



Systems that Serve: Transforming County Behavioral Health Service Delivery

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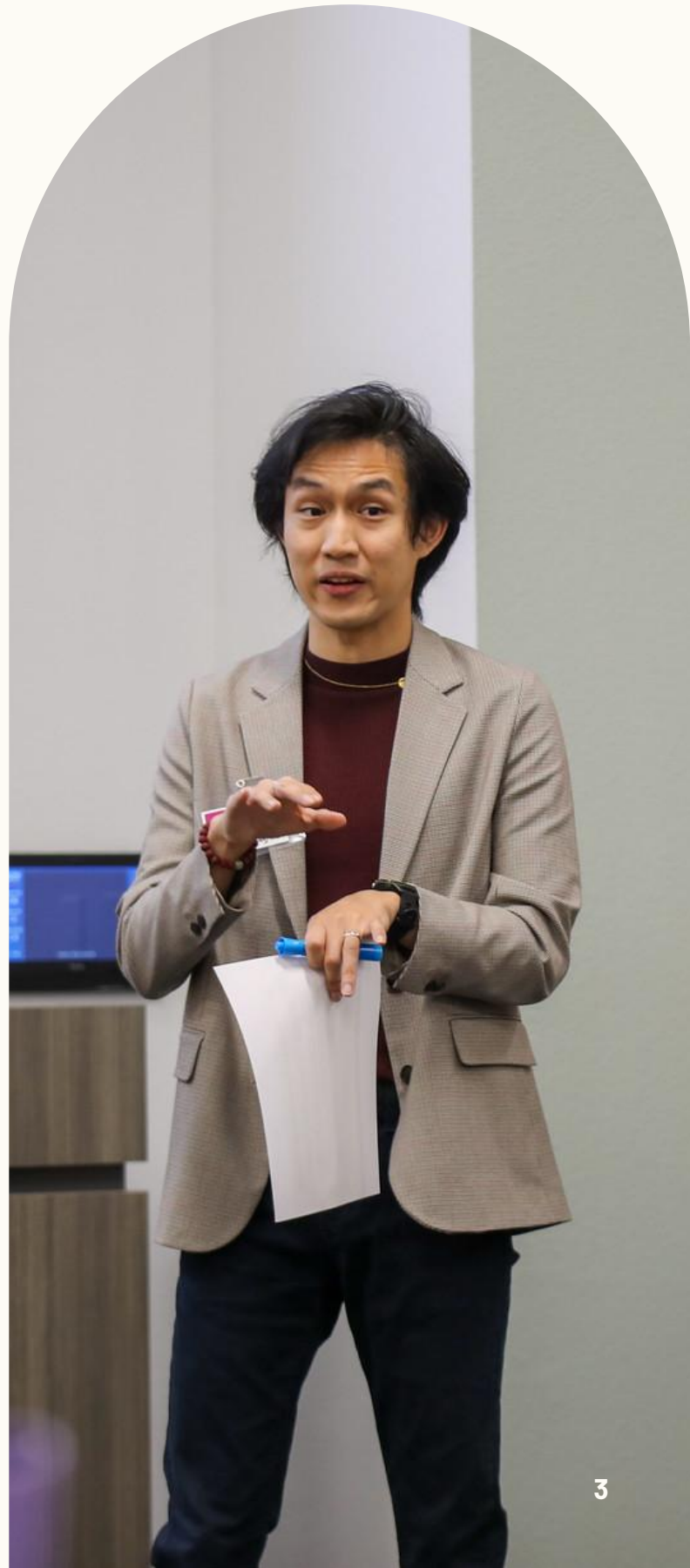
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Introduction

Public sector systems play a central role in shaping the well-being of children, young people, adults, and families. They often determine the priorities, parameters, and accessibility of the education, criminal-legal, health care, housing, and social services systems that are embedded in the everyday life of communities across the country. Even more critically, these systems must work together when families face complex needs such as poverty, housing instability, or trauma. Yet they are often fragmented across agencies and levels of government. Without coordination or community input, public-serving systems risk becoming compliance-driven rather than people-centered.

In California, recent reforms such as the California Advancing and Innovating Medi-Cal (CalAIM), the Community Assistance, Recovery & Empowerment (CARE) Act, the Children and Youth Behavioral Health Initiative (CYBHI), community schools, and the Behavioral Health Services Act (BHSA) have created new opportunities to improve system integration, while also placing new pressures on county agencies that must translate policy into practice. The Transformational Change Partnership (TCP) was established to help county leaders and community members address this challenge by providing a structured platform for collaboration, learning, and systems improvement—both within the public sector and between the county-level governments and community stakeholders.



Methodology

This case study employs the Water of Systems Change framework to examine how counties participating in TCP experienced shifts across six interrelated conditions: policies, practices, resource flows, relationships, power dynamics, and mental models. The six conditions exist at three separate levels of visibility: explicit, semi-explicit, and implicit (Figure 1)¹.

To understand the impacts of systems change, the case study examines signs of change that may have emerged at each of these three levels through county participation in TCP. The study pays particular attention to how TCP created opportunities for learning and collaboration that may have contributed to counties' efforts to implement state-driven behavioral health reforms.

Where possible, the study also reflects on Third Sector's role as a project design and implementation partner in supporting these processes.

The ultimate goal of any Third Sector project is to support systems change through an outcomes-focused approach. For TCP, this means helping county agency leaders, mid-level managers, and program staff responsible for implementation to align public systems and programs with the needs of the communities most impacted by behavioral health challenges. When counties change policies, practices, and resource allocations in a way that is directly responsive to community voice and cross-system collaboration, we can begin to see the conditions of systems change taking hold.

Six Conditions of Systems Change

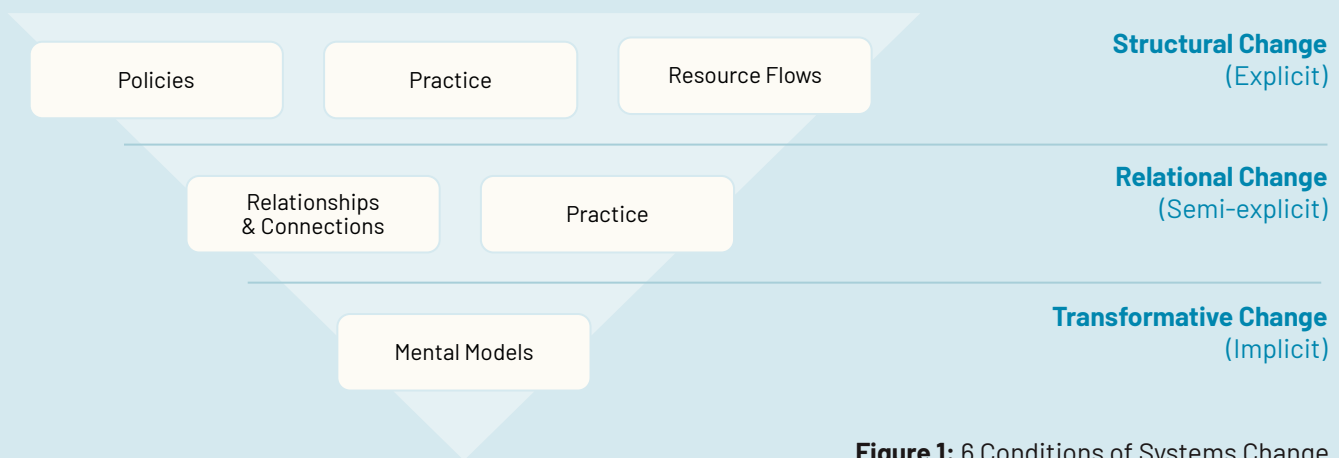


Figure 1: 6 Conditions of Systems Change



This case study aims to contribute to the ongoing learning and continued improvements of the Transformational Change Partnership (TCP), including its partners and the county leaders and community members that it serves. As Third Sector and its partners continue to expand and refine the program, this evaluation offers insight into what early conditions for systems change look like and how to strengthen those conditions in future cohorts.

Moving beyond the specific context of California county-level government reforms, the lessons drawn from this case study can also generate insights that can guide other statewide and national reforms in behavioral health and related fields.

Data Collection Activities

Document and Material Review

Anavi Strategies reviewed the full suite of planning and cohort materials that the TPC program provided. These materials included meeting notes, agendas, presentation decks, training resources, and other materials used to design and run the program. Anavi Strategies also reviewed interview notes from internal TCP marketing and communications projects that engaged both TCP leadership and participants, providing additional insight into how participants and staff understood the program's goals, activities, and progress over time.

Reviewing these materials provided important context for understanding TCP's goals, the tools made available to participating counties, and the progression of learning across cohorts. It also allowed us to trace how TCP structured its support for counties as it implemented state-driven behavioral health reforms.

Focus Groups

To complement the document review, Anavi Strategies hosted two focus groups with TCP participants to reflect on their participation and project work. The first was a one-on-one discussion with a contract administrator and project manager from **Yolo County**, who reflected on the county's work in TCP's second cohort in coordinating criminal-legal system initiatives and improving governance structures to better coordinate and track inter-agency work.

The second focus group brought together five additional participants representing the following county-level agencies in Monterey, Santa Cruz, and Placer counties:

- **Monterey County Office of Education:** Focused on implementing the all-payer fee schedule in schools and building district capacity for reimbursement while integrating student voice.
- **Santa Cruz County Office of Education and County Behavioral Health Division:** Supported integration of behavioral health into public education through cross-county partnerships, and strengthened school-based behavioral health governance and collaborative processes.
- **Placer County Health and Human Services Agency:** Worked on strengthening the adult system of care under CalAIM during their first cohort and later focused on reducing duplication and leveraging resources for justice-involved individuals under the CARE Act in a second cohort.





Supplementary interviews

Additional insights from interviews conducted by communications consultant Deb Kollars, who is leading the communications and storytelling project that the University of the Pacific, a project partner, received grant funding to conduct. As part of that initiative, Deb interviewed TCP leaders and county participants and shared her notes with Anavi Strategies.

Participant feedback surveys

Aggregate findings from TCP's own internal post-program and follow-up surveys, administered to participants in Cohorts 1 through 3. These surveys were designed and analyzed by the TCP program team to assess participant satisfaction, skill development, and perceptions of program impact.

Contribution vs Attribution

It should be noted that true social change cannot happen in a silo or through the efforts of one organization or even one initiative alone. As individual actors functioning in complex systems, none of the organizational partners responsible for designing and implementing TCP can reasonably prove or claim attribution for most systems- and community-level impacts described in this report.

Recognizing this, the current case study does not attempt to establish causation or attribution. Instead, it focuses on exploring how Third Sector and the projects it supports may have contributed to wider change and impact. This represents a unique and emerging approach to evaluations that acknowledges the true nature of systems transformation and systems-change work.

Understanding the State Context

California is home to 39.2 million residents and is among the most diverse states in the nation. Nearly 40 percent of the population identifies as Latino or Hispanic, and more than 44 percent of households speak a language other than English. Despite strong median incomes overall, racial and economic disparities persist, with poverty rates for Latino and Black children nearly twice those of White children.²

Behavioral health, education, and criminal-legal system needs mirror these disparities. Nearly one in seven adults experiences a mental illness each year, and one in 14 children lives with a serious emotional disturbance.³ In the K-12 public education system, for example, Black students lost a disproportionately higher number of days due to behavior-based suspension after the COVID-19 pandemic than any other racial demographic group.⁴

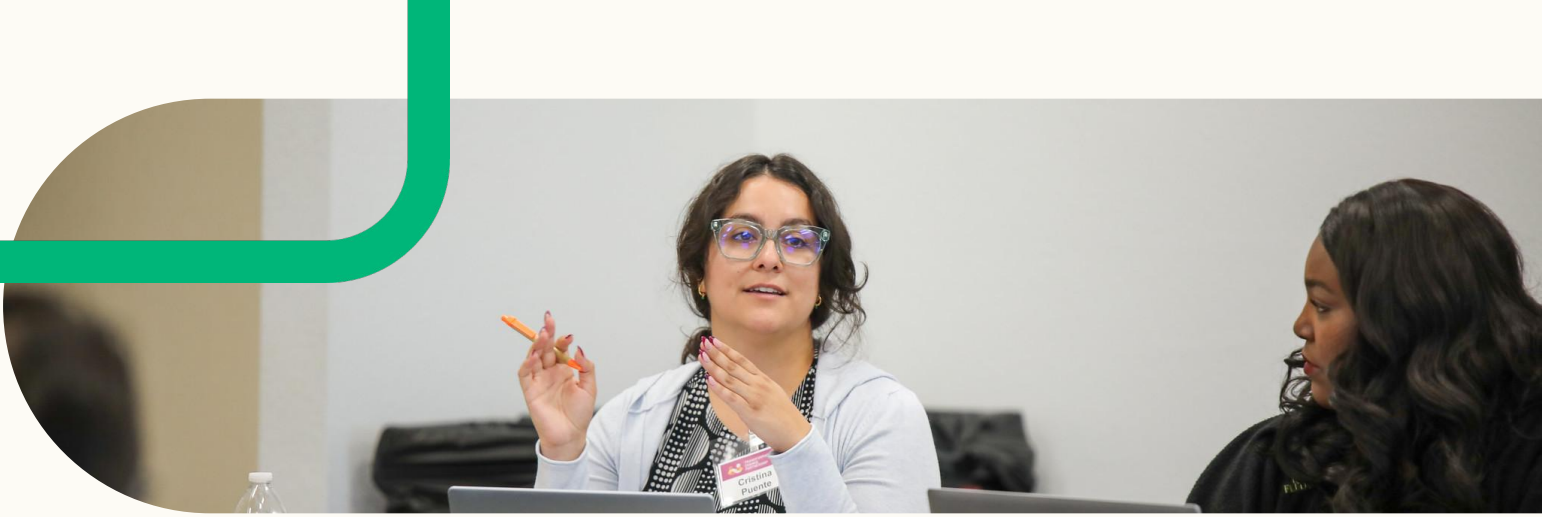
This reflects broader system issues like uneven access to school-based supports and long-standing patterns in how discipline is applied rather than differences in student behavior.^{5,6} Similarly, Black youth are significantly over-represented in terms of juvenile arrests across the state.⁷ Research shows this is tied to structural factors such as unequal access to early services and differences in enforcement practices.⁸ Rural counties face behavioral health workforce shortages, and families of color encounter barriers such as cost, stigma, and limited cultural responsiveness.

Recent statewide reforms have attempted to address California's behavioral health needs in a more comprehensive manner. For example, CalAIM is restructuring payment structures in California's Medicaid system to emphasize outcomes and integration.

CYBHI, launched in 2021, is investing \$4.6 billion in school-based behavioral health, workforce development, and equity-focused supports for youth. The CARE Act created new court-ordered treatment pathways for people with untreated psychotic disorders. Recent changes to conservatorship law expanded the definition of "grave disability" to include severe substance use disorders, and the Behavioral Health Services Act (BHSA) aims to direct funding toward substance use disorder treatment, housing support, and workforce capacity, while also expanding accountability and equity measures. As these reforms aim to strengthen the system's impact, they also place new responsibilities on counties to coordinate across governmental and non-governmental systems and modernize their infrastructure.

Local leaders must implement new billing codes, redesign contracts, build data-sharing systems, and meet growing demands for accountability, all while managing limited staff and resources. To better understand how counties are navigating these pressures, it is helpful to look at research on fragmentation, cross-sector collaboration, and the conditions that make system change possible.





Literature Review

Research consistently shows that behavioral health systems operate within a fragmented network of funding streams, agencies, and service providers. Fragmentation across mental health, criminal-legal, and social services can result in duplicative or inconsistent responses, often leaving individuals without coordinated care.⁹ Integration is widely seen as essential for ensuring timely and equitable access, particularly for populations with complex needs.¹⁰

Scholars also emphasize the importance of governance and collaboration across sectors. Successful cross-sector partnerships include shared accountability, trust-building, and clear mechanisms for decision making.¹¹ Relationships are often described as the foundation of systems change. Relational trust is considered the "currency" of collaboration, enabling risk-taking and innovation. Technical reforms only take hold when they are underpinned by strong interpersonal and interagency trust.^{12,13}

Lasting change also requires shifts in culture and mental models. Organizational culture shapes how work gets done, and transformation occurs when norms and assumptions are redefined.¹⁴ Continuous learning approaches such as Plan-Do-Study-Act cycles create space for adaptation and improvement, reframing failure as an opportunity to learn.¹⁵

Finally, the literature underscores the central role of community voice. Equity-focused approaches highlight the importance of embedding lived experience not as token input but as authentic co-design. Participatory approaches strengthen legitimacy and responsiveness in public systems, especially for communities that have historically been marginalized.^{16,17,18} While the literature points to the importance of integration, collaboration, and community voice, counties must pursue these changes within the reality of significant structural barriers.

Structural Barriers

While non-profit and community-based organizations deliver the majority of behavioral health services across the state, county governments are most often responsible for directing funding to these organizations and managing their contracts within their respective jurisdictions. In some instances, counties are responsible for providing direct services themselves. However, counties also face deep structural constraints that shape how care is delivered. Resources have not kept pace with the growing need. While populations requiring services continue to expand, counties must often ration care or rely on approaches that fall short of cultural responsiveness. For families, this means that accessing behavioral health supports can be unpredictable, inconsistent, or delayed.^{19,20}

Behavioral health professionals across the state also report high levels of burnout due to increasing caseloads.^{21,22,23} These conditions limit the system's capacity to respond equitably and undermine continuity of care.^{24,25}

State-level legislation has generated new funding streams, such as Proposition 63 in 2004.^{26,27} More recent legislation, such as Proposition 1 in 2024, has also redirected how existing tax revenues are spent to increase funding for mental health services statewide.²⁸

However, these policy changes have also introduced additional mandates and reporting requirements. These laws require counties to expand services, comply with new rules, and demonstrate measurable outcomes, often without the staffing or infrastructure to match. The result is a widening gap between the responsibilities counties must fulfill and the resources available to do so.

The Opportunity

As mentioned, this reform environment presents both opportunities and pressures for county officials. Within this context, the Transformational Change Partnership (TCP) provides structure, peer learning, and tools to help counties translate statewide reforms into locally relevant practice. By creating space for counties to step back from immediate compliance demands, reflect on system design, and test new tools, TCP offers a way to confront structural barriers while still advancing reforms. The projects that counties chose, such as improving billing systems, building cross-agency governance, and integrating behavioral health into schools, directly reflect the challenges of operating within under-resourced, overburdened systems that are asked to do more with less.

Project History, Overview, and Goals

The Transformational Change Partnership (TCP) is a capacity-building initiative led by the McGeorge School of Law at the University of the Pacific, in collaboration with Third Sector and the California Institute for Behavioral Health Solutions. The program was also designed with the support of the Steinberg Institute and the Stanford University Center for Youth Mental Health and Wellbeing. Launched in 2023, TCP helps counties implement statewide behavioral health reforms by combining project-based learning with tailored coaching and cross-county collaboration. As a technical assistance model, TCP combines technical skill-building with reflection and relationship development. TCP fosters learning that is both practical and experiential.

The program is built around county-based improvement projects, with each participating county team selecting a project of high importance. Improvement projects are designed to yield immediate results, such as improved billing, streamlined governance, or clearer referral pathways that imbue transformational skills. The curriculum also aims to equip county teams with tools and practices that the teams can deploy toward future reforms. Each TCP cohort is a structured nine-month program that blends a series of three or four in-person, full-day sessions with weekly or biweekly virtual sessions.

In-person convenings create space for peer learning and relationship-building, while virtual sessions sustain progress and allow counties to apply new tools in real time. Each curriculum progression blends skill-building with concrete policy implementation support so that participants can make tangible progress on state mandates while learning practices of change management, human-centered design, and continuous improvement.





County-level Projects in TCP

- **Yolo County** used TCP to align overlapping criminal-legal system related initiatives, including care courts and reentry planning, while developing governance structures to improve sustainability and center human-centered design.
- **Monterey County** concentrated on closing the knowledge gap around the all-payer fee schedule for school-based mental health services, equipping districts to use the reimbursement system and incorporating student voice.
- **Santa Cruz County** advanced school-based behavioral health integration through TCP by exploring how to consolidate government structures and securing new funding streams.
- **Placer County** participated in two cohorts—one focused on strengthening its adult system of care under CalAIM, and the second focused on (and aiming to reduce) duplication, as well as design more comprehensive supports for justice-involved individuals under the CARE Act.
- **Nevada County** focused on adapting to CalAIM payment reform.

The pilot cohort launched in fall 2023 with Placer and Nevada counties. Placer County focused on strengthening its adult system of care to take full advantage of CalAIM payment reform, streamline workflows, and improve services for priority populations, including people experiencing homelessness, those discharging from jail, and clients exiting crisis services. Nevada County concentrated on navigating CalAIM payment reform and used TCP to create structured support for implementing complex billing and coding changes, strengthen leadership culture, and build internal capacity for collaborative problem-solving.

In early 2024, the second cohort added Yolo and expanded Placer's involvement. Yolo County's goal was to assess and coordinate multiple criminal-legal system-related initiatives, including care courts, reentry planning, and community engagement strategies, while developing governance structures that would improve efficiency, sustainability, and continuous improvement. The county emphasized human-centered design and feedback loops to ensure reforms were responsive to those directly impacted.

By late 2024, TCP had launched a third cohort centered on school-based behavioral health integration. Monterey County focused on closing the knowledge gap around implementing the state's all-payer fee schedule in schools. It aimed to equip every school district with the tools and capacity to use the reimbursement system effectively, while also integrating student voice into the design process.

Santa Cruz County similarly used TCP to advance school-based integration by exploring how to consolidate government structures to increase engagement and efficiency, and positioning itself as a pilot site for broader statewide learning.

These projects demonstrate TCP's dual purpose to help counties meet immediate reform implementation requirements and to cultivate the relationships, practices, and cultural shifts necessary for durable systems change. The program's overarching goal is not only to help counties comply with new mandates but also to establish cross-agency teams capable of redesigning systems to make them more equitable, coordinated, and responsive to community needs.

Timeline

October 2023 - May 2024	Cohort 1: Medi-Cal Payment Reform	Nevada County & Placer County
May 2024 - February 2025	Cohort 2: Criminal-Legal- and Early Release	Yolo County & Placer County
November 2024 - September 2025	Cohort 3: TK-12 Education and Behavioral Health	Monterey County & Santa Cruz County
September 2025 - May 2026	Cohort 4: Yolo County Early Childhood, Transition Aged Youth, Community Schools, and System Navigation	Yolo County
January 2026 - September 2026	Cohort 5	TBD
September 2026 - May 2027	Cohort 6	TBD
March to December 2027	Cohort 7	TBD

Spotlight on Third Sector

Third Sector serves as a core partner in the Transformational Change Partnership (TCP), providing both strategic and technical expertise to support counties in implementing behavioral health reforms. Along with the University of the Pacific (UOP) and the California Institute for Behavioral Health Solutions (CIBHS), Third Sector forms part of TCP's leadership team, guiding strategic direction, curriculum design, and recruitment of county teams.

Third Sector's role has evolved as the program has grown. In the early cohorts, staff led the day-to-day coaching and facilitation with county teams. As the program expanded to include larger and more diverse cohorts, such as Yolo County, Third Sector brought in additional external coaches to support facilitation and refined its coaching model to adapt to varying team compositions and interagency dynamics. The organization also developed a coaching guide that incorporates lessons learned about team structures— from single-agency groups to multi-agency coalitions—and the tools needed to support each effectively.

Beyond direct coaching, Third Sector acts as a strategic thought partner with UOP and CIBHS, co-leading decisions on program direction, adaptation, and alignment with state reform priorities. Staff also contribute to outreach, communications, and sustainability planning to position TCP for continued growth.



Program Results & Participant Feedback

Since its launch in 2023, the Transformational Change Partnership (TCP) has supported three cohorts of county teams across California. Participating counties represent a mix of rural and urban regions, including those featured in this case study - Nevada, Placer, Monterey, Santa Cruz, and Yolo. Each county team typically includes six to 10 participants from behavioral health, probation, child welfare, education, and community-based organizations. Counties joined TCP through a combination of invitation and recruitment, often coordinated through county leadership or peer referrals, rather than through an open application process. This approach allows TCP partners and county leaders to align participation with ongoing reform priorities and readiness to engage in internal change management work. With additional county teams participating in earlier rounds, TCP continues to expand its reach and deepen statewide capacity for systems change.

According to TCP's own participant surveys, the program has improved counties' ability to manage change, strengthen collaboration, and apply data-driven decisionmaking to complex reform efforts.

More than 85 percent of respondents said the program met or exceeded their expectations, and more than four in five reported that TCP strengthened collaboration across systems. Evaluation data shows measurable improvements in participants' confidence using change management and continuous improvement tools, with most teams sustaining those gains months after program completion.

Participants described TCP as a valuable space for reflection and collaboration in systems that are often reactive and fragmented.



In-person convenings were typically cited as the most valuable component, as they created time for trust-building, peer learning, and big-picture thinking both within and across counties. Participants also praised the quality of coaching and practical tools provided through the program, which helped translate learning into action. Feedback also highlighted opportunities to strengthen future cohorts, including shorter and more interactive virtual sessions, more time for hands-on project work, and additional technical assistance around data, contracts, and billing.

Across cohorts, success also depended on team composition. Counties with both executive sponsorship (e.g., Behavioral Health Directors or Superintendents of Schools) and mid-level managers who could operationalize changes showed stronger outcomes. This mix of authority and implementation capacity enabled teams to make decisions and test improvements within the program's nine-month timeframe.

Third Sector's coaching approach also recognized that no single team structure guarantees success. Cohorts have included single-agency teams, multi-agency partnerships, and broad coalitions. The coaching model evolved to accommodate each context by helping participants navigate different governance relationships, incentives, and communication norms.





Systems Change Impacts Across Counties

When Santa Cruz County staff first began participating in the Transformational Change Partnership (TCP), they described challenges stemming from trying to engage in reform through fragmented systems, which showed up most clearly in the form of duplicative meetings, a lack of tools for clear, outcome-driven collaboration between teams, and a risk-averse culture that slowed innovation.

According to Dr. Michael Paynter, Executive Director of Student Support Services for Santa Cruz County Office of Education:

"We mapped no less than 30 system-of-care meetings that many of the same administrators had to attend. The challenge now is convincing people we don't need 30 - we can do it in 15 - and adopting countywide agreements on facilitation, clear agendas, and expectations so people know when they really need to be there."

TCP created space to reimagine assumptions about how change could happen, experiment with new approaches, and align across sectors. This case study interprets these county-level experiences through the Water of Systems Change framework, identifying early signals of structural, relational, cultural, and mental model shifts. While it is too early to assess population-level outcomes, these emerging changes illustrate how TCP is building the groundwork for long-term systems transformation.

Santa Cruz had established more than 36 different standing meetings across probation, child welfare, behavioral health, and other stakeholders within the Children's System of Care to support the growing need for coordination and collaboration. Through TCP, the team mapped the purpose, cadence, and participants of every meeting, uncovering how inter-agency fragmentation and duplication of information sharing were draining time and momentum.

This process catalyzed a shift from isolated information exchanges to a more unified, outcomes-focused system of collaboration. County leaders committed to cutting the number of meetings by half and redesigning them as cross-agency spaces for joint decisionmaking, learning, and action. This required re-designing their meeting facilitation approach and tools to ensure they resulted in actionable steps and clear roles across teams. As Dr. Michael Paynter reflected, in some ways the county had been "trying to tackle everything that's been an issue for 20 years." Consolidation created more purposeful gatherings and improved accountability. Dr. Lisa Gutierrez Wang, Director of Children's Behavioral Health for Santa Cruz County, also noted:

"We wanted to map out how we were using resources, especially time, in meetings. We explored a new facilitation framework so that when people are invited, they understand the expectations for their participation. That clarity and efficiency will make huge difference."

Beyond structure, Santa Cruz reframed the role of meetings themselves. What had once been siloed, information-sharing spaces evolved into opportunities for joint problem-solving and shared decisionmaking. They became infrastructure for aligning resources and decisions around common goals, rather than simply a measure of activity or of tracking organizational updates.

Practicing accountability became central to how people worked together, made decisions, and advanced shared priorities across departments and organizations. Dr. Paynter described this as building "an ecosystem of care" that connected stakeholders and broke down silos around information flow and funding. Staff emphasized that these cultural changes happened most effectively in person. Dr. Paynter reflected on this dynamic, noting:

"The in-person sessions were invaluable. The lunch, the side conversations, the informal sharing—that's where connections really happened. Virtual sessions made it much harder."





Monterey used TCP to strengthen collaboration between behavioral health and education partners as they implemented the Children and Youth Behavioral Health Initiative. Schools initially assumed the new all-payer fee schedule would make billing straightforward. In practice, it required new processes for consent, referral pathways, and claim management.

Herminia Cervantes, Community Schools Coordinator from Monterey County Office of Education explained:

"Schools thought it meant, 'Great, we can bill for services now.' But they didn't realize the complexity. We created a decision tree map so schools could see exactly where to send a student depending on their needs, and a process for what to do if claims were denied."

Through its structured curriculum for counties to plan for implementation together, TCP also encouraged opportunities to center youth perspectives in its system improvements. Another county leader reflected:

"We really valued the county work time—it helped strengthen relationships with partners and made space to hear directly from students."

Participants offered candid feedback about how they learn about services and who they trust to share information. Their input is now shaping how districts communicate about behavioral health supports and when to engage youth voices in program design.

This work also had broader relational impacts between education and behavioral health systems. It built trust between schools and behavioral health staff, relationships that had not previously felt accessible. Ms. Cervantes shared:

"Before, I knew they were there, but didn't feel I could just pick up the phone. Now I have that confianza⁷ the trust and ability to call directly."

By positioning schools as partners in mental health rather than just academic institutions, Monterey began to shift longstanding mental models about roles in supporting student well-being.



Placer focused on improving access, efficiency, and client experience within its adult system of care. The county mapped every entry point and referral pathway to identify duplication and create a clearer process for client engagement. By convening participants from across different programs and roles, the process elevated a wider range of organizational perspectives that had rarely been in the same room. This broader participation helped shift power by expanding who contributed to defining problems and shaping solutions. Dr. Amy Haynes, Assistant Director of the Adult System of Care from Placer County described how TCP opened up new ways of problem-solving:

"This was an opportunity to bring a diverse team from different levels of staff within our agency to approach problem-solving in a new way. Many of the people I brought hadn't yet developed a larger vision of how policies and history have shaped our systems, and how we need to keep growing rather than getting stale."

Structural improvements produced tangible results. The county introduced same-day assessments instead of two-visit processes and activated new Medi-Cal billing for peer support specialists, which expanded reimbursement and improved service continuity.

Placer's first cohort project on payment reform led to additional initiatives. Dr. Haynes explained:

"We moved from an old, unique payment model to a new way of getting paid, which forced us to rethink our services and maximize revenue. From those discussions, we spun off five to 10 other projects, like mapping every entry point into our system and how referrals flow through it, which had never been documented before."

Culturally, TCP shifted how teams viewed experimentation and learning.

"We revived our peer support specialist team and consumer council. Now, when we roll out a new program, we ask them for feedback first," Dr. Haynes shared.

Through Plan-Do-Study-Act (PDSA) cycles, staff moved from believing every detail required full consensus to seeing pilots as opportunities for learning. Even when experiments failed, they were viewed as progress toward improvement. Dr. Haynes also explained:

"PDSA is so latched on to our culture, it's part of our language now. Before, people were too afraid of failure and not getting it right. It was holding us back. Now, we understand better that a pilot can fail, and that's alright. This creates an opportunity to learn."



One participating county entered TCP with skepticism. A county staff member recalled:

"Honestly, I didn't understand what TCP was or why I was asked to be part of the group. For the first three months, it felt disorganized. People were in the room who didn't need to be there, and it was confusing what the project even was. I thought it was just another meeting on my calendar." Over time, her perspective shifted. "After that, it was pretty remarkable. We figured out what we wanted to work on, why it was important, and we got to know each other better. That's when it became meaningful."

A key project focused on individuals on the "grey list," people with serious mental illness who cycle in and out of custody. She described this as tying directly to improving jail health contracts and discharge planning. More broadly, TCP became a space for aligning siloed actors across custody, public health, behavioral health, and nonprofits. "The most impactful part for me was meeting stakeholders across departments," she explained. "It expanded my network and gave me a better understanding of how their roles connect to mine."

For this county, these changes were not only structural but cultural. The county staffer reflected:

"I used to think of contracts as about compliance. Now I think, how can this reduce recidivism?"

She also underscored the importance of trust during difficult conditions, including budget crises and leadership turnover.

"Trust has everything to do with this work. Projects like this can be controversial, especially when you're talking about making changes to the most expensive contract in the county. Trust is what allows people to speak honestly without fear of losing their job."

The county's journey from uncertainty to alignment illustrates a deeper shift in mindset. What began as confusion and doubt evolved into shared purpose and ownership. This reflects how mental models can change when collaboration is grounded in trust and mutual understanding.



Understanding Systems Change Across Vantage Points

Across the four counties, a consistent pattern of progress emerged when viewed through the Water of Systems Change framework. While the reforms are still in their early stages, the work shows how shifts at the structural, relational, and cultural levels interact and reinforce one another.

Structural Shifts

Counties made visible progress in changing policies, practices, and resource flows. Santa Cruz reduced more than 30 "system of care" meetings to about 15, redesigning them as cross-agency spaces for joint learning, decisionmaking, and accountability. Placer mapped every entry point and referral pathway, revealing system gaps that had never been documented before. Monterey and Santa Cruz created decision trees and universal release-of-information forms to standardize school-based behavioral health. Placer and Nevada updated payment structures, while Yolo revised jail-health contract language. These reforms established the foundation for more efficient and accountable systems that are easier for staff and residents to navigate.

In Santa Cruz, these efforts were guided by a cross-sector team of 16 participants, which included school districts, the county office of education, behavioral health and mental health staff, and community-based organizations. Bringing together such a range of partners ensured that changes were informed by on-the-ground perspectives and community priorities, helping shift how decisions were made and whose voices shaped system reforms.



Relational & Cultural Shifts

Structural change was important, but it was the relational and cultural shifts that have made reforms begin to truly 'stick'. Across counties, participants reported stronger trust, more direct lines of communication within and between county-level agencies, and a greater willingness to bring consumer and community voice into decisionmaking. In Placer, consumer councils became central to program rollout. In Monterey, relationships between schools and behavioral health providers moved from formality to trust. In Santa Cruz and Yolo, relationships across agencies that had once operated in silos began to align.

Cultural shifts also took hold. Counties moved from consensus-driven paralysis to action-oriented learning. Staff began using Plan-Do-Study-Act cycles, reframing pilots as opportunities to learn rather than risks to avoid. Leaders shifted from measuring success by the number of meetings held to focusing on whether meetings were driving resource allocation and decisionmaking. This cultural evolution marked a move from compliance to outcomes, and from token input to authentic co-design with people who have lived experience.





Shifts in Mental Models

At the deepest level of building systems change, participants also described shifts in mental models. Staff who had once seen their roles as narrow compliance functions began to view themselves as system changers themselves – as illustrated above in the way Yolo County's contract administrator shifted from thinking of contracts as tools for oversight to seeing them as opportunities to reduce recidivism. Placer staff reported a growing understanding of how historic policies shaped current system inefficiencies, which encouraged them to think more broadly about reform.

In Monterey, schools were redefined not just as educational institutions but as co-providers of behavioral health. These mindset shifts created new possibilities for how systems could be designed and who should have a voice in shaping them.

Discussion:

Lessons Emerging from TCP

The findings from county participation in TCP point to several lessons that can inform the future of the program, guide Third Sector's technical assistance, and shape the broader field of systems change.

Lessons for Future Technical Assistance Programming for the Field of Systems Change

The broader implications of TCP reach beyond the participating counties.

First, the experience underscores that systems change is not a matter of skill-building alone but of cultural and paradigm shifts.

Counties demonstrated that moving from compliance to outcomes, or from consensus to iteration, requires deep shifts in norms and assumptions.

Second, TCP shows that explicit reforms (such as consolidating meetings or redesigning contracts) gain traction only when paired with relational trust and cultural shifts.

Structural, semi-explicit, and implicit conditions are interdependent, and progress at one level depends on attention to the others.

Finally, TCP reinforces that systems change cannot rest on a single champion. Durable reform emerged when multiple stakeholders aligned on goals across agencies and roles. For the field, the lesson is that shared ownership, grounded in authentic community engagement and cross-sector collaboration, is essential for lasting impact.

The lesson for policymakers is clear. Structural reforms like contracts and payment models are necessary, but they are not enough. Real change depends on strengthening relationships across sectors and allowing new cultural norms to become embedded in the organization's culture. Most importantly, counties need the time and space to rethink mental models. Progress at one level is fragile without reinforcement at the others. Policymakers who want durable reform should invest not only in technical fixes but also in the relational and cultural conditions that make those reforms sustainable.



Lessons for Third Sector

Third Sector's role as a technical assistance provider was central in creating the conditions for counties to move from fragmentation toward coherence. The interviews make clear that structured facilitation and coaching helped counties right-size their ambitions and focus on achievable goals. As Dr. Michael Paynter reflected, trying to "tackle everything that's been an issue for 20 years" was a recipe for frustration. With Third Sector's guidance, Santa Cruz County shifted to a leaner, more purposeful meeting structure that clarified decisions and accountability.

A program coordinator from Yolo County underscored the importance of relationships, and the coaching model used by Third Sector helped foster trust even during leadership turnover and budget crises. "Trust means being able to speak your mind about what matters without fear of losing your job, even during a budget crisis. It allows for candor and transparency, which are especially important in challenging times like the ones we are facing in Yolo County", she shared. This suggests that technical assistance should prioritize relational scaffolding alongside technical tools. Finally, counties valued practical instruments such as process mapping and decision trees, which made complex systems more visible and manageable. The implication for Third Sector is that pairing tools with trust-building will be essential for future cohorts.

Lessons for TCP as a Program

TCP's design was both challenging and catalytic. In the early phases, county leaders described the program as chaotic, with too many moving parts and an excessive sense of urgency. Over time, they also recognized TCP as a thought-provoking catalyst that made progress possible on issues that had been stuck for years. The experience shows that in systems overwhelmed by mandates and crises, creating space for reflection and collaboration is not a luxury but an essential ingredient for progress.

This may also involve including a set of "pre-program" activities where individual counties align on their shared project work, which could help streamline portions of the program and spend more time on hands-on project planning work.

Counties emphasized that this "container" for learning was most effective in person. The virtual format, while sometimes necessary, did not build the same level of trust or engagement across sectors. TCP also emphasized the importance of cultural responsiveness and community engagement. Counties that elevated consumer councils, peer support specialists, or schools as behavioral health partners were able to break down silos and create new models of shared ownership.

Sustaining this type of engagement was not easy. In particular, keeping all partners consistently involved proved difficult. Leaders also cautioned that culture change moves slowly. It takes time, and programs should expect and plan for that gradual process. The key lesson is that sustained engagement and relationship-building must be designed into the program as an essential component to nurture and strengthen.



Conclusion

This case study looked at the Transformational Change Partnership (TCP) using the Water of Systems Change framework, which revealed that counties are beginning to shift policies and practices, strengthen cross-agency relationships, and build cultural norms that focus on outcomes, learning, and community voice.

TCP's impact to date reflects early but meaningful shifts in how counties approach reform. It is laying the groundwork for sustained systems change. The program's design emphasizes relational trust as a prerequisite for structural reform. It affirms Third Sector's insight that lasting change requires alignment across relationships, governance, and culture before outcomes can take hold.

Drawing on the experiences of participants in Santa Cruz, Monterey, Placer, and Yolo, the case study illustrates how TCP helped create the conditions for progress despite the presence of overlapping reforms and long-standing structural barriers. If this work continues, it has the potential to grow into more durable and equitable systems of care, giving counties the tools to deliver more coordinated behavioral health services for children, adults, and families across California.



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29. Confianza (English: trust) is a Spanish-language term that is used to refer to mutual trust and confidence in relationships, a concept that in this context captures the relational foundation of effective collaboration.