



GAVIN NEWSOM
GOVERNOR



DATE: October 15, 2026

Behavioral Health Information Notice (BHIN) NO. 26-XXX

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Program
California Association of Mental Health Peer Run Organizations
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professional
California Behavioral Health Association
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Removal of the Pediatric Symptom Checklist (PSC-35) Administration Requirement

PURPOSE: To notify Behavioral Health Plans (BHPs) and their network providers that the Department of Health Care Services (DHCS) is eliminating the requirement for BHPs to administer the PSC-35.



REFERENCE: [ALL COUNTY LETTER \(ACL\) 25-71/BEHAVIORAL HEALTH INFORMATION NOTICE \(BHIN\) 25-035, MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICE INFORMATION NOTICE \(MHSUDS IN\) 18-029, ACL 18-09/MHSUDS IN 18-007, MHSUDS IN 17-052](#)

BACKGROUND:

Welfare and Institutions Code Section 14707.5 requires DHCS to establish and manage a performance outcome system for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) behavioral health services that will improve outcomes at the individual and system levels. In order to meet this requirement, in 2018 DHCS adopted the Child and Adolescent Needs and Strengths (CANS-50) for use with children and youth ages six through 20, as well as the Pediatric Symptom Checklist (PSC-35) for children and youth ages four through 20.¹

As part of the [Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment \(BH-CONNECT\)](#) initiative, effective XXX, DHCS and the California Department of Social Services (CDSS) aligned the use of the California-specific Integrated Practice Child and Adolescent Needs and Strengths (IP-CANS) with children and youth in both child welfare and behavioral health systems.² The IP-CANS consists of the 50 core items of the CANS-50 utilized by DHCS prior to alignment, the capacity to include input from up to four caregivers, and the 12-item CANS Potentially Traumatic/Adverse Childhood Experiences domain for children and youth of all ages. Additionally, for children ages zero through five, DHCS and CDSS aligned on the requirement to use the Early Childhood (EC) module of the IP-CANS. This module consists of 46 items across 7 domains tailored to very young children.³

POLICY:

Effective XXX, Behavioral Health Plans (BHPs) are no longer required to administer the PSC-35 or submit corresponding data to DHCS in the Functional Assessment Screening

¹ [MHSUDS IN 17-052](#)

² ACL 26-74/BHIN 26-032

³ For more detailed information on the IP-CANS, please refer to (ACL 26-74/BHIN 26-032)

Tool (FAST) platform.⁴ Use of the Early Childhood (EC) CANS as required in (ACL 26-XX/BHIN 26-XXX) serves the purpose of meeting the functional assessment requirement for the zero through five age group and thus replaces the PSC-35 as the sole required tool for children ages zero through five.

This BHIN supersedes [MHSUDS IN 17-052](#) and [MHSUDS IN 18-048](#) in part. To the extent that there is conflict between [MHSUDS IN 17-052](#) or [MHSUDS IN 18-048](#) and the policy contained within this BHIN, this BHIN supersedes.

Please refer to (ACL 26-XX/BHIN 26-XXX) for updated requirements regarding the adoption of the IP-CANS to measure child and youth functioning, as intended by Welfare and Institutions Code Section 14707.5.

Please direct any questions to BH-CONNECT@dhcs.ca.gov.

Sincerely,

Original Document Signed By

PAULA WILHELM, Deputy Director
Behavioral Health
Department of Health Care Services

⁴ Though no longer required, BHPs or their providers may elect to continue to use the PSC-35 at their discretion, to support care delivery. Any elective use of additional assessment or outcomes tools should be undertaken with careful consideration of impacts and benefits to youth and families and should avoid duplicative or excessive assessment and data collection.