Southern California First 5 Response to the Wraparound Immediate Needs (WIN) Program Description

Prepared July 2026 by Southern California First 5 partners in Response to the CDSS and DHCS WIN Program Description Discussion Draft
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In June 2026, First 5 Commissions in Southern California previously provided feedback on the draft High-Fidelity Wraparound (HFW) policy manual—emphasizing the need for a distinct birth-to-five pathway that reflects the developmental, relational, and family-centered needs of young children. Key themes included the importance of dyadic care, caregiver-child functioning, workforce development, braided financing, and stronger integration with existing early childhood systems.

As CDSS and DHCS continue to refine the broader Wraparound Immediate Needs (WIN) proposal, many of these same considerations remain relevant. The comments below build on our previous feedback and highlight opportunities to strengthen the WIN program description to better align with the unique needs of the 0-5 population.

The core of our feedback from an early childhood systems perspective is that WIN should be designed as a family-centered, prevention-oriented coordination model that recognizes the critical role that caregivers play in promoting the safety, stability, and healthy development of young children. Specifically, the updated guidance should:

1. Recognize infants and young children as a unique population. The WIN program description should make clear that infants and toddlers often experience risk differently than older children. For young children, caregiver mental health, caregiver substance use, exposure to violence, and disrupted attachment relationships may be more predictive of future harm than the utilization indicators often used for older youth.[1] Accordingly, we ask that CDSS and DHCS consider the following modifications to the program design and rollout:

- Include developmental and relational indicators to identify infants and young children whose needs may not yet be visible through traditional behavioral health or service-utilization measures.
- Further elaborate on the alternative pathway for children 0-5 when HFW is not clinically indicated. In these cases, the state should expand what qualifies for automatic approval or build a comparably fast pathway for young children (as the one envisioned for children ages six and up).
- Add infant-early childhood mental health competencies to certification standards (See Appendix, Draft WIN Certification Criteria). The draft WIN Certification criteria require child welfare/probation competencies but does not include competencies related to infant and

[1] Woods-Jaeger B, Briggs EC, Vivrette RL, et al. *The Association Between Caregiver Substance Abuse and Mental Health Problems and Outcomes for Trauma-Exposed Youth.* Journal of Child & Adolescent Trauma. 2019;12(4):447-456.

toddler development. Providers serving 0-5 should be required to demonstrate early relational health or reflective practice competencies.

- Confirm the timeline for IP-CANS data or Decision Support Criteria for ages 0-5 (see footnote 9, p. 9). Phase 2 CANS guidance is expected Fall 2026; at present, it is not clear whether the guidance will address the 0-3 age group.

2. Center dyadic and family-based approaches. For infants and toddlers, the intervention is often delivered through the caregiver-child relationship. WIN should recognize caregiver well-being, caregiver functioning, and family stabilization as central components of supporting the child, consistent with California's broader movement toward dyadic care. The case study, for example, implicitly treats four-year-old Sofia as the primary recipient of services; it would benefit from greater attention to caregiver resources, health, and mental health stressors. Moreover, we recommend the inclusion of an additional case study for a child under age three years given that presentations look different from infant/toddler attachment and regulation needs.

Advancing this more family-centered approach does raise the question—also referenced in our June 2026 HFW response—about how success will be measured. From a First 5 perspective, WIN performance measures should include indicators such as caregiver-child relationship functioning, caregiver well-being, family and housing stability, developmental progress, kindergarten readiness, and reductions in foster care entry and repeat child welfare involvement.

3. Include in the TRS flexible funding for concrete supports. In our experience, many of the supports that stabilize families (e.g., transportation, housing-related assistance, cribs, beds, food, etc.) are, while not clinical in nature, essential to preventing placement and strengthening family functioning. Additionally, these resources are critical to building family trust and engagement in care. If WIN is intended to prevent placement disruption and support family stabilization, dedicated and flexible funding for concrete needs should be viewed as an essential program component.

4. Integrate WIN into existing early childhood prevention infrastructure. WIN should be intentionally connected to the systems that already identify and support young children. These include, but are not limited to pediatric well-child visits, home visiting programs, Family Resource Centers (FRCs), Help Me Grow, dyadic care models, developmental screening systems, etc. Southern California First 5s have been critical leaders in building these models and expanding family access and have evidence of the positive impact of these services on family outcomes. Many young children are identified through these settings before involvement with behavioral health or child welfare. The WIN design could explicitly describe how these systems feed into the pathway and, even more so, how trusted community-based organizations, FRCs, and peer support networks as core implementation partners.

Related to the above, one of the strongest themes emerging from our ongoing conversations with families and providers is confusion regarding how multiple initiatives, programs, and funding streams fit together. Local implementation would benefit from a 0-5 specific decision model and related systems crosswalk mapping how WIN interacts with, for example, Enhanced Care Management, dyadic services, home visiting, Regional Center services, Plans of Safe Care, Help Me Grow, etc. First 5 Commissions—given our understanding of, visibility into, and ongoing work with multiple systems partners—are well positioned to support local counties in connecting the various child welfare, behavioral health, health care, and family-serving systems.