

# CANS/PSC Webinar

**August 31, 2023**

LACDMH Quality, Outcomes and Training Division

EPSDT Outcomes Team



LOS ANGELES COUNTY  
**DEPARTMENT OF  
MENTAL HEALTH**  
hope. recovery. wellbeing.

# ▶▶ Welcome and Introductions

## **EPSDT Outcomes Administration**

Kara Taguchi, Mental Health Clinical Program Head

Christine Tanimura, Clinical Psychologist II

Alex Elliot, Health Program Analyst I

Jackie Koshkaryan, Management Analyst

## CANS/PSC Webinar 8/31/23



## Attendance

Please let us know you joined us today by completing this quick form:

<https://forms.office.com/g/7GWdWRhzrm>

# ▶▶ Agenda

- Data Tip – PSC-35 (Caregiver declined to respond)
- Data Analysis – PSC-35 case scenarios (multiple respondents)
- Spotlight Resources – PSC Quick Guide & PSC Scoring Sheet
- Administration Tips for PSC-35
- Q&A

**DATA TIP**  
**PSC-35**  
**Caregiver declined**  
**to respond**



# Pediatric Symptom Checklist (PSC-35)

LA County DMH Version

Date: 6/8/23  
Child's Name: Jane Doe  
Respondent's Name: Jane Doe  
Relationship to Child:  
 Mother  Grandmother  Foster Mother  Aunt  Agency Staff  Non-Relative Caregiver  Legal Guardian  Sibling  Other  
 Father  Grandfather  Foster Father  Uncle  County Social Worker  Self  Stepmother  Stepfather

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child.

Please mark under the heading that best describes your child:

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

\*The Not Applicable option is available for children who are not of school age or are too young for school

### To Be Completed by Agency Staff

Practitioner Reviewing: \_\_\_\_\_ Assessment Type:  Initial  Reassessment  Discharge  
Total Score: \_\_\_\_\_ Caregiver declined to respond  Caregiver did not respond to all required questions

Client completed the PSC-35

All of the items on the PSC-35 were marked

**Issue:** Even though the client completed the PSC-35 making it a valid PSC, it will not be accepted by the State due to the fact that "Caregiver declined to respond" was marked.

**Solution:** If client is the one who completes the PSC-35, **DO NOT MARK** "Caregiver declined to respond", since it's a valid PSC.

Caregiver declined to respond was marked

# Pediatric Symptom Checklist (PSC-35) LA County DMH Version

Date: \_\_\_\_\_  
 Child's Name: Jane Doe Respondent's Name: John Smith  
 Relationship to Child:  
 Mother  Grandmother  Foster Mother  Aunt  Agency Staff  Non-Relative Caregiver  Legal Guardian  Sibling  Other  
 Father  Grandfather  Foster Father  Uncle  County Social Worker  Self  Stepmother  Stepfather

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child.

Please mark under the heading that best describes your child:

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

\*The Not Applicable option is available for children who are not of school age or are too young for school

To Be Completed by Agency Staff  
 Practitioner Reviewing: \_\_\_\_\_ Assessment Type:  Initial  Reassessment  Discharge  
 Total Score: 18 Caregiver declined to respond  Caregiver did not respond to all required questions

Agency staff completed the PSC-35

All of the items on the PSC-35 were marked

**Issue:** Even though the agency staff completed the PSC-35, making it a valid PSC, it will not be accepted by the State due to the fact that "Caregiver declined to respond" was marked.

**Solution:** If agency staff is the one who completes the PSC-35, **DO NOT MARK** "Caregiver declined to respond", since it's a valid PSC.

Caregiver declined to respond was marked

# **DATA ANALYSIS**

## **PSC-35**

### **Multiple Respondents**





# ▶▶ Multiple Respondents

Initial PSC

**4/15/20**

- Completed by client
- Total score = 16



Reassessment PSC

**10/19/20**

- Completed by client
- Total score = 27



Discharge PSC

**4/9/21**

- Completed by client
- Total score = 29

Initial PSC

**4/15/20**

- Completed by mother
- Total score = 5



Reassessment PSC

**10/19/20**

- Completed by mother
- Total score = 8



Discharge PSC

**4/9/21**

- Completed by mother
- Total score = 6

# ▶▶ Multiple Respondents

Initial PSC

**10/21/19**

- Completed by father
- Total score = 22



Reassessment  
PSC

**4/14/20**

- Completed by father
- Total score = 10

Initial PSC

**10/22/19**

- Completed by mother
- Total score = 37



Reassessment  
PSC

**4/16/20**

- Completed by mother
- Total score = 31

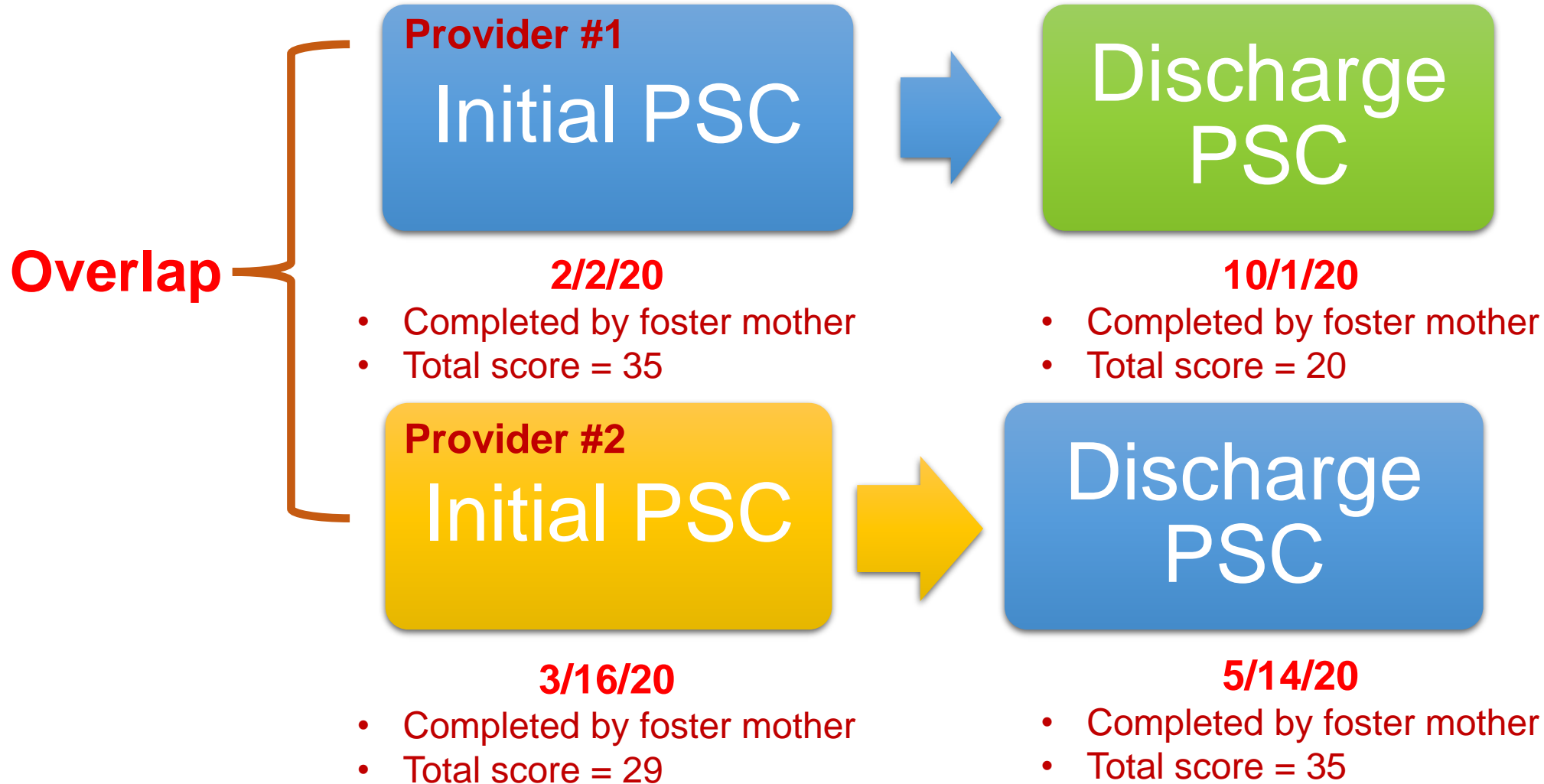


Discharge  
PSC

**10/1/20**

- Completed by mother
- Total score = 14

# ▶▶ Multiple Providers



**SPOTLIGHT  
RESOURCES  
PSC-35 Quick Guide  
&  
PSC Scoring Sheet**



# Quick Guide

- Information about the measure
- Administration & Scoring Tips
- Scale Descriptions
- How to manage “missed items”

## What is the PSC-35?

- It stands for Pediatric Symptom Checklist 35.
- The PSC-35 is a brief, valid and reliable 35-item screening tool used to assess a range of emotional, behavioral and attentional risks in children.
- It is currently required by the Department of Health Care Services for use in the Early and Periodic Screening, Diagnostic and Treatment program (EPSDT) across the State of California.
- Administration, on average, takes 5-10 minutes.
- Generally, a parent is considered to be the most reliable respondent. The questionnaire could also be completed by another knowledgeable adult family member, caregiver or social worker. As a final option, the questionnaire could be completed by psychologically mature client or adolescent.
- Children/adolescents with clinically significant scores should be referred to a mental health professional for further assessment

# PSC-35 Quick Guide

## Pediatric Symptom Checklist

### Administration:

**How to administer:** There is great flexibility in collecting the PSC-35. The measure could be completed by the parent/caregiver prior to a visit, while in the lobby just prior to a session or even during a session. According to the developers, what is important is that the same individual complete the pretest as well as the posttest to be sure that the results are comparable.

The respondent is asked to indicate which statement best describes their child. Responses can range from never and sometimes too often.

### Scoring and Interpretation:

Individual Item Scores		
Never	Sometimes	Often
0	1	2

**Total Score:** is determined by adding the value of the 35 items. “Never” has a value of (0), “Sometimes” has a value of (1), and “Often” has a value of (2).

**Cutoffs:** Clinical cutoffs vary by the age of the child. For children ages 3 to 5, scores of 24 and above are clinically significant. For children/adolescents aged 6 to 18, scores of 28 and above are clinically significant.

**Special instruction for children NOT in school:** Children not in school (defined as not yet in Kindergarten), do not need to complete items 5, 6, 17 & 18. These items should be scored 0.

**Discontinuation rules:** If four or more items are left blank, the questionnaire cannot be scored. If one to three items are left blank, each missed item should be scored as 0 and then all items added as if the questionnaire was complete to determine a total score. NOTE: The 4 or more item discontinuation rule does not include the four items that young children are allowed to miss.

**Subscale Analysis:** The PSC-35 contains three subscales that can add nuance to the over-all results. The Attention subscale is derived from adding items, 4, 7, 8, 9, and 14. The Anxiety and Depression subscale is derived from adding items 11, 13, 19, 22 and 27. The Behavioral/Interpersonal subscale is derived by adding items, 16, 29, 31, 32, 33, 34 and 35. Cutpoints for each of these subscales is 7 or more, 5 or more and 7 or more respectively.

**Working with the Family:** A clinical orientation is essential in utilizing the PSC-35. The developer suggests exploring items rated “often” with parents/caregivers to assess their understanding of what the findings may mean and whether they are interested in getting help for their child.

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# Subscale Analysis

## Attention:

- 4. Fidgety, unable to sit still
- 7. Acts as if driven by a motor
- 8. Daydreams too much
- 9 Distracted easily
- 14. Has trouble concentrating

Add these 5 items together

Cut point is a score of **7 or more**

## Anxiety/Depression:

- 11. Feels sad or unhappy
- 13. Feels hopeless
- 19. Is down on him or herself
- 22. Worries a lot
- 27. Seems to be having less fun

Add these 5 items together

Cut point is a score of **5 or more**

## Behavioral/Interpersonal

- 16. Fights with other children
- 29. Does not listen to rules
- 31. Does not understand other people
- 32. Teases others
- 33. Blames others for his or her troubles
- 34. Take things that do not belong to him or her
- 35. Refuses to share

Add these 7 items together

Cut point is a score of **7 or more**

# PSC Scoring Sheet

Enter client's information

Indicate rating for each item

Compare client's score to cutoff score



CLEAR RESPONSES

## Pediatric Symptom Checklist (PSC-35) Scoring Sheet

Client information		
Child/Youth's Name:	Child/Youth's Date of Birth:	DMH ID#:
Respondent's Name:	Respondent's Relationship to Child/Youth	
Assessment Date (mm/dd/yyyy):	Assessment Type: <input type="radio"/> Initial <input type="radio"/> Reassessment <input type="radio"/> Discharge	

Item No.	Attention subscale items	Never (0)	Sometimes (1)	Often (2)
4	Fidgety, unable to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Acts as if driven by a motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Daydreams too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Distracted easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	Has trouble concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Attention subscale score: 0

Item No.	Anxiety/Depression subscale items	Never (0)	Sometimes (1)	Often (2)
11	Feels sad or unhappy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Feels hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	Is down on him or herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	Worries a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27	Seems to be having less fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Anxiety/Depression subscale score: 0

Item No.	Behavioral/Interpersonal subscale items	Never (0)	Sometimes (1)	Often (2)
16	Fights with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29	Does not listen to rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31	Does not understand other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	Teases others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	Blames others for his or her troubles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	Takes things that do not belong to him or her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35	Refuses to share	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Behavioral/Interpersonal subscale score: 0

Summary	Cutoff score	Client score
Attention subscale score	7 or more	0
Anxiety/Depression subscale score	5 or more	0
Behavioral/Interpersonal subscale score	7 or more	0
<b>Total score*</b>		<b>0</b>

\*Clinical cutoffs are determined by the age of the child.

- For children ages 3 to 5, scores of 24 and above are clinically significant.
- For children/adolescents aged 6 to 18, scores of 28 and above are clinically significant.



# ▶▶ Administration Tips

## Discuss

- At intake, discuss the importance of completing the PSC. For instance, “completing this measure will help us understand if your child is getting better or if we need to adjust treatment.”

## Share

- Share with the youth and caregiver that the purpose of the PSC is to give them the opportunity to provide their perspective.

## Review

- Review the PSC results with the caregiver/client to communicate the importance of completing the measure.

## Validity

- According to the developers, validity is best if the same respondent completes the measure at different times of collection (e.g., mother completes both the Initial and Discharge PSC).

## ▶▶ PSC-35 - WHERE

WHERE can  
the PSC-35 be  
administered?

Administration is flexible.

The PSC-35 could be completed...

- at home prior to session
- while waiting in the lobby
- in session
- over the phone

# ▶▶ Available Resources for Providers

- CANS-IP and PSC FAQ
- CANS and PSC Quick Guides
- CANS Recertification Tip Sheet
- CANS Needs and Strengths Flowchart
- Clinical Forms Bulletin 19-03 and 19-04
- QA Bulletins 19-02 and 19-03

➤ All can be accessed at:

[Resources - Department of Mental Health \(lacounty.gov\)](#)

- PSC Scoring Sheet


➤ Accessed at: [Forms and Measures - Department of Mental Health \(lacounty.gov\)](#)

# ▶▶ Available Support for Providers

- Contact DMH PEI Outcome Inbox at [peioutcomes@dmh.lacounty.gov](mailto:peioutcomes@dmh.lacounty.gov) for:
  - Questions or information about CANS/PSC
  - Technical Support (CANS certification, accessing EPSDT OMA App)
  - Consultation (CANS/PSC error corrections)
  - Requesting summary report of CANS/PSC data
- Contact Praed Coaching Support at [coaching@TCOMTraining.com](mailto:coaching@TCOMTraining.com) for assistance in passing CANS certification exam
- Contact Praed Support Help at [support@TCOMTraining.com](mailto:support@TCOMTraining.com) to update your profile information (i.e., work location) or technical issues

## ▶▶ Next CANS/PSC Webinar

January 2024



Data Tip: Panel discussion on workflow approach for CANS & PSC and CANS certification

**QUESTIONS?**



LOS ANGELES COUNTY  
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hope. recovery. wellbeing.

# Feedback

Please take some time to complete the enclosed evaluation:

<https://forms.office.com/g/XCkj0NYN6v>

08/31/2023 CANS/PSC Webinar  
Evaluation

