



# CALIFORNIA CHILD WELFARE COUNCIL



The next **Child Welfare Council Annual Report** covering the period **from July 1, 2024 - June 30, 2025**, will feature highlights on the work of the Council and its committees. Please use this template to write your committee report and submit it to [Sarah.Saria@jud.ca.gov](mailto:Sarah.Saria@jud.ca.gov) no later than **February 13, 2026**.

*Members of the Legislature and the public may not be familiar with acronyms and abbreviations. Please fully write out acronyms and abbreviations the first time you use them and be consistent in using the same acronym or abbreviation throughout the rest of the report.*

*Readers may not be familiar with policies, organizations, or programs that are well known to your committee. Please consider including brief explanations so readers can better understand your report.*

**July 2024 through June 2025 Activities and Accomplishments:** Please briefly list major activities and accomplishments for FY 2024-25.

**Concerns or Challenges:** Describe any issues that you feel need the Council’s attention in order to maximize opportunities to address barriers to the work of the Council.

**2025 – 2026 Goals & Objectives:** Indicate your committee’s goals and objectives for the coming year.

<b>Committee/ Task Force Name</b>	Child Welfare Council, Behavioral Health Committee
<b>Purpose</b>	<p>The Behavioral Health Committee was formed in 2019 out of a clear consensus of the Child Welfare Council that despite statewide efforts to improve access to behavioral health services for child welfare-involved youth and those at imminent risk of involvement, there are still significant challenges preventing youth and families from receiving comprehensive and integrated services and supports. Committee members include state agency leadership, children’s behavioral health providers, county representatives, caregivers, and advocates.</p> <p>In December of 2020, the Behavioral Health Committee presented the following recommendations which were adopted by the full CWC:</p> <ol style="list-style-type: none"> <li>1. Strengthen access to necessary behavioral health services for youth and families involved in or at risk of involvement in the child welfare/probation systems</li> </ol>

	<ol style="list-style-type: none"> <li>2. Define and establish the continuum of behavioral health services and supportive placements child welfare-/probation-involved youth and youth at risk of involvement should be provided</li> <li>3. Build the capacity of our child-serving public systems to define, capture, and share performance and outcome data related to access to and quality of the continuum of behavioral health services.</li> </ol> <p>The Committee is tasked with developing best practice recommendations to guide policy and inform statewide efforts to address the behavioral health needs of children and youth more effectively in the child welfare system.</p>
<p><b>July 2024 through June 2025 Activities and Accomplishments</b></p>	<p>2020-2024 saw improvements in access to behavioral health services for youth and families involved in child welfare/probation systems through a variety of statewide initiatives. The continuum of behavioral health services and supports continued to grow as a result of these initiatives as well. This has meant that for the last two years, the bulk of our focus in the Behavioral Health committee has been on building the capacity of our child-serving public systems to define, capture, and share performance and outcome data related to access and quality of the continuum of behavioral health services.</p> <p>In June 2024, the Behavioral Health Committee met with the Data Linkages and Information Sharing Committee to develop a set of recommendations to share performance and outcome data for our youth. These recommendations were further refined by a subcommittee before being taken to the Full Behavioral Health Committee in September of 2024 to be finalized.</p> <p>These recommendations on Behavioral Health System Accountability and Performance Improvement were shared with, and adopted by, the Full Child Welfare Committee at the December 2024 meeting. The recommendations were as follows:</p> <ol style="list-style-type: none"> <li>1) Integrate data systems and provide timely access to data</li> <li>2) Mandate only one Child and Adolescent Needs and Strengths (CANS) assessment for each youth</li> <li>3) Utilize CANS to track needs and strengths over time at the individual, program, and systems level</li> <li>4) Provide training and ongoing technical assistance to ensure fidelity to CANS</li> </ol> <p>After adoption, the Behavioral Health Committee was directed to work with CDSS and DHCS on implementing these recommendations.</p> <p>In March 2025, our meeting focused on challenges with data sharing, integration, and opportunities for use of CANS data, including standardization and the upcoming CANS fidelity framework. We also</p>

	<p>discussed clarifications regarding data needs, other state's system level outcome measurements, aligning data with policy and program goals, and the LA fires' impacts on services and resource allocation.</p> <p>In June of 2025, we invited partners from CDSS and DHCS to discuss a recently released CANS All County Letter (ACL) and bid farewell to Chris Stoner-Mertz, former CEO of the California Alliance of Child and Family Services (CA Alliance) as Co-Chair of the Behavioral Health Committee. Karen Larsen, CEO of the Steinberg Institute was joined by Adrienne Shilton, Senior Vice President of Public Policy and Strategy with the California Alliance, as co-chair of the Committee in September 2025.</p>
<p><b>Concerns or Challenges</b></p>	<p>On the integration of system accountability and performance metrics into the CANS, committee members identified significant challenges concerning the implementation costs, alignment of data systems, and the requirement to standardize across counties.</p> <p>In regard to HFW implementation, the committee raised concerns about the lack of clarity on:</p> <ul style="list-style-type: none"> <li>- County-specific certification requirements</li> <li>- Medi-Cal Integration</li> <li>- Alignment with SB 163 wraparound programs</li> <li>- Out-of-state funding</li> <li>- Capacity for new providers to onboard into the program</li> <li>- The potential for separate certifications for both CDSS and DHCS</li> </ul>
<p><b>2025 - 2026 Goals/Objectives</b></p>	<p>In 2025-2026, we will continue our focus on the implementation of CANS, High Fidelity Wrap, and the other statewide behavioral health initiatives that intersect with Child Welfare involved youth in line with our recommendation to the full Child Welfare Council in 2020 and 2024. This will include presentations by DHCS and CDSS on the High Fidelity Wraparound concept paper and associated guidance, discussions with DHCS's Quality and Equity Advisory Group on the outcome measures tied to Child Welfare Involved youth, and a walkthrough of the work being done on High Fidelity Wraparound through the UC Davis Center of Excellence.</p>