

Complex Care Capacity Building Convening Series:



Foundations of Cross-System Collaboration

Date: September 16 & 17, 2025

**Thanks to our
Workgroup!**

Children and Youth System of
Care Agency Representation:
CDSS, DHCS, DDS, CDE

Association Representation:
CWDA, ARCA, CBHDA, CPOC

**AB 2083 CYSOC Joint Resolution
Team**

**& Subject Matter Experts from
across the CYSOC!**

Foundations of Cross-System Collaboration

Today's Objectives:

- Celebrate the purpose of cross-system collaboration and its CA vehicle, the *Children, Youth, and Families System of Care*
- Build shared understanding of the essentials of cross-system collaboration
- Learn about Children and Youth Behavioral Health Initiative and Community Schools, two new initiatives with great value for local children and youth
- Draw inspiration from excellent examples of county system collaboration across education, behavioral health, regional centers, probation, and child welfare
- Learn about cross-system TA that can help your team enhance your local continuum of care for youth with complex needs.



Our Presenters

Richard Knecht, Integrated Human Services Group

Michael Lombardo, Senior Advisor to Education and Human Services

John Oses, California Department of Education

Michael Wimberly, California Department of Education

Leah Dempsey, California Department of Developmental Services

Sara Rogers, California Department of Social Services

Jodie Langs, County Behavioral Health Directors Association

Stephanie Anderson, Chief Probation Officers of California

Rachel Swaykos, Child Welfare Services

Susan Lawol, County Welfare Directors Association

Critical Context, Background and Perspective

- Integration is wellness and wellness (healing) can only come from a system that is integrated (Whole).
- We tend to think and see in separateness—money, policy, facilities, legal and compliance limits...all of which are anathema to integration.
- The most powerful reform pathway for youth with complex needs is to help them be served before their needs are complex. System of Care must therefore be adapted in critical ways, to focus on more than deep end youth.

Why Collaboration and Integration Matter

- No single agency or department has sufficient expertise, capacity or resources.
- Fiscal scarcity is often real, BUT profoundly mitigated in collaboration and integration.
- There are significant redundancies between and across the system.
 - Data, money, facilities/workspace, training and workforce
- And significant redundancies for youth and family...(client functions)
 - Eligibility determination
 - Assessment
 - Service Planning
- And yet, every part of the system has a nearly identical purpose...

Common Purposes

1. To authentically and fully see, experience and understand the needs of a child, youth and their caregivers;
2. Well-being, recovery and support services that are efficient, effective, accessible, culturally humble, trauma-attuned and timely.
- 3. The essential role of an integrated system is to promote child/youth connection and well-being within the context of a family or close permanent relationship (relational and personal integration/health).**



"We can never "see" another as a person, as to "see another" would be to see **the very separateness that is antithetical to personhood.** A person is not an individual but a relation. Relation is the actual encounter wherein the distinction between Me and Other (or Us and Them) evaporates.

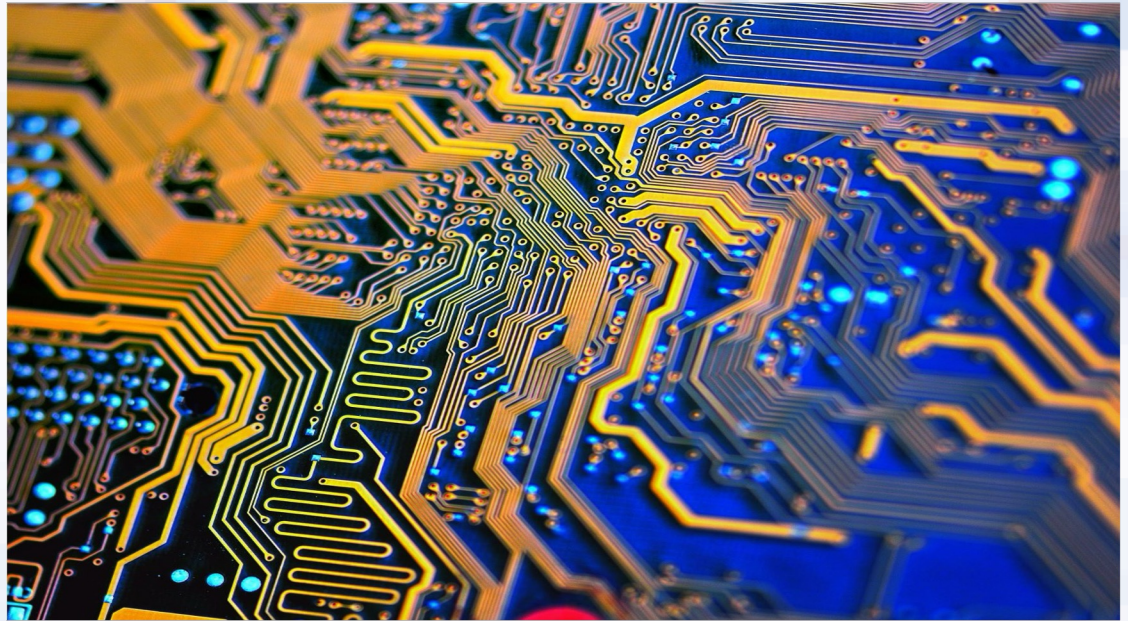
"It is the moment where I move beyond seeing."

--Jim Ferrell, The Anatomy of Peace



Distinct, but not Separate!

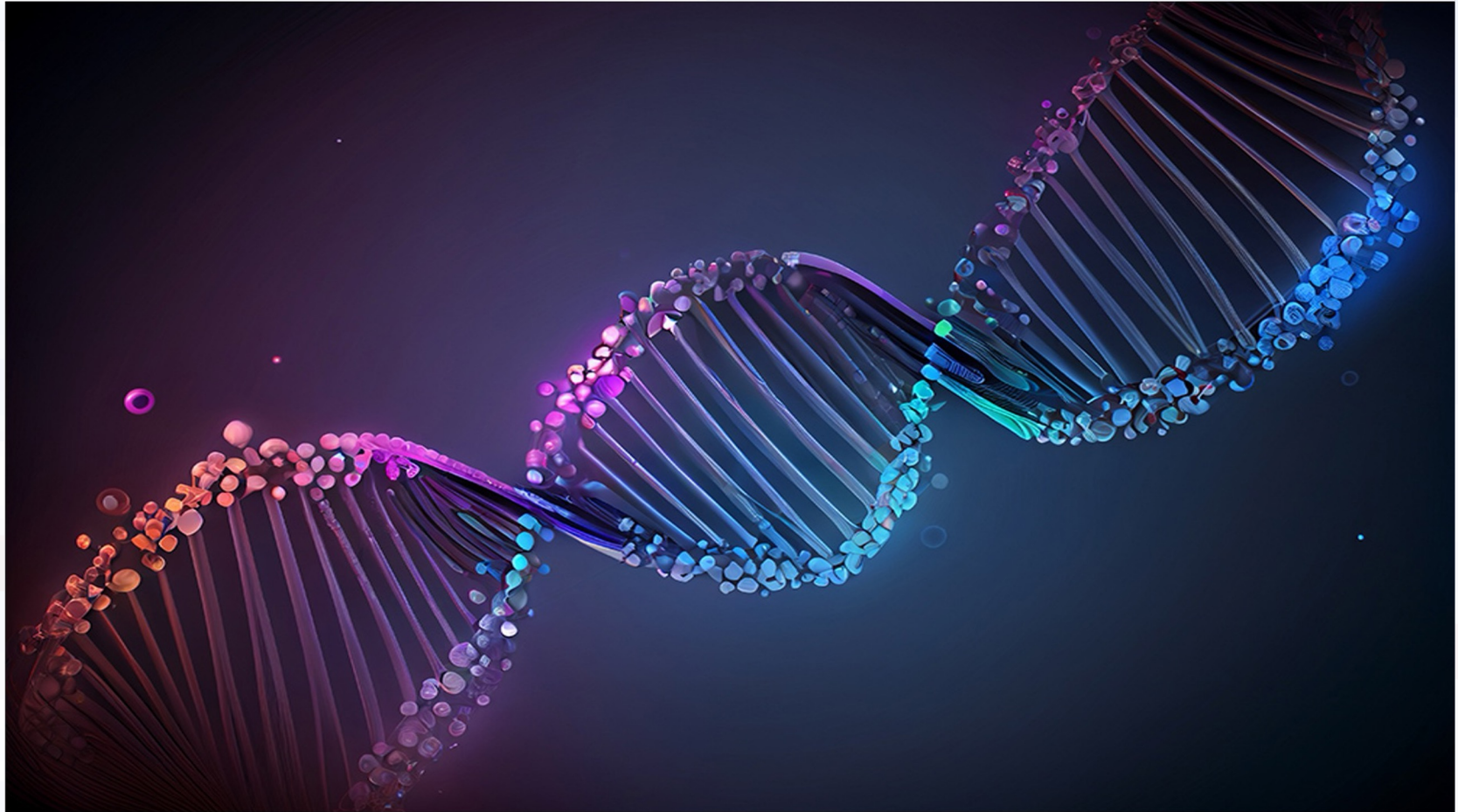
System~~x~~





Relationships \geq Rules

Microcosmic Oneness



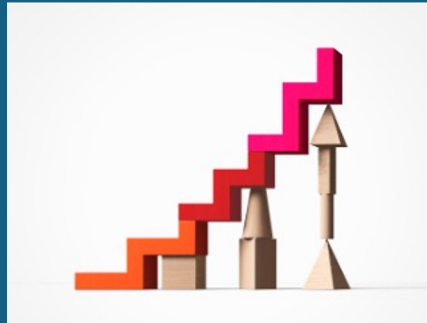
Cosmic Oneness



**A healed healing system that proposes to
heal or support children and families must be
integrated**



Vision/Mindset



Structure



Functions/Processes



What are the essential functional elements of an integrated System of Care?

- Drop into chat—What makes a system “whole”?
- One important function that you do locally, with another department, to foster or create singularity, alignment, uniformity of purpose, function or vision?

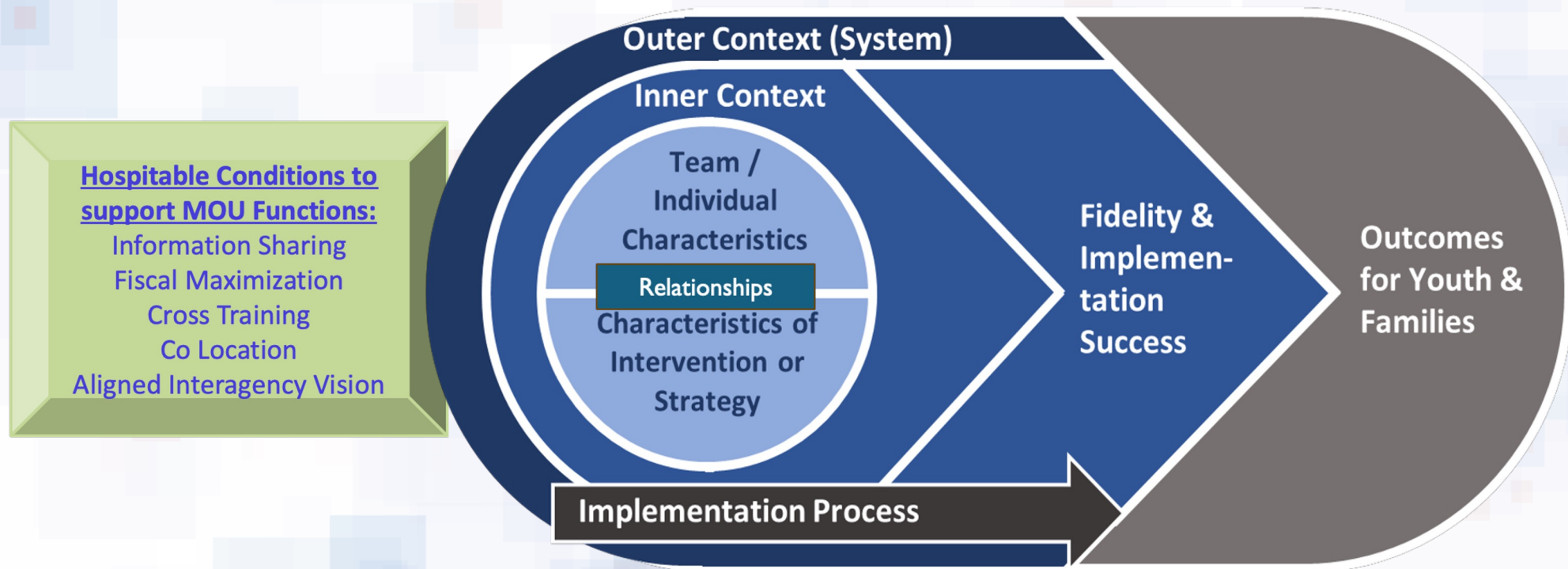
CHILD AND YOUTH SYSTEM OF CARE (AB 2083)

“...a broad, flexible array of services and supports for a defined population that is organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, builds meaningful partnerships with consumers at service delivery, management, and policy levels, and has supportive policy and management infrastructure.”

Pires, S. (2002). Building systems of care: A primer. Washington, D.C.: Human Service Collaborative.

“Agencies sharing Resources, Responsibility Risk and Reward...for youth and families to be safe, at home, in school and outside of youth corrections.”

A System of Care's Interagency Leaders primary role is to establish the interagency relational conditions for Whole Student/Whole Child success



Graphic adapted from Smith, Ashok, Dy, Wines, & Teixeira-Poit, 2014

Consolidated Framework for Implementation Research
(CFIR; Damschroder et al., 2009)

DONE WITH FIDELITY AND EFFORT, A SYSTEM OF CARE INTEGRATES TRADITIONALLY DIS-INTEGRATED COUNTY SERVICES



System of Care's Evidence of Effectiveness



Decreased behavioral and emotional problems, suicide rates, substance use, and corrections involvement.



Reduced caregiver strain and improved family functioning.



Expanded array of home- and community-based services, individualization of services, and increased use of evidence-based practices.



Increased School Attendance rates by nearly 10%; and decreased expulsion/suspension



Less likely to require inpatient services.(42% Decrease)



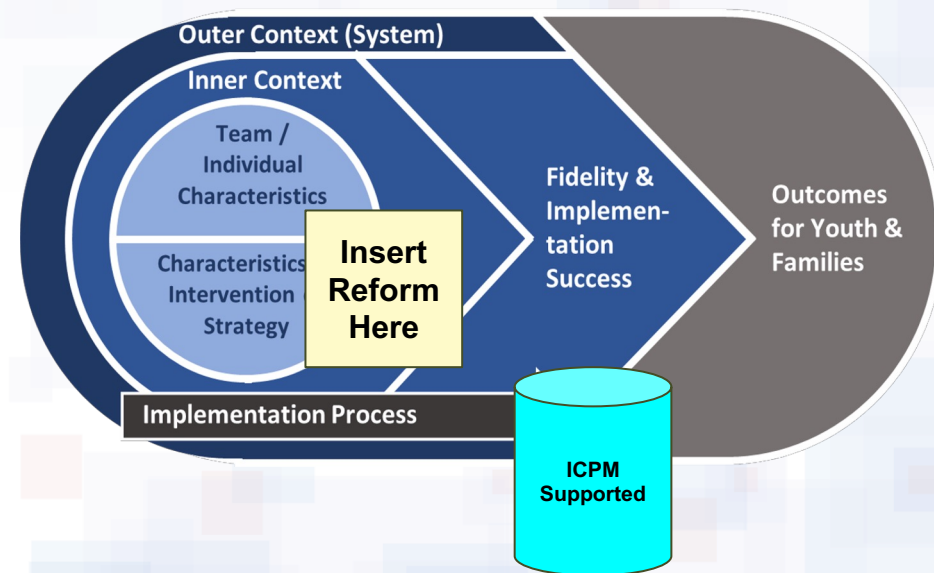
Less likely to visit an emergency room (ER) for behavioral and/or emotional problem



Less likely to be arrested/average cost per child for juvenile arrests decreasing by 38%.

California's related Whole Child/Whole Person efforts

- California Youth Behavioral Health Initiative (CYBHI)
- School Mental Health Fee Schedule
- Multi Tiered Systems of Support; School Wellness
- Comprehensive Prevention Plan (FFPSA)
- CalAIM (Enhanced Care Management and Community Supports)
- BHSA Integrated Plan
- Community Schools (CCSPP)
- BH CONNECT
- High Fidelity Wraparound



Foundations of Cross-System Collaboration (Leaders in the ecosystem seek to build...)

- Awareness of their interdependent needs with other departments and agencies.
- Understanding that their own scarce financial resources can be magnified in partnership.
- Responsivity and accountability with their peers
- Identify themselves communicationally as “system” affiliated, not just by their job title.
- Develop and nurture interagency relationships toward One Whole System.
- Keep child/youth connection and well being as their focus



“Children have
integrated needs
current systems
are siloed”

Dr. Sunny Patel
(Former) Senior Advisor for
Children, Youth and Families for
SAMHSA

Current Strategies Often Operate in Isolation

Shift to Thinking Outside the Silo!

Children and families have complex needs across multiple domains.

Often service providers are not connected

Practices occur across geographic areas making them difficult to access

Plans are not rarely connect between school-based services Insurance Providers or Public Agencies



Health
Maintenance
Organization
Managed Care
Plan

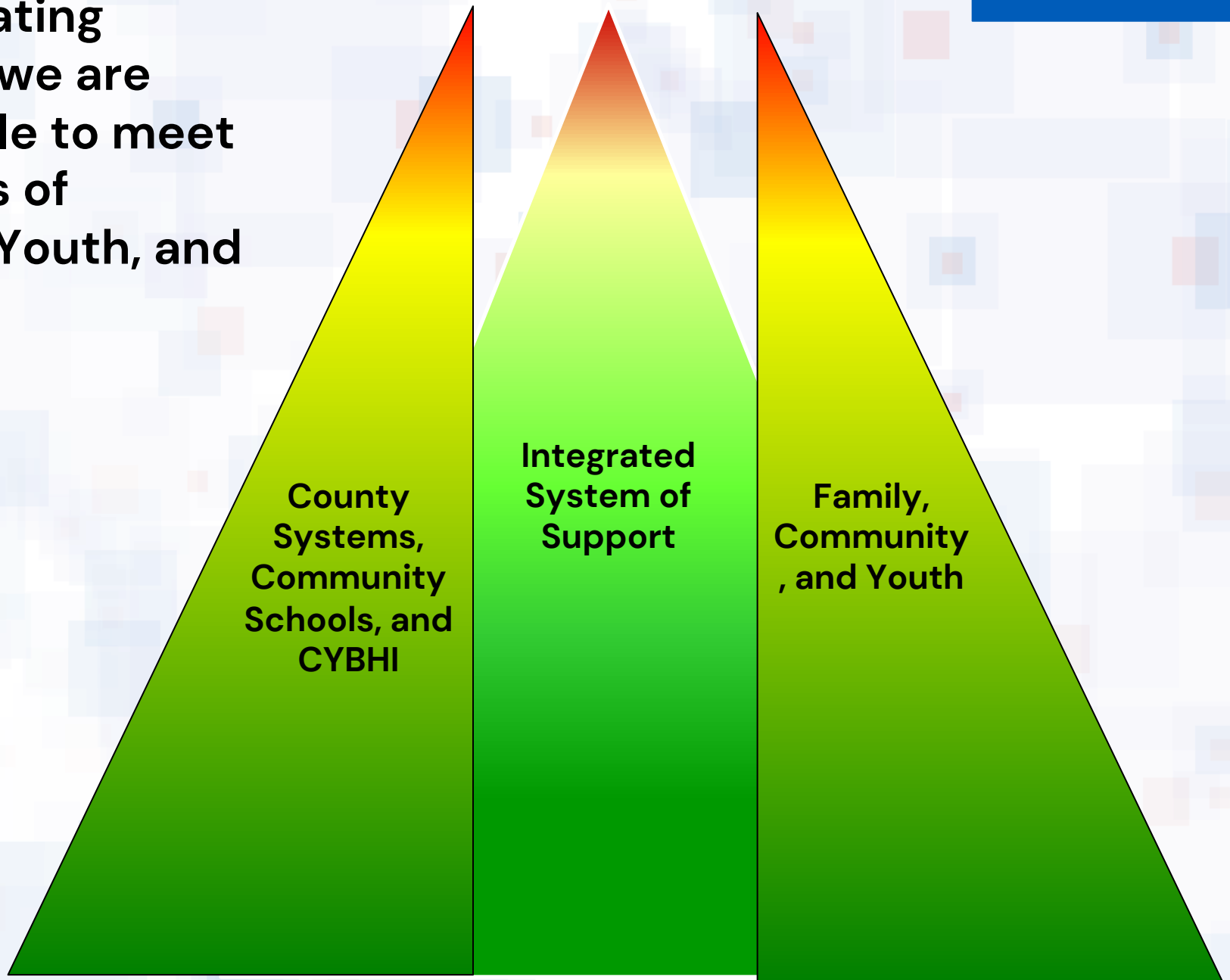
County
Services

School-
Based
MH

School
Supports

Community Based
Agencies

**By integrating
services, we are
better able to meet
the needs of
Families, Youth, and
Children**



What is the Children and Youth Behavioral Health Initiative (CYBHI)

[Link Here](#)

The **Children and Youth Behavioral Health Initiative (CYBHI)** is a historic, five-year, \$4.7 billion initiative to reimagine and transform the way California supports children, youth and families.

The initiative is:

- Reimagining a more integrated, youth-centered, equitable, prevention-oriented system
- Promoting mental, emotional and behavioral health and well-being
- Supporting prevention and early intervention while addressing emerging and existing needs
- Increasing access to mental health and substance use services and supports
- Addressing inequities for groups disproportionately impacted by mental health challenges and that face the greatest systemic barriers to wellbeing

Built on a foundation of **equity** and **accessibility**, the CYBHI is designed to **meet young people and families where they are** to create an ecosystem that can help them **when, where and in the way they need it most**

CYBHI is inspired by a collective vision and shared values, and it aligns new opportunities with existing frameworks



- **CYBHI collective vision and values:**
- Support our children and youth, knowing they're struggling
- Value the whole child and center equity
- Recognize the impact behavioral health and well-being have on school attendance, learning, and school success



- **CYBHI aligns new opportunities with existing frameworks:**
- Utilize Integrated Systems Framework (ISF) / MTSS / PBIS / Community Schools as the organizing framework
- Implement CYBHI in the context of that framework
- Incorporate resources and tools of CYBHI to advance goals

CYBHI Workstreams

Workforce Training and Capacity		Behavioral Health Ecosystem Infrastructure		Coverage	Public Awareness
Wellness Coach Workforce (HCAI)	<u>Trauma-Informed Educator Training</u> (CA-OSG)	School-Linked Partnership and Capacity Grants (DHCS)	Student Behavioral Health Incentive Program (DHCS)	Enhanced Medi-Cal Benefits – Dyadic Services (DHCS)	Public Education and Change Campaigns (CDPH)
Broad Behavioral Health Workforce Capacity (HCAI)	Youth Mental Health Academy (HCAI)	Behavioral Health Continuum Infrastructure Program (DHCS)	Youth Suicide Reporting and Crisis Response Pilots (CDPH)		ACEs and Toxic Stress Awareness Campaign (CA-OSG)
Behavioral Health Virtual Services Platform and Next Generation Digital Supports (DHCS)				Statewide All-Payer Fee Schedule for School-Linked Behavioral Health Services (DHCS/DMHC)	Targeted Youth Suicide Prevention Grants and Outreach Campaign (CDPH)
Healthcare Provider Training and e-Consult (DHCS)					Parent Support Video Series (DHCS)
Scaling Evidence-Based and Community-Defined Practices (DHCS)					
CalHOPE Student Services (DHCS)					
Mindfulness, Resilience and Well-being Grants (DHCS)					
Youth Peer-to-Peer Support Program (DHCS)					

CYBHI Workstreams

Statewide Multi-Payer Fee Schedule for School Linked Behavioral Health Services (Fee for Service)

Coverage	Service Category	Procedure Code	Service Description	Eligible Practitioner	Fee Schedule Rate
Enhanced Medi-Cal Benefits – Dyadic Services (DHCS)	Case Management	99366	Case Management with patient or family present (Face to Face), 30 min	PA, NP, RN, Psych, Ed. Psych, LCSW, LMFT, LPCC, AMFT, ASW, APCC, PPS School Psychologist, PPS School Social Worker, PPS School Counselor	\$36.71

Statewide Multi-Payer Fee Schedule for School-Linked Behavioral Health Services (DHCS/DMHC)

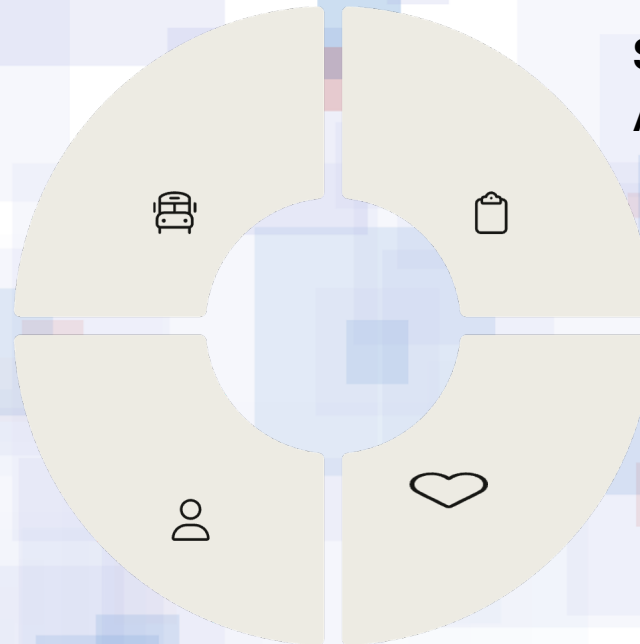
Scope of Services Covered

Psychoeducation

Individual and group skills training sessions focused on mental health literacy and coping strategies.

Case Management

Coordination of care and support services connecting students to comprehensive resources and ongoing support.



Screening & Assessment

Comprehensive evaluations, including ACE screenings and mental health assessments, to identify student needs.

Therapy Services

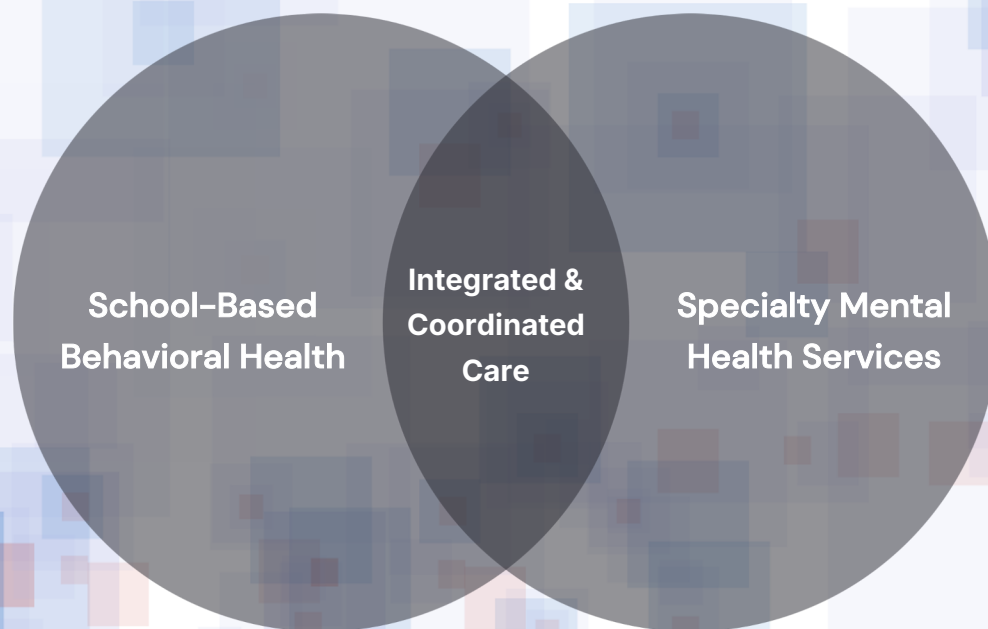
Evidence-based therapeutic interventions and health behavior interventions delivered in school settings.

Eligible providers include licensed social workers, school counselors, psychologists, Certified Wellness Coaches, and other qualified behavioral health professionals.



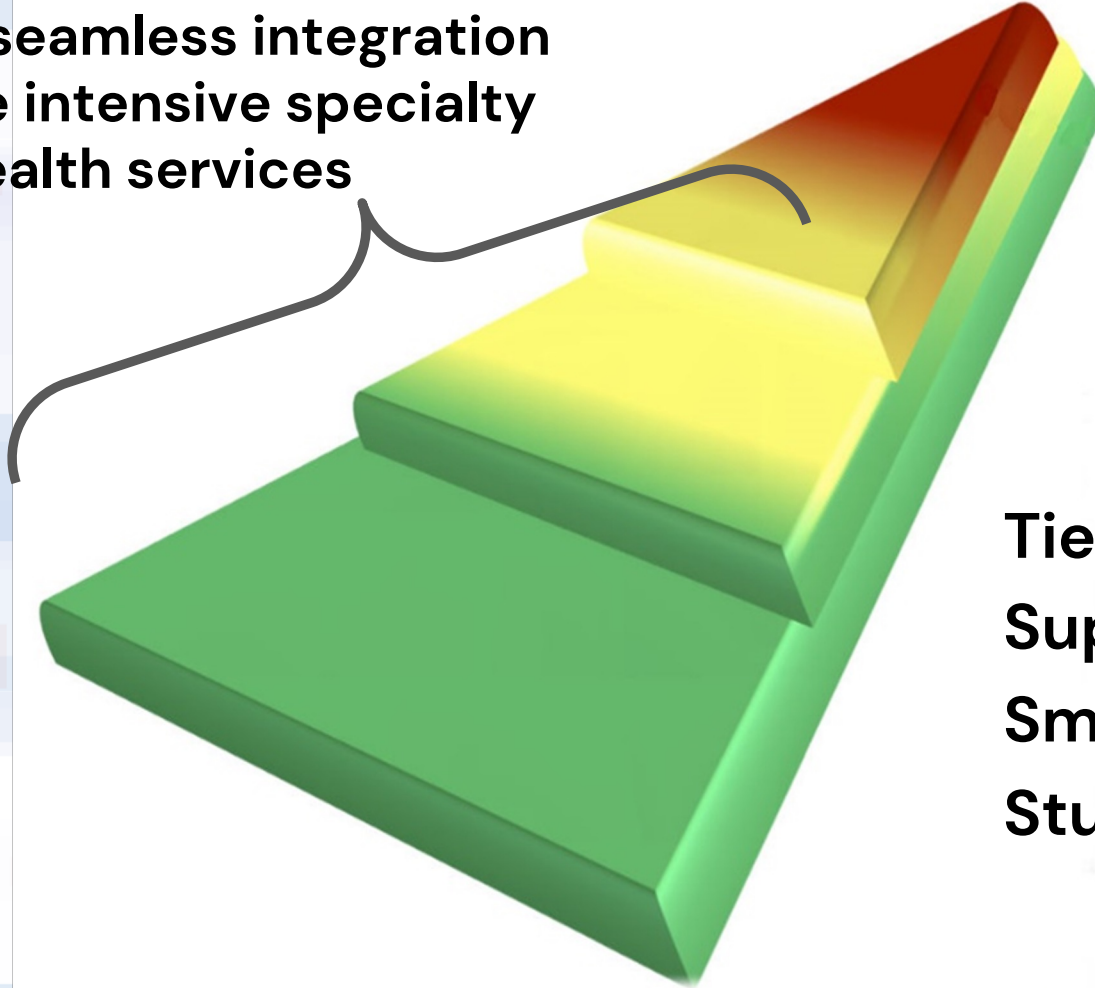
CYBHI Fee Schedule and Specialty Mental Health Services

The CYBHI Fee Schedule primarily addresses mild to moderate behavioral health needs, while ensuring seamless integration with more intensive specialty mental health services when required. This approach facilitates a comprehensive and tiered system of support.



This integration ensures that students receive the right level of care, from early intervention in schools to more intensive clinical services, without gaps in coverage or support.

CYBHI Services Mild to Moderate behavioral health needs, while ensuring seamless integration with more intensive specialty mental health services



**Tier 3 for few:
Intensive and
Individualized**

**Tier 2 for Some: For
Supplemental or
Small Groups of
Students**

**Tier 1 for All:
Students
Universal**

What Does Reimbursement Look Like

Type of Staff Position Here LCSW				Calculated Field		Calculated Field	Calculated Field
Procedure		FTE, per Submitted Budget		Productivity Expectation		Estimated Yearly Revenue Payment	
Code	Type of Activity (Enter Common Type of Activities Here)	Per Hour	Budget	Hours	Hours	Hours a Week	
99366	Case Management with patient or family present (Face to Face), 30 min@ \$36.71	\$73.42	1.00	20%	347.20	\$25,491.42	8
90837	Psychotherapy session, individual, 53 or more min	\$131.97	1.00	15%	260.40	\$34,364.99	6
90846	Family psychotherapy session; single family without patient present, 50 min	\$86.64	1.00	5%	86.80	\$7,520.35	2
99403	Preventive Medicine, Individual Counseling – 45 minutes	\$77.91	1.00	5%	86.80	\$6,762.59	2
				0%		\$74,139.35	18 Total Hours Per Week
	Sample Salary and Benefits Cost			45%		\$130,000.00	Sample Salary Benefits
	Difference, what you will need to make salary and benefits if the staff meets these percentages.					-\$55,860.65	Amount over or under cost
	*Mental Health Specialist 8 hours/day, 217 days = 1,736 hours per year						
	* The above are payments less than full hour, but are calculated as full hours for example purposes.						

Note that this is an exercise and not an exact representation of your billing. It should not be considered what will happen at your site but rather a suggestion of how you might determine reimbursement in your LEA.

Certified Wellness Coach Example

Sustainability financial model

Type of Staff Position Here: Family Youth Liason				Calculated Field	Calculated Field	Calculated Field	
Procedure Code	Type of Activity (Enter Common Type of Activities Here)	Reimbursement Per Hour	FTE, per Submitted Budget	% Time Working with Eligible Student	Yearly Hours	Estimated Yearly Reimbursement Payment	Hours a Week
0591T	Health and wellbeing coaching, face to face, individual initial assessment; at least 30 min	\$66.24	1.00	5%	86.80	\$5,749.63	2
0592T	Health and wellbeing coaching, face to face, follow-up sessions for individual; at least 30 min \$41.08 (One Hour = \$82.16)	\$82.16	1.00	25%	434.00	\$35,657.44	10
059T3	Health and wellbeing coaching, face to face, Group (2 or more individuals); at least 30 min \$12.46 (8 Students = \$99.68) 1 Hour Group = \$199.36	\$199.36	1.00	5%	86.80	\$17,304.45	2
	Sample Salary and Benefits Cost			35%		\$58,711.52	14 Total Hours Per Week
	Difference, what you will need to make salary and benefits if the staff meets these percentages.					\$87,000.00	Sample Salary Benefits
						-\$28,288.48	Amount over or under cost
	*Family Youth Liason 8 hours/day, 217 days = 1,736 hours per year						
	* The above are payments less than full hour, but are calculated as full hours for example purposes.						
	note, this is an exercise and not an exact representation of all the Procedure Codes. You should work with your business office in creating estimates						
	This is not created or a product of the CA Department of Health Care Services						
	Please contact Michael Lombardo (mlombardocollaboration@ourlook.com for any questions.						

*Note that funds generated by the Multi-payer Fee Schedule are not restricted.

CYBHI State Data

454 LEAs or IHEs have signed up to participate in Fee Schedule

223 LEAs/IHEs have executed Provider Participation Agreements

Approximately 2.4m in total claims submitted as of 9/4/25

Over 1.3m Claims reimbursed:

Unpaid claims:

- In process with Carelon or Insurance Provider
- Claim missing information sent back for corrections
 - Missing location
 - No National Provider Identification Number
 - Missing or inaccurate client insurance information

California Community Schools Partnership Program

Integrated support services

Coordination of trauma-informed health, mental health, and social services.

Family and community engagement

Home visits, home-school collaboration, [and] culturally responsive community partnerships

Collaborative leadership and practices for educators and administrators

Transform school culture and climate that centers on pupil learning and supports mental and behavioral health, trauma-informed care, Social Emotional Learning [and] restorative justice

Extended learning time and opportunities

"Extended learning" and "expanded learning" and defines them as including "before and after school care and summer program

[Link to CA CCSPP](#)

Key Features of Core Practice Model

- Child and Family–Centered Practice
- Team–Based Collaboration
- Strengths–Based and Needs–Driven
- Cultural Humility and Responsiveness
- Engagement and Relationship–Building
- Teaming and Shared Planning
- Integrated Services and Coordinated Care
- Outcome–Focused and Accountability–Driven

Strategies to Fund this Integrated Effort of Whole Child Support

Theme	Description
CYBHI	CYBHI Fee Schedule
Enhanced Care Management	ECM and Managed Care Plans
FFPSA	Family First Prevention Service Act....
Early Childhood Supplemental Funds	Supplemental funding for 0-5 Programs supporting Mental Health
BHSA	TBD

Toward Equitable and Collaborative Solutions

The convergence of AB 2085 reforms with CYBHI and CCSPP initiatives creates a historic opportunity to transform how schools support vulnerable children and families.

By shifting from reporting to collaborating, schools can become central partners in addressing root causes of family stress while promoting equity and community-driven solutions.

And creates sustainable pathways to fund services.



The Children and Youth Behavioral Health Initiative (CYBHI) is proud to share the findings of our recent working paper

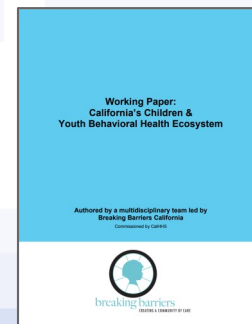
In Sum ...

- The CYBHI aims to **reimagine mental health and emotional well-being** for all children, youth and families in California ...
- ... by realizing **equitable, appropriate, timely, and accessible** behavioral health services ...
- ... in **close partnership** with other State agencies, educators, experts, community partners, and children, youth, and families



The "Working Paper on California's Children and Youth Behavioral Health Ecosystem" discusses the how?

- CalHHS commissioned a working paper to **articulate the changes** that must be made to achieve CYBHI's vision
- Through **extensive research**, the writing team found that **integrating** California's child-serving systems with **robust community involvement** and a **shared vision** is key



CYBHI Collaborative Goals Transforming Together

Almost **every interviewee and secondary source** agreed... the best way to create an **accessible, responsive, effective, and sustainable ecosystem** for child and youth behavioral health is ...



... **beyond collaboration ... better integration**

across a diverse set of child- and youth-serving systems, bolstered by **robust community involvement** and a **shared vision and approach ... One Child and Family System**



CYBHI Transforming Together

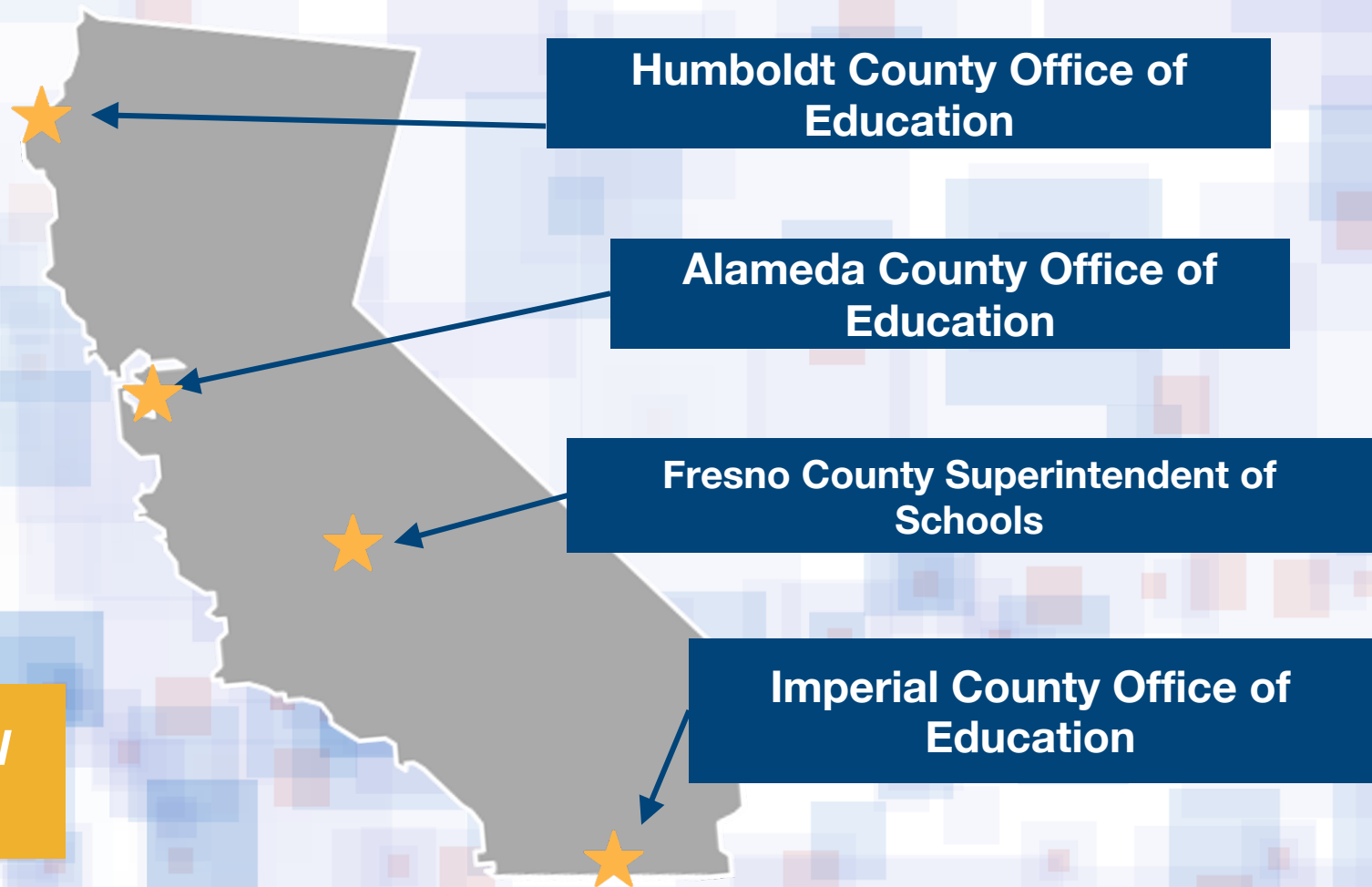
Transforming Together (T²) aims to first transform the youth behavioral and mental health ecosystem through multi-sector collaboration of child-serving agencies at the county level, then incorporate this reimagined ecosystem into the *Integrated Student Support* pillar of community schools.

The core focus is on advancing equitable access and improving integrated behavioral health supports and services for underserved student populations.



CYBHI Transforming Together

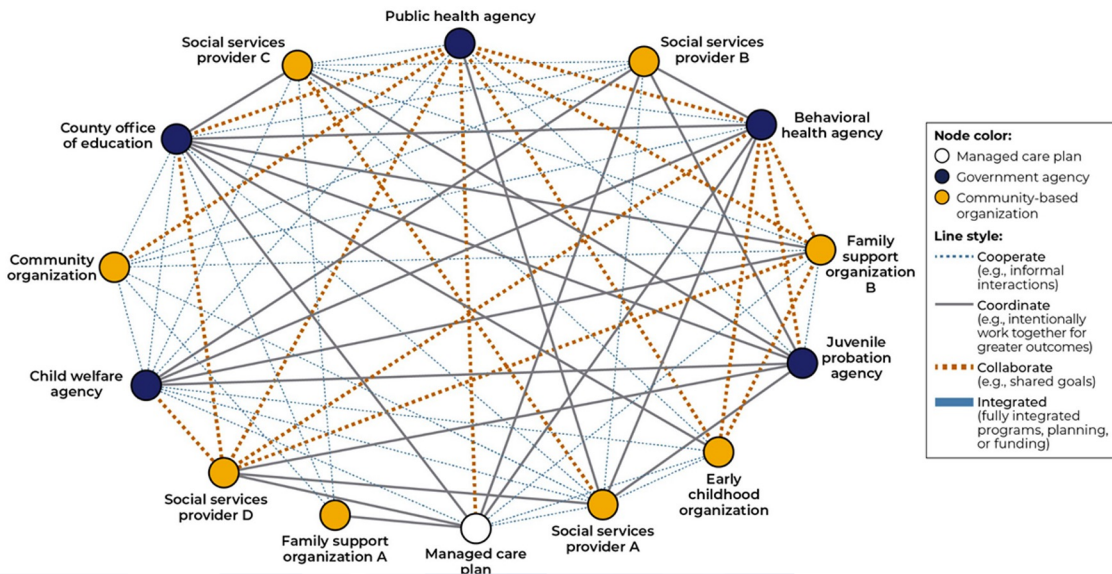
Demonstration Host Education Agencies



Statewide Total
5,852,544 students

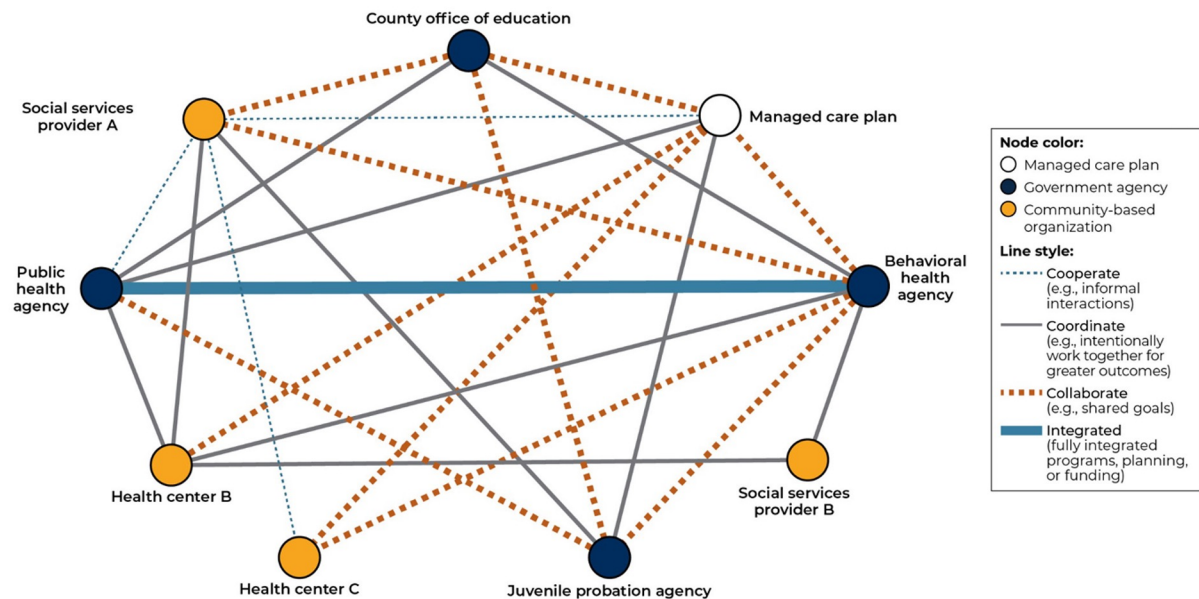
CYBHI Transforming Together

Humboldt County



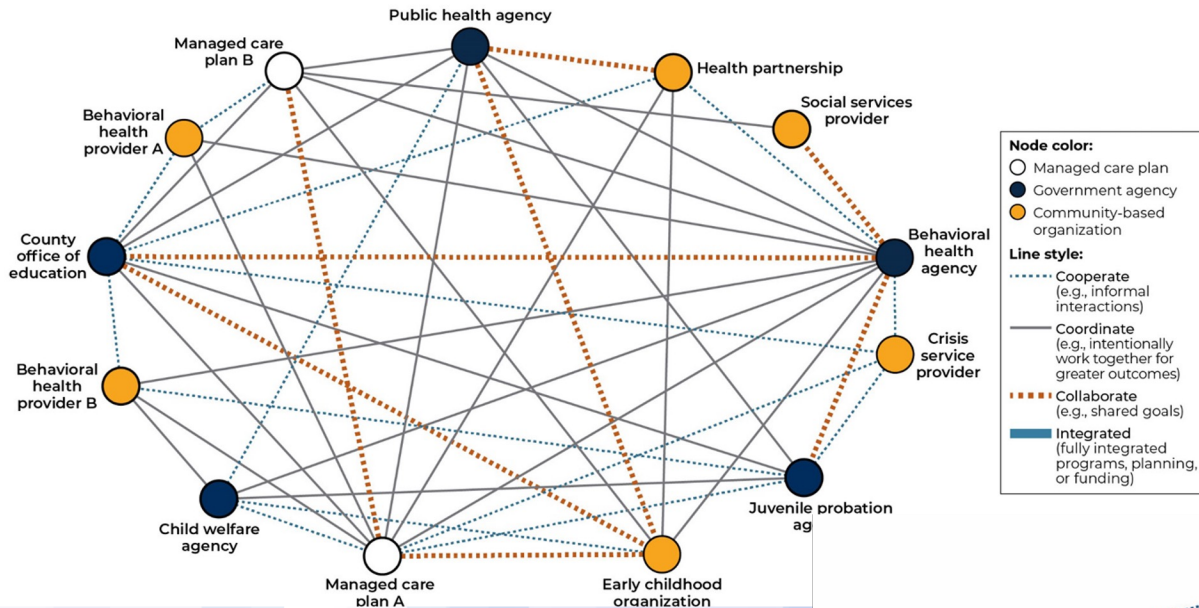
Expanding Integration

Alameda County



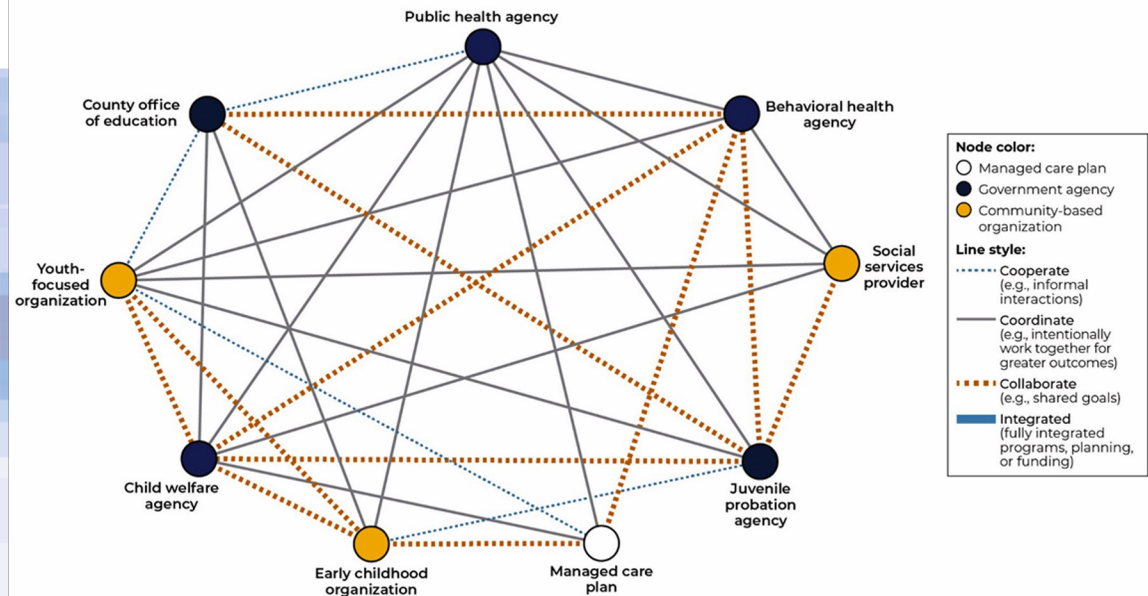
CYBHI Transforming Together

Fresno County



Expanding Integration

Imperial County



The Tiered Foster Care Rate Structure

Tier 1 (74% of children and youth)

(Latent Classes 1 and 2 for the 0-5-year-olds and Latent Classes 1, 2, and 3 for the 6+ year olds)

Care and Supervision* Paid to the caregiver	\$1,788
Strength Building and Maintenance Child and Family work with a Financial Management Coordinator	\$500
Immediate Needs	NA
FFA Admin (for youth placed in an FFA)* <i>Recruitment, retention, approval, training, etc.</i>	\$1,610

Tier 2 (19% of children and youth)

(Latent Class 3 for the 0 – 5-year-olds and Latent Classes 4 and 5 for the 6+ year olds)

Care and Supervision* Paid to the caregiver	\$3,490
Strength Building and Maintenance Child and Family work with a Financial Management Coordinator	\$700
Immediate Needs County or contracted provider coordinate services	\$1,000
FFA Admin (for youth placed in an FFA)* <i>Recruitment, retention, approval, training, etc.</i>	\$2,634

Tier 3 (ages 0-5) (4.5% of children and youth)

(Latent Class 4 for 0 – 5-year-olds)

Care and Supervision* Paid to the caregiver	\$6,296
Strength Building and Maintenance Child and Family work with a Financial Management Coordinator	\$900
Immediate Needs County or contracted provider coordinate services	\$1,500
FFA Admin (for youth placed in an FFA)* <i>Recruitment, retention, approval, training, etc.</i>	\$2,634

Tier 3+ (ages 6+) (2.5% of children and youth)

(Latent Class 6 and 6a for 6+ year olds)

Care and Supervision* Paid to the caregiver	\$6,296
Strength Building and Maintenance Child and Family work with a Financial Management Coordinator	\$900
Immediate Needs County or contracted provider coordinate services	\$4,100
FFA/STRTP Admin (for youth placed in an FFA or an STRTP)* <i>Recruitment, retention, approval, training, etc.</i>	\$7,213

*Components of the rate that will receive a California Necessities Index increase.

Wraparound Immediate Needs Program

Immediate Needs Program

Integrated Program Model that
blends Immediate Needs
Program Funding with Medi-Cal
HFW payment model

High Fidelity Wrap (HFW)

- CANS
- Child & Family Team coordination
- Care coordination (including in-home supports, family support, and community supports)
- Peer support (parent and youth)
- Initial crisis response

Strengths Building Program

- Self Determination Model to support child's enrichment

Medi-Cal Managed Care/FFS Benefits

- Medical services
- Non-specialty Mental Health Services
- Applied Behavioral Analysis
- Non-emergency medical transportation
- Dental services
- Community Health Workers

Medi-Cal Managed Care Only Benefits

- Enhanced Care Management
- Community Supports: e.g. Housing, asthma, respite

Regional Center Services

- Early Start Services
- Case management
- Recreational and social development programs

School Services

- IEP/504 development and support services
- CYBHI Fee Schedule, MTSS, community schools

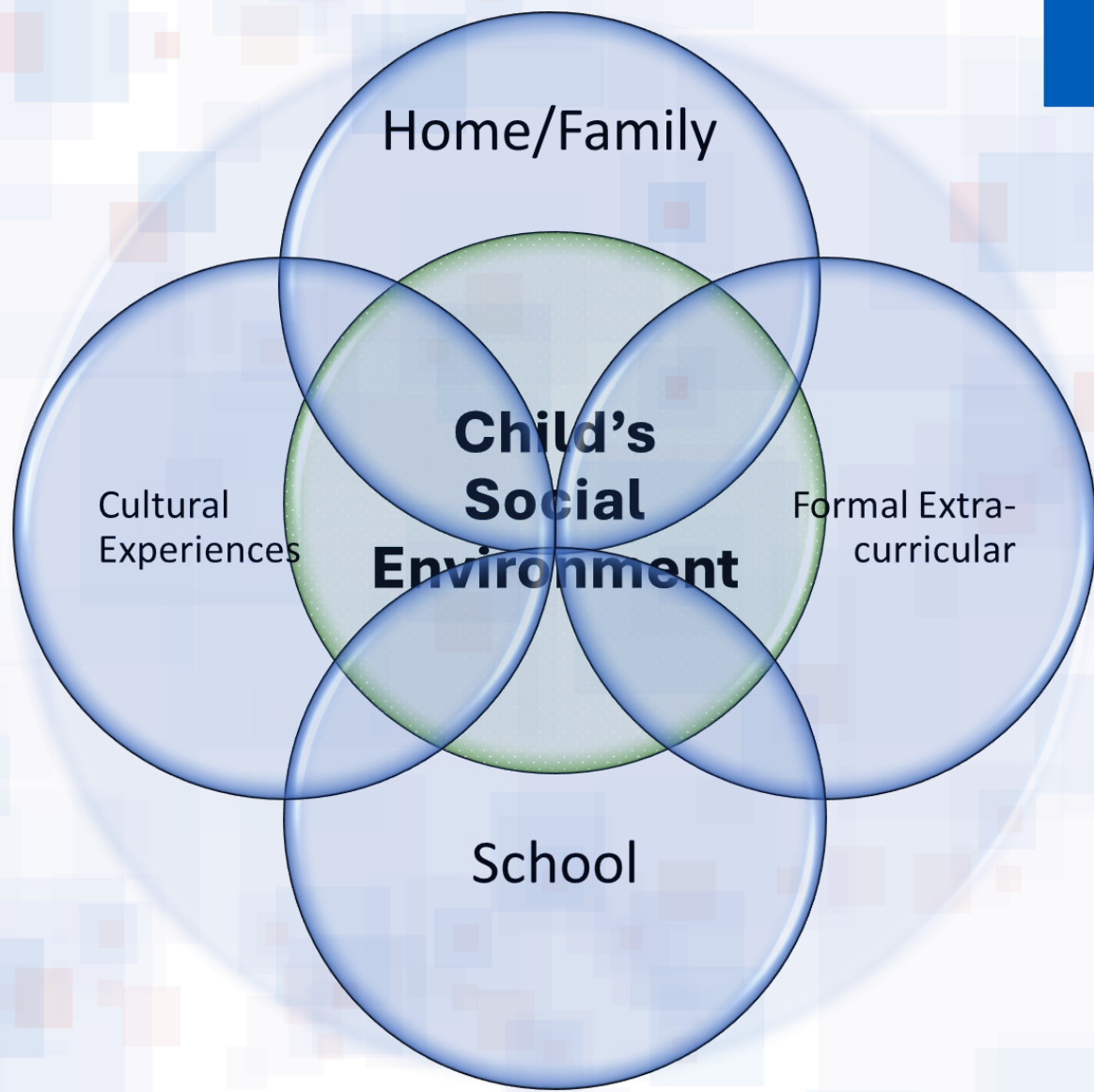
Permanency Support Services (Medi-Cal Eligible?)

- Family Finding/Permanency planning
- Outreach & engagement
- Court collaboration
- Concrete needs: food, jobs, transportation, child-care
- Respite

Medi-Cal MHSUD Services

- Inpatient
- PRTF
- Crisis
- TBS, IHBS
- Therapy
- Medication mgmt
- Case Management
- Crisis residential
- SUD services
- Multisystemic Therapy (MST)
- Functional Family Therapy (FFT)
- Trauma-informed Cognitive Behavioral Therapy
- Parent-Child Interaction Therapy (PCIT)

- A trauma lens guides the SOC to identify signals of danger and the signals of care across the child's **daily environment**.
- This informs the **core unmet needs** of the child related to the experience of care, belonging, and safety which is critical to the effectiveness of every intervention.
- Formal SOC service plans must coalesce to **help the people closest to the child** to help the child heal within the daily environment



**Let's take a look at how each of
our key systems advance child
connection and well being...**

Education Supports

The Education service and resource array advances the child's need for connection and well being:

- *The Foster Youth Services Coordinating Program:*
 - *Coordinate instruction, counseling, tutoring, mentoring, vocational training, emancipation services, training for independent living, and other related services.*
- *Expanded Learning:*
 - *Provides funding for afterschool and summer school enrichment programs for transitional kindergarten through sixth grade.*
 - *Focus on developing the academic, social, emotional, and physical needs and interests of pupils through hands-on, engaging learning experiences.*
- *Community Schools*
 - *Any school serving pre-Kindergarten through high school students using a "whole-child" approach, with "an integrated focus on academics, health and social services, youth and community development, and community engagement.*

Education Supports

Describe how your service and resource array advances the child's need for connection and belonging.

- *Special Education*
 - *Accommodations such as 504 Plan*
 - *Individualized Education Plan: The state must find, assess, and track all children with disabilities (wherever they live or go to school) to ensure they get the special education services they need.*
- *Early Education (Transitional Kindergarten)*
 - *Transitional Kindergarten (TK) is a free PreKindergarten program where children learn together through play and develop their social skills. All four-year-old children are eligible for TK the year before entering Kindergarten. TK is free of charge as part of California's public school system.*
 - *Build social skills and friendships*
 - *Develop emotional growth and confidence*
- *California Partnership Academies*
 - *High school reform movement that is focused on smaller learning communities with a career theme.*

Building Bridges with System of Care and Multi Tiered Systems of Support

The Integrated Core Practice Model (ICPM) and Multi-Tiered System of Support (MTSS) share foundational principles focused on collaboration, equity, and a structured framework for delivering services to meet the diverse needs of children, youth, and families.

- *Levels of support based on need*
- *Equity-driven in service delivery, ensuring all receive the necessary resources to succeed*
- *Cross-agency collaboration and family-centered approaches*
- *Data-driven decision making*
- *Whole child approach (holistic)*

Juvenile Probation Services and Resources

Prevention

- These services are typically tailored to individual needs and may be delivered in schools, homes, or community settings. Many programs are evidence-based and funded through local, state, and federal initiatives such as the Juvenile Justice Crime Prevention Act (JJCPA) and the Youthful Offender Block Grant (YOBG).

Intervention

- The range of intervention services offered is vast and multifaceted, reflecting both the diversity of the populations probation serves and individualized needs of youth, with a focus on restorative justice and grounded in evidence-based practices. These services are designed to reduce recidivism, address underlying causes of criminal behavior and past trauma, and foster positive behavioral change.

Foster Care

- For youth under probation supervision who are ordered by the court to into foster care may be placed with a resource family, Short-Term Residential Therapeutic Program (STRTP), or Intensive Services Foster Care (ISFC) setting, as well as in a Community Treatment Facility (CTF) if advised by a clinician. The goal is to ensure these youth receive the necessary care, supervision, and support to address their individual needs and to help them achieve positive outcomes and successfully reintegrate into their communities.

Secure Juvenile Facilities

- Secure juvenile facilities provide a variety of programs and interventions to support youth brought to the juvenile hall by local law enforcement and/or court ordered detained by the court or to a commitment program. Probation departments operate juvenile halls, camps and secure youth treatment facilities for youth and young adults (thru age 25).

Examples of Juvenile Probation Programs and Services*

Prevention	Intervention	Foster Care	Secure Juvenile Facilities
<ul style="list-style-type: none"> • School-Based Probation Officers • Family Focused • After School Programs • Peer Courts • Gang and Violence Prevention • Mentoring • Restorative Justice and Diversion Services 	<ul style="list-style-type: none"> • Risk and Needs Assessment • Individualized Case Plans • Enforcement of Court Orders • Risk Based Supervision • Cognitive Behavioral Therapy • Behavioral Health • Education and Vocation 	<ul style="list-style-type: none"> • Full Range of Foster Care Settings • Individual and Family Therapy • Residential Substance Abuse • Gender-Responsive Programming • Independent Living Skills and Transitional Assistance 	<ul style="list-style-type: none"> • Safe and Secure Housing • Medical and Mental Health Care • Education and Vocational Training • Individual and Family Counseling • Reentry Services

*This is not an exhaustive list. Additionally, not all programs are directly provided by probation but may be contracted out and/or referral based.

Juvenile Probation Collaboration and Community Partnerships

- Probation carries out orders imposed by the court intended to equally balance rehabilitation, accountability and opportunity for youth and young adults while reducing recidivism. This is not done in isolation but in collaboration with a wide range of partners:
 - Law enforcement agencies and the courts
 - Public health, behavioral health, schools and child welfare agencies
 - Non-profit organizations, and faith-based groups
 - Community-based treatment providers, victim services and housing organizations
- Focus on Cross-System Coordination and Partnership

Developmental Services System

Lanterman Act

Department of Developmental Services (DDS)

Association of Regional Center Agencies (ARCA)

Regional centers

- 21 community-based organizations in California
- Provide service coordination for individuals with intellectual and developmental disabilities throughout the lifespan
- Person centered planning
- 30 System of Care Coordinators

Visit: [Department of Developmental Services– System of Care Resource Hub](#)

Behavioral Health

- County Behavioral Health Plans (BHPs) provide or arrange for Specialty Mental Health Services for children and youth ages 0 - 21 under the Medi-Cal Early and Periodic Screening Diagnostic and Treatment (EPSDT) benefit.
- Youth with an open child welfare case and probation-involved youth meet access criteria for the SMHS delivery system (BHIN 21-073).
- Collaborate with our system partners at the point of entry into the child welfare system, typically beginning with assessment.
- Services vary in intensity and scope based on the child's need.
- Community-based services are essential to supporting children and youth in the least restrictive setting possible.
- Care coordination and collaboration are central to this goal, as well as supporting youth to step-down from higher levels of care.

Child Welfare: Centering Children through Collaborative Care, Community, and Connection



Collaboration Hub

Child Welfare serves as the connector and mediator to meet holistic needs of children and youth in care, working with behavioral health, physical health, probation, education, regional centers, courts, and CBOs.

Prevention Focus

Child Welfare plays a critical role in prevention, engaging service providers to support families before deeper system involvement becomes necessary due to risks of harm or danger.

Measured Success

Child Welfare's success is reflected in federal and state outcome measures, safety, permanency, and well-being for all children and families.

Successful interagency collaboration means public systems and community partners work together in a coordinated, consistent, and child- and family-centered way to improve outcomes for children and families.

Child Welfare's Role in Cross-System Collaboration

Shared Visions and Goals: Brings partners together to co-create shared goals around safety, permanency, well-being, and equity.

Joint Governance: Leads ILT and SOCIT structures; clarifies roles, escalation protocols, and accountability (e.g., AB 2083).

Data Sharing and Case Planning: Aligns case plans, IEPs, and treatment goals; activates CANS-based logic and tracking tools.

Cross-System Delivery: Facilitates joint CFTMs, ECM/Wraparound referrals, and FFPSA prevention pathways.

CQI and Accountability: Tracks stability, maltreatment in care, and service fidelity through shared dashboards.

Equity and Family Voice: Centers lived experience; embeds cultural humility and dignity restoration into practice.

Successful outcomes for children and families depend on system partners building **trust, alignment, and shared accountability**



How the CW System Works – Core Child Welfare Functions

Family Reunification/Family Maintenance:

The **Family Reunification** program assesses safety risks, connects families to services, and works toward reunification under court supervision.

The **Family Maintenance** Supports in-home services while the child remains or returns home; ensures safety through supervision and support.

Emergency Response/ Investigations:

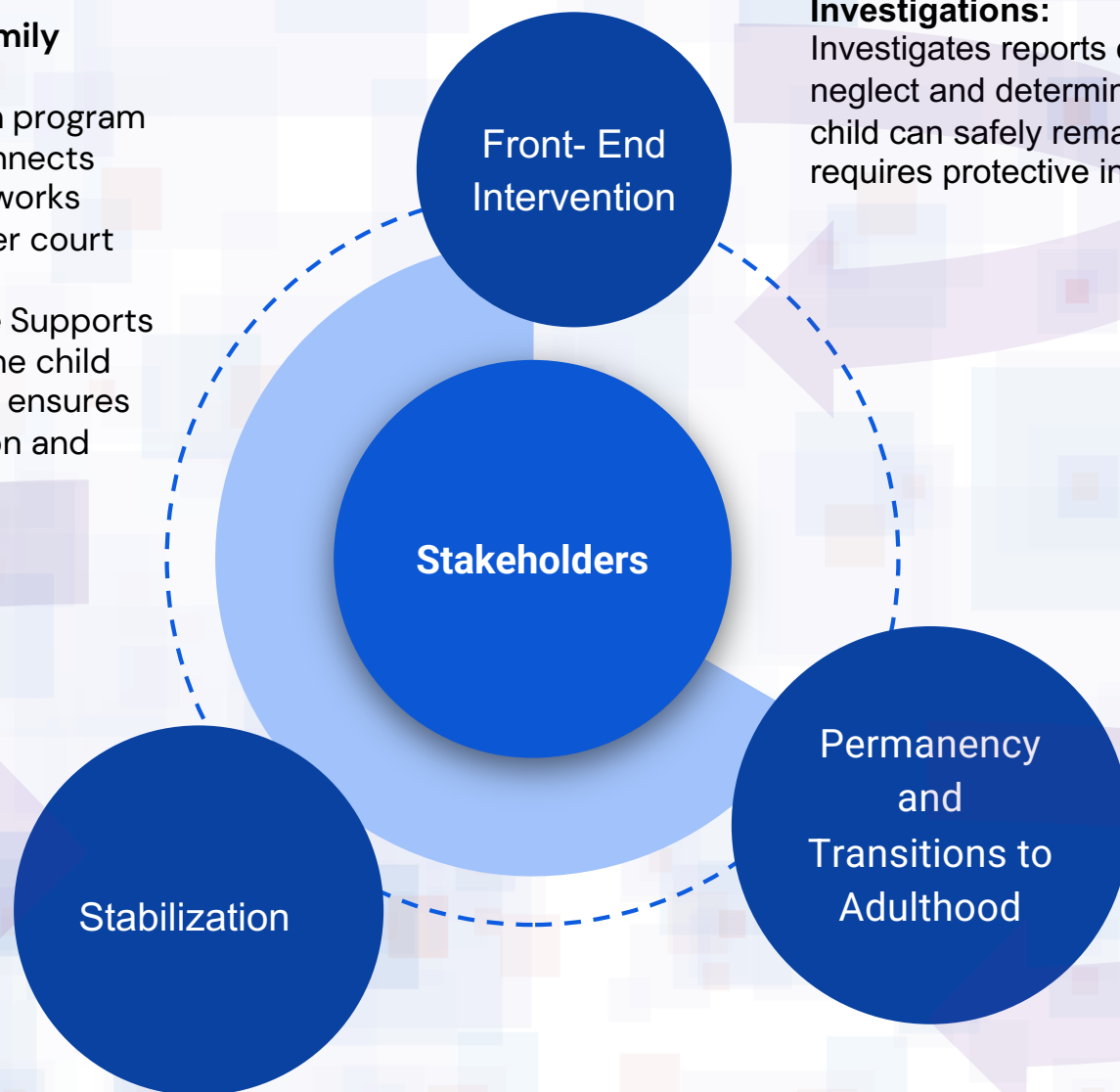
Investigates reports of abuse or neglect and determines whether a child can safely remain at home or requires protective intervention.

Permanency & Transitions:

PP Develops long-term plans for stable, connected placements—via reunification, guardianship, or adoption.

AB 12 Supports youth (18–21) with housing, case management, ILP, and extended Kin-GAP or AAP where eligible.

ILP prepares youth ages 14–21 for adulthood through life skills, education/employment planning, and connection to lifelong supports.



Child Welfare Anchors Shared Governance Across Systems

- AB 2083: Formalizes Interagency Leadership Teams and SOCIT for cross-system coordination
- FFPSA: Enables preventive services and kin-first placements with system alignment
- AB 12: Supports youth ages 18–21 with housing, education, and employment coordination
- ICWA: Ensures tribal partnership for culturally responsive placements
- CANS: Drives care planning and aligns services across systems
- CFTM: Facilitates collaborative team meetings with family voice
- Katie A./High-Fidelity Wraparound: Supports Medi-Cal mental health coordination
- Differential Response: Enables tiered pathways based on safety and risk



- CSEC: Leads trauma-informed coordination for exploited youth
- ILP: Connects youth (14–21) to self-sufficiency services
- Katie A./High-Fidelity Wraparound: Supports Medi-Cal mental health coordination
- CalAIM ECM: Enables referrals for unmet needs through CANS and CFTs
- CFSR/SIP: Sets improvement goals with state and local partners
- CARES: Implements real-time data and workflow improvement
- CCR: Emphasizes least-restrictive placements and family-based care



Let's hear from Counties!

Calaveras County

Mayle Johnson, Deputy Director, HHSA

Tara Johnson, Juvenile Probation Supervisor, Calaveras County

Kristina Smith, Director, Student Support Services, Calaveras County Office of Education

Rukaiyah Jones, System of Care Coordinator, Valley Mountain Regional Center

Sacramento County

Stephanie Sellers, Division Manager, DCFAS, Sacramento County

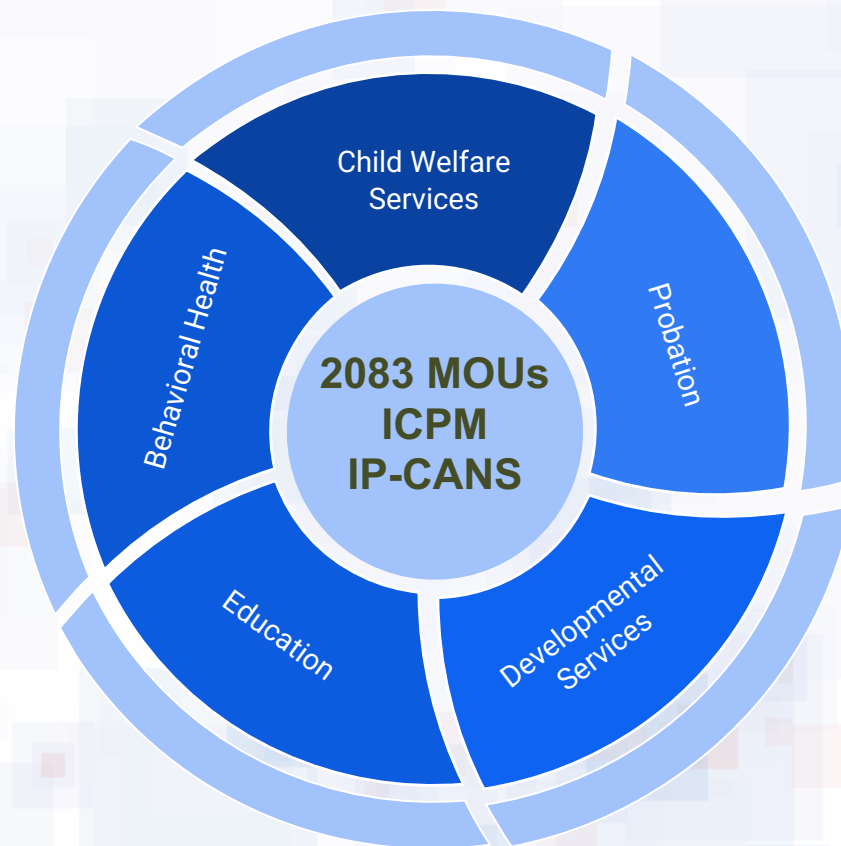
Catherine Johnson, Division Manager, DCFAS Sacramento County

Rhapsody Flores, Program Planner, BHS, Sacramento County

Jennifer Bloom, Director of Client Services, Alta California Regional Center

System of Care Coordination Tool:

Placements and Services for Complex Care Youth Across the System of Care



☐ I would like more information about services and placement options.

☐ I would like child-specific resources.

What's next?

For County Teams:

- **TA opportunities** (see flyer in chat)
 - *From former county ILT members and SMEs*
 - *Can be tailored to fit county team needs*
- **Survey** (link in chat)
- **Community of Practice** (see flyer in chat)

EQUIPPING COUNTY AB 2083 TEAMS TO RESOURCE LOCAL & EFFECTIVE CROSS-SYSTEM CARE CONTINUUMS *An opportunity for 2083 Teams!*

What kind of support is available?




The following bullets are examples of the kind of support that is available. Each of these could be done either in person or remotely, and can be tailored to the needs of the interested county team:

- Facilitative support across AB 2083 teams designed to nurture cross-system collaboration that enhances conditions for cross-system collaboration, including prioritizing needs and identifying strategies
- Training on CYBHI and how this initiative bolsters services and supports in local schools
- Support and Training on System of Care Coordination Tool
 - The tool can also be found on our CBSI web page

*For more information contact Program Director
Laura Kreywicks at laura.kreywicks@cfpic.org*

CALIFORNIA'S CHILD YOUTH & FAMILY ECOSYSTEM OF CARE COMMUNITY OF PRACTICE

Join System of Care, Integrated System of Supports, and other leaders of Whole Child/Whole Student efforts across California's child & family ecosystem for a monthly one-hour Community of Practice!

-  Connect, encourage and engage other whole child/system of care designers, implementers and champions
-  Co-create a focus to bring forward learning from the field, where local system partners are championing prevention, transformation and integration.
-  Gain exposure to the vast set of tools, resources and expertise that is available to support your efforts.

Whether you're responsible for a local system, helping implement system change - or just want to learn about how your AB 2083 System of Care approach can better support and align with the states reform like:

- BH CONNECT
- Community Schools
- CalAIM
- Fee Schedule/CYBHI
- High Fidelity Wraparound
- CFT and IP CANS Fidelity
- BHSA Integrated Planning

...this Community of Practice is for you!



Hosted by:
Mike Lombardo, Richard Knecht,
Elizabeth Estes & Cori Allen

These meetings will take place the 1st
Wednesday of every month at noon.
2025 dates: 10/1, 11/5, 12/3.

CLICK HERE TO JOIN!



January 2026 Equipping CYSOC Teams Session Objectives

- Understand and apply fiscal fundamentals – including budgeting basics, tracking expenditures, and interpreting budget-to-actual reports.
- Strengthen forecasting skills by learning techniques for building accurate projections and anticipating funding needs.
- Identify and leverage funding streams across child welfare, behavioral health, and education to maximize federal/state match opportunities and reduce reliance on county general funds.
- Analyze and compare county practices through real-world examples that demonstrate cross-system partnerships and creative fiscal strategies.
- Apply cross-system fiscal thinking to assess available services, consider flexible use of funds, and plan for sustainable service delivery.

In case you missed it!

Other great opportunities...

- **Breaking Barriers Symposium** (link in chat)
 - October 26–28th
 - Sacramento
- **FURS** (see flyer in chat)
 - September 30th
 - Virtual Convening

