

EQUIPPING AB 2083 TEAMS UPSTREAM PLANNING: PREVENTION WITHIN THE SYSTEM OF CARE

MAY 29, 2026



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

CDSS FFPS Leadership Team

& Subject Matter Experts from across the CYSOC!

WHY PREVENTION MATTERS

- Child abuse and neglect has cost California more than \$20 billion
- Only 4% of reports to the child welfare system in Federal FY 24/25 resulted in removing children and placing in foster care
- Research shows that there is a return of investment of up to \$4.93 for every dollar invested in community-based support services
- Prevention-oriented, upstream supports for families are associated with improved cross-system outcomes, including:
 - Increased housing stability,
 - Improved caregiver and child mental health,
 - Stronger educational continuity, and
 - Reduced child welfare and justice system involvement

UPSTREAM PLANNING: PREVENTION AND THE CHILDREN AND YOUTH SYSTEM OF CARE



Today's Objectives:

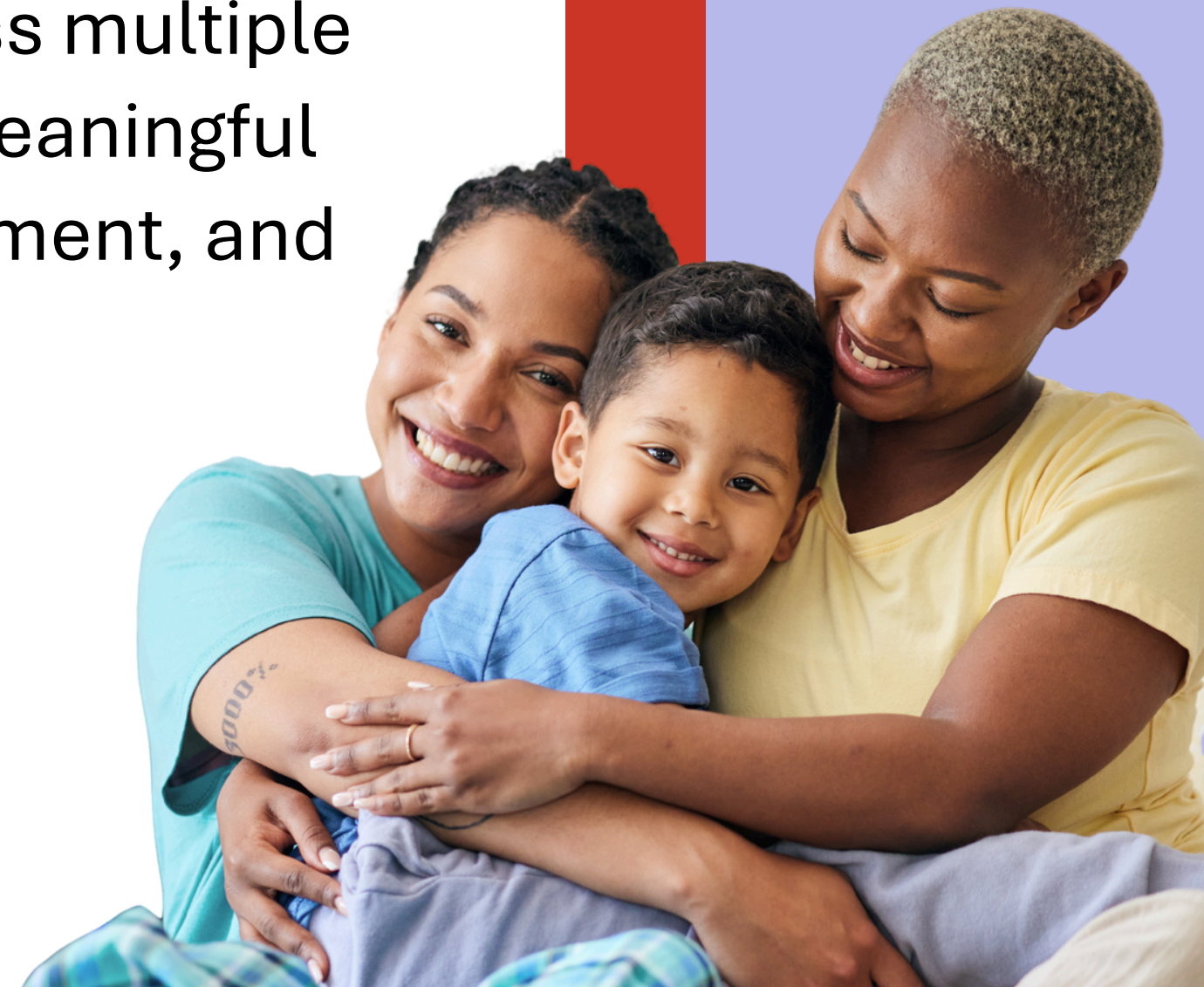
- Understand California's vision for Prevention and a cross-sector Child & Family Well-Being System
- Recognize the role of CYSOC partnerships, Interagency Leadership Teams, and Comprehensive Prevention Planning Teams in advancing prevention
- Align our shared definition and goals for prevention across the system
- Understand the value of advancing a Prevention mindset and practical strategies for full-ecosystem prevention coordination and sustainability

CALIFORNIA'S VISION FOR A CHILD & FAMILY WELL-BEING SYSTEM

A System of Care incorporates 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

--- SAMHSA

A well functioning, consistent interagency System of Care is the pathway to a sustainable full array of services for children and families.



COMPREHENSIVE (INTERAGENCY) PREVENTION PLANNING

Goal: Establish, strengthen and sustain a continuum of community-based services and supports that incorporate primary, secondary, and tertiary prevention strategies to support families before crises occur; prevention future child maltreatment and system involvement.

57 out of 58 counties and the 2 Tribes with California Title IV-E Agreements already have (or are planning to implement) a Comprehensive Prevention Plan.



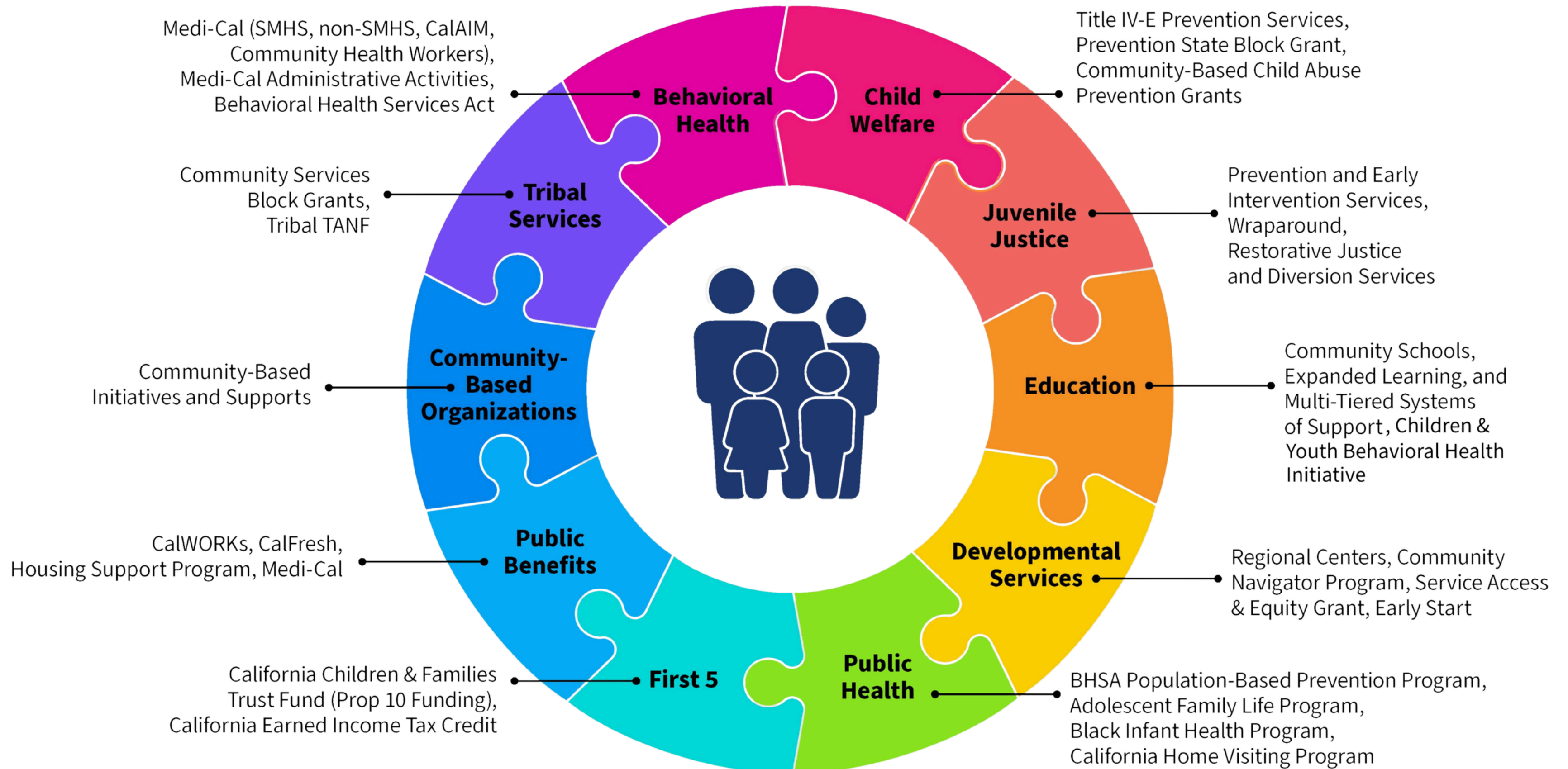
Required System of Care Partners:

- Child Welfare
- Probation
- Behavioral Health
- Regional Center
- County Office of Education
- Tribal Authority

Additional Partners Needed for Interagency Prevention Leadership:

- Individuals with lived expertise
- First 5 Commission
- Public Health
- Human Services (Public Benefits Programs)
- Community-based service providers
 - Family Resource Centers, Others
- Local Schools (Wellness/Community Schools)
- Child Abuse Prevention Council

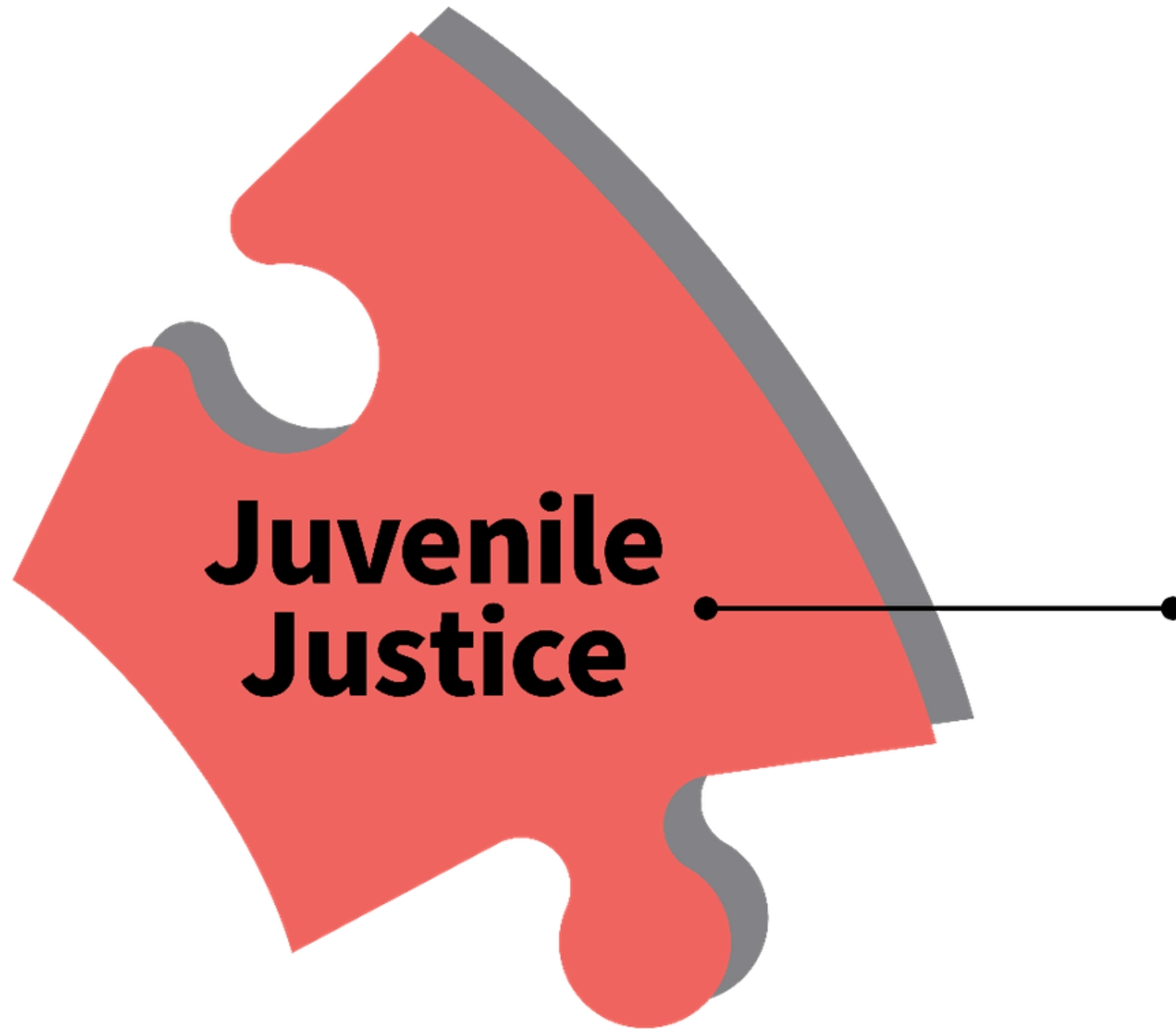
Advancing Child and Family Well-Being through Prevention





Child Welfare

- Title IV-E Prevention Services
- Prevention State Block Grant
- Community-Based Child Abuse Prevention Grants

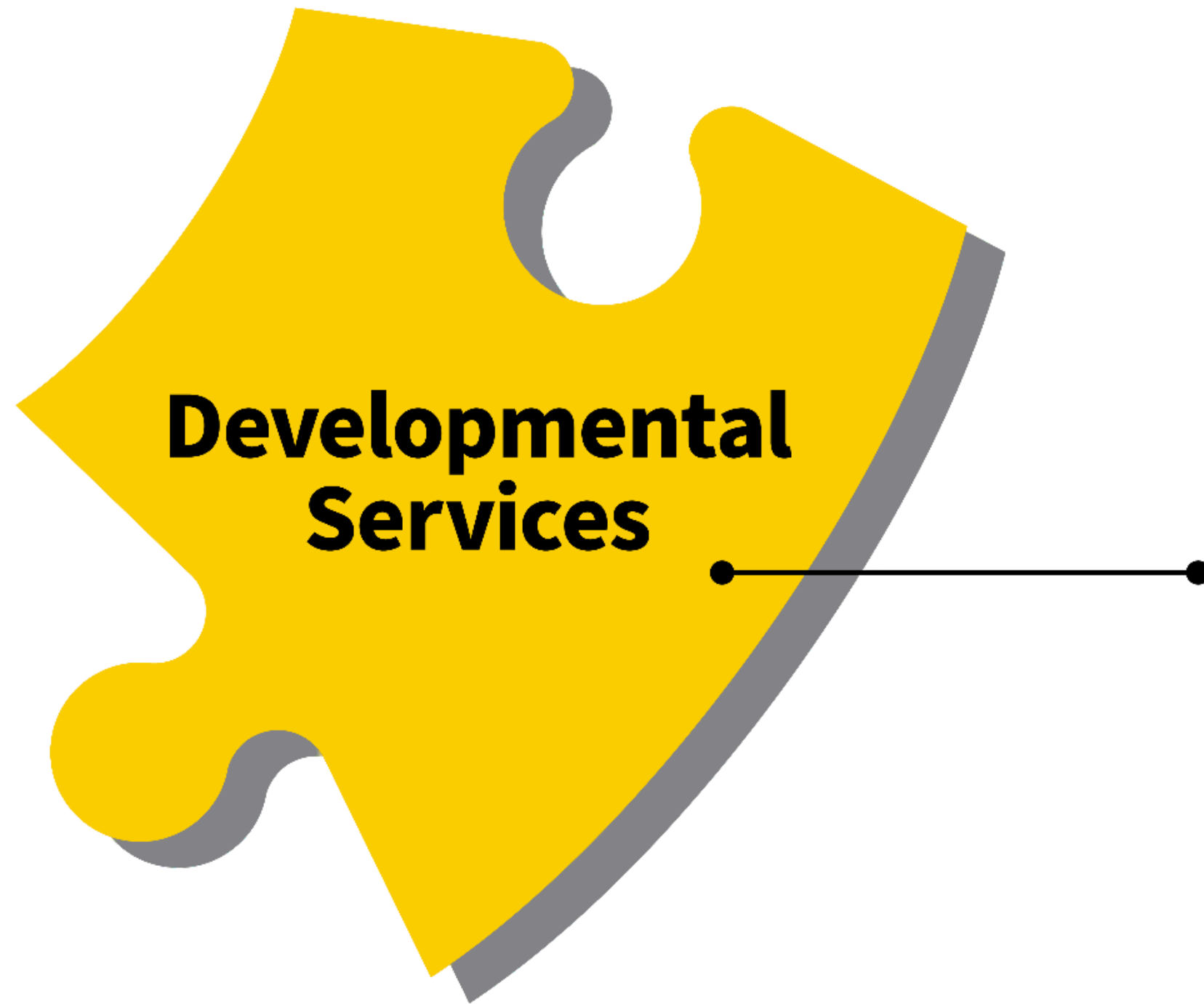


- Prevention and Early Intervention Services
- Wraparound
- Restorative Justice and Diversion Services



Education

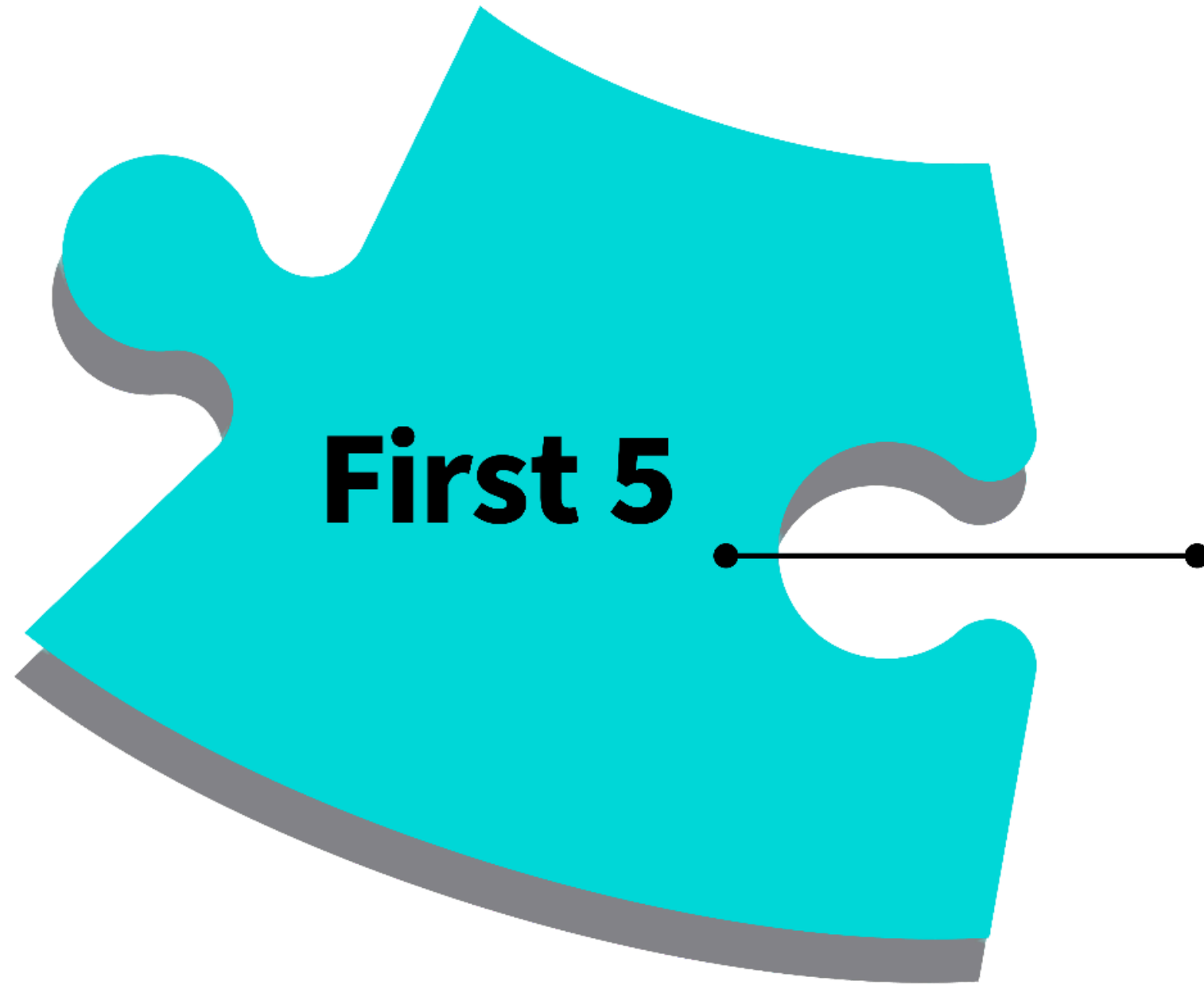
Community Schools,
Expanded Learning, and
Multi-Tiered Systems
of Support, Children &
Youth Behavioral Health
Initiative



- Regional Centers
- Community Navigator Program
- Service Access & Equity Grant
- Early Start



- BHSA
Population-Based
Prevention Program
- Adolescent Family
Life Program
- Black Infant
Health Program
- California Home
Visiting Program



- California Children & Families Trust Fund (Prop 10 Funding)
- California Earned Income Tax Credit



Public Benefits

- CalWORKs
- CalFresh
- Housing Support Program
- Medi-Cal



**Community-
Based
Organizations**

- Community-Based Initiatives and Supports



Tribal Services

- Community Services Block Grants
- Tribal TANF

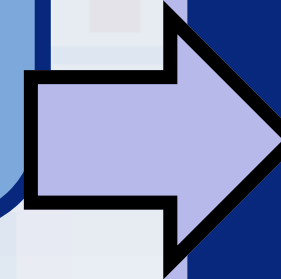


Behavioral Health

- Medi-Cal (SMHS, non-SMHS, CalAIM, Community Health Workers)
- Medi-Cal Administrative Activities
- Behavioral Health Services Act

ILTs through the
AB 2083 MOUs

County Prevention
Teams through the
Comprehensive
Prevention Plans



With support of all partners:

- Maximize fiscal resources
- Share priorities and goals
- Share leadership
- Share information and data
- Implementation levers: joint protocols drive alignment and accountability

2 Key System Leadership Adaptations for Prevention
Focused System MOU:

1. Expand/Ensure the Population of Focus is broader than “Foster youth...”
2. Invite and orient new ILT or advisory team leaders to the shared governance function within the system.



**HOW FAMILIAR ARE YOU WITH YOUR
COUNTY'S ILT OR ILT ADVISORY TEAM?**



**IS PREVENTION AN ACTIVE
CONVERSATION OR FOCUS WITHIN
YOUR ILT?**



CA'S VISION FOR PREVENTION

An integrated system that supports families to provide safe, stable, nurturing relationships and environments for their children and youth. (At home, in school and outside of youth justice involvement)

This is a collective responsibility across sectors and child- and family-serving agencies and organizations. The obligation is not just to children in care, but increasingly—prior to any system involvement.



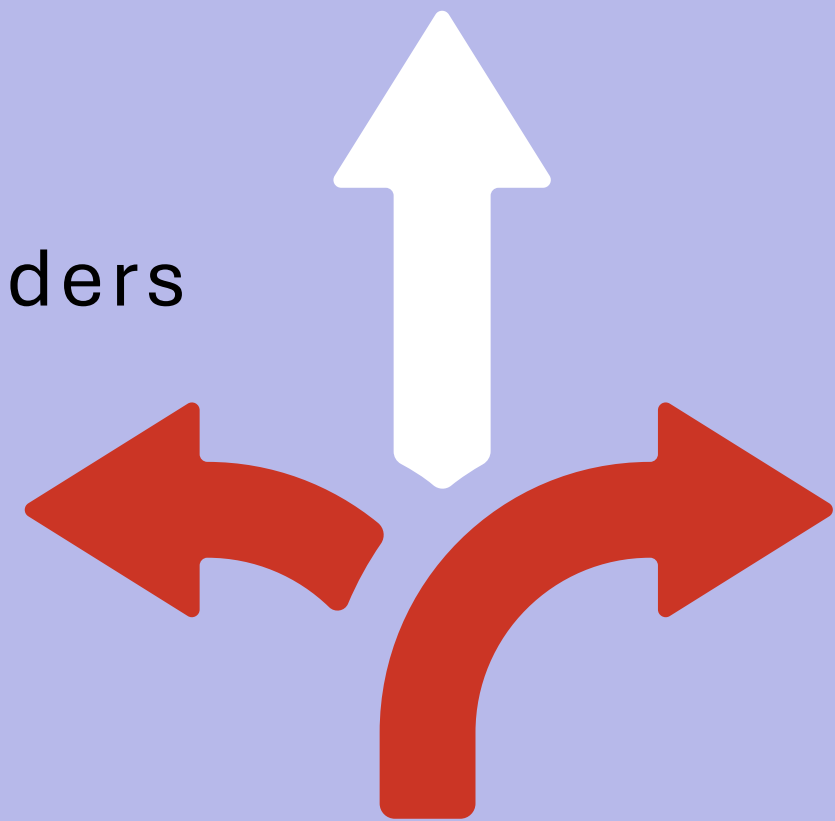
COMMUNITY PATHWAYS

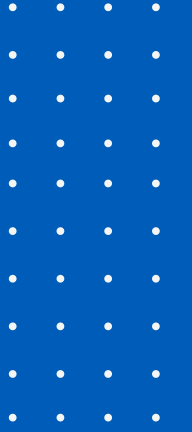
Community pathways connect and strengthen existing supports into a coordinated network, ensuring seamless access to services with no wrong door.

Guiding Principles

- Informed by individuals with lived experience
- Focus on developing an integrated network of supports
- Promotes collaboration across system partners and service providers
- Creates seamless, sustainable connections

This is where System of Care Teams come in!





SAMPLING OF “PREVENTION” OUTCOMES FROM SYSTEM OF CARE:

- Reduced absenteeism, suspension and expulsion
- Increased Graduation Rates
- Reduced Emergency Room stays and Inpatient MH Treatment
- Fewer youth in the foster care and juvenile justice
- Decreased involvement of Regional Center served families in foster care
- Reduced Caregiver Strain
- Broader array of services and increased access

WORKING TOWARDS THE VISION: STATE-LEVEL

What's Happening?

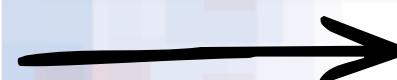
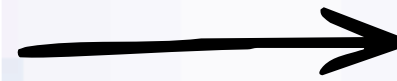
Mandated Reporting to Community
Supporting Reform Efforts & Community
Pathway development

Implementing Family First Prevention
Services evidence-based programs and
community pathways

Cross-Sector System of Care
Implementation

Implementation of CalAIM Community
Supports

Implementation of CYBHI/Fee Schedule



By Whom?

Child Welfare Council (Mandated Reporter
Advisory Committee & Prevention & Early
Intervention Committee)

Family First Prevention Services Advisory
Committee (and county-/Tribe-specific
Comprehensive Prevention Plans)

Statewide Joint Resolution Team

Department of Health Care Services & local
counties

Department of Health Care Services & local
counties

WORKING TOWARDS THE VISION: STATE-LEVEL

What's Happening?

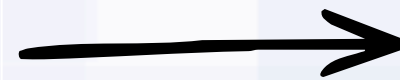
Community Schools (MTSS)

Community Navigator Program

Linkages

Differential Response

BSCC Youth Development & Community Safety



By Whom?

Department of Education & local county offices of education

Department of Developmental Services & local Regional Centers

Local child welfare & human services (public benefit) agencies

Department of Social Services & local child welfare agencies

Board of State and Community Corrections & local probation departments



WHO'S ON YOUR ILT?

**WHAT OTHER TEAMS OR NETWORKS
DOES YOUR ILT LINK TO AND PARTNER
WITH?**



SYSTEM PARTNERSHIPS IN PRACTICE

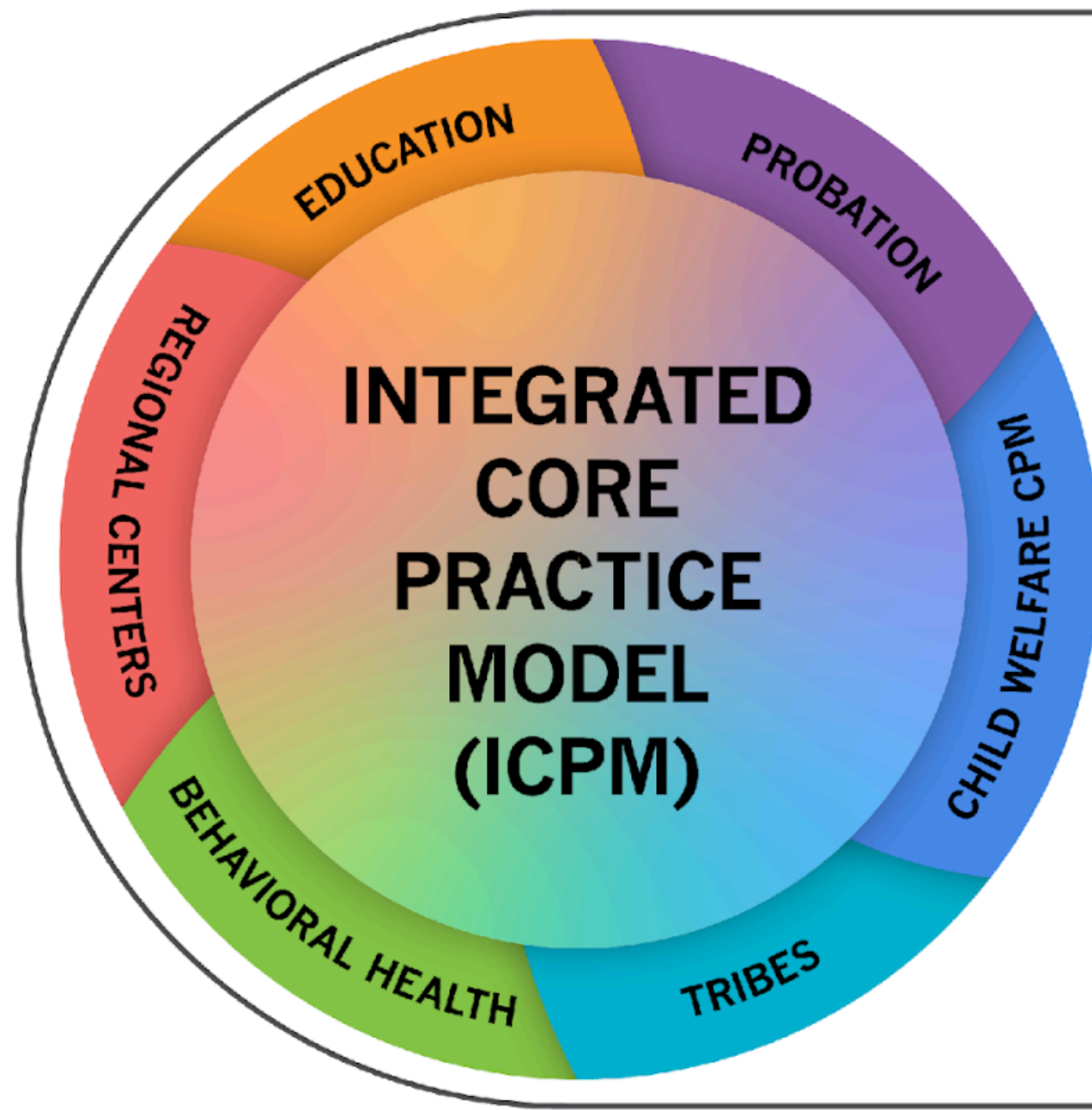
ILT

CPP

Other established integrated teams



THE ICPM (SYSTEM OF CARE PRACTICE MODEL) ALIGNS THE CYSOC PARTNER AGENCIES



Children, Youth,
and Families
System of Care

THE USE OF THE ICPM AS A “SYSTEM OF CARE PRACTICE MODEL” ALIGNS ALL CYSOC AGENCIES

The ICPM is the foundational framework for all CYSOC key agencies and their partners in their collaborative work.

- AB 2083 Children, Youth and Family System of Care provides the foundational framework for partnership and collaboration across the participating agencies and departments. The ICPM is the practice model that aligns language, values, principles, and behaviors across the systems, and can reinforce and align discipline specific practices and system innovation.
- ICPM provides guiding values, principles, and behaviors for all SOC key agencies, which advance shared foundational practice approaches within collaborative initiatives such as High Fidelity Wrap, CANS, CFT, BHSA, FURS, CYBHI, Family Finding, FFPS, Community Schools, and many others!
- The agencies and departments within CA’s SOC share a commitment to activating all ICPM core values, principles, and behaviors, and each county’s signed Interagency MOU indicates.

ICPM VALUES AND PRINCIPLES

Principles:

- Individualized
- Strengths-based
- Trauma informed
- Teaming & collaboration
- Family voice and choice
- Evidenced-based practice & outcomes-based
- Natural supports
- Developmentally appropriate
- Comprehensive array of services and supports
- Persistence

Values:

- Tribe, parent, and youth driven
- Community based and least restrictive
- Culturally, linguistically, and equity competent
- Prevention and early intervention focused

**ICPM PROVIDES
GUIDANCE
THROUGH
TANGIBLE
“BEHAVIORS”
ORGANIZED AT
BOTH THE
LEADERSHIP AND
DIRECT SERVICE
DELIVERY LEVELS.**

15 Direct Service Delivery Practice behaviors, organized by these domains:

- Engagement and Teaming
- Assessment
- Planning and Plan Implementation
- Monitoring and Adapting
- Transition

8 Leadership behaviors, organized by these domains:

- Engagement
- Teaming
- Accountability

PARTNERSHIP ENGAGEMENT AND IMPLEMENTATION SUPPORT

If ICPM is used as a shared practice framework:

Potential outcome #1: SOC agencies and their partners would increase their use of ICPM for guidance at the leadership and direct service level in support of our collaborative work, resulting in a greater cohesion across the System of Care at the state and local levels.

Potential outcome #2: As the ICPM is further operationalized in each agency, there will be greater use of the ICPM as experienced by children, youth, and families.

Potential outcome #3: The collective “system” and its healers will evolve over time, alive and whole. Just as people can grow and change, so can systems!

RESOURCES

California Integrated Core Practice Model:
Collaborative Practice across the Children and Youth System of Care



[ICPM brochure](#)

[ICPM resources and training guide](#)

[System of Care Coordination Tool](#)

[MTSS-ICPM-SOC document](#)

For more information about the ICPM, resources, trainings, and other events, please visit:

<https://humanservices.ucdavis.edu/system-of-care>

SOC & CPP COORDINATION IN PRACTICE

Engagement Opportunities

Reinforce for local agencies that child & family wellbeing, starting with prevention, is within the SOC continuum

Map out the service array to ID shared opportunities for serving families & leveraging services, supports & partnerships

ID coordination in practice with SOC & other prevention efforts (i.e. FFPS, etc.)



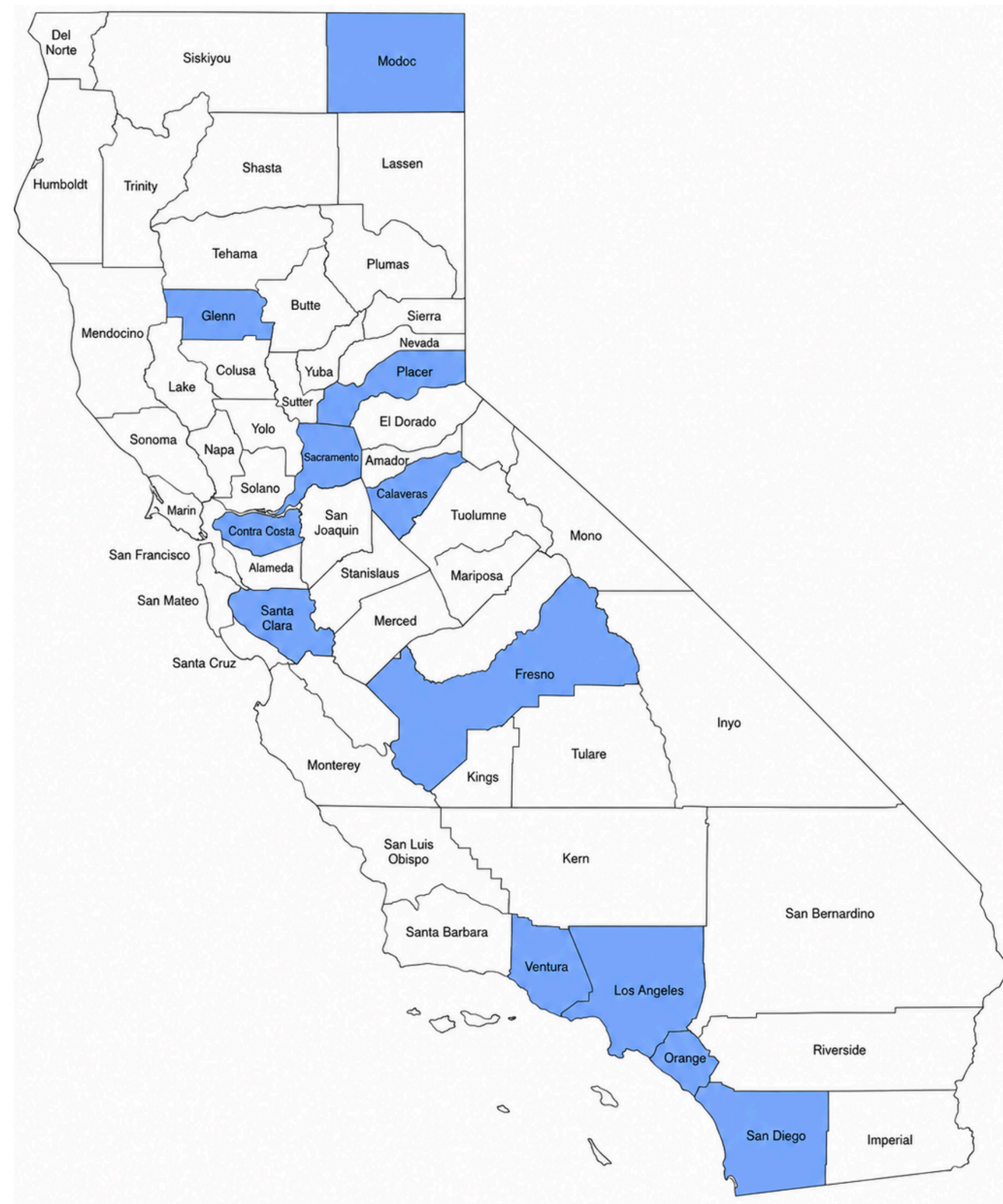
How could this look?

- Through messaging with local agencies in meetings, communications, and applicable guidance, reinforce that cross-sector collaborative teams can serve as prevention champions
- Develop shared definitions of child and family well-being both statewide and locally
- Share data on SOC outcomes, local needs, gaps, and cross-system impact of child and family well-being efforts
- Develop dashboards to share how child and family well-being prevention efforts supports each sector's goals
- Identify overlap between existing SOC services and other initiatives:
 - Ex. Family First Prevention Services Title IV-E funded evidence-based practices (EBPs)
- Via regular cross-sector collaborative meetings, identify areas where streamlined referral systems (e.g., Enhanced Care Management), communication mechanisms, and other partnerships can exist.
- Developing shared goals, track progress, and align funding via ILT meetings

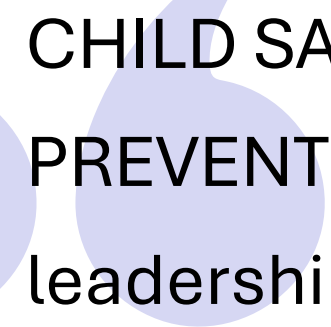


IS YOUR ILT A PART OF YOUR CPP GOVERNANCE STRUCTURE?

SAMPLE COUNTIES
ACTIVATING
PREVENTION WITHIN
THEIR SYSTEM OF
CARE

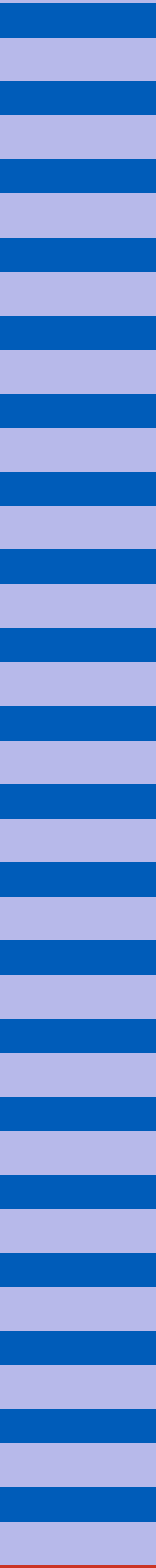
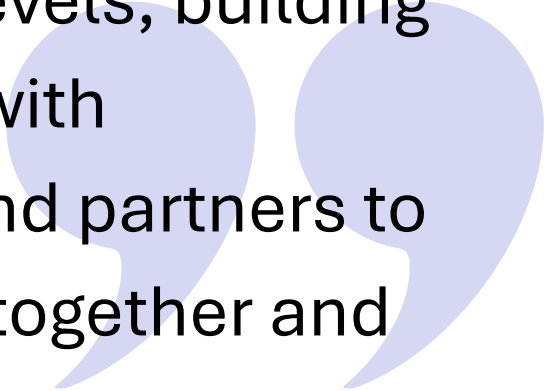


SACRAMENTO COUNTY SAMPLE MOU LANGUAGE




CHILD SAFETY FORWARD SACRAMENTO
PREVENTION CABINET – Executive
leadership within public and private
family-serving organizations working side-
by-side with local parents/caregivers to
create cross-systems changes that better
support children, youth and families, so
that they may be safe, healthy, and able to
thrive at home, in school, and in their
communities...

The CYFSOC’s approach to screening
and entry to care is rooted historically in
two decades of progressive investment
in prevention services and supports,
most often located in communities of
highest risk. The CYFSOC aims to reach
much deeper upstream in its existing
prevention and early intervention efforts
and is committed to deepening
prevention work at all levels, building
deeper collaborations with
communities, Tribes, and partners to
enable families to stay together and
thrive.



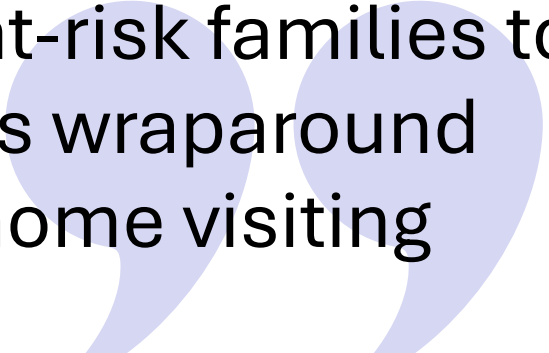
TUOLUMNE COUNTY SAMPLE MOU LANGUAGE



The ILT serves additionally as the Governance Body, associated with Family First Prevention Services, and as such, oversees the system partners efforts to design and deliver a Comprehensive Prevention Plan, linking programs and supports for Tuolumne County youth and caregivers.

Interagency Resource Collaborative has been integrated into the local Comprehensive Prevention Plan and Unite Us, a closed-loop referral platform, is identified as the system for referring, responding to, and documenting connections of families to prevention resources, including IRC.

The IRC will be comprised of experienced managers, deputies or other leaders, who will meet to consider and inform or support care planning to address any of the following needs:

- Community pathway for at-risk families to access resources, such as wraparound services, community-based home visiting services, and navigation.
- 

PANEL DISCUSSION

Featuring: Sacramento & Tuolumne Counties

- **Lori Miller, LCSW**, BHS Division Manager, Sacramento County
- **Melissa Loyd**, Deputy Director DCFAS, Sacramento County
- **Mel Herrera, LCSW**, Health Program Manager, Department of Health Services, Sacramento County
- **Lisa Clark**, DCFAS, Sacramento County
- **Monica Gonzalez - Williams, MSW, PPS**, Director, Foster Youth and Homeless Services, Sacramento County Office of Education
- **Terri Alford**, Mental Health Coordinator, Tuolumne County Superintendent of Schools
- **Michelle Clark**, Tuolumne County Assistant Health and Human Services Agency

PANEL QUESTIONS

- Could you orient us very briefly to your System of Care Leadership processes? Can you identify one or two things that made it successful to date?
- Could you describe what your ILT/EAC vision is for connecting the CPP work to the System leadership team?
- In both your counties, the Office of Ed has been a champion partner in expanding the 2083 vision to help children/youth access care in school settings. Can you talk to us about how you've done that?
- In what ways has the Behavioral Health work in prevention manifested itself? How is funding for prevention being coordinated/integrated?
- What benefits/ impacts are you seeing at this point from your upstream emphasis?

RESOURCES

Community Pathway Vignette DARYL, MILTON, & DAVEED

Daryl J. is a 55-year-old African American man who has been serving as a guardian for his two grandchildren for 10 years. The grandchildren, Daveed (age 14) and Milton (age 16), were removed from their parents for ongoing substance use and placed with Daryl who became their guardian when their parents were unable to reunify. Daryl recently retired and lives in a home that he has owned for more than 30 years. Daryl is the only adult in the home and the primary caregiver for the children. Daryl is doing his best to help them succeed, but he sees that Milton is withdrawn and experiencing periods of sadness. Milton has had two interactions with police involving being at the park after hours and tagging. Daveed was diagnosed with autism at a young age and receives ongoing in-home support services from the Regional Center. Milton and Daveed both express feeling abandoned by their parents.



Daryl was recently diagnosed with diabetes and had to have one of his toes amputated. He uses a cane for mobility assistance. His surgical recovery was challenging and limited his ability to get out of the house. Daryl has Medi-Cal Managed Care for him and his grandchildren but shared that he sometimes has trouble getting appointments for them. Daryl was also told that he needed to stop drinking alcohol and using marijuana, which he did regularly to cope. Daryl shared that he finds comfort in attending church weekly. Daveed and Milton join him and seem to enjoy the youth group at church too. Daryl has made multiple friends at church that he can lean on for support, when needed.



Milton has been struggling at school socially, getting into fights frequently with other students. Milton also has been missing school, often waking up late, and Daryl has not been able to get him out of bed. Milton's teachers share that he's a bright student and excels in math when he's in attendance. Due to Milton's frequent absences and tardiness and, ultimately, declining grades, he has been referred to the Student Attendance Review Board (SARB). Daveed attends school regularly. To support his educational and learning needs, Daveed has an Individualized Education Plan (IEP).

Daryl is finding the changes in his life saddening and overwhelming. He wants to continue to be there for his grandchildren but is struggling to manage his own needs. Following Milton's interactions

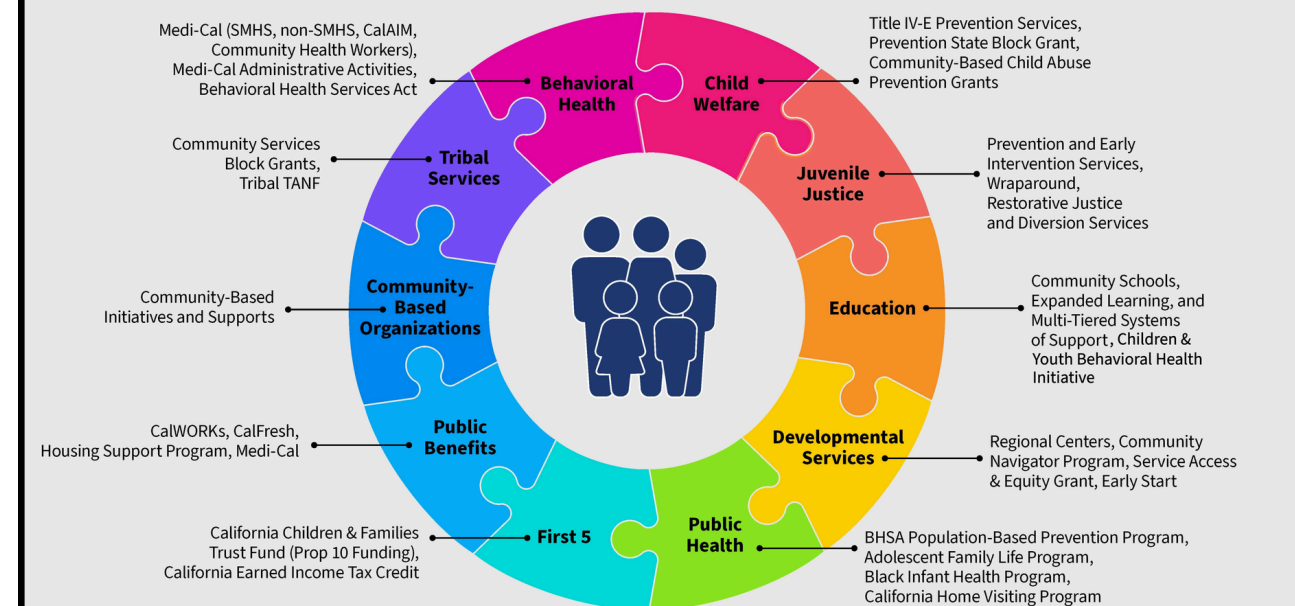
with the police, Milton was referred to a Family Resource Center for support, where they have offered case management (i.e., Motivational Interviewing) and Functional Family Therapy (FFT). The Family Resource Center completed a candidacy assessment for prevention services that was approved by the IV-E Agency.

Ideas for Action Steps for CPP & SOC Teams

For Comprehensive Planning Leads & Partners

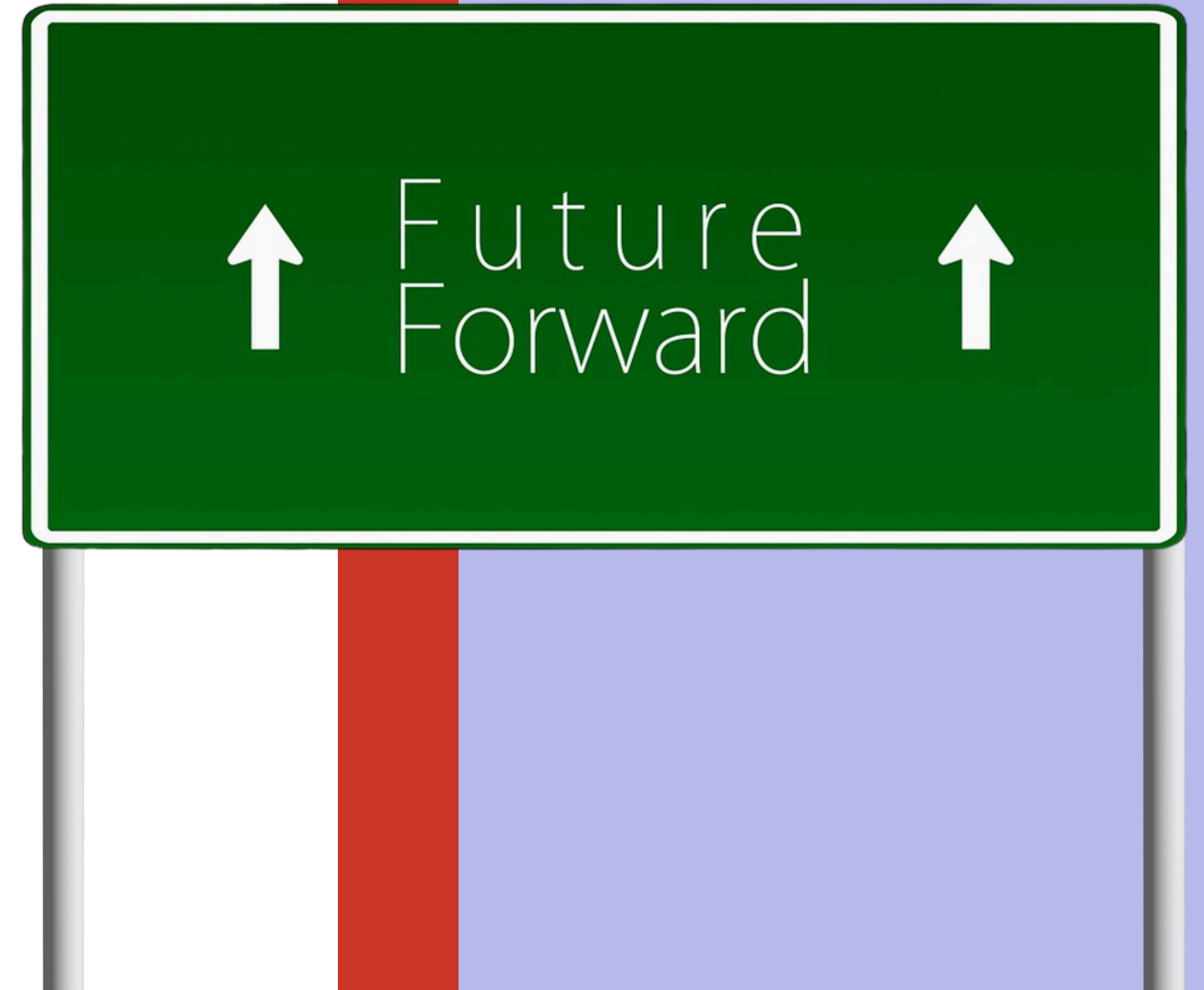
1	Who is the point of contact for your county's System of Care (Interagency Leadership) Team?
2	Which key partners are missing from your county's System of Care (Interagency Leadership) Team to advance prevention efforts (including non-mandated partners)?
3	How does your county's System of Care (Interagency Leadership) Team currently incorporate, if at all, primary, secondary, and tertiary prevention into its efforts?
	Primary:
	Secondary:
	Tertiary:
4	What opportunities exist to partner with your county's System of Care (Interagency Leadership) Team?

Advancing Child and Family Well-Being through Prevention

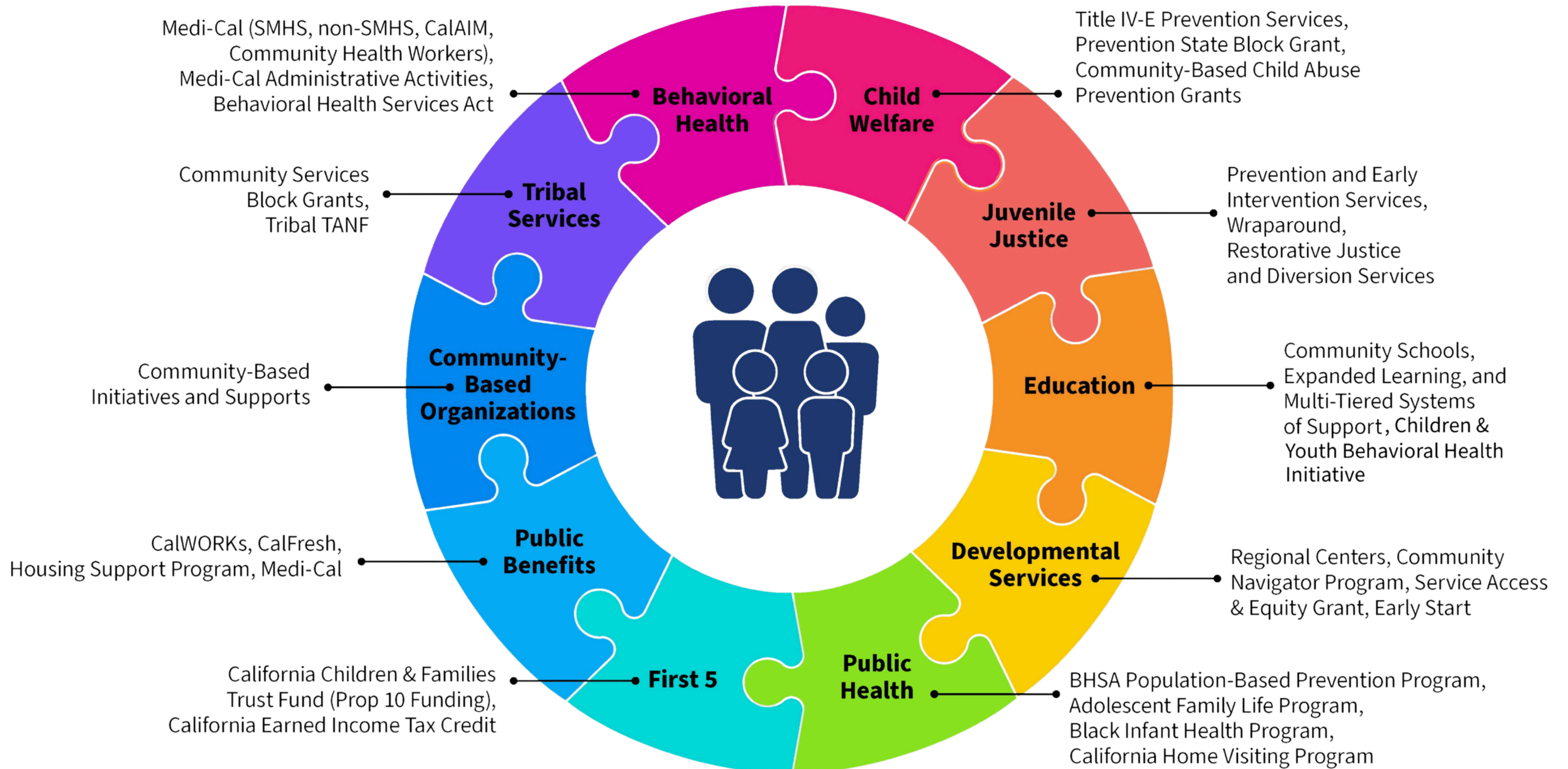


CHARTING THE PATH FORWARD

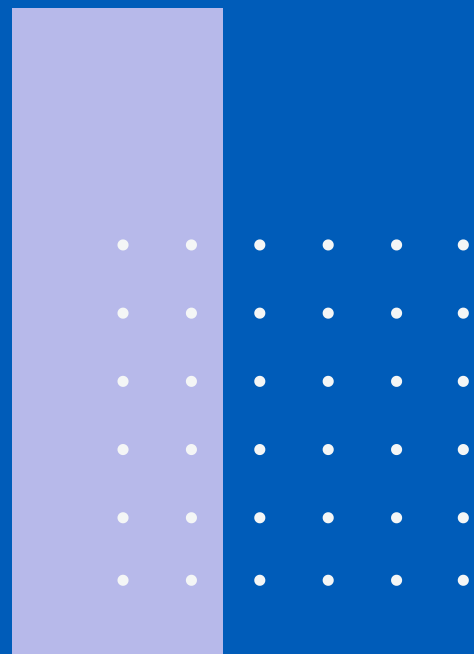
- What can you take back to your teams to work towards over the next month?
A few months?
- What new leverage points do you see for collaboration across your teams and organizations?



Advancing Child and Family Well-Being through Prevention



NEXT STEPS



- CFPIC TA: Technical assistance available
- Community of Practice Monthly Sessions
- State SOC Convening July 28th
- Your Survey responses will inform future focus areas!
- Stay tuned, coming in the fall...

THANK YOU

