California's Whole Child-Whole Student Ecosystem:

Embracing and Activating a "No Wrong Door" Vision and Full Array of Services for Children, Youth, and Families

September 1, 2026

CFPIC. Building capacity. Leading change.

CBSI Capacity Building for System Integration

breaking barriers THE POWER OF ONE

CALIFORNIA CHILDREN AND YOUTH SYSTEM OF CARE

CDSS DHCS DDS

Today's Objectives

To highlight an emerging vision for a singular Whole Child/Whole Student System of Care in CA

To unlock organizational pathways toward that Whole Child/Whole Student goal

To shine light on key initiatives that both accelerate the activation of the vision and support cross-system integration.

To focus on practical steps to build two key aspects of Ecosystem building: **Timely Access to Care and a sustainable Comprehensive Array of Services**

To bring this to life through county specific examples.

Zoom poll

Who’s in the room today?

As we begin…

What does “No Wrong Door” mean for children, youth, & families?

While we have seen recent gains, California has an ongoing imperative to address the whole child needs of children/youth

Despite tireless efforts, our children and youth's behavioral health needs are often not met…especially for traditionally underserved communities.

- Suicide is the 2nd leading cause of death among young people 10-24

- Mental illness is the #1 reason that children <17 years old are hospitalized in California[2]

- 1 in 5 children in California live with a mentalhealth diagnosis

14.5%

- Number of California students having suicidal thoughts in 2024[3]

50%

- Percentage of lifetime mental illnesses that start before the age of 14[2]

33%

- Percent of California students reported persistent sadness or hopelessness in 2024

Working Paper: California's Children & Youth Behavioral Health Ecosystem

Legacy Service Delivery is most often…

Under-serving families

- Not children, youth and family-centered
- Rooted in structural inequities
- Not accessible
- Under-delivering whole-person preventive care
- Underutilizing community-defined support methods
- Distrusted

Missing key resources

- Underutilized due to stigma
- Lacking culturally responsive workforce
- Longer term workforce shortage

Structurally siloed

- Siloed service delivery and thinking
- Hindered by lack of data and info-sharing
- Ineffective and siloed funding mechanisms

Working Paper: California's Children & Youth Behavioral Health Ecosystem

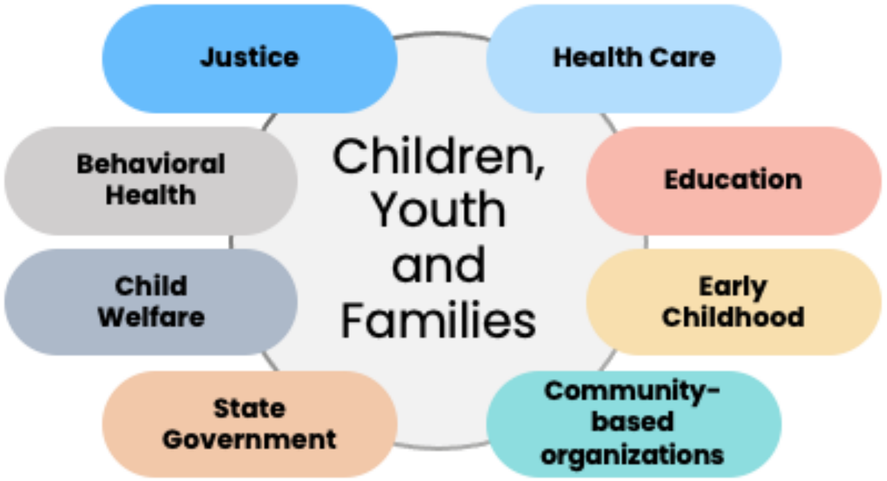
Why a Larger EcoSystem is Necessary

- Nearly all of California's child and family service reforms ultimately have the same goals…to keep children and youth safe, at home, in school and out of corrections or youth justice involvement.
- These objectives are identical to AB 2083/System of Care efforts, and other "whole student" strivings.
- Research and experience suggest that additional programs or services alone do not meet these goals.
- The AB 2083 System of Care approach has a structure and key functions, and great potential for aligning and sustaining services. It also contains flaws which are easily addressed locally in pursuit of whole child/whole student outcomes.
- CA has allocated billions of dollars into school systems and CalAIM efforts: essentially re-locating the "center" of the children's System of Care to schools and communities.

What will it take?

Who is involved

Young people, families and those who support them



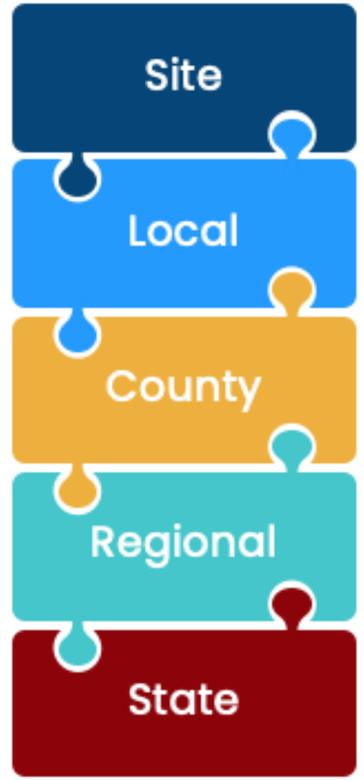
What is required

An Integrated Youth-and Family-Serving System

- Centering children, youth and families
- Larger, culturally responsive and congruent workforce
- Incentives for integrated financing and maximization of state and federal funding
- Training and coaching
- Shared leadership, outcomes, financing, and data

How

Action at every level



[Working Paper: California's Children & Youth Behavioral Health Ecosystem]

Essential Context and Understanding

Research suggests that two key aspects are essential:
Establishing timely pathways to care for all kids (No Wrong Door) – AND - a Full Array of Services.

Among the current or recent reforms/initiatives, there is a unique and powerful **interdependence** between Children's System of Care (AB 2083), the Children and Youth Behavioral Health Initiative (CYBHI), CalAIM and the Community Schools Program (CCSPP), among others.

Unless and until county agencies and state partners address long standing programmatic and relationship **disconnections** in key areas–no local, community, school or district-based reforms like Community Schools, CalAIM or CYBHI will be able to achieve stated whole child-whole student-whole person goals.

Likewise, without collaborative relationships and decision making, local programming and service enhancements that are features of school and community wellness initiatives, larger county System of Care implementation is unlikely to result in lasting reform.

In other words, No Wrong Door and A Full Array of Services requires an alignment of all efforts under singular vision and function.

California's Challenge and Opportunity toward No Wrong Door and a Sustainable Full Array

- CA provides wellness and support services through far more departments and programs than most states. Most states fund mental health and SUD services, for example, solely via a Mental Health Department.
    - CA has BHS related services in BHS, schools, First 5, Public Health and a Behavioral Health carve-out (CalAIM) and others.
- This creates challenges in design and delivery.
    - More access/pathways doors to coordinate.
    - More services to organize into a coordinated and full array.
- It also creates enormous opportunity to serve and care for families.
    - More access/pathways doors to coordinate.
    - More services to organize into a coordinated and full array.

Among many common objectives to Whole Child work, two pursuits are paramount…

No Wrong Door/All Right Doors
- Identification of whole child-whole student needs
- Seamless and timely delivery of care (closed loop referrals and access to care)

Comprehensive/Expanded Array of Effective Services
- Access to the right service/program for any youth, based on their needs, not the limits of code or funding.

Those two pursuits are supported by 40 years of research on Whole Child/Whole Student work

- **Pathways to Care (No Wrong Door)**
- **Full Range of Effective Services and Supports**
- Population Description
- Values and Principles
- Theory of Change
- Implementation Plan
- Performance Measurement
- Financing Structures and Strategies
- Provider Network
- Provider Accountability
- Family Choice
- Collaboration and Family Voice
- Governance
- Transformational Leadership

Univ. Of South Florida, 2005

Moving from Siloed to Integrated Services

Individual and fragmented agencies often operate in scarcity of resources; many initiatives focus on the same students and youth.

Integrated systems are whole systems, and whole systems are healing systems!

SBCSS Transforming Together: https://www.sbcss.net/innovation-and-engagement/healthy-sbcss/transforming-together

breaking barriers
THE POWER OF ONE

A Common Vision in CA's Whole Child-Whole Student Work…

California's state and local child and youth agencies design and implement a singular EcoSystem of Care with families and young people, which integrates all pathways, resources, and entitlements of children and youth to maximize its resources, and ensure that children and youth get care, services and supports when they need them to achieve their goals.

Understanding System of Care is Essential

"A broad, flexible array of services and supports for a defined population…organized into a coordinated network, integrating care planning and management across multiple levels; is culturally and linguistically competent, builds meaningful partnerships with families and youth at service delivery, management, and policy levels, and has supportive policy and management infrastructure."

"Sharing of Responsibility, Relationship, Resources, Risk and Reward"

Pires, S. (2002). *Building systems of care: A primer.*

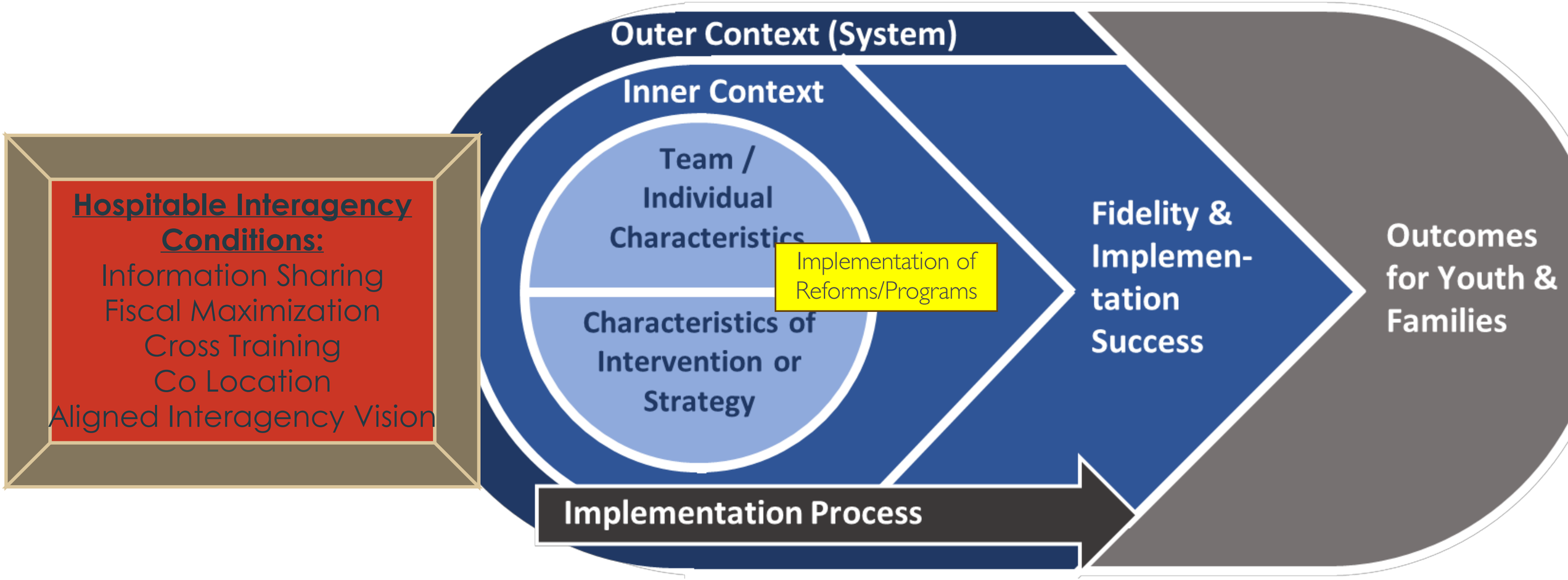
Assembly Bill 2083

- Each of the state's fifty-eight counties and their regional center partners are mutually **obligated to define**, via an Interagency Leadership Team (ILT) and a Memorandum of Understanding, the **essential building blocks of effective care delivery and coordination across large and complex systems**.
- A children's System of Care is NOT an initiative. It is **a structured relationship between organizations and agencies** responsible for the wellness and health of youth and families within their shared jurisdiction.
- The MOU must address specific **functional elements of collaboration**, including: cross system leadership, information management and data sharing, and maximizing all available funding (local, state and federal).
- System of Care implementation should include **authentic partnership with families and students** toward their success and well- coordinated community based services.
- While AB 2083 identifies "foster youth" as the population of focus, Sacramento's System of Care team has expanded to a population of focus on all at risk/complex needs youth and families.

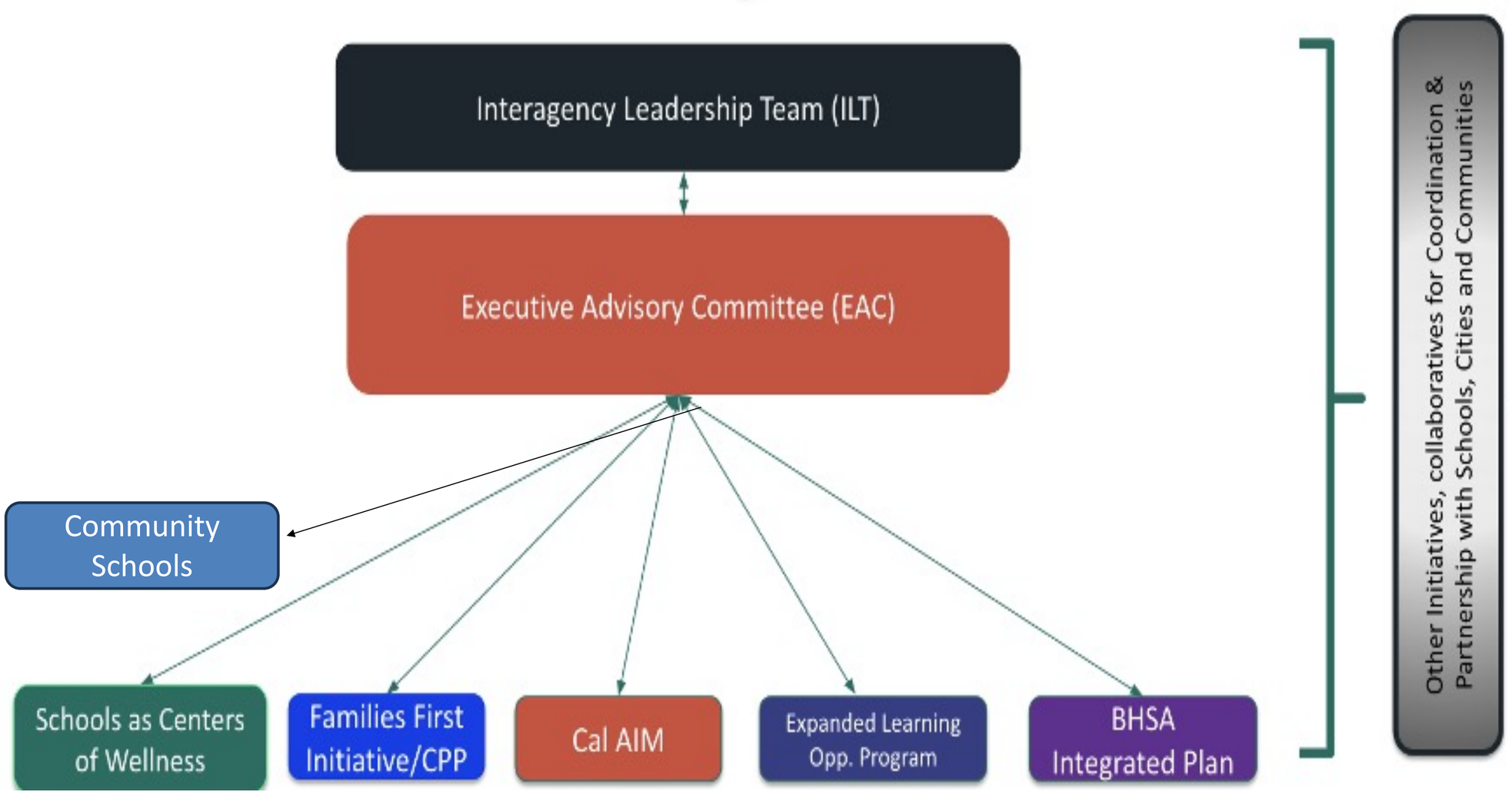
AB 2083 Interagency Functions

Sustained interagency attention to these 11 elements results in seamless and timely access and a full array of services.

System of Care establishes interagency relational conditions that make “No Wrong Door” and a Comprehensive Array possible



Sample Two-Tier Leadership Structure



ILT

- Sets vision
- Ensures accountability
- Resolves system barriers

EAC

- Executes strategy
- Manages operations
- Coordinates across agencies
- Upward feedback loop to ILT to surface system patterns and solutions

System of Care outcomes are aligned with nearly all reform goals, including CalAIM, CYBHI and CCSPP

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

Reduced caregiver strain and improved family functioning.

Expanded array of home/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)

Increased High School graduation rates for at risk populations.

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

In other words, AB 2083's System of Care is the most likely place to find the alignment of Vision and Functions in a uniform Structure.

Progress is already underway…

Shared Vision

Many counties are **expanding AB 2083 population of focus and ILT membership** to reach children/youth prior to welfare/probation entry.

CalAIM's MCP partners **increasingly connected to Children and Youth System of Care leadership process/teams.**

Shared Structure

Local Interagency Leadership Teams in many counties are consistently engaged and striving to expand and enhance their 2083 efforts.

High Fidelity Wrap--Community Leadership Teams; Community Schools, Prevention Cabinets/CPP teams are increasingly reporting to/or supported by ILT bodies.

Shared Functions

State guidance now requires One Child/One CANS service planning and coordination for youth in CWS/Probation.

Some counties adapting and expanding Interagency Placement Committee (IPC) to engage families before System entry.

BHSA Integrated Plans require alignment with CFS and Probation programming.

Building forward:

Critical levers of the Whole Child Ecosystem that broaden the continuum/array and create "No Wrong Door"

Mandated Reporting to Community Supporting

Comprehensive Prevention Plan (FFPSA)

CalAIM (ECM and Comm Supports)

BHSA Integrated Plan/HF Wraparound Alignment

BH CONNECT

IP CANS, Child and Family Teaming, Tiered Rate Structure

CYBHI Fee Schedule

Community Schools

CARES Case Management System

SB 823 Realignment—And related Juvenile Justice Reforms

Master Plan for Developmental Services and Enhanced Community Services

Expanded Learning Opportunities (Schools)

Using System Of Care (AB 2083)
to build the
“No Wrong Door”and
support a full array of services

Let's define "No Wrong Door" and "Comprehensive Array of Services" and their interdependence

No Wrong Door/All Right Doors

- Services, supports and interventions are accessible and timely.
- Youth in one part of the system, based on their needs, get access to other services.
- Transitions by and between teams/agencies do not result in disruption of care (Referrals are authentically seamless/timely.)
- Youth data is accessible and shared in ways that shorten wait times, increase timely access.

Comprehensive/Expanded Array of Services

Programs, supports and services are available and understood by partners, to meet child/youth/family needs, regardless of entry point, eligibility or funding mechanism of the distinct programs/departments serving the youth.

What Does No Wrong Door Look and Feel Like?

Present Day:

Discrete Referral Pathways Lead to Services Siloed by Systems

- **Pre K-12** → Siloed services that ***do not*** **meet comprehensive need**
- **Primary Care** → Siloed services that ***do not*** **meet comprehensive need**
- **Behavioral Health** → Siloed services that ***do not*** **meet comprehensive need**
- **Child Welfare** → Siloed services that ***do not*** **meet comprehensive need**
- **Juvenile Probation** → Siloed services that ***do not*** **meet comprehensive need**
- **Regional Centers** → Siloed services that ***do not*** **meet comprehensive need**
- **Tribal Services** → Siloed services that ***do not*** **meet comprehensive need**

Looking Ahead:

An Ecosystem of Care with Joint Responsibility

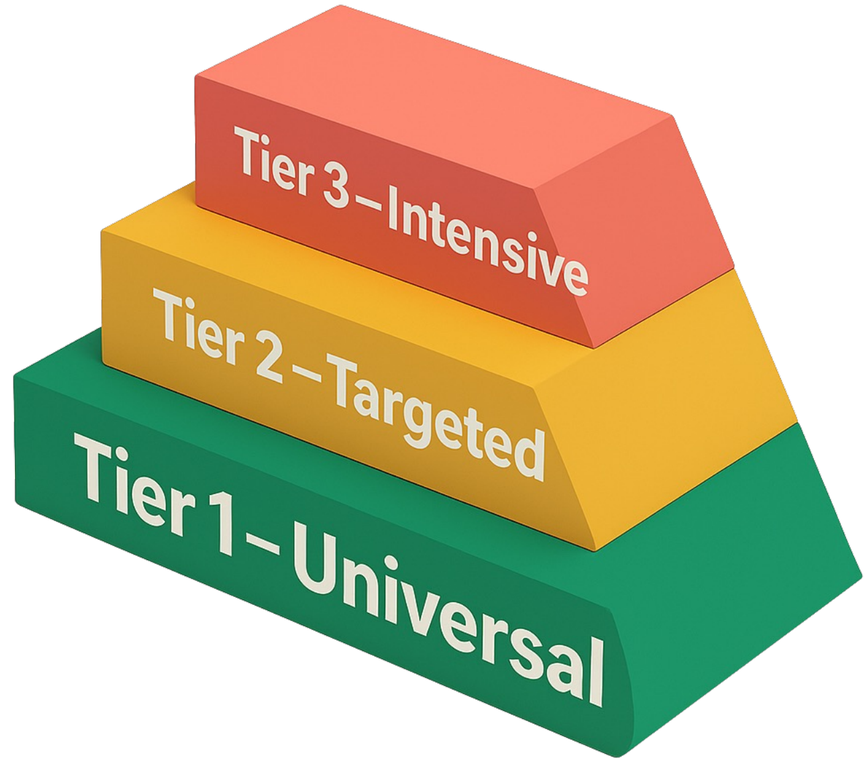
- Pre-K-12
- Primary Care
- Behavioral Health
- Child Welfare
- Juvenile Probation
- Regional Centers
- Tribal Services
- Community Involvement

Ecosystem of Care
(e.g., System of Care, AB 2083)

Comprehensive Array:
jointly provided by
Pre-K-12
Primary Care
Behavioral Health
Child Welfare
Juvenile Probation
Regional Centers
Tribal Services
Community Involvement

What is meant by a Universal Array of Services?

- **Shared language and definitions** for all Children's System of Care partners
- **Coherence** in how partners identify **needs**, allocate **resources**, and design **integrated pathways to sustainable care delivery.**
- Supports access across **multiple tiers simultaneously**, depending on their needs, strengths, and circumstances (Our kids get access to what they need, not based solely on their "eligibility"



Tier 1: Universal Supports

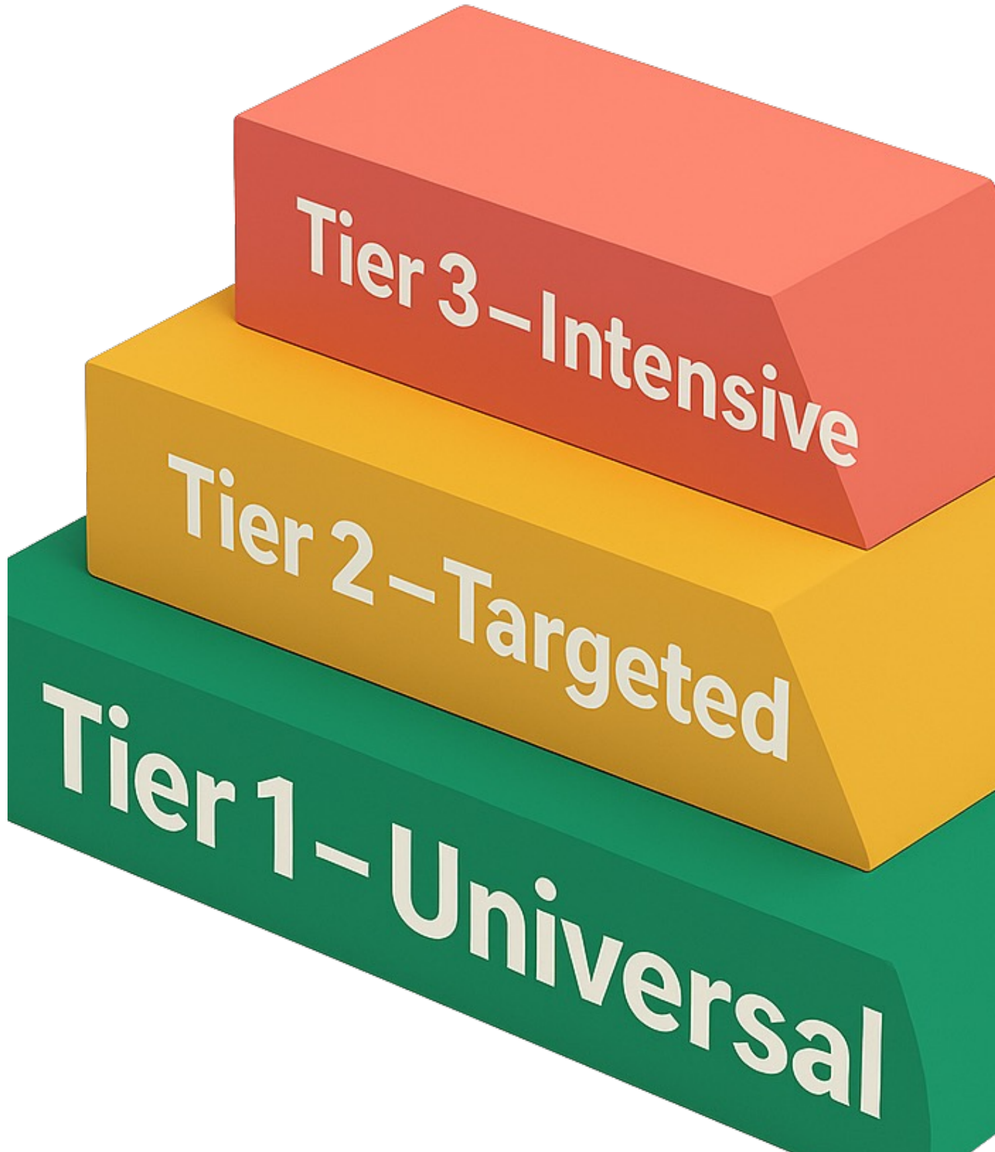
Promoting Wellness and Preventing Harm

- Promote child and family **well-being**
- Prevent **problems** before they arise
- Build **protective factors** that foster resilience
- **Universally accessible**
- **Schools** and **communities** are the primary delivery platforms
- Reduce **downstream demand** on more costly intensive interventions

Tier 2: Targeted Supports

Early Response for Emerging Needs

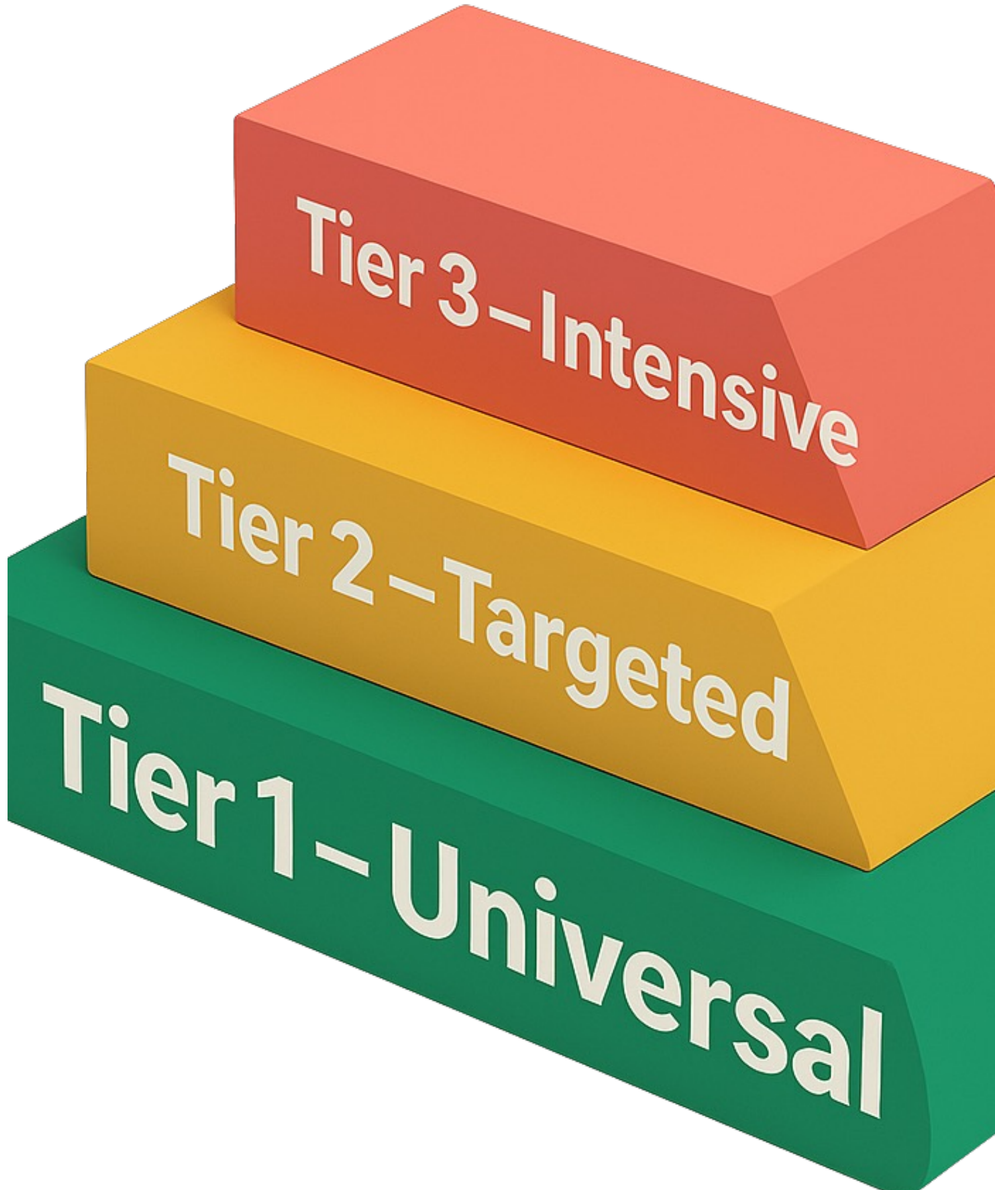
- **Additional needs** despite access to universal supports
- More **targeted**, often **time-bound** and respond to **specific** issues
- May be **school-based** or **community-based**
- Buffers youth from **escalating challenges**; keeps them at home, in school and community
- Must be **intentionally** designed for **equity**



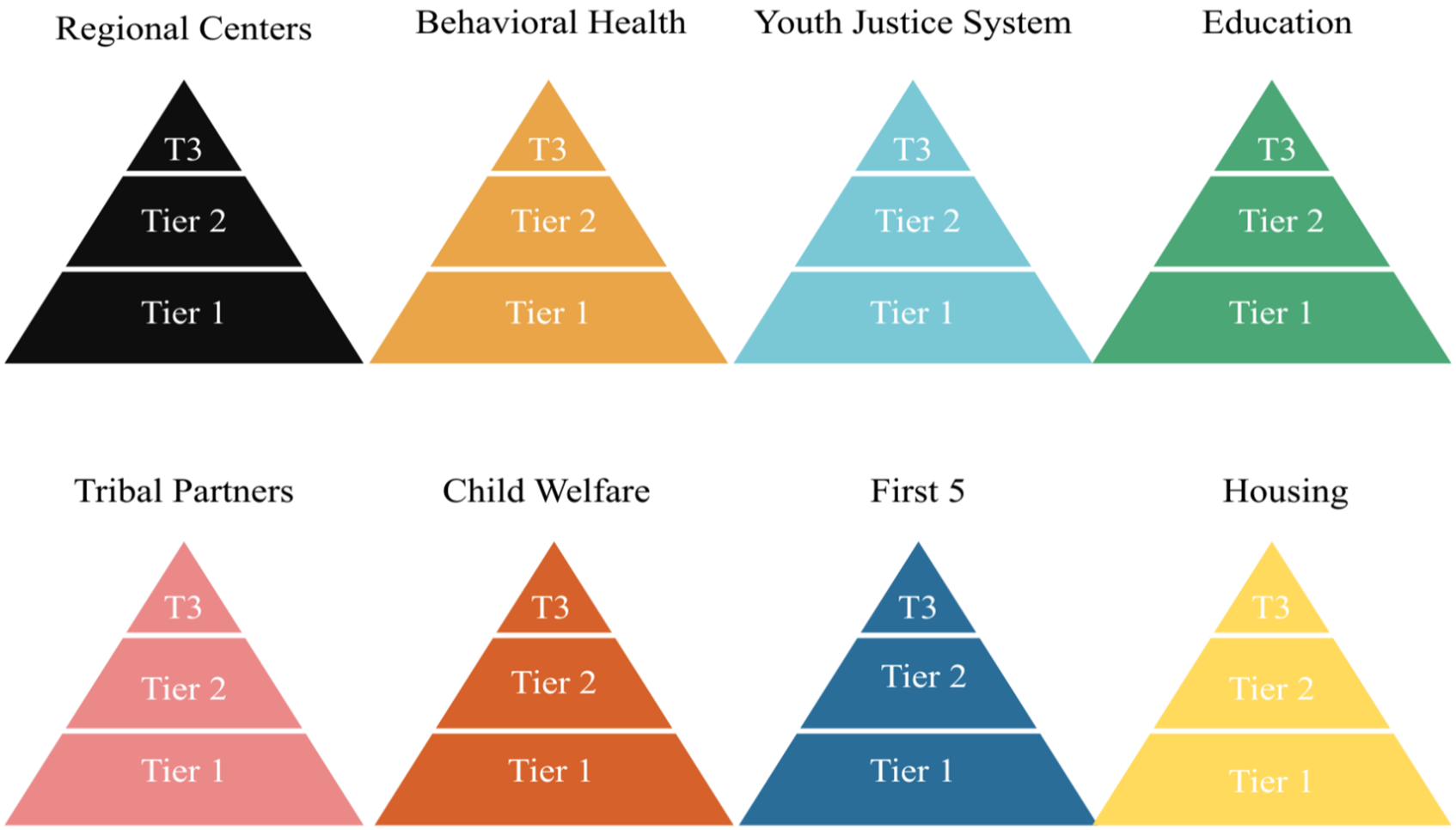
Tier 3: Intensive and Integrated Services

Coordinated Care for Complex Needs

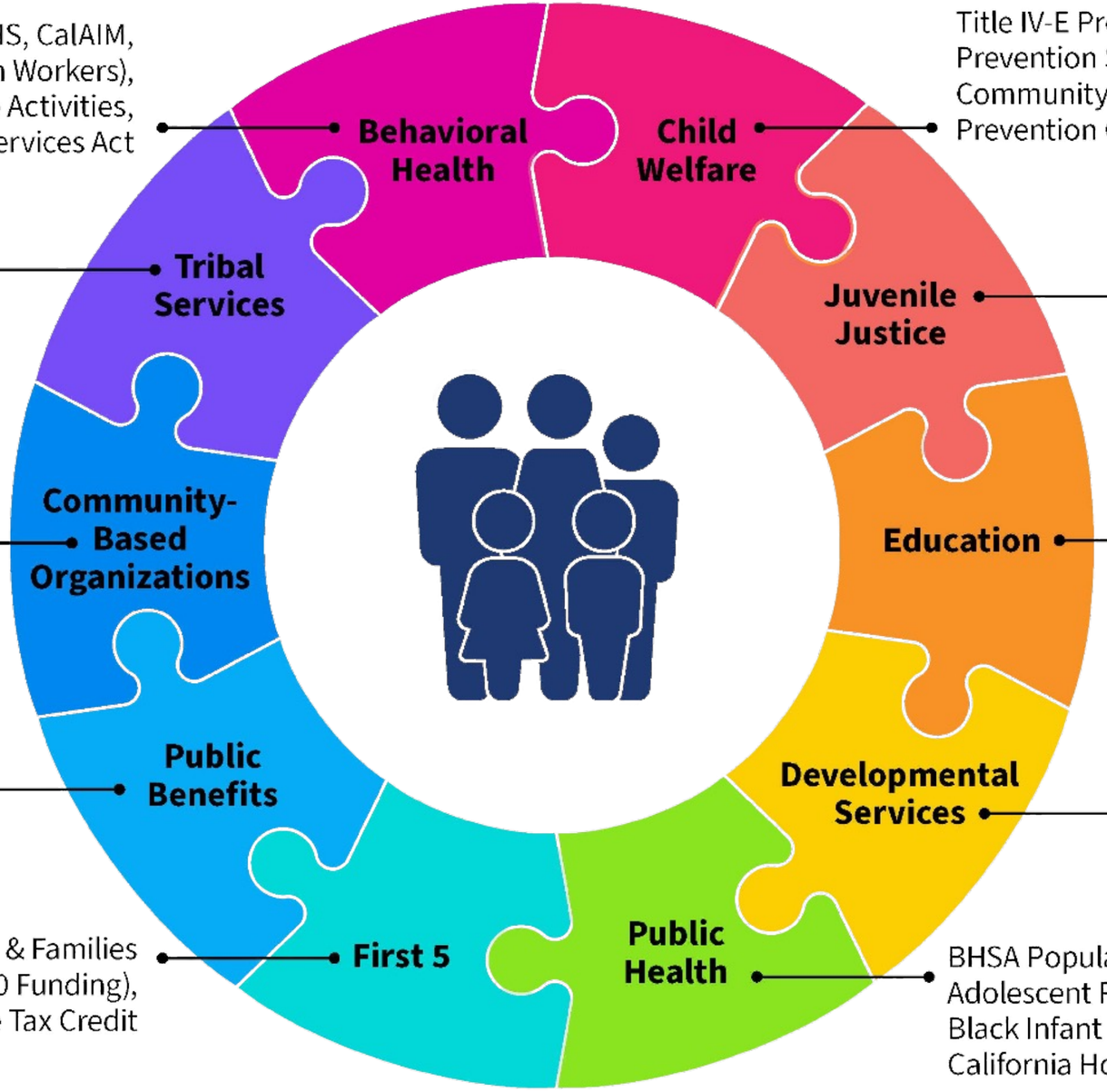
- **High-intensity**, **individualized** supports
- **Multi-system** involvement and **integrated care plans**
- Deeply **relational**, **trauma-responsive**, and often **longer-term** in nature
- When implemented with fidelity, **reduces unnecessary institutionalization**, **out-of-home-placements**, and **recidivism**



Siloed Service Arrays → Integrated Universal Service Array



Advancing Child and Family Well-Being through Prevention



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

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

Community Services Block Grants, Tribal TANF

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

Community-Based Initiatives and Supports

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

CalWORKs, CalFresh, Housing Support Program, Medi-Cal

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

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

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

Building the Conditions for No Wrong Door and a Full Array of Services

1. Evaluate the current system
2. Align the Current Array of Supports and Services
3. Establish the infrastructure
4. Implement and integrate
5. Monitor and adapt

Prerequisites to building a No Wrong Door and Universal Service Array

1. Create a leadership team with shared vision and scope (e.g. the ILT operating the AB2083 MOU).

2. Review existing data sources from partners to understand who is served and how well.

   Identify your priority cross systems goals and populations of focus.

Step One: Evaluate the current system's capacities to serve a Priority Population within your MOU

Review existing mandates/initiatives to analyze existing requirements and resources across partner agencies.

Key Question: What must be readily available for all children to access, including our priority populations of focus?

Step One: Evaluating the Current System

Getting started:

Review

- State-Level Data by Partner
- Local Data and Priorities with each partner bringing their:
  - Priority Initiatives
  - Metrics/data dashboards
  - Logic Models
- ILT Data Dashboard (if available)
- Identify your Priority Population of Focus and complete an Initiative Inventory (Abbreviated)*

Where do you get the information?:

- Statewide Resource Databases
- System Centered Initiatives
- Prevention Initiatives by Department
- Sample CYSOC Logic Model
- Blank CYSOC Logic Model
- Sample Work Plan
- Chart of Child & Family Serving Agencies
- Chart of Entitlements and Supports

County Example: Ventura County

*Adapted for ILT use from the Transforming Together: Ecosystem of Care Implementation Guide

Step Two: Align the Current Array of Programs, supports and services

1

Match Service Array to Population of Focus. Share and orient all ILT members to available services and supports from key sources.

2

Identify access points to each service, assessing the availability to families within the population of focus.

3

As an ILT/EAC, talk through areas of strengths, gaps, duplications, and areas for potential resource sharing and integration.

Key Questions:
How do we utilize these? How do children access them?
What are our gaps in services and supports?
Can any of these be accessed more often by youth in another department's sphere of responsibility or by better coordinating across agencies?

Step Two: Assessing the Current Array of Programs, supports and services

Getting started:

- Complete Universal Service Array Assessment of local supports and services for the identified population(s) of focus by reviewing:
  - Services and Supports by Department (System Entry Point - Tunnel 1)
  - Local Services and Supports with each partner bringing information regarding a description of services offered to the population, how those services are accessed (ie. entry points) by children and families, funding sources for those services, and any additional pertinent information

Where do you get the information?:

- The **System of Care Coordination Tool** from the Child and Family Policy Institute of California

County Example: Calaveras County

Step 3: Establish the Infrastructure

Ensure County ILTs have robust partnership with schools and school districts; MCP partners
Expand ILT/EAC membership or connect key program management staff to the ILT/EAC

Enhance/expand use of Interagency Placement (Resource Sharing) processes and others like COST teams and IEPs

Expand RED Teams to include COE, Schools, MCP Liaison, BHS or First 5 staff

Co location of key staff and functions

Step Three: Adapting and Activating the Infrastructure

Getting Started:

- Assess infrastructure needed to carry out the plan identified in building and enhancing the service array for the population of focus utilizing questions and considerations from the Checklist for Building ESC Workgroups

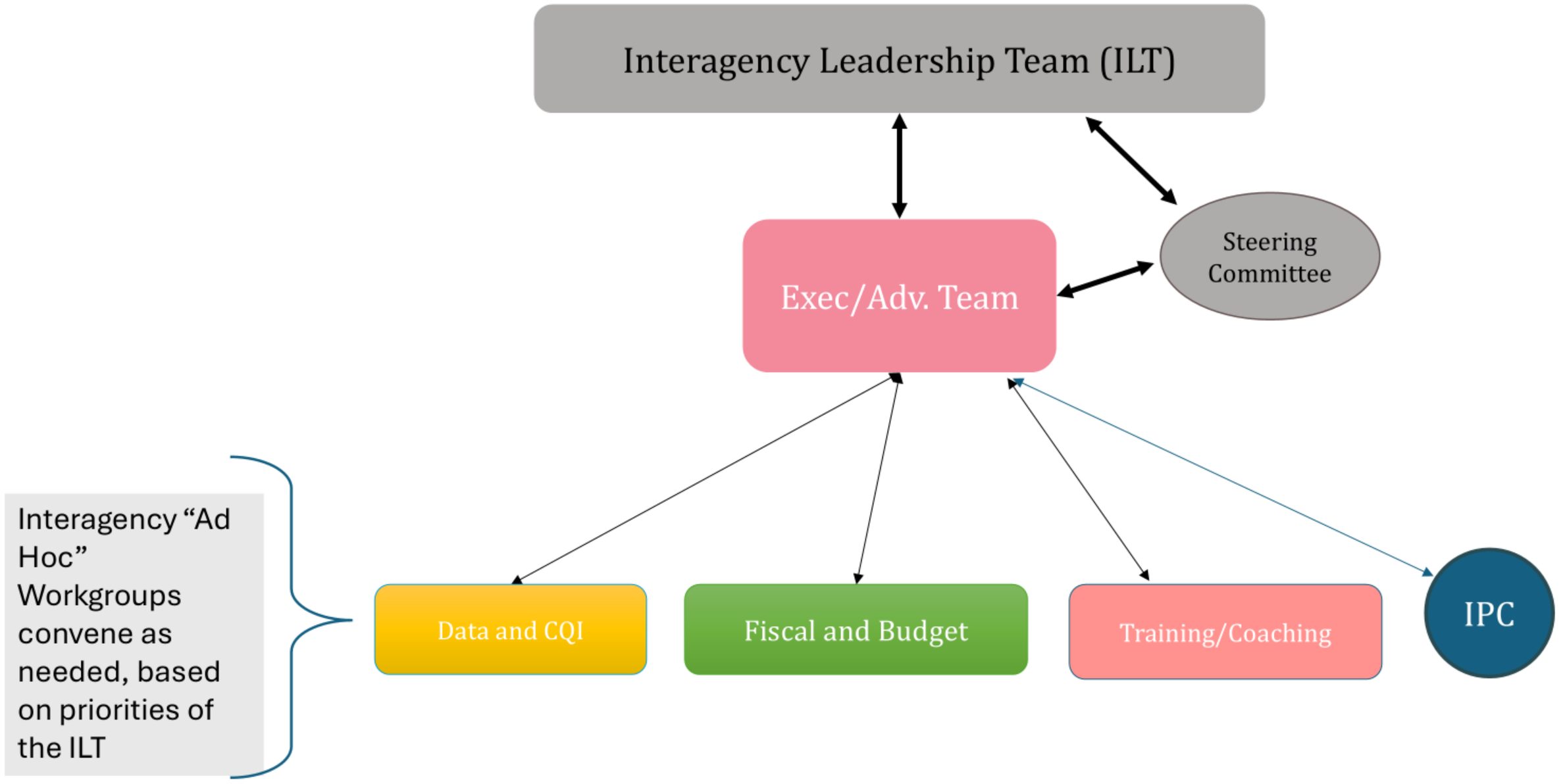
Where do you get the information?:

- Chart of Existing Interagency Workgroups
- IPC Monograph

County Example:

Sacramento County Advisory Team has Sacramento County Office of Education Community Schools membership expansion

Sample Children and Youth System of Care STRUCTURE



Step Four: Implement and Integrate

- Ensure that the shared service array across agencies is developed and tangible enough for all direct services staff to understand and use.
- Train and supervise to the array
- Onboard staff across agencies to understanding the service array and ways to access services.
- Upgrade and streamline referral process as needed.

Step Four: Implement and Integrate

Continuing the Work

- Create coordinated steps that are needed to implement the infrastructure, define communication regarding the service array to staff and families, trainings, fiscal integration, shared policies, enhanced referral pathways, etc. needed on the Action Plan tab Universal Service Array Assessment and track the status of those action steps

Where do you get the information?

- The **System of Care Coordination Tool** from the Child and Family Policy Institute of California (Tunnel 2 - Child Specific Need)
- Expanded AB 2083 Project Management Tool - CYSOC Project Management Tool

Example: Tour through the System of Care Coordination Tool

Step Five: Monitor and Adapt

- Use data to **track impact**, **address disparities**, and **refine the array**
  - Analyze services **access**, **outcomes**, and **satisfaction** across tiers
  - Identify where **inequities** and disparities persist
  - Integrate **lessons learned** back into **ILT/EAC planning**
- Creates a **feedback loop** that keeps the universal array **responsive**, **equitable**, and **locally owned**

Step Five: Monitor and Adapt

Tools:

- Setting Concrete Attainable Goals and Measuring Success
- Examples of Community Need/Problem, Goals, and Metrics

County Example: Tuolumne County Dashboard

Three Examples of Expanded EcoSystem Doors; Expanding the Full Array

- **California Community Schools Partnership Program (CCSPP)--** Creates campuses that integrate academics, health, mental health, social services, family engagement, and extended learning.
- Address barriers to learning (poverty, housing instability, and unmet health needs) by creating schools that serve as *whole child and family community hubs*.
- Improve student attendance, academic outcomes, reduce inequities and strengthen partnerships between schools, families, and communities.

- **CalAIM: Transforming Medi-Cal-**
  - ECM supports comprehensive care management for members with complex needs, coordinating care for eligible Members, across the physical, behavioral, and dental health delivery systems.
  - ECM is interdisciplinary, and requires providers to know if youth/family are in care in some other part of the ecosystem!
  - ECM provides multiple pathways to serve children, youth and adults across nine "Populations of Focus" including Child Welfare, incarcerated, homeless, etc)
  - Community Supports in inherently focused on building additional "doors" into the system.

- **CYBHI Fee Schedule--** Statewide Multi-Payer Fee Schedule for School Linked Behavioral Health Services (Fee for Service)
- Schools bill for both Medi-Cal and Commercial Insurance
- COEs or LEAs

Real World Stories:

Impact for youth and families in Fresno County

Youth System of Care Journey: Cross-System Coordination & Collaboration

A multi-system response spanning child welfare, behavioral health, education, and community safety

EXISTING SYSTEMS

CHILD WELFARE • DSS

BEHAVIORAL HEALTH • DBH

EDUCATION • SCHOOL

FEB 2026
Targeted threat identified
TVPTF begins monitoring

INITIAL RESPONSE
DBH arranges residential mental health treatment

PLACEMENT SEARCH
DSS submits CTF referrals
Education completes IEP

BARRIER + ESCALATION
CTF referrals denied

COORDINATED RESPONSE
DBH → ILT meeting
DSS → State TA call

PLACEMENT SOLUTION

DSS • OUT-OF-COUNTY STRTP OF 6
Secures placement while broader options are pursued

DBH • LOCAL STRTP OF 1
Secures a local treatment option

RETURN TO FRESNO • MULTI-SYSTEM COORDINATION

TVPTF
Community safety
School placement
Mental health services

EDUCATION
Works to secure appropriate school placement

DSS + COURTS
Addresses law enforcement & community safety concerns

DBH + STRTP + WRAP
Ensures appropriate and effective mental health services

KEY MESSAGE:

No single system could address the youth’s needs alone — coordination expanded as treatment, placement, education, and community safety needs intersected.

NO WRONG DOOR:
A Connected Interagency Response

Connecting specialized cross-system teams to shared interagency leadership

IPC
Interagency Placement Committee

Complex placement & cross-system coordination

ILT
Interagency Leadership Team

AB 2083
Leadership & System Alignment

TVPTF
Targeted Violence Prevention Task Force

Targeted violence prevention & intervention

RESET
Resource Engagement & Systems Evaluation Team

Community-wide access & referral pathway

NEW PILOT

HOW WE WORK TOGETHER

- Information and needs flow from each team to ILT.
- ILT provides system-level direction, alignment, and resources back to each team.
- Together, we ensure youth and families receive the right support, at the right time, through the right partners.

TVPTF MEMBER AGENCIES

- Fresno County Sheriff's Office
- Fresno County Behavioral Health
- Fresno Police Department
- Clovis Police Department
- Joint Terrorism Task Force
- Fresno County Superintendent of Schools
- Probation

SPECIALIZED TEAMS • SHARED RESPONSIBILITY • COORDINATED SYSTEM RESPONSE

Let’s start to wrap up and summarize…

Important Takeaways

AB 2083 is not an initiative. It guides an interagency structure which holds shared vision within an agreement for shared functions, intended to guide and support partners in their collective use of a coordinated network of programs and resources.

AB 2083's System of Care shared structure and functions, provides the hospitable conditions for many reforms, nearly all of which include a focus on No Wrong Door and sustaining a full array of services.

Many tools and resources exist, which when combined with the right technical support, can broaden System of Care's impact to those reforms.

A System of Care's ultimate return on investment is best measured in how it supports social determinants of health and wellness, and how it prevents further trauma and system involvement.

Next Step Ideas

How will your ILT address your county's universal service array?

Ecosystem Building: Creating a No-Wrong Door Comprehensive Array of Services

Applying Today's Strategies to Your AB 2083 Interagency Leadership Team

Phase	Phase Objective	Tools	Tool Description
1	Evaluate the current system's capacities to serve a Priority Population within your MOU.	Initiative Inventory (Abbreviated)* *Adapted for ILT use from the Transforming Together: Ecosystem of Care Implementation Guide	When completed during an ILT meeting partners, this inventory can help the ILT g together all current initiatives, mandates resources related to their population of f order to understand the needs and requirements of each partner that will ho be considered when assessing how to integrate supports and services in Step 2.
		System Centered Initiatives	This list of initiatives can be used by ILTs to reference as ideas and reminders of wha initiatives can be included and assessed priority focus areas when completing the Initiative inventory.
		Prevention Initiatives by Department	This list of initiatives can be used by ILTs to reference as ideas and reminders of wha Prevention-focused initiatives can be inc and assessed for priority focus areas whe completing the Initiative inventory.
		Blank CYSOC Logic Model Sample CYSOC Logic Model	A logic model is a visual planning and evaluation tool that illustrates how a tea work from a shared vision to connect the resources invested (inputs) and activities conducted to the immediate products

Your Reflections

What will you try? Share in the Slido now!

No Wrong Door and Universal Array Building TA Available

We are here to help!

What's Next?

Mobile Response Across the System of Care - November

Breaking Barriers Integrated Care Symposium - November