



Health, Housing & Community Services
Mental Health Commission

To: Mental Health Commissioners
From: Jamie Works-Wright, Commission Secretary
Date: August 20, 2026

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Behavioral Health Commission

AGENDA

Regular Meeting Thursday, August 27, 2026

Time: 7:00 p.m. - 9:00 p.m.

Location: South Berkeley Senior Center
1901 Hearst St., Berkeley, CA
Morning Glory Room, 2nd floor

All Agenda Items are for Discussion and Possible Action

*This meeting will be conducted in a hybrid model with both in-person and virtual attendance. Attend this meeting remotely using Zoom <https://cityofberkeley-info.zoomgov.com/j/1600369064>. To request to speak, use the “raise hand” function in Zoom. To join by phone: Dial 1-669-254-5252 or 1-833-568-8864 (Toll Free) and enter Meeting ID: 160 036 9064. To provide public comment, Press *9 and wait to be recognized by the Chair. To submit a written communication for the public record, email jworks-wright@berkeleyca.gov.*

This meeting will be conducted in accordance with the Brown Act, Government Code Section 54953. Any member of the public may attend this meeting, however, if you are feeling sick, please do not attend the meeting in person. Questions regarding this matter may be addressed to Secretary 510-981-7721 or jworks-wright@berkeleyca.gov.

Public Comment Policy: *Members of the public may speak on any items on the agenda and items not on the agenda during the initial Public Comment period. Members of the public may also comment on any item listed on the agenda as the item is taken up. Members of the public may not speak more than once on any given item. The Chair may limit public comment to 3 minutes or less.*

- 1. Roll Call (1 min)**
- 2. Preliminary Matters**
 - a. Action Item: Approval of August 27, 2026, meeting agenda
 - b. Public Comment (non-agenda items)
 - c. Action Item: Approval of June 25, 2026, meeting minutes
- 3. Discuss and approve the flyers, letters, and presentation to City Council**
- 4. Review of the 2026 Data Notebook and respond on behalf of the Berkeley Behavioral Health Commission**
- 5. Discussion to officially establish ad hoc committees for the concerns and goals of the Commission and Commissioners.**



Health, Housing & Community
Service Department
Behavioral Health Commission

6. Mental Health Division Manager's Reports – provided by Jeff Buell

- a. MH Division Manager Report
- b. Caseload Statistic July 2026

7. Adjournment

Communications to Berkeley boards, commissions or committees are public record and will become part of the City's electronic records, which are accessible through the City's website. **Please note: Email addresses, names, addresses, and other contact information are not required, but if included in any communication to a City board, commission or committee, will become part of the public record.** If you do not want your e-mail address or any other contact information to be made public, you may deliver communications via U.S. Postal Service or in person to the secretary of the relevant board, commission or committee. If you do not want your contact information included in the public record, please do not include that information in your communication. Please contact the secretary to the relevant board, commission or committee for further information. The Health, Housing and Community Services Department does not take a position as to the content.

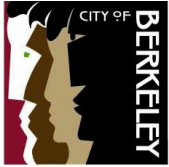
Contact person: Jamie Works-Wright, Mental Health Commission Secretary (510) 981-7721 or
jworks-wright@berkeleyca.gov



*Communication Access Information: This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at 981-6418 (V) or 981-6347 (TDD) at least three business days before the meeting date. **Please refrain from wearing scented products to this meeting. Attendees at trainings are reminded that other attendees may be sensitive to various scents, whether natural or manufactured, in products and materials. Please help the City respect these needs. Thankyou.***

SB 343 Disclaimer

Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection in the SB 343 Communications Binder located at the Adult Clinic at 2640 MLK Jr. Way, Berkeley, CA 9470



Department of Health,
Housing &
Community
Services
Mental Health
Commission

Behavioral Health Commission

Draft June Minutes

7:00 pm
North Berkeley SC 1901 Hearst

Regular Meeting
June 25, 2026

Members of the Public Present: Steven Tupper

Staff Present: Jamie Works-Wright, Jeff Buell

1) Call to Order at 7:04 pm

Commissioners Present: Patricia Fontana-Narell, Ian Hunt, Ajay Krishnan, Edward Opton (7:08), Maria Sol, Lisa Teague, Igor Tregub (7:05), Glenn Turner **Absent:** None

2) Preliminary Matters

a) Approval of June 25, 2026, meeting agenda

M/S/C (Krishnan, Hunt) Motion to approve the agenda

PASSED

Ayes: Fontana-Narell, Hunt, Krishnan, Opton, Sol, Teague, Tregub, Turner, **Noes:** None;

Abstentions: None; **Absent:** None

b) Public Comment- No public comment

c) Approval of May 28, 2026, minutes

M/S/C (Krishnan, Hunt) Motion to approve last month's meeting minutes.

PASSED

Ayes: Fontana-Narell, Hunt, Krishnan, Opton, Sol, Teague, Tregub, Turner, **Noes:** None;

Abstentions: None; **Absent:** None

3) Discuss and approve a recruitment letter to distribute through channels to bring the composition of the Berkeley BHC into compliance with state requirement- Lisa Teague – No motion made

4) Review and vote regarding the commission recruitment process

a) Vacancy recruitment

M/S/C (Tregub, Hunt) Transmit this letter to the council with no substantial changes

PASSED

Ayes: Fontana-Narell, Hunt, Krishnan, Opton, Sol, Teague, Tregub, Turner, **Noes:** None;

Abstentions: None; **Absent:** None

b) TAY BHC Recruitment flyer

**M/S/C (Teague, Hunt) Motion to submit the letter and flyer to the full city council in July
Via email and no later than September to present in person to city council.**

PASSED

Ayes: Fontana-Narell, Hunt, Krishnan, Opton, Sol, Teague, Turner, **Noes:** None; **Abstentions:**
Tregub; **Absent:** None

5) Mental Health Division Manager's Reports – provided by Jeff Buell – No motion made.

a) MH Division Manager Report

b) Caseload Statistic May 2026

c) BHCS_406253

6) Adjournment –8:56PM –

M/S/C (Krishnan, Teague) Motion to adjourn the meeting

Ayes: Fontana-Narell, Hunt, Krishnan, Opton, Sol, Teague, Tregub, Turner, **Noes:** None;

Abstentions: None; **Absent:** None

Minutes submitted by: _____
Jamie Works-Wright, Commission Secretary

STUDENTS IN THE BERKELEY AREA.

ATTENTION STUDENTS
IN THE BAY AREA!

JOIN THE BERKELEY BEHAVIORAL
HEALTH COMMISSION!

**BE A STUDENT
COMMISSIONER!**



WHY APPLY?



REAL LEGISLATIVE POWER: Manage local programs, budgets, and mental health initiatives.



BUILD YOUR RESUME: Gain leadership, public policy, and advocacy experience.



CONNECT WITH PROFESSIONALS: Network with clinical experts, city leaders, and grassroots mental health leaders.

OPEN TO STUDENTS interested in Mental Health, Policy, Social Justice, and Public Health.

Open to students residing or attending school in the Berkeley Area.

CLICK TO APPLY:
BERKELEYCA.GOV/COMMISSIONS

FOR QUESTIONS CONTACT:

Secretary Jamio Works Wright at
JWorks-Wright@berkeleyca.gov or Chairperson
Ajay Krishnan at ajay.s.krishnan@gmail.com

Image of Berkeley Behavioral Health Commission Members

MAKE A REAL IMPACT. BE THE VOICE.

VETERANS IN THE BERKELEY AREA.

ATTENTION VETERANS, MILITARY
AFFILIATES, & RESIDENTS
IN THE BERKELEY AREA!

JOIN THE BERKELEY BEHAVIORAL
HEALTH COMMISSION!

**BE A VETERAN
COMMISSIONER!**

RECRUITING
VETERANS &
ADVOCATES

WHY APPLY?



REAL LEGISLATIVE POWER: Address veteran-specific mental health needs.



BUILD YOUR RESUME: Translate military leadership skills to policy.



CONNECT WITH PROFESSIONALS: Network with clinical experts and veteran service leaders.

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Open to residents residing or teaching in the Berkeley Area.

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FOR QUESTIONS CONTACT:

Secretary Janna Marks Wright
Janna.Marks@berkeleyca.gov or Janna.Marks@berkeleyca.gov
Ajay Krishnan at ajay.krishnan@gmail.com

MAKE A REAL IMPACT. BE THE VOICE.

TEACHERS IN THE BERKELEY AREA.

**ATTENTION EDUCATORS & TEACHERS
IN THE BERKELEY AREA!**

RECRUITING EDUCATORS & RESIDENTS!

**JOIN THE BERKELEY BEHAVIORAL
HEALTH COMMISSION!**

**BE A TEACHER
COMMISSIONER!**

**RECRUITING
EDUCATORS**

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REAL LEGISLATIVE POWER: Manage local programs, budgets, and mental health initiatives.



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Open to residents residing or teaching in the Berkeley Area.

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Secretary Jarnia Works Wright at
JWorksWright@berkeleyca.gov or Chairperson
Ajay Krishnan at ajay.s.krishnan@gmail.com

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California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

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MS 2706

MEMORANDUM

DATE: July 17, 2026

TO: Director of County Behavioral Health Services
Chairperson of County Behavioral Health Board/Commission

FROM: Noel O'Neill, Chairperson, CBHPC Performance Outcomes Committee

SUBJECT: 2026 Data Notebook Survey

This memo provides you with information about the 2026 Data Notebook Survey on Behavioral Health Services for Foster Youth. The Data Notebook project is a mechanism created by the California Behavioral Health Planning Council to facilitate reporting requirements for Local Behavioral Health Boards outlined in the Welfare and Institutions Code § 5604.2 (a)(7) which states, *"Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council"*.

Please complete the 2026 Data Notebook Survey by **October 12, 2026**, using the enclosed SurveyMonkey reporting questionnaire. The 2026 Data Notebook Survey document is attached to this memo. This document provides a brief overview of the topic of focus for this year and the survey questions. It is available in PDF and Microsoft Word formats for your convenience and planning.

The survey questions in the Data Notebook have been formatted for print and on-screen use. The questions on SurveyMonkey are the same, even if they are displayed differently.

To complete the SurveyMonkey online survey:

- Access the SurveyMonkey reporting questionnaire at the following link: <https://www.surveymonkey.com/r/DN2026>
- Use the Data Notebook document as your reference for gathering and planning your survey responses.
- Designate one (1) person to fill out the online survey for your county to avoid duplicate responses.



California Behavioral Health Planning Council

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- When the designated person accesses the online survey with the link, they can potentially submit a partially complete response and return to it to finish it later. However, they must use the same computer each time.

For general questions about the Data Notebook, contact Linda Dickerson at DataNotebook@cbhpc.dhcs.ca.gov. If you have questions or issues regarding the SurveyMonkey online questionnaire, contact Justin Boese at Justin.Boese@cbhpc.dhcs.ca.gov.

We appreciate your participation in this project.

Data Notebook 2026

FOR CALIFORNIA

BEHAVIORAL HEALTH BOARDS AND COMMISSIONS



Prepared by California Behavioral Health Planning Council, in collaboration with:
California Association of Local Behavioral Health Boards/Commissions



The California Behavioral Health Planning Council (Council) is under federal and state mandate to review, evaluate and advocate for an accessible and effective behavioral health system. This system includes both mental health and substance use treatment services designed for individuals across the lifespan. The Council is also statutorily required to advise the Legislature on behavioral health issues, policies, and priorities in California. The Council advocates for an accountable system of seamless, responsive services that are strength-based, consumer and family member driven, recovery oriented, culturally, and linguistically responsive and cost effective. Council recommendations promote cross-system collaboration to address the issues of access and effective treatment for the recovery, resilience, and wellness of Californians living with severe mental illness and/or substance use disorders.

For general information, you may contact the following email address or telephone number:

DataNotebook@CBHPC.dhcs.ca.gov
(916) 701-8211

Or you may contact us by postal mail at:

Data Notebook
California Behavioral Health Planning Council
1501 Capitol Avenue, MS 2706
P.O. Box 997413 Sacramento, CA 95899-7413

For questions regarding the SurveyMonkey online survey, please contact Justin Boese at Justin.Boese@cbhpc.dhcs.ca.gov

NOTICE:

This document contains a textual **preview** of the California Behavioral Health Planning Council 2026 Data Notebook survey, as well as supplemental information and resources. It is meant as a **reference document only**. Some of the survey items appear differently on the live survey due to the difference in formatting.

DO NOT RETURN THIS DOCUMENT.

Please use it for preparation purposes only.

To complete your 2026 Data Notebook, please use the following link and fill out the survey online by **October 12, 2026**:

<https://www.surveymonkey.com/r/DN2026>

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CBHPC 2026 Data Notebook

What is the Data Notebook? Purpose and Goals

The Data Notebook is a structured format to review information and report on aspects of each county's behavioral health services. A different part of the public behavioral health system is addressed each year, because the overall system is large and complex. This system includes both mental health and substance use treatment services designed for individuals across the lifespan.

Local behavioral health boards/commissions (local boards) are required to review performance outcomes data for their county and to report their findings to the California Behavioral Health Planning Council (Planning Council). To provide structure for the report and to make the reporting easier, each year a Data Notebook is created for local boards to complete and submit to the Planning Council. Discussion questions seek input from local boards and their departments. Planning Council staff analyze these responses to create annual reports to inform policy makers and the public.

The Data Notebook structure and questions are designed to meet important goals:

- To help local boards meet their legal mandates¹ to review and comment on their county's performance outcome data,
- To communicate their findings to the Planning Council,
- To serve as an educational resource on behavioral health data and information,
- To obtain the opinions and thoughts of local board members, and
- To identify successes, unmet needs, and make recommendations.

How the Data Notebook Project Helps You

Understanding data empowers individuals and groups in their advocacy. The Planning Council encourages all members of local boards to participate in developing the responses for the Data Notebook. This is an opportunity for local boards and their county behavioral health departments to work together to identify critical issues in their community. This work informs county and state leadership about behavioral health programs, needs, and services. Some local boards use their Data Notebook in their annual report to the County Board of Supervisors.

In addition, the Planning Council provides our annual 'Overview Report, which is a compilation of information from all the local boards and commissions who completed

¹ W.I.C. 5604.2, regarding mandated reporting roles of Behavioral Health Boards and Commissions in California.

their Data Notebooks. These reports feature prominently on the website² of the California Association of Local Mental Health Boards and Commissions (CALBHBC). The Planning Council uses this information in their advocacy to the legislature, and to provide input to the state mental health block grant application to the Substance Abuse and Mental Health Services Administration (SAMHSA)³.

Background and Brief History:

The 2016 Data Notebook focused on the behavioral health needs of children and youth in California. It compiled a wide range of existing data from multiple sources to highlight the needs for mental health services and access to substance use treatment. The Data Notebook also addressed services for youth in crisis, early intervention in psychosis, and full-service partnerships available to children and youth. In addition, it reviewed the continuum of care for foster youth and children and their needs for behavioral health services. Our goal in 2016 was to provide this information to the local mental health/behavioral health boards and gather their feedback through discussion questions, including those related to foster care and other areas needing improvement.

The California Behavioral Health Planning Council first examined the role and potential of Behavioral Health Services for Children and Youth in their 2017 Overview Report on the findings of the 2016 Data Notebook Project⁴. That report identified models such as full-service partnerships that are one type of wrap-around service provision that promotes a “whatever it takes approach.” This model emphasized the importance of these services in promoting trauma-informed, recovery-oriented systems of care, particularly for individual youth or family members who may not engage readily with some formal treatment environments.

More than a decade later, this year’s Data Notebook serves as a follow-up to that foundational work, revisiting the specific parts of Children and Youth Behavioral Health Services, particularly the programs and services intended for foster youth, including older transitional-aged youth often referred to as non-minor foster youth.

In 2012, several programs began shifting how services for foster youth were delivered through California’s Continuum of Care Reform (CCR). These changes were

² See the annual Overview Reports on the Data Notebook posted at the [California Association of Local Behavioral Health Boards and Commissions website](#).

³ SAMHSA: Substance Abuse and Mental Health Services Administration, an agency of the Department of Health and Human Services in the U.S. federal government. For reports, see www.SAMHSA.gov.

⁴ See the 2017 Overview Report on the 2016 Data Notebook on Children and Youth, posted on the website of the California Behavioral Health Planning Council, [CBHPC-Data-Notebook](#) and [CBHPC Reports](#) specifically for 2017.

subsequently enacted into law through Assembly Bill (AB) 403 in 2015 and reached statewide implementation that took effect on January 1, 2017.

Over the past decade, policy changes, evolving community needs, and ongoing local program development have led to significant changes in foster care services. Some of these changes were part of the Continuum of Care Reform. Alongside the Continuum of Care Reform, legislative initiatives, such as AB 2083 (2018) strengthened the requirement for of trauma-informed care⁵ across the foster care system. This includes the training of therapists, administrators, prospective foster parents, social workers, and others.

The core values of these programs have remained consistent. However, their structure, scope, and funding have evolved significantly due to changes in federal and state legislation, especially those that established Families First programs and services.

Our present goal, in 2026, is to focus on the behavioral health needs of foster youth and children. The current Data Notebook project and survey seek to increase understanding of how behavioral health services are provided to foster youth and how those services are coordinated with local departments of social services and with contracted agencies and service providers.

USA Today reported⁶ in 2018 that when the president signed the new bipartisan federal spending bill, he also approved a major overhaul of the foster care system. These changes were urgently needed, based on the data available. As a result of these new laws⁷, children at imminent risk of being removed from their homes and placed in foster care are now eligible to receive services and support to help stabilize and strengthen their family. These services may include mental health services, substance use treatment, parenting classes or coaching, and other supportive approaches. For a full

⁵ Informative resources about Foster Youth and their needs, with links to specific trauma-informed therapies designed for the specific age-ranges of youth and children, may be found at this website; [California Association of Local Behavioral Health Boards and Commissions website](#). These resources are well-written and are intended for the general public and for families, clients, and other stakeholders.

⁶ When Trump signed spending bill, he signed into law a huge overhaul of foster care. By Teresa Wiltz, Pew/Stateline, published May 5, 2018. <https://www.usatoday.com/story/news/nation/2018/05/05/foster-care-family-first-prevention-services-act-trump/573560002/>

⁷ Report of the California Legislative Analyst's Office, 2026. A large part of the material that follows in this section is based on material in that report and on general information found on the webpages of the California Department of Social Services (www.cdss.ca.gov).

list of commonly used evidence-based practices for these prevention services, please see the 2026 Legislative Analyst Report⁸.

The term *imminent risk of foster care* is defined by the states as a child or family who qualifies for federal Title IV-E funding for prevention services. The Family First Prevention Services Act (FFPSA), passed in 2018, required changes to update child welfare practices so the state could claim Title IV-E funding for certain evidence-based prevention services. California began implementing FFPSA in 2021-2022 through the Family First Prevention Services Program.

As a result, the state's child welfare system now emphasizes prevention services to decrease risks for maltreatment and prevent the need for child removal and foster care placement. These services and supports are especially important when a child's removal is being considered primarily because of a family's financial instability or poverty.⁹

It is important to note that children and youth in Medicaid-eligible families with a demonstrated medical need (or court-ordered need) qualify for most, if not all, of these prevention services. Many of these supports already exist through county social services agencies and county behavioral health departments. The key change is that these services can now be funded through Title IV-E of the Social Security Act specifically to prevent or reduce the need for foster care placement.

This shift helps reduce the likelihood that children will need trauma-informed treatment and other therapies that often become necessary after removal of a child. When a child is removed, they lose not only their home, but also their school, siblings, pets, and the community connections that may have supported them. Preventing removal whenever safely possible helps avoid these additional layers of disruption.

Part of California's foster care reforms were driven by legislation such as Senate Bill 163, which addresses early learning, childcare, behavioral health treatment for autism, and Wraparound services for foster youth. This bill made changes across several state codes, including the California Education Code, Government Code, Health and Safety Code, and the Welfare and Institutions Code.

⁸Information contained in the recent report by the California Legislative Analyst's Office, 2026.

⁹ Efforts by the Child Welfare Council (CWC) Mandated Reporting Advisory Committee (MRAC) work to help mandated reporters decide when a child is in true danger of abuse or neglect vs. family being in poverty. An outline of this committee's recent work may be referenced at : https://www.caltrn.org/wp-content/uploads/2026/06/MRAC-Meeting_05-21-2026_Main-Deck_Final.pdf

In brief, SB163 is the California version of the ‘Families First’ programs mandated by the federal government that implements the federal requirements in our state. This bill also laid the groundwork for changes in financing¹⁰ of services provided by child welfare contracting organizations to provide a more sustainable model to cover essential costs.

In summary, SB 163 is California’s version of the federal “Families First” initiative, implementing federal requirements at the state level. The bill also laid the groundwork for updating how child welfare partner organizations are financed, creating a more sustainable model to support essential program costs. In addition, SB 163 helped launch the Tiered Rate Structure (TRS), which restructures funding for child-welfare-serving organizations, so reimbursement aligns with the intensity and level of care provided. The legislation also contributed to the establishment of the Center of Excellence (COE), which is responsible for defining and supporting high-fidelity Wraparound services statewide. The COE’s role is to create one clear, consistent definition of Wraparound in California and replace the 58 different county versions that exist today to ensure quality and fidelity across programs.

Two main themes emerged during the Planning Council’s Performance Outcomes Committee discussions: (a) the importance of high-fidelity Wraparound Services, and (b) the need for reform that strengthen the funding of foster care related services.

Financial reforms include improved resources to support the agencies responsible for foster home placements (including kinship care), and/or arranging formal guardianship or adoption. This financial reform is often referred to as changes in the *Tiered Rate Structure (TRS)* which focuses on ensuring adequate funding for a child or youth’s individual needs including situations where complex medical care requires specialized authorization and coverage through Medicaid.

As we consider these service and financing reforms, it is also essential to understand several foundational features of California’s foster care system that directly affect how these changes are implemented. Many definitions and legal processes are complex, especially when funding responsibilities, jurisdiction, and public-school enrollment intersect. Additional challenges emerge when a child must be transferred to another county to access treatment or therapeutic resources unavailable locally. Under California’s “presumptive transfer” policy, that receiving county becomes financially responsible for the youth’s behavioral health services. We should also recognize the practical challenges that come with presumptive transfer. Youth are often placed

¹⁰ This bill launched the ‘Tiered Rate Structure’ (TRS) for child welfare serving organizations, that would provide cover costs for care of a child or youth at various levels (‘tiers’) depending on the acuity of their needs, per assessment by designated diagnostic tools (e.g. ‘CANS’), and perhaps by other supplemental information depending on the circumstances.

outside their home county because the specialized services they need are not available locally. Although presumptive transfer is intended to ensure continuity of behavioral health care across county lines, it can lead to administrative delays, funding disagreements, and coordination difficulties between counties. These issues often cause lengthy delays in reimbursing providers for services they have already delivered. These are barriers that providers cannot control but that significantly affect both service delivery and financial stability. Further complications can arise when reunification with the family of origin is the intended goal, adding yet another layer of coordination across counties and service systems.

CBHPC 2026 Data Notebook: Focus on Foster Youth and their Needs for Behavioral Health, Social Services, and Support for Complex Medical Needs

What is a Foster Youth/Child?

The term “foster youth” refers to a child or youth who has been removed from their home due to abuse or neglect and is under the jurisdiction of the superior court. This includes children for whom a petition has been filed under the applicable sections of California’s Welfare and Institutions Code, designating them as dependents of the court under WIC § 300 (see Appendix A¹¹ for the full legal text and criteria). In addition, some non-minor¹² foster youth may continue to receive support as they transition into adulthood through supervised independent living, financial assistance, and/or housing services, as outlined in California WIC §16522.1(a)(1) (see Appendix B)¹³.

Additional legal codes are outlined in Appendix C¹⁴, including those that establish the court’s authority over juveniles, as well as statutes that apply to youth involved in serious and/or violent offenses (Appendix D)¹⁵. It is hoped that this information may provide some clarity about provisions distinguishing youth under the foster care system in contrast to those juveniles that are under other provisions of the court’s authority.

What is the prevalence of children and youth in foster care?

¹¹ See Appendix A: The legal description of W.I.C. section 300.

¹² Non-minor foster youth also include nonminor dependents (NMDs) participating in extended foster care under AB 12. Depending on their individual circumstances, needs, and the availability of placement options, NMDs may reside in a variety of settings. Some youth may be placed in transitional housing programs, such as THP-Plus Foster Care (THP+FC), which provide both housing and supportive services to help youth develop the skills needed for successful adulthood. Other eligible youth may reside in a Supervised Independent Living Placement (SILP), the least restrictive placement option within extended foster care, which allows NMDs to live independently in an approved residence while continuing to receive foster care benefits, case management, and supportive services.

¹³ Appendix B: The legal description of W.I.C. section 16522.1.

¹⁴ Appendix C: The Legal description of W.I.C. sections 700 & 701.

¹⁵ Appendix D: Legal description of W.I.C. 707.

California has the largest number of children and youth in foster care of any state in the nation. In fiscal year 2024, California had 38,490 foster youth and children. In 2023, the rate at which children entered foster care was 4.5 per 1,000 children, which was very close to the national average of 4.6 per 1,000. To put this in context, California has approximately 8.73 million residents under the age of 18, representing about 22% of the state's total population. In 2026, the state's total population was estimated at approximately [39.9 million](#).

What is the process?

A report is made to either law enforcement or the local social services hotline alleging that a child or youth is experiencing or is at serious risk of abuse, neglect, abandonment, or unsafe living conditions. Once the situation is reviewed by a Superior Court judge, the judge may issue an order placing the youth under the care and supervision of the state. This typically results in the child entering the foster care system and being removed from their home. Child welfare workers do not act independently; they carry out these actions as an extension of the Superior Court's authority.

Youth in foster care may be placed with relatives (kinship care), foster families, group homes, or in Short-Term Residential Therapeutic Programs (STRTPs). Placement decisions depend on the youth's individual circumstances, level of need, and the resources available within their county, tribe, or state.

There are different pathways¹⁶ into the foster care system when a child may be experiencing, or at risk of experiencing, maltreatment. Not all individuals or families go through a court or judicial proceeding. They may avoid the trauma and stress of court, especially if they voluntarily seek services that support and strengthen families. However, issues may arise with financial resources, and financial responsibility, or lack of resource availability due to an insufficient number of local providers.

(a) Reports by Mandated Reporters:

A mandated reporter (or another individual concerned about a child's safety or well-being) makes a report to a child abuse hotline or law enforcement. More recently, policymakers and stakeholders have emphasized the importance of ensuring that reports based solely on poverty-related circumstances are diverted to community-based supports rather than entering the child welfare system whenever safely appropriate. That approach is promoted by advocates that include the California Alliance through its participation in the Mandated Reporter Advisory Committee (MRAC).¹⁷

¹⁶ [Implementing California's Child Welfare Services Program](#), January 28, 2026, The Legislative Analyst's Office (the California Legislature's Nonpartisan Fiscal and Policy Advisor)" <https://LAO.ca.gov/Publications/Report/5106#Background>.

¹⁷ See Report linked in preceding footnote (16).

The local child welfare agency or tribe assesses the report and determines whether further investigation, voluntary services, or other interventions are warranted. If a case is opened, the agency may also determine whether the child and family are candidates for Title IV-E prevention services. If it is determined that the child can safely remain at home with supportive services, the family may be referred to the county's Differential Response Program (in participating counties), connected to community-based prevention services, or participate in voluntary or court-ordered Family Maintenance Services.

If, at any point, it is determined that the child cannot safely remain at home, the local child welfare agency may petition the juvenile court and facilitate an out-of-home placement. Depending on the child's needs, this may include placement with relatives, resource families, Foster Family Agency (FFA)-certified homes, or other family-based settings. Foster family agencies play a critical role in recruiting, certifying, training, and supporting resource families, particularly for children and youth with higher or more specialized needs.

For youth requiring a higher level of behavioral health treatment and supervision, placement may occur in a Short-Term Residential Therapeutic Program (STRTP). These programs provide intensive, trauma-informed residential treatment and are intended to serve youth whose needs cannot be safely met in a family-based setting at that time. These residential programs are interconnected with family foster agencies (FFAs) and other parts of the continuum of care. Family foster agencies may help support youth as they transition from residential treatment back into family-based placements.

(b) Community Pathway to Services:

A family is referred to, or independently seeks, supports/services from a trusted community organization, such as a family resource center.

The local child welfare agency or tribe determines whether the child/family are candidates for Title IV-E prevention services. If it is determined that the child can remain safely at home, then the county's contracted community organization(s) will facilitate services to stabilize and strengthen the family. The community organization will be responsible for monitoring the child's safety. If at any point it is determined that the child cannot remain safely at home, the local child welfare agency will facilitate a foster placement and/or take other steps necessary to ensure the child's safety.

Who are the populations at risk of being placed in foster care?

When a child is at imminent risk of being placed in foster care, or children cannot remain safely with their parents, the state provides temporary out-of-home placements through the foster care system. During this time, services may be provided to parents with the goal of safely reunifying the child with their family. If reunification is not possible, the state assists in establishing a permanent placement, such as adoption or guardianship. Prevention services are intended to support and strengthen families so that removal can be avoided or significantly reduced whenever safely possible.

Children and youth who qualify for Title IV-E prevention services are those determined to be at “imminent risk” of entering or re-entering foster care, as well as their parents or kin caregivers. Pregnant or parenting foster youth are automatically eligible for prevention services and do not require an individual assessment.

California’s state plan for implementing the federal Families First Prevention Services Act expands the definition of potential candidates for prevention services to include ten additional groups:

- Youth and families receiving voluntary or court-ordered Family Maintenance services
- Probation youth
- Youth whose guardianship or adoption is at risk of disruption
- Youth who are subject to a maltreatment allegation and investigation but for whom the court does not pursue a case
- Youth with a sibling in foster care
- Homeless or runaway youth
- Substance-exposed newborns
- Youth who were victims of commercial sexual exploitation
- Youth exposed to domestic violence
- Youth whose caretakers experience substance use disorder.”¹⁸

Some populations experience greater risk than others, particularly when examining the types of reports made in California and their impact on Black and Brown families.¹⁹ California's child welfare system receives more than 400,000 reports each year. Nearly

¹⁸ “Implementing California’s Child Welfare Services Program for Prevention, January 28, 2026, The Legislative Analyst’s Office (the California Legislature’s Nonpartisan Fiscal and Policy Advisor” <https://LAO.ca.gov/Publications/Report/5106#Background>.

¹⁹ This information is from a [Legislative Analyst \(LA\) report on AB 2085 implementation](#).

90% of those reports are unsubstantiated, with many reflecting families struggling with poverty rather than abuse or neglect.

- Black and Brown families bear the greatest burden, with a disproportionate number of families of color being investigated by child protective services before reaching adulthood.

As a result, child welfare agencies spend enormous capacity investigating families who need support, not intervention.

What resources comprise the continuum of care and housing for foster youth?

In 2025, California had 30,945 licensed foster homes. These homes, often referred to as *resource families*, represent only one part of the broader Children's Continuum of Care. Resource families and other foster care providers go through a formal licensing and approval process, described in detail in the California Department of Social Services (CDSS) *Roadmap for Facility Licensing*²⁰. Additional licensed foster care providers and related facilities can be found on the CDSS Children's Residential Program [webpage](#), which maintains the full list of approved programs, facilities, and agencies. The following list summarizes facilities and agencies licensed to provide (or supervise) foster care, Kincare, guardianship, and/or adoption:

- Community Crisis Homes (CCH)
- Community Treatment Facility (CTF)
- Enhanced Behavioral Support Homes (EBSH)
- Foster Family Agency (FFA)
- Group Home
- Group Home for Children with Special Health Care Needs (GHCSHN)
- Short-Term Residential Therapeutic Program (STRTP)
- Small Family Home (SFH)
- Temporary Shelter Care Facilities (TSCF)
- Transitional Shelter Care Facilities (TrSCF)
- Transitional Housing Placement Provider (THPP)
- Youth Homelessness Prevention Center (YHPC).

²⁰ The Community Care Licensing Division (CCLD) has step-by-step resources to guide applicants through the licensing process. Help is available for [Child Care Program](#), [Children's Residential Program \[PDF\]](#), and [Home Care Services](#) applicants. Access a general license overview guide on the [CCLD webpage \[PDF\]](#).

Wrap-Around Services for Foster Youth in California's Public Behavioral Health and Social Services Systems

Wraparound Services for foster youth represent an essential model within California's public behavioral health landscape. These community-based programs are designed to support foster youth and children and their families living with trauma, serious emotional disorders, and/or serious mental illness, and/or substance use disorders by offering accessible, voluntary, and person-centered services. The California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS) coordinate within the state of California's Health and Human Services Agency. Such inter-agency cooperation is essential for the Child Welfare Wraparound Immediate Needs (WIN) program which is financed under the Tiered Rate Structure (TRS) and the Department of Health Care Services Medi-Cal High Fidelity Wraparound (HFW) program.

The wraparound services model draws from principles of peer and parent partner supports, empowerment, wellness, and a "whatever it takes" approach. These principles also will help provide effective services under High Fidelity Wrap. In part, the goal is to ensure California provides supportive services to individual youth and their families to prevent removing children from family homes. But there is also the goal of encouraging family reunification when removal has been necessary for the safety of the child. High Fidelity Wrap can enable families to pursue recovery by engaging in services that promote better parenting skills, stability, resilience, and social connection, and thereby ensure that families have the services and tools to remain together.

This year, the California Behavioral Health Planning Council (CBHPC) has focused the Data Notebook on *Foster Youth and Their Needs for Behavioral Health, Social Services, and Support for Complex Medical Needs*. In alignment with this goal, the document highlights areas where additional support is needed to ensure that programs are stable, sustainable, and financially viable. Key efforts include: (a) the launch of the High-Fidelity Wraparound services model, (b) revisions to the Tiered Rate Structure (TRS) to better align funding with each youth's assessed needs, and (c) the forthcoming implementation of "Wraparound Immediate Needs" resources. Together, these initiatives strengthen the continuum of care available to foster youth and their families. This focus is particularly timely given recent policy and funding shifts under state legislation such as SB 163, the Behavioral Health Services Act (BHSA), and broader Behavioral Health Transformation efforts.

As counties adjust to new mandates and evolving resource allocations, concerns have grown that Wraparound services and other essential supports for foster youth may face

reductions or even loss of funding despite their alignment with statewide goals of equity, prevention, and community-based care. There is an urgent need for additional financial support, as current program funding is insufficient to adequately sustain foster families, therapeutic service providers, and foster family agencies. These organizations assist families in caring for youth who have experienced trauma, often repeated or complex trauma, which contributes to intensive service needs.

At present, the financial picture remains unsustainable. For fiscal year 2025–2026, available resources fall short of what is needed to maintain a stable system of care, and projections for fiscal year 2026–2027 indicate even more serious shortfalls unless meaningful, systemwide solutions are implemented. As of Spring 2026, advocates across multiple sectors are actively engaging state leaders to highlight these concerns and urge legislative action.

Although Wraparound programs differ across counties in name, scope, staffing, and funding, most share core elements based on statutory requirements that all counties and agencies must follow beginning July 1, 2026. The current statewide goal is to deliver a high-fidelity Wraparound model. This approach has been approved by the federal Clearinghouse as an evidence-based practice, demonstrating positive outcomes for children and youth.

For the purposes of the 2026 Data Notebook Survey, we are using the following definition:

Wraparound services are community-based programs for foster youth and children that offer ‘voluntary support services to individuals experiencing mental health and/or substance use challenges.’ These programs prioritize peer support, empowerment, and self-determined approaches to recovery, often providing activities such as family education, family teams in the child welfare systems, resource navigation, to do “whatever it takes” to provide that youth or child with the resources to heal, develop, and thrive.

2026 Data Notebook on Behavioral Health Services for Foster Youth Survey Questions

Note to Boards and Commissions: The following questions are focused upon foster youth who have been made dependents of the court (per W.I.C. 300) and are served by the local child welfare staff. These youth will have full scope Medi-Cal and often do have behavioral health needs. These questions are not typically tracked or discussed by behavioral health boards, but it is likely the Behavioral Health Plan in your county will have these responses in the Quality Assurance Program. It will be necessary for the Boards to work closely with the Behavioral Health Plan in your county that serves foster youth to provide this information to the Planning Council.

If the answer to a question is not known and is not easily obtainable by your board or county behavioral health, please feel free to skip it and answer the questions that you can. Our goal is to gather as much information as possible without requiring burdensome research.

1. **What is the name of your county?** *(Drop down menu)*
2. Does your county track the number and type of Medi-Cal Services provided to foster youth?
 - a. Yes
 - b. No
3. Does your county track the number and type of NON Medi-Cal Services provided to foster youth?
 - a. Yes
 - b. No
4. Who provides the Child and Adolescent Needs and Strengths (CANS) assessment for foster care youth in your county? (select all that apply)
 - a. County Child Welfare
 - b. County Behavioral Health Department
 - c. Other [with text box]
5. About how often does your county Behavioral Health staff meet with staff from county child welfare services for the purposes of strategic planning and system coordination?
 - a. More than once a month
 - b. Once a month
 - c. Once a quarter (every 3 months)
 - d. Once a year
 - e. Less than once a year
 - f. Never

6. Does your county behavioral health department or one of your contractors work with schools to offer services and supports to foster youth with serious emotional disturbances (SED) or serious mental illness (SMI)?
 - a. Yes
 - b. No
7. Does your county behavioral health department provide support services for **pregnant or parenting** foster youth?
 - a. Yes
 - b. No
8. Does your county behavioral health department provide support services for **justice-involved** foster youth?
 - a. Yes
 - b. No
9. What is the unduplicated count of foster youth who received **mental health services** in your county during FY 24/25? (Please skip this question if the count is fewer than 11. If you do not have an exact count, please provide an estimate.)
 - a. [Text box for numerical response]
10. Approximately what percentage of behavioral health services, including crisis services, for foster youth in your county are provided directly by **county behavioral health**? (Please submit your response as a number between 0-100, rounded to the nearest whole number.)
 - a. [Text box for numerical response]
11. Approximately what percentage of behavioral health services, including crisis services, for foster youth in your county are provided by **contractors**? (Please submit your response as a number between 0-100, rounded to the nearest whole number.)
 - a. [Text box for numerical response]
12. What is the unduplicated count of foster youth who received **SUD treatment services** in your county during FY 24/25? (**Please skip this question if the count is fewer than 11.**) If you do not have an exact count, please provide an estimate.)
 - a. [Text box for numerical response]
13. Approximately what percentage of outpatient substance use interventions being offered to foster youth in your county are directly provided by **county behavioral health**? (Please submit your response as a number between 0-100, rounded to the nearest whole number.)
 - a. [Text box for numerical response]
 - b. Not applicable
14. Approximately what percentage of outpatient substance use interventions being offered to foster youth in your county are provided by **contractors**? (Please submit your response as a number between 0-100, rounded to the nearest whole number.)
 - a. [Text box for numerical response]

- b. Not applicable
- 15. What is the unduplicated count of foster youth who received **wraparound services** in your county in fiscal year 24/25? (**Please skip this question if the count is fewer than 11.**) If you do not have an exact count, please provide an estimate.)
 - a. [Text box for numerical response]
- 16. In fiscal year 24/25, how many foster youth receiving wraparound services “graduated” from the service? (**Please skip this question if the count is fewer than 11.**) If you do not have an exact count, please provide an estimate.)
 - a. [with numerical response]
- 17. How is your county planning to provide High-Fidelity Wraparound services that are required starting July 1, 2026?
 - a. High-Fidelity Wraparound services will be provided directly by county behavioral health.
 - b. High-Fidelity Wraparound services will be provided by one or more contractors.
 - c. High-Fidelity Wraparound services will be provided by a combination of county behavioral health and one or more contractors.
 - d. Unknown
 - e. Other (please describe)
- 18. Approximately what percentage of SB 163 wraparound services for foster youth in your county are provided directly by **county behavioral health**? (Please submit your response as a number between 0-100, rounded to the nearest whole number.)
 - a. [Text box for numerical response]
- 19. Approximately what percentage of SB 163 wraparound services for foster youth in your county are provided by **contractors**? (Please submit your response as a number between 0-100, rounded to the nearest whole number.)
 - a. [Text box for numerical response]
- 20. What is the unduplicated count of foster youth who received **Full Service Partnership (FSP) services** in your county in fiscal year 24/25? (**Please skip this question if the count is fewer than 11.** If you do not have an exact count, please provide an estimate.)
 - a. [Text box for numerical response]
- 21. What is the unduplicated count of foster youth who are Medi-Cal beneficiaries of your county who were **hospitalized for inpatient psychiatric care** in fiscal year 24/25? (**Please skip this question if the count is fewer than 11.** If you do not have an exact count, please provide an estimate.)
 - a. [Text box for numerical response]
- 22. Of the foster youth who are Medi-Cal beneficiaries of your county who were **hospitalized for inpatient psychiatric care** in fiscal year 24/25, what **percentage** were seen by a clinician within 7 days of discharge? (Please submit your response as a number between 0-100, rounded to the nearest decimal)

- a. [Text box for numerical response]
- 23. Of the foster youth who are Medi-Cal beneficiaries of your county who were **hospitalized for inpatient psychiatric care** in fiscal year 24/25, what **percentage** were seen by a clinician within 30 days of discharge? (Please submit your response as a number between 0-100, rounded to the nearest decimal)
 - a. [Text box for numerical response]
- 24. In the past year, has your board/commission had any agenda items focused on foster youth? If yes, what are some examples of such agenda items?
 - a. Yes [with text box]
 - b. No
- 25. What are the top 3 comments and/or recommendations you would like to make about the services for foster youth in your county?
 - a. [Text box for response]

Post-Survey Questionnaire

Completion of your Data Notebook helps fulfill the board's requirements for reporting to the California Behavioral Health Planning Council. The questions below ask about operations of mental health boards, and behavioral health boards or commissions, etc.

1. What process was used to complete this Data Notebook? *(Please select all that apply)*
 - a. BH board reviewed WIC 5604.2 regarding the reporting roles of mental health boards and commissions.
 - b. BH board completed the majority of the Data Notebook.
 - c. Data Notebook placed on agenda and discussed at board meeting.
 - d. BH board work group or temporary ad hoc committee worked on it.
 - e. BH board partnered with county staff or director.
 - f. BH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function.
 - g. Other (please specify)
2. Does your board have designated staff to support your activities?
 - a. Yes (if yes, please provide their job classification)
 - b. No
3. Please provide contact information for this staff member or board liaison.
4. Please provide contact information for your board's presiding officer (chair, etc.)

Do you have any feedback or recommendations to improve the Data Notebook for next year?

Appendix A. California Laws Pertaining to Foster Youth

Welfare and Institutions Code W.I.C. 300

DIVISION 2. CHILDREN [100 - 1500]

(Division 2 enacted by Stats. 1937, Ch. 369.)

PART 1. DELINQUENTS AND WARDS OF THE JUVENILE COURT [100 - 1459]

(Part 1 enacted by Stats. 1937, Ch. 369.)

CHAPTER 2. Juvenile Court Law [200 - 987]

(Chapter 2 repealed and added by Stats. 1961, Ch. 1616.)

ARTICLE 6. Dependent Children—Jurisdiction [300 - 304.7]

(Article 6 added by Stats. 1976, Ch. 1068.)

300.

A child who comes within any of the following descriptions is within the jurisdiction of the juvenile court which may adjudge that person to be a dependent child of the court:

(a) The child has suffered, or there is a substantial risk that the child will suffer, serious physical harm inflicted nonaccidentally upon the child by the child's parent or guardian. For purposes of this subdivision, a court may find there is a substantial risk of serious future injury based on the manner in which a less serious injury was inflicted, a history of repeated inflictions of injuries on the child or the child's siblings, or a combination of these and other actions by the parent or guardian that indicate the child is at risk of serious physical harm. For purposes of this subdivision, "serious physical harm" does not include reasonable and age-appropriate spanking to the buttocks if there is no evidence of serious physical injury.

(b) (1) The child has suffered, or there is a substantial risk that the child will suffer, serious physical harm or illness, as a result of any of the following:

(A) The failure or inability of the child's parent or guardian to adequately supervise or protect the child.

(B) The willful or negligent failure of the child's parent or guardian to adequately supervise or protect the child from the conduct of the custodian with whom the child has been left.

(C) The willful or negligent failure of the parent or guardian to provide the child with adequate food, clothing, shelter, or medical treatment.

(D) The inability of the parent or guardian to provide regular care for the child due to the parent's or guardian's mental illness, developmental disability, or substance abuse.

(2) A child shall not be found to be a person described by this subdivision solely due to any of the following:

(A) Homelessness or the lack of an emergency shelter for the family.

(B) The failure of the child's parent or alleged parent to seek court orders for custody of the child.

(C) Indigence or other conditions of financial difficulty, including, but not limited to, poverty, the inability to provide or obtain clothing, home or property repair, or childcare.

(3) Whenever it is alleged that a child comes within the jurisdiction of the court on the basis of the parent's or guardian's willful failure to provide adequate medical treatment or specific decision to provide spiritual treatment through prayer, the court shall give deference to the parent's or guardian's medical treatment, nontreatment, or spiritual treatment through prayer alone in accordance with the tenets and practices of a recognized church or religious denomination, by an accredited practitioner thereof, and shall not assume jurisdiction unless necessary to protect the child from suffering serious physical harm or illness. In making its determination, the court shall consider (1) the nature of the treatment proposed by the parent or guardian, (2) the risks to the child posed by the course of treatment or nontreatment proposed by the parent or guardian, (3) the risk, if any, of the course of treatment being proposed by the petitioning agency, and (4) the likely success of the courses of treatment or nontreatment proposed by the parent or guardian and agency. The child shall continue to be a dependent child pursuant to this subdivision only so long as is necessary to protect the child from risk of suffering serious physical harm or illness.

(4) The Legislature finds and declares that a child who is sexually trafficked, as described in Section 236.1 of the Penal Code, or who receives food or shelter in exchange for, or who is paid to perform, sexual acts described in Section 236.1 or 11165.1 of the Penal Code, and whose parent or guardian failed to, or was unable to, protect the child, is within the description of this subdivision, and that this finding is declaratory of existing law. These children shall be known as commercially sexually exploited children.

(c) The child is suffering serious emotional damage, or is at substantial risk of suffering serious emotional damage, evidenced by severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others, as a result of the conduct of the parent or guardian or who has no parent or guardian capable of providing appropriate care. A child shall not be found to be a person described by this subdivision if the willful

failure of the parent or guardian to provide adequate mental health treatment is based on a sincerely held religious belief and if a less intrusive judicial intervention is available.

(d) The child has been sexually abused, or there is a substantial risk that the child will be sexually abused, as defined in Section 11165.1 of the Penal Code, by the child's parent or guardian or a member of the child's household, or the parent or guardian has failed to adequately protect the child from sexual abuse when the parent or guardian knew or reasonably should have known that the child was in danger of sexual abuse.

(e) The child is under five years of age and has suffered severe physical abuse by a parent, or by any person known by the parent, if the parent knew or reasonably should have known that the person was physically abusing the child. For the purposes of this subdivision, "severe physical abuse" means any of the following: any single act of abuse that causes physical trauma of sufficient severity that, if left untreated, would cause permanent physical disfigurement, permanent physical disability, or death; any single act of sexual abuse that causes significant bleeding, deep bruising, or significant external or internal swelling; or more than one act of physical abuse, each of which causes bleeding, deep bruising, significant external or internal swelling, bone fracture, or unconsciousness; or the willful, prolonged failure to provide adequate food. A child shall not be removed from the physical custody of the child's parent or guardian on the basis of a finding of severe physical abuse unless the social worker has made an allegation of severe physical abuse pursuant to Section 332.

(f) The child's parent or guardian caused the death of another child through abuse or neglect.

(g) The child has been left without any provision for support; physical custody of the child has been voluntarily surrendered pursuant to Section 1255.7 of the Health and Safety Code and the child has not been reclaimed within the 14-day period specified in subdivision (g) of that section; the child's parent has been incarcerated or institutionalized and cannot arrange for the care of the child; or a relative or other adult custodian with whom the child resides or has been left is unwilling or unable to provide care or support for the child, the whereabouts of the parent are unknown, and reasonable efforts to locate the parent have been unsuccessful.

(h) The child has been freed for adoption by one or both parents for 12 months by either relinquishment or termination of parental rights or an adoption petition has not been granted.

(i) The child has been subjected to an act or acts of cruelty by the parent or guardian or a member of the child's household, or the parent or guardian has failed to adequately protect the child from an act or acts of cruelty when the parent or guardian knew or reasonably should have known that the child was in danger of being subjected to an act or acts of cruelty.

(j) The child's sibling has been abused or neglected, as defined in subdivision (a), (b), (d), (e), or (i), and there is a substantial risk that the child will be abused or neglected, as defined in those subdivisions. The court shall consider the circumstances surrounding the abuse or neglect of the sibling, the age and gender of each child, the nature of the abuse or neglect of the sibling, the mental condition of the parent or guardian, and any other factors the court considers probative in determining whether there is a substantial risk to the child.

It is the intent of the Legislature that this section not disrupt the family unnecessarily or intrude inappropriately into family life, prohibit the use of reasonable methods of parental discipline, or prescribe a particular method of parenting. Further, this section is not intended to limit the offering of voluntary services to those families in need of assistance but who do not come within the descriptions of this section. To the extent that savings accrue to the state from child welfare services funding obtained as a result of the enactment of the act that enacted this section, those savings shall be used to promote services which support family maintenance and family reunification plans, such as client transportation, out-of-home respite care, parenting training, and the provision of temporary or emergency in-home caretakers and persons teaching and demonstrating homemaking skills. The Legislature further declares that a physical disability, such as blindness or deafness, is no bar to the raising of happy and well-adjusted children and that a court's determination pursuant to this section shall center upon whether a parent's disability prevents the parent from exercising care and control. The Legislature further declares that a child whose parent has been adjudged a dependent child of the court pursuant to this section shall not be considered to be at risk of abuse or neglect solely because of the age, dependent status, or foster care status of the parent.

As used in this section, "guardian" means the legal guardian of the child.

(Amended by Stats. 2022, Ch. 832, Sec. 1. (SB 1085) Effective January 1, 2023.)

Note: A foster child under 18 years of age shall be eligible for placement in the program certified as a "Transitional Housing Placement program for minor foster children" pursuant to paragraph (1) of subdivision (a) of Section 16522.1.

Appendix B. Transitional Housing Placement Program for Minor Foster Children and Non-minor Foster Youth

California Laws about 'Aid to Families and Children' contain provisions that enable and describe supported 'Transitional Living' programs for both older minor and nonminor Foster Youth.

Welfare and Institutions Code W.I.C 11401

DIVISION 9 - PUBLIC SOCIAL SERVICES

PART 3 - AID AND MEDICAL ASSISTANCE CHAPTER 2 - California Work

Opportunity and Responsibility to Kids Act

ARTICLE 5 - Aid to Families With Dependent Children—Foster Care

Section 11401.

Universal Citation:

CA Welf & Inst Code § 11401 (2025)

11401. Aid in the form of AFDC-FC shall be provided under this chapter on behalf of any child under 18 years of age, and to any nonminor dependent who meets the conditions of any of the following subdivisions:

(a) The child has been relinquished, for purposes of adoption, to a licensed adoption agency, or the department, or the parental rights of either or both of the child's parents have been terminated after an action under the Family Code has been brought by a licensed adoption agency or the department, provided that the licensed adoption agency or the department, if responsible for placement and care, provides to those children all services as required by the department to children in foster care.

(b) The child has been removed from the physical custody of the child's parent, relative, or guardian as a result of a voluntary placement agreement or a judicial determination that continuance in the home would be contrary to the child's welfare and that, if the child was placed in foster care, reasonable efforts were made, consistent with Chapter 5 (commencing with Section 16500) of Part 4, to prevent or eliminate the need for removal of the child from the child's home and to make it possible for the child to return to the child's home, and any of the following applies:

(1) The child has been adjudged a dependent child of the court on the grounds that the child is a person described by Section 300.

(2) The child has been adjudged a ward of the court on the grounds that the child is a person described by Sections 601 and 602, or the child or nonminor is under the transition jurisdiction of the juvenile court pursuant to Section 450.

(3) The child has been detained under a court order, pursuant to Section 319 or 636, that remains in effect.

(4) The child's or nonminor's dependency jurisdiction, or transition jurisdiction pursuant to Section 450, has resumed pursuant to Section 387, or subdivision (a), (e), or (f) of Section 388.

(c) The child has been voluntarily placed by the child's parent or guardian pursuant to Section 11401.1.

(d) The child is living in the home of a nonrelated legal guardian, or the nonminor is living in the home of a former nonrelated legal guardian.

(e) The child is a nonminor dependent who is placed pursuant to a mutual agreement as set forth in subdivision (u) of Section 11400, under the placement and care responsibility of the county child welfare services department, an Indian tribe that entered into an agreement pursuant to Section 10553.1, or the county probation department, or the child is a nonminor dependent reentering foster care placement pursuant to a voluntary agreement, as set forth in subdivision (z) of Section 11400.

(f) The child has been placed in foster care consistent with the federal Indian Child Welfare Act of 1978 (25 U.S.C. Sec. 1901 et seq.). Sections 11402, 11404, and 11405 shall not be construed as limiting payments to an Indian child, as defined in subdivision (b) of Section 224.1 and Section 1903 of the federal Indian Child Welfare Act of 1978, placed in accordance with that act and the provisions of Section 361.31.

(g) To be eligible for federal financial participation, the conditions described in paragraph (1), (2), (3), or (4) shall be satisfied:

(1) (A) The child meets the conditions of subdivision (b).

(B) The child has been deprived of parental support or care for any of the reasons set forth in Section 11250.

(C) The child has been removed from the home of a relative as defined in Section 233.90(c)(1) of Title 45 of the Code of Federal Regulations, as amended.

(D) The requirements of Sections 671 and 672 of Title 42 of the United States Code, as amended, have been met.

(2) (A) The child meets the requirements of subdivision (h).

(B) The requirements of Sections 671 and 672 of Title 42 of the United States Code, as amended, have been met.

(C) This paragraph shall be implemented only if federal financial participation is available for the children described in this paragraph.

(3) (A) The child has been removed from the custody of the child's parent, relative, or guardian as a result of a voluntary placement agreement or a judicial determination that continuance in the home would be contrary to the child's welfare and that, if the child was placed in foster care, reasonable efforts were made, consistent with Chapter 5 (commencing with Section 16500) of Part 4, to prevent or eliminate the need for removal of the child from the child's home and to make it possible for the child to return to the child's home, or the child is a nonminor dependent who satisfies the removal criteria in Section 472(a)(2)(A)(i) of the federal Social Security Act (42 U.S.C. Sec. 672 (a)(2)(A)(i)) and agrees to the placement and care responsibility of the placing agency by signing the voluntary reentry agreement, as set forth in subdivision (z) of Section 11400, and any of the following applies:

(i) The child has been adjudged a dependent child of the court on the grounds that the child is a person described by Section 300.

(ii) The child has been adjudged a ward of the court on the grounds that the child is a person described by Sections 601 and 602 or the child or nonminor is under the transition jurisdiction of the juvenile court, pursuant to Section 450.

(iii) The child has been detained under a court order, pursuant to Section 319 or 636, that remains in effect.

(iv) The child's or nonminor's dependency jurisdiction, or transition jurisdiction pursuant to Section 450, has resumed pursuant to Section 387, or subdivision (a), (e), or (f) of Section 388.

(B) The child has been placed in an eligible foster care placement, as set forth in Section 11402.

(C) The requirements of Sections 671 and 672 of Title 42 of the United States Code have been satisfied.

(D) This paragraph shall be implemented only if federal financial participation is available for the children described in this paragraph.

(4) With respect to a nonminor dependent, in addition to meeting the conditions specified in paragraph (1), the requirements of Section 675(8)(B) of Title 42 of the United States Code have been satisfied. With respect to a former nonminor dependent who reenters foster care placement by signing the voluntary reentry agreement, as set forth in subdivision (z) of Section 11400, the requirements for AFDC-FC eligibility of Section 672(a)(3)(A) of Title 42 of the United States Code are satisfied based on the nonminor's status as a child-only case, without regard to the parents, legal guardians, or

others in the assistance unit in the home from which the nonminor was originally removed.

(h) The child meets all of the following conditions:

(1) The child has been adjudged to be a dependent child or ward of the court on the grounds that the child is a person described in Section 300, 601, or 602.

(2) The child's parent also has been adjudged to be a dependent child or nonminor dependent of the court on the grounds that the child's parent is a person described by Section 300, 450, 601, or 602 and is receiving benefits under this chapter.

(3) The child is placed in the same licensed or approved foster care facility in which the child's parent is placed and the child's parent is receiving reunification services with respect to that child.

(Amended by Stats. 2024, Ch. 656, Sec. 28. (AB 81) Effective September 27, 2024.)

Appendix C: Foundation of the Court's Authority over Juveniles

In California, **W.I.C. 600** refers to **California Welfare and Institutions Code section 600**, which is part of the state's juvenile court jurisdiction statutes. It is the starting point for a series of sections (WIC § 600 et seq.) that define when a minor can be brought into the juvenile court system and adjudicated a **ward of the court**.

What WIC § 600 Covers

WIC § 600 sets out the general jurisdiction of the juvenile court over minors. It authorizes the court to take custody of a minor if the minor is alleged to have committed a delinquent act (such as a crime) and to determine appropriate placement or supervision. The court can order:

- The minor to live with parents or guardians under supervision
- Probation (including living with a relative, in a foster home, group home, or institution)
- Probation with camp or ranch placement
- Placement in the Department of Corrections and Rehabilitation, Division of Juvenile Justice (DJJ) for minors, or in adult facilities if tried in adult court sanbernardino.courts.ca.gov.

Related Provisions

While WIC § 600 is the general jurisdiction section, other WIC sections (like WIC § 601) define specific situations that can trigger juvenile court involvement, such as:

- Habitual truancy (four or more absences in a school year)
- Refusal to obey parental/guardian orders
- Violation of a curfew ordinance based solely on age [FindLaw](#).

Purpose

The intent of WIC § 600 is to give the juvenile court authority to protect minors, ensure their safety, and provide appropriate care or rehabilitation when they are at risk of harm or have committed acts that would otherwise be handled in adult court.

In short: W.I.C. 600 is the foundational section of California's juvenile court jurisdiction law, authorizing the court to take custody of minors and determine their care, supervision, or placement when they are alleged to have committed delinquent acts.

California Code, Welfare and Institutions Code - WIC § 601

(a) Any minor between 12 years of age and 17 years of age, inclusive, who persistently or habitually refuses to obey the reasonable and proper orders or directions of the minor's parents, guardian, or custodian, or who is beyond the control of that person, or

who is a minor between 12 years of age and 17 years of age, inclusive, when the minor violated any ordinance of any city or county of this state establishing a curfew based solely on age is within the jurisdiction of the juvenile court which may adjudge the minor to be a ward of the court.

(b) If a minor between 12 years of age and 17 years of age, inclusive, has four or more trancies within one school year as defined in [Section 48260 of the Education Code](#) or a school attendance review board or probation officer determines that the available public and private services are insufficient or inappropriate to correct the habitual truancy of the minor, or if the minor fails to respond to directives of a school attendance review board or probation officer or to services provided, the minor is then within the jurisdiction of the juvenile court which may adjudge the minor to be a ward of the court pursuant to this section. However, it is the intent of the Legislature that a minor who is described in this subdivision, adjudged a ward of the court pursuant solely to this subdivision, or found in contempt of court for failure to comply with a court order pursuant to this subdivision, shall not be held in a secure facility and shall not be removed from the custody of the parent or guardian except for the purposes of school attendance.

(c) To the extent practically feasible, a minor who is adjudged a ward of the court pursuant to this section shall not be permitted to come into or remain in contact with any minor ordered to participate in a truancy program, or the equivalent thereof, pursuant to [Section 602](#).

(d) Any peace officer may issue a notice to appear to a minor who is within the jurisdiction of the juvenile court pursuant to this section. Before issuing a notice to appear under this subdivision, a peace officer shall refer a minor who is within the jurisdiction of this section to a community-based resource, the probation department, a health agency, a local educational agency, or other governmental entities that may provide services.

California Code, Welfare and Institutions Code - WIC § 601.2

In the event that a parent or guardian or person in charge of a minor described in [Section 48264.5 of the Education Code](#) fails to respond to directives of the school attendance review board or to services offered on behalf of the minor, the school attendance review board shall direct that the minor be referred to the probation department or to the county welfare department under [Section 300](#), and the school attendance review board may require the school district to file a complaint against the parent, guardian, or other person in charge of such minor as provided in [Section 48291](#) or [Section 48454 of the Education Code](#).

Appendix D. California W.I.C. Codes for Juvenile Serious/Violent Offenses

In California, **Welfare and Institutions Code (WIC) § 707(b)** lists the specific serious and violent offenses that can trigger a juvenile's transfer from juvenile court to adult criminal court. These are the "WIC 707(b) offenses" and are considered the most serious crimes of which a minor can be accused.

Key WIC 707(b) Offenses. The statute includes 30 or more felony-level crimes, such as:

- **Murder**
- **Arson** (inhabited structure or causing great bodily injury)
- **Robbery**
- **Rape** (with force, violence, or threat of great bodily harm)
- **Sodomy** (by force, violence, duress, menace, or threat of great bodily harm)
- **Oral copulation** (by force, violence, duress, menace, or threat of great bodily harm)
- **Sexual penetration** (by force, violence, duress, menace, or threat of great bodily harm)
- **Kidnapping** (for ransom, robbery, with bodily harm, for sexual assault, or during carjacking)
- **Attempted murder**
- **Assault with a firearm or destructive device**
- **Assault likely to cause great bodily injury**
- **Shooting into an occupied building**
- **Carjacking while armed**
- **Torture**
- **Aggravated mayhem**
- **Forcible sex offenses** (including lewd acts against children under 14)
- **Gang-related violent felonies**
- **Witness intimidation**
- **Manufacturing/selling significant quantities of certain controlled substances**
- **Violent escape from a juvenile facility causing serious injury to staff**

Transfer Process

Under **WIC § 707**, if a minor (14–17) is accused of one of these offenses, the prosecutor can move the case to adult court before jeopardy attaches. The juvenile court must

review the case, consider a probation officer's report, and decide whether the minor is "not amenable to rehabilitation" in the juvenile system.

Why It Matters

A juvenile adjudication for any WIC 707(b) offense carries **collateral consequences** that most juvenile records do not, including:

- Potential **Three Strikes liability**
- Severe restrictions on **record sealing**
- Long-term impact on employment, education, and housing [legalclarity.org](https://www.legalclarity.org)

In summary: If a California juvenile is charged with any offense listed in **WIC § 707(b)**, it can lead to transfer to adult court and significant lifelong consequences.



Health Housing and
Community Services Department
Mental Health Division

MEMORANDUM

To: Behavioral Health Commission
From: Jeffrey Buell, Mental Health Division Manager
Date: 8/18/2026
Subject: Mental Health Manager Report

Behavioral Health Services Report

Alameda County has changed the software used to access Yellowfin, which holds the County's ongoing client data. Since this change, the system is not consistently accessible. Also note that fiscal fields continue to not be updated in this template. Commissioners may seek to meet again with the Division Manager and Health, Housing, and Community Services (HHCS) Fiscal Services Manager to discuss helpful data and structure for future service reports (Initial meeting on 11/18/24).

Information Requested by Behavioral Health Commission

No questions from Commissioners during this period

Mental Health Division Updates

Policy and Funding

- AB 339 is a California state law that took effect on 1/1/26, requiring local public agencies to give labor unions at least 45 days of written notice before issuing requests for proposals (RFP's), request quotes, or extend contracts for services that may be able to be performed by union employees. Labor and the public agencies must proceed through a good faith meet and confer process if the labor union determines that they want to engage in one. This new requirement and process has meaningfully extended the amount of time needed to process new contracts and obtain contract extensions/amendments. Because of this longer time frame, there will be gaps in service for services provided by contract agencies, including the myriad community agencies funded by BHSA.
- Medicaid (Medi-Cal) asset limit: the asset limit for Medi-Cal was raised in 2022 from \$2,000 up to \$130,000 for individuals. In July 2027, that increase will expire and the limit will revert back to the \$2,000 level. This change will impact primarily

A Vibrant and Healthy Berkeley for All

residents who are 65+, have a disability, reside in a nursing home, or live in a household with too much income for the federal tax rules. Coupled with changes from HR 1 that introduce work requirements and more frequent eligibility checks, a large number of residents are projected to lose Medi-Cal insurance in the next year.

- The Federal Health and Human Services (HHS) and Housing and Urban Development (HUD) departments announced their plan to shift the government's approach to homelessness, moving away from twenty years of "Housing First" policies and back to "Treatment First" models, which had been the previous standard since the 1980's. The data from "Housing First" services had demonstrated lower treatment attrition, increased stability, reduced mortality, and lower overall system costs over the previous "Treatment First" approach. The announcement from HHS and HUD states that they are "moving away from the failed 'Housing First' policies of the Biden Administration and putting treatment, recovery, and self-sufficiency at the center of federal homelessness programs." It also stated that the "new direction pairs safe housing with services that address addiction and serious mental illness, rather than treating housing alone as the solution." <https://www.hhs.gov/press-room/hhs-hud-advance-treatment-first-homelessness-addiction-mental-illness.html>
- Recently released federal data confirms that in 2025, California homelessness declined (2.7%) for the first time in a decade. While homelessness declined overall across the nation, the decline in unsheltered homelessness was almost twice as large in California (6.7%) as other states (3.4%). Concurrently, sheltered homelessness in California increased by 5.2%. <https://www.huduser.gov/portal/datasets/ahar/2025-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>

Programs and Services

- The City of Berkeley budget and reduction in force processes are completed. The official hiring freeze is lifted, though funding for positions has not been increased. Service levels are reduced or slowed with fewer available staff and eliminated vacancies in the Division. Due to turnover in resignations and alternative placements, zero workers within the Mental Health Division were laid off by the City in this reduction in force process. Laid off employees were placed into other positions within the City, and resignations opened more positions than were slated to be eliminated.
- Berkeley City Council approved the Behavioral Health Services Act (BHSA) three-year integrated plan on 6/16/26. The finalized plan, which DHCS approved after reviewing and requiring two rounds up updates, is signed, delivered, and approved. With the elimination of the Berkeley Mobile Crisis Team, the City is required to submit an intermittent update to the BHSA plan including these substantive changes, provide the community a public comment period, approval by the state, and then integration into the BHSA plan. After this process is completed, the annual BHSA update can be planned and submitted for FY28.

Adult Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Average Monthly System Cost Previous 12 Months	Fiscal Year 2026 (July '25-June '26) Demographics as of July 2026	
Adult, Older Adult and TAY Full-Service Partnership (AFSP) (Highest level outpatient clinical case management and treatment)	1-10 for clinical staff.	3 Clinicians, 3 Non-Licensed Clinician, 1 Clinical Supervisor	69	\$57,228	Clients: 61 Asian: 1 Black or African American: 31 Hispanic or Latino: 2 Other: 1 Unknown: 2 White: 24 Male Gender ID: 39 Female: 20 He/Him:1 Unknown/No Available: 1 Heterosexual/Straight: 47 Unknown/Not Available: 9 Bisexual: 1 Gay: 2 Lesbian: 1 Prefer Not to Answer: 1	
Adult FSP Psychiatry (July Stats)	1-100	0.35 FTE	47			
AFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)				\$2,037,600		
Homeless Full-Service Partnership (HFSP) (Highest level outpatient clinical case management and treatment)	1-8 for clinical staff	4 Non-Licensed Clinician, 1 Clinical Supervisor	35	\$41,527	Clients: 33 Asian: 1 Black or African American: 17 Hispanic or Latino: 1 Unknown: 2 Other: White: 12 Male Gender ID: 21 Female: 9 Unknown/Not Available: 2 She/Her:1 Heterosexual/Straight: 26 Unknown/Not Available: 4 Bisexual: 3 Prefer Not To Answer/Declined to State:	

HFPS Psychiatry (July Stats)	1-100	0.15 FTE	28		
HFSP FY22 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			TBD		
Comprehensive Community Treatment (CCT) (High level outpatient clinical case management and treatment)	1-20	6 Licensed Clinicians 1 Non-Licensed Clinicians 1 Senior Behavioral Health Clinician 1 Clinical Supervisor	153	\$22,732	Clients: 137 Alaska Native or American Indian: 1 Asian: 8 Black or African American: 59 Hispanic or Latino: 5 Other: 3 Pacific Islander: 2 Unknown: 6 White: 53 Female Gender ID: 63 Male: 57 He/Him: 6 She/Her: 4 Other Additional Gender Category: 5 Gender Queer: 1 Transgender (Trans Man): Prefer not to Answer/Decline to State: 1 Heterosexual/Straight: 97 Unknown/Not Available: 17 Gay: 3 Bisexual: 7 Lesbian: 3 Other Additional Sexual Orientation: 4 Prefer not to answer/decline to state: 4 Queer: 1 Prefer not to answer: 1
CCT Psychiatry (July Stats)	1-200	0.75 FTE	93		
CCT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			\$2,617,010		
Focus on Independence Team (FIT) (Lower level of care, only for individuals previously on FSP or CCT)	1-20 Team Lead, 1-50 Post Masters Clinical 1-30 Non-Degreed Clinical	2 Non-Licensed Clinician 1 1 Clinical Supervisor	74	\$9,715	Clients: 65 Asian: 6 Black or African American: 23 Hispanic or Latino: 4 White: 32 46

					Male Gender Identity: 37 Female: 25 She/Her: 2 He/Him: Intersex: 1 Transgender: Heterosexual/Straight: 59 Unknown/Not Available: 5 Prefer Not To Answer/Declined: 1 Gay:
FIT Psychiatry (July Stats)	1-200	.25	61		
FIT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			\$900,451		
Family, Youth and Children's Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Average Monthly System Cost Last 12 months	Fiscal Year 2026 (July '25-June '26) Demographics as of July 2026
Children's Full-Service Partnership (CFSP)	1-8	1 Senior Behavioral Health Clinician 1 Non-Licensed Clinician	12	\$44,961	Clients: 12 Alaska Native/American Indian: 1 Asian: 1 Black or African American: 5 Hispanic or Latino: 2 Other: 2 Unknown: White: 1 Male Gender ID: 3 Female: 8 Unknown/Not Available: 1 Heterosexual/Straight: 7 Unknown/Not Available: 4 Bisexual: 1
CFSP Psychiatry (July Stats)	1-100	0.05	4		
CFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			\$489,235		
Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)	1-20	2 Non-Licensed Clinicians, 1 Clinical Supervisor	29	\$13,552	Clients: 8 Asian: Black or African American: 2 Hispanic or Latino: 2 Other: 1

					Pacific Islander: Unknown: 1 White: 2 Female Gender ID: 2 Male: 5 Missing Gender ID: 1 Prefer Not To Answer/ Declined to state Heterosexual/Straight: 5 Unknown/Not Available: 2 Other Additional Sexual Orientation: Bisexual: Gay: Missing: 1
ERMHS/EPSTD Psychiatry (July Stats)	1-100	0.15	8		
EPSTD/ERMHS FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			\$1,062,409		
High School Health Center and Berkeley Technological Academy (HSHC)	1-6 Clinician (majority of time spent on crisis counseling)	2 Clinicians, 1 Clinical Supervisor	Drop-in:2 Externally referred: 2 Ongoing tx: 10 Groups: 0 Offered/ 0 Provided		N/A
HSHC FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			\$396,106		

Crisis and ACCESS Services	Staff Ratio	Clinical Staff Positions Filled	Total # of Clients/Incidents	MCT Incidents Detail	Calendar Year 2026 (Jan '26- Dec '26) Demographics – From Mobile Crisis Incident Log (through December 2026)
Mobile Crisis (MCT)	N/A	2 Clinicians filled at this time	45 - Incidents 11 - 5150 Evals 3 - 5150 Evals leading to involuntary transport	30 - Incidents: Location - Phone 12 - Incidents: Location - Field 0 - Incidents: Location - Home	Clients: 335 API: 12 Black or African American: 49 White: 75 Hispanic or Latino: 12 Other/Unknown: 187 Female: 147 Male: 151 Transgender: 2 Unknown: 35

MCT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			\$771,623		
Transitional Outreach Team (TOT)	N/A	.5 Licensed Clinician, (TOT and CAT have been recently merged)	0 – Incident(s)	N/A	Clients: 8 API: 0 Black or African American: 2 White: 5 Hispanic or Latino: 0 Other/Unknown: 1 Female: 5 Male: 3 Transgender: 0 Unknown: 0
TOT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			\$272,323		
Crisis, Assessment, and Triage (CAT)	N/A	1 Non-Licensed Clinicians, .5 Licensed Clinician, 0 Clinical Supervisor	54–Incident	N/A	Clients: 239 API: 12 Black or African American: 52 White: 42 Hispanic or Latino: 11 Other/Unknown: 122 Female: 81 Male: 128 Transgender: 1 Unknown: 29
CAT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			\$735,075		

Not reflected in above chart is Early Childhood Consultation, Wellness and Recovery Programming, or Family Support.

In demographics, other/unknown is used both when a client indicates that they are multi-racial and when demographic info is not known.

*Average System Costs come from Yellowfin, and per ACBH include all costs to mental health programs, sub-acute residential programs, hospitals, and jail mental health costs.

Works-Wright, Jamie

From: CAL BHBC <cal@calbhbc.com>
Sent: Tuesday, August 18, 2026 12:02 PM
Subject: Invitation | October 23 & 24, 2026 CALBHB/C Meeting/Training

WARNING: This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

[PDF](#) | [Registration](#)



CALBHB/C Quarterly Meeting *and* Training - Open Statewide

Hybrid: Zoom / In-Person (South San Francisco*)

Friday, October 23rd, 1:30 pm - 5:30 pm

Saturday, October 24th, 9 am - 12 pm

Registration is open to all local behavioral health board/commission members & staff.

There is no fee to register.

Please Register at: www.calbhbc.org/registration

Meeting | Friday, October 23rd, 1:30 pm - 5:30 pm

- ◆ CA Association of Local Behavioral Health Boards/Commissions (CALBHB/C)
- ◆ CA Behavioral Health Planning Council (CBHPC) Update
- ◆ Commission for Behavioral Health (CBH) Update
- ◆ [Performance Accelerator](#), The Steinberg Institute
- ◆ [Peer Provider Certification Update](#)

Training | Saturday, October 24th, 9 am - 12 pm

- ◆ How to be an Effective Behavioral Health Board/Commission Training
- ◆ Chair & Admin Liaison Training (All are welcome to attend!)

* In-Person Registrants:

Expenses: CALBHB/C will pay travel-related expenses for one behavioral health board/commission member per county in the **Bay Area**** (but all are welcome to attend.)

Hotel Room-Block Deadline - Please notify us regarding lodging needs by September 19th (info@calbhbc.com) (CALBHB/C will pay the hotel directly for guests on our rooming list.)

Registration Deadline: *In-person* attendees, please register by October 17th, 2026.

Location information is provided through registration confirmations to attendees.

Alameda, Contra Costa, Marin, Monterey, Napa*, San Benito, San Francisco***, San Mateo, Santa Clara, Santa Cruz, Solano***, Sonoma, and City of Berkeley

***In counties with CALBHB/C Governing Board Members, CALBHB/C will pay expenses for an additional member.

www.calbhbc.org email: info@calbhbc.com [facebook/CALBHBC](https://facebook.com/CALBHBC)

Works-Wright, Jamie

From: BHAB Communications, ACBH <ACBH.MHBCommunications@acgov.org>
Sent: Friday, August 14, 2026 3:10 PM
To: BHAB Communications, ACBH
Subject: Behavioral Health Advisory Main Board Meeting (August 17, 2026)
Attachments: BHAB Main board Agenda (August 2026).pdf; BHAB Main Board Meeting (UNAPPROVED) Minutes (July 2026) .pdf; BHAB Recruitment Flyer.pdf; ACBHD First Step Presentation (August 2026).pdf; ACBHD ACCESS Integration Public Information Sessions Flyer (August 2026).pdf

WARNING: This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Good afternoon,

Please find attached materials for the Behavioral Health Advisory Board meeting scheduled for Monday, August 17, 2026, from 3:00 PM to 5:00 PM.

PLEASE NOTE: This will be an in-person meeting to be held at 2000 Embarcadero Cove, Suite 400 (Gail Steele Conference Room) in Oakland. Members of the public are invited to observe and participate in person or remotely via Zoom.

To participate virtually, please click on the meeting link below:

<https://us06web.zoom.us/j/82368465518?pwd=t7Niasn9WlqH0xbvGT75samgCbAfnT.1>

Webinar ID: 823 6846 5518

Passcode: 020770

Or Telephone:

(408) 961-3927

(408) 961-3928

(408) 961-3929



Alameda County
Behavioral Health Advisory Board

Behavioral Health Advisory Board Agenda

August 17, 2026 | 3:00 PM – 5:00 PM

2000 Embarcadero Cove, Suite 400 (Gail Steele Room) Oakland

This meeting will also be conducted through videoconference and teleconference

<https://us06web.zoom.us/j/82368465518?pwd=t7Niasn9WlqH0xbvGT75samgCbAfnT.1>

Webinar ID: 823 6846 5518 | Telephone: (408) 961-3928 | Passcode: 020770

BHAB Members:	Brian Bloom (<i>Chair, District 4</i>)	Ashlee Jemmott (<i>District 3</i>)	Juliet Leftwich (<i>District 5</i>)
	Terry Land (<i>Vice Chair, District 1</i>)	Shannon Johnson (<i>District 3</i>)	Lawrence Brandon (<i>District 5</i>)
	Margaret Sheehan-Rahman (<i>District 1</i>)	Yuliana Wiser-Leon (<i>District 3</i>)	Mia Cooper-Kahn (<i>District 5</i>)
	Gina Lewis (<i>District 2</i>)	Mary Hekl (<i>District 4</i>)	Erin Armstrong (<i>BOS Rep.</i>)
	Thu Quach (<i>District 2</i>)	Elaine Peng (<i>District 4</i>)	

Committees

Adult Committee

Terry Land, Co-Chair
Thu Quach, Co-Chair

Children and Young Adult Committee

Ashlee Jemmott, Co-Chair
Gina Lewis, Co-Chair

Criminal Justice Committee

Brian Bloom, Co-Chair
Juliet Leftwich, Co-Chair

BHAB Mission Statement

The Alameda County Behavioral Health Advisory Board has a commitment to ensure that the County's Behavioral Health Care Services provide quality care in treating members of the diverse community with dignity, courtesy, and respect. This shall be accomplished through advocacy, education, review, and evaluation of Alameda County's mental health needs.

- 3:00 PM I. Call to Order and Roll Call
- 3:05 PM II. Approval of Minutes
- 3:05 PM III. Public Comment
- 3:10 PM IV. BHAB Chair's Report
- 3:15 PM V. Board Announcements
- 3:20 PM VI. ACBHD Director's Report
- 3:35 PM VII. ACCESS Integration Project - *First Step: Behavioral Health Connection, Screening and Referral* Presentation and Discussion
- 4:20 PM VIII. Committee and Liaison Reports
 - A. Adult Committee
 - B. Criminal Justice Committee
 - C. Children & Young Adult Committee
 - D. Care First, Jails Last Ad Hoc Committee
 - E. Measure A, C, & W Citizen Oversight Committee
 - F. BHSA Stakeholder Committee (*Hiatus*)
 - G. Budget Stakeholders Advisory Committee (*Hiatus*)
 - H. Berkeley Mental Health Committee (*Hiatus*)
- 4:30 PM IX. BHAB Officer Elections (**Action Item**)
- 4:50 PM X. Public Comment
- 5:00 PM XI. Adjournment

Contact the Behavioral Health Advisory Board at ACBH.MHBCommunications@acgov.org



ALAMEDA COUNTY
Board of Supervisors



**Behavioral Health
Department**
Alameda County Health



Behavioral Health Advisory Board

UNAPPROVED Minutes

July 20, 2026, | 3:00 PM - 5:00 PM

Meeting Conducted In-Person and through Video/Telephone Conference



Alameda County
Behavioral Health Advisory Board

BHAB Members:	☐ Brian Bloom (<i>Chair, District 4</i>) ☒ Terry Land (<i>Vice Chair, District 1</i>) ☒ Margaret Sheehan-Rahman (<i>District 1</i>) ☒ Gina Lewis (<i>District 2</i>) ☒ Thu Quach (<i>District 2</i>)	☒ Ashlee Jemmott (<i>District 3</i>) ☒ Shannon Johnson (<i>District 3</i>) ☐ Yuliana Wiser-Leon (<i>District 3</i>) ☒ Mary Hekl (<i>District 4</i>) ☒ Elaine Peng (<i>District 4</i>)	☒ Juliet Leftwich (<i>District 5</i>) ☐ Lawrence Brandon (<i>District 5</i>) ☐ Mia Cooper-Kahn (<i>District 5</i>) ☐ Erin Armstrong (<i>BOS Representative</i>)
ACBHD Staff:	☒ Dr. Karyn Tribble (<i>ACBHD Director</i>) ☒ James Wagner (<i>ACBHD Deputy Director, Clinical Operations</i>) ☒ Vanessa Baker (<i>ACBHD Deputy Director, Plan Administration</i>)		
		☒ Dainty Castro (<i>BHAB Liaison</i>) ☒ Asia Jenkins (<i>ACBHD Admin Support</i>)	

Meeting called to order at 3:10 PM by Vice Chair Land.

ITEM	DISCUSSION	DECISION/ACTION
Call to Order	Roll call completed.	
Approval of Minutes	Last month's meeting minutes were adopted and approved with two abstentions.	
Public Comment	No public comments were provided.	
BHAB Recruitment Efforts and Composition	BHAB Vice Chair Land welcomed newly appointed District 4 Board Member, Elaine Peng and noted that vacancies currently remain in Districts 1 and 2.	
Board Announcements	Announcements were provided.	
ACBHD Director's Report	The Alameda County Behavioral Health Department (ACBHD) Director, Dr. Tribble, provided a brief update. Highlights are as follows: The approved FY 2025-2027 budget is \$844.5 million – a \$12 million increase from prior year, incorporating funding streams such as Measure W, bridge housing and state realignments.	

ITEM	DISCUSSION	DECISION/ACTION
	• The Behavioral Health Services Act 3-Year Integrated Plan was approved by the Department of Health Care Services on July 6, 2026. • The updated financial requirement for the Alameda County Health EPIC program is \$29 million as of July 2026, ensuring system-wide billing, revenue recovery, and in-jail interview services. • ACBHD secured over \$170 million in Behavioral Health Continuum Infrastructure Program capital grant, allocating \$120 million to community-based partners (including La Familia and Telecare) to administer behavioral health treatment facilities. • St. Rose Hospital is being integrated into the Alameda Health System to establish an inpatient Med-Psych facility; the Telecare Gladman campus remains on schedule for completion by late 2027; Regis Village is partially operational with a full opening anticipated in fall 2026; and the Telegraph (Horizon) Sobering project is targeted for completion by July 2028. • Finalized recruitment for the ACBHD Chief Medical Director to succeed Dr. Chapman, alongside plans to hire an Associate Chief Medical Officer to oversee forensic services and re-entry partnerships.	
Residential Drug Program Site Visit Debrief	BHAB Vice Chair Land reported on the committee’s recent site visit to the Haward Cronin House on June 29, 2026, highlighting the following key takeaways: • The 52-bed facility provides vital substance use disorder (SUD) and mental health treatment. State directives have significantly reduced average facility stays – from approximately 70 days down to 35 days (though some stays extend to 120 days) – prompting the facility to track returns to the system to measure long-term success. • To mitigate shorter stays, discharge planning is now initiated upon admission to ensure adequate lead time for coordinated handoffs. Horizon’s discharge	

ITEM	DISCUSSION	DECISION/ACTION
	planning holistically addressed psychiatric and primary care needs alongside family engagement strategies. • The facility effectively utilizes surveys for actionable feedback, maintains an active alumni association for ongoing connection, and relies on war handoff. • The committee conducts a biannual site visit and encourages board members to suggest future locations; the Chief Program Officer of Cronin House will be invited to a future BHAB meeting to share insights. • Dr. Phillips, Director of ACBHD SUD System of Care, introduced new team additions and announced ongoing capacity expansions to meet high state demand. It was also emphasized that contracted CBO providers currently receive hospitalization notices and service tracking, but future efforts will focus on enhancing qualitative feedback, recidivism metrics, and integrated EPIC access across providers.	
Alameda County Mental Health In-Home Outreach Team (IHOT), Assisted Outpatient Treatment (AOT) and Care Court Program Presentation and Discussion	The ACBHD Adult & Older Adult System of Care presented operational updates on the In-Home Outreach Team (IHOT), Assisted Outpatient Treatment (AOT) and Community Assistance, Recovery and Empowerment (CARE) Court Programs: • In-Home Outreach Team (IHOT): Operates four mobile teams with a 220-case capacity, providing short-term (3 to 6 months) community engagement and family support for individuals reluctant to seek outpatient care. In FY 2025-2026, IHOT achieved 48-56% service connection rate and demonstrated a nearly 30% reduction in hospitalizations, jail time, and crisis interventions. Referrals can be submitted via the ACCESS department at 1(800) 491-9099. • Assisted Outpatient Treatment (AOT): A civil court-ordered program under Welfare & Institutions (W&I) Code §§5345-53.49.5 for adults with severe mental illness who have history of non-compliance treatment and cannot safely survive in the community without supervision. AOT orders last for six	

ITEM	DISCUSSION	DECISION/ACTION
	months and are renewable, functioning as a lower-tier intervention than conservatorships for CARE Court while strictly adhering to HIPAA regulations. • Community Assistance, Recovery, and Empowerment (CARE) Act: Establishes a civil court process connecting individuals with severe mental illnesses (such as schizophrenia spectrum or psychotic disorder diagnosis) to customized 12-month care plans and housing. Eligible petitioners include family members, first responders, and behavioral health providers. Eligibility is assessed case-by-case, requiring that homelessness and mental illness alone are insufficient for a petition. • ACBHD Director clarified that standard and community conservatorship represent involuntary legal frameworks, whereas CARE Court emphasizes a civil process, AOT relies on a court-ordered referral structure empowering families, and IHOT operates within a voluntary framework.	
Committee and Liaison Reports	<u>Adult Committee:</u> Discussed general updates regarding the Adult and Older Adult System of Care, the Mobile Crisis System, and IHOT. It was also noted that there was no meeting held in July 2026. <u>Care First, Jails Last Ad Hoc Committee:</u> Reported that the ad hoc committee was scheduled to present to the BOS Joint Health and Public Protection Committees on July 23, 2026. <u>Budget Stakeholders Advisory Committee:</u> There were no updates to report. <u>Measure A, C&W Oversight Committee:</u> There were no updates to report.	

ITEM	DISCUSSION	DECISION/ACTION
Public Comment	Public comments were provided.	
Adjournment	Meeting adjourned at 4:58PM.	

DRAFT



**Alameda County
Behavioral Health Advisory Board**

Contact the Behavioral Health Advisory Board at:

ACBH.MHBCcommunications@acgov.org

BOARD APPLICANTS WANTED

Members:

Brian Bloom
Chair
District 4

Terry Land
Vice Chair
District 1

Carolynn Gray
District 2

Thu Quach
District 2

Gina Lewis
District 2

Ashlee Jemmott
District 3

Shannon Johnson
District 3

Yulianna Wiser-Leon
District 3

Mary Hekl
District 4

Juliet Leftwich
District 5

Mia Cooper-Kahn
District 5

Erin Armstrong
BOS Representative

What is the Behavioral Health Advisory Board (BHAB)?

Every California county is required by state law to have a mental health advisory body. In Alameda County, members of the board are appointed by the Alameda County Board of Supervisors (BOS) for a three-year term. The BHAB's charge is to review and evaluate Alameda County's mental health needs, facilities, services and special problems; advise the BOS and the Alameda County Behavioral Health Director on any aspect of the local mental health programs; review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council; provide input into the development of the county's Behavioral Health Services Act (BHSA) plan; and submit an annual report to the BOS on the needs and performance of the county's mental health system.

Looking for passionate and dedicated team players to join the board!

Alameda County is seeking Alameda County residents who are passionate about ensuring and advocating for responsive, equitable mental health prevention, intervention and treatment services, who want to use their voice and expertise towards this end. Qualifying board members include consumers of mental health services and their family members, as well as community members and individuals who have experience with and knowledge of mental health systems.

In order to ensure diverse perspectives and round out current BHAB membership, individuals representing the following groups are particularly desired:

- Have expertise and/or a strong interest in children and young adult-related issues
- Identify as Latinx
- Have worked in the field or have special knowledge of the field
- Are interested in and/or have expertise in local or state legislation
- Have experience working in county or city services or government

What does serving on the BHAB involve?

As a board member, you will be required to:

- Work in collaboration with other board members to fulfill the responsibilities of the BHAB
- Attend 10 regular in-person monthly board meetings each year
- Attend Special Meetings from time to time
- Serve on at least one committee and/or serve as a Board Liaison to another entity or organization (usually monthly meetings)

Interested in joining? Next Steps

For more information about the BHAB click [here](#). If you have questions or would like to apply, please email ACBH.MHBCcommunications@acgov.org. Interested individuals are encouraged to attend at least one board meeting prior to application.

A New “Front Door” for Mental Health and Substance Use Services

Alameda County Behavioral Health Advisory Board

August 17, 2026



Introduction

- ACBHD is creating ***one system-wide point of access*** for mental health (MH) and substance use (SU) information, screening, and referrals for people with Medi-Cal
- “Front door” helpline to services ***launches October 1, 2026***
 - New helpline is not a crisis line; 988/911 remain crisis resources
 - Managed internally by what is currently known as ACBHD’s ACCESS division
- The division and integrated helpline will be called ***First Step: Behavioral Health Connection, Screening and Referral***
 - Also known as “First Step”
 - Better reflects the division’s expanded role
 - Chosen from community input and suggestions

Why Change?

- Right now, ACBHD has ***two separate helplines*** for information, screening, and referrals
 - MH-only helpline staffed internally by ACBHD's ACCESS division
 - SU-only helpline staffed by Center Point, a nonprofit county contractor
- The new single point of access ***streamlines the client experience***
 - Just one phone number to call for both MH & SU support
- Aligns with a Department of Healthcare Services (DHCS) initiative for counties to deliver behavioral health services ***under a single integrated contract*** by 2027



Helpful Information About First Step

- Serves children and adults
- Available 24-hours a day, seven days a week, 365 days a year
- Provides language interpretation and TTY communication with persons who are deaf or hard of hearing
- The transition to First Step does not change:
 - Eligibility requirements for services
 - The list of County-contracted providers



The First Step Client Experience

Making the Initial Phone Call



First Step:
Behavioral Connection,
Screening and Referral
1-800-491-9099

(This is the current phone number for ACCESS.)

When someone with a non-emergency MH and/or SU need calls First Step for help:

- Can choose from menu of options
 - Language/TTY needs
 - Reason for call (e.g., MH, SU)
- Connected to a licensed clinician called a Clinical Review Specialist (CRS) who is trained to provide information, screening and referral for MH & SU

First Step Clinicians Will Offer

Information*

- ACBHD MH & SU treatment programs
 - Examples: types of providers, locations
- Non-referral MH & SU resources
 - Examples: peer support groups, walk-in clinics
- Medi-Cal enrollment & eligibility

Screening

- Tools are:
 - Short
 - Standardized
 - Evidence-based
- Clients are screened based on individual need
 - MH, SU or both

Referral to Provider

- Based on screening results & individual need
 - MH, SU or both
- To ACBHD contracted providers
- To ACBHD partners
 - Example: managed care plans

**Note: First Step clinicians do not provide information or referrals to other ACBHD programs, e.g., supportive housing, but will try to link client to correct resource.*

Preparing for the Launch

A Few Facts about the ACCESS Division

- Manages the 24/7 helpline for information, screening and referral for non-emergency mental health needs
 - Adding support for substance use needs on October 1
- Has been preparing for the transition to First Step since Fall 2024

- Staffing Levels
 - 18 licensed mental health clinicians called Clinical Review Specialists (CRS) who are also trained to support SU needs
 - 5 clerical staff
 - 4 Supervisors plus the Division Director
- Call Volume
 - ACCESS currently receives approximately 2,500 calls per month for MH information and referrals*
 - This ***will increase to approximately 3,500 calls per month*** when the integrated MH/SU helpline launches

*Based on 2024 data

ACCESS Team: Expanding the Knowledge Base, Building Capacity

- Dedicated ***intensive SU assessment trainings*** twice a month
 - Learning how SU clients present clinically, ***practicing scenarios***
 - Understanding ***levels of care***, where to refer
 - Trainings designed/led by ACBHD Substance Use Medical Director (Dr. Joshua Kayman) and Center Point staff
- ***Building relationships*** with SU providers at trainings, site visits
- Developing ***new workflows & resources***
 - Including priority populations
- ***Site visits at Center Point*** to observe/learn
- Adding new positions to ***increase capacity***

A System-wide Impact



Next Steps

- Ongoing training for ACCESS team including ***hands-on practice taking calls*** pre-launch
- ***Building the technology infrastructure*** to incorporate SU screening & referral into First Step workflows
- Continued ***close coordination with Center Point***
 - Center Point staff ***onsite post-launch*** for support
 - Continuing to provide closed-loop referral help & in-custody screening/referral
- ***Introduce new workflows*** to providers, and work with SU System of Care to support the transition
- In-depth ***stakeholder information/listening sessions*** facilitated by the Indigo Project team (July – September)
- ***Public information campaign*** led by ACBHD Public Information Officer Nia Patrick (July – October)

Pre-Launch Stakeholder Engagement Calendar

Information/Listening Sessions Scheduled to Date

July

- Operational Leadership (7/7)
- NAMI Tri-Valley (7/14)
- HEPPAC (7/14)
- Bridge Clinic (7/21)
- Families/Office of Family Engagement (7/23)

August

- ACBHD SU Providers (8/6)
- Behavioral Health Advisory Board (8/17)
- Consumers (POCC) (8/21)

September

- AC Health Housing & Homelessness (HHS) Youth Services Coordination “Huddle” (9/3)
- ACBHD Adult System of Care Providers + (9/16)
- Berkeley Mental Health (9/18)

Community/Public Information Sessions

- One daytime (8/25, 12-1pm)
- One evening (8/25, 7-8pm)
- One recorded session to share/distribute (late Aug/early Sept)

Public Information Campaign

Campaign Goals

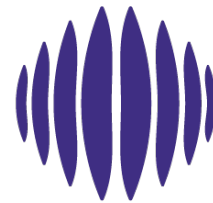
Support a successful October 1 launch by ensuring key audiences understand:

- ACCESS is becoming First Step
- Same phone number, same eligibility requirements
- Expanded access to both mental health and substance use screening and referrals
- First Step is not a crisis line (988/911 remains the crisis resource)



**Behavioral Health
Department**
Alameda County Health

First Step 
Behavioral Health Connection,
Screening, and Referral



**Behavioral
Health**

First Step 
Behavioral Health Connection,
Screening, and Referral

Campaign Audience Overview

Our outreach is designed to ensure:

- Providers know where to refer patients.
- Community partners can connect residents to services.
- Medi-Cal members know how to access First Step.
- Media and public communications reinforce consistent messaging.

OUR AUDIENCES



PROVIDERS & HOSPITALS

County-contracted providers, hospitals, and behavioral health partners across Alameda County.



COMMUNITY PARTNERS & CBOS

CBOs, community organizations, faith-based groups, and managed care partners.



MEDI-CAL MEMBERS & THE COMMUNITY

Medi-Cal members and the broader Alameda County community.



MEDIA & PUBLIC STAKEHOLDERS

Local media outlets and public information channels.

First Step Community & Provider Outreach Materials

These materials will build awareness of the First Step transition and help providers and community partners share accurate information with Alameda County residents.

- Tailored materials for community members and providers/referral partners
- Distributed to providers, hospitals, CBOs, and community partners
- Available in multiple languages to support accessible community outreach
- Distribution begins in September, ahead of the October 1 launch



One Call for Mental Health and Substance Use Support

First Step: Behavioral Health Connection, Screening and Referral

First Step is the single point of access for individuals seeking mental health and substance use disorder support — offering information, screening, and referrals in one call. First Step offers interpreter services in multiple languages and TTY support for callers who are deaf or hard of hearing.

1 (800) 491-9099 24 hours a day, 7 days a week
Available for Medi-Cal recipients of all ages.

Share this number with **Medi-Cal clients** who may benefit from behavioral health support.

First Step is for screening and referrals. In crisis? Call/text 988 or call 911.

Community- Facing Poster



One Call for Mental Health and Substance Use Support

Starting October 1, 2026, ACCESS becomes First Step.

The ACCESS line you already rely on for mental health referrals is expanding. On October 1, 2026, ACCESS will become First Step: Behavioral Health Connection, Screening and Referral, and will be the single point of access for mental health AND substance use disorder needs — information, screening, and referrals, all in one call.

1 (800) 491-9099 — same number, no change
New name: First Step: Behavioral Health Connection, Screening and Referral
One Call for Mental Health and SUD Screenings and Referrals

Please update your referral materials and share with your team.

Provider & Partner Poster



Campaign Communications & Launch Schedule

CAMPAIGN ASSET	LAUNCH TIMING
 Director's Message	 August
 Hospital Notification	 August
 Provider Notifications (3 phases)	 August–October
 Community Partner Posters	 September
 Website Updates	 September
 Social Media Campaign	 October 1
 Press Release	 October 1
 Promotional Materials <i>Distributed at county presentations</i>	 July–October <i>(County presentations)</i>

Questions?

Thank You!

For more information about Alameda County Behavioral Health Department programs, visit: <https://health.alamedacountyca.gov/departments/behavioral-health-department/>

Presenters:

Charles Edwards, LCSW, ACCESS Division Director, ACBHD
(Charles.Edwards2@acgov.org)

Nia Patrick, Public Information Officer, ACBHD
(Nia.Patrick@acgov.org)

Kevin Wu, MPH, EMBA, The Indigo Project
(kevin@indigoproject.net)

Stacey Smith, MBA, The Indigo Project
(stacey@skiconsulting.net)

Alameda County's New Integrated Mental Health/Substance Use Helpline Information Sessions

These sessions are for anyone who wants to learn more about Alameda County's new helpline. The content of each session will be the same.

**Tuesday, August 25, 2026
12:00-1:00 pm**

Sign on to learn about the helpline:

<https://us02web.zoom.us/j/88077079644>



**Tuesday, August 25, 2026
7:00-8:00 pm**

Sign on to learn about the helpline:

<https://us02web.zoom.us/j/82742397430>

The Alameda County Behavioral Health Department (ACBHD) is launching **one system-wide point of access for mental health (MH) and substance use (SU) information, screening and referral** on October 1, 2026. During these virtual information sessions, we will share details about the new helpline including what clients can expect. There will be time for questions.

We look forward to your participation!

If you would like to request interpretation or other accommodations to support your participation in these events, please contact officeofhealthequity@acgov.org by August 18, 2026.

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Friday, August 7, 2026 11:02 AM
To: Works-Wright, Jamie
Subject: FW: Upcoming MHFA Training in person, free on Monday, September 14 9am-4:30 pm
Attachments: 2026-09-14 Adult MHFA Flyer.pdf.pdf

Hello Commissioner,

Please see the flyer for the upcoming Mental health first aide. Please share and plan to join if you haven't already participated in this training.

It's a great opportunity to learn about mental health and best support people experiencing crisis.

Thank you for your time.

Jamie Works-Wright

Consumer Liaison & Mental Health Commission Secretary

City of Berkeley

2640 MLK Jr. Way

Berkeley, CA 94704

JWorks-Wright@berkeleyca.gov

Office: 510-981-7721 ext. 7721

Cell #: 510-423-8365



From: Channon, Veena <vchannon@berkeleyca.gov>
Sent: Friday, August 7, 2026 9:51 AM
To: Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Cc: Johnson, Kenika <KeJohnson@berkeleyca.gov>; Henry, Kennell <KHenry@berkeleyca.gov>; Sabin, Marcela <msabin@berkeleyca.gov>
Subject: Fw: Upcoming MHFA Training in person, free on Monday, September 14 9am-4:30 pm

Hi Jamie,

We are having our next MHFA training on Monday, September 14, 2026 at WBFWC. If you can please share with the Mental Health Commission, peers/ consumers and community. Apologies, in advance for any duplication. Thank you in advance for you assistance in spreading the word. I have attached the flyer, below is the online interest form and information.

I am also sending to the Wellness Team, Please share widely. Thank you.

Warm Regards,

Veena

Please use vchannon@berkeleyCA.gov **

Veena K. Channon

(she, her, hers)

Family Services Specialist

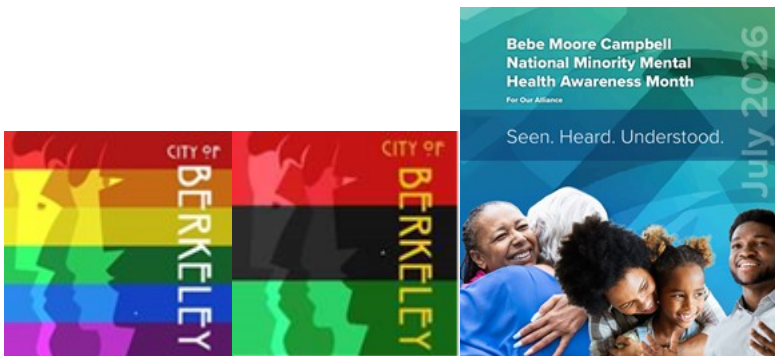
City of Berkeley | Health Housing and Community Services

Mental Health Division

2640 Martin Luther King Jr. Way | Berkeley, CA 94710

Phone: 510-981-7661

vchannon@cityofberkeley.info



Bebe Moore National Minority Mental Health Awareness Month

While everyone – all colors – everyone is affected by stigma – no one wants to say ‘I’m not in control of my mind.’ No one wants to say, ‘The person I love is not in control of [their] mind.’

But people of color really don’t want to say it because we already feel stigmatized by virtue of skin color or eye shape or accent and we don’t want any more reasons for anyone to say, ‘You’re not good enough.’”

-Bebe Moore Campbell

***Please be aware that e-mail communication can be intercepted in transmission or misdirected. The information contained in this message may be privileged and confidential. If you are NOT the intended recipient, please notify the sender immediately with a copy to HIPAAPrivacy@cityofberkeley.info and destroy this message immediately.*

Berkeley Mental Health is hosting a free Adult Mental Health First Aid training on Monday, September 14, 2026.

This in-person training helps participants build practical skills to recognize signs of mental health or substance use challenges, respond supportively, and connect people to help.

Please note that there is a required 2-hour online pre-work before attending the in-person training.

WHEN: Monday, September 14, 2026

Check-in: 8:30–9:00 AM

Training: 9:00 AM–4:30 PM

WHERE: West Berkeley Family Wellness Center, 1900 Sixth Street 94701

WHY: Participants will learn how to recognize common warning signs, respond in a supportive way, and help connect someone to appropriate resources.

WHO: Free to the public, sponsored by Berkeley Mental Health. Participants must be 18 or older.

HOW: To request a seat, complete the interest form here:

<https://h1.nu/BerkeleyMHFAInterest>

Contact Person: Jose Rios



Mental Health FIRST AID

from NATIONAL COUNCIL FOR MENTAL WELLBEING

Date & Time:

Monday, September 14, 2026
9:00am – 4:30pm

Location:

West Berkeley Family Wellness Center
1900 Sixth St. Berkeley, CA 94710

Cost: Free

Registration deadline:

Thursday, September 10, 2026

How to Register:

Scan the QR code or visit
<https://h1.nu/BerkeleyMHFAInterest>
to fill out the Interest Form.



Note:

1. Required 2-hour online pre-work must be completed before attending the in-person training.
2. Participants receive Mental Health First Aider certification after completing all course requirements.
3. Continuing Education (CE) is not available.

Adult Mental Health First Aid

Join our free training!

Hosted by Berkeley Mental Health

Mental Health First Aid (MHFA) is a skills-based training that teaches participants how to identify, understand, and respond to signs of mental health or substance use challenge.

The training builds mental health literacy and provides a practical action plan to offer initial support and connect people to help.

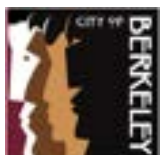
To participate you must be 18 years or older. Seating is limited.

Sponsored by Berkeley Mental Health and offered free to the public.

Participants will learn how to:

- Recognize common signs of mental health and substance use challenges.
- Use the MHFA 5-step action plan.
- Practice supportive conversations in crisis and non-crisis situations.
- Practice self-care when supporting others.
- Connect people to appropriate resources.

Questions? Email: mhfa@berkeleyca.gov or Call: (510) 981-7651



Health, Housing & Community Services Department
Mental Health Division

From: [Works-Wright, Jamie](#)
To: [Works-Wright, Jamie](#)
Subject: Commission meeting August 27
Date: Thursday, August 6, 2026 9:40:56 AM
Attachments: [image001.png](#)

Hello Commissioners,

I hope all is well and you enjoyed your July. The next commission meeting will be on Thursday, August 27th from 7-9pm.

If you would like to add a topic for discussion on the agenda or have Jeff address a question please sent to me by Monday, August 10.

If you would like to have something added to the packet please send by August 14th.

Thank you for your time.

Jamie Works-Wright

Consumer Liaison & Mental Health Commission Secretary

City of Berkeley

2640 MLK Jr. Way

Berkeley, CA 94704

JWorks-Wright@berkeleyca.gov

Office: 510-981-7721 ext. 7721

Cell #: 510-423-8365



Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Tuesday, July 28, 2026 2:30 PM
To: Works-Wright, Jamie
Subject: FW: BHSA Integrated Plan Public Forum-Oakland-7/30/26, 10:30 am - 12 pm
Attachments: BHSA-Integrated-Plan-Public-Forum-Oakland-Flyer.pdf

Hello Commissioners,

You may find this interesting and may want to attend. It's tomorrow.

Thank you for your time.

Jamie Works-Wright

Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
JWorks-Wright@berkeleyca.gov
Office: 510-981-7721 ext. 7721
Cell #: 510-423-8365



From: CAL BHBC <cal@calbhbc.com>
Sent: Tuesday, July 28, 2026 1:00 PM
Subject: BHSA Integrated Plan Public Forum-Oakland-7/30/26, 10:30 am - 12 pm

WARNING: This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Sharing forward from the **CA Behavioral Health Planning Council**

The [California Behavioral Health Planning Council](#) (CBHPC) is hosting a **BHSA Integrated Plan Public Forum on Thursday, July 30, 2026, from 10:30 am-12:00 pm at the Oakland California Endowment Center.**

This forum is designed to hear directly from community members with lived experience receiving public behavioral health services, as well as family members who have participated or attempted to participate in their county's BHSA Integrated Plan community planning sessions.

The attached flyer includes more details and the link to register.

Please share with your networks. We would love to have robust attendance from Oakland and the neighboring counties.

Thank you.

Naomi Gentile Ramirez *(She/Her)*

Chief of Operations

CA Behavioral Health Planning Council



**California Association of Local Behavioral Health
Boards/Commissions | www.calbhbc.org**



Behavioral Health Services Act (BHSA) Integrated Plan Public Forum

WHEN

July 30, 2026
10:30 a.m. to 12:00 p.m.

WHERE

Oakland California
Endowment

2000 Franklin Street
Oakland, CA 94612

REGISTRATION

[Register here:](#)



Who is Invited?

This public forum is for community members with lived experience receiving behavioral health services, as well as family members of people with lived experience, who participated or attempted to participate in their county's BHSA Integrated Plan planning process.

What is the Purpose?

The California Behavioral Health Planning Council (CBHPC) wants to hear from behavioral health consumers and family members like you about your experiences with the Behavioral Health Services Act (BHSA) Integrated Plan process! Please come and share your input and insights about the BHSA Integrated Plan community planning sessions. Your feedback is essential to understanding how counties can better support meaningful engagement in the planning process for the next 3-Year Integrated Plan.

ABOUT THE COUNCIL

The [California Behavioral Health Planning Council](#) (CBHPC) is a majority Consumer and Family member advisory body to state and local government, the Legislature, and residents of California on behavioral health services in California. The vision and mission of the CBHPC guides its evaluation of California's behavioral health care system. The CBHPC has a responsibility to inform the Administration and the Legislature on priority issues. Contact us at: Inbox@cbhpc.dhcs.ca.gov

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, July 20, 2026 10:02 PM
To: Works-Wright, Jamie
Subject: FW: BHC Recruitment letter to City Council
Attachments: Educator Commissioner BHC Recruitment Flyer.png; Student Commissioner BHC Recruitment Flyer.png; Veteran Commissioner BHC Recruitment Flyer.png

Hello Commissioners,

Please see flyers created for recruitment, we will discuss next month, but Lisa is requesting to take this to the council meeting next week on July 28th.

Thank you for your time.

Jamie Works-Wright

Consumer Liaison & Mental Health Commission Secretary

City of Berkeley

2640 MLK Jr. Way

Berkeley, CA 94704

JWorks-Wright@berkeleyca.gov

Office: 510-981-7721 ext. 7721

Cell #: 510-423-8365



From: Ajay Krishnan <ajay.s.krishnan@gmail.com>
Sent: Wednesday, July 15, 2026 5:28 PM
To: Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Cc: Lisa Teague <teague.lisa@gmail.com>
Subject: Re: BHC Recruitment letter to City Council

Hi everyone!

Here is the edited flyer for student commissioner recruitment, as well as a flyer for recruiting educators and veterans.

Best,
Ajay

On Tue, Jul 7, 2026 at 1:40 PM Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov> wrote:

Hello Lisa,

I will reach to Ajay about the edited version of the flyer and please send me your edits as well. I will reach out and ask the question to Igor. Thank you for the follow up.

Thank you for your time.

Jamie Works-Wright

Consumer Liaison & Mental Health Commission Secretary

City of Berkeley

2640 MLK Jr. Way

Berkeley, CA 94704

JWorks-Wright@berkeleyca.gov

Office: 510-981-7721 ext. 7721

Cell #: 510-423-8365



From: Lisa Teague <teague.lisa@gmail.com>
Sent: Tuesday, July 7, 2026 6:58 AM
To: Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Subject: BHC Recruitment letter to City Council

WARNING: This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Good morning Jamie,

I hope you had a nice 4th of July. :)

I was looking at the remaining City Council meetings in July - we have two more dates to present our recruitment letter to council after this evening - 7/14 and 7/28.

Could you reach out to CM Tregub's office and see if he has a preference for which meeting we present the letter to Council? I think the 28th might be the best option at this point to give time to send the letter/flyer to Council, but CM Tregub may have thoughts.

Has Ajay sent the edited flyer to you as yet?

Thank you so much for all you do,

Lisa Teague

Lisa Teague

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Wednesday, July 8, 2026 8:05 AM
To: Works-Wright, Jamie
Subject: FW: Invitation - July 21, 12 pm - 1 pm Teleconference | Wrap-Around Services for Foster Youth

Hello Commissioners,

Please see the information below.

Thank you for your time.

Jamie Works-Wright

Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
JWorks-Wright@berkeleyca.gov
Office: 510-981-7721 ext. 7721
Cell #: 510-423-8365



From: CAL BHBC <cal@calbhbc.com>
Sent: Tuesday, July 7, 2026 4:59 PM
Subject: Invitation - July 21, 12 pm - 1 pm Teleconference | Wrap-Around Services for Foster Youth

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[Registration Link](#) | [View as PDF](#)
(There is no fee to register.)



We invite you to join us for a teleconference presentation regarding:

High Fidelity Wrap-Around Services* For Foster Youth

Tuesday, July 21st, 2026
12 pm - 1 pm

[Registration Link](#)

(There is no fee to register.)

The California Behavioral Health Planning Council's Performance Outcomes Committee chose "Behavioral Health Services for Foster Youth" as the **topic for their 2026 Data Notebook survey** (*to be released soon.*)

High Fidelity Wrap-Around (HFW) Services for foster youth are person-centered, community-based programs, designed to **support foster youth and children and their families living with trauma, serious emotional disorders, serious mental illness, and/or substance use disorders.**

*Effective July 1st, these services are a required, Medi-Cal covered, evidence-based practice. This initiative aligns with the Behavioral Health Services Act (BHSA) to provide **intensive, team-based care for children with complex needs**, aiming to **maintain them in family-based settings and prevent residential placements.**

Requirements include:

- **Implementation:** Counties must implement HFW as an evidence-based practice within Behavioral Health Services Act (BHSA) programs.
- **Aftercare Continuity:** Six months of HFW aftercare is required for youth exiting Short-Term Residential Therapeutic Programs (STRTPs).

About the Presenter:



Elizabeth Oseguera is a member of the California Behavioral Health Planning Council, and the Director of Public Policy for the California Alliance of Child and Family Services.

Elizabeth also has a passion for working with youth and helping to offer mentorship, including work with Foster Youth as a CASA (Court Appointed Special Advocate).

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, July 6, 2026 3:43 PM
To: Works-Wright, Jamie
Subject: FW: Parents and Caregivers | Statewide Listening Session - July 23, 12 pm

Hello Commissioners,

Please see the information below, you may want to listen and share the information.

Thank you for your time.

Jamie Works-Wright

Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
JWorks-Wright@berkeleyca.gov
Office: 510-981-7721 ext. 7721
Cell #: 510-423-8365



From: CAL BHBC <cal@calbhbc.com>
Sent: Monday, July 6, 2026 3:29 PM
Subject: Parents and Caregivers | Statewide Listening Session - July 23, 12 pm

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Sharing forward from the **Commission for Behavioral Health (CBH) | Parents & Caregivers Community Virtual Listening Session | July 23, 12 pm**

Parents and Caregivers Community Virtual Listening Session - July 23



The Commission is hosting a **virtual listening session** for **parents and caregivers of individuals identified as part of the Behavioral Health Services Act (BHSA) priority populations** on **Thursday, July 23 at 12:00 p.m.**

The BHSA values stakeholder input, including from **parents and caregivers of children and youth, adults, or older adults with a serious mental illness (SMI), serious emotional disturbance (SED), moderate/severe substance use disorder (SUD), or co-occurring conditions** who are also experiencing or at risk of:

- Chronic homelessness;
- Involvement in the criminal or juvenile justice system;

- Reentry from incarceration or youth correctional facilities;
- Placement in or transition from the child welfare system;
- Conservatorship;
- Institutionalization.

This session is an important opportunity for **parents and caregivers of individuals identified as part of the BHSA priority populations to share their experiences and help inform the Commission's upcoming advocacy contract**, ensuring their voices are included and reflected in BHSA planning, policy, and decision-making.

Register Here

**California Association of Local Behavioral Health
Boards/Commissions | www.calbhbc.org**