



CALIFORNIA CHILD WELFARE COUNCIL



The next **Child Welfare Council Annual Report** covering the period **from July 1, 2022 - June 30, 2023**, 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 no later than **November 17, 2023**.

Readers 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 2022 through June 2023 Activities and Accomplishments: Please briefly list major activities and accomplishments for FY 2022-23.

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.

2023 – 2024 Goals & Objectives: Indicate your committee’s goals and objectives for the coming year.

Committee/ Task Force Name	Behavioral Health Committee
Purpose	<p>The Behavioral Health Committee was formed 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, representatives from the Governor’s Office and State Legislature, children’s behavioral health providers, county representatives, caregivers, and advocates.</p> <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>
July 2022 through June 2023	The Behavioral Health Committee had robust meeting participation across its quarterly convenings from July 2022-June 2023. The Committee

Activities and Accomplishments

operates via consensus-based decision making, drafting, and publishing of comprehensive policy recommendations.

The committee hosted Patrick Gardner, Founder of Young Minds Advocacy, who presented a [report](#) detailing disproportionate funding and inequitable access to Specialty Mental Health Services (SMHS) for children and youth. The report found that tens of thousands of youths in Medi-Cal are denied services because of how Early and Periodic Screening, Diagnostic and Treatment (acronym EPSDT) SMHS is funded. Members of the committee engaged in robust discussion regarding how CalAIM (a multi-year initiative by the Department of Health Care Services (acronym DHCS) to improve the quality of life and health outcomes of our population by implementing a broad delivery system, program and payment reform across the Medi-Cal program) could address this ongoing issue, how the data relates to foster youth identified as having unmet needs, and how there could be a shift in service delivery to managed care organizations from mental health plans to avoid constitutional restrictions.

The committee also hosted Brian Blalock and Alex Briscoe, who presented on the implementation of wraparound services. Blalock and Briscoe recommended that California needs to allocate additional overall funding, implement strategies that ensure wraparound is available to all eligible children in every county, and to deftly mix funding streams from managed care plans, county behavioral health systems, and local child welfare agencies. The members discussed proposed recommendations such as aligning the California Department of Social Services (acronym CDSS) and DHCS reform actions, capturing the promise of new access criteria, standardizing the beneficiary experience at the county level, increasing federal financial participation, and integrating and expanding the workforce with lived experience. They also discussed whether we as a state need more money or need to link the existing allocations to wraparound services, and whether we should consider a three-tier approach to wraparound services or bring back a system of care approach. The committee did not have consensus around this item and, therefore, it will not be included in our recommendations.

The committee also hosted Stephanie Welch from the California Health and Human Services (acronym CHHS) Department, where she presented on the Mental Health Services Act modernization. Additionally, the Committee had Pamela Riley, Chief Health Equity Officer & Assistant Deputy Director of the Department of Health Care Services (acronym DHCS), who provided an overview of work being done on performance outcomes.

Overall, the Committee has engaged in discussions about disproportionate funding for Specialty Mental Health Services, leading to inequitable access for children and youth. The Committee is focused on the importance of using data to inform necessary improvements.

<p>Concerns or Challenges</p>	<p>Despite policy recommendations, challenges exist in the implementation of the Universal Service Array at both state and local levels. Data collection and obtaining useful information to measure policy and practice changes' success remains a challenge. Delayed access to data due to the DHCS/County claiming system creates obstacles for timely reporting on the number of visits and service intensity.</p>
	<p>Concerns have been raised regarding the need for clarity on the use of CANs and the issues related to its fidelity. The need for more data, especially data that already exists and can be shared publicly, has been emphasized in Committee discussions.</p>
<p>2023 - 2024 Goals/Objectives</p>	<p>Goals and Objectives of the 2023 – 2024 work period for this Committee include:</p> <ul style="list-style-type: none"> • Provide recommendations for developing and enhancing the infrastructure necessary to collect, synthesize, and monitor outcome data for children's behavioral health statewide. • Working in partnership with the Data Committee, identifying a clear and simple set of core statewide goals and corresponding outcomes for youth, parents, and families involved in or at risk of becoming involved in the child welfare system. • Provide recommendations for developing and mandating a robust quality improvement process for children's behavioral health statewide. • Provide recommendations for utilizing the CANS (Child and Adolescent Needs and Strengths) tool for measuring client-level and aggregate data on progress. • Focus on aligning with the larger goals of the CWC, with an emphasis on reducing entry into child welfare through Community Pathways. <p>The primary objectives in the coming year are centered on data collection and improving access to behavioral health services, ensuring accountability and shared outcomes in the behavioral health system, and enhancing the quality and availability of services for children, youth, and families.</p>