring and clinical utility, please visit the Pediatric Symptoms Checklist webpage at: <https://www.massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist/>

Administration

- A. The PSC-35 will be initially completed with the Client/Family within the first 60 days from the Assessment Start Date or first Medi-Cal billable service or prior to the initial Client Plan completion date.
- B. The PSC-35 will be reviewed and updated with Client/Family a minimum of every six months from the first PSC-35 (or more frequently if clinically indicated to measure progress and revise the Client Plan) and within the last 30 days prior to discharge. Reasons to review/update the PSC-35 include changes in environment or client/family functioning.
- C. The PSC-35 will be provided directly to the parent/caregiver to complete and scored by staff.
- D. Providers enter the ratings into a county approved database at the Provider Site.

- E. Providers must submit the PSC-35 spreadsheets monthly by the 5th of the following month. These are sent to REPO@saccounty.net.
- F. If a Client is transferred from one Provider to another, the two programs will work together to ensure that a PSC-35 review/update is complete prior to discharge.
 - a. The “receiving” Provider has the option to review/update the PSC-35 at admission if it is in the Client/Families’ best interest. Otherwise the Provider should use the prior completion of the PSC-35 for baseline functioning and treatment planning. These reviewed PSC-35 ratings would be scanned in the “receiving” Providers episode under the “Assessments” document category.
- G. In any event, the “receiving” Provider will review/update the PSC-35 no later than six (6) months from a prior completion of PSC-35.
- H. Staff will incorporate the PSC-35 identified items within the Client Plan.

Billing and Documentation

- A. The PSC-35 does not replace the Core Assessment, but will supplement the assessment process. Scoring and discussing the PSC-35 with the Client/Family is billed to the assessment code (93010 or 93020 or 93030).
- B. Subsequent to the initial assessment, the PSC-35 information may be utilized in a variety of ways. For example: When the information collected in the PSC-35 is used to inform and create the Client Plan with the Client/Family, it would be included in the Plan Development progress note and billed to the Plan Development code (98500).
OR
When the information is used as part of providing feedback to a Client/Family regarding progress in treatment, it would be incorporated into the progress note and billed accordingly to one of the following codes: Rehabilitation (94000), Individual Therapy (97010 or 97020 or 97030), or Collateral (95010, 95020 or 95030).
OR
Should the information be discussed within the ICC-CFT for purposes of care coordination and shared decision-making, it is billed using the code: ICC-CFT.
- C. If there is no parent/caregiver involved to complete the PSC-35 then that would be documented in the Assessment and Plan Development progress note.
- D. Clinical notes must document the way the PSC-35 is being integrated into the care.
- E. The PSC-35 ratings must be influence the Client Plan. Any PSC-35 items rated an “Often” must be factored into the Client Plan Objectives and/or the Intervention section. The ratings of a “Sometimes” may be factored as well, if applicable.
 - a. An example of integrating the PSC-35 scores into the Client Plan Objectives is, scores of “Often” in the PSC-34 Items of, “Spends more time alone,” “Feels sad, unhappy,” “Feels hopeless” and “Less interested in friends” may be linked to an objective focusing on decreasing sadness/feelings of hopelessness and isolative behaviors.
 - b. An example of integrating the PSC-35 scores into the Client Plan Interventions is, scores of “Often” in the PSC-35 Items of, “Tires easily, has little energy” and “Has trouble sleeping” may require the intervention of supporting the Client in connecting with their PCP/Pediatrician.
- F. If there is an item rated as an “Often” identified that is not addressed within the Client Plan, then there must be documentation within the associated Plan Development progress note. The note should reflect the consideration of the need and clinical rationale for not including it

within the Client Plan within the associated Plan Development progress note. As an example, documentation should reflect the Client/Family choice to not address the PSC-35 Item, “School Grades Dropping” in this Client Plan as the client is starting the Student Support Team (SST) process with their school. The family would like to focus on PSC-35 Items related to internalizing such as “Feels sad, unhappy” and “Feels hopeless” for this Client Plan as that is what contributed to safety and risk behaviors leading to most recent hospitalization.

Reference(s)/Attachments:

- [MHSUDS IN# 17-052](#)
- [MHSUDS IN# 18-048](#)
- Sacramento County CANS-50 and PSC-35: State Mandated Performance Outcome Assessment Tools – DHCS MHSUDS INFORMATION NOTICE NO.: 17-052 (9/6/2018)
- Sacramento County UPDATE - CANS-50 and PSC-35: State Mandated Performance Outcome Assessment Tools – DHCS MHSUDS INFORMATION NOTICE NO.: 17-052 (10/24/2020)

Related Policies:

- QM-03-07 Staff Registration P&P
- QM-10-26 Core Assessment P&P
- QM-10-27 Client Plan P&P
- QM-10-27 Discharge P&P
- QM-10-30 Progress Notes P&P
- QM-10-31 Child Needs and Strengths (CANS) Assessment P&P
- CCES 01-03 Documentation Translation Method and Process

Distribution:

Enter X	DL Name
X	Mental Health Staff
X	Children’s Contract Providers
X	Adult Contract Providers
	Substance Use Prevention and Treatment
	Specific grant/specialty resource

Contact Information:

Quality Management Information
QMInformation@saccounty.net