

# Obtaining a Discharge PSC

## Tip Sheet for CYFBHS Providers

### QUESTION OF INTEREST

How can we encourage clinical use of the PSC, for which a discharge PSC is necessary?

### WHY IS THIS IMPORTANT?

Without a discharge PSC, outcomes cannot be used clinically by programs (e.g., treatment progress information cannot be shared with clients), systemwide for program evaluation, or statewide for county evaluation.

### WHEN ARE PSC MEASURES COMPLETED?

PSC measures are completed at intake, every UM/UR or six months (whichever comes first), and at discharge.

### WHAT ARE THE GOALS?

The overarching goal is for clinicians to use the PSC clinically to identify treatment goals, track and review progress with clients. Another goal is for program managers to evaluate their programs' outcomes each quarter. Specific goals are as follows: Each program is expected to have an intake and discharge measure for 75% of clients open at least 60 days. If the most recent reassessment was completed within the last 60 days, this will be used only when a discharge measure could not be obtained. However, if a discharge measure was not completed, then treatment progress cannot be discussed or celebrated with clients and the measure will underestimate treatment effects in client-level, countywide, and statewide reports.

### MEASURE ADMINISTRATION TIPS

1. **Parents are tired of paperwork, how can I increase their motivation to complete the PSC?**
  - a. Use the measure clinically, then the youth and their families will see the value of completing the measure.
  - b. If you review results with families at intake then they will see the benefit of completing the measure in the future.
  - c. At intake, discuss why it is important. For instance, "completing this measure will help us understand if your child is getting better or if we need to adjust treatment."
  - d. Reframe the purpose of the PSC as the youth and caregiver's opportunity to provide their perspective.
  - e. Review the PSC results with caregivers/clients to communicate the importance of completing the measure. As demonstrated in the Clinical Utility of the PSC training (link below), reviewing treatment progress using the graphs from CYF mHOMS can help clients visually see treatment progress. Once you have two PSC timepoints, review the graphs with families.
2. **I have no problem getting the intake PSC completed but clients often drop out of services before I can get the discharge PSC.**
  - a. If a client appears ready to terminate services (e.g., they start to no-show, stop doing their HW), give them the PSC during their next session. Routinely give the PSC the session before a planned termination session. This is beneficial in case they do not show up and allows you to review treatment progress with clients using the graphs during the termination session.
  - b. Align your assessments with the UM/UR schedule. At session 11 or 12, complete the PSC and CANS along with all other UM/UR paperwork. Then the measure can be used to

discuss treatment progress with the client and to support the need for additional services. If it has been more than 6 months since the last assessment, and the client still has not had a UM/UR, another assessment should be completed.

- c. Utilize the Assessments Due Report, which should be printed by your data entry staff and shows all the clients at your program who have a measure due the next month.
- d. You can also mail the measure, however the odds of clients returning the measure are low. Including a return envelope that is addressed and stamped as well as following up with a phone call will increase chances of caregivers sending it in.
- e. Administer as a verbal interview over the phone.

**3. We are a program with minimal caregiver contact (e.g., school-based program) and so it is difficult to access the parent/caregiver.**

- a. At intake, there should be a discussion about the expectation that you will have a specific number of family sessions where the caregiver attends, and that PSC completion is part of the requirement. *The county requirement is to hold one face-to-face family treatment contact/session per month with the child's caregiver.* The parent's perspective is crucial to knowing whether the work being done at school is generalizing to home.
- b. Complete the PSC in the middle of treatment when you see the caregiver, even if it isn't exactly at the UM/UR or 6-month timepoint. Review the results over the phone and send the graph home with the client so the parents can see treatment progress.
- c. Complete the PSC over the phone at the end of treatment if the caregiver cannot make it to the appointment for childcare or work schedule reasons.
- d. Utilize case managers and family support partners to encourage families to complete the PSC and/or review the results using the graphs with the parents.
- e. Complete and review the PSC during home visits if applicable.

**4. How should I administer the PSC?**

While there are many ways to administer the PSC, ideally you would set aside time within the session to complete it. If it's used in a clinical context (e.g., to discuss strengths and difficulties), it can be part of the session time. Another idea includes asking a family to come 5-10 minutes early to complete it in the waiting room, or reserve a room for the family.

**5. My client's primary language is not English or has difficulty understanding the measure.**

The measure is also available in Spanish, Tagalog, Arabic, Farsi, and Vietnamese. If your client speaks a language that is different from yours, utilize the translator you are using for services to complete the PSC. If your client has reading difficulties, you can read the items to them verbatim.

**6. What if the child is in a group home?**

A primary staff can complete the PSC measure. If they do not know the child well enough to complete it immediately, wait until they get to know the child to complete the intake PSC measure (e.g., within 1-2 weeks – the measure needs to be entered into the database within 30 days). Ideally it would be completed within a week of admission to the program by someone who has daily contact with the client and can answer about their daily behaviors and emotions. Strive to have the same person complete the measure at intake and discharge.

**Clinical Utility of the PSC Training:**

[https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Documents/Clinical%20Utility%20PSC\\_7.2018.pdf](https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Documents/Clinical%20Utility%20PSC_7.2018.pdf)

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