

Introduction

Transforming Together (T2) is a multi-year initiative that supports California counties in aligning, integrating, and expanding services for children, youth, and families. Its purpose is to help county leaders move from disconnected and duplicative programs—efforts that were never designed to work together—to a coordinated and comprehensive system of supports.

In practice, this means building the structures and relationships that turn broad goals into concrete, cross-system change.

Through this work, T2 helps counties build a whole-child ecosystem of care by uniting education, health, social services, and other child-serving organizations into a coordinated network. By complementing other state initiatives, T2 ensures that counties maximize resources and create conditions where children and families' social, emotional, physical, and cognitive needs are fully met.

Funded by California's Children and Youth Behavioral Health Initiative (CYBHI) in coordination with the California Community Schools Partnership Program (CCSPP) and led by Breaking Barriers and the San Bernardino County Superintendent of Schools, T2 integrates California's current System of Care, CCSPP and CYBHI work into a broader vision and structure for realizing a whole child ecosystem in every California county.

T2 builds on the [CYBHI Youth at the Center Report](#), and the [California's Children and Youth Behavioral Health Ecosystem Working Paper](#), by providing practical guidance for putting its recommendations into action. The term "ecosystem" reflects the interconnected web of children, youth, families, education, health, social service, juvenile justice and other child-serving partners working together in shared structures to realize more transparent, accessible, comprehensive, equitable and effective services and supports for all children and youth.

Why Integration Matters:

California is already investing in powerful initiatives — Community Schools, the Children and Youth Behavioral Health Initiative (CYBHI), and the System of Care framework, among others. Each is designed to expand opportunities and improve outcomes for children, youth, and families.

But if pursued in isolation, even the strongest initiatives risk becoming siloed, duplicative, or limited in impact. Transforming Together (T2) unites these efforts into one coordinated ecosystem.

By aligning initiatives under a shared vision, counties can:

- Break down silos between agencies and programs.
- Maximize the impact of available resources.
- Ensure that children and families experience holistic, whole-child and whole-family support.

Only by integrating these efforts can California realize the full promise of each initiative and achieve lasting transformation across systems.

About this Guide:

This Implementation Guide is a companion to *California's Children and Youth Behavioral Health Ecosystem Working Paper* ("EcoPaper"), commissioned by CalHHS and developed by Breaking Barriers. Developed with input from across California, the EcoPaper set forth the vision, rationale, and necessary components of a reimagined behavioral health whole child ecosystem. This Guide is designed to implement those recommendations.

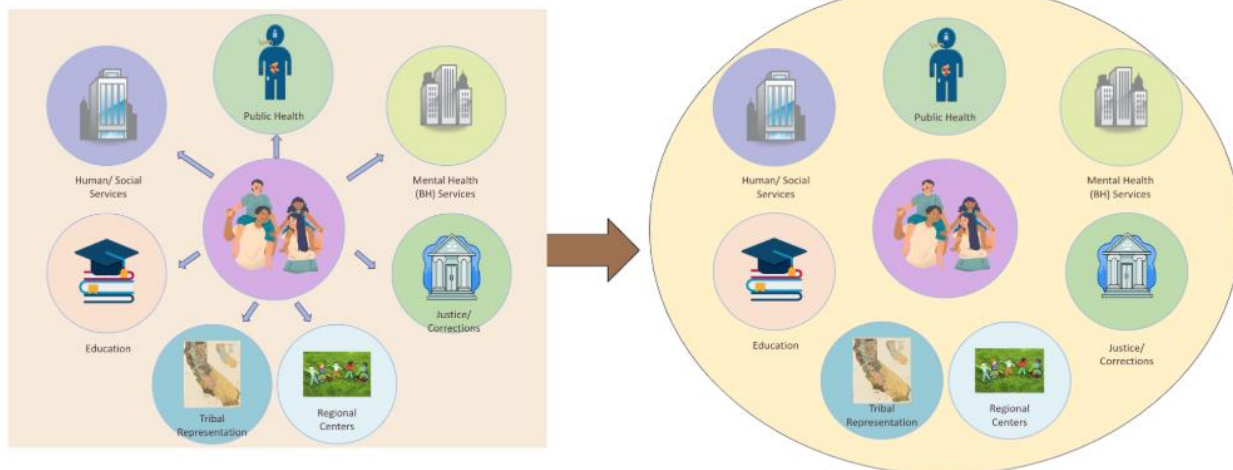
Where the EcoPaper explains *what must change and why*, the Implementation Guide focuses on *how to transform*. It translates the EcoPaper's recommendations into practical steps counties and communities can take, uniting existing initiatives and whole child efforts to maximize sustainable whole child impact.

Federal shifts and reductions in funding create new pressures on local systems—but they also underscore why integration is no longer optional. Counties that coordinate across agencies can do more with existing resources and improve outcomes for children and youth. Building from the EcoPaper, this Guide demonstrates how to turn those pressures into opportunities for sustainable system change.

Despite federal shifts and reductions in funding, the imperative to integrate resources and unite around children and youth is stronger than ever. This Guide demonstrates how, building from the EcoPaper, we can take immediate steps to align leadership, braid funding, and strengthen cross-sector systems so that children, youth, and families experience care as seamless, equitable, and whole.

The starting point is clear: California cannot achieve better outcomes for children and youth if essential services remain fragmented. The EcoPaper highlighted the risks of siloed programs; this Guide shows the path forward. **The diagram below illustrates this fundamental shift—from individual, disconnected services toward integrated systems of care.**

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!

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Why This Guide Matters:

This Guide is about making work easier and more effective for child, youth, families and those who serve them every day. When systems are fragmented, professionals spend more time navigating barriers than meeting needs: a school counselor scrambling to find mental health support, a probation officer unsure who else is helping the same young person at the same time, a pediatrician without insight into a child's housing instability. By contrast, when systems integrate ([see here](#)), each role can focus on its strengths — and outcomes improve. Communities that embraced collective impact approaches saw graduation rates rise, kindergarten readiness increase, teen pregnancy fall, and chronic homelessness drop. The message is clear: integration doesn't just create better systems, it helps every professional do their job better and makes life [measurably](#) better for kids and families.

The Whole Child: A Shared Definition to Inform Collective Impact

Research and practice underscore that child development depends on a mix of health, safety, engagement, and support. These factors are interconnected and interdependent: children's brains and bodies develop in context ([see here](#)), shaped by the people, places, and experiences around them.

Agencies often address these factors separately, guided by their specific missions, mandates, and expertise. This specialization is a strength—schools, health providers, social services, and others each bring essential knowledge to the children and families they serve. The challenge arises when these areas of expertise operate in isolation, leaving families to navigate disjointed or even conflicting supports.

This Implementation Guide uses the term *whole child* for simplicity, but the concept appears across many frameworks—*whole person care*, *social determinants of health*, *integrated student supports*,

systems of care, the Integrated Core Practice Model, and others. The name matters less than the shared principles: that supports should be coordinated, developmentally appropriate, individualized, strength-based, and shaped by youth and family voice.

Consider a young person like *Selby*: while incarcerated, he had access to a therapist and medication to help manage his bipolar disorder. But the day he was released, those supports disappeared and while new supports were available, he did not receive support in accessing them. Within weeks, he spiraled into crisis and returned to the justice system. Each agency had fulfilled its individual responsibility, yet without coordination across systems, *Selby's* progress collapsed. What he needed was continuity of care that followed him home and into his community. California's [CalAIM Justice-Involved Reentry Initiative](#) offers a current model of this in practice, enabling eligible individuals to (pre)enroll in Medi-Cal and begin receiving coordinated behavioral health, medical, and supportive services before release and afterward.

Adopting a whole-child lens creates a common language for agencies with different missions, making collaboration more natural and helping professionals do their jobs more effectively. A school counselor addressing absenteeism, a pediatrician treating chronic asthma, or a probation officer supporting reentry can all work better when connected through an integrated ecosystem rather than operating in silos.

By grounding this Guide in a whole-child approach, *Transforming Together* emphasizes not a new framework but a common thread across many, helping counties move from fragmentation toward coherence and integration—so that young people experience consistent, coordinated support across education, health, human services, and other youth-serving sectors. At the end of this Introduction, you will find a more expansive outline of this whole-child approach.

INTRODUCTION: TOOLS FOR IMPLEMENTATION

Why Change?

California county leaders have a clear responsibility—and a rare opportunity today—to reimagine how agencies and communities work together to support the well-being of children, youth, and families.

The Case for Change

Recent data underscore the urgency:

- Youth suicide rates have risen by nearly 20% over the past decade, with disproportionate impacts on youth of color and LGBTQ+ youth.
- Chronic absenteeism surged to over 25% statewide during and after the COVID-19 pandemic.
- Behavioral health service requests for children and youth have outpaced the workforce, with some counties reporting waitlists of months.

These findings align with the EcoPaper's analysis of California's current state, which documents record-high rates of youth mental health needs, rising absenteeism, and months-long service waitlists across the state (EcoPaper, pp. 6–11).

Without system change, no single agency can solve these challenges. Fragmented services, siloed funding, and disconnected decision-making leave youth and families struggling to navigate complex systems. A countywide Ecosystem of Care provides the structure to align resources, strengthen the workforce, and improve long-term outcomes for children and youth in the ways they need and want.














Moving from Siloed to Strategic

Meeting today’s challenges requires attention to the whole child—the social, emotional, physical, and cognitive needs that are inseparable in a young person’s life. At the same time, it is important to recognize the value of specialization: education, health, social services, justice, and other child-serving systems each bring essential expertise. A school counselor, a pediatrician, or a probation officer must focus on their primary role, just as an oncologist’s priority is to deliver the right chemotherapy.

The challenge arises when these systems operate in isolation. When agencies focus only on their piece without coordination, families experience disconnected or even contradictory services. The opportunity is to preserve the strengths of each field while weaving them together into an ecosystem where strategies are coordinated, data is shared, and funding is aligned.

In such an approach, families encounter supports that feel seamless. Educators can address the root causes of absenteeism with help from health and social services. Mental health providers can anticipate and respond to needs earlier. Agency leaders can fill critical workforce gaps together. And most importantly, children and youth can access care and opportunities that reflect their full humanity rather than fragmented parts of their identity.

Below is a graphic which illustrates the vision, structure and function T2 is working to realize in an ecosystem of care across every California county and community.

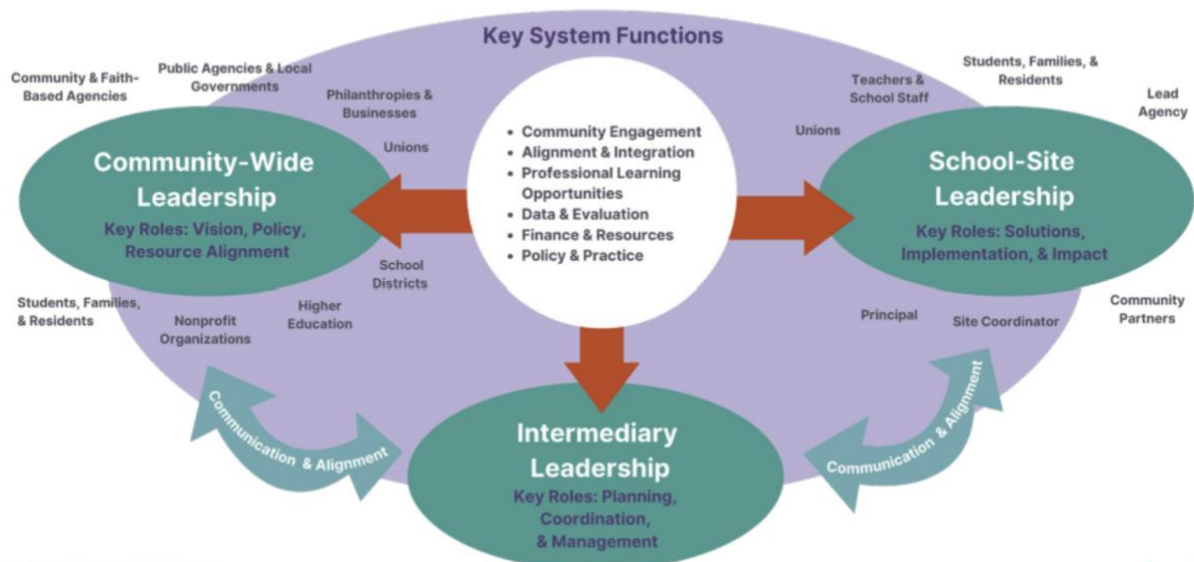
 Vision, mindset and culture	 Structure, organization and resources	 Function, process and outcomes
<ul style="list-style-type: none">  Clear shared vision by, for and with children and families  Communities and families empowered as partners to elevate their interests  Commitment to address root issues of structural inequity 	<ul style="list-style-type: none">  Integrated approach to child wellbeing and alignment across the ecosystem  Capacity building, technical support, and research agenda for initiating and building local ecosystems of care  Larger, culturally responsive and congruent behavioral health workforce 	<ul style="list-style-type: none">  Community-defined shared outcomes, accountability and continuous improvement  Data and info sharing processes and tools  Effective approaches to integrated funding to maximize impact  Coordinated care navigation for youth, students and families

California Policy Momentum

Importantly, state policy already points counties in this direction. The Local Control Funding Formula for schools, the Children and Youth Behavioral Health Initiative (CYBHI), the California Community Schools Partnership Program, California Advancing and Innovating in Medi-Cal (CalAIM), and AB 2083's interagency System of Care requirements all set expectations for shared responsibility for whole-child outcomes across communities, education, health, juvenile justice, human services and other child serving organizations.

Below is a graphic for the Collaborative Leadership Structure for Community Schools:

A Collaborative Leadership Structure for Community Schools

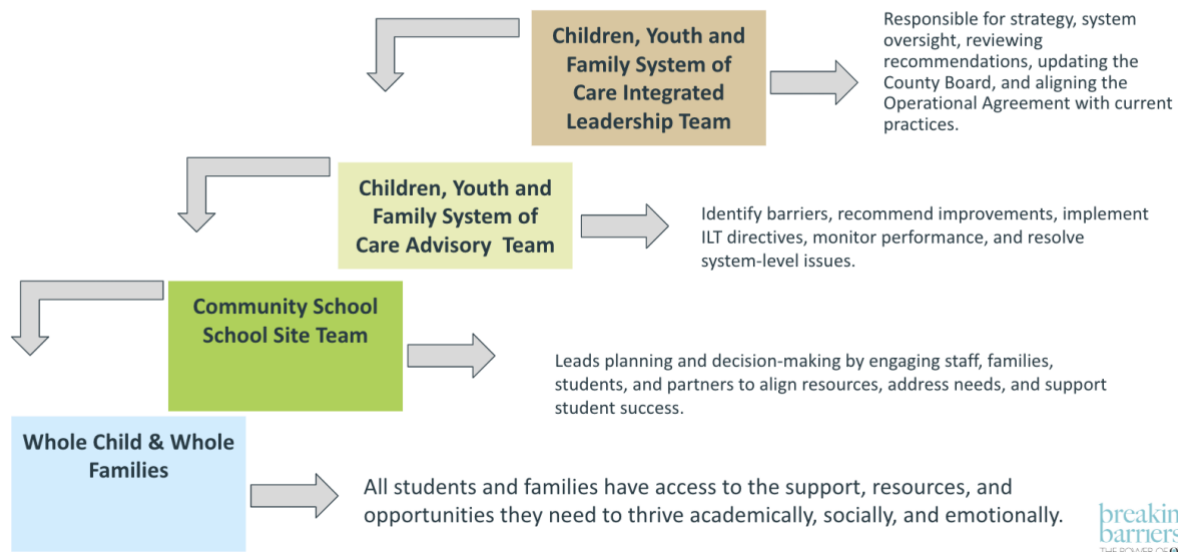


"A Guide: Building a Community Schools System", figure 1, p.2, IEL & Coalition for Community Schools

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Both AB 2083 System of Care and Community Schools seek to develop cascading interagency and community leadership structures to improve outcomes for the children and youth of California, including a county-community leadership structure-team, an intermediary implementation leadership structure-team and a site level leadership structure-team that together unite communities and agencies in shared leadership, shared goals, shared accountability processes, shared financing, shared information and shared care. In addition, CYBHI seeks to transform and reimagine the way California supports children, youth and families by centering the needs of young people and uniting the agencies and organizations that serve them. Together, these bodies of work form the Ecosystem of Care that T2 is advancing through this Guide, establishing the conditions for California's children, youth, and families to thrive.

An Ecosystem of Care: Cascading System Supports (Conceptual)



Please see below for a vignette from Fresno County, amplifying the benefits and impact of ecosystem work.

Fresno County: Building Access Through Trust and Integration

Fresno County Superintendent of School's (FCSS) journey toward an ecosystem of care began with a stark reality: rural communities on the county's west side had virtually no access to behavioral health services. "We knew there was a lack of services for all students," recalls Trina Frazier from the office of the Fresno County Superintendent of School. FCSS partnered with the Department of Behavioral Health to bring services directly into schools, homes, and communities—laying the foundation for trust and shared responsibility. Over time, FCSS shifted from offering only specialty mental health (tier three) to offering tier one and tier two services now includes prevention and early intervention supports, and mild mental health services with 12 wellness centers strategically placed in high need areas and mobile therapy units serving as regional hubs. FCSS now has a full behavioral health continuum of care.

Key milestones along the way included blending funding streams, piloting billing through the statewide fee schedule, and creating a consortium with districts to close gaps for students with private insurance. "Our goal was to remove as many barriers as possible so families could have a choice where they obtain services," adds Tammy Frates. Wellness Coaches, clinicians, and family partners now provide care through a "no wrong door" approach, ensuring families are connected to support no matter where they enter the system.

The work has not been without challenges—navigating two different systems (medical and educational) required patience, training, and new language. But FCSS is seeing results: waitlists have shortened, more youth in rural areas are accessing care, attendance has improved, and suspensions have declined.

For FCSS, the most inspiring outcome is simple: children receiving mental health services they never had before. As Trina explains, "It can change the trajectory of a student's life—teaching them how to cope with what's going on at home, so they can show up ready to learn."

INTRODUCTION: RESOURCES FOR IMPLEMENTATION

Supporting Systems Change—What this Guide Provides

The Transforming Together Implementation Guide captures the framework and implementation steps necessary to realize the recommendations of the 2023 CYBHI *Ecosystem Working Paper*. An ecosystem is more than a network — it is a living, coordinated system where schools, health providers, social services, juvenile justice, communities and other child serving agencies work seamlessly together so that any door a young person or their family walks through becomes the right door to access the care, supports, and opportunities they need to thrive.

The Guide and its resources are designed for county leaders, managers, and community partners who are:

- Participating in existing cross-agency programs, committees, or teams;
- Leading or staffing cross-agency efforts; or
- Seeking help and ideas to initiate or grow effective agency collaboration.

It provides practical resources, templates, and lessons—including how to navigate inevitable challenges—drawn from diverse counties and cities across California.

Importantly, the current work in education systems to scale community schools—a California priority—should both provoke and inform county plans for collaboration. All county leaders who help manage programs and services for child and family wellbeing, and not just education leaders, can use these resources and ideas across systems.

Four Chapters

The Guide offers support to counties in four chapters:

1. **Building Shared Leadership;**
2. **Developing Shared Goals;**
3. **Realizing a Shared Service Array and Workforce Development;**
4. **Putting in Place the Conditions for Sustainability, including Financing, Continuous Quality Improvement and Shared Information**

The Opportunity

This Guide and its resources can help county agencies refocus on whole-child ecosystems that together support whole-child outcomes. This creates avenues for county leaders to minimize duplication, meet needs earlier, and direct scarce resources to where they will have the most impact.

Change of this scale requires persistence, trust-building, and navigating setbacks as well as successes. But it is achievable. Progress in counties already moving this way shows what's possible: Results greater than the sum of their parts.

THE WHOLE CHILD: A SHARED DEFINITION TO INFORM SHARED ACTION

Both Research and practice underscore that child development depends on a mix of health, safety, engagement, and support. These factors are interconnected and interdependent: children’s brains and bodies develop in context, shaped by the people, places, and experiences around them.

Agencies often address these factors separately, guided by their specific missions, mandates, and expertise. This specialization is a strength—schools, health providers, social services, and others each bring essential knowledge and focus to the children and families they serve. The challenge arises when these areas of expertise operate in isolation, leaving families to navigate disjointed or even conflicting supports.

As part of the counties’ system change efforts, T2 encourages leaders to adopt a whole-child definition that elevates the comprehensive needs of individuals being served. Prioritizing the whole child—meaning ***the full range of social, emotional, physical and cognitive needs and assets of children and youth***—emphasizes how coordinated systems, and not siloed services, contribute to an individual’s health, learning and wellbeing.

This whole-child definition creates a common language for agencies with different missions. Many frameworks already reflect these principles; Transforming Together proposes a focus on ***whole child*** for clarity across agencies with complementary but different missions.

Learn more about the research informing the Transforming Together whole-child definition [HERE](#).

Neuroscience and Practice Inform a Whole-Child Definition

Transforming Together’s whole-child definition draws on neuroscience and decades of research in education, health, and human services.

Neuroscience shows that child development is dynamic: cognitive, emotional, physical, and social capacities grow through constant interaction with environments and relationships. These research findings reinforce what educators, health providers, and families have long understood: while a single influence can spark change, lasting success comes from many factors working together.

The whole-child definition also reflects principles embedded in established frameworks such as California’s Integrated Support Systems (see, for example, page 13 of the Integrated Core Practice Model), Systems of Care, and Community Schools.

By clarifying the common ground among these approaches, Transforming Together’s definition supports consistent communication between agencies, community partners, and families—and helps align collective goals for children and youth.

Across education, human services, and health systems, a whole-child approach emphasizes a shared set of principles that influence how care is delivered, as summarized in the table below:

Whole-Child/ICPM Principle	Cross-Sector Application
<p><i>Young people’s well-being and development is impacted by the context in which they live.</i></p> <p><i>Integrated Core Practice Model (ICPM) Principle: Community-Based</i></p>	<p><i>Health professionals, human service staff and educators who follow a whole-child approach understand that individuals do not exist in a vacuum. They learn, grow and develop in families, communities and societies with varied cultural, environmental, economic and systemic factors. In the health field, for example, practitioners and policymakers take into account the <u>social determinants of health</u> (healthcare access and quality, education access and quality, social and community context, economic stability, and neighborhood and built environment) when considering the supports a person might need to reach their optimal health outcomes. Similarly, educators with a whole-child approach take the time to understand students’ and their families’ context beyond the school walls in order to help them build on assets and overcome challenges.</i></p>
<p><i>Development involves the interaction between social, emotional, cognitive and physical conditions.</i></p> <p><i>ICPM Principle: Developmentally Appropriate</i></p>	<p><i>Staff in the education, health and human services fields share a common understanding that within an individual their well-being (or lack of well-being) in one area has ripple effects across their development overall. For example, a young person who is experiencing high levels of emotional distress will likely struggle to focus in school, impacting their cognitive development. This emotional distress may also undermine their physical well-being and even their ability to maintain positive social connections.</i></p>
<p><i>Each individual is on their own unique developmental pathway.</i></p> <p><i>ICPM Principle: Individualized</i></p>	<p><i>Within a whole-child approach, people who work with children and youth understand that each individual has a unique set of developmental assets and challenges. There is no “average” student, patient or client, rather each individual is growing and learning on their own trajectory that requires supports and scaffolds at different times and in different ways. [Reference: Todd Rose, <u>The Myth of Average</u>]</i></p>
<p><i>Youth voice is critical.</i></p> <p><i>ICPM Principle: Voice and Choice</i></p>	<p><i>Staff in the health, human service and education fields understand the importance of listening to their patients’/clients’/students’ perspectives so that they can fully understand the context they are experiencing, the full range of their well-being, and their unique assets and challenges.</i></p>
<p><i>Focusing on assets and aspirations, rather than trauma and deficits, creates opportunities for growth.</i></p>	<p><i>Practitioners and policymakers taking a whole-child approach understand that no one is defined by the worst thing that ever happened to them. [Reference: Shawn Ginwright, <u>Healing Centered Engagement</u>] Rather, human beings are impacted by an array of</i></p>

ICPM Principle: Strength-Based

experiences, relationships and environments that can be leveraged to support their healthy development across their entire lifetime.

RESEARCH ON WORKING TOGETHER FOR WHOLE-CHILD SUCCESS

Transforming Together builds on a strong body of research showing that coordinated, cross-system action achieves results that no single program or agency can deliver on its own. In particular, the initiative draws on frameworks such as collective impact, system of care, and community schools—approaches many California communities are already using to inform their change efforts.

Collective Impact

In 2011, [Jon Kania and Mark Kramer described *collective impact*](#)—an emerging approach communities, frustrated with fragmented interventions, were beginning to use to advance shared, cross-organization goals and actions and better address thorny social problems.

They identified five conditions that distinguish collective impact initiatives:

- **Common agenda** – a shared vision for change, including a common understanding of the problem and a joint approach to solutions.
- **Shared measurement systems** – consistent data collection and use across all participants to track progress and foster accountability.
- **Mutually reinforcing activities** – coordinated, differentiated actions by each participant that support and align with the common agenda.
- **Continuous communication** – strong channels for trust-building, learning, and alignment among participants.
- **Backbone support organizations** – dedicated staff and structure to coordinate the initiative and maintain momentum.

Subsequent research confirms that collective impact and systems of care approaches deliver measurable improvements that go well beyond any single agency's efforts. For example, national evaluations of systems of care show [\(See Stroul et al., *Expanding Systems of Care: Improving the Lives of Children, Youth, and Families*, Georgetown University, 2012.\)](#):

- **Improved child and youth well-being:** Significant decreases in depression, anxiety, aggression, and trauma symptoms, with concurrent gains in strengths and functioning at home, in school, and in the community.
- **Better education outcomes:** Increases in school attendance and grades, with reductions in suspensions and expulsions.
- **Reduced juvenile justice involvement:** Youth demonstrate lower arrest rates, fewer contacts with law enforcement, and reduced rule-breaking behaviors.

- **Stronger family outcomes:** Families report reduced caregiver strain, greater ability to manage challenging behaviors, and improved financial stability.
- **Lower use of restrictive settings:** Expanded home- and community-based services have led to reductions in costly inpatient and residential placements, allowing reinvestment of resources into more effective supports.

System of Care

The ***system of care framework*** emphasizes family-driven, culturally responsive, community-based services delivered early. Beth Stroul (Georgetown University) and Robert Friedman (University of South Florida), working with the U.S. National Institute of Mental Health, developed this framework in the 1980s to better address the unmet needs of children with significant behavioral health challenges.

Federal support and strong evaluations (for example, [here](#)) helped spread the model nationwide. Whether adopted by behavioral health, education, child welfare, or juvenile justice systems, these efforts all emphasize cross-agency coordination, individualized care plans, and strong family and youth participation (full report, [here](#)).

California put these principles into law through AB 2083, which requires every county to establish an interagency leadership team and create a service coordination plan for foster youth with complex needs.

Community Schools

The ***community schools model*** rests on a simple insight: When schools address academic, social, emotional, and health needs together, they create conditions for stronger learning. This whole-child approach posits schools as central to both learning and community wellbeing. Throughout the 1980s and 1990s, educators and policymakers refined the model, including distilling its core features into [four key community schools pillars](#):

- Integrated student supports
- Extended learning time and opportunities
- Family and community engagement
- Collaborative leadership and practices

[Evidence](#) shows community schools boost achievement, attendance, and parent engagement while also improving access to health and social services, reducing disciplinary actions, and strengthening school climate.

Thousands of schools across the country identify as community schools, often by providing wraparound supports, deepening family partnerships, and creating richer learning opportunities without necessarily engaging in broader systems reform. At the same time, large-scale community school initiatives—including California’s historic \$4+ billion investment—seek to go further by aligning district, county, and state systems to sustain and scale the model. In this sense, community schools can serve as both a school-level strategy and a lever for collaborative systems change.

Across these approaches, outcomes improve more consistently and at greater scale when agencies work together with fidelity to shared principles.

Appendix: Outputs & Outcomes Framework

The Transforming Together (T2) initiative builds on and integrates outcomes from multiple frameworks: the *Ecosystem Working Paper (EcoPaper)*, California's *System of Care (SOC)*, the *Children and Youth Behavioral Health Initiative (CYBHI)*, and the *California Community Schools Partnership Program (CCSPP)*. To track progress consistently across counties, these frameworks have been synthesized into a single crosswalk of outputs (concrete actions or milestones) and outcomes (longer-term changes and impacts).

This crosswalk ([linked here](#)) is not simply a reference table. It is intended to:

- Provide a shared language for measuring success across diverse initiatives.
- Anchor T2 in collective impact methodology, ensuring progress can be monitored across counties and at the state level.
- Support alignment and reduce duplication, helping state and county leaders identify shared priorities, clarify how each initiative contributes to whole-child and whole-family outcomes, and track where additional investment may be needed.

Each output/outcome is organized according to the five thematic “shared” categories that structure this Guide:

- **Shared Leadership:** Establishing durable interagency leadership structures, creating MOUs, and ensuring representation of families, youth, and community partners in governance. Outcomes include stronger governance coherence, accountability, and collaboration across systems.
- **Shared Goals:** Developing countywide priorities, shared indicators, and transparent reporting mechanisms. Outcomes include improved academic success, youth well-being, and alignment of multiple initiatives toward a common agenda.
- **Shared Information:** Building systems to share data across agencies, conducting crosswalks of existing indicators, and integrating findings into county planning. Outcomes include more effective use of information to identify inequities, reduce duplication, and support collaborative decision-making.
- **Shared Workforce Expansion:** Expanding pipelines of culturally responsive professionals, embedding youth and family voices, and strengthening cross-sector workforce strategies. Outcomes anticipate improved access to supports, reduction of workforce shortages, and greater system responsiveness.
- **Shared Financing:** Developing approaches for blending and braiding funding, leveraging new and existing revenue streams, and creating sustainable financing mechanisms. Outcomes focus

on reducing fiscal fragmentation and increasing investment in prevention and community-based supports.

By thematically aligning outputs and outcomes with the Guide's chapters, the crosswalk underscores that system transformation is not abstract; it requires concrete actions tied to measurable change. It also ensures that local county efforts can be connected to statewide goals, providing coherence across initiatives such as CYBHI, SOC, and CCSPP.

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