



Health, Housing & Community  
Service Department  
Mental Health Commission

## Berkeley/ Albany Mental Health Commission

### AGENDA

#### Regular Meeting Thursday, February 26, 2026

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

**Location:** North Berkeley Senior Center  
1901 Hearst Ave. Berkeley, Poppy Room

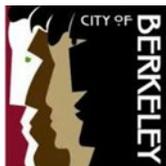
#### *All Agenda Items are for Discussion and Possible Action*

*This meeting will be conducted in a hybrid model with both in-person and virtual attendance. Attend this meeting remotely using Zoom <https://us06web.zoom.us/j/82288338047>. 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: 822 8833 8047. 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](mailto: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](mailto: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 February 26, 2026, meeting agenda
  - b. Public Comment (non-agenda items)
  - c. Action Item: Approval of January 22, 2026, meeting minutes
- 3. Action to Vote for Commission Chair**
- 4. Action to vote for commission Vice Chair**
- 5. Presentation and discussion from Peer Wellness Collective – Katrina Killian**



**Health, Housing & Community  
Service Department  
Mental Health Commission**

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

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

**7. Discussion and Possible Action on Mental Health Commission Annual Report**

**8. Adjournment**

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Contact person: Jamie Works-Wright, Mental Health Commission Secretary (510) 981-7721 or  
[Jworks-wright@berkeleyca.gov](mailto: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. Thank you.***

**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

## Berkeley/Albany Mental Health Commission Draft January Minutes

7:00 pm  
North Berkeley SC 1901 Hearst

Regular Meeting  
January 22, 2026

**Members of the Public Present:** Ann Hawkins, Steven Tupper

**Staff Present:** Jamie Works-Wright, Jeff Buell

### 1) Call to Order at 7:02 pm

**Commissioners Present:** Ajay Krishnan, Glenn Turner, Maria Sol, Lisa Teague, Patricia Fontana-Narell, Igor Tregub (7:12), **Ian Hunt Absent:** Ashley Gu,

### 2) Preliminary Matters

#### a) Approval of January 22, 2026, agenda

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

**PASSED**

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

#### b) Public Comment- 1 comment

#### c) Approval of November 20, 2025, minutes

**M/S/C (Krishnan, Turner)** Motion to approve the minutes.

**PASSED**

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

### 3) Discussion about the Mental Health Commission Chair and Vice Chair elections, which will be held during February 26, 2026, Commission Meeting. – No Motion

### 4) Discussion regarding Hybrid meetings – Jamie – No Motion

### 5) Discussion and Vote to re-appoint Commissioner Edward Opton for his 3<sup>rd</sup> term.

**M/S/C (Sol, Teague)** Move that we vote Commissioner Edward Opton to be re-appointed for a 3<sup>rd</sup> term

**PASSED**

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

\***M/S/C (Krishnan, Sol)** Motion to switch item 7 to 6 and move 6 down to 7

**PASSED**

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

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

- a) MH Division Manager Report
- b) Caseload Statistic January 2026

**7) Review, Discuss and Actions regarding the By-Laws for Berkeley Behavioral Health Commission.**

**8) Discussion and Possible Action on Mental Health Commission Annual Report – Jamie will send commissioners examples from past years.**

**9) Ad-Hoc Reports – Discussion and vote to renewed and establish new Ad-Hoc committees - All Ad-Hoc Meetings have discontinued.**

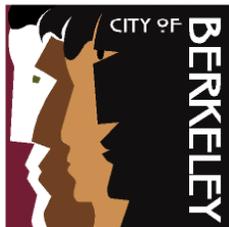
**10) Adjournment –8:56PM**

**M/S/C (Krishnan, Hunt)** Motion to adjourn

**PASSED**

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

**Minutes submitted by:** \_\_\_\_\_  
Jamie Works-Wright, Commission Secretary



Health Housing and  
Community Services Department  
**Mental Health Division**

## MEMORANDUM

**To:** Mental Health Commission  
**From:** Jeffrey Buell, Mental Health Division Manager  
**Date:** 2/11/2026  
**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 Mental Health Commission

No new questions were submitted by Commissioners in this time frame.

### Mental Health Division Updates

#### **Policy and Funding**

- DHCS has launched the 30-day public and Tribal comment periods for the CalAIM Section 1115 Demonstration renewal. The public and tribal comment periods are open through March 12, 2026. The renewal application will include continued authority for several key initiatives:
  - Medi-Cal services for justice-involved populations for up to 90 days immediately prior to a youth or eligible adult's expected date of release
  - renewed authority for federal reimbursement of Medi-Cal services provided to short-term residents of Institutions for Mental Diseases (IMD) receiving substance use disorder (SUD) services as part of the Drug Medi-Cal Organized Delivery System (DMC-ODS)
  - outpatient SUD services, Recovery Incentives, and the Global Payment Program.
 It also introduces new proposals, including:
  - BridgeCare Pilots, which offers targeted supports for older adults
  - Employment Supports, which help Medi-Cal members overcome barriers to work so they can keep their Medi-Cal coverage.

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<https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM-1115-and-1915b-Waiver-Renewals.aspx>

- The Council Resolution for updating the Mental Health Commission name and enabling legislation is slated for the 3/24/26 meeting. It is currently going through the process for submission and approval.
- Implementation of BHSA changes are rapidly approaching as jurisdictions are going through processes to align with new funding restrictions and shifts. Among these substantive changes:
  - MHSA had enabled funding to be spent proactively or reactively on a number of services from specific populations to a range of severity of mental health service needs.
  - BHSA is shifting the requirements of these dollars away from upstream preventative care, to the most severe downstream needs of the most impacted residents, focusing on severe behavioral health and the supports related to their treatment.
  - Recipients of these services will primarily have or be eligible for Medi-Cal, and treatment providers will now be expected to bill Medi-Cal for services.
- Alameda County has notified contractors and the public that a number of cuts to programs are being implemented with the shifting of funds that were previously available for treatment purposes, now being redirected to other categories. Of note, Alameda County is cutting funding to most of the wellness centers in the county, which will lead to a number of closures. Many programs have received substantial cuts and have been notified by the County, directly.
- The City of Berkeley is going through a budget process to address a \$32 million structural general fund budget deficit. The City Manager's office is going through options to restructure and eliminate this deficit, which may ultimately include workforce reductions.

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 January 2026
<p>Adult, Older Adult and TAY Full-Service Partnership (AFSP) (Highest level outpatient clinical case management and treatment)</p>	<p>1-10 for clinical staff.</p>	<p>3 Clinicians, 3 Non-Licensed Clinician, 1 Clinical Supervisor</p>	<p>63</p>	<p>\$53,274</p>	<p>Clients: 63 Asian: 2 Black or African American: 31 Hispanic or Latino: 1 Unknown: 3 White: 26 Male Gender ID: 41 Female: 20 He/Him: 1 Prefer not to answer: 0 They/Them: Unknown/No Available: 1 Heterosexual/Straight: 46 Unknown/Not Available: 12 Bisexual: 1 Gay: 2 Lesbian: 0 Prefer Not to Answer: 1 Other Additional Sexual Orientation: 1</p>
<p>Adult FSP Psychiatry (January Stats)</p>	<p>1-100</p>	<p>0 FTE</p>	<p>48</p>	<p>\$2,037,600</p>	
<p>Homeless Full-Service Partnership (HFSP) (Highest level outpatient clinical case management and treatment)</p>	<p>1-8 for clinical staff</p>	<p>4 Non-Licensed Clinician, 1 Clinical Supervisor</p>	<p>34</p>	<p>\$29,641</p>	<p>Clients: 35 Asian: 2 Black or African American: 16 Hispanic or Latino: 1 Unknown: 2 Other: 2 White: 12 Male Gender ID: 21 Female: 11 Unknown/Not Available: 2 She/Her: 1 Heterosexual/Straight: 26 Unknown/Not Available: 4 Bisexual: 4 Prefer Not To Answer/Declined to State: 1</p>

<b>HFPS Psychiatry (January Stats)</b>	1-100	0.5 FTE	23		
<b>HFSP FY22 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)</b>					
<b>Comprehensive Community Treatment (CCT)</b> (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	157	\$21,018	Clients: 176 Alaska Native or American Indian: 1 Asian: 10 Black or African American: 68 Hispanic or Latino: 8 Other: 5 Pacific Islander: 3 Unknown: 10 White: 71 Female Gender ID: 84 Male: 72 He/Him: 7 She/Her: 5 Other Additional Gender Category: 5 Gender Queer: 2 Transgender (Trans Man): 1 Heterosexual/Straight: 126 Unknown/Not Available: 22 Gay: 3 Bisexual: 9 Lesbian: 4 Other Additional Sexual Orientation: 5 Prefer not to answer/declined to state: 4 Queer: 2 Prefer not to answer: 1
<b>CCT Psychiatry (January Stats)</b>	1-200	0.75 FTE	105		
<b>CCT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)</b>					
<b>Focus on Independence Team (FIT)</b> (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	1 Non-Licensed Clinician 1 CHW Sp./ Non-Degreed Clinical, 1 Clinical Supervisor	76	\$12,111	Clients: 80 Asian: 6 Black or African American: 29 Hispanic or Latino: 5 White: 40 Male Gender Identity: 46 Female: 29 She/Her: 2 He/Him: 1

									Intersex: 1 Transgender: 1 Heterosexual/Straight: 74 Unknown/Not Available: 4 Prefer Not To Answer/Declined: 1 Gay: 1
FIT Psychiatry (January Stats)	1-200	.25	62						
<b>FIT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)</b>									
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 January 2026				
Children's Full-Service Partnership (CFSP)	1-8	1 Senior Behavioral Health Clinician 1 Non-Licensed Clinician	12	\$56,332	Clients: 14 Alaska Native/American Indian: 1 Asian: 1 Black or African American: 7 Hispanic or Latino: 1 Other: 2 Unknown: 1 White: 1 Male Gender ID: 7 Female: 6 Unknown/Not Available: 1 Heterosexual/Straight: 7 Unknown/Not Available: 6 Bisexual: 1				
CFSP Psychiatry (January Stats)	1-100	0	6						
<b>CFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>									
Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)	1-20	2 Non-Licensed Clinicians, 1 Clinical Supervisor	27	\$24,207	Clients: 32 Alaska Native/American Indian: 1 Asian: 2 Black or African American: 9 Hispanic or Latino: 12 Unknown: 5 White: 3 Female Gender ID: 22 Male: 5 Gender non-conforming: 1 Missing Gender ID: 1				

							Prefer Not To Answer/ Declined to state 1 Transgender: 1 Unknown/Not Available: 1 Heterosexual/Straight: 17 Unknown/Not Available: 6 Bisexual: 5 Missing: 1 Prefer Not to Answer/Declined to State: 1 Queer: 1 Unsure/Questioning/Don't Know: 1
ERMHS/EPSTD Psychiatry (January Stats)	1-100	0	10				
<b>EPSTD/ERMHS FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>							
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:11 Externally referred: 21 Ongoing tx:52 Groups: 3 Offered/ 3 Provided				N/A
<b>HSHC FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>							
			\$1,062,409				
			\$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	<ul style="list-style-type: none"> <li>63 - Incidents</li> <li>20 - 5150 Evals</li> <li>2 - 5150 Evals leading to involuntary transport</li> </ul>	<ul style="list-style-type: none"> <li>38 - Incidents: Location - Phone</li> <li>23 - Incidents: Location - Field</li> <li>0 - Incidents: Location - Home</li> </ul>	Clients: 59 API: 2 Black or African American: 12 White: 12 Hispanic or Latino: 2 Other/Unknown: 31 Female: 25 Male: 25 Transgender: 1 Unknown: 8
<b>MCT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>					
Transitional Outreach Team (TOT)	N/A	.5 Licensed Clinician, (TOT and CAT have been recently merged)	<ul style="list-style-type: none"> <li>1 – Incident(s)</li> </ul>	N/A	Clients: 1 API: 0 Black or African American: 1 White: 0 Hispanic or Latino: 0 Other/Unknown: 0 Female: 1 Male: 0 Transgender: 0 Unknown: 0
<b>TOT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>					
Crisis, Assessment, and Triage (CAT)	N/A	1 Non-Licensed Clinicians, .5 Licensed Clinician, 0 Clinical Supervisor	<ul style="list-style-type: none"> <li>46 - Incidents</li> </ul>	N/A	Clients: 33 API: 2 Black or African American: 6 White: 11 Hispanic or Latino: 1 Other/Unknown: 13 Female: 14 Male: 17 Transgender: 0 Unknown: 2
<b>CAT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>					
			\$771,623		
			\$272,323		
			\$735,075		<a href="#">11</a>

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

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**From:** Works-Wright, Jamie  
**Sent:** Friday, February 13, 2026 10:03 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Provide Your Input on Behavioral Health Services in Berkeley

Please see the information about the community input session for the new BHSA. Your input is appreciated and valuable. Please try to attend and take the survey.

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](mailto:JWorks-Wright@berkeleyca.gov)

*Office: 510-981-7721 ext. 7721*

*Cell #: 510-423-8365*




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**From:** Klatt, Karen <KKlatt@berkeleyca.gov>  
**Sent:** Wednesday, January 21, 2026 1:19 PM  
**To:** Klatt, Karen <KKlatt@berkeleyca.gov>  
**Subject:** Provide Your Input on Behavioral Health Services in Berkeley

Greetings!

The City of Berkeley, Health, Housing and Community Services Department, Mental Health Division is seeking your valuable input into local behavioral health (mental health and substance use disorder) needs. Your input will be utilized to inform behavioral health needs to be addressed and services to be prioritized in Berkeley over the next three years, beginning 7/1/26. There are multiple ways to provide input:

**Behavioral Health Services Act Community Input Survey** - [Click here to participate in the Behavioral Health Services Act Survey](#) that will be open through Wednesday, March 4th.

**Community Input Meetings** - You can also participate in one of twelve Community Input Meetings that are being held during the month of February to inform participants on the upcoming changes to City of Berkeley mental health services and funding through the CA [Behavioral Health Services Act](#), and to obtain input on local behavioral health needs. The meeting schedule and logistics are outlined below.

In-person meetings will be held from 6:00pm-7:30pm, at the locations listed below on the following dates:  
South Berkeley Senior Center, 2939 Ellis Street, Multipurpose Room:

- Monday, February 9th
- Thursday, February 19th
- Tuesday, February 24th

North Berkeley Senior Center, 1901 Hearst Ave., Gooseberry Room:

- Wednesday, February 11th
- Tuesday, February 17th
- Thursday, February 26th

\*Light refreshments will be served at each meeting.

Zoom meetings will be held on the following dates/times:

- Tuesday, February 3rd: 3:30pm-5:00pm
- Wednesday, February 4th: 11:00am-12:30pm
- Thursday, February 5th: 1:00pm-2:30pm
- Tuesday, February 10th: 5:00pm-6:30pm
- Wednesday, February 18th: 10:00am-11:30pm
- Monday, February 23rd: 6:00pm-7:30pm

To join in, [Click Here at the time of the meeting](#)

Or by phone:

1-669-444-9171

Meeting ID: 844 673 3966#

Passcode: 081337#

If you have any questions or if you would like to meet separate from the Community Input Meetings, please reach out to me, at (510) 981-7644, [KKlatt@berkeleyca.gov](mailto:KKlatt@berkeleyca.gov)

Please share widely with anyone who you think would be interested in providing input into behavioral health services in Berkeley.

Thanks,

Karen

Karen Klatt, MEd

Community Services Specialist III

City of Berkeley Mental Health, MHSA/BHSA Coordinator

1521 University Ave.

Berkeley, CA 94704

(510) 981-7644 – Office

(510) 849-7541 – Cell

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## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Thursday, January 29, 2026 2:39 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: CBHPC 2025 Data Notebook Report on Wellness and Recovery Centers  
**Attachments:** 2025-Data-Notebook-Wellness-and-Recovery-Centers-Overview-Report.pdf

Hello Commissioners,

You may find this report about wellness center important. Please see attached.

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](mailto:JWorks-Wright@berkeleyca.gov)

*Office: 510-981-7721 ext. 7721*

*Cell #: 510-423-8365*




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**From:** Ramirez, Naomi (CBHPC)@DHCS <Naomi.Ramirez@cbhpc.dhcs.ca.gov>  
**Sent:** Thursday, January 29, 2026 2:11 PM  
**Subject:** CBHPC 2025 Data Notebook Report on Wellness and Recovery Centers

**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.

Dear County Behavioral Health Board/Commission Chairs and Behavioral Health Directors,

The California Behavioral Health Planning Council (CBHPC) is pleased to share the **2025 Data Notebook Overview Report on Wellness and Recovery Centers in California's Public Behavioral Health System**.

Each year, the CBHPC Performance Outcomes Committee conducts a **Data Notebook survey** in partnership with county behavioral health advisory boards to assess key aspects of the system. For 2025, the survey focused on Wellness and Recovery Center. We received responses from 51 counties covering 165 centers statewide. This collaborative effort, enhanced by our partnership with the **California Association of Social Rehabilitation Agencies (CASRA)**, provides a comprehensive view of how these centers support individuals living with mental health and substance use challenges.

The findings confirm that Wellness Centers are vital community resources. They operate on a recovery-based model, offer drop-in access, and provide essential connections to treatment, housing, and social services. Staff and volunteers with lived experience play a critical role in fostering community and recovery. Wellness Centers also serve as a resource to assist with Medi-Cal eligibility applications, enabling individuals to initiate or continue accessing essential services, especially when Medicaid recertification becomes necessary in the coming months. We strongly recommend continued investment and support to sustain and expand these centers. Doing so ensures that Californians can access essential services.

Please find the **full report attached**, which includes detailed findings and recommendations. This report will also be posted on the [CBHPC Data Notebook webpage](#) with past Data Notebooks.

Thank you for your partnership in advancing behavioral health in California and your participation in the Data Notebook project. Planning for the 2026 Data Notebook survey is already underway in our Performance Outcomes Committee.

**Naomi Gentile Ramirez** *(She/Her)*

*Chief of Operations*

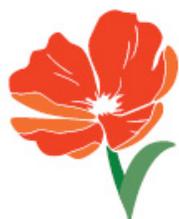
CA Behavioral Health Planning Council

[Naomi.Ramirez@cbhpc.dhcs.ca.gov](mailto:Naomi.Ramirez@cbhpc.dhcs.ca.gov)

MS 2706 P.O. Box 997413

Sacramento, CA 95899-7413

**(916) 750-4606**



California  
Behavioral Health  
Planning Council

ADVOCACY • EVALUATION • INCLUSION

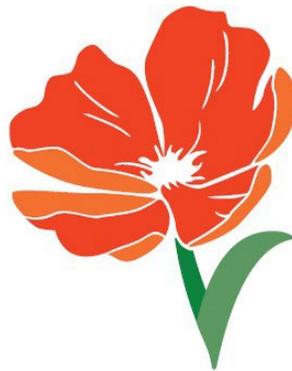
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**Wellness and Recovery Centers  
in California's Public Behavioral Health System:  
Overview Report on the 2025 Data Notebook Project**



**California Behavioral Health  
Planning Council**

**ADVOCACY • EVALUATION • INCLUSION**

Prepared by:

Linda Dickerson, Justin Boese, Susan Wilson, Noel O'Neill, and members  
of the Performance Outcomes Committee of the California Behavioral  
Health Planning Council

**December 2025**

The California Behavioral Health Planning Council (CBHPC) is under federal and state mandate to advocate on behalf of the population of California, including both children and adults, with mental health and/or substance use disorders. The Council is also statutorily required to advise the California Legislature on behavioral health issues, policies, and priorities pertinent to both mental health and substance use disorders 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.

### **Acknowledgements:**

We thank the California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) for their support. We deeply appreciate all 51 Behavioral Health Advisory Boards/Commissions and their Departments of Behavioral Health that contributed information for the 2025 Data Notebook. Please see the list of counties in Appendix 1, which also contains the names of the Wellness Centers that were selected by each county or agency for inclusion in this report.

We would like to express appreciation to those who shared their personal stories about how wellness centers and the peer support recovery model helped them seek and achieve much improved behavioral health and successful life outcomes as they overcame mental health and/or substance abuse disorders, often in the context of multiple setbacks and repeated and complex life trauma. These stories have been de-identified and edited to protect privacy and meet federal and state Health Insurance Portability and Accountability Act (HIPAA) standards. These stories and experiences are found in Appendix 2, at the end of this report.

We also greatly benefited from our collaboration with Chad Costello and the California Association of Social Rehabilitation Agencies (CASRA), who recently prepared a review of Wellness and Recovery Center services and operations in the 32 Wellness Centers operated by CASRA member agencies. Their excellent report added further depth and perspective to this important issue. That report is attached in Appendix 3.

We further acknowledge the prior work and 2011 report on Wellness Centers prepared by our predecessors on what was then called the California Mental Health Planning Council (CMHPC). That report was also referenced by Chad Costello and his associates and is included in Appendix 4.

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## **Executive Summary: Wellness and Recovery Centers in California's Public Behavioral Health System**

Each year, the Performance Outcomes Committee (POC) produces a data notebook that focuses on a specific aspect of the public behavioral health system operated by the county managed care plans for specialty behavioral health. State law requires local behavioral health advisory boards to report their plan outcomes to the California Behavioral Health Planning Council (CBHPC), which reviews the data and prepares a report for stakeholders. This year, wellness centers were selected to be the focus topic.

The CBHPC asks specific questions via SurveyMonkey and gathers valuable data from county responses. The CBHPC completes an overview report that summarizes findings from all the responses in the submitted Data Notebooks. The analysis draws conclusions and recommendations for system-wide improvement.

To enhance the Data Notebook study in 2025, the POC partnered with the California Association of Social Rehabilitation Agencies (CASRA). CASRA is a statewide organization of 32 Wellness Centers operated by private, not-for-profit, public benefit corporations that serve clients of the California public behavioral health system. CASRA's Wellness & Recovery Centers report mirrors the CBHPC report. We found that over 165 Wellness Centers exist and offer essential services to consumers across California.

In 2011, the CBHPC produced a report on the Wellness Centers, referring to them as the "evolution of community essential resources" and an example of a promising new practice. The 2011 report is contained in Appendix 4 of this document. It is descriptive of the way the Wellness Center acts as a recovery-based hub of constructive activity for those persons who struggle with symptoms of mental illness or substance use. When staff with lived experience accept every participant with an open and non-judgmental attitude, it helps support the individual on their journey. The Wellness Centers receive referrals from the community and from the self-referrals of individuals who drop in to the Center to seek help. Most importantly, the Centers make referrals to connect people to treatment, housing, or other community resources that include social services, medication-assisted treatment, food, shelter, and or immediate physical healthcare.

This Overview Report is a summary of the Data Notebook survey conducted in September, October, and November of 2025. Wellness Centers tend to be unique to the local needs of 58 counties because the state reflects amazing diversity in terms of population density, ethnic makeup, and geographic landscape. The CBHPC received 51 county responses covering 165 established Wellness Centers. Approximately 45% of the facilities were reported to be county-operated, while the remainder were run by nonprofit organizations. When asked about issues of acceptance within the immediate neighborhood, 64% stated there were no issues to report that could not be readily

solved. Approximately 46% of the facilities reported having a board of directors, typically composed of participants, and 87% reported that participants are involved in the management of the program. Survey responses indicated that 91% of referrals to wellness centers were made by the county, and that referrals are also accepted from various other organizations, including homeless shelters, emergency departments, law enforcement agencies, social services, faith-based organizations, and probation offices. About 96% of the facilities are based on the recovery model with some variations, and nearly all are drop-in facilities. Most participants are individuals who are struggling with symptoms of mental illness or substance use. Funding is primarily (nearly 65%) from the Behavioral Health Services Act, and the remaining 35% is from Medicaid or other smaller sources of revenue, such as grants. The CASRA report, found in Appendix 3, contains a detailed explanation of the funding resources and their importance to sustained operations.

Other aspects of the centers include that 81% report their supervisors have lived experience, and that 77% of the Wellness Centers also utilize volunteers with lived experience. About 77% of the Wellness Centers employ certified peer specialists, and half of those Centers (35% of respondents) reported being able to bill Medi-Cal for services provided by the peer specialists. Other helpful disciplines are occasionally available in the centers: 36% have access to licensed clinicians. Almost all centers report that there are guidelines accepted by participants, including focus groups and activities available on a regular basis. Approximately 70% of these activities are offered in English, while some are also available in languages other than English. Approximately 96% of respondents reported that their participants are engaged in community stakeholder processes. Wellness Centers offer a range of support services, including snacks, meals, clothing closets, and personal grooming assistance. About 85% report transportation is available for key activities. One third of the Wellness Centers report that medication management resources are offered. Almost all programs ask participants to complete satisfaction surveys.

Finally, recommendations for the future are located at the end of this project report. These recommendations were generated through cooperative discussions between CBHPC and CASRA. The primary recommendation derived from all the information and success stories collected over the past five months substantiates the immense value that Wellness Centers provide to the behavioral health community. Wellness Centers use a non-medical approach, serving as social safety nets that provide support, connection, and community. The Wellness Center may also serve as a resource to assist with Medi-Cal eligibility applications, enabling individuals to initiate or continue accessing essential services, especially when Medicaid recertification becomes necessary in the coming months.

Our final recommendation from both CBHPC and CASRA is to do whatever it takes to keep these centers open and serving the community.

# **Wellness and Recovery Centers in California's Public Behavioral Health System:**

## **Overview Report on the 2025 Data Notebook Project**

### **Introduction**

The topic selected for the 2025 Data Notebook is: *"Wellness and Recovery Centers in California's Public Behavioral Health System"*. 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"*.

Survey questions were developed by the Performance Outcomes Committee of the Planning Council and were released on August 15, 2025, using SurveyMonkey. We requested that local Behavioral Health Boards and Commissions, in partnership with their County Departments of Behavioral Health, submit their responses by November 14, 2025. This was a shorter-than-usual timeline for the Data Notebook project, but the purpose was to ensure that the Council could complete the 2025 Data Notebook Overview Report in time to inform county community planning processes and their Behavioral Health Services Act Three-year Integrated Plans.

This Overview Report presents the data and analysis of the aggregated responses for the 2025 Data Notebook that were submitted using SurveyMonkey. The survey questions address Wellness and Recovery Centers in California Counties. This year, we received 51 reports from 50 counties and 1 non-county agency, Tri-City Behavioral Health Board. Note that the Behavioral Health Department of Sutter and Yuba County is treated as a single county.

We have prepared this project and our data in partial collaboration with Chad Costello and his group at the California Association of Social Rehabilitation Agencies, who have recently prepared a review of Wellness Center services and operations in their 30 Wellness centers. The report they have shared is a model of clarity and simplicity of presentation.

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. At the present time mental health and substance use disorder programs remain somewhat separate, but integration of both systems over

time is part of the overall goal of the BHSI Integrated Plan.

Local behavioral health boards and commissions (local boards) are required to review performance outcomes data for their counties and to report their findings to the California Behavioral Health Planning Council (Planning Council). To provide structure for the report and facilitate easier reporting, a Data Notebook is created each year 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 policymakers and the public.

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

- To help local boards meet their legal mandates<sup>1</sup> to review and comment on their county's performance outcome data, and to communicate their findings to the Planning Council.
- To serve as an educational resource on behavioral health data.
- To obtain the opinions and thoughts of local board members on specific topics.
- 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 will provide our annual Overview Report, which is a compilation of information from all the local boards that completed their Data Notebooks. The reports are prominently displayed on the website<sup>2</sup> 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)<sup>3</sup>

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

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

<sup>3</sup> 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](http://www.SAMHSA.gov).

## 2025 Data Notebook Topic: Wellness and Recovery Centers in California's Public Behavioral Health System

Wellness and Recovery Centers represent an essential model within California's public behavioral health landscape. These community-based programs are designed to support individuals living with serious mental illness and/or substance use disorders by offering accessible, voluntary, and person-centered services. Drawing from principles of peer support, empowerment, and holistic wellness, Wellness and Recovery Centers provide a welcoming space where individuals can pursue recovery on their own terms and engage in services that promote stability, resilience, and social connection.

This year, the California Behavioral Health Planning Council has chosen to focus the Data Notebook on Wellness and Recovery Centers to better understand their implementation across the state, identify common strengths and needs, and highlight their role within a continuum of care. This focus is particularly timely given recent shifts in policy and funding under California's Behavioral Health Services Act (BHSA) and broader Behavioral Health Transformation efforts. As counties adapt to new mandates and resource allocations, there is growing concern that Wellness and Recovery Centers may face reductions or loss of support, despite their alignment with goals of equity, prevention, community-based care, and their proven record of successful outcomes.

The California Behavioral Health Planning Council first examined the role and potential of Wellness and Recovery Centers in its 2011 report, *Wellness & Recovery Centers: An Evolution of Essential Community Resources*<sup>4</sup>. That report identified Wellness and Recovery Centers as innovative, peer-driven models that foster empowerment, social inclusion, and wellness outside of traditional clinical settings. It emphasized the importance of these centers in promoting recovery-oriented systems of care, particularly for individuals who may not engage readily with formal treatment environments.

More than a decade later, this year's *Data Notebook* serves as a follow-up to that foundational work, revisiting the concept of Wellness and Recovery Centers within changing policy landscapes, evolving community needs, and local program development. While the core values of these programs remain consistent, their structure, scope, and funding have evolved significantly. This survey aims to enhance understanding of how Wellness and Recovery Centers are currently functioning.

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<sup>4</sup> [Wellness and Recovery Centers: An Evolution of Essential Community Resources](#). Published 2011 by the California Behavioral Health Planning Council. For convenience of reader access, a copy of that report is also attached in Appendix 3.

## **Method: Our Novel Approach for the 2025 Data Notebook Partnered with the California Association of Rehabilitation Agencies**

In previous years, the Data Notebook has been generated by the Performance Outcomes Committee and Council Staff in collaboration with local Behavioral Health Boards and Commissions. This year, to provide more depth and achieve a clearer understanding of the function of Wellness Centers throughout the State, the Council has chosen to work closely with the California Association of Social Rehabilitation Agencies (CASRA), a non-profit group serving agencies that provide Behavioral Health interventions for adults in California. Data was gathered by CASRA from 32 Wellness Centers through 16 video-based, telephone, and in-person interviews with 24 staff members from 13 organizations conducted over a 16-week period. Special thanks to Chad Castillo, Executive Director of the California Association of Social Rehabilitation Agencies, for their contributions.

The reader may note that many of the findings in their report mirror those of the 2025 Data Notebook, which was also recently compiled using SurveyMonkey to collect information. While some wellness centers in the State replied to surveys from both the California Association of Social Rehabilitation Agencies and the Council, note that all percentages reported in the outcomes are exclusively the results collected by each organization using somewhat different survey methods. There is no cross-over or blending of data between the two surveys. The intent of this dual effort is to impress upon the reader the critical nature and the importance of the Wellness Centers as they now operate in various locations. The recommendations in this 2025 Data Notebook are based on data collected in both reports. Combining our separate results gives greater impact to our joint recommendations, which agree on the significance of the greatly improved clinical and life outcomes for those who participate in the services and programs of their Wellness Centers.

### **Defining Wellness and Recovery Centers**

While the design and operation of Wellness and Recovery Centers vary widely across the state in name, scope, staffing, and funding, most share common elements. For the purposes of the 2025 Data Notebook Survey, we are using the following definition:

**Wellness and Recovery Centers** are community-based programs that offer voluntary support services to individuals experiencing mental health and/or substance use challenges. These centers prioritize peer support, empowerment, and self-determined approaches to recovery, often providing activities such as support groups, wellness education, resource navigation, and social connection. They are designed to be welcoming, low-barrier spaces that affirm dignity, autonomy, and lived experience as central components of healing and recovery.

Although the principal focus of this report is on Wellness and Recovery Centers, a few counties operate a Clubhouse Model, which is a different type of organization but often shares some similarities and serves overlapping functions, as the work is organized and directed by clients/consumers who are often volunteers. There is a clinical research literature that attests to the value of the Clubhouse model in recovery and beneficial mental health outcomes since its inception more than 60 years ago. The name is less formal and may seem more user-friendly or approachable than the model of Wellness and Recovery Centers, which are currently much more prevalent in California. Both are seen as low-barrier ways to engage individuals who may need mental health or behavioral health services. It is worth noting that California's second most populous county, San Diego, does not have any Wellness Centers, but only operates the Clubhouse model.

## Results from Responses Collected in the 2025 Data Notebook Survey

### What is our Data Set?

#### 1. Requested Statement of County/Agency Name:

Our data set is comprised of responses from 50 Counties and 1 non-county agency (Tri-City Behavioral Health Board). *(See the list of responding counties and one agency in Appendix 1, along with examples of Wellness Center programs that were selected by each county or agency for inclusion in this report).*

Note: Sutter-Yuba is treated as a single county due to its combined behavioral health services department. The Tri-City Behavioral Health Board advises on services for the Tri-City area, which is primarily comprised of Claremont, Laverne, and Pomona, which lies within eastern Los Angeles County.

#### 2. We asked: How many Wellness Centers are there in your county?

Total reported: 165 Wellness Centers in the responding counties and one agency.

Note: Two responding counties reported zero Wellness Centers.

#### 3. We asked: Does your county also currently operate a Clubhouse Model program?

**Yes:** 7 responses (14% of total). **No:** 43 responses (86% of total).

For the following questions, survey respondents were asked to select **one** Wellness and Recovery Center that was deemed representative of the programs in that county. This series of questions was asked about the operation, programs, and resources of that Wellness Center. Participants were instructed to skip any given question if the answers were not known or were not easily obtainable. Many questions were skipped by 2 to 5 respondents due either to a lack of any Wellness Centers or a lack of the requested information. Our goal was to gather as much information as possible without requiring burdensome research. The summarized information would then be available for consideration by the stakeholder process within each county.

### Section 1: Program Operations

#### 4. Please provide the name of the Center/Program reviewed (select only one representative program per county or agency).

These responses are organized by county/agency and comprise our basic data set. This information is summarized in Appendix 1, along with the program address (Question #5) and contact person (Question #10), organized by county or agency.

#### 5. Program Address: see Question 4 and Appendix 1.

6. **Is the program operated by the county?**

**Yes:** 21 responses (45% of total). **No:** 26 responses (55% of total).

7. **Is the program a non-profit organization?**

**Yes:** 30 responses (64% of total). **No:** 17 responses (36% of total).

8. **Is the program part of another organization?**

**Yes:** 19 responses (41% of total). **No:** 27 responses (59% of total).

9. **Does the program receive any issues or stigma from the surrounding community, for example, the attitude of “Not in my back yard,” sometimes referred to as NIMBYism?**

**Yes:** 16 responses (34% of total). **No:** 31 responses (66% of total).

10. **Who can be contacted for more information about the program?**

**Provide their name, title, and contact information.** See question 4 and Appendix 1.

### **Section 2: Management of the Program**

11. **Does the program have a Board of Directors?**

**Yes:** 21 responses (46% of total). **No:** 25 responses (54% of total).

12. **Are the participants engaged in the management and design of the program?**

**Yes:** 40 responses (87% of total). **No:** 6 responses (13% of total).

13. **Will the program assist participants’ inclusion in community planning activities, such as the integrated plan for the behavioral health department?**

**Yes:** 44 responses (96% of total). **No:** 2 responses (4% of total).

### **Section 3: Program Model**

14. **Is the program based on the Recovery Model?**

**Yes:** 43 responses (96% of total). **No:** 2 responses (4% of total).

15. **Is the program drop-in?**

**Yes:** 41 responses (87% of total). **No:** 6 responses (13% of total).

16. **Please indicate who is welcome at your center:**

- Persons who identify mental health needs: 46 responses (98% of total).
- Persons who identify substance use disorder needs: 45 responses (96% of total).

total).

- Persons who do not identify with either category: 30 responses (64% of total).
- Other categories: 25 responses (53% of total). For 'other' categories, 25 respondents specified some of those in a text box. Duplicates have been removed from this list.

Responses for **other categories** include:

- Adults 18 and older who are residents of that county.
- Members of the LGBTQ community.
- People exiting institutional settings, whether behavioral health-related or justice-involved.
- Persons with physical disabilities and/or co-occurring physical health conditions.
- Developmentally disabled individuals.
- Family members of persons with mental health and/or SUD issues, and who may be seeking support, information, and/or linkage to resources for their loved ones.
- Persons with no formal diagnosis but who present symptoms and are interested in attending the Center after visiting for two hours.
- Students who need extra support regarding mental health and/or SUD issues.
- People seeking employment or employment-related services/information.

**17. Does your program follow a specific model? If yes, what is the name of the model?**

**Yes:** 26 responses (58% of total). **No:** 19 responses (42% of total).

Note that question #14 had previously asked if the Center's program is based on the Recovery model, and 96% of the responses answered 'Yes.' At least 17 responses to the current question stated some variation on the themes of recovery model, peer-run recovery model, peer-based engagement model, and Wellness Recovery Action Plan (WRAP), which describes a client's plan to create or implement their own mental health recovery. Below, we provide some more details and explanations, including some for an alternate model, the Clubhouse model (used in at least 7 counties):

- The program is founded on the Recovery Model and utilizes Individual Placements and Supports (IPS), Supported Employment, Illness Management and Recovery (IMR), and Integrated Dual-Disorder Treatment (IDDT).
- Psychosocial Rehabilitation Model
- Medical Model.
- Our actual answer to this question is "No", because it is not one specific

- model followed, but contains elements of strength-based curriculum and core principle recovery models, such as harm reduction.
- Substance Abuse and Mental Health Services Administration (SAMHSA) Eight Dimensions of Wellness, which are also Behavioral Health Services Act (BHSA) essential elements, as well as a peer-led, recovery-oriented model that emphasizes empowerment and community connection. The Center also provides low-barrier access to services.
  - Self-Help and Recovery Exchange (SHARE!) uses several evidence-based methods from self-help support groups in addition to Peer Services, the Helper-Therapy Principle, Recovery Planning, and the four pillars of recovery described as health, home, purpose, and community at the Substance Abuse and Mental Health Services Administration (SAMHSA). At SHARE!, community is both the method and the goal.
  - The name of the model is called “Doing whatever it takes.” The Wellness Center provides a strength-based, person-centered approach to connection of clients with comprehensive wraparound care.
  - Evidence-based and recovery-oriented outpatient treatment with varying levels of intensity in the form of individual, group and/or family sessions, as well as a broad array of supportive services.
  - Primarily WRAP (see above), and a Peer-to-Peer model; thus, all groups and activities are led by Peer Support Specialists with lived experience. We utilize reflective listening and motivational interviewing, meanwhile taking a client-centered approach.
  - Adapted from the Clubhouse Model.
  - County of San Diego does not currently have Wellness and Recovery Centers. The County of San Diego uses the Clubhouse International Standards model. Clubhouses are meeting places for adults with behavioral health conditions that provide safe settings for members to participate in and find structured support among peers who share similar lived experiences. With assistance from program staff, members work together in the daily operations of the Clubhouse, utilizing this model, and can receive help with a wide array of supports while building confidence in the community through participation in social and recreation activities. While each Clubhouse is unique, activities may include mentorship and peer support, job skills and development, social and recreational activities, music and art expression, education assistance, and navigation of services for employment and housing. Six other counties also responded to this question with the Clubhouse Model, which does not rule out the possibility that some counties may have both the Clubhouse model and Wellness Recovery Center(s).

## **Section 4: Program Finances**

18. **Which of the following funding sources are used for program operations?  
Please select all that apply:**

- **Behavioral Health Services Act<sup>5</sup>:** 30 responses (65 % of total respondents).
- **County:** 19 responses (41% of total).
- **Medi-Cal:** 16 responses (35% of total).
- **Grants:** 12 responses (26% of total).
- **Other:** 22 responses (48% of total). These include:
  - 13 responses stated Mental Health Services Act (MHSA) funds.
  - Grants: Substance Abuse and Mental Health Services Administration (SAMHSA) Community Development Block Grants (CDBG).
  - Homeless Housing, Assistance and Prevention (HHAP) Grants, Emergency Solutions Grants (ESG) Type CV2.
  - Cal VOICES: peer support: Provide peer-run counseling, warmline support (English, Spanish, etc.).
  - (Northern Valley Catholic Social Services (NVCSS).
  - Mental Health Services Act Community Services and Supports (CSS) General Systems Development (GSD); (MHSA CSS/GSD) funds (2 respondents).
  - Behavioral Health Bridge Housing (BHBH).
  - The Wellness Center will begin billing Medi-Cal for Peer Support Specialist Services in December of 2025.
  - Applicable grants which may be applied for, but currently (10/30/2025) there are none.

19. **Does the program operate as part of a larger organization that is not the county behavioral health department? If yes, what organization?**

**Yes:** 18 responses (39% of total). **No:** 28 responses (61% of total).

Some examples of these organizations include, but are not limited to:

- Northern Valley Catholic Social Services (NVCSS).
- Volunteer Center of Santa Cruz County.
- Kings View.
- Clarvida.
- CalVoices, which is an affiliate of NorCal Mental Health America (MHA).
- Emotional Health Association/SHARE! is a legal entity contractor with Los Angeles County.
- Interim, Inc.
- Advocates for Mentally Ill Housing (AMI Housing).

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<sup>5</sup> BHSA = Behavioral Health Services Act, Proposition 1

- Kingsview Behavioral Health, which is contracted with the County (also identified by 3 more counties).
- Transitions Mental Health Association.
- Bay Area Community Services, Inc. (BACS).
- Mental Health Association in Santa Barbara County, doing business as (DBA) Mental Wellness Center.

### **Section 5: Program Staffing**

**20. Do the supervisors of the program have lived experience?**

**Yes:** 38 responses (81% of total). **No:** 9 responses (20% of total).

**21. Does the program utilize volunteers with lived experience from your membership?**

**Yes:** 36 responses (77% of total). **No:** 11 responses (23% of total).

**22. Does the program utilize other volunteers, such as family members of people with lived experience?**

**Yes:** 31 responses (67% of total). **No:** 15 responses (33% of total).

**23. Does the program employ certified peer support specialists?**

**Yes:** 36 responses (77% of total). **No:** 11 responses (23% of total).

**24. If you answered “Yes” to the preceding question, are the peer support specialists employed by the program billing Medi-Cal for their services?**

**Yes:** 15 responses (33% of total). **No:** 23 responses (50% of total).

**Not Applicable:** 8 responses (17% of total).

**25. Please list other categories of people working in the program:**

- Peer Support Specialist/Staff (certified and non-certified)
- Mental Health Specialist
- Community Members and Family Members
- Employment Specialist
- Licensed Clinical Social Workers and Licensed Public Health Associate
- Social Workers/Housing Navigators
- Alcohol and Drug Counselors/Substance Use Disorders Counselors
- Program Specialists
- Program Coordinator
- Staff Analysts
- Senior Office Assistants
- Administrative Assistants
- Peer Aides
- Clubhouse Generalist

- Supplemental Security Income (SSI) Advocate
- Job Developer
- Behavioral Health Case Managers and Other Case Managers
- Clinicians
- Rehabilitation Specialists/Counselors
- Health Education Specialist/Counselor
- Marriage Family Therapist (MFT) Trainees (Student Interns)
- Community Outreach Specialist
- Office Specialist Gender-Affirming Care Clinic
- Management Analyst
- Office Manager
- Program Manager
- Associate Marriage and Family Therapists and Licensed Marriage Family Therapist LMFT
- Licensed Clinical Supervisor
- Health Services Representative
- Program Director, Operations Manager, Office Manager, Data Analysts
- Employment (EMP) and Education (ED) Specialists
- BHTA Program Manager
- Behavioral Health Services (BHTA) Staff Service Analysts and Program Manager
- Mental Health Services Act Coordinator
- Peer Support Specialist, Housing
- Senior Behavioral Health Workers
- Clinicians: Nurses, Doctor, Substance Use Disorder (SUD) Counselors
- Clinical Program Manager
- Group Facilitator (and/or Co-Facilitator)
- Cooks, Driver, and Janitorial Staff
- College Interns, Community Volunteers, Students wanting to do community service or who want to learn about the behavioral health area.
- Volunteers and Volunteer Artists
- Volunteer and Activities Coordinator
- Therapist qualified to provide tele-health/tele-psych services on-site
- Mental Health Worker Supervisor

### **Section 6: Activities and Supports**

**26. Does the program have guidelines or a code of conduct that participants must agree to?**

**Yes:** 46 responses (98% of total). **No:** 1 response (2% of total).

**27. Does the center offer support or activity focused groups?**

**Yes:** 46 responses (98% of total). **No:** 1 response (2% of total).

**If yes, what are some of the topics?** (Text box responses).

Note that 46 respondents each listed multiple topics or items, and the final total exceeds 300 entries with an incredible diversity of topics. The following are just a few examples.

Activities may include therapeutic groups and behavioral health education classes that may help the client with skills to improve emotional regulation, coping, and social communication.

Other examples include health-oriented physical activities, such as yoga, meditation/mindfulness, walking groups, gardening groups, and classes focused on health education.

Mental health, mood, and personal growth may benefit from the artistic and creative experiences and skills offered through music activities, art classes such as drawing, painting, pottery, quilt-making, writing, and journaling, as well as learning a language (for example, a few counties offer classes for learning Spanish).

Other skills classes include cooking, nutrition, or other health education.

**28. Does the center have a set schedule of groups and activities?**

**Yes:** 46 responses (98% of total). **No:** 1 response (2% of total).

**29. Is there a list of activities provided to participants by staff?**

**Yes:** 46 responses (98% of total). **No:** 1 responses (2% of total).

**30. Does the center offer activities in different languages?**

**Yes:** 32 responses (70 % of total). **No:** 14 responses (30% of total).

**If yes, what languages?** (with text box response)

- Spanish (for at least 28 responding counties).
- Vietnamese (2 responses)
- Hmong
- Language hotline is available to staff for all threshold languages (English, Spanish, Arabic, Korean, Chinese (Cantonese and Mandarin), Farsi, Vietnamese, and Tagalog).
- Depending on staffing available, there are bilingual English/Spanish speakers in most counties. There may be bilingual staff available who can lead or facilitate wellness groups for those who are more comfortable in Spanish.

**31. What personal supports does the center offer to participants?**

- Snacks: 44 responses (98% of total)
- Personal products/ toiletries: 35 responses (78% of total)
- Meals: 29 responses (64% of total)

- Clothing closet: 27 responses (60% of total)
- Personal grooming: 19 responses (42% of total)
- Laundry services: 11 responses (24% of total)
- Showers: 10 responses (22% of total)
- Other: some common examples are below: 31 responses (69% of total).
  - Mentoring, case management, navigation of physical healthcare system for appointments, and insurance (Medi-Cal, Medicare, veterans' benefits).
  - Food distribution and pantry, coffee.
  - Cooling supplies (cooling towels, hydration packets, sunscreen, water) and bug spray.
  - Warming supplies (hand warmers, gloves, beanies, ponchos, coats, tarps).
  - Bike repair supplies.
  - Hand-held computers, phone charging, wi-fi access, mailing address, preparing for employment and schoolwork.
  - Therapy groups and classes that help with recovery and skills building.
  - Sometimes gift cards, on an individual basis.
  - Smile Keepers' dentistry.
  - Connection to resources for food: Supplemental Nutrition Assistance Program (SNAP) benefits, housing, or shelter.

**32. Are transportation services or support provided to participants?**

**Yes:** 40 responses (85% of total). **No:** 7 responses (15% of total).

**33. Is there a licensed clinician at the center?**

**Yes:** 17 responses (36% of total). **No:** 30 responses (64% of total).

**34. Do you provide medication management support?**

**Yes:** 14 responses (30% of total). **No:** 32 responses (70% of total).

**If yes, please describe the services:**

Most Wellness Centers are not designed to dispense medication to clients during their day or visit to the center. However, there may be classes about common medications, their intended benefits, and specific side effects to be aware of or watch for. Some medications do not reach a therapeutic effect until 2 to 6 weeks after one starts to take the medication. Understanding one's medication involves learning to self-advocate by initiating questions with the pharmacist or prescriber. The prescriber would assess and evaluate whether to change the dose, decrease/increase the frequency, or prescribe a different medication for the client.

Wellness center staff may be able to help the client with navigating the system to schedule an appointment with a Nurse Practitioner or a Medical Doctor. knowledgeable and experienced with psychiatric drugs. Additionally, some

wellness centers may be able to assist with medication management directly if there is a qualified professional on staff (a registered nurse, physician, nurse practitioner, or licensed clinical psychologist) and if appropriate medical orders have been written in advance by a qualified clinician. In this situation, the client could hand their medication (or a pharmacy delivers it) to a staff person at the center or to a nearby outpatient Behavioral Health clinic.

### **Section 7: Participant Referrals**

35. **Does the program accept drop-in participants?** *(Note, this question is nearly identical to question 15, for which 85% of responses said their programs were 'drop-in.')*

**Yes:** 40 responses (85% of total). **No:** 7 responses (15% of total).

36. **Does the program receive referrals from the county?**

**Yes:** 43 responses (91% of total). **No:** 4 responses (9% of total).

37. **Does the program receive referrals from other organizations?**

**Yes:** 33 responses (70% of total). **No:** 14 responses (30% of total).

**If yes, please list some of those organizations:**

Although 33 respondents are noted above, each of these submitted multiple entries for known sources of referrals to local wellness centers, so that a complete list would comprise at least two hundred or more names of organizations or other entities.

Commonly cited are homeless shelters, emergency rooms, law enforcement, primary care providers, faith-based organizations, social services agencies or departments, therapists, probation departments, National Association on Mental Illness (NAMI), mental health care providers, substance use treatment programs/providers, and many others. The overall impression is that local Wellness Centers have developed a strongly positive reputation in their respective communities and have demonstrated their value to clients, their families, and providers.

38. **Does the program conduct satisfaction surveys for participants?**

**Yes:** 44 responses (94% of total). **No:** 3 responses (6% of total).

This question reflects the importance of seeking input from client and family and represents one way in which client voice is incorporated into the continued operation and shaping of the local programs in each community. The other questions acknowledging client and family input are question #11 (Board of Directors), question #12 (participants and members help plan the programs and

activities), and question #13 (will your program help gather or facilitate input from members and clients to the county Behavioral Health and community planning process).

**39. If possible, please describe one brief success story from or about the program.**

We received over 40 responses to this question. Multiple responses summarized that:

- Many participants who were also Behavioral Health clients had greatly improved clinical outcomes.
- Some members were able to prepare for and gain employment in the larger community.
- Some participants were able to volunteer at the Wellness Center in some support function (gardening, janitor, mental health aide, cook, or other), which resulted in emotional growth and often led to paid employment, either at the Center, the clinic, or in the larger community.
- A substantial number of individuals became motivated to acquire the education and training needed to become a peer support specialist, and they subsequently gained employment in that specific role.
- A few became effective public advocates for Behavioral Health, or took on the role of Peer Specialists, or perhaps became a member of the local Behavioral Health Board/Commission, or took on a leadership role in another advisory board in the community.

The most common overarching theme is the role that trauma played in most individuals' Behavioral Health challenges. The setbacks that repeated trauma introduced into their recovery processes were often disheartening, whether their challenges lay primarily in mental health or in substance use, or especially when there were co-occurring disorders. The role of repeated trauma, complex trauma, and the loss of significant individuals in a client's life cannot be underestimated.

The other major theme that emerged was the highly beneficial role of peer support specialists and peers in general, with whom one may interact in the nonjudgmental environment of the Wellness Centers (and the Clubhouse model programs).

We have prepared a de-identified and redacted summary of these stories, which appears in **Appendix 2**.

## Conclusions and Recommendations

1. The California Behavioral Health Planning Council (CBHPC) encourages the Behavioral Health Advisory Boards to include Wellness Centers as part of the county's Integrated Plan, based on our findings from the information gathered by the 2025 Data Notebook. County behavioral health services have invested heavily in these centers for over 20 years, and the issues of access and eligibility have never been more critical. Useful information sources include: this comprehensive report on the 2025 Data Notebook, the 2011 CBHPC report on Wellness Centers, and the report produced by the California Association of Social Rehabilitation Agencies (CASRA) in 2025.
  - In 2011, the CBHPC produced a report on the success of the innovative intervention known as the Wellness Center. Although this report was written 15 years ago, it contains valuable insights into the history and progress of how this resource has evolved, and establishes a baseline for outreach, recovery, the use of peer specialists, and other features of a Wellness Center. Please consider reading this report, which is found in the appendix of this document
  - In November of 2025, CASRA produced a report that included input from 32 Wellness Centers across California that are under the umbrella of thirteen non-profits that are CASRA member agencies. This report features enthusiastic statements from both providers and users, as well as extensive data on how these centers operate and the philosophy behind their service. Please refer to their report, which is included in the appendix of this document. In addition to surveys, their methods included a significant number of personal interviews and video interviews, which bring an additional depth of perspective.
  
2. The CBHPC encourages Behavioral Health Advisory Boards to explore funding sources available in the Behavioral Health Services Act (BHSA) and other funding sources to ensure that Wellness Centers can continue to provide services to individuals with mental health and substance use disorders. Participants need peer support services, respite, and wellness programs to cover irreplaceable local programming and community-based practices, and counties have invested heavily in these programs for more than twenty years, using a variety of funding methods based on their budgets.
  - Wellness Centers serve as key access centers. Wellness Centers are community-based hubs offering diverse services (peer support, health education, community health worker navigation, linkage to care) for overall

well-being, often bridging gaps in the traditional system. The Wellness Centers are now at a critical point where it is essential to facilitate and preserve access and help people maintain their eligibility for these life-saving services.

- Clubhouses are a different model than Wellness Centers and provide non-clinical empowerment communities where members collaborate with staff to run daily operations. This model focuses on strengths, peer support, and reintegration, using a work-ordered day model for recovery.
  - Clubhouse models are part of the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative, and we do not know what costs are associated with that model, as it is not widely available in California yet. Wellness Centers that responded to this survey are on the ground, typically cost-effective in their counties, and embraced by individuals receiving their supports. We support preserving Wellness Center services during this crucial time in Behavioral Health Transformation.
3. The CBHPC encourages the Behavioral Health Advisory Boards to educate stakeholders who provide input to the Integrated Plan about the distinct differences between Wellness Centers and Clubhouse programs. Suggestions for both obtaining and sustaining financial resources include:
- Consider flexibility within the BHSA for counties to move up to 7% of funding from any one category to another category. Supporting at-risk Wellness Centers may involve the reallocation of funds from the Housing Interventions category to the Behavioral Health Services and Supports category.
  - Consider flexibility within the BHSA for counties whose populations exceed 200,000 to develop a plan to significantly reduce the amount of their Prudent Reserve and to submit that plan to the state as part of their proposed Integrated Plans. Allocating funds from the Prudent Reserve to Wellness Centers could help prevent short-term cuts to these programs.
  - Consider flexibility within the BHSA to fund Wellness Centers. BHSA financial resources can be used to support Wellness Centers regardless of whether the Center or its parent organization can bill Medi-Cal.
  - Consider flexibility within the BHSA to provide services in both Wellness Centers and Clubhouses, even though they provide somewhat different services in a different setting with different finances, because both models lead to highly beneficial and successful outcomes in their participants.

## Appendix 1: The counties (plus Tri-Cities) that submitted 2025 Data Notebook Reports.

This summary<sup>6</sup> includes the name of the Wellness Center selected for inclusion in their 2025 Data Notebook Report (as well as its address, contact information, and number of wellness centers and/or clubhouses (if available).

- Alameda County (4 wellness centers, no clubhouses)
  - Bay Area Community Services (BACS)-HeadCo Wellness Center
  - 590 B Street
  - Hayward, CA 94541
  - Contacts:
  - Kate Jones, RN, MS, MSN; Director, Adult/Older Adult System of Care
  - Alameda County Behavioral Health Department, 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606, (510) 567-8116
- Alpine County (1 wellness center, no clubhouses)
  - Diamond Valley School Wellness Center
  - 35 Hawkside Drive, Markleeville, CA 96120
  - Megan Neuman, Director, Sierra Child and Family Services, [megann@sierrachild.org](mailto:megann@sierrachild.org)
- Amador County (1 wellness center, no clubhouses)
  - Sierra Wind Wellness and Recovery Center
  - 10354 Argonaut Lane, Jackson, CA 95642
  - Trina Ozier, Program Manager, [tozier@calvoices.org](mailto:tozier@calvoices.org)
- Butte County (4 wellness centers, no clubhouses)
  - Oroville Wellness and Recovery Center
  - 82 Table Mountain Boulevard, Oroville, CA 95965
  - Jessica Gilligan, Clinical Program Manager, (530) 854-0021
- Calaveras County (1 wellness center, no clubhouses)
  - Calaveras County Wellness Center
  - 373 W Street, San Andreas, CA 95249
  - Leanne Burns, Senior Dpt. Analyst, [LBurns@calaverascounty.gov](mailto:LBurns@calaverascounty.gov)
- Colusa County (3 wellness centers, no clubhouses)

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<sup>6</sup> This is the information requested in questions #4, #5, and #10 of the 2025 Data Notebook. Question #4: Name of the Wellness Center or program that you evaluated for this Survey. Question #5: Address.

Question #10: Contact Person and their Information.

- 'Safe Haven' Wellness and Recovery Center
- 124 E. Webster St., Colusa, CA 95932
- Jeannie Armstrong, Deputy Director of Clinical Services and Programs, (530) 458-0520
- Del Norte County
  - County of Del Norte Department of Health and Human Services Behavioral Health Branch – Service Center
- El Dorado County (3 wellness centers; and clubhouse(s): yes)
  - West Slope Wellness Center
  - 768 Pleasant Valley Rd., Diamond Springs, CA 95619
  - Christianne Kernes, LMFT, Deputy Director of Behavioral Health, (530) 573-7956
- Fresno County (2 wellness centers, no clubhouses)
  - BlueSky Wellness Center
  - 1617 E. Saginaw Way, Suite 108, Fresno, CA 93704
  - Tina Jenkins, M.S., SUDCC IV, Recovery Services Administrator, [tjenkins@kingsview.org](mailto:tjenkins@kingsview.org)
- Glenn County (2 wellness centers, no clubhouses)
  - Harmony House Adult Drop-in and Wellness Center, 343 Yolo St., Orland, CA 95963
  - David Prest, (530) 865-6725
  - Transitional Age Youth Drop-in and Wellness Center, 619 3<sup>rd</sup> St., Orland, CA 95963
  - Max Bryant, (530) 865-1622
- Humboldt County (18 wellness centers; and clubhouse(s): yes)
  - Waterfront Recovery Center
  - 2413 2<sup>nd</sup>. St., Eureka, CA 95501
  - Stacy Smith, 707-269-9590 ext. 203
- Imperial County (2 wellness centers, no clubhouses)
  - El Centro Wellness Center
  - 2695 S. 4th Street, El Centro, CA 92243
  - Victor Torres, Behavioral Health Manager (442) 265-7885 or [victortorres@co.imperial.ca.us](mailto:victortorres@co.imperial.ca.us)
- Inyo County (2 wellness centers, no clubhouses)
  - Bishop Wellness Center

- 586 Central Street Bishop, CA 93514
- Melissa Best-Baker, Deputy Director, (760) 878-0232 or [mbestbaker@inyocounty.us](mailto:mbestbaker@inyocounty.us)
- Kern County (3 wellness centers, no clubhouses)
  - Consumer Family Learning Center
  - 2001 28th Street, Bakersfield, CA 93301
  - Lynn Corse, BH System Administrator, [LCorse@kernbhhs.org](mailto:LCorse@kernbhhs.org) or (661) 619-7506
- Kings County (1 wellness center, no clubhouses)
  - Oak Wellness Center (OWC)
  - 1393 Bailey Dr., Suite 149, Hanford, CA, 93230
  - Maria Rodriguez, OWC Supervisor, (559) 639-2049 or [mrodriguez@kingsview.org](mailto:mrodriguez@kingsview.org)
- Lake County (4 wellness centers, no clubhouses)
  - Circle of Native Minds
  - 525 N. Main St., Lakeport, CA 95453
  - Carrie Manning, Supervising Behavioral Health Clinical Specialist, (707) 263-4880
- Lassen County (1 wellness center, no clubhouses)
  - Judy's House
  - 810 Nevada Street, Susanville, CA 96130
  - Cheri Farrell (530) 250-2797 or (530) 251-0701
- Los Angeles County (10 wellness centers, no clubhouses)
  - SHARE! Culver City
  - 6666 Green Valley Circle, Culver City, CA 90230
  - Jason Robison, Chief Program Officer, (323)803-5198 or [jason@shareselfhelp.org](mailto:jason@shareselfhelp.org)
- Mendocino County (4 wellness centers, no clubhouses)
  - Ukiah BHRS Wellness Center
  - 1120 S. Dora Street, Ukiah, CA 95482
  - Rena Ford, Staff Services Administrator, [FordRe@MendocinoCounty.gov](mailto:FordRe@MendocinoCounty.gov)
- Merced County (4 wellness centers, no clubhouses)
  - Westside Transitional Center
  - 40 W. G Street Suite B, Los Banos, California 93635
  - Christina Martinez, LCSW-Program Manager, (209) 710-6121

- Modoc County (3 wellness centers, no clubhouses)
  - Sunrays Of Hope
  - 113 E. North St, Alturas, CA 96101
  - Adeliada Moore, Director, [sunraysofhope@outlook.com](mailto:sunraysofhope@outlook.com)
- Monterey County (1 wellness center, no clubhouses)
  - OMNI Resource Center
  - 339 Pajaro St., Salinas, CA 93901
  - Lisa Corpuz, Program Coordinator, (831) 800-7530 x431 or [Lcorpuz@interiminc.org](mailto:Lcorpuz@interiminc.org)
  - Sandra Pena, Wellness Services Director, (831) 676-3715 x426 or [orspena@interiminc.org](mailto:orspena@interiminc.org)
- Napa County (1 wellness center,; and clubhouse(s): yes)
  - Innovations Community Center
  - 3281 Solano Ave., Napa, CA 94558
  - Shauna Tackett, Site Coordinator, (707) 259-8692
- Nevada County (1 wellness center, no clubhouses)
  - SPIRIT – Peer Empowerment at the Commons Resource Center
  - 1103 Sutton Way, Grass Valley, California 95945
  - Jennifer Morrill, Executive Director, SPIRIT Peer Empowerment Center, [jennifer@spiritcenter.org](mailto:jennifer@spiritcenter.org) or (530) 305-8932
- Orange County (3 wellness centers, no clubhouses)
  - CCS-Wellness Center South
  - 23072 Lake Center Dr., Ste. 115, Lake Forest, CA 92630
  - Sohail Eftekhazadeh, Program Director, [Sohail.Eftekhazadeh@Clarvida.com](mailto:Sohail.Eftekhazadeh@Clarvida.com), (714) 640-7832 or (714) 361-4860 ext. 101
- Placer County (1 wellness center, no clubhouses)
  - The Wellness Center
  - 101 Cirby Hills Dr., Roseville, CA 95678
  - Dan Apgar, ASOC Program Manager (916) 872-6556 or [dapgar@placer.ca.gov](mailto:dapgar@placer.ca.gov)
- Plumas County (2 wellness centers, no clubhouses)
  - Portola Wellness Center
  - 280 East Sierra Street, Portola, CA 96122
  - Kristy Pierson, MHSA/BHSA Coordinator, [kpierson@pcbh.services](mailto:kpierson@pcbh.services) or (530) 283-6307, ext. 1200
- San Benito County (8 wellness centers, no clubhouses)

- Esperanza Center
  - 544 San Benito Street Suite 102, Hollister, CA 95023
  - Maria Sanchez, Prevention and Wellness Program Manager, (831) 636-4020 or [msanchez@sanbenitocountyca.gov](mailto:msanchez@sanbenitocountyca.gov)
- San Bernardino County (10 wellness centers, no clubhouses)
  - Amazing Place Clubhouse
  - 2940 Inland Empire Blvd., Ontario, CA 91764
  - Kristen Mungcal, Program Manager II (909) 458-1527 or [kmungcal@dbh.sbcounty.gov](mailto:kmungcal@dbh.sbcounty.gov)
- San Diego County (zero wellness centers; but clubhouse(s): yes, see below)
  - The Meeting Place
  - 2553 State St, San Diego, CA 92101
  - Kendra Mackey, Behavioral Health Program Coordinator [Kendra.Mackey@sdcounty.ca.gov](mailto:Kendra.Mackey@sdcounty.ca.gov)
- San Francisco County (20 wellness centers, no clubhouses).
  - No other information provided.
- San Joaquin County (3 wellness centers, no clubhouses)
  - The Wellness Center
  - 1109 N. California St., Stockton, CA 95202
  - Jonathan Vickery, Chief Operating Officer, [jvickrey@twcsj.org](mailto:jvickrey@twcsj.org)
- San Luis Obispo County (3 wellness centers, no clubhouses)
  - Hope House
  - 1306 Nipomo Street, San Luis Obispo, CA 93401
  - Shawn Ison, Education and Advocacy Director, [ison@t-mha.org](mailto:ison@t-mha.org)
  - Transitions-Mental Health Association
  - (805) 540-6556
- San Mateo County (6 wellness centers; clubhouse(s): yes)
  - Recovery Connection by Voices of Recovery
  - 650 Main Street, Redwood City, CA 94063
  - Diana Campos-Gomez, BHRS Analyst, [dcampos-gomez@smcgov.org](mailto:dcampos-gomez@smcgov.org) or (650) 802-6414
- Santa Barbara County (3 wellness centers, no clubhouses)
  - The Fellowship Club
  - 617 Garden Street, Santa Barbara, CA 93101
  - Gabriela Dodson, LCSW, Director of Wellness and Recovery, [gdodson@mentalwellnesscenter.org](mailto:gdodson@mentalwellnesscenter.org)

- Santa Clara County (8 wellness centers, no clubhouses)
  - colleQTive 2SLGBTQIA+ Wellness Center
  - 1870 Senter Rd., San Jose, CA 95112
  - Alicia Musquiz, LCSW, Program Manager III, [alicia.musquiz@hhs.sccgov.org](mailto:alicia.musquiz@hhs.sccgov.org)
- Santa Cruz County (2 wellness centers, no clubhouses)
  - Volunteer Center of Santa Cruz County-Mariposa Wellness Center Program
  - 10 Carr Street, Watsonville, CA 95076
  - Shawn Peterson, Director of Impact, and [Programsshawn@scvolunteercenter.org](mailto:Programsshawn@scvolunteercenter.org) or (831) 251-5699
- Shasta County (2 wellness centers, no clubhouses)
  - Kings View-Sunrise Mountain Wellness Center
  - 1300 Hilltop Dr., Suite 200, Redding, CA 96003
  - Kings View Program Manager, Julie Calkins, (530) 618-5621 or [jcalkins@kingsview.org](mailto:jcalkins@kingsview.org)
  - Shasta County Staff: MHSA/BHSA Coordinator, Ashley Saechao, (530) 225-5743 or [aysaechao@shastacounty.gov](mailto:aysaechao@shastacounty.gov).
  - Clinical Division Chief, Genell Restivo, (530) 225-5901 or [grestivo@shastacounty.gov](mailto:grestivo@shastacounty.gov)
  - Mental Health Deputy Branch Director, Leah Moua, (530) 225-5969 or [lmoua@shastacounty.gov](mailto:lmoua@shastacounty.gov)
  - Behavioral Health & Social Services Director, Cindy Lane, (530) 229-8058 or [clane@shastacounty.gov](mailto:clane@shastacounty.gov)
  - HHSA Director and MH Director, Christy Coleman, (530) 229-8746 or [ccoleman@shastacounty.gov](mailto:ccoleman@shastacounty.gov)
- Sierra County (2 wellness centers, no clubhouses)
  - No other data was provided.
- Siskiyou County (1 wellness center, no clubhouses)
  - Six Stones Wellness Center
  - 1200 or 1501 S. Main St., Yreka, CA 96097
  - Sasha Hight, Program Manager, (530) 841-0810
- Solano County (zero wellness centers, no clubhouses)
- Stanislaus County (1 wellness center, no clubhouses).
  - Behavioral Health Wellness Center
  - 800 Scenic Drive, Bldg. E, Modesto, CA 95350

- Pam Esparza, Chief of Supportive Services Division,  
[pesparza@stanbhhs.org](mailto:pesparza@stanbhhs.org) or (209) 277-7894
- Sutter-Yuba Counties (1 wellness center, no clubhouses)
  - Wellness and Recovery Center
  - 1965 Live Oak Blvd, Yuba City CA 95993
  - Betsy Gowan, LMFT, Branch Director at Sutter County HHS,  
(530) 882-7200
- Tehama County (1 wellness center, no clubhouses)
  - STANS (acronym for the STANS Wellness & Recovery Center)
  - 1850 Walnut St., Red Bluff, CA 96080
  - Travis Lyon, BHSA Coordinator, [travis.lyon@tchsa.net](mailto:travis.lyon@tchsa.net) or (530) 527-8491
- Tri-City Mental Health (1 wellness center, no clubhouses)
  - Wellness Center
  - 1403 N. Garey Avenue, Pomona, CA 91767
  - Gamaliel Polanco, Wellness Center Manager, Tri City Mental Health.
  - [gpolanco@tricitymhs.org](mailto:gpolanco@tricitymhs.org) or (909) 242-7610
- Trinity County (1 wellness center, no clubhouses)
  - Milestones of Wellness Center
  - 250 Main Street, Weaverville CA 96093
  - Shawna Ridgeway-Winn, Triage Manger, (530) 623-1362 or  
[sridgeway-winn@trinitycounty.ca.gov](mailto:sridgeway-winn@trinitycounty.ca.gov)
- Tulare County (2 wellness centers: clubhouse(s): yes)
  - Visalia Wellness and Recovery Center
  - 1223 S. Lovers Lane, Visalia, CA 93277
  - Ashley Cain, Program Manager, [acain@kingsview.org](mailto:acain@kingsview.org)
- Tuolumne County (1 wellness center, no clubhouses)
  - The Enrichment Center
  - 101 Hospital Road, Sonora, CA 95370
  - Jen Guhl, BHSA Program Manager, [jguhl@co.tuolumne.ca.us](mailto:jguhl@co.tuolumne.ca.us)
- Ventura County (3 wellness centers; clubhouse(s): yes)
  - New Visions Center
  - 1065 E. Main St., Ventura, CA
  - Tyler Nash, Program Manager, [tnash@turningpointfoundation.org](mailto:tnash@turningpointfoundation.org)
- Yolo County (3 wellness centers, no clubhouses)

- HHS Wellness Centers (Health and Human Services Administration)
- 137 N. Cottonwood Street, Woodland, CA 95695
- Sabina Kish, Program Coordinator, (530) 723-0505 or [sabina.kish@yolocounty.gov](mailto:sabina.kish@yolocounty.gov)

## Appendix 2. Successful Personal Outcomes from Wellness and Recovery Centers.

These are detailed responses to Question 39, which requested such examples, if they were available. We received over 40 responses to this question. There were a few general responses that simply summarized that:

- Many of their participants had much improved clinical outcomes, with a reduction in symptoms and in substance use, a reduction in hospitalizations, and a reduction in the number of incarcerations.
- Some were able to prepare for and gain employment in the larger community,
- Some people volunteered at the Wellness Center in a support function (landscaping/gardening, janitor, mental health aide, cooking, front desk reception, or other),
- A substantial number of individuals became motivated to acquire the education and training to become a peer support specialist and subsequently gain employment in that specific role.
- And a few became effective public advocates for Behavioral Health, the role of Peer Specialists, or perhaps became members of the local BH Board/Commission, or other advisory board.

Here are 40 examples of successful personal outcomes that were submitted, presenting a diverse range of cases and experiences. Every effort has been made to de-identify the individuals and their local county or residence. Hence, there is no identification of the exact Wellness Center that they attended or participated in activities at.

1. Participant J. is [an individual] with a long history of involvement in the criminal justice system and acute locked-care type of psychiatric facility treatment. J. also experienced significant challenges with co-occurring mental health/substance use disorders. J. became an active participant in the Wellness Center program and graduated from the Integrated Dual Disorder Treatment (IDDT) with the co-occurring disorders group program after six months. J's goals were to gain competitive employment, maintain sobriety, and manage their mental health recovery. After working with their mental health and supported employment specialists, J. secured employment in retail and became a volunteer peer facilitator of IDDT groups at the Center. J. has maintained sobriety for over a year, for the first time in a decade, and created a strong social community from the Center.

2. [The] individual was accessing Clubhouse services for over a year while being unhoused. [They] became aware of the services while living at the airport. [The individual] was asked to vacate that location and was given the address to go for

support. Initially, [the individual] participated only in emergency resources such as showers and laundry. [The individual] had [their] [redacted]-year-old emotional support animal and was living on the streets near the clubhouse. [The individual] was not engaged in any other system supports and did not have a plan to exit homelessness. At the time, there were no emergency shelters that approved vouchers for individuals with emotional support animals. [They] continued to engage in this manner for [redacted] months. Staff advocated for [the individual] with providers, supported [them] in updating vaccines and acquiring veterinarian documentation for [their] animal, and received clearance to offer a shelter voucher with agreement to remain with Clubhouse peer support. Over a period of [redacted] months, [they] became engaged in clinic services via a department of behavioral health clinical intern who provided onsite support and counseling, obtained a job, and transitioned into [their] own apartment via a rapid rehousing program. [The individual] continues to remain engaged in Clubhouse through [their] position on the Clubhouse Peer Governing Board and is an active member of the Consumer Evaluation Council. [The individual] has spoken at several community program planning meetings about the vital role that peer-run services played in [their] transition.

**3.** [An individual] struggling with homelessness and substance use found hope at the Wellness Recovery Center. Through patient support, group activities, and life skills training, [they] entered treatment, became drug-free, secured housing, and transformed [their] life. [The individual] credits the center with saving [them] from suicide, calling it a "beacon of light" that helped [them] develop emotional regulation, set boundaries, and find a new path forward.

**4.** A member was recently hired at a major entertainment/theme park. [Their] position is Seasonal Sales Ambassador. The various tasks [they] will be working on include greeting guests and conducting cashless transactions when guests buy merchandise. Now, partially thanks to the wellness center and all their help, [the individual] is confident and wants people to learn from [them] and not to give up. [The individual] is very proud of [their] hard work.

**5.** Several long-time consumers have built a strong network through the staff and peers. Many have achieved long-term psychiatric stabilization and are now working as extra help peers and others as certified peer support workers who can bill for services and draw down on Medi-Cal reimbursement. Other former peers have transitioned to supported and conventional employment after completing their tenures at the Wellness Centers in this county.

**6.** About [redacted] years ago wellness center staff met a couple, married for several years, who were living in their car and were in their active addiction. Soon after settling

into the building and touring around the wellness center, they were able to share with staff that they had every intention of making some serious changes to their circumstances. This couple seemed to thrive, at first, by doing chores around the Center, eagerly asking for more to do. One remarkable attribute they maintained despite their circumstances was agreeing to give each referral provided a try. After being assessed by Behavioral Health and referred to out-patient SUD counseling, they began volunteering for several other agencies, gaining confidence along the way. Employment was a sure bet for [the couple], especially as the days turned into months of sobriety. Now, the wellness center staff are so excited to celebrate their thriving in their current employment, with raises and promotions and all. We understand that they've just moved from their starter apartment to their dream place. In [redacted] short years, miracles can happen.

**7.** A client who had had a history of multiple crisis episodes and hospitalizations became a volunteer at the center after completing the Dialectical Behavior Therapy (DBT) and Advanced DBT programs. The client progressively began to see the benefits of developing coping skills and how to be more effective when facing personal crises, rather than resorting to hospitalization or experiencing a crisis episode. The client began using [their] DBT skills at the wellness center, as [the individual] found them to be helpful. [They] could practice [their] skills in that accepting environment and receive immediate feedback from others. Since [their] start with the wellness center, the client has transformed [themselves] from being solely a user of mental health services to being a dynamic advocate. [The individual] has served on an Advisory Board, increased [their] community activities, traveled, and advocated for children with disabilities. The client has grown to become more confident, to become a skillful advocate for others with mental illness, and to understand how to manage [their] own illness better. [The individual] reported that [they] often blamed [themselves] for [their] disease until [they] learned that it was not [their] fault and that [they] could change while also helping others along the way. The client has developed a very professional appearance and presentation. [They] has continued to find [their] inner strength to live a life worth living and has come back often and regularly to thank the staff at the wellness center. The client's plans are to continue, wherever [the individual] goes, to be an advocate for persons experiencing mental illness and for access to high-quality mental health services for everyone.

**8.** This client learned about the wellness center from a friend and wanted to attend the Alcoholics Anonymous support group offered at our wellness center. This member was interested in expanding [their] recovery, and sobriety was most important to [the individual] in [their] personal journey of recovery. One of the goals [the individual] listed on [their] membership application was to find employment in the community. [The

individual] met with our Employment Specialist and designed an Individualized Employment Plan, which began with creating a resume. [They] accepted enrollment in the wellness center's Supported Employment Services. [The individual] reported that [they were] scheduled for an interview as a Cook at a health care facility and expressed gratitude for assistance with building [their] resume, supporting [them] in obtaining a Food Handler's Card in preparation for [their] interview. [The individual] spent time with our Employment Specialist preparing for [their] upcoming interview. After the interview, [the individual] stopped by the wellness center to report that [they were] offered the position on the spot and started working as a cook at the beginning of [month redacted]. [The individual] still comes to the wellness center to check in and attends support groups on [their] days off. [They] recently received [their] first paycheck and has new goals of saving up for a truck and moving out of [their] [sibling]-in-law's home to rent a place.

**9.** A client was referred to our program while [the individual] was living in a supported living environment due to [their] lack of independent living skills. The client has been working with staff to improve self-efficacy skills. Additionally, [the individual] was hired to work several hours a week at the facility as a janitor. Recently, [the individual] reported that [they] obtained independent housing in [month redacted] and that [the individual] has had a smooth transition into this new living environment. [The individual] credits the support [they] received from staff as a primary reason for [their] ability to make this transition.

**10.** We have many clients with success stories. One example is a client who is currently hired as a peer mentor. [The individual] was unstable and was being hospitalized frequently. [They] refused to take medications and was not stabilizing for a period of almost a year. [The individual] began attending our wellness center at the recommendation of [their] case manager. [The individual] made connections with other clients and reported that [they] felt [they were] accepted and had found a place where [they] felt safe. [The individual] slowly became more receptive to medications. [They] began helping at the wellness center with cooking classes and eventually expressed a desire to become a peer mentor. [The individual] has continued to do well and is scheduled to co-facilitate the cooking class twice a month. [The individual] has not had a rehospitalization since becoming a peer.

**11.** During the month of [redacted], there was a celebration at our wellness center to bring attention to Suicide Prevention Week. This event included Behavioral Health Staff, Community Members, wellness center members, and more. During the event, [an individual] addressed the group and shared [their] story of recovery, highlighting how the wellness center played a significant role in [their] journey. [The individual] shared [their] struggle with addiction, judicial involvement, suicidal ideation, and how [the

individual] has found a path to recovery and hope. [The individual] explained during [their] speech that the wellness center played a vital role in finding that path. [They] explained that through being part of the center that [the individual] found community, friends, and hope. All those who were present to listen to [their] story were drawn into [their] words due to [their] resilience, vulnerability, and relatability. [Their] story and the center's help resonated with all those in attendance, illustrating the center's importance to many lives.

**12.** Two success stories were shared by this wellness center:

(a.) Our first example was [an individual] who was struggling with both Mental Health (MH) and Substance Use Disorders (SUD), and after engaging with the center, was able to get connected to various supportive services, reconnected to family and spiritual supports, and made a complete turnaround. The center was able to help connect [the individual] to a program that would address both their MH and SUD needs.

(b.) Our second example was an unhoused [individual] who struggled with severe SUD for many years, and after engaging at the center, had decided that they were ready to attend a rehab program for SUD. The timing was crucial, and a Peer Support Specialist was able to coordinate intake at a rehab program and provide transportation to connect the member. They have been there for [redacted] months

**13.** When this person first came to our wellness center, it was through a workers' comp program after an injury. What began as a temporary volunteer placement quickly became something much deeper. Even after the workers' comp payments ended, they chose to keep coming back—not because they had to, but because they wanted to. They often shared how much they loved being at our wellness center, how it felt like a family, and how serving others gave them a renewed sense of purpose. They helped wherever they were needed—answering phones, welcoming people, and offering their experience, strength, and hope to anyone who needed it. Their warmth and sincerity drew people in, and soon they became an important part of the center's community. Inspired by their own growth and the support they found here, they decided to enroll in our Peer Support Training program. They completed the training, became a certified Peer Support Specialist, and the person is now a wellness center employee, and continues to give back to the same community that helped them heal and grow. Their journey reminds us that what starts as a place to give back can become a place to belong, to recover, and to build a new life filled with meaning and connection.

**14.** [An individual] had started using substances when [they were] [redacted]. [Their] divorced parents did not talk to each other. [Their parent] lived in [their] van and would leave [the individual] often for days at a time with various people. [The individual] would go looking for [them]. [They] finally connected with [their parent] at [age

redacted], and [redacted] months after they started having a positive relationship, [the individual's parent] died. [They] moved in with [their] older [sibling] and began attending high school. [The individual] was doing well in school but got caught smoking weed and was sent to juvenile hall. At age [redacted], [their sibling] was killed in a car crash, and [the individual] started using again. [The individual] was in and out of treatment for [redacted] years and finally met someone, was clean for a while, and they got pregnant. They lost the premature child, and once again, [they] spun out. This [individual] has endured tragedy after tragedy; [they] kept going in and out of addiction. Now, at almost [redacted] years old, [the individual] has been sober for [redacted] years, owns a car, has a job, and is living a healthy life. [They] went to rehab 17 times. [The individual] has been instrumental in sharing [their] story with others to encourage people to never give up.

**15.** One wellness center participant began [their] journey by regularly attending and actively engaging in our programs. Over time, [their] confidence and skills grew, and [the individual] applied for and was hired as a janitor at a nearby program. Despite [their] new responsibilities, [the individual] remained connected to our wellness center, continuing to participate whenever possible. [Their] dedication and growth were soon recognized, and after several months, [the individual] was promoted to Community Support Worker, a staff role that provides direct services to clients. [Their] journey didn't stop there. [The individual] continued to prioritize [their] own wellness while supporting others, eventually stepping into a full-time role as a Wellness Navigator, where [the individual] offered peer counseling to individuals beginning their recovery journeys. Most recently, [the individual] earned [their] Peer Certification and now serves as an inspiring role model for others pursuing mental health wellness and recovery. [Their] story is a powerful example of what's possible through persistence, community support, and the peer model of care.

**16.** A client from our county's Full-Service Partnership program started to visit the Wellness Center regularly. [The individual] was fairly symptomatic with [their] mental health struggles and experienced challenges in the Wellness Center as a result. [The individual] frequently moved between a few crisis facilities and was unsheltered on the streets. [The individual] was initially difficult to engage with and showed little interest in the services offered, but the staff at the wellness center recognized someone who needed care and consistency. Over several months, they established a rapport with [the individual] and learned how to de-escalate to avoid having [them] removed from the program. Over time, they encouraged [the individual] to take part in [their] care and services. [The individual] was able to obtain permanent housing, establish an income, and strengthen [their] recovery journey. [The individual] is often one of the first people the wellness center staff thinks of when they think about the hope and the vision for the

program.

**17.** One of our current wellness center program participants has made a huge turnaround. This [individual] suffers from severe schizophrenia. [The individual] came to our wellness center program after being referred for Specialty Mental Health Services through Conservatorship. [The individual] was initially placed in an inpatient psychiatric facility. [They] transitioned to a Mental Health Rehabilitation Center, then to a Social Rehabilitation Facility. Now [the individual] is residing at a Transitional House, which is the least restrictive setting within our System of Care. [The individual] is slated to move into Independent Housing. This client regularly volunteers at the Wellness Center, where they cook twice a week. Additionally, [the individual] has had a huge breakthrough recently while participating in one of the wellness center's program walking groups. Normally, [the individual] has worn on [their] person a large coat and backpack, even in high-temperature weather. [The individual] said [they] felt that [they] could not remove [their] coat or backpack because of the voices [the individual] was hearing. But just the other day [the individual] asked our staff member to take these items and keep them in the van during [their] walk, for the first time.

**18.** An individual experiencing suicidal ideation, depression, and anxiety had become increasingly isolated. Following a referral from their therapist, this person began attending our wellness center's family learning center. Through active participation in groups, peer support services, and socialization events, the individual has developed effective coping skills to manage their mental health challenges and has strengthened their socialization skills to foster healthy relationships. As a result of the supportive services, this individual has established a consistent therapy routine, achieved medication compliance, and gained confidence and independence through ongoing engagement in programs.

**19.** Our wellness center has had many success stories; one that comes to mind is a peer living in a violent setting. [The individual] came to the wellness center and reported the situation to a peer at the center, who then reported it to the director. This led to an APS (Adult Protective Services) report and investigation. This determined that it was a violent living arrangement. In collaboration with Adult Services (Social Services Dept) we were able to get [their] social security benefits sent to [their] directly and gain safe housing of [their] own. Our wellness center was able to intervene by advocating and supporting the peer in [their] time of need and gaining a healthy living environment of [their] choice.

**20.** We have had several clients who have received services go on to become Peer Support Specialists.

**21.** A prior Consumer of the Program is now a Certified Peer Specialist, providing

billable services to current wellness center consumers, utilizing compassion & empathy from their own “lived experiences”.

**22.** Our drop-in wellness center is purely voluntary for participation. In our county, we had a client who started to utilize the center while on a wait-list for other services nearby. While waiting at the center, they were introduced to other programs offered within the system of care. They expressed interest in getting help with housing. Because their mental health needs met criteria, and they were already being considered for a Full-Service Partnership (FSP), they were able to get referred to our FSP providers in the area, who were able to refer them to our housing programs, where they were able to transition to permanent housing.

**23.** We have [an individual] who was unmedicated, unhoused, and was not receiving services of any kind. [The individual] is now medicated successfully, found permanent housing, and is getting regular case management and following through with mental health treatment and graduated from [their] SUD & Mental Health Diversion program early.

**24.** G. recounted that as a homeless [individual] in [year redacted], [their] therapist suggested [the individual] attend our wellness center. The [individual] had looked in and almost left until a staff member reached out asking how [they] could help. [The individual] started as a volunteer rotating various positions such as landscaping, maintenance, front desk, and after [redacted] months, [the individual] was volunteering in the kitchen. A position opened, and G. became a cook for breakfast, lunch, and dinner for [redacted] years. [The individual] attended various support groups and activities. Early in [their] recovery journey a friend recommended a room and board, which allowed [the individual] to get off the streets. Over the years, [they] worked up to a position there as House Manager, which provides [them] with a free room instead of paying rent. This is where [the individual] still resides. [The individual] monitors/checks in on residents and connects them to their case manager when needed. [They] stopped attending our wellness center for about [redacted] years while taking care of [their sibling and parent], but [the individual] missed our center, and [they] later came back. [The individual] was persuaded to join the peer advisory council (PAC) earlier than intended upon [their] return and quickly became president. COVID closure had a negative effect on attendance and participation and G saw an opportunity to bring more member voices forward. [The individual] educated [themselves] on boards, since [they] wanted to change the way the PAC board was run, and recruited another member who trusted [the individual]. That member stepped out of [their] comfort zone to become Secretary because of [their] trust in G. and has done a great job. Small changes in the PAC board have occurred, with more planned. Members now have a voice in events, such as learning about domestic violence, at their request. The wellness center

administrator noted that G. is instrumental in advocating for members. Word of mouth on the program is growing. Events usually have an attendance of about 70. Non-event days' attendance ranged from 20 - 40 per day after COVID. Now, non-event days' attendance is again back to 68-70 a day consistently.

**25.** We have had several clients move from being participants to employees. One example was someone who struggled with their mental health and diagnosis. This individual began attending the wellness center and was eventually hired as a Peer Support Specialist. While in this position, [the individual] was able to stabilize [their] mental health and eventually was promoted to a full-time position as a Mental Health Worker.

**26.** A client came to the center after hearing a presentation about the Wellness Center at a local shelter. They had been experiencing homelessness and were staying at the shelter after relocating from another state to be with someone they met online. Unfortunately, that person was not who they claimed to be, and the client found themselves living on the streets, eventually residing in their car. Eventually, the client connected with the shelter and heard about our center. They began engaging with our services, working closely with a counselor, a peer support specialist, and a psychiatrist. Through coordination with a housing program counselor embedded at our location, the client was able to secure an apartment in our county. They continue to receive support services in our county and often stop by the Wellness Center to check in and say hello, acknowledging the important role we played in their recovery and the assistance we provided when they needed it most.

**27.** When L. first began at our peer wellness center, [they were] quiet, shy, and kept to [themselves]. Over the following months, [the individual] gradually opened up with peers and staff, participated in various groups, and showed a willingness to try new activities. Over several years, L. has shown remarkable growth. [They are] a consistent presence in programs and became a backup facilitator for their Journaling Group. [The individual] has developed valuable coping skills that support [their] mental wellness and help [their] manage everyday stressors. [They] has become actively involved in the wider community. [The individual] regularly attends NAMI events, participates in the Photovoice Project at county public health, and has made significant lifestyle changes, including quitting smoking and committing [themselves] to a healthier lifestyle. [Their] transformation has been inspiring. [Their] journey toward wellness and recovery has empowered [them] to embrace life fully and has allowed [their] true personality to shine.

**28.** One of our members was experiencing an active drug addiction in another state. A family member intervened and allowed [the individual] to stay with them, close to one of our Wellness Centers. [The individual] began attending and learning new skills while

building community. [The individual] was able to learn ways to be accountable and stay off drugs, and remain sober

**29.** We assisted a participant with obtaining [their] monthly discount bus pass and helped [them] learn the local route system. With these resources, [the individual] has been able to attend Narcotics Anonymous meetings per [their sibling's] requirement so that [they] may continue to live with [their sibling].

**30.** [An individual] has been on the Wellness Center's Employment Coordinator's case load since [month/year redacted]. [The individual] has had some "run-ins" with law enforcement, which presented barriers during [their] efforts to find employment. This participant remained positive and optimistic throughout [their] job search. [They] frequently visited our wellness center and was a huge help in assisting with staff-led groups. [The individual] was also the first participant to volunteer and offer [their] help in keeping the wellness center clean. In [month/year redacted], [the individual] was hired for [their] first job since joining our wellness center, in a temporary janitorial position at Tesla, which unfortunately ended in [month/year redacted]. While being employed with TESLA, [the individual] was able to obtain local temporary housing. As of [date redacted], [they] accepted a great job with UPS. [The individual] will be working full-time on swing shift and is looking forward to getting lots of overtime hours during the upcoming holidays.

**31.** [An individual] in need became a consumer at our wellness center and was struggling with housing insecurity and had been living in a dilapidated trailer for a year. Seeking mental health support and social connection, [the individual] found [their] way to the wellness center and the local Senior Center. With the help of Certified Peer Support Staff and peer-led support groups at the wellness center, this client was able to begin addressing [their] mental health. The peer groups provided a welcoming environment and a crucial sense of community, allowing [the individual] to feel connected and supported. Housing and hope: wellness center staff helped the client connect with key resources, including Behavioral Health Bridge Housing Services. Through these services, the client was able to navigate the complex process of securing new housing.

Today, the client has been accepted into the 'Habitat for Humanity Purpose Place Supported Housing Program'. Purpose Place provides permanent, affordable housing with on-site supportive services, making it a safe and secure environment for residents. Gratitude for a fresh start: The client is extremely grateful for the support [they] received from the staff at our wellness center. [Their] success highlights how a compassionate and supportive community can help vulnerable individuals regain stability and dignity.

**32.** One of the most inspirational stories from this past year comes from a member who

faced unbelievable challenges due to homelessness and the loss of a child but still stayed committed to their recovery. With steady support from the team at our wellness center, they not only completed a nursing program but also secured full-time work at a local hospital and found stable housing.

**33.** An [individual] came to the fellowship club seeking connection, support, and tools to manage [their] mental health. Through programs like support groups, knitting, and movement activities, [the individual] has found positive outlets that keep [their] engaged and focused on wellness. [The individual] shares that the Club has reduced [their] feelings of loneliness, stress, and anxiety, while providing [them] with a strong sense of community, belonging, and acceptance. [The individual] values the friendships [they have] built, the encouragement to stay on track with [their] personal growth, and the safe space to learn new skills. Most importantly, [the individual] feels the wellness center has given [them] the resources and support [the individual] needs to thrive, and [they] encourage others to join, saying it is “a great way to connect with others, discover new interests, and feel like you belong.”

**34.** [An individual] began attending our telehealth support groups in [year redacted]. That same year, they also began participating in the [redacted] programming. They were active in the center’s activities. As they were preparing to age out of [redacted], they sought ways to stay connected. Staff suggested that they could volunteer at the center through the service learner program. After some hesitation, they decided to apply to the service learner program and volunteer in the arts group. Not long after, they became instrumental in developing the center’s first music group. This led to the reemergence of the Wellness Center Band and its performance at the annual talent shows. Most recently, this participant was connected with a peer-run organization that supports peers running groups throughout our large county. They are currently undergoing the clearance process and will soon facilitate the music group at the wellness center while receiving support and a stipend from the wellness center. We are so very excited and proud of the growth and future of this participant.

**35.** Our Wellness Center staff were able to bring together consumers to participate in a local homeless work group for the Continuum of Care. Our Wellness Center staff always have their doors open and work with consumers during the hot summer days and cold winter days.

**36.** Highway Patrol brought an [individual] to our wellness center who was living out of [their] car. Our staff stayed with [them] around the clock and attended to a wound in [their] leg for over [redacted] days until we were able to find [their] family and return [them] and [their] vehicle to Oregon.

**37.** An unhoused wellness center member was supported to actively engage in mental

health and substance use services. And with their treatment compliance in the Full Service Partnership program they have made treatment gains towards their goal of attaining stable housing.

**38.** The success story of a [individual] began when [they] decided to join the Wellness Center. As an [individual] with a diagnosis of Schizophrenia, Borderline Personality, Post Traumatic Stress Disorders and Primary Insomnia, [they] started a journey to wellness. [The individual] began attending the wellness center in [year redacted]. During this time, [they] reported issues of self-harm/self-mutilation, suicidal ideations and intent to hurt others. [They] struggled with establishing a support system, [the individual] was introverted, and it was hard for [them] to communicate with others. [The individual] was unable to function due to depression, isolation and substance use. Even with [their] difficulty in trusting others, [they] began to build rapport and relationships with staff and other consumers. [Their] hard work and commitment to attend and actively participate helped [their] increase [their] connection with others, which led to [them] attending program more frequently. Through [their] participation in groups, where [the individual] learned to use coping skills and techniques, [they] found [their] inner strength and surpassed [their] hardships over time. Consumers noticed that [their] mental health improved in many ways, especially with the assistance of the outpatient treatment team (medication regimen and therapy services). After fighting for many years with physical and mental illness, this [individual] moved forward to achieve [their] personal and treatment goals and to sustained recovery. Shortly after, [the individual] found an interest in helping program peers. [The individual] and other consumers started a peer-driven quilting class, [they] assisted with the wellness center monthly Newsletter, managing the wellness center store, registering consumers to program and assisted staff in preparing for group sessions. Later [the individual] requested to be a volunteer and since [year redacted], [they] became an official County peer volunteer at the wellness center. [They] became so empowered that [they] shared [their] lived experience by presenting [their] story at a major California conference in [year redacted]. Up to this time [the individual] has continued to be stable and has the desire to help others continue their path towards recovery. This person has become a valued part of the consumers support system at the center as [the individual] has built positive relationships with [their] peers and helps them through their mental health recovery journey. [The individual] has volunteered to be a note taker for group sessions and relays vital information and/or techniques learned during therapeutic sessions. [They] took the initiative in creating a Quarterly Newsletter which entails consumers stories, achievements of goals and other topics. [The individual] has engaged peers by involving them with drafting stories, editing, and distributing newsletters. [The individual] shares [their] 'lived experience' with other participants and instills hope. [The individual] is recovery-oriented and motivates them and helps them feel that they are not alone.

This [individual] works closely with consumers in many ways, particularly those that don't understand the reason for their illness. [The individual] has made a great contribution to our wellness center program as [the individual] serves as an ambassador to those new consumers coming in for services. [The individual] takes the time to introduce program services, gives them comfort and makes them feel safe overall. [The individual] continues to be resilient through [their] own ongoing journey and shares the importance of overcoming stigma, identifying when to seek help, and [the individual] reminds them that there is nothing to be ashamed of. This [individual] has made a huge impact within in the program with [their] peers and is a positive influence overall.

**39.** Our wellness center has been operating since October of 2024 and has grown so that they are now seeing during the week during the school year. Our small county is seeking to fund the Wellness Center in FY 2025-28 so that they may expand services.

**40.** One client found insight and strength related to [their] gender identity and sexual orientation at our local wellness center. This client shared that [they were] struggling with co-occurring mental health challenges, isolation, and unsafe housing with non-affirming staff. [The individual] expressed a deep desire for peer connection, though [they] often displayed isolative behaviors and interpersonal challenges that required staff support through de-escalation, boundary-setting, and redirection. This individual voiced a strong interest in exploring gender-affirming health services, including hormone replacement therapy (HRT), surgeries, and [changing their] presentation. [The individual] shared with staff how [their] family, immersed in religious and culturally based stigma, struggled to understand and support [their] mental health challenges, and had difficulty affirming [their] gender identity and sexual orientation. Through the peer support program, the client received peer counseling, resource navigation, and advocacy to ensure [their] name and pronouns were respected across wraparound services. Over time, [the individual] transitioned from using [redacted] to [redacted] pronouns and embraced a new name, marking a significant step in [their] gender journey. Staff supported [them] at medical appointments, including [their] first HRT consultation, and supported [them] in participating in the program's peer-led groups, such as the Transgender Peer Support Group and the Queer & Disabled Peer Support Group, as well as community-building and resource sharing events. These connections helped reduce some of [their] feelings of isolation and provided affirming spaces for growth. However, [the individual] still lacked sufficient mental health support, for [their] challenges with emotion wellness, social connection, and comfort and confidence with [their] identity. After [time redacted] of building trust with the staff, the client requested a referral to the wellness center from [their] prior county mental health treatment team where [the individual] didn't feel affirmed, supported, or understood. [They] began

receiving specialized outpatient mental health services, including therapy and psychiatry services, and within a few weeks shared that [the individual] has “never been this supported in [her] life before”. [The individual] has been able to expand [their] engagement in therapy and embraced [their] gender identity with confidence. [The individual] remains optimistic about pursuing [their] gender affirmation goals, making more friends, and building community with others who share [their] interests. This case highlights how consistent advocacy, boundary-setting, and culturally responsive care, in a safe and welcoming space, can transform the health and well-being of transgender individuals navigating complex barriers.

### **Appendix 3. 2025 California Association of Social Rehabilitation Agencies (CASRA) Wellness & Recover Centers Report**

This is a key publication that provides additional depth of information and perspective on the function and outcomes of Wellness Center programs and services. This also contains a highly informative explanation of the sources of finances and the challenges of sustaining the operations of these vital resources to the Behavioral Health community.

**Report Title:** [Wellness & Recovery Centers](#)

**Author:** California Association of Social Rehabilitation Agencies (CASRA), Chad Costello

**Published:** November 2025

## **Appendix 4. 2011 California Mental Health Planning Council Report Reviewed Wellness Centers in California**

This is a key document for understanding the function and development of Wellness and Recovery Centers in California, prepared by our predecessors on the California Mental Health Planning Council (now known as the CBHPC, California Behavioral Health Planning Council).

**Title:** [Wellness & Recovery Centers: An Evolution of Essential Community Resources](#)

**Authors:** The California Mental Health Planning Council (CMHPC), Adult System of Care Subcommittee of the CMHPC

**Published:** July 2011

## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Thursday, January 29, 2026 1:10 PM  
**To:** Works-Wright, Jamie  
**Subject:** February Agenda Items

Hello Commissioners,

If you would like to have an item on the agenda to vote or discuss please send to me by Friday, February 6<sup>th</sup>. If you would like to add anything in the packet please send in by February 10<sup>th</sup>.

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](mailto:JWorks-Wright@berkeleyca.gov)

*Office: 510-981-7721 ext. 7721*

*Cell #: 510-423-8365*



## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Monday, January 26, 2026 4:04 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Invitation | Training | February 2, 2026, 5 pm - 6:30 pm | CALBHB/C

Hello Commissioners,

Please see the information below about how to be an effective board/commission.

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](mailto:JWorks-Wright@berkeleyca.gov)

*Office: 510-981-7721 ext. 7721*

*Cell #: 510-423-8365*

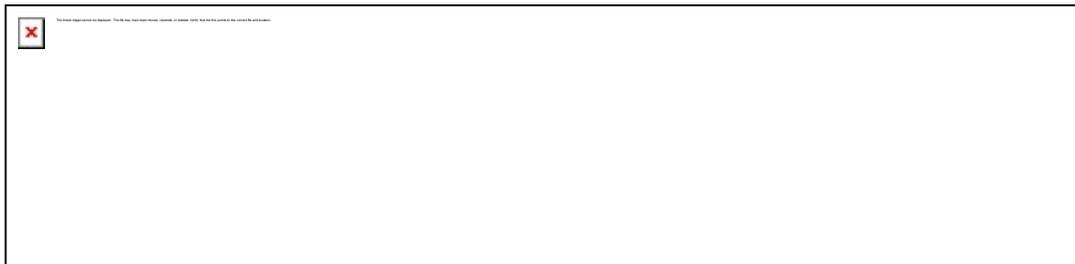


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**From:** CAL BHBC <cal@calbhbc.com>  
**Sent:** Monday, January 26, 2026 10:45 AM  
**Subject:** Invitation | Training | February 2, 2026, 5 pm - 6:30 pm | CALBHB/C

**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.

[View Invitation as PDF](#)



## **How to Be an Effective Behavioral Health Board/Commission Training**

Monday, February 2, 5 pm - 6:30 pm  
Zoom Teleconference

We invite you to register! Registration is open to local behavioral health board/commission members and staff. There is no fee to register.

**Please Register at:** [www.calbhbc.org/registration](http://www.calbhbc.org/registration)

Training Topics:

- ◆ Membership
- ◆ Meeting Rules & Conduct
- ◆ Duties & Tools
- ◆ Behavioral Health Services Act: Role of Boards/Commissions
- ◆ Review & Evaluate

**Please Register at:** [www.calbhbc.org/registration](http://www.calbhbc.org/registration)

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The California Association of Local Behavioral Health Boards & Commissions (CALBHB/C) supports the work of California's 59 local behavioral health boards and commissions.

[www.calbhbc.org](http://www.calbhbc.org) email: [info@calbhbc.com](mailto:info@calbhbc.com)

## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Monday, January 26, 2026 9:17 AM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Behavioral Health Advisory Board Meeting (January 26, 2026)  
**Attachments:** BHAB Main Board Agenda (January 2026) .pdf; BHAB Main Board UNAPPROVED Meeting Minutes (November 2025) .pdf; Brown Act Update (January 2026).pdf; Brown Act Government Code Sections 54950 to 54963.pdf; SB 43 Update (January 2026).pdf

Public

Hello Commissioners,

Please see the information attached for the Alameda County BH board meeting.

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](mailto:JWorks-Wright@berkeleyca.gov)

*Office: 510-981-7721 ext. 7721*

*Cell #: 510-423-8365*




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**From:** MHB Communications, ACBH <ACBH.MHBCommunications@acgov.org>

**Sent:** Friday, January 23, 2026 2:46 PM

**To:** MHB Communications, ACBH <ACBH.MHBCommunications@acgov.org>

**Subject:** Behavioral Health Advisory Board Meeting (January 26, 2026)

**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, January 26, 2026, from 3:00 PM to 5:00 PM.

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/84285334458?pwd=bURyU1JqS2YvVGhRU2g4SW5yL0xRQT09>

**Webinar ID: 842 8533 4458**

**Passcode: 269505**

Or Telephone:

(404) 443-6397

(877) 336-1831

**Conference code: 988499**



Alameda County  
Behavioral Health Advisory Board

# Behavioral Health Advisory Board Agenda

70

January 26, 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/84285334458?pwd=bURyU1JqS2YvVGhRU2g4SW5yL0xRQT09>

Teleconference: (877) 336-1831 | Teleconference Code: 988499

Webinar ID: 842 8533 4458 | Webinar code: 269505

<b>BHAB Members:</b>	<b>Brian Bloom</b> (Chair, District 4) <b>Terry Land</b> (Vice Chair, District 1) <b>Carolynn Gray</b> (District 2) <b>Gina Lewis</b> (District 2) <b>Thu Quach</b> (District 2)	<b>Ashlee Jemmott</b> (District 3) <b>Shannon Johnson</b> (District 3) <b>Yuliana Wisner-Leon</b> (District 3) <b>Mary Hekl</b> (District 4) <b>Larry Brandon</b> (District 5)	<b>Mia Cooper-Kahn</b> (District 5) <b>Juliet Leftwich</b> (District 5) <b>Erin Armstrong</b> (BOS Rep.)
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**Committees**

**Adult Committee**  
Terry Land, Co-Chair  
Thu Quach, Co-Chair

**Children and Young Adult Committee**  
Ashlee Jemmott, Co-Chair  
Gina Lewis, Co-Chair  
Carolynn Gray, 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
- 3:15 PM IV. BHAB Chair's Report
- 3:25 PM V. Board Announcements
- 3:30 PM VI. ACBHD Director's Report
- 3:40 PM VII. Brown Act Update
- 4:00 PM VIII. SB 43 Update
- 4:35 PM IX. 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. MHSA Stakeholder Committee
  - F. Budget Stakeholders Advisory Committee
  - G. Berkeley Mental Health Committee
  - H. Measure A Oversight Committee
- 4:45 PM X. Public Comment
- 5:00 PM XI. Adjournment

Contact the Behavioral Health Advisory Board at [ACBH.MHBCommunications@acgov.org](mailto:ACBH.MHBCommunications@acgov.org)



ALAMEDA COUNTY  
**Board of Supervisors**



**Behavioral Health Department**  
Alameda County Health



Meeting Conducted In-Person and through Video/Telephone Conference

<p><b>BHAB Members:</b></p>	<p><input checked="" type="checkbox"/> <b>Brian Bloom</b> (Chair, District 4)    <input checked="" type="checkbox"/> <b>Thu Quach</b> (District 2)    <input type="checkbox"/> <b>Mary Hekl</b> (District 4)  <input checked="" type="checkbox"/> <b>Terry Land</b> (Vice Chair, District 1)    <input checked="" type="checkbox"/> <b>Ashlee Jemmott</b> (District 3)    <input checked="" type="checkbox"/> <b>Lawrence Brandon</b> (District 5)  <input checked="" type="checkbox"/> <b>Carolynn Gray</b> (District 2)    <input checked="" type="checkbox"/> <b>Shannon Johnson</b> (District 3)    <input checked="" type="checkbox"/> <b>Juliet Leftwich</b> (District 5)  <input checked="" type="checkbox"/> <b>Gina Lewis</b> (District 2)    <input type="checkbox"/> <b>Yuliana Wiser-Leon</b> (District 3)    <input type="checkbox"/> <b>Erin Armstrong</b> (BOS Representative)</p>
<p><b>ACBHD Staff:</b></p>	<p><input checked="" type="checkbox"/> <b>Dr. Karyn Tribble</b> (ACBHD Director)    <input checked="" type="checkbox"/> <b>Dainty Castro</b> (MHAB Liaison)  <input checked="" type="checkbox"/> <b>James Wagner</b> (ACBHD Deputy Director, Clinical Operations)    <input checked="" type="checkbox"/> <b>Asia Jenkins</b> (ACBHD Admin Support)  <input checked="" type="checkbox"/> <b>Vanessa Baker</b> (ACBHD Deputy Director, Plan Administration)</p>

Meeting called to order at 3:04 PM by Chair Brian Bloom.

ITEM	DISCUSSION	DECISION/ACTION
<p><b>Call to Order/Roll Call</b></p>	<p>Roll call was completed.</p>	
<p><b>Approval of Minutes</b></p>	<p>The meeting minutes from October 20, 2025, were adopted and unanimously approved with two abstentions.</p>	
<p><b>Public Comment</b></p>	<p>No public comments were given.</p>	
<p><b>BHAB Chair's Report</b></p>	<p>BHAB Chair Bloom provided the following updates:</p> <ul style="list-style-type: none"> <li>BHAB Chair Bloom acknowledged Alameda County Behavioral Health Department (ACBHD) Director's memo and expressed appreciation for the significant time that was dedicated to presenting the Behavioral Health Services Act (BHSA) transition and the outcomes of the provider webinar held on October 8, 2025.</li> <li>The African American Wellness Hub Advisory Committee will convene on November 19, 2025, with additional meetings planned in the following months. A volunteer from the Board will serve as a permanent liaison to attend meetings and</li> </ul>	<p>71</p>

ITEM	DISCUSSION	DECISION/ACTION
	<p>provide monthly updates to BHAB. An email will be distributed to solicit interest from the Board members.</p> <ul style="list-style-type: none"> <li>• An update was provided regarding last year's Care Court presentation. It was noted that BHAB was included in the second cohort of counties participating in Care Court within its first year of implementation. Additionally, Chair Bloom reported that petitioners, family members, mental health departments and first responders may file a Care Court petition. Consent or approval from the respondent is no longer required. Berkeley Mental Health has indicated readiness to file petitions under the statute without the release of information or respondent consent. A statewide Care Court meeting is scheduled for November 19, 2025.</li> <li>• BHAB vacancies remain in Districts 1 and 4. The recruitment flyer is expected to support efforts to restore board members.</li> <li>• Planning continues for the next site visit to Magnolia House or another residential drug treatment program. Member Gray will provide updates once a date is confirmed.</li> <li>• The BHAB 2026 calendar was discussed. The first two meetings of the year will be on January 26, 2026, and February 23, 2026. All subsequent meetings will follow the regular schedule.</li> <li>• The Board of Supervisors (BOS) adopted and approved the amended BHAB bylaws effective January 1, 2026. It was noted that four absences by a Board member within a calendar year may result in BOS re-appointment of that position.</li> <li>• Behavioral Health Services Act (BHSA) will deliver a presentation in May 2026 following the 30-day public comment period. Additionally, ACBHD Division Director for BHSA will provide a substantive presentation at the April 2026 BHAB meeting. Monthly BHSA updates related to Proposition 1 transition and transformation will be incorporated into future agendas.</li> </ul>	

ITEM	DISCUSSION	DECISION/ACTION
<b>Board Announcements</b>	No announcements were provided.	
<b>ACBHD Director's Report</b>	<p>The Alameda County Behavioral Health Department (ACBHD) Director, Dr. Karyn Tribble, provided the following updates:</p> <ul style="list-style-type: none"> <li>• ACBHD, in collaboration with Alameda County Health (ACH), is working to obtain clarification on the previously reported \$4 million allocated for planning under the BHSA. The need for clarification was issued earlier in the fiscal year. Dr. Tribble noted her expectation that additional information may be released prior to ACH's development of the upcoming five-year plan, though final details may not be available until the end of the year. Should the funds be released, it will likely support services, emergent needs, or mitigation efforts related to unanticipated providers' costs.</li> <li>• The African American Wellness Hub (AAWH) Advisory Committee will function as an ongoing body. Meeting dates have been established between November 2025 and February 2026. The committee will focus on a thematic phase designed to elevate diverse voices. It was noted that AAWH Advisory Committee will maintain a standing seat and remain accessible to the public. The ACBHD Health Equity Division will oversee this initiative.</li> <li>• Alameda County is very pleased with the progress of Care Court implementation. Dr. Tribble was invited to speak as a panelist at the Joint Senate Health and Judiciary Oversight Committee hearing at the California Senate, where she responded to questions regarding demographics and other information. She also provided feedback on Care Court implementation.</li> <li>• Beginning this month and continuing over the next two months, the department will begin notifying providers regarding queries related to anticipated operational changes.</li> </ul>	
<b>Full-Service Partnership Assessment Presentation</b>	Indigo Project provided an overview of the Full-Service Partnership (FSP) Assessment. Highlights included:	73

ITEM	DISCUSSION	DECISION/ACTION
	<ul style="list-style-type: none"> <li>• The Full-Service Partnership (FSP) Assessment is designed to estimate the number of FSP slots needed to serve individuals ages 16 and older who meet FSP eligibility criteria under the Welfare and Institutions (W&amp;C) Code.</li> <li>• The FSP program represents the highest level of outpatient care, offering comprehensive services including housing support, psychiatry, peer support and a range of recovery services. It is a unique program that provides 24-hour access to a clinician or a team member. Individuals enrolled in FSP may also access various housing options administered by Housing &amp; Homelessness (H&amp;H).</li> <li>• Under the W&amp;I Code, eligibility is evaluated based on: (1) service utilization patterns; and (2) research related to psychiatric hospitalizations or total hospital days.</li> <li>• It was noted that the average cost of saving an individual in an FSP program is equivalent to approximately 28 inpatient days or four hospitalizations based on Alameda County's average length of stay.</li> <li>• A total of 2,083 individuals met the preliminary FSP inclusion criteria, yet only 5% were referred to FSP program during the fiscal year 2023-2024. Using the fiscal year 2021-2022 as the referral baseline, 221 individuals were referred to the FSP representing 78% of those who enrolled within 60 days.</li> <li>• For fiscal year 2022-2023, it was reported there were 1,010 FSP clients; 1,534 service team clients; and 2,083 non-FSP clients. Of the 2,083 individuals who met FSP inclusion criteria that year, 1,181 were included and 902 were excluded.</li> <li>• It was also reported out of the 2,083 individuals who met FSP inclusion criteria, 1,181 individuals were included and 902 were excluded on the same year. For fiscal year 2022-2023, a total of 2,016 individuals were identified as needing FSP services: 605 FSP clients, 230 Service team clients and 1,181 Non-FSP/Service Team ACBHD clients.</li> <li>• As of December 2024, there were 1,100 existing FSP slots, with an additional 300 slots allocated over the next three years to serve the identified FSP-eligible population. It was noted that the ongoing need is approximately 1,400 FSP slots.</li> </ul>	74

ITEM	DISCUSSION	DECISION/ACTION
<p><b>Committee and Liaison Reports</b></p>	<ul style="list-style-type: none"> <li>The cost of FSP services ranged from \$24,000 to \$40,000 per person per year in 2022-2023, depending on the provider. The estimate annual cost is approximately \$32,000 per person.</li> <li>The rate for in-patient psychiatric admission in Alameda County ranges from 523 to 1,831 per day based on an average rate of 1,177 in 2022-2023.</li> </ul> <p><u>Adult Committee:</u> The committee did not meet. Pending topics for future discussion include the Family navigator role, the African American Wellness Hub, and the Alameda County system map. The committee is also considering hosting an Opioid Listening Session.</p> <p><u>Criminal Justice Committee:</u> The committee remains in hiatus therefore has no updates to report.</p> <p><u>Children &amp; Young Adult Committee:</u> The committee has been on internal conversations and working on their calendar for next year. Their goal is to have their requirements aligned with the county and to be able to conduct meetings in public.</p> <p><u>Care First, Jails Last Ad Hoc Committee:</u> The committee has been actively engaged throughout the year. The Board of Supervisors (BOS) presentation on May 22, 2025, served as a follow-up discussion with agency and department leadership during the Joint committee meeting on October 13, 2025, which gained positive feedback. The next presentation to the Joint Committee is scheduled for March 2026 and will address additional CFJL Taskforce recommendations.</p> <p><u>BHSA Stakeholder Committee:</u> The committee is currently in hiatus and is expected to reconvene in January or February 2026.</p> <p><u>Budget Stakeholders Advisory Committee:</u> The committee is currently in hiatus and is scheduled to resume on December 11, 2025.</p> <p><u>Berkeley Mental Health Committee:</u> Currently, there is no BHAB liaison assigned to this committee.</p>	<p>75</p>

ITEM	DISCUSSION	DECISION/ACTION
	<p><u>Measure A Oversight Committee</u>: There were no updates provided. The committee will confirm with Member Hekl at the January 2026 Board meeting regarding the proposed name change of Measure A Oversight Committee.</p>	
<b>Public Comment</b>	Public comments were given.	
<b>Adjournment</b>	Meeting adjourned at 4:52 PM	

# California's Sunshine Law:

## The Ralph M. Brown Act

OFFICE OF THE COUNTY COUNSEL  
COUNTY OF ALAMEDA

**Behavioral Health Advisory Board**  
**January 26, 2026**

**Disclaimer:** This presentation is provided as a public record only, and does not, and is not intended, to create an attorney-client relationship. The contents of this presentation are intended to convey general information only and not to provide legal advice or opinions, and should not be construed as, and should not be relied upon for, legal or tax advice in any particular circumstance or fact situation. An attorney should be contacted for advice on specific legal issues.

# What's a Teleconference?

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“A meeting of a legislative body, the members of which are in different locations, connected by electronic means, through either audio or video, or both.”



# Teleconferencing Overview

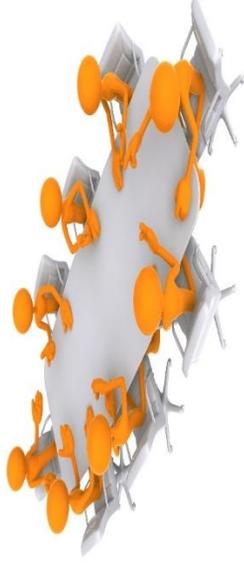
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- SB 707 replaces the teleconferencing framework, effective January 1, 2026
- Traditional Teleconferencing still exists
- Just Cause Teleconferencing has been modified
- Emergency Circumstances Teleconferencing has been eliminated and incorporated in Just Cause Teleconferencing
- Disability Accommodation Teleconferencing has been created
- Exceptions for *Eligible Subsidiary Bodies*

# Traditional Teleconference Rules

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- Each teleconference location must be identified in the notice and agenda
- Agenda must be posted at each location
- Each location must have public access
- Public must have opportunity to speak at each location
- A quorum must be within the County
- All votes must be taken by roll call



# What is an Eligible Subsidiary Body?

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- Serves exclusively in an advisory capacity
- Is not authorized to take final action on legislation, regulations, contracts, permits, licenses, grants, or funding allocations
- Does **not** have primary subject matter jurisdiction over:
  - Elections
  - Budgets
  - Police oversight
  - Privacy
  - Library material access restrictions
  - Taxes or related spending proposals

# What is an Eligible Subsidiary

## Body, Cont'd

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- An ESB may meet remotely
- Requires formal approval from the parent body (Board of Supervisors)
- The BOS must, by majority vote, authorize remote meetings of the ESB
- BOS must find that remote meetings will enhance public access and promote attraction, retention, and diversity of ESB members
- The BOS must adopt these findings before first use and every six months thereafter
- After the BOS acts, the ESB itself must approve the use of teleconferencing by majority vote
- Not available for members who are elected officials

# “Just Cause” Teleconferencing

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- A member may participate remotely for “just cause” when:
  - Childcare or caregiving for a child, parent, grandparent, grandchild, sibling, spouse or domestic partner
  - A contagious illness
  - Immunocompromised child, grandchild, parent, grandparent, sibling, spouse, or domestic partner that requires the member to participate remotely
  - A physical or family medical emergency which prevents in-person attendance
  - Member is required to be 50+ miles away under official military orders
  - Member has a need related to a disability not covered under disability accommodation of the Brown Act
  - Travel on official business of the legislative body
- Available two meetings per year

# Just Cause Cont'd

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- Members may participate remotely for qualifying reasons
- Requires a quorum to meet in-person at one noticed meeting location open to the public
- Minutes must identify the specific statutory basis used for remote participation
- Disclose anyone who is 18 years or older in the room with them
- Member must notify body as soon as possible
- No requirement to post at remote location or identify remote location on the agenda

# Disability Accommodation

## Teleconferencing (New)

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- Applies only to a member who needs remote participation as a *reasonable accommodation*
- Must participate via audio and video unless disability prevents video participation
- Disclose anyone who is 18 years or older in the room with them
- Treated the same way as attending in person for quorum purposes
- No requirement to open their remote location to the public
- No posting of/at remote location

QUESTIONS?




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### GOVERNMENT CODE - GOV

**TITLE 5. LOCAL AGENCIES [50001 - 57607]** ( Title 5 added by Stats. 1949, Ch. 81. )

**DIVISION 2. CITIES, COUNTIES, AND OTHER AGENCIES [53000 - 55821]** ( Division 2 added by Stats. 1949, Ch. 81. )

**PART 1. POWERS AND DUTIES COMMON TO CITIES, COUNTIES, AND OTHER AGENCIES [53000 - 54999.7]** ( Part 1 added by Stats. 1949, Ch. 81. )

**CHAPTER 9. Meetings [54950 - 54963]** ( Chapter 9 added by Stats. 1953, Ch. 1588. )

**54950.** In enacting this chapter, the Legislature finds and declares that the public commissions, boards and councils and the other public agencies in this State exist to aid in the conduct of the people's business. It is the intent of the law that their actions be taken openly and that their deliberations be conducted openly.

The people of this State do not yield their sovereignty to the agencies which serve them. The people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know. The people insist on remaining informed so that they may retain control over the instruments they have created.

(Added by Stats. 1953, Ch. 1588.)

**54950.5.** This chapter shall be known as the Ralph M. Brown Act.

(Added by Stats. 1961, Ch. 115.)

**54951.** As used in this chapter, "local agency" means a county, city, whether general law or chartered, city and county, town, school district, municipal corporation, district, political subdivision, or any board, commission or agency thereof, or other local public agency.

(Amended by Stats. 1959, Ch. 1417.)

**54952.** As used in this chapter, "legislative body" means:

- (a) The governing body of a local agency or any other local body created by state or federal statute.
- (b) A commission, committee, board, or other body of a local agency, whether permanent or temporary, decisionmaking or advisory, created by charter, ordinance, resolution, or formal action of a legislative body. However, advisory committees, composed solely of the members of the legislative body that are less than a quorum of the legislative body are not legislative bodies, except that standing committees of a legislative body, irrespective of their composition, which have a continuing subject matter jurisdiction, or a meeting schedule fixed by charter, ordinance, resolution, or formal action of a legislative body are legislative bodies for purposes of this chapter.
- (c) (1) A board, commission, committee, or other multimember body that governs a private corporation, limited liability company, or other entity that either:
  - (A) Is created by the elected legislative body in order to exercise authority that may lawfully be delegated by the elected governing body to a private corporation, limited liability company, or other entity.
  - (B) Receives funds from a local agency and the membership of whose governing body includes a member of the legislative body of the local agency appointed to that governing body as a full voting member by the legislative body of the local agency.

(2) Notwithstanding subparagraph (B) of paragraph (1), no board, commission, committee, or other multimember body that governs a private corporation, limited liability company, or other entity that receives funds from a local agency and, as of February 9, 1996, has a member of the legislative body of the local agency as a full voting

member of the governing body of that private corporation, limited liability company, or other entity shall be relieved from the public meeting requirements of this chapter by virtue of a change in status of the full voting member to a nonvoting member.

(d) The lessee of any hospital the whole or part of which is first leased pursuant to subdivision (p) of Section 32121 of the Health and Safety Code after January 1, 1994, where the lessee exercises any material authority of a legislative body of a local agency delegated to it by that legislative body whether the lessee is organized and operated by the local agency or by a delegated authority.

*(Amended by Stats. 2002, Ch. 1073, Sec. 2. Effective January 1, 2003.)*

**54952.1.** Any person elected to serve as a member of a legislative body who has not yet assumed the duties of office shall conform his or her conduct to the requirements of this chapter and shall be treated for purposes of enforcement of this chapter as if he or she has already assumed office.

*(Amended by Stats. 1994, Ch. 32, Sec. 2. Effective March 30, 1994. Operative April 1, 1994, by Sec. 23 of Ch. 32.)*

**54952.2.** (a) As used in this chapter, "meeting" means any congregation of a majority of the members of a legislative body at the same time and location, including teleconference location as permitted by Section 54953, to hear, discuss, deliberate, or take action on any item that is within the subject matter jurisdiction of the legislative body.

(b) (1) A majority of the members of a legislative body shall not, outside a meeting authorized by this chapter, use a series of communications of any kind, directly or through intermediaries, to discuss, deliberate, or take action on any item of business that is within the subject matter jurisdiction of the legislative body.

(2) Paragraph (1) shall not be construed as preventing an employee or official of a local agency, from engaging in separate conversations or communications outside of a meeting authorized by this chapter with members of a legislative body in order to answer questions or provide information regarding a matter that is within the subject matter jurisdiction of the local agency, if that person does not communicate to members of the legislative body the comments or position of any other member or members of the legislative body.

(3) (A) Paragraph (1) shall not be construed as preventing a member of the legislative body from engaging in separate conversations or communications on an internet-based social media platform to answer questions, provide information to the public, or to solicit information from the public regarding a matter that is within the subject matter jurisdiction of the legislative body provided that a majority of the members of the legislative body do not use the internet-based social media platform to discuss among themselves business of a specific nature that is within the subject matter jurisdiction of the legislative body. A member of the legislative body shall not respond directly to any communication on an internet-based social media platform regarding a matter that is within the subject matter jurisdiction of the legislative body that is made, posted, or shared by any other member of the legislative body.

(B) For purposes of this paragraph, all of the following definitions shall apply:

(i) "Discuss among themselves" means communications made, posted, or shared on an internet-based social media platform between members of a legislative body, including comments or use of digital icons that express reactions to communications made by other members of the legislative body.

(ii) "Internet-based social media platform" means an online service that is open and accessible to the public.

(iii) "Open and accessible to the public" means that members of the general public have the ability to access and participate, free of charge, in the social media platform without the approval by the social media platform or a person or entity other than the social media platform, including any forum and chatroom, and cannot be blocked from doing so, except when the internet-based social media platform determines that an individual violated its protocols or rules.

(c) Nothing in this section shall impose the requirements of this chapter upon any of the following:

(1) Individual contacts or conversations between a member of a legislative body and any other person that do not violate subdivision (b).

(2) The attendance of a majority of the members of a legislative body at a conference or similar gathering open to the public that involves a discussion of issues of general interest to the public or to public agencies of the type represented by the legislative body, provided that a majority of the members do not discuss among themselves, other than as part of the scheduled program, business of a specified nature that is within the subject matter jurisdiction of the local agency. Nothing in this paragraph is intended to allow members of the public free admission to a conference or similar gathering at which the organizers have required other participants or registrants to pay fees or charges as a condition of attendance.

(3) The attendance of a majority of the members of a legislative body at an open and publicized meeting organized to address a topic of local community concern by a person or organization other than the local agency, provided that a majority of the members do not discuss among themselves, other than as part of the scheduled program, business of a specific nature that is within the subject matter jurisdiction of the legislative body of the local agency.

(4) The attendance of a majority of the members of a legislative body at an open and noticed meeting of another body of the local agency, or at an open and noticed meeting of a legislative body of another local agency, provided that a majority of the members do not discuss among themselves, other than as part of the scheduled meeting, business of a specific nature that is within the subject matter jurisdiction of the legislative body of the local agency.

(5) The attendance of a majority of the members of a legislative body at a purely social or ceremonial occasion, provided that a majority of the members do not discuss among themselves business of a specific nature that is within the subject matter jurisdiction of the legislative body of the local agency.

(6) The attendance of a majority of the members of a legislative body at an open and noticed meeting of a standing committee of that body, provided that the members of the legislative body who are not members of the standing committee attend only as observers.

*(Amended (as amended by Stats. 2020, Ch. 89, Sec. 1) by Stats. 2025, Ch. 327, Sec. 1. (SB 707) Effective January 1, 2026.)*

**54952.3.** (a) A legislative body that has convened a meeting and whose membership constitutes a quorum of any other legislative body may convene a meeting of that other legislative body, simultaneously or in serial order, only if a clerk or a member of the convened legislative body verbally announces, prior to convening any simultaneous or serial order meeting of that subsequent legislative body, the amount of compensation or stipend, if any, that each member will be entitled to receive as a result of convening the simultaneous or serial meeting of the subsequent legislative body and identifies that the compensation or stipend shall be provided as a result of convening a meeting for which each member is entitled to collect compensation or a stipend. However, the clerk or member of the legislative body shall not be required to announce the amount of compensation if the amount of compensation is prescribed in statute and no additional compensation has been authorized by a local agency.

(b) For purposes of this section, compensation and stipend shall not include amounts reimbursed for actual and necessary expenses incurred by a member in the performance of the member's official duties, including, but not limited to, reimbursement of expenses relating to travel, meals, and lodging.

*(Added by Stats. 2011, Ch. 91, Sec. 1. (AB 23) Effective January 1, 2012.)*

**54952.6.** As used in this chapter, "action taken" means a collective decision made by a majority of the members of a legislative body, a collective commitment or promise by a majority of the members of a legislative body to make a positive or a negative decision, or an actual vote by a majority of the members of a legislative body when sitting as a body or entity, upon a motion, proposal, resolution, order or ordinance.

*(Added by Stats. 1961, Ch. 1671.)*

**54952.7.** A local agency shall provide a copy of this chapter to any person elected or appointed to serve as a member of a legislative body of the local agency.

*(Amended by Stats. 2025, Ch. 327, Sec. 3. (SB 707) Effective January 1, 2026.)*

**54953.** (a) All meetings of the legislative body of a local agency shall be open and public, and all persons shall be permitted to attend any meeting of the legislative body of a local agency, except as otherwise provided in this chapter.

(b) (1) Notwithstanding any other provision of law, the legislative body of a local agency may use teleconferencing for the benefit of the public and the legislative body of a local agency in connection with any meeting or proceeding

authorized by law. The teleconferenced meeting or proceeding shall comply with all otherwise applicable requirements of this chapter and all otherwise applicable provisions of law relating to a specific type of meeting or proceeding.

(2) Teleconferencing, as authorized by this section, may be used for all purposes in connection with any meeting within the subject matter jurisdiction of the legislative body. If the legislative body of a local agency elects to use teleconferencing, the legislative body of a local agency shall comply with all of the following:

(A) All votes taken during a teleconferenced meeting shall be by rollcall.

(B) The teleconferenced meetings shall be conducted in a manner that protects the statutory and constitutional rights of the parties or the public appearing before the legislative body of a local agency.

(C) The legislative body shall give notice of the meeting and post agendas as otherwise required by this chapter.

(D) The legislative body shall allow members of the public to access the meeting and the agenda shall provide an opportunity for members of the public to address the legislative body directly pursuant to Section 54954.3.

(3) If the legislative body of a local agency elects to use teleconferencing, it shall post agendas at all teleconference locations. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference location shall be accessible to the public. During the teleconference, at least a quorum of the members of the legislative body shall participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction, except as expressly provided in this chapter.

(4) The teleconferencing requirements of this subdivision shall not apply to remote participation described in subdivision (c).

(c) (1) Nothing in this chapter shall be construed to prohibit a member of a legislative body with a disability from participating in any meeting of the legislative body by remote participation as a reasonable accommodation pursuant to any applicable law.

(2) A member of a legislative body participating in a meeting by remote participation pursuant to this subdivision shall do both of the following:

(A) The member shall participate through both audio and visual technology, except that any member with a disability, as defined in Section 12102 of Title 42 of the United States Code, may participate only through audio technology if a physical condition related to their disability results in a need to participate off camera.

(B) The member shall disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any of those individuals.

(3) Remote participation under this subdivision shall be treated as in-person attendance at the physical meeting location for all purposes, including any requirement that a quorum of the legislative body participate from any particular location. The provisions of subdivision (b) and Sections 54953.8 to 54953.8.7, inclusive, shall not apply to remote participation under this subdivision.

(d) (1) No legislative body shall take action by secret ballot, whether preliminary or final.

(2) The legislative body of a local agency shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

(3) (A) Prior to taking final action, the legislative body shall orally report a summary of a recommendation for a final action on the salaries, salary schedules, or compensation paid in the form of fringe benefits of either of the following during the open meeting in which the final action is to be taken:

(i) A local agency executive, as defined in subdivision (d) of Section 3511.1.

(ii) A department head or other similar administrative officer of the local agency.

(B) This paragraph shall not affect the public's right under the California Public Records Act (Division 10 commencing with Section 7920.000) of Title 1) to inspect or copy records created or received in the process of developing the recommendation.

(e) For purposes of this section, both of the following definitions apply:

(1) "Disability" means a physical disability or a mental disability as those terms are defined in Section 12926 and used in Section 12926.1, or a disability as defined in Section 12102 of Title 42 of the United States Code.

(2) (A) "Teleconference" means a meeting of a legislative body, the members of which are in different locations, connected by electronic means, through either audio or video, or both.

(B) Notwithstanding subparagraph (A), "teleconference" does not include one or more members watching or listening to a meeting via webcasting or any other similar electronic medium that does not permit members to interactively speak, discuss, or deliberate on matters.

(3) "Remote participation" means participation in a meeting by teleconference at a location other than any physical meeting location designated in the notice of the meeting.

*(Amended (as amended by Stats. 2023, Ch. 534, Sec. 2) by Stats. 2025, Ch. 327, Sec. 4. (SB 707) Effective January 1, 2026.)*

**54953.1.** The provisions of this chapter shall not be construed to prohibit the members of the legislative body of a local agency from giving testimony in private before a grand jury, either as individuals or as a body.

*(Added by Stats. 1979, Ch. 950.)*

**54953.2.** All meetings of a legislative body of a local agency that are open and public shall meet the protections and prohibitions contained in Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof.

*(Added by Stats. 2002, Ch. 300, Sec. 5. Effective January 1, 2003.)*

**54953.3.** A member of the public shall not be required, as a condition to attendance at a meeting of a legislative body of a local agency, to register his or her name, to provide other information, to complete a questionnaire, or otherwise to fulfill any condition precedent to his or her attendance.

If an attendance list, register, questionnaire, or other similar document is posted at or near the entrance to the room where the meeting is to be held, or is circulated to the persons present during the meeting, it shall state clearly that the signing, registering, or completion of the document is voluntary, and that all persons may attend the meeting regardless of whether a person signs, registers, or completes the document.

*(Amended by Stats. 1981, Ch. 968, Sec. 28.)*

**54953.4.** (a) The Legislature finds and declares that public access, including through translation of agendas as required by this section, is necessary for an informed populace. The Legislature encourages local agencies to adopt public access requirements that exceed the requirements of this chapter by translating additional languages, employing human translators, and conducting additional outreach.

(b) (1) In addition to any other applicable requirements of this chapter, a meeting held by a eligible legislative body pursuant to this chapter shall comply with both of the following requirements:

(A) (i) (I) (ia) All open and public meetings shall include an opportunity for members of the public to attend via a two-way telephonic service or a two-way audiovisual platform, except if adequate telephonic or internet service is not operational at the meeting location. If adequate telephonic or internet service is operational at the meeting location during only a portion of the meeting, the legislative body shall include an opportunity for members of the public to attend via a two-way telephonic service or a two-way audiovisual platform during that portion of the meeting.

(ib) (Ia) On or before July 1, 2026, an eligible legislative body shall approve at a noticed public meeting in open session, not on the consent calendar, a policy regarding disruption of telephonic or internet service occurring during meetings subject to this sub-subclause. The policy shall address the procedures for recessing and reconvening a meeting in the event of disruption and the efforts that the eligible legislative body shall make to attempt to restore the service.

(Ib) If a disruption of telephonic or internet service that prevents members of the public from attending or observing the meeting via the two-way telephonic service or two-way audiovisual platform occurs during the meeting, the eligible legislative body shall recess the open session of the meeting for at least one hour and make a good faith attempt to restore the service. The eligible legislative body may meet in closed session during this period. The eligible legislative body

shall not reconvene the open session of the meeting until at least one hour following the disruption, or until telephonic or internet service is restored, whichever is earlier.

(Ic) Upon reconvening the open session, if telephonic or internet service has not been restored, the eligible legislative body shall adopt a finding by rollcall vote that good faith efforts to restore the telephonic or internet service have been made in accordance with the policy adopted pursuant to sub-sub-subclause (Ia) and that the public interest in continuing the meeting outweighs the public interest in remote public access.

(II) Subclause (I) does not apply to a meeting that is held to do any of the following:

(ia) Attend a judicial or administrative proceeding to which the local agency is a party.

(ib) Inspect real or personal property provided that the topic of the meeting is limited to items directly related to the real or personal property.

(ic) Meet with elected or appointed officials of the United States or the State of California, solely to discuss a legislative or regulatory issue affecting the local agency and over which the federal or state officials have jurisdiction.

(id) Meet in or nearby a facility owned by the agency, provided that the topic of the meeting is limited to items directly related to the facility.

(ie) Meet in an emergency situation pursuant to Section 54956.5.

(ii) If an eligible legislative body elects to provide a two-way audiovisual platform, the eligible legislative body shall publicly post and provide a call-in option, and activate any automatic captioning function during the meeting if an automatic captioning function is included with the two-way audiovisual platform. If an eligible legislative body does not elect to provide a two-way audiovisual platform, the eligible legislative body shall provide a two-way telephonic service for the public to participate in the meeting, pursuant to subclause (I).

(B) (i) All open and public meetings for which attendance via a two-way telephonic service or a two-way audiovisual platform is provided in accordance with paragraph (1) shall provide the public with an opportunity to provide public comment in accordance with Section 54954.3 via the two-way telephonic or two-way audiovisual platform, and ensure the opportunity for the members of the public participating via a two-way telephonic or two-way audiovisual platform to provide public comment with the same time allotment as a person attending a meeting in person.

(2) (A) An eligible legislative body shall reasonably assist members of the public who wish to translate a public meeting into any language or wish to receive interpretation provided by another member of the public, so long as the interpretation is not disrupting to the meeting, as defined in Section 54957.95. The eligible legislative body shall publicize instructions on how to request assistance under this subdivision. Assistance may include any of the following, as determined by the eligible legislative body:

(i) Arranging space for one or more interpreters at the meeting location.

(ii) Allowing extra time during the meeting for interpretation to occur.

(iii) Ensuring participants may utilize their personal equipment or reasonably access facilities for participants to access commercially available interpretation services.

(B) This section does not require an eligible legislative body to provide interpretation of any public meeting, however, an eligible legislative body may elect to provide interpretation of any public meeting.

(C) The eligible legislative body is not responsible for the content or accuracy of any interpretation facilitated, assisted with, or provided under this subdivision. An action shall not be commenced or maintained against the eligible legislative body arising from the content or accuracy of any interpretation facilitated, assisted with, or provided under this subdivision.

(3) An eligible legislative body shall take the following actions to encourage residents, including those in underrepresented communities and non-English-speaking communities, to participate in public meetings:

(A) Have in place a system for electronically accepting and fulfilling requests for meeting agendas and documents pursuant to Section 54954.1 through email or through an integrated agenda management

platform. Information about how to make a request using this system shall be accessible through a prominent direct link posted on the primary internet website home page of the eligible legislative body.

(B) (i) Create and maintain an accessible internet webpage dedicated to public meetings that includes, or provides a link to, all of the following information:

(I) A general explanation of the public meeting process for the eligible legislative body.

(II) An explanation of the procedures for a member of the public to provide in-person or remote oral public comment during a public meeting or to submit written public comment.

(III) A calendar of all public meeting dates with calendar listings that include the date, time, and location of each public meeting.

(IV) The agenda posted online pursuant to paragraph (2) of subdivision (a) of Section 54954.2.

(ii) The eligible legislative body shall include a link to the webpage required by subparagraph (A) on the home page of the eligible legislative body's internet website.

(C) (i) Make reasonable efforts, as determined by the legislative body, to invite groups that do not traditionally participate in public meetings to attend those meetings, which may include, but are not limited to, all the following:

(I) Media organizations that provide news coverage in the jurisdiction of the eligible legislative body, including media organizations that serve non-English-speaking communities.

(II) Good government, civil rights, civic engagement, neighborhood, and community group organizations, or similar organizations that are active in the jurisdiction of the eligible legislative body, including organizations active in non-English-speaking communities.

(ii) Legislative bodies shall have broad discretion in the choice of reasonable efforts they make under this subparagraph. No action shall be commenced or maintained against an eligible legislative body arising from failing to provide public meeting information to any specific group pursuant to this subparagraph.

(c) (1) (A) The agenda for each meeting of an eligible legislative body shall be translated into all applicable languages, and each translation shall be posted in accordance with Section 54954.2. Each translation shall include instructions in the applicable language describing how to join the meeting by the telephonic or internet-based service option, including any requirements for registration for public comment.

(B) The accessible internet webpage provided under subparagraph (B) of paragraph (3) of subdivision (b) shall be translated into all applicable languages, and each translation shall be accessible through a prominent direct link posted on the primary internet website home page of the eligible legislative body.

(2) A translation made using a digital translation service shall satisfy the requirements of paragraph (1).

(3) The eligible legislative body shall make available a physical location that is freely accessible to the public in reasonable proximity to the physical location in which the agenda and translations are posted as described in paragraph (1), and shall allow members of the public to post additional translations of the agenda in that location.

(4) The eligible legislative body is not responsible for the content or accuracy of any translation provided pursuant to this subdivision. No action shall be commenced or maintained against an eligible legislative body arising from the content, accuracy, posting, or removal of any translation provided by the eligible legislative body or posted by any person pursuant to this subdivision.

(5) For the purposes of this section, the agenda does not include the entire agenda packet.

(d) This section shall not be construed to affect or supersede any other applicable civil rights, nondiscrimination, or public access laws.

(e) For purposes of this section, all of the following definitions apply:

(1) (A) "Applicable languages" means languages, according to data from the most recent American Community Survey, spoken jointly by 20 percent or more of the applicable population, provided that 20 percent or more of the population that speaks that language in that city or county speaks English less than "very well."

(B) For the purposes of subparagraph (A), the applicable population shall be determined as follows:

(i) For an eligible legislative body that is a city council or county board of supervisors, the applicable population shall be the population of the city or county.

(ii) For an eligible legislative body of a special district, the applicable population shall be either of the following, at the discretion of the board of directors of the special district:

(I) The population of the county with the greatest population within the boundaries of the special district.

(II) The population of the service area of the special district, if the special district has the data to determine what languages spoken by the population within its service area meet the requirements of paragraph (A).

(C) If more than three languages meet the criteria set forth in subparagraph (A), "applicable languages" shall mean the three languages described in subparagraph (A) that are spoken by the largest percentage of the population.

(D) An eligible legislative body may elect to determine the applicable languages based upon a source other than the most recent American Community Survey if it makes a finding, based upon substantial evidence, that the other source provides equally or more reliable data for the territory over which the eligible legislative body exercises jurisdiction.

(2) "Eligible legislative body" means any of the following:

(A) A city council of a city with a population of 30,000 or more.

(B) A county board of supervisors of a county, or city and county, with a population of 30,000 or more.

(C) A city council of a city located in a county with a population of 600,000 or more.

(D) The board of directors of a special district that has an internet website and meets any of the following conditions:

(i) The boundaries of the special district include the entirety of a county with a population of 600,000 or more, and the special district has over 200 full-time equivalent employees.

(ii) The special district has over 1,000 full-time equivalent employees.

(iii) The special district has annual revenues, based on the most recent Financial Transaction Report data published by the California State Controller, that exceed four hundred million dollars (\$400,000,000), adjusted annually for inflation commencing January 1, 2027, as measured by the percentage change in the California Consumer Price Index from January 1 of the prior year to January 1 of the current year, and the special district employs over 200 full-time equivalent employees.

(3) "Two-way audiovisual platform" means an online platform that provides participants with the ability to participate in a meeting via both an interactive video conference and a two-way telephonic service.

(4) "Two-way telephonic service" means a telephone service that does not require internet access and allows participants to dial a telephone number to listen and verbally participate.

(f) This section shall become operative on July 1, 2026.

(g) This section shall remain in effect only until January 1, 2030, and as of that date is repealed.

*(Added by Stats. 2025, Ch. 327, Sec. 5. (SB 707) Effective January 1, 2026. Operative July 1, 2026, by its own provisions. Repealed as of January 1, 2030, by its own provisions.)*

**54953.5.** (a) Any person attending an open and public meeting of a legislative body of a local agency shall have the right to record the proceedings in the absence of a reasonable finding by the legislative body of the local agency that the recording cannot continue without noise, illumination, or obstruction of view that constitutes, or would constitute, a persistent disruption of the proceedings.

(b) Any recording of an open and public meeting made for whatever purpose by or at the direction of the local agency shall be subject to inspection pursuant to the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1), but, notwithstanding Section 34090, may be erased or destroyed 30 days after the recording. Any inspection of an audio or video recording shall be provided without charge on equipment made available by the local agency.

*(Amended by Stats. 2025, Ch. 327, Sec. 6. (SB 707) Effective January 1, 2026.)*

**54953.6.** No legislative body of a local agency shall prohibit or otherwise restrict the broadcast of its open and public meetings in the absence of a reasonable finding that the broadcast cannot be accomplished without noise, illumination, or obstruction of view that would constitute a persistent disruption of the proceedings.

*(Amended by Stats. 1994, Ch. 32, Sec. 6. Effective March 30, 1994. Operative April 1, 1994, by Sec. 23 of Ch. 32.)*

**54953.7.** Notwithstanding any other provision of law, legislative bodies of local agencies may impose requirements upon themselves which allow greater access to their meetings than prescribed by the minimal standards set forth in this chapter. In addition thereto, an elected legislative body of a local agency may impose those requirements on appointed legislative bodies of the local agency.

*(Amended by Stats. 2025, Ch. 327, Sec. 7. (SB 707) Effective January 1, 2026.)*

**54953.8.** (a) The legislative body of a local agency may use teleconferencing as authorized by subdivision (b) of Section 54953 without complying with the requirements of paragraph (3) of subdivision (b) of Section 54953 in any of the circumstances described in Sections 54953.8.1 to 54953.8.7, inclusive.

(b) A legislative body that holds a teleconference meeting pursuant to this section shall, in addition to any other applicable requirements of this chapter, comply with all of the following:

(1) The legislative body shall provide at least one of the following as a means by which the public may remotely hear and visually observe the meeting, and remotely address the legislative body:

(A) A two-way audiovisual platform.

(B) A two-way telephonic service and a live webcasting of the meeting.

(2) In each instance in which notice of the time of the teleconference meeting held pursuant to this section is otherwise given or the agenda for the meeting is otherwise posted, the legislative body shall also give notice of the means by which members of the public may access the meeting and offer public comment. The agenda shall identify and include an opportunity for all persons to attend via a call-in option or an internet-based service option.

(3) In the event of a disruption that prevents the legislative body from broadcasting the meeting to members of the public using the call-in option or internet-based service option, or in the event of a disruption within the local agency's control that prevents members of the public from offering public comments using the call-in option or internet-based service option, the legislative body shall take no further action on items appearing on the meeting agenda until public access to the meeting via the call-in option or internet-based service option is restored. Actions taken on agenda items during a disruption that prevents the legislative body from broadcasting the meeting may be challenged pursuant to Section 54960.1.

(4) The legislative body shall not require public comments to be submitted in advance of the meeting and must provide an opportunity for the public to address the legislative body and offer comment in real time.

(5) Notwithstanding Section 54953.3, an individual desiring to provide public comment through the use of an internet website, or other online platform, not under the control of the local legislative body, that requires registration to log in to a teleconference may be required to register as required by the third-party internet website or online platform to participate.

(6) (A) A legislative body that provides a timed public comment period for each agenda item shall not close the public comment period for the agenda item, or the opportunity to register, pursuant to paragraph (5), to provide public comment until that timed public comment period has elapsed.

(B) A legislative body that does not provide a timed public comment period, but takes public comment separately on each agenda item, shall allow a reasonable amount of time per agenda item to allow public members the opportunity to provide public comment, including time for members of the public to register pursuant to paragraph (5), or otherwise be recognized for the purpose of providing public comment.

(C) A legislative body that provides a timed general public comment period that does not correspond to a specific agenda item shall not close the public comment period or the opportunity to register, pursuant to

paragraph (5), until the timed general public comment period has elapsed.

(7) Any member of the legislative body who participates in a teleconference meeting from a remote location pursuant to this section and the specific provision of law that the member relied upon to permit their participation by teleconferencing shall be listed in the minutes of the meeting.

(8) The legislative body shall have and implement a procedure for receiving and swiftly resolving requests for reasonable accommodation for individuals with disabilities, consistent with the federal Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and resolving any doubt in favor of accessibility. In each instance in which notice of the time of the meeting is otherwise given or the agenda for the meeting is otherwise posted, the legislative body shall also give notice of the procedure for receiving and resolving requests for accommodation.

(9) The legislative body shall conduct meetings subject to this chapter consistent with applicable civil rights and nondiscrimination laws.

(c) A local agency shall identify and make available to legislative bodies a list of one or more meeting locations that may be available for use by the legislative bodies to conduct their meetings.

(d) (1) Nothing in this section shall prohibit a legislative body from providing the public with additional teleconference locations.

(2) Nothing in this section shall prohibit a legislative body from providing the public with additional physical locations in which the public may observe and address the legislative body by electronic means.

(e) A member of a legislative body who participates in a teleconference meeting from a remote location pursuant to this section shall publicly disclose at the meeting before any action is taken whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with those individuals.

(f) The teleconferencing provisions described in Section 54953 and Sections 54953.8.1 to 54953.8.7, inclusive, are cumulative. A legislative body may elect to use any teleconferencing provisions that are applicable to a meeting, regardless of whether any other teleconferencing provisions would also be applicable to that meeting.

(g) For purposes of this section, the following definitions apply:

(1) "Remote location" means a location from which a member of a legislative body participates in a meeting pursuant to paragraph (7) of subdivision (b), other than any physical meeting location designated in the notice of the meeting. Remote locations need not be accessible to the public.

(2) "Teleconference" means a meeting of a legislative body, the members of which are in different locations, connected by electronic means, through either audio or video, or both.

(3) "Two-way audiovisual platform" means an online platform that provides participants with the ability to participate in a meeting via both an interactive video conference and a two-way telephonic service. A two-way audiovisual platform may be structured to disable the use of video for the public participants.

(4) "Two-way telephonic service" means a telephone service that does not require internet access and allows participants to dial a telephone number to listen and verbally participate.

(5) "Webcasting" means a streaming video broadcast online or on television, using streaming media technology to distribute a single content source to many simultaneous listeners and viewers.

*(Added by Stats. 2025, Ch. 327, Sec. 8. (SB 707) Effective January 1, 2026.)*

**54953.8.1.** (a) A health authority may conduct a teleconference meeting pursuant to Section 54953.8, provided that it complies with the requirements of that section.

(b) Nothing in this section or Section 54953.8 shall be construed as discouraging health authority members from regularly meeting at a common physical site within the jurisdiction of the authority or from using teleconference locations within or near the jurisdiction of the authority.

(c) For purposes of this section, a health authority means any entity created pursuant to Sections 14018.7, 14087.31, 14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare and Institutions Code, any joint powers authority created pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 for the purpose of contracting pursuant to Section 14087.3 of the Welfare and Institutions Code, and any advisory committee to a county-sponsored health plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code if the advisory committee has 12 or more members.

*(Added by Stats. 2025, Ch. 327, Sec. 9. (SB 707) Effective January 1, 2026.)*

**54953.8.2.** (a) A legislative body of a local agency may conduct a teleconference meeting pursuant to Section 54953.8 during a proclaimed state of emergency or local emergency, provided that it complies with the requirements of that section and the teleconferencing is used in either of the following circumstances:

(1) For the purpose of determining, by majority vote, whether as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

(2) After a determination described in paragraph (1) is made that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

(b) If the state of emergency or local emergency remains active, in order to continue to teleconference pursuant to this section, the legislative body shall, no later than 45 days after teleconferencing for the first time pursuant to this section, and every 45 days thereafter, make the following findings by majority vote:

(1) The legislative body has reconsidered the circumstances of the state of emergency or local emergency.

(2) The state of emergency or local emergency continues to directly impact the ability of the members to meet safely in person.

(c) This section shall not be construed to require the legislative body to provide a physical location from which the public may attend or comment.

(d) Notwithstanding paragraph (1) of subdivision (b) of Section 54953.8, a legislative body conducting a teleconference meeting pursuant to this section may elect to use a two-way telephonic service without a live webcasting of the meeting.

(e) For purposes of this section, the following definitions apply:

(1) "Local emergency" means a condition of extreme peril to persons or property proclaimed by the governing body of the local agency affected, in accordance with Section 8630 of the California Emergency Services Act (Chapter 7 (commencing with Section 8550) of Division 1 of Title 2), as defined in Section 8680.9, or a local health emergency declared pursuant to Section 101080 of the Health and Safety Code. Local emergency, as used in this section, refers only to local emergencies in the boundaries of the territory over which the local agency exercises jurisdiction.

(2) "State of emergency" means state of emergency proclaimed pursuant to Section 8625 of the California Emergency Services Act (Chapter 7 (commencing with Section 8550) of Division 1 of Title 2).

*(Added by Stats. 2025, Ch. 327, Sec. 10. (SB 707) Effective January 1, 2026.)*

**54953.8.3.** (a) A legislative body of a local agency may conduct a teleconference meeting pursuant to Section 54953.8 if, during the teleconference meeting, at least a quorum of the members of the legislative body participates in person from a singular physical location clearly identified on the agenda, which location shall be open to the public and situated within the boundaries of the territory over which the local agency exercises jurisdiction, provided that the legislative body complies with the requirements of Section 54953.8 and all of the following additional requirements:

(1) A member of the legislative body notifies the legislative body at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting.

(2) The member shall participate through both audio and visual technology.

(3) (A) The provisions of this subdivision shall not serve as a means for any member of a legislative body to participate in meetings of the legislative body solely by teleconference from a remote location for just cause for more than the following number of meetings, as applicable:

(i) Two meetings per year, if the legislative body regularly meets once per month or less.

(ii) Five meetings per year, if the legislative body regularly meets twice per month.

(iii) Seven meetings per year, if the legislative body regularly meets three or more times per month.

(B) For the purpose of counting meetings attended by teleconference under this paragraph, a "meeting" shall be defined as any number of meetings of the legislative body of a local agency that begin on the same calendar day.

(b) The minutes for the meeting shall identify the specific provision in subdivision (c) that each member relied upon to participate remotely. This subdivision shall not be construed to require the member to disclose any medical diagnosis or disability, or any personal medical information that is otherwise exempt under existing law, including, but not limited to, the Confidentiality of Medical Information Act (Chapter 1 (commencing with Section 56) of Part 2.6 of Division 1 of the Civil Code).

(c) For purposes of this section, "just cause" means any of the following:

- (1) Childcare or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires them to participate remotely. "Child," "parent," "grandparent," "grandchild," and "sibling" have the same meaning as those terms do in Section 12945.2.
- (2) A contagious illness that prevents a member from attending in person.
- (3) A need related to a physical or mental condition that is not subject to subdivision (c) of Section 54953.
- (4) Travel while on official business of the legislative body or another state or local agency.
- (5) An immunocompromised child, parent, grandparent, grandchild, sibling, spouse, or domestic partner of the member that requires the member to participate remotely.
- (6) A physical or family medical emergency that prevents a member from attending in person.
- (7) Military service obligations that result in a member being unable to attend in person because they are serving under official written orders for active duty, drill, annual training, or any other duty required as a member of the California National Guard or a United States Military Reserve organization that requires the member to be at least 50 miles outside the boundaries of the local agency.

(d) This section shall remain in effect only until January 1, 2030, and as of that date is repealed.

*(Added by Stats. 2025, Ch. 327, Sec. 11. (SB 707) Effective January 1, 2026. Repealed as of January 1, 2030, by its own provisions.)*

**54953.8.4.** (a) An eligible neighborhood council may conduct a teleconference meeting pursuant to Section 54953.8, provided that it complies with the requirements of that section and all of the following have occurred:

(1) (A) The city council for a city described in paragraph (2) of subdivision (b) considers whether to adopt a resolution to authorize eligible neighborhood councils to use teleconferencing as described in this section at an open and regular meeting.

(B) If the city council adopts a resolution described in subparagraph (A), an eligible neighborhood council may elect to use teleconferencing pursuant to this section if a majority of the eligible neighborhood council votes to do so. The eligible neighborhood council shall notify the city council if it elects to use teleconferencing pursuant to this section and its justification for doing so.

(C) Upon receiving notification from an eligible neighborhood council described in subparagraph (B), the city council may adopt a resolution to prohibit the eligible neighborhood council from using teleconferencing pursuant to this section.

(2) After completing the requirements of subparagraph (A) of paragraph (1), an eligible neighborhood council that holds a meeting pursuant to this subdivision shall do all of the following:

(A) At least a quorum of the members of the eligible neighborhood council shall participate from locations within the boundaries of the city in which the eligible neighborhood council is established.

(B) At least once per year, at least a quorum of the members of the eligible neighborhood council shall participate in person from a singular physical location that is open to the public and within the boundaries of the eligible neighborhood council.

(3) If the meeting is during regular business hours of the offices of the city council member that represents the area that includes the eligible neighborhood council, the eligible neighborhood council shall provide a publicly accessible physical location from which the public may attend or comment, which shall be the offices of the city council member who represents the area where the eligible neighborhood council is located, unless the eligible neighborhood council identifies an alternative location.

(4) If the meeting is outside regular business hours, the eligible neighborhood council shall make reasonable efforts to accommodate any member of the public that requests an accommodation to participate in the meeting.

(b) For purposes of this section, the following definitions apply:

(1) "Accommodation" means providing a publicly accessible physical location for the member of the public to participate from, providing access to technology necessary to participate in the meeting, or identifying locations or resources available that could provide the member of the public with an opportunity to participate in the meeting.

(2) "Eligible neighborhood council" means a neighborhood council that is an advisory body with the purpose to promote more citizen participation in government and make government more responsive to local needs that is established pursuant to the charter of a city with a population of more than 3,000,000 people that is subject to this chapter.

(c) This section shall remain in effect only until January 1, 2030, and as of that date is repealed.

*(Added by Stats. 2025, Ch. 327, Sec. 12. (SB 707) Effective January 1, 2026. Repealed as of January 1, 2030, by its own provisions.)*

**54953.8.5.** (a) An eligible community college student organization may conduct a teleconference meeting pursuant to Section 54953.8, provided that it complies with the requirements of that section and all of the following additional requirements:

(1) An eligible community college student organization may only use teleconferencing as described in Section 54953.8 after all the following have occurred:

(A) The board of trustees for a community college district considers whether to adopt a resolution to authorize eligible community college student organizations to use teleconferencing as described in this section at an open and regular meeting.

(B) If the board of trustees for a community college district adopts a resolution described in subparagraph (A), an eligible community college student organization may elect to use teleconferencing pursuant to this section if a majority of the eligible community college student organization votes to do so. The eligible community college student organization shall notify the board of trustees if it elects to use teleconferencing pursuant to this section and its justification for doing so.

(C) Upon receiving notification from an eligible community college student organization as described in subparagraph (B), the board of trustees may adopt a resolution to prohibit the eligible community college student organization from using teleconferencing pursuant to this section.

(D) (i) Except as specified in clause (ii), at least a quorum of the members of the eligible community college student organization shall participate from a singular physical location that is accessible to the public and is within the community college district in which the eligible community college student organization is established.

(ii) The requirements described in clause (i) shall not apply to the California Online Community College.

(iii) Notwithstanding the requirements of clause (i), a person may count toward the establishment of a quorum pursuant to clause (i) regardless of whether the person is participating at the in-person location of the meeting or remotely if the person meets any of the following criteria:

(I) The person is under 18 years of age.

(II) The person is incarcerated.

(III) The person is unable to disclose the location that they are participating from because of either of the following circumstances:

(ia) The person has been issued a protective court order, including, but not limited to, a domestic violence restraining order.

(ib) The person is participating in a program that has to remain confidential, including, but not limited to, an independent living program.

(IV) The person provides childcare or caregiving to a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires them to participate remotely. For purposes of this subclause, "child," "parent," "grandparent," "grandchild," and "sibling" have the same meaning as those terms are defined in Section 12945.2.

(2) An eligible community college student organization that holds a meeting by teleconference as described in Section 54953.8 shall do the following, as applicable:

(A) (i) Except as specified in subparagraph (B), if the meeting is during regular business hours of the offices of the board of trustees of the community college district, the eligible community college student organization shall provide a publicly accessible physical location from which the public may attend or comment, which shall be the offices of the board of trustees of the community college district, unless the eligible community college student organization identifies an alternative location.

(ii) Except as specified in subparagraph (B), if the meeting is outside regular business hours, the eligible community college student organization shall make reasonable efforts to accommodate any member of the public that requests an accommodation to participate in the meeting. For the purposes of this subparagraph, "accommodation" means providing a publicly accessible physical location for the member of the public to participate from, providing access to technology necessary to participate in the meeting, or identifying locations or resources available that could provide the member of the public with an opportunity to participate in the meeting.

(B) The requirements described in subparagraph (A) shall not apply to the California Online Community College.

(b) For purposes of this section, "eligible community college student organization" means a student body association organized pursuant to Section 76060 of the Education Code, or any other student-run community college organization that is required to comply with the meeting requirements of this chapter, that is in any community college recognized within the California Community Colleges system and includes the Student Senate for California Community Colleges.

(c) This section shall remain in effect only until January 1, 2030, and as of that date is repealed.

*(Added by Stats. 2025, Ch. 327, Sec. 13. (SB 707) Effective January 1, 2026. Repealed as of January 1, 2030, by its own provisions.)*

**54953.8.6.** (a) An eligible subsidiary body may conduct a teleconference meeting pursuant to Section 54953.8, provided that it complies with the requirements of that section and all of the following additional requirements:

(1) The eligible subsidiary body shall designate one physical meeting location within the boundaries of the legislative body that created the eligible subsidiary body where members of the subsidiary body who are not participating remotely shall be present and members of the public may physically attend, observe, hear, and participate in the meeting. At least one staff member of the eligible subsidiary body or the legislative body that created the eligible subsidiary body shall be present at the physical meeting location during the meeting. The eligible subsidiary body shall post the agenda at the physical meeting location, but need not post the agenda at a remote location.

(2) (A) A member of the eligible subsidiary body shall visibly appear on camera during the open portion of a meeting that is publicly accessible via the internet or other online platform, except if the member has a physical or mental condition not subject to subdivision (c) of Section 54953 that results in a need to participate off camera.

(B) The visual appearance of a member of the eligible subsidiary body on camera may cease only when the appearance would be technologically infeasible, including, but not limited to, when the member experiences a lack of reliable broadband or internet connectivity that would be remedied by joining without video.

(C) If a member of the eligible subsidiary body does not appear on camera due to challenges with internet connectivity, the member shall announce the reason for their nonappearance prior to turning off their camera.

(3) An elected official serving as a member of an eligible subsidiary body in their official capacity shall not participate in a meeting of the eligible subsidiary body by teleconferencing pursuant to this section unless the use of teleconferencing complies with the requirements of paragraph (3) of subdivision (b) of Section 54953.

(4) (A) In order to use teleconferencing pursuant to this section, the legislative body that established the eligible subsidiary body by charter, ordinance, resolution, or other formal action shall make the following findings by majority vote before the eligible subsidiary body uses teleconferencing pursuant to this section for the first time, and every six months thereafter:

(i) The legislative body has considered the circumstances of the eligible subsidiary body.

(ii) Teleconference meetings of the eligible subsidiary body would enhance public access to meetings of the eligible subsidiary body, and the public has been made aware of the type of remote participation, including audio-visual or telephonic, that will be made available at a regularly scheduled meeting and has been provided the opportunity to comment at an in-person meeting of the legislative body authorizing the subsidiary body to meet entirely remotely.

(iii) Teleconference meetings of the eligible subsidiary body would promote the attraction, retention, and diversity of eligible subsidiary body members.

(B) (i) An eligible subsidiary body authorized to use teleconferencing pursuant to this section may request to present any recommendations it develops to the legislative body that created it.

(ii) Upon receiving a request described in clause (i), the legislative body that created the subsidiary body shall hold a discussion at a regular meeting held within 60 days after the legislative body receives the request, or if the legislative body does not have another regular meeting scheduled within 60 days after the legislative body receives the request, at the next regular meeting after the request is received.

(iii) The discussion required by clause (ii) shall not be placed on a consent calendar, but may be combined with the legislative body's subsequent consideration of the findings described in subparagraph (A) for the following 12 months.

(iv) The legislative body shall not take any action on any recommendations included in the report of a subsidiary body until the next regular meeting of the legislative body following the discussion described in clause (ii).

(C) After the legislative body makes the findings described in subparagraph (A), the eligible subsidiary body shall approve the use of teleconferencing by majority vote before using teleconference pursuant to this section.

(D) The legislative body that created the eligible subsidiary body may elect to prohibit the eligible subsidiary body from using teleconferencing pursuant to this section at any time.

(b) (1) For purposes of this section, "eligible subsidiary body" means a legislative body that meets all of the following:

(A) Is described in subdivision (b) of Section 54952.

(B) Serves exclusively in an advisory capacity.

(C) Is not authorized to take final action on legislation, regulations, contracts, licenses, permits, or any other entitlements, grants, or allocations of funds.

(D) Does not have primary subject matter jurisdiction, as defined by the charter, an ordinance, a resolution, or any formal action of the legislative body that created the subsidiary body, that focuses on elections, budgets, police oversight, privacy, removing from, or restricting access to, materials available in public libraries, or taxes or related spending proposals.

(2) An eligible subsidiary body may include members who are elected officials, members who are not elected officials, or any combination thereof.

(c) This section shall remain in effect only until January 1, 2030, and as of that date is repealed.

(Added by Stats. 2025, Ch. 327, Sec. 14. (SB 707) Effective January 1, 2026. Repealed as of January 1, 2030, by its own provisions.) 102

**54953.8.7.** (a) An eligible multijurisdictional body may conduct a teleconference meeting pursuant to Section 54953.8, provided that it complies with the requirements of that section and all of the following additional requirements:

(1) The eligible multijurisdictional body has adopted a resolution that authorizes the eligible multijurisdictional body to use teleconferencing pursuant to this section at a regular meeting in open session.

(2) At least a quorum of the members of the eligible multijurisdictional body shall participate from one or more physical locations that are open to the public and within the boundaries of the territory over which the local agency exercises jurisdiction.

(3) A member of the eligible multijurisdictional body who receives compensation for their service on the eligible multijurisdictional body shall participate from a physical location that is open to the public. For purposes of this paragraph, "compensation" does not include reimbursement for actual and necessary expenses.

(4) A member of the eligible multijurisdictional body may participate from a remote location provided that:

(A) The eligible multijurisdictional body identifies each member of the eligible multijurisdictional body who plans to participate remotely in the agenda.

(B) The member shall participate through both audio and visual technology.

(5) A member of the eligible multijurisdictional body shall not participate in a meeting remotely pursuant to this section, unless the location from which the member participates is more than 20 miles each way from any physical location of the meeting described in paragraph (2).

(6) The provisions of this section shall not serve as a means for any member of a legislative body to participate in meetings of the legislative body solely by teleconference from a remote location for more than the following number of meetings, as applicable:

(A) Two meetings per year, if the legislative body regularly meets once per month or less.

(B) Five meetings per year, if the legislative body regularly meets twice per month.

(C) Seven meetings per year, if the legislative body regularly meets three or more times per month.

(D) For the purpose of counting meetings attended by teleconference under this paragraph, a "meeting" shall be defined as any number of meetings of the legislative body of a local agency that begin on the same calendar day.

(b) For the purposes of this section, both of the following definitions apply:

(1) "Eligible multijurisdictional body" means a multijurisdictional board, commission, or advisory body of a multijurisdictional, cross-county agency, the membership of which board, commission, or advisory body is appointed, and the board, commission, or advisory body is otherwise subject to this chapter.

(2) "Multijurisdictional" means either of the following:

(A) A legislative body that includes representatives from more than one county, city, city and county, or special district.

(B) A legislative body of a joint powers entity formed pursuant to an agreement entered into in accordance with Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1.

(c) This section shall remain in effect only until January 1, 2030, and as of that date is repealed.

(Added by Stats. 2025, Ch. 327, Sec. 15. (SB 707) Effective January 1, 2026. Repealed as of January 1, 2030, by its own provisions.)

**54954.** (a) Each legislative body of a local agency, except for advisory committees or standing committees, shall provide, by ordinance, resolution, bylaws, or by whatever other rule is required for the conduct of business by that body, the time and place for holding regular meetings. Meetings of advisory committees or standing committees, for which an agenda is posted at least 72 hours in advance of the meeting pursuant to subdivision (a) of Section 54954.2, shall be considered for purposes of this chapter as regular meetings of the legislative body.

(b) Regular and special meetings of the legislative body shall be held within the boundaries of the territory over which the local agency exercises jurisdiction, except to do any of the following:

(1) Comply with state or federal law or court order, or attend a judicial or administrative proceeding to which the local agency is a party.

(2) Inspect real or personal property which cannot be conveniently brought within the boundaries of the territory over which the local agency exercises jurisdiction provided that the topic of the meeting is limited to items directly related to the real or personal property.

(3) Participate in meetings or discussions of multiagency significance that are outside the boundaries of a local agency's jurisdiction. However, any meeting or discussion held pursuant to this subdivision shall take place within the jurisdiction of one of the participating local agencies and be noticed by all participating agencies as provided for in this chapter.

(4) Meet in the closest meeting facility if the local agency has no meeting facility within the boundaries of the territory over which the local agency exercises jurisdiction, or at the principal office of the local agency if that office is located outside the territory over which the agency exercises jurisdiction.

(5) Meet outside their immediate jurisdiction with elected or appointed officials of the United States or the State of California when a local meeting would be impractical, solely to discuss a legislative or regulatory issue affecting the local agency and over which the federal or state officials have jurisdiction.

(6) Meet outside their immediate jurisdiction if the meeting takes place in or nearby a facility owned by the agency, provided that the topic of the meeting is limited to items directly related to the facility.

(7) Visit the office of the local agency's legal counsel for a closed session on pending litigation held pursuant to Section 54956.9, when to do so would reduce legal fees or costs.

(c) Meetings of the governing board of a school district shall be held within the district, except under the circumstances enumerated in subdivision (b), or to do any of the following:

(1) Attend a conference on nonadversarial collective bargaining techniques.

(2) Interview members of the public residing in another district with reference to the trustees' potential employment of an applicant for the position of the superintendent of the district.

(3) Interview a potential employee from another district.

(d) Meetings of a joint powers authority shall occur within the territory of at least one of its member agencies, or as provided in subdivision (b). However, a joint powers authority which has members throughout the state may meet at any facility in the state which complies with the requirements of Section 54961.

(e) If, by reason of fire, flood, earthquake, or other emergency, it shall be unsafe to meet in the place designated, the meetings shall be held for the duration of the emergency at the place designated by the presiding officer of the legislative body or his or her designee in a notice to the local media that have requested notice pursuant to Section 54956, by the most rapid means of communication available at the time.

*(Amended by Stats. 2004, Ch. 257, Sec. 1. Effective January 1, 2005.)*

**54954.1.** Any person may request that a copy of the agenda, or a copy of all the documents constituting the agenda packet, of any meeting of a legislative body be mailed to that person. If a local agency has an internet website, the legislative body or its designee shall email a copy of, or website link to, the agenda or a copy of all the documents constituting the agenda packet if the person requests that the item or items be delivered by email. If the local agency determines it is technologically infeasible to send a copy of all documents constituting the agenda packet or

a link to a website that contains the documents by email or by other electronic means, the legislative body or its designee shall send by mail a copy of the agenda or a website link to the agenda and mail a copy of all other documents constituting the agenda packet in accordance with the mailing requirements established pursuant to this section. If requested, the agenda and documents in the agenda packet shall be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof. Upon receipt of the written request, the legislative body or its designee shall cause the requested materials to be mailed at the time the agenda is posted pursuant to Section 54954.2 and 54956 or upon distribution to all, or a majority of all, of the members of a legislative body, whichever occurs first. Any request for mailed copies of agendas or agenda packets shall be valid for the calendar year in which it is filed, and must be renewed following January 1 of each year. The legislative body may establish a fee for mailing the agenda or agenda packet, which fee shall not exceed the cost of providing the service. Failure of the requesting person to receive the agenda or agenda packet pursuant to this section shall not constitute grounds for invalidation of the actions of the legislative body taken at the meeting for which the agenda or agenda packet was not received.

*(Amended by Stats. 2021, Ch. 763, Sec. 1. (SB 274) Effective January 1, 2022.)*

**54954.2.** (a) (1) At least 72 hours before a regular meeting, the legislative body of the local agency, or its designee, shall post an agenda that meets all of the following requirements:

(A) The agenda shall contain a brief general description of each item of business to be transacted or discussed at the meeting, including items to be discussed in closed session. A brief general description of an item generally need not exceed 20 words.

(B) The agenda shall specify the time and location of the regular meeting and shall be posted in a location that is freely accessible to members of the public and on the local agency's internet website, if the local agency has one.

(C) (i) If requested, the agenda shall be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof.

(ii) The agenda shall include information regarding how, to whom, and when a request for disability-related modification or accommodation, including auxiliary aids or services, may be made by a person with a disability who requires a modification or accommodation in order to participate in the public meeting.

(2) For a meeting occurring on and after January 1, 2019, of a legislative body of a city, county, city and county, special district, school district, or political subdivision established by the state that has an internet website, the following provisions shall apply:

(A) An online posting of an agenda shall be posted on the primary internet website home page of a city, county, city and county, special district, school district, or political subdivision established by the state that is accessible through a prominent, direct link to the current agenda. The direct link to the agenda shall not be in a contextual menu; however, a link in addition to the direct link to the agenda may be accessible through a contextual menu.

(B) An online posting of an agenda, including, but not limited to, an agenda posted in an integrated agenda management platform, shall be posted in an open format that meets all of the following requirements:

(i) Retrievable, downloadable, indexable, and electronically searchable by commonly used internet search applications.

(ii) Platform independent and machine readable.

(iii) Available to the public free of charge and without any restriction that would impede the reuse or redistribution of the agenda.

(C) A legislative body of a city, county, city and county, special district, school district, or political subdivision established by the state that has an internet website and an integrated agenda management platform shall not be required to comply with subparagraph (A) if all of the following are met:

(i) A direct link to the integrated agenda management platform shall be posted on the primary internet website home page of a city, county, city and county, special district, school district, or political subdivision established by the state. The direct link to the integrated agenda management platform shall not be in a contextual menu. When a person clicks on the direct link to the integrated agenda management platform, the direct link shall take the person directly to an internet website with the agendas of the legislative body of a city, county, city and county, special district, school district, or political subdivision established by the state.

(ii) The integrated agenda management platform may contain the prior agendas of a legislative body of a city, county, city and county, special district, school district, or political subdivision established by the state for all meetings occurring on or after January 1, 2019.

(iii) The current agenda of the legislative body of a city, county, city and county, special district, school district, or political subdivision established by the state shall be the first agenda available at the top of the integrated agenda management platform.

(iv) All agendas posted in the integrated agenda management platform shall comply with the requirements in clauses (i), (ii), and (iii) of subparagraph (B).

(D) The provisions of this paragraph shall not apply to a political subdivision of a local agency that was established by the legislative body of the city, county, city and county, special district, school district, or political subdivision established by the state.

(E) For purposes of this paragraph, both of the following definitions apply:

(1) "Integrated agenda management platform" means an internet website of a city, county, city and county, special district, school district, or political subdivision established by the state dedicated to providing the entirety of the agenda information for the legislative body of the city, county, city and county, special district, school district, or political subdivision established by the state to the public.

(2) "Legislative body" means a legislative body that meets the definition of subdivision (a) of Section 54952.

(3) No action or discussion shall be undertaken on any item not appearing on the posted agenda, except that members of a legislative body or its staff may briefly respond to statements made or questions posed by persons exercising their public testimony rights under Section 54954.3. In addition, on their own initiative or in response to questions posed by the public, a member of a legislative body or its staff may ask a question for clarification, make a brief announcement, or make a brief report on their own activities. Furthermore, a member of a legislative body, or the body itself, subject to rules or procedures of the legislative body, may provide a reference to staff or other resources for factual information, request staff to report back to the body at a subsequent meeting concerning any matter, or take action to direct staff to place a matter of business on a future agenda.

(b) Notwithstanding subdivision (a), the legislative body may take action on items of business not appearing on the posted agenda under any of the conditions stated below. Prior to discussing any item pursuant to this subdivision, the legislative body shall publicly identify the item.

(1) Upon a determination by a majority vote of the legislative body that an emergency situation exists, as defined in Section 54956.5.

(2) Upon a determination by a two-thirds vote of the members of the legislative body present at the meeting, or, if less than two-thirds of the members are present, a unanimous vote of those members present, that there is a need to take immediate action and that the need for action came to the attention of the local agency subsequent to the agenda being posted as specified in subdivision (a).

(3) The item was posted pursuant to subdivision (a) for a prior meeting of the legislative body occurring not more than five calendar days prior to the date action is taken on the item, and at the prior meeting the item was continued to the meeting at which action is being taken.

(c) This section is necessary to implement and reasonably within the scope of paragraph (1) of subdivision (b) of Section 3 of Article I of the California Constitution.

(d) For purposes of subdivision (a), the requirement that the agenda be posted on the local agency's internet website, if the local agency has one, shall only apply to a legislative body that meets either of the following standards:

(1) A legislative body as that term is defined by subdivision (a) of Section 54952.

(2) A legislative body as that term is defined by subdivision (b) of Section 54952, if the members of the legislative body are compensated for their appearance, and if one or more of the members of the legislative body are also members of a legislative body as that term is defined by subdivision (a) of Section 54952.

*(Amended (as amended by Stats. 2023, Ch. 131, Sec. 92) by Stats. 2025, Ch. 327, Sec. 16. (SB 707) Effective January 1, 2026.)*

**54954.3.** (a) (1) Every agenda for regular meetings shall provide an opportunity for members of the public to directly address the legislative body on any item of interest to the public, before or during the legislative body's consideration of the item, that is within the subject matter jurisdiction of the legislative body, provided that no action shall be taken on any item not appearing on the agenda unless the action is otherwise authorized by subdivision (b) of Section 54954.2.

(2) (A) Notwithstanding paragraph (1), the agenda need not provide an opportunity for members of the public to address the legislative body on any item that has already been considered by a committee, composed exclusively of members of the legislative body, at a public meeting wherein all interested members of the public were afforded the opportunity to address the committee on the item, before or during the committee's consideration of the item.

(B) Subparagraph (A) shall not apply if any of the following conditions are met:

(i) The item has been substantially changed since the committee heard the item, as determined by the legislative body.

(ii) When considering the item, a quorum of the committee members did not participate from a singular physical location, that was clearly identified on the agenda, open to the public, and situated within the boundaries of the territory over which the local agency exercises jurisdiction.

(iii) The committee has primary subject matter jurisdiction, as defined by the charter, an ordinance, a resolution, or any formal action of the legislative body that created the subsidiary body, that focuses on elections, budgets, police oversight, privacy, removing from, or restricting access to, materials available in public libraries, or taxes or related spending proposals. This clause shall not apply to an item if the local agency has adopted a law applicable to the meeting of the committee at which the item that was considered prohibits the committee from placing a limit on the total amount of time for public comment on the item.

(3) Every notice for a special meeting shall provide an opportunity for members of the public to directly address the legislative body concerning any item that has been described in the notice for the meeting before or during consideration of that item.

(b) (1) The legislative body of a local agency may adopt reasonable regulations to ensure that the intent of subdivision (a) is carried out, including, but not limited to, regulations limiting the total amount of time allocated for public testimony on particular issues and for each individual speaker.

(2) Notwithstanding paragraph (1), when the legislative body of a local agency limits time for public comment, the legislative body of a local agency shall provide at least twice the allotted time to a member of the public who utilizes a translator to ensure that non-English speakers receive the same opportunity to directly address the legislative body of a local agency.

(3) Paragraph (2) shall not apply if the legislative body of a local agency utilizes simultaneous translation equipment in a manner that allows the legislative body of a local agency to hear the translated public testimony simultaneously.

(c) The legislative body of a local agency shall not prohibit public criticism of the policies, procedures, programs, or services of the agency, or of the acts or omissions of the legislative body. Nothing in this subdivision shall confer any privilege or protection for expression beyond that otherwise provided by law.

*(Amended by Stats. 2025, Ch. 327, Sec. 17. (SB 707) Effective January 1, 2026.)*

**54954.4.** (a) The Legislature hereby finds and declares that Section 12 of Chapter 641 of the Statutes of 1986, authorizing reimbursement to local agencies and school districts for costs mandated by the state pursuant to that act, shall be interpreted strictly. The intent of the Legislature is to provide reimbursement for only those costs

which are clearly and unequivocally incurred as the direct and necessary result of compliance with Chapter 641 of the Statutes of 1986. <sup>107</sup>

(b) In this regard, the Legislature directs all state employees and officials involved in reviewing or authorizing claims for reimbursement, or otherwise participating in the reimbursement process, to rigorously review each claim and authorize only those claims, or parts thereof, which represent costs which are clearly and unequivocally incurred as the direct and necessary result of compliance with Chapter 641 of the Statutes of 1986 and for which complete documentation exists. For purposes of Section 54954.2, costs eligible for reimbursement shall only include the actual cost to post a single agenda for any one meeting.

(c) The Legislature hereby finds and declares that complete, faithful, and uninterrupted compliance with the Ralph M. Brown Act (Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code) is a matter of overriding public importance. Unless specifically stated, no future Budget Act, or related budget enactments, shall, in any manner, be interpreted to suspend, eliminate, or otherwise modify the legal obligation and duty of local agencies to fully comply with Chapter 641 of the Statutes of 1986 in a complete, faithful, and uninterrupted manner.

*(Added by Stats. 1991, Ch. 238, Sec. 1.)*

**54954.5.** For purposes of describing closed session items pursuant to Section 54954.2, the agenda may describe closed sessions as provided below. No legislative body or elected official shall be in violation of Section 54954.2 or 54956 if the closed session items were described in substantial compliance with this section. Substantial compliance is satisfied by including the information provided below, irrespective of its format.

(a) With respect to a closed session held pursuant to Section 54956.7:

**LICENSE/PERMIT DETERMINATION**

Applicant(s): (Specify number of applicants)

(b) With respect to every item of business to be discussed in closed session pursuant to Section 54956.8:

**CONFERENCE WITH REAL PROPERTY NEGOTIATORS**

Property: (Specify street address, or if no street address, the parcel number or other unique reference, of the real property under negotiation)

Agency negotiator: (Specify names of negotiators attending the closed session) (If circumstances necessitate the absence of a specified negotiator, an agent or designee may participate in place of the absent negotiator so long as the name of the agent or designee is announced at an open session held prior to the closed session.)

Negotiating parties: (Specify name of party (not agent))

Under negotiation: (Specify whether instruction to negotiator will concern price, terms of payment, or both)

(c) With respect to every item of business to be discussed in closed session pursuant to Section 54956.9:

**CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION**

(Paragraph (1) of subdivision (d) of Section 54956.9)

Name of case: (Specify by reference to claimant's name, names of parties, case or claim numbers)

or

Case name unspecified: (Specify whether disclosure would jeopardize service of process or existing settlement negotiations)

**CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION**

Significant exposure to litigation pursuant to paragraph (2) or (3) of subdivision (d) of Section 54956.9: (Specify number of potential cases)

(In addition to the information noticed above, the agency may be required to provide additional information on the agenda or in an oral statement prior to the closed session pursuant to paragraphs (2) to (5), inclusive, of subdivision (e) of Section 54956.9.)

Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9: (Specify number of potential cases)

(d) With respect to every item of business to be discussed in closed session pursuant to Section 54956.95:

**LIABILITY CLAIMS**

Claimant: (Specify name unless unspecified pursuant to Section 54961)

Agency claimed against: (Specify name)

(e) With respect to every item of business to be discussed in closed session pursuant to Section 54957:

THREAT TO PUBLIC SERVICES OR FACILITIES

Consultation with: (Specify name of law enforcement agency and title of officer, or name of applicable agency representative and title)

PUBLIC EMPLOYEE APPOINTMENT

Title: (Specify description of position to be filled)

PUBLIC EMPLOYMENT

Title: (Specify description of position to be filled)

PUBLIC EMPLOYEE PERFORMANCE EVALUATION

Title: (Specify position title of employee being reviewed)

PUBLIC EMPLOYEE DISCIPLINE/DISMISSAL/RELEASE

(No additional information is required in connection with a closed session to consider discipline, dismissal, or release of a public employee. Discipline includes potential reduction of compensation.)

(f) With respect to every item of business to be discussed in closed session pursuant to Section 54957.6:

CONFERENCE WITH LABOR NEGOTIATORS

Agency designated representatives: (Specify names of designated representatives attending the closed session) (If circumstances necessitate the absence of a specified designated representative, an agent or designee may participate in place of the absent representative so long as the name of the agent or designee is announced at an open session held prior to the closed session.)

Employee organization: (Specify name of organization representing employee or employees in question)

or

Unrepresented employee: (Specify position title of unrepresented employee who is the subject of the negotiations)

(g) With respect to closed sessions called pursuant to Section 54957.8:

CASE REVIEW/PLANNING

(No additional information is required in connection with a closed session to consider case review or planning.)

(h) With respect to every item of business to be discussed in closed session pursuant to Sections 1461, 32106, and 32155 of the Health and Safety Code or Sections 37606 and 37624.3 of the Government Code:

REPORT INVOLVING TRADE SECRET

Discussion will concern: (Specify whether discussion will concern proposed new service, program, or facility)

Estimated date of public disclosure: (Specify month and year)

HEARINGS

Subject matter: (Specify whether testimony/deliberation will concern staff privileges, report of medical audit committee, or report of quality assurance committee)

(i) With respect to every item of business to be discussed in closed session pursuant to Section 54956.86:

CHARGE OR COMPLAINT INVOLVING INFORMATION PROTECTED BY FEDERAL LAW

(No additional information is required in connection with a closed session to discuss a charge or complaint pursuant to Section 54956.86.)

(j) With respect to every item of business to be discussed in closed session pursuant to Section 54956.96:

CONFERENCE INVOLVING A JOINT POWERS AGENCY (Specify by name)

Discussion will concern: (Specify closed session description used by the joint powers agency)

Name of local agency representative on joint powers agency board: (Specify name)

(Additional information listing the names of agencies or titles of representatives attending the closed session as consultants or other representatives.)

(k) With respect to every item of business to be discussed in closed session pursuant to Section 54956.75:

AUDIT BY CALIFORNIA STATE AUDITOR'S OFFICE

(Amended by Stats. 2012, Ch. 759, Sec. 6.1. (AB 2690) Effective January 1, 2013.)

54954.6. (a) (1) Before adopting any new or increased general tax or any new or increased assessment, the legislative body of a local agency shall conduct at least one public meeting at which local officials shall allow public testimony regarding the proposed new or increased general tax or new or increased assessment in addition to the noticed public hearing at which the legislative body proposes to enact or increase the general tax or assessment.

For purposes of this section, the term "new or increased assessment" does not include any of the following:

(A) A fee that does not exceed the reasonable cost of providing the services, facilities, or regulatory activity for which the fee is charged.

(B) A service charge, rate, or charge, unless a special district's principal act requires the service charge, rate, or charge to conform to the requirements of this section.

(C) An ongoing annual assessment if it is imposed at the same or lower amount as any previous year.

(D) An assessment that does not exceed an assessment formula or range of assessments previously specified in the notice given to the public pursuant to subparagraph (G) of paragraph (2) of subdivision (c) and that was previously adopted by the agency or approved by the voters in the area where the assessment is imposed.

(E) Standby or immediate availability charges.

(2) The legislative body shall provide at least 45 days' public notice of the public hearing at which the legislative body proposes to enact or increase the general tax or assessment. The legislative body shall provide notice for the public meeting at the same time and in the same document as the notice for the public hearing, but the meeting shall occur prior to the hearing.

(b) (1) The joint notice of both the public meeting and the public hearing required by subdivision (a) with respect to a proposal for a new or increased general tax shall be accomplished by placing a display advertisement of at least one-eighth page in a newspaper of general circulation for three weeks pursuant to Section 6063 and by a first-class mailing to those interested parties who have filed a written request with the local agency for mailed notice of public meetings or hearings on new or increased general taxes. The public meeting pursuant to subdivision (a) shall take place no earlier than 10 days after the first publication of the joint notice pursuant to this subdivision. The public hearing shall take place no earlier than seven days after the public meeting pursuant to this subdivision. Notwithstanding paragraph (2) of subdivision (a), the joint notice need not include notice of the public meeting after the meeting has taken place. The public hearing pursuant to subdivision (a) shall take place no earlier than 45 days after the first publication of the joint notice pursuant to this subdivision. Any written request for mailed notices shall be effective for one year from the date on which it is filed unless a renewal request is filed. Renewal requests for mailed notices shall be filed on or before April 1 of each year. The legislative body may establish a reasonable annual charge for sending notices based on the estimated cost of providing the service.

(2) The notice required by paragraph (1) of this subdivision shall include, but not be limited to, the following:

(A) The amount or rate of the tax. If the tax is proposed to be increased from any previous year, the joint notice shall separately state both the existing tax rate and the proposed tax rate increase.

(B) The activity to be taxed.

(C) The estimated amount of revenue to be raised by the tax annually.

(D) The method and frequency for collecting the tax.

(E) The dates, times, and locations of the public meeting and hearing described in subdivision (a).

(F) The telephone number and address of an individual, office, or organization that interested persons may contact to receive additional information about the tax.

(c) (1) The joint notice of both the public meeting and the public hearing required by subdivision (a) with respect to a proposal for a new or increased assessment on real property or businesses shall be accomplished through a mailing, postage prepaid, in the United States mail and shall be deemed given when so deposited. The public meeting pursuant to subdivision (a) shall take place no earlier than 10 days after the joint mailing pursuant to this subdivision. The public hearing shall take place no earlier than seven days after the public meeting pursuant to this

subdivision. The envelope or the cover of the mailing shall include the name of the local agency and the return address of the sender. This mailed notice shall be in at least 10-point type and shall be given to all property owners or business owners proposed to be subject to the new or increased assessment by a mailing by name to those persons whose names and addresses appear on the last equalized county assessment roll, the State Board of Equalization assessment roll, or the local agency's records pertaining to business ownership, as the case may be.

(2) The joint notice required by paragraph (1) of this subdivision shall include, but not be limited to, the following:

(A) In the case of an assessment proposed to be levied on property, the estimated amount of the assessment per parcel. In the case of an assessment proposed to be levied on businesses, the proposed method and basis of levying the assessment in sufficient detail to allow each business owner to calculate the amount of assessment to be levied against each business. If the assessment is proposed to be increased from any previous year, the joint notice shall separately state both the amount of the existing assessment and the proposed assessment increase.

(B) A general description of the purpose or improvements that the assessment will fund.

(C) The address to which property owners may mail a protest against the assessment.

(D) The telephone number and address of an individual, office, or organization that interested persons may contact to receive additional information about the assessment.

(E) A statement that a majority protest will cause the assessment to be abandoned if the assessment act used to levy the assessment so provides. Notice shall also state the percentage of protests required to trigger an election, if applicable.

(F) The dates, times, and locations of the public meeting and hearing described in subdivision (a).

(G) A proposed assessment formula or range as described in subparagraph (D) of paragraph (1) of subdivision (a) if applicable and that is noticed pursuant to this section.

(3) Notwithstanding paragraph (1), in the case of an assessment that is proposed exclusively for operation and maintenance expenses imposed throughout the entire local agency, or exclusively for operation and maintenance assessments proposed to be levied on 50,000 parcels or more, notice may be provided pursuant to this subdivision or pursuant to paragraph (1) of subdivision (b) and shall include the estimated amount of the assessment of various types, amounts, or uses of property and the information required by subparagraphs (B) to (G), inclusive, of paragraph (2) of subdivision (c).

(4) Notwithstanding paragraph (1), in the case of an assessment proposed to be levied pursuant to Part 2 (commencing with Section 22500) of Division 2 of the Streets and Highways Code by a regional park district, regional park and open-space district, or regional open-space district formed pursuant to Article 3 (commencing with Section 5500) of Chapter 3 of Division 5 of, or pursuant to Division 26 (commencing with Section 35100) of, the Public Resources Code, notice may be provided pursuant to paragraph (1) of subdivision (b).

(d) The notice requirements imposed by this section shall be construed as additional to, and not to supersede, existing provisions of law, and shall be applied concurrently with the existing provisions so as to not delay or prolong the governmental decisionmaking process.

(e) This section shall not apply to any new or increased general tax or any new or increased assessment that requires an election of either of the following:

(1) The property owners subject to the assessment.

(2) The voters within the local agency imposing the tax or assessment.

(f) Nothing in this section shall prohibit a local agency from holding a consolidated meeting or hearing at which the legislative body discusses multiple tax or assessment proposals.

(g) The local agency may recover the reasonable costs of public meetings, public hearings, and notice required by this section from the proceeds of the tax or assessment. The costs recovered for these purposes, whether recovered pursuant to this subdivision or any other provision of law, shall not exceed the reasonable costs of the public meetings, public hearings, and notice.

(h) Any new or increased assessment that is subject to the notice and hearing provisions of Article XIII C or XIII D of the California Constitution is not subject to the notice and hearing requirements of this section.

*(Amended by Stats. 2011, Ch. 382, Sec. 3.5. (SB 194) Effective January 1, 2012.)*

**54955.** The legislative body of a local agency may adjourn any regular, adjourned regular, special or adjourned special meeting to a time and place specified in the order of adjournment. Less than a quorum may so adjourn from time to time. If all members are absent from any regular or adjourned regular meeting the clerk or secretary of the legislative body may declare the meeting adjourned to a stated time and place and he shall cause a written notice of the adjournment to be given in the same manner as provided in Section 54956 for special meetings, unless such notice is waived as provided for special meetings. A copy of the order or notice of adjournment shall be conspicuously posted on or near the door of the place where the regular, adjourned regular, special or adjourned special meeting was held within 24 hours after the time of the adjournment. When a regular or adjourned regular meeting is adjourned as provided in this section, the resulting adjourned regular meeting is a regular meeting for all purposes. When an order of adjournment of any meeting fails to state the hour at which the adjourned meeting is to be held, it shall be held at the hour specified for regular meetings by ordinance, resolution, bylaw, or other rule.

*(Amended by Stats. 1959, Ch. 647.)*

**54955.1.** Any hearing being held, or noticed or ordered to be held, by a legislative body of a local agency at any meeting may by order or notice of continuance be continued or recontinued to any subsequent meeting of the legislative body in the same manner and to the same extent set forth in Section 54955 for the adjournment of meetings; provided, that if the hearing is continued to a time less than 24 hours after the time specified in the order or notice of hearing, a copy of the order or notice of continuance of hearing shall be posted immediately following the meeting at which the order or declaration of continuance was adopted or made.

*(Added by Stats. 1965, Ch. 469.)*

**54956.** (a) (1) A special meeting may be called at any time by the presiding officer of the legislative body of a local agency, or by a majority of the members of the legislative body, by delivering written notice to each member of the legislative body and to each local newspaper of general circulation and radio or television station requesting notice in writing and posting a notice on the local agency's internet website, if the local agency has one. The notice shall be delivered personally or by any other means and shall be received at least 24 hours before the time of the meeting as specified in the notice. The call and notice shall specify the time and place of the special meeting and the business to be transacted or discussed. No other business shall be considered at these meetings by the legislative body. The written notice may be dispensed with as to any member who at or prior to the time the meeting convenes files with the clerk or secretary of the legislative body a written waiver of notice. The waiver may be given by telephone or electronic mail. The written notice may also be dispensed with as to any member who is actually present at the meeting at the time it convenes.

(2) The call and notice shall be posted at least 24 hours prior to the special meeting in a location that is freely accessible to members of the public.

(b) Notwithstanding any other law, a legislative body shall not call a special meeting regarding the salaries, salary schedules, or compensation paid in the form of fringe benefits, of the legislative body or of a local agency executive, as defined in subdivision (d) of Section 3511.1. However, this subdivision does not apply to a local agency calling a special meeting to discuss the local agency's budget.

*(Amended by Stats. 2025, Ch. 327, Sec. 18. (SB 707) Effective January 1, 2026.)*

**54956.5.** (a) For purposes of this section, "emergency situation" means both of the following:

(1) An emergency, which shall be defined as a work stoppage, crippling activity, or other activity that severely impairs public health, safety, or both, as determined by a majority of the members of the legislative body.

(2) A dire emergency, which shall be defined as a crippling disaster, mass destruction, terrorist act, or threatened terrorist activity that poses peril so immediate and significant that requiring a legislative body to provide one-hour notice before holding an emergency meeting under this section may endanger the public health, safety, or both, as determined by a majority of the members of the legislative body.

(b) (1) Subject to paragraph (2), in the case of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities, a legislative body may hold an emergency meeting without complying with either the 24-hour notice requirement or the 24-hour posting requirement of Section 54956 or both of the notice and posting requirements.

(2) Each local newspaper of general circulation and radio or television station that has requested notice of special meetings pursuant to Section 54956 shall be notified by the presiding officer of the legislative body, or designee thereof, one hour prior to the emergency meeting, or, in the case of a dire emergency, at or near the time that the presiding officer or designee notifies the members of the legislative body of the emergency meeting.

(A) Except as provided in subparagraph (B), the notice required by this paragraph shall be given by telephone and all telephone numbers provided in the most recent request of a newspaper or station for notification of special meetings shall be exhausted. In the event that telephone services are not functioning, the notice requirements of this paragraph shall be deemed waived, and the legislative body, or designee of the legislative body, shall notify those newspapers, radio stations, or television stations of the fact of the holding of the emergency meeting, the purpose of the meeting, and any action taken at the meeting as soon after the meeting as possible.

(B) For an emergency meeting held pursuant to this section, the presiding officer of the legislative body, or designee thereof, may send the notifications required by this paragraph by email instead of by telephone, as provided in subparagraph (A), to all local newspapers of general circulation, and radio or television stations, that have requested those notifications by email, and all email addresses provided by representatives of those newspapers or stations shall be exhausted. In the event that internet services and telephone services are not functioning, the notice requirements of this paragraph shall be deemed waived, and the legislative body, or designee of the legislative body, shall notify those newspapers, radio stations, or television stations of the fact of the holding of the emergency meeting, the purpose of the meeting, and any action taken at the meeting as soon after the meeting as possible.

(c) During a meeting held pursuant to this section, the legislative body may meet in closed session pursuant to Section 54957 if agreed to by a two-thirds vote of the members of the legislative body present, or, if less than two-thirds of the members are present, by a unanimous vote of the members present.

(d) All special meeting requirements, as prescribed in Section 54956 shall be applicable to a meeting called pursuant to this section, with the exception of the 24-hour notice requirement.

(e) The minutes of a meeting called pursuant to this section, a list of persons who the presiding officer of the legislative body, or designee of the legislative body, notified or attempted to notify, a copy of the rollcall vote, and any actions taken at the meeting shall be posted for a minimum of 10 days in a public place as soon after the meeting as possible.

*(Amended by Stats. 2025, Ch. 327, Sec. 19. (SB 707) Effective January 1, 2026.)*

**54956.6.** No fees may be charged by the legislative body of a local agency for carrying out any provision of this chapter, except as specifically authorized by this chapter.

*(Added by Stats. 1980, Ch. 1284.)*

**54956.7.** Whenever a legislative body of a local agency determines that it is necessary to discuss and determine whether an applicant for a license or license renewal, who has a criminal record, is sufficiently rehabilitated to obtain the license, the legislative body may hold a closed session with the applicant and the applicant's attorney, if any, for the purpose of holding the discussion and making the determination. If the legislative body determines, as a result of the closed session, that the issuance or renewal of the license should be denied, the applicant shall be offered the opportunity to withdraw the application. If the applicant withdraws the application, no record shall be kept of the discussions or decisions made at the closed session and all matters relating to the closed session shall be confidential. If the applicant does not withdraw the application, the legislative body shall take action at the public meeting during which the closed session is held or at its next public meeting denying the application for the license but all matters relating to the closed session are confidential and shall not be disclosed without the consent of the applicant, except in an action by an applicant who has been denied a license challenging the denial of the license.

*(Added by Stats. 1982, Ch. 298, Sec. 1.)*

**54956.75.** (a) Nothing contained in this chapter shall be construed to prevent the legislative body of a local agency that has received a confidential final draft audit report from the Bureau of State Audits from holding closed sessions to discuss its response to that report.

(b) After the public release of an audit report by the Bureau of State Audits, if a legislative body of a local agency meets to discuss the audit report, it shall do so in an open session unless exempted from that requirement by some other provision of law.

*(Added by Stats. 2004, Ch. 576, Sec. 4. Effective January 1, 2005.)*

**54956.8.** Notwithstanding any other provision of this chapter, a legislative body of a local agency may hold a closed session with its negotiator prior to the purchase, sale, exchange, or lease of real property by or for the local agency to grant authority to its negotiator regarding the price and terms of payment for the purchase, sale, exchange, or lease.

However, prior to the closed session, the legislative body of the local agency shall hold an open and public session in which it identifies its negotiators, the real property or real properties which the negotiations may concern, and the person or persons with whom its negotiators may negotiate.

For purposes of this section, negotiators may be members of the legislative body of the local agency.

For purposes of this section, "lease" includes renewal or renegotiation of a lease.

Nothing in this section shall preclude a local agency from holding a closed session for discussions regarding eminent domain proceedings pursuant to Section 54956.9.

*(Amended by Stats. 1998, Ch. 260, Sec. 3. Effective January 1, 1999.)*

**54956.81.** Notwithstanding any other provision of this chapter, a legislative body of a local agency that invests pension funds may hold a closed session to consider the purchase or sale of particular, specific pension fund investments. All investment transaction decisions made during the closed session shall be made by rollcall vote entered into the minutes of the closed session as provided in subdivision (a) of Section 54957.2.

*(Added by Stats. 2004, Ch. 533, Sec. 20. Effective January 1, 2005.)*

**54956.86.** Notwithstanding any other provision of this chapter, a legislative body of a local agency which provides services pursuant to Section 14087.3 of the Welfare and Institutions Code may hold a closed session to hear a charge or complaint from a member enrolled in its health plan if the member does not wish to have his or her name, medical status, or other information that is protected by federal law publicly disclosed. Prior to holding a closed session pursuant to this section, the legislative body shall inform the member, in writing, of his or her right to have the charge or complaint heard in an open session rather than a closed session.

*(Added by Stats. 1996, Ch. 182, Sec. 2. Effective January 1, 1997.)*

**54956.87.** (a) Notwithstanding any other provision of this chapter, the records of a health plan that is licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code) and that is governed by a county board of supervisors, whether paper records, records maintained in the management information system, or records in any other form, that relate to provider rate or payment determinations, allocation or distribution methodologies for provider payments, formulas or calculations for these payments, and contract negotiations with providers of health care for alternative rates are exempt from disclosure for a period of three years after the contract is fully executed. The transmission of the records, or the information contained therein in an alternative form, to the board of supervisors shall not constitute a waiver of exemption from disclosure, and the records and information once transmitted to the board of supervisors shall be subject to this same exemption.

(b) Notwithstanding any other provision of law, the governing board of a health plan that is licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code) and that is governed by a county board of supervisors may order that a meeting held solely for the purpose of discussion or taking action on health plan trade secrets, as defined in subdivision (f), shall be held in closed session. The requirements of making a public report of action taken in closed session, and the vote or abstention of every member present, may be limited to a brief general description without the information constituting the trade secret.

(c) Notwithstanding any other provision of law, the governing board of a health plan may meet in closed session to consider and take action on matters pertaining to contracts and contract negotiations by the health plan with providers of health care services concerning all matters related to rates of payment. The governing board may delete the portion or portions containing trade secrets from any documents that were finally approved in the closed session held pursuant to subdivision (b) that are provided to persons who have made the timely or standing request.

(d) Nothing in this section shall be construed as preventing the governing board from meeting in closed session as otherwise provided by law.

(e) The provisions of this section shall not prevent access to any records by the Joint Legislative Audit Committee in the exercise of its powers pursuant to Article 1 (commencing with Section 10500) of Chapter 4 of Part 2 of Division 2 of Title 2. The provisions of this section also shall not prevent access to any records by the Department of Managed Health Care in the exercise of its powers pursuant to Article 1 (commencing with Section 1340) of Chapter 2.2 of Division 2 of the Health and Safety Code.

(f) For purposes of this section, "health plan trade secret" means a trade secret, as defined in subdivision (d) of Section 3426.1 of the Civil Code, that also meets both of the following criteria:

(1) The secrecy of the information is necessary for the health plan to initiate a new service, program, marketing strategy, business plan, or technology, or to add a benefit or product.

(2) Premature disclosure of the trade secret would create a substantial probability of depriving the health plan of a substantial economic benefit or opportunity.

*(Amended by Stats. 2015, Ch. 190, Sec. 65. (AB 1517) Effective January 1, 2016.)*

**54956.9.** (a) Nothing in this chapter shall be construed to prevent a legislative body of a local agency, based on advice of its legal counsel, from holding a closed session to confer with, or receive advice from, its legal counsel regarding pending litigation when discussion in open session concerning those matters would prejudice the position of the local agency in the litigation.

(b) For purposes of this chapter, all expressions of the lawyer-client privilege other than those provided in this section are hereby abrogated. This section is the exclusive expression of the lawyer-client privilege for purposes of conducting closed-session meetings pursuant to this chapter.

(c) For purposes of this section, "litigation" includes any adjudicatory proceeding, including eminent domain, before a court, administrative body exercising its adjudicatory authority, hearing officer, or arbitrator.

(d) For purposes of this section, litigation shall be considered pending when any of the following circumstances exist:

(1) Litigation, to which the local agency is a party, has been initiated formally.

(2) A point has been reached where, in the opinion of the legislative body of the local agency on the advice of its legal counsel, based on existing facts and circumstances, there is a significant exposure to litigation against the local agency.

(3) Based on existing facts and circumstances, the legislative body of the local agency is meeting only to decide whether a closed session is authorized pursuant to paragraph (2).

(4) Based on existing facts and circumstances, the legislative body of the local agency has decided to initiate or is deciding whether to initiate litigation.

(e) For purposes of paragraphs (2) and (3) of subdivision (d), "existing facts and circumstances" shall consist only of one of the following:

(1) Facts and circumstances that might result in litigation against the local agency but which the local agency believes are not yet known to a potential plaintiff or plaintiffs, which facts and circumstances need not be disclosed.

(2) Facts and circumstances, including, but not limited to, an accident, disaster, incident, or transactional occurrence that might result in litigation against the agency and that are known to a potential plaintiff or plaintiffs, which facts or circumstances shall be publicly stated on the agenda or announced.

(3) The receipt of a claim pursuant to the Government Claims Act (Division 3.6 (commencing with Section 810) of Title 1 of the Government Code) or some other written communication from a potential plaintiff threatening litigation, which claim or communication shall be available for public inspection pursuant to Section 54957.5.

(4) A statement made by a person in an open and public meeting threatening litigation on a specific matter within the responsibility of the legislative body.

(5) A statement threatening litigation made by a person outside an open and public meeting on a specific matter within the responsibility of the legislative body so long as the official or employee of the local agency receiving knowledge of the threat makes a contemporaneous or other record of the statement prior to the meeting, which

record shall be available for public inspection pursuant to Section 54957.5. The records so created need not identify the alleged victim of unlawful or tortious sexual conduct or anyone making the threat on their behalf, or identify a public employee who is the alleged perpetrator of any unlawful or tortious conduct upon which a threat of litigation is based, unless the identity of the person has been publicly disclosed.

(f) Nothing in this section shall require disclosure of written communications that are privileged and not subject to disclosure pursuant to the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1).

(g) Prior to holding a closed session pursuant to this section, the legislative body of the local agency shall state on the agenda or publicly announce the paragraph of subdivision (d) that authorizes the closed session. If the session is closed pursuant to paragraph (1) of subdivision (d), the body shall state the title of or otherwise specifically identify the litigation to be discussed, unless the body states that to do so would jeopardize the agency's ability to effectuate service of process upon one or more unserved parties, or that to do so would jeopardize its ability to conclude existing settlement negotiations to its advantage.

(h) A local agency shall be considered to be a "party" or to have a "significant exposure to litigation" if an officer or employee of the local agency is a party or has significant exposure to litigation concerning prior or prospective activities or alleged activities during the course and scope of that office or employment, including litigation in which it is an issue whether an activity is outside the course and scope of the office or employment.

*(Amended by Stats. 2021, Ch. 615, Sec. 206. (AB 474) Effective January 1, 2022. Operative January 1, 2023, pursuant to Sec. 463 of Stats. 2021, Ch. 615.)*

**54956.95.** (a) Nothing in this chapter shall be construed to prevent a joint powers agency formed pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1, for purposes of insurance pooling, or a local agency member of the joint powers agency, from holding a closed session to discuss a claim for the payment of tort liability losses, public liability losses, or workers' compensation liability incurred by the joint powers agency or a local agency member of the joint powers agency.

(b) Nothing in this chapter shall be construed to prevent the Local Agency Self-Insurance Authority formed pursuant to Chapter 5.5 (commencing with Section 6599.01) of Division 7 of Title 1, or a local agency member of the authority, from holding a closed session to discuss a claim for the payment of tort liability losses, public liability losses, or workers' compensation liability incurred by the authority or a local agency member of the authority.

(c) Nothing in this section shall be construed to affect Section 54956.9 with respect to any other local agency.

*(Added by Stats. 1989, Ch. 882, Sec. 3.)*

**54956.96.** (a) Nothing in this chapter shall be construed to prevent the legislative body of a joint powers agency formed pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1, from adopting a policy or a bylaw or including in its joint powers agreement provisions that authorize either or both of the following:

(1) All information received by the legislative body of the local agency member in a closed session related to the information presented to the joint powers agency in closed session shall be confidential. However, a member of the legislative body of a local agency member may disclose information obtained in a closed session that has direct financial or liability implications for that local agency to the following individuals:

(A) Legal counsel of that local agency member for purposes of obtaining advice on whether the matter has direct financial or liability implications for that local agency member.

(B) Other members of the legislative body of the local agency present in a closed session of that local agency member.

(2) Any designated alternate member of the legislative body of the joint powers agency who is also a member of the legislative body of a local agency member and who is attending a properly noticed meeting of the joint powers agency in lieu of a local agency member's regularly appointed member to attend closed sessions of the joint powers agency.

(b) (1) In addition to the authority described in subdivision (a), the Clean Power Alliance of Southern California, or its successor entity, may adopt a policy or a bylaw or include in its joint powers agreement a provision that authorizes both of the following:

(A) A designated alternate member of the legislative body of the Clean Power Alliance of Southern California, or its successor entity, who is not a member of the legislative body of a local agency member and who is

attending a properly noticed meeting of the Clean Power Alliance of Southern California, or its successor entity, in lieu of a local agency member's regularly appointed member, to attend closed sessions of the Clean Power Alliance of Southern California, or its successor entity.

(B) All information that is received by a designated alternate member of the legislative body of the Clean Power Alliance of Southern California, or its successor entity, who is not a member of the legislative body of a local agency member, and that is presented to the Clean Power Alliance of Southern California, or its successor entity, in closed session, shall be confidential. However, the designated alternate member may disclose information obtained in a closed session that has direct financial or liability implications for the local agency member for which the designated alternate member attended the closed session, to the following individuals:

- (i) Legal counsel of that local agency member for purposes of obtaining advice on whether the matter has direct financial or liability implications for that local agency member.
- (ii) Members of the legislative body of the local agency present in a closed session of that local agency member.

(2) If the Clean Power Alliance of Southern California, or its successor entity, adopts a policy or bylaw or includes in its joint powers agreement a provision authorized pursuant to paragraph (1), the Clean Power Alliance of Southern California, or its successor entity, shall establish policies to prevent conflicts of interest and to address breaches of confidentiality that apply to a designated alternate member who is not a member of the legislative body of a local agency member who attends a closed session of the Clean Power Alliance of Southern California, or its successor entity.

(c) If the legislative body of a joint powers agency adopts a policy or a bylaw or includes provisions in its joint powers agreement pursuant to subdivision (a) or (b), then the legislative body of the local agency member, upon the advice of its legal counsel, may conduct a closed session in order to receive, discuss, and take action concerning information obtained in a closed session of the joint powers agency pursuant to paragraph (1) of subdivision (a) or paragraph (1) of subdivision (b).

(d) This section shall remain in effect only until January 1, 2030, and as of that date is repealed.

*(Amended (as amended by Stats. 2019, Ch. 248, Sec. 1) by Stats. 2024, Ch. 24, Sec. 1. (AB 1852) Effective January 1, 2025. Repealed as of January 1, 2030, by its own provisions. See later operative version, as amended by Sec. 2 of Stats. 2024, Ch. 24.)*

**54956.96.** (a) Nothing in this chapter shall be construed to prevent the legislative body of a joint powers agency formed pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1, from adopting a policy or a bylaw or including in its joint powers agreement provisions that authorize either or both of the following:

(1) All information received by the legislative body of the local agency member in a closed session related to the information presented to the joint powers agency in closed session shall be confidential. However, a member of the legislative body of a local agency member may disclose information obtained in a closed session that has direct financial or liability implications for that local agency to the following individuals:

(A) Legal counsel of that local agency member for purposes of obtaining advice on whether the matter has direct financial or liability implications for that local agency member.

(B) Other members of the legislative body of the local agency present in a closed session of that local agency member.

(2) A designated alternate member of the legislative body of the joint powers agency who is also a member of the legislative body of a local agency member and who is attending a properly noticed meeting of the joint powers agency in lieu of a local agency member's regularly appointed member to attend closed sessions of the joint powers agency.

(b) If the legislative body of a joint powers agency adopts a policy or a bylaw or includes provisions in its joint powers agreement pursuant to subdivision (a), then the legislative body of the local agency member, upon the advice of its legal counsel, may conduct a closed session in order to receive, discuss, and take action concerning information obtained in a closed session of the joint powers agency pursuant to paragraph (1) of subdivision (a).

(c) This section shall become operative on January 1, 2030.

*(Amended (as added by Stats. 2019, Ch. 248, Sec. 2) by Stats. 2024, Ch. 24, Sec. 2. (AB 1852) Effective January 1, 2025. Section operative January 1, 2030, by its own provisions.)*

**54956.97.** Notwithstanding any provision of law, the governing board, or a committee of the governing board, of a public bank, as defined in Section 57600 of the Government Code, may meet in closed session to consider and take action on matters pertaining to all of the following:

- (a) A loan or investment decision.
- (b) A decision of the internal audit committee, the compliance committee, or the governance committee.
- (c) A meeting with a state or federal regulator.

*(Added by Stats. 2019, Ch. 442, Sec. 14. (AB 857) Effective January 1, 2020.)*

**54956.98.** (a) For purposes of this section, the following definitions shall apply:

(1) "Shareholder, member, or owner local agency" or "shareholder, member, or owner" means a local agency that is a shareholder of a public bank.

(2) "Public bank" has the same meaning as defined in Section 57600.

(b) The governing board of a public bank may adopt a policy or a bylaw or include in its governing documents provisions that authorize any of the following:

(1) All information received by a shareholder, member, or owner of the public bank in a closed session related to the information presented to the governing board of a public bank in closed session shall be confidential. However, a member of the governing board of a shareholder, member, or owner local agency may disclose information obtained in a closed session that has direct financial or liability implications for that local agency to the following individuals:

(A) Legal counsel of that shareholder, member, or owner local agency for purposes of obtaining advice on whether the matter has direct financial or liability implications for that shareholder local agency.

(B) Other members of the governing board of the local agency present in a closed session of that shareholder, member, or owner local agency.

(2) A designated alternate member of the governing board of the public bank who is also a member of the governing board of a shareholder, member, or owner local agency and who is attending a properly noticed meeting of the public bank governing board in lieu of a shareholder, member, or owner local agency's regularly appointed member may attend a closed session of the public bank governing board.

(c) If the governing board of a public bank adopts a policy or a bylaw or includes provisions in its governing documents pursuant to subdivision (b), then the governing board of the shareholder, member, or owner local agency, upon the advice of its legal counsel, may conduct a closed session in order to receive, discuss, and take action concerning information obtained in a closed session of the public bank governing board pursuant to paragraph (1) of subdivision (b).

*(Added by Stats. 2019, Ch. 442, Sec. 15. (AB 857) Effective January 1, 2020.)*

**54957.** (a) (1) This chapter does not prevent the legislative body of a local agency from holding closed sessions with the Governor, Attorney General, district attorney, agency counsel, sheriff, or chief of police, or other law enforcement or security personnel, or a security consultant or a security operations manager, on matters posing a threat to the security of public buildings, a threat to the security of essential public services, including water, drinking water, wastewater treatment, natural gas service, and electric service, a threat to the public's right of access to public services or public facilities, or a threat to critical infrastructure controls or critical infrastructure information relating to cybersecurity.

(2) For purposes of this subdivision, the following definitions apply:

(A) "Critical infrastructure controls" means networks and systems controlling assets so vital to the local agency that the incapacity or destruction of those networks, systems, or assets would have a debilitating impact on public health, safety, economic security, or any combination thereof.

(B) "Critical infrastructure information" means information not customarily in the public domain pertaining to any of the following:

(i) Actual, potential, or threatened interference with, or an attack on, compromise of, or incapacitation of critical infrastructure controls by either physical or computer-based attack or other similar conduct, including, but not limited to, the misuse of, or unauthorized access to, all types of communications and data transmission systems, that violates federal, state, or local law or harms public health, safety, or economic security, or any combination thereof.

(ii) The ability of critical infrastructure controls to resist any interference, compromise, or incapacitation, including, but not limited to, any planned or past assessment or estimate of the vulnerability of critical infrastructure.

(iii) Any planned or past operational problem or solution regarding critical infrastructure controls, including, but not limited to, repair, recovery, reconstruction, insurance, or continuity, to the extent it is related to interference, compromise, or incapacitation of critical infrastructure controls.

(b) (1) Subject to paragraph (2), this chapter does not prevent the legislative body of a local agency from holding closed sessions during a regular or special meeting to consider the appointment, employment, evaluation of performance, discipline, or dismissal of a public employee or to hear complaints or charges brought against the employee by another person or employee unless the employee requests a public session.

(2) As a condition to holding a closed session on specific complaints or charges brought against an employee by another person or employee, the employee shall be given written notice of their right to have the complaints or charges heard in an open session rather than a closed session, which notice shall be delivered to the employee personally or by mail at least 24 hours before the time for holding the session. If notice is not given, any disciplinary or other action taken by the legislative body against the employee based on the specific complaints or charges in the closed session shall be null and void.

(3) The legislative body also may exclude from the public or closed meeting, during the examination of a witness, any or all other witnesses in the matter being investigated by the legislative body.

(4) For the purposes of this subdivision, the term "employee" shall include an officer or an independent contractor who functions as an officer or an employee but shall not include any elected official, member of a legislative body or other independent contractors. This subdivision shall not limit local officials' ability to hold closed session meetings pursuant to Sections 1461, 32106, and 32155 of the Health and Safety Code or Sections 37606 and 37624.3 of the Government Code. Closed sessions held pursuant to this subdivision shall not include discussion or action on proposed compensation except for a reduction of compensation that results from the imposition of discipline.

*(Amended by Stats. 2024, Ch. 243, Sec. 1. (AB 2715) Effective January 1, 2025.)*

**54957.1.** (a) The legislative body of any local agency shall publicly report any action taken in closed session and the vote or abstention on that action of every member present, as follows:

(1) Approval of an agreement concluding real estate negotiations pursuant to Section 54956.8 shall be reported after the agreement is final, as follows:

(A) If its own approval renders the agreement final, the body shall report that approval and the substance of the agreement in open session at the public meeting during which the closed session is held.

(B) If final approval rests with the other party to the negotiations, the local agency shall disclose the fact of that approval and the substance of the agreement upon inquiry by any person, as soon as the other party or its agent has informed the local agency of its approval.

(2) Approval given to its legal counsel to defend, or seek or refrain from seeking appellate review or relief, or to enter as an amicus curiae in any form of litigation as the result of a consultation under Section 54956.9 shall be reported in open session at the public meeting during which the closed session is held. The report shall identify, if known, the adverse party or parties and the substance of the litigation. In the case of approval given to initiate or intervene in an action, the announcement need not identify the action, the defendants, or other particulars, but shall specify that the direction to initiate or intervene in an action has been given and that the action, the defendants, and the other particulars shall, once formally commenced, be disclosed to any person upon inquiry, unless to do so would jeopardize the agency's ability to effectuate service of process on one or more unserved parties, or that to do so would jeopardize its ability to conclude existing settlement negotiations to its advantage.

(3) Approval given to its legal counsel of a settlement of pending litigation, as defined in Section 54956.9, at any stage prior to or during a judicial or quasi-judicial proceeding shall be reported after the settlement is final, as follows:

(A) If the legislative body accepts a settlement offer signed by the opposing party, the body shall report its acceptance and identify the substance of the agreement in open session at the public meeting during which the closed session is held.

(B) If final approval rests with some other party to the litigation or with the court, then as soon as the settlement becomes final, and upon inquiry by any person, the local agency shall disclose the fact of that approval, and identify the substance of the agreement.

(4) Disposition reached as to claims discussed in closed session pursuant to Section 54956.95 shall be reported as soon as reached in a manner that identifies the name of the claimant, the name of the local agency claimed against, the substance of the claim, and any monetary amount approved for payment and agreed upon by the claimant.

(5) Action taken to appoint, employ, dismiss, accept the resignation of, or otherwise affect the employment status of a public employee in closed session pursuant to Section 54957 shall be reported at the public meeting during which the closed session is held. Any report required by this paragraph shall identify the title of the position. The general requirement of this paragraph notwithstanding, the report of a dismissal or of the nonrenewal of an employment contract shall be deferred until the first public meeting following the exhaustion of administrative remedies, if any.

(6) Approval of an agreement concluding labor negotiations with represented employees pursuant to Section 54957.6 shall be reported after the agreement is final and has been accepted or ratified by the other party. The report shall identify the item approved and the other party or parties to the negotiation.

(7) Pension fund investment transaction decisions made pursuant to Section 54956.81 shall be disclosed at the first open meeting of the legislative body held after the earlier of the close of the investment transaction or the transfer of pension fund assets for the investment transaction.

(b) Reports that are required to be made pursuant to this section may be made orally or in writing. The legislative body shall provide to any person who has submitted a written request to the legislative body within 24 hours of the posting of the agenda, or to any person who has made a standing request for all documentation as part of a request for notice of meetings pursuant to Section 54954.1 or 54956, if the requester is present at the time the closed session ends, copies of any contracts, settlement agreements, or other documents that were finally approved or adopted in the closed session. If the action taken results in one or more substantive amendments to the related documents requiring retyping, the documents need not be released until the retyping is completed during normal business hours, provided that the presiding officer of the legislative body or his or her designee orally summarizes the substance of the amendments for the benefit of the document requester or any other person present and requesting the information.

(c) The documentation referred to in subdivision (b) shall be available to any person on the next business day following the meeting in which the action referred to is taken or, in the case of substantial amendments, when any necessary retyping is complete.

(d) Nothing in this section shall be construed to require that the legislative body approve actions not otherwise subject to legislative body approval.

(e) No action for injury to a reputational, liberty, or other personal interest may be commenced by or on behalf of any employee or former employee with respect to whom a disclosure is made by a legislative body in an effort to comply with this section.

(f) This section is necessary to implement, and reasonably within the scope of, paragraph (1) of subdivision (b) of Section 3 of Article I of the California Constitution.

*(Amended by Stats. 2006, Ch. 538, Sec. 311. Effective January 1, 2007.)*

**54957.2.** (a) The legislative body of a local agency may, by ordinance or resolution, designate a clerk or other officer or employee of the local agency who shall then attend each closed session of the legislative body and keep and enter in a minute book a record of topics discussed and decisions made at the meeting. The minute book made pursuant to this section is not a public record subject to inspection pursuant to the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1), and shall be kept confidential. The minute book shall be available only to members of the legislative body or, if a violation of this chapter is alleged to have occurred at a

closed session, to a court of general jurisdiction wherein the local agency lies. The minute book may, but need not, consist of a recording of the closed session. 120

(b) An elected legislative body of a local agency may require that each legislative body all or a majority of whose members are appointed by or under the authority of the elected legislative body keep a minute book as prescribed under subdivision (a).

*(Amended by Stats. 2021, Ch. 615, Sec. 207. (AB 474) Effective January 1, 2022. Operative January 1, 2023, pursuant to Sec. 463 of Stats. 2021, Ch. 615.)*

**54957.5.** (a) Agendas of public meetings are disclosable public records under the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1), and shall be made available upon request without delay and in compliance with Section 54954.2 or Section 54956, as applicable. However, this section shall not apply to a writing, or portion thereof, that is exempt from public disclosure.

(b) (1) If a writing is a public record related to an agenda item for an open session of a regular meeting of the legislative body of a local agency and is distributed to all, or a majority of all, of the members of a legislative body of a local agency by a person in connection with a matter subject to discussion or consideration at an open meeting of the body less than 72 hours before that meeting, the writing shall be made available for public inspection pursuant to paragraph (2) at the time the writing is distributed to all, or a majority of all, of the members of the body.

(2) (A) Except as provided in subparagraph (B), a local agency shall comply with both of the following requirements:

(i) A local agency shall make any writing described in paragraph (1) available for public inspection at a public office or location that the agency shall designate for this purpose.

(ii) A local agency shall list the address of the office or location designated pursuant to clause (i) on the agendas for all meetings of the legislative body of that agency.

(B) A local agency shall not be required to comply with the requirements of subparagraph (A) if all of the following requirements are met:

(i) An initial staff report or similar document containing an executive summary and the staff recommendation, if any, relating to that agenda item is made available for public inspection at the office or location designated pursuant to clause (i) of subparagraph (A) at least 72 hours before the meeting.

(ii) The local agency immediately posts any writing described in paragraph (1) on the local agency's internet website in a position and manner that makes it clear that the writing relates to an agenda item for an upcoming meeting.

(iii) The local agency lists the web address of the local agency's internet website on the agendas for all meetings of the legislative body of that agency.

(iv) (I) Subject to subclause (II), the local agency makes physical copies available for public inspection, beginning the next regular business hours for the local agency, at the office or location designated pursuant to clause (i) of subparagraph (A).

(II) This clause is satisfied only if the next regular business hours of the local agency commence at least 24 hours before that meeting.

(c) Writings that are public records described in subdivision (b) and distributed during a public meeting shall be made available for public inspection at the meeting if prepared by the local agency or a member of its legislative body, or after the meeting if prepared by some other person. These writings shall be made available in appropriate alternative formats upon request by a person with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof.

(d) This chapter shall not be construed to prevent the legislative body of a local agency from charging a fee or deposit for a copy of a public record pursuant to Section 7922.530, except that a surcharge shall not be imposed on persons with disabilities in violation of Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof.

(e) This section shall not be construed to limit or delay the public's right to inspect or obtain a copy of any record required to be disclosed under the requirements of the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1), including, but not limited to, the ability of the public to inspect public records pursuant to Section 7922.525 and obtain copies of public records pursuant to either subdivision (b) of Section 7922.530 or Section 7922.535. This chapter shall not be construed to require a legislative body of a local agency to place any paid advertisement or any other paid notice in any publication.

*(Amended (as amended by Stats. 2021, Ch. 615, Sec. 208) by Stats. 2022, Ch. 971, Sec. 1. (AB 2647) Effective January 1, 2023.)*

**54957.6.** (a) Notwithstanding any other provision of law, a legislative body of a local agency may hold closed sessions with the local agency's designated representatives regarding the salaries, salary schedules, or compensation paid in the form of fringe benefits of its represented and unrepresented employees, and, for represented employees, any other matter within the statutorily provided scope of representation, subject to all of the following conditions:

(1) Prior to the closed session, the legislative body of the local agency shall hold an open and public session in which it identifies its designated representatives.

(2) The closed session shall be for the purpose of reviewing its position and instructing the local agency's designated representatives.

(3) The closed session may take place prior to and during consultations and discussions with representatives of employee organizations and unrepresented employees.

(4) Any closed session with the local agency's designated representative regarding the salaries, salary schedules, or compensation paid in the form of fringe benefits may include discussion of an agency's available funds and funding priorities, but only insofar as these discussions relate to providing instructions to the local agency's designated representative.

(5) The closed session shall not include final action on the proposed compensation of one or more unrepresented employees.

(6) For the purposes enumerated in this section, a legislative body of a local agency may also meet with a state conciliator who has intervened in the proceedings.

(b) For the purposes of this section, the term "employee" shall include an officer or an independent contractor who functions as an officer or an employee, but shall not include any elected official, member of a legislative body, or other independent contractors.

*(Amended by Stats. 2025, Ch. 327, Sec. 20. (SB 707) Effective January 1, 2026.)*

**54957.7.** (a) Prior to holding any closed session, the legislative body of the local agency shall disclose, in an open meeting, the item or items to be discussed in the closed session. The disclosure may take the form of a reference to the item or items as they are listed by number or letter on the agenda. In the closed session, the legislative body may consider only those matters covered in its statement. Nothing in this section shall require or authorize a disclosure of information prohibited by state or federal law.

(b) After any closed session, the legislative body shall reconvene into open session prior to adjournment and shall make any disclosures required by Section 54957.1 of action taken in the closed session.

(c) The announcements required to be made in open session pursuant to this section may be made at the location announced in the agenda for the closed session, as long as the public is allowed to be present at that location for the purpose of hearing the announcements.

*(Amended by Stats. 1993, Ch. 1137, Sec. 15. Effective January 1, 1994. Operative April 1, 1994, by Sec. 23 of Ch. 1137.)*

**54957.8.** (a) For purposes of this section, "multijurisdictional law enforcement agency" means a joint powers entity formed pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 that provides law enforcement services for the parties to the joint powers agreement for the purpose of investigating criminal activity involving drugs; gangs; sex crimes; firearms trafficking or felony possession of a firearm; high technology, computer, or identity theft; human trafficking; or vehicle theft.

(b) Nothing contained in this chapter shall be construed to prevent the legislative body of a multijurisdictional law enforcement agency, or an advisory body of a multijurisdictional law enforcement agency, from holding closed sessions to discuss the case records of any ongoing criminal investigation of the multijurisdictional law enforcement agency or of any party to the joint powers agreement, to hear testimony from persons involved in the investigation, and to discuss courses of action in particular cases.

*(Amended by Stats. 2006, Ch. 427, Sec. 1. Effective September 22, 2006.)*

**54957.9.** In the event that any meeting is willfully interrupted by a group or groups of persons so as to render the orderly conduct of the meeting unfeasible and order cannot be restored by the removal of individuals who are willfully interrupting the meeting, the members of the legislative body conducting the meeting may order the meeting room cleared and continue in session. Only matters appearing on the agenda may be considered in such a session. Representatives of the press or other news media, except those participating in the disturbance, shall be allowed to attend any session held pursuant to this section. Nothing in this section shall prohibit the legislative body from establishing a procedure for readmitting an individual or individuals not responsible for willfully disturbing the orderly conduct of the meeting.

*(Amended by Stats. 2025, Ch. 327, Sec. 21. (SB 707) Effective January 1, 2026.)*

**54957.95.** (a) (1) In addition to authority exercised pursuant to Sections 54954.3 and 54957.9, the presiding member of the legislative body conducting a meeting or their designee may remove, or cause the removal of, an individual for disrupting the meeting, including any teleconferenced meeting.

(2) Prior to removing an individual, the presiding member or their designee shall warn the individual that their behavior is disrupting the meeting and that their failure to cease their behavior may result in their removal. The presiding member or their designee may then remove the individual if they do not promptly cease their disruptive behavior. This paragraph does not apply to any behavior described in subparagraph (B) of paragraph (1) of subdivision (b).

(b) As used in this section:

(1) "Disrupting" means engaging in behavior during a meeting of a legislative body that actually disrupts, disturbs, impedes, or renders infeasible the orderly conduct of the meeting and includes, but is not limited to, one of the following:

(A) A failure to comply with reasonable and lawful regulations adopted by a legislative body pursuant to Section 54954.3 or any other law.

(B) Engaging in behavior that constitutes use of force or a true threat of force.

(2) "True threat of force" means a threat that has sufficient indicia of intent and seriousness, that a reasonable observer would perceive it to be an actual threat to use force by the person making the threat.

*(Amended by Stats. 2025, Ch. 327, Sec. 22. (SB 707) Effective January 1, 2026.)*

**54957.96.** (a) The existing authority of a legislative body or its presiding officer to remove or limit participation by persons who engage in behavior that actually disrupts, disturbs, impedes, or renders infeasible the orderly conduct of the meeting, including existing limitations upon that authority, shall apply to members of the public participating in a meeting via a two-way telephonic service or a two-way audiovisual platform.

(b) For purposes of this section, the following definitions apply:

(1) "Two-way audiovisual platform" means an online platform that provides participants with the ability to participate in a meeting via both an interactive video conference and a two-way telephonic service. A two-way audiovisual platform may be structured to disable the use of video for the public participants.

(2) "Two-way telephonic service" means a telephone service that does not require internet access and allows participants to dial a telephone number to listen and verbally participate.

*(Added by Stats. 2025, Ch. 327, Sec. 23. (SB 707) Effective January 1, 2026.)*

**54957.10.** Notwithstanding any other provision of law, a legislative body of a local agency may hold closed sessions to discuss a local agency employee's application for early withdrawal of funds in a deferred compensation plan when

the application is based on financial hardship arising from an unforeseeable emergency due to illness, accident, casualty, or other extraordinary event, as specified in the deferred compensation plan.

*(Added by Stats. 2001, Ch. 45, Sec. 1. Effective January 1, 2002.)*

**54958.** The provisions of this chapter shall apply to the legislative body of every local agency notwithstanding the conflicting provisions of any other state law.

*(Added by Stats. 1953, Ch. 1588.)*

**54959.** Each member of a legislative body who attends a meeting of that legislative body where action is taken in violation of any provision of this chapter, and where the member intends to deprive the public of information to which the member knows or has reason to know the public is entitled under this chapter, is guilty of a misdemeanor.

*(Amended by Stats. 1994, Ch. 32, Sec. 18. Effective March 30, 1994. Operative April 1, 1994, by Sec. 23 of Ch. 32.)*

**54960.** (a) The district attorney or any interested person may commence an action by mandamus, injunction, or declaratory relief for the purpose of stopping or preventing violations or threatened violations of this chapter by members of the legislative body of a local agency or to determine the applicability of this chapter to ongoing actions or threatened future actions of the legislative body, or to determine the applicability of this chapter to past actions of the legislative body, subject to Section 54960.2, or to determine whether any rule or action by the legislative body to penalize or otherwise discourage the expression of one or more of its members is valid or invalid under the laws of this state or of the United States, or to compel the legislative body to audio record its closed sessions as hereinafter provided.

(b) The court in its discretion may, upon a judgment of a violation of Section 54956.7, 54956.8, 54956.9, 54956.95, 54957, or 54957.6, order the legislative body to audio record its closed sessions and preserve the audio recordings for the period and under the terms of security and confidentiality the court deems appropriate.

(c) (1) Each recording so kept shall be immediately labeled with the date of the closed session recorded and the title of the clerk or other officer who shall be custodian of the recording.

(2) The audio recordings shall be subject to the following discovery procedures:

(A) In any case in which discovery or disclosure of the audio recording is sought by either the district attorney or the plaintiff in a civil action pursuant to Section 54959, 54960, or 54960.1 alleging that a violation of this chapter has occurred in a closed session that has been recorded pursuant to this section, the party seeking discovery or disclosure shall file a written notice of motion with the appropriate court with notice to the governmental agency that has custody and control of the audio recording. The notice shall be given pursuant to subdivision (b) of Section 1005 of the Code of Civil Procedure.

(B) The notice shall include, in addition to the items required by Section 1010 of the Code of Civil Procedure, all of the following:

(i) Identification of the proceeding in which discovery or disclosure is sought, the party seeking discovery or disclosure, the date and time of the meeting recorded, and the governmental agency that has custody and control of the recording.

(ii) An affidavit that contains specific facts indicating that a violation of the act occurred in the closed session.

(3) If the court, following a review of the motion, finds that there is good cause to believe that a violation has occurred, the court may review, in camera, the recording of that portion of the closed session alleged to have violated the act.

(4) If, following the in camera review, the court concludes that disclosure of a portion of the recording would be likely to materially assist in the resolution of the litigation alleging violation of this chapter, the court shall, in its discretion, make a certified transcript of the portion of the recording a public exhibit in the proceeding.

(5) This section shall not permit discovery of communications that are protected by the attorney-client privilege.

*(Amended by Stats. 2012, Ch. 732, Sec. 1. (SB 1003) Effective January 1, 2013.)*

**54960.1.** (a) The district attorney or any interested person may commence an action by mandamus or injunction for the purpose of obtaining a judicial determination that an action taken by a legislative body of a local agency in violation of Section 54953, 54954.2, 54954.5, 54954.6, 54956, or 54956.5 is null and void under this section. Nothing in this chapter shall be construed to prevent a legislative body from curing or correcting an action challenged pursuant to this section.

(b) Prior to any action being commenced pursuant to subdivision (a), the district attorney or interested person shall make a demand of the legislative body to cure or correct the action alleged to have been taken in violation of Section 54953, 54954.2, 54954.5, 54954.6, 54956, or 54956.5. The demand shall be in writing and clearly describe the challenged action of the legislative body and nature of the alleged violation.

(c) (1) The written demand shall be made within 90 days from the date the action was taken unless the action was taken in an open session but in violation of Section 54954.2, in which case the written demand shall be made within 30 days from the date the action was taken.

(2) Within 30 days of receipt of the demand, the legislative body shall cure or correct the challenged action and inform the demanding party in writing of its actions to cure or correct or inform the demanding party in writing of its decision not to cure or correct the challenged action.

(3) If the legislative body takes no action within the 30-day period, the inaction shall be deemed a decision not to cure or correct the challenged action, and the 15-day period to commence the action described in subdivision (a) shall commence to run the day after the 30-day period to cure or correct expires.

(4) Within 15 days of receipt of the written notice of the legislative body's decision to cure or correct, or not to cure or correct, or within 15 days of the expiration of the 30-day period to cure or correct, whichever is earlier, the demanding party shall be required to commence the action pursuant to subdivision (a) or thereafter be barred from commencing the action.

(d) An action taken that is alleged to have been taken in violation of Section 54953, 54954.2, 54954.5, 54954.6, 54956, or 54956.5 shall not be determined to be null and void if any of the following conditions exist:

(1) The action taken was in substantial compliance with Sections 54953, 54954.2, 54954.5, 54954.6, 54956, and 54956.5.

(2) The action taken was in connection with the sale or issuance of notes, bonds, or other evidences of indebtedness or any contract, instrument, or agreement thereto.

(3) The action taken gave rise to a contractual obligation, including a contract let by competitive bid other than compensation for services in the form of salary or fees for professional services, upon which a party has, in good faith and without notice of a challenge to the validity of the action, detrimentally relied.

(4) The action taken was in connection with the collection of any tax.

(5) Any person, city, city and county, county, district, or any agency or subdivision of the state alleging noncompliance with subdivision (a) of Section 54954.2, Section 54956, or Section 54956.5, because of any defect, error, irregularity, or omission in the notice given pursuant to those provisions, had actual notice of the item of business at least 72 hours prior to the meeting at which the action was taken, if the meeting was noticed pursuant to Section 54954.2, or 24 hours prior to the meeting at which the action was taken if the meeting was noticed pursuant to Section 54956, or prior to the meeting at which the action was taken if the meeting is held pursuant to Section 54956.5.

(e) During any action seeking a judicial determination pursuant to subdivision (a) if the court determines, pursuant to a showing by the legislative body that an action alleged to have been taken in violation of Section 54953, 54954.2, 54954.5, 54954.6, 54956, or 54956.5 has been cured or corrected by a subsequent action of the legislative body, the action filed pursuant to subdivision (a) shall be dismissed with prejudice.

(f) The fact that a legislative body takes a subsequent action to cure or correct an action taken pursuant to this section shall not be construed or admissible as evidence of a violation of this chapter.

*(Amended by Stats. 2002, Ch. 454, Sec. 23. Effective January 1, 2003.)*

54960.2. (a) The district attorney or any interested person may file an action to determine the applicability of this chapter to past actions of the legislative body pursuant to subdivision (a) of Section 54960 only if all of the following conditions are met:

(1) The district attorney or interested person alleging a violation of this chapter first submits a cease and desist letter by postal mail or facsimile transmission to the clerk or secretary of the legislative body being accused of the violation, as designated in the statement pertaining to that public agency on file pursuant to Section 53051, or if the agency does not have a statement on file designating a clerk or a secretary, to the chief executive officer of that agency, clearly describing the past action of the legislative body and nature of the alleged violation.

(2) The cease and desist letter required under paragraph (1) is submitted to the legislative body within nine months of the alleged violation.

(3) The time during which the legislative body may respond to the cease and desist letter pursuant to subdivision (b) has expired and the legislative body has not provided an unconditional commitment pursuant to subdivision (c).

(4) Within 60 days of receipt of the legislative body's response to the cease and desist letter, other than an unconditional commitment pursuant to subdivision (c), or within 60 days of the expiration of the time during which the legislative body may respond to the cease and desist letter pursuant to subdivision (b), whichever is earlier, the party submitting the cease and desist letter shall commence the action pursuant to subdivision (a) of Section 54960 or thereafter be barred from commencing the action.

(b) The legislative body may respond to a cease and desist letter submitted pursuant to subdivision (a) within 30 days of receiving the letter. This subdivision shall not be construed to prevent the legislative body from providing an unconditional commitment pursuant to subdivision (c) at any time after the 30-day period has expired, except that in that event the court shall award court costs and reasonable attorney fees to the plaintiff in an action brought pursuant to this section, in accordance with Section 54960.5.

(c) (1) If the legislative body elects to respond to the cease and desist letter with an unconditional commitment to cease, desist from, and not repeat the past action that is alleged to violate this chapter, that response shall be in substantially the following form:

To \_\_\_\_\_:

The [name of legislative body] has received your cease and desist letter dated [date] alleging that the following described past action of the legislative body violates the Ralph M. Brown Act:

[Describe alleged past action, as set forth in the cease and desist letter submitted pursuant to subdivision (a)]

In order to avoid unnecessary litigation and without admitting any violation of the Ralph M. Brown Act, the [name of legislative body] hereby unconditionally commits that it will cease, desist from, and not repeat the challenged past action as described above.

The [name of legislative body] may rescind this commitment only by a majority vote of its membership taken in open session at a regular meeting and noticed on its posted agenda as "Rescission of Brown Act Commitment." You will be provided with written notice, sent by any means or media you provide in response to this message, to whatever address or addresses you specify, of any intention to consider rescinding this commitment at least 30 days before any such regular meeting. In the event that this commitment is rescinded, you will have the right to commence legal action pursuant to subdivision (a) of Section 54960 of the Government Code. That notice will be delivered to you by the same means as this commitment, or may be mailed to an address that you have designated in writing.

Very truly yours,

\_\_\_\_\_  
[Chairperson or acting chairperson of the legislative body]

(2) An unconditional commitment pursuant to this subdivision shall be approved by the legislative body in open session at a regular or special meeting as a separate item of business, and not on its consent agenda.

(3) An action shall not be commenced to determine the applicability of this chapter to any past action of the legislative body for which the legislative body has provided an unconditional commitment pursuant to this subdivision. During any action seeking a judicial determination regarding the applicability of this chapter to any past action of the legislative body pursuant to subdivision (a), if the court determines that the legislative body has provided an unconditional commitment pursuant to this subdivision, the action shall be dismissed with prejudice. Nothing in this subdivision shall be construed to modify or limit the existing ability of the district attorney or any interested person to commence an action to determine the applicability of this chapter to ongoing actions or threatened future actions of the legislative body.

(4) Except as provided in subdivision (d), the fact that a legislative body provides an unconditional commitment shall not be construed or admissible as evidence of a violation of this chapter.

(d) If the legislative body provides an unconditional commitment as set forth in subdivision (c), the legislative body shall not thereafter take or engage in the challenged action described in the cease and desist letter, except as provided in subdivision (e). Violation of this subdivision shall constitute an independent violation of this chapter, without regard to whether the challenged action would otherwise violate this chapter. An action alleging past violation or threatened future violation of this subdivision may be brought pursuant to subdivision (a) of Section 54960, without regard to the procedural requirements of this section.

(e) The legislative body may resolve to rescind an unconditional commitment made pursuant to subdivision (c) by a majority vote of its membership taken in open session at a regular meeting as a separate item of business not on its consent agenda, and noticed on its posted agenda as "Rescission of Brown Act Commitment," provided that not less than 30 days prior to such regular meeting, the legislative body provides written notice of its intent to consider the rescission to each person to whom the unconditional commitment was made, and to the district attorney. Upon rescission, the district attorney or any interested person may commence an action pursuant to subdivision (a) of Section 54960. An action under this subdivision may be brought pursuant to subdivision (a) of Section 54960, without regard to the procedural requirements of this section.

*(Added by Stats. 2012, Ch. 732, Sec. 2. (SB 1003) Effective January 1, 2013.)*

**54960.5.** A court may award court costs and reasonable attorney fees to the plaintiff in an action brought pursuant to Section 54960, 54960.1, or 54960.2 where it is found that a legislative body of the local agency has violated this chapter. Additionally, when an action brought pursuant to Section 54960.2 is dismissed with prejudice because a legislative body has provided an unconditional commitment pursuant to paragraph (1) of subdivision (c) of that section at any time after the 30-day period for making such a commitment has expired, the court shall award court costs and reasonable attorney fees to the plaintiff if the filing of that action caused the legislative body to issue the unconditional commitment. The costs and fees shall be paid by the local agency and shall not become a personal liability of any public officer or employee of the local agency.

A court may award court costs and reasonable attorney fees to a defendant in any action brought pursuant to Section 54960 or 54960.1 where the defendant has prevailed in a final determination of such action and the court finds that the action was clearly frivolous and totally lacking in merit.

*(Amended by Stats. 2012, Ch. 732, Sec. 3. (SB 1003) Effective January 1, 2013.)*

**54961.** (a) No legislative body of a local agency shall conduct any meeting in any facility that prohibits the admittance of any person, or persons, on the basis of ancestry or any characteristic listed or defined in Section 11135, or which is inaccessible to disabled persons, or where members of the public may not be present without making a payment or purchase. This section shall apply to every local agency as defined in Section 54951.

(b) No notice, agenda, announcement, or report required under this chapter need identify any victim or alleged victim of tortious sexual conduct or child abuse unless the identity of the person has been publicly disclosed.

*(Amended by Stats. 2007, Ch. 568, Sec. 35. Effective January 1, 2008.)*

**54962.** Except as expressly authorized by this chapter, or by Sections 1461, 1462, 32106, and 32155 of the Health and Safety Code, or by Sections 37606, 37606.1, and 37624.3 of the Government Code as they apply to hospitals, or by any provision of the Education Code pertaining to school districts and community college districts, no closed session may be held by any legislative body of any local agency.

*(Amended by Stats. 2006, Ch. 157, Sec. 2. Effective January 1, 2007.)*

**54963.** (a) A person may not disclose confidential information that has been acquired by being present in a closed session authorized by Section 54956.7, 54956.8, 54956.86, 54956.87, 54956.9, 54957, 54957.6, 54957.8, or 54957.10 to a person not entitled to receive it, unless the legislative body authorizes disclosure of that confidential information.

(b) For purposes of this section, "confidential information" means a communication made in a closed session that is specifically related to the basis for the legislative body of a local agency to meet lawfully in closed session under this chapter.

(c) Violation of this section may be addressed by the use of such remedies as are currently available by law, including, but not limited to:

(1) Injunctive relief to prevent the disclosure of confidential information prohibited by this section.

(2) Disciplinary action against an employee who has willfully disclosed confidential information in violation of this section.

(3) Referral of a member of a legislative body who has willfully disclosed confidential information in violation of this section to the grandjury.

(d) Disciplinary action pursuant to paragraph (2) of subdivision (c) shall require that the employee in question has either received training as to the requirements of this section or otherwise has been given notice of the requirements of this section.

(e) A local agency may not take any action authorized by subdivision (c) against a person, nor shall it be deemed a violation of this section, for doing any of the following:

(1) Making a confidential inquiry or complaint to a district attorney or grand jury concerning a perceived violation of law, including disclosing facts to a district attorney or grand jury that are necessary to establish the illegality of an action taken by a legislative body of a local agency or the potential illegality of an action that has been the subject of deliberation at a closed session if that action were to be taken by a legislative body of a local agency.

(2) Expressing an opinion concerning the propriety or legality of actions taken by a legislative body of a local agency in closed session, including disclosure of the nature and extent of the illegal or potentially illegal action.

(3) Disclosing information acquired by being present in a closed session under this chapter that is not confidential information.

(f) Nothing in this section shall be construed to prohibit disclosures under the whistleblower statutes contained in Section 1102.5 of the Labor Code or Article 4.5 (commencing with Section 53296) of Chapter 2 of this code.

*(Added by Stats. 2002, Ch. 1119, Sec. 1. Effective January 1, 2003.)*

# Senate Bill 43

# Informational Session

**Behavioral Health Advisory Board**  
**January 26, 2026**



# AGENDA

## SB 43: Alameda County System Planning

- Introduction
- What is Senate Bill 43?
- New Gravely Disabled Definition
- Severe SUD Criteria and DSM-5
- Senate Bill 43 and the LPS Act
- Additional Considerations

# What is Senate Bill 43?

Understanding the Legislation & Impacts



# What is Senate Bill 43

- On October 10, 2023, Governor Newsom signed Senate Bill 43, which made substantive changes to the Lanterman-Petris-Short (LPS) Act and a related provision of the Health and Safety Code (HSC).
- On March 25, 2024, the California Department of Health Care Services (DHCS) issued Behavioral Health Information Notice (BHIN) 24-011 to summarize the changes.

- Senate Bill 43 (Eggman) expands California's criteria for involuntary detention and conservatorship which is based on a person's mental health disorder or severe substance use disorder (SUD), including alcoholism, resulting in the person's inability to provide for their basic needs for food, clothing shelter, personal safety or necessary medical care.
- Senate Bill 43 expands California's Lanterman-Petris-Short (LPS) conservatorship law by updating the criteria for determining if a person is "gravely disabled" the standard for LPS conservatorship eligibility.

# Overview of SB 43

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## Expanded “Gravely Disabled” Criteria

SB 43 expands the definition of “grave disability” to include those individuals who are unable to care for their basic needs for health and safety due to a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder.

SB 43 also expands the definition of “basic needs” to include a person’s ability to obtain necessary medical care, personal safety, food, weather appropriate clothing, and/or shelter.

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## Mandated Use of Less Restrictive Alternatives

Counties must explore options like Assisted Outpatient Treatment (AOT) and CARE Court before initiating conservatorship.

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## Broadened Eligibility for LPS Conservatorships

Expands access to care for individuals with severe behavioral health conditions under the Lanterman-Petris-Short (LPS) Act.

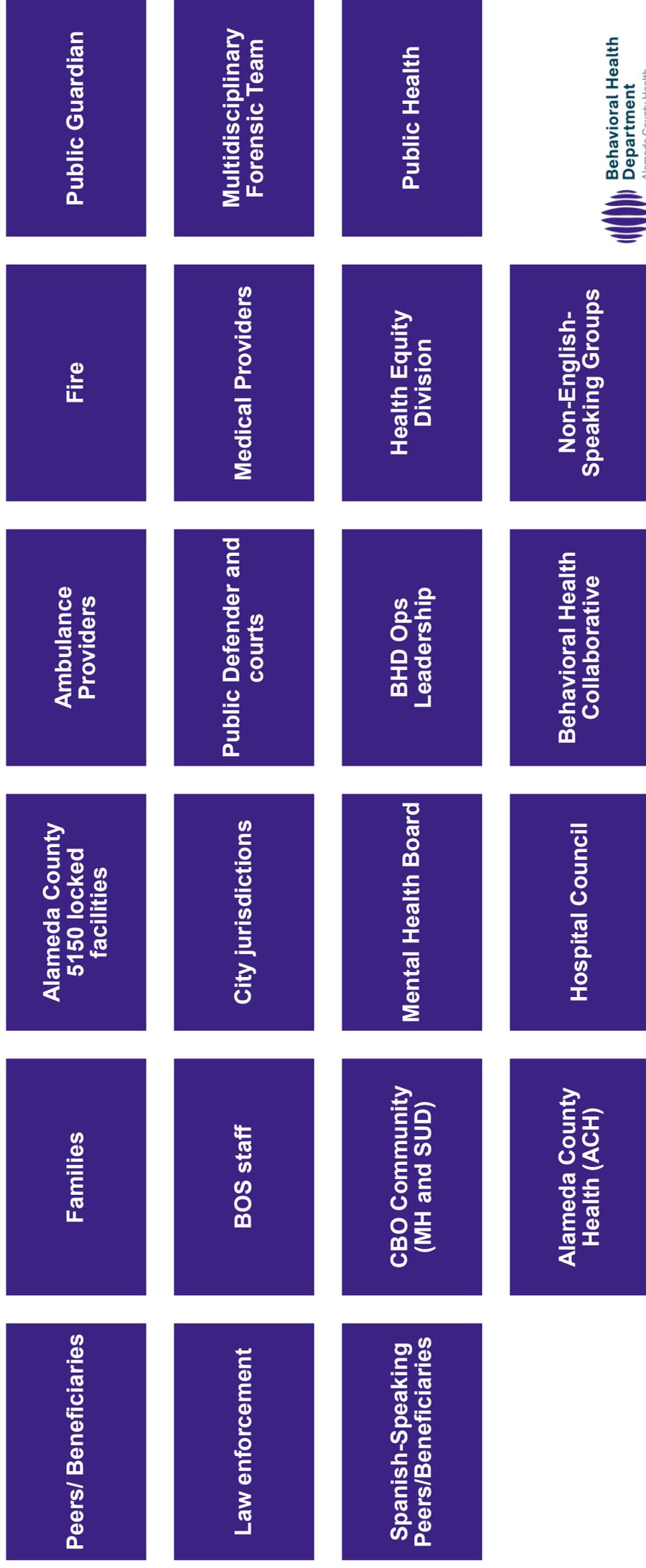
## What is Alameda County's responsibility under this law?

- All counties are required to implement this law no later than January 1, 2026.
- On December 19, 2023, the Alameda County Board of Supervisors adopted a resolution **deferring SB 43 implementation** until January 1, 2026 and directed ACBH to engage in a planning and implementation process.
- ACBH has been engaging with stakeholders through a series of informational sessions and dialogues since then.
- **Alameda County will implement SB43 on January 1, 2026**

# Engagement Groups

To ensure a smooth transition and shared understanding across systems, ACBHD has engaged in a comprehensive stakeholder engagement process. This has included multiple workshops, Q&A sessions, and the development of FAQs to address key concerns and provide clarity.

Workshops focus on *feedback, partnership, and resolving challenges* prior to rollout.



# Stakeholder Engagement

Stakeholder Group	Date
Families	4/25/24, 11/13/25
Peers/Beneficiaries	5/3/24, 11/13/25
ACBH Leadership and Health Equity Division	5/7/24
Community Based Organizations	7/25/24
Alameda County Public Guardian	8/16/24
Hospital Council	8/23/24
ACBH Contracted Providers	10/15/24
Spanish-speaking Peers/Beneficiaries	10/23/24
Behavioral Health Collaborative	12/12/24
Alameda County Public Defender's Office	4/7/25
Alameda County Superior Court	4/7/25
Multi-disciplinary Forensic Team	4/16/25
Health Care for the Homeless Coalition	8/15/25
Alameda County Public Health	8/28/25
Alameda Health Consortium	10/14/25
ACBH Adult Outpatient Providers	10/15/25
EMS/Receiving Hospital Meeting	10/28/25
All Cities Meeting	11/19/25



## SB43 Implementation Information Sessions

These sessions are for anyone interested in SB43 Implementation in Alameda County. Senate Bill (SB) 43 updates the Lanterman-Petris-Short (LPS) Act - a California law governing involuntary detention, treatment, and conservatorship of people with behavioral health conditions. The content of each session will be same.

**Thursday November 20, 2025  
11:00am-12:00pm**

**Sign on to attend this session.**

<https://us02web.zoom.us/j/83394775872?pwd=9SNGSUVMUkU2MjZlYjZlYzR3LjE>



**Tuesday December 2, 2025  
5:30pm-6:30pm**

**Sign on to attend this session.**

<https://us02web.zoom.us/j/83329706100?pwd=KicadUk0Q0RnTHhScUJlBScVRRYlZlZlR3.1>

Alameda County will begin to implement SB43 in January 2026. During these virtual information sessions, we will share information about SB43 implementation in Alameda County and listen to feedback about implementation. There will be time for questions.

### We look forward to your participation!

Please feel free to send any questions you have in advance to [roberta@indigoproject.net](mailto:roberta@indigoproject.net). If you would like to request interpretation or other accommodations to support your participation in this event, please contact [Kasara.Asford@acgov.org](mailto:Kasara.Asford@acgov.org).

# New Gravely Disabled Definition

*“The previous definition of grave disability was written in the 1970s. Today’s societal challenges are different than they were 50 years ago.”*

- SF City Attorney David Chui

Definition.

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# New Definition of Grave Disability

- **Grave Disability Definition prior to SB43 Implementation**
  - A condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing, or shelter.
- **New Grave Disability Definition under SB43**
  - A condition in which a person, as a result of a mental health disorder, **impairment by chronic alcoholism, severe substance use disorder, or a co-occurring mental health disorder and severe substance use disorder**, is at risk for serious harm or currently experiencing serious harm as a result of being unable to provide for their basic personal needs for food, clothing, shelter, **personal safety, or necessary medical care.**

## Expanded “Gravely Disabled” Criteria

- SB 43 expands the definition of “grave disability” to include those individuals who are unable to care for their basic needs for health and safety **due to a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder.**
- SB 43 also expands the definition of “basic needs” to include a person’s ability to obtain **necessary medical care, personal safety, food, weather appropriate clothing, and/or shelter.**

# Expanded “Gravely Disabled” Criteria (con’t)

## Personal Safety

- Ability to survive safely in the community without involuntary detention or treatment.
  - An individual incapable of defending themselves against ongoing victimization because of one of the conditions listed above.
  - An individual expressing a level of incapacity so substantial in their decision making, because of one of the conditions listed above, that places themselves at serious risk of severe injury and/or death.

## Necessary Medical Care

- Care that a licensed healthcare practitioner, while operating within the scope of their practice, determines to be necessary to prevent serious deterioration of a physical medical condition either existing or identified when contacted, which, if left untreated is likely to result in serious bodily injury or death
  - Any injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of bodily member, organ of mental faculty, or requiring medical intervention, including, but not limited to, hospitalization, surgery, or physical rehabilitation.

# Severe SUD Criteria and DSM-5

Expanded impact and criteria.



## Severe SUD Inclusion in LPS Act

- Functionally, Senate Bill 43 allows people to be placed on 5150's and other involuntary holds based on their "severe" SUD.
- **'Severe substance use disorder'** means a diagnosed substance-related disorder that meets the diagnostic criteria of 'severe' as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders." (W&I, § 5008(o).)
- According to DSM-5, severity of SUDs is measured on a continuum based on the number of symptoms present of a total of eleven (11) criteria, with a "severe" diagnosis being defined as when 6 or more of the 11 criteria are present.

# SUD DSM-5 Criteria

- Impaired control
- Using the substance in larger amounts or for longer than intended
- A strong desire or urge to use the substance
- Having unsuccessful efforts to cut down or control substance use
- Spending a great deal of time obtaining, using, or recovering from the effects of the substance
- Social impairment
- Failing to fulfill major role obligations at work, school, or home
- Continuing substance use despite having persistent social or interpersonal problems caused or worsened by the substance
- Giving up or reducing important social, occupational, or recreational activities because of substance use
- Risky use
- Recurrent substance use in situations where it is physically hazardous
- Continuing to use the substance despite knowing that it is causing or worsening a physical or psychological problem
- Physical dependence
- Developing tolerance, or needing more of the substance to achieve the desired effect
- Experiencing withdrawal symptoms, or using the substance (or a similar substance) to relieve or avoid withdrawal symptoms

Mild SUD: 2-3 Symptoms

Moderate SUD: 4-5 Symptoms

Severe SUD: 6+ Symptoms

## LPS-Designated Professionals and SB43

People designated to place holds may or may not be clinicians.

They are not expected to make a DSM diagnosis for a SUD, as it might be outside of their area of expertise or scope of practice.

They simply need to describe the **observable** behavior or conditions (i.e., symptoms) that justify a 5150 being placed due to severe SUD, which should include and be consistent with the DSM criteria noted above and which could meet probable cause for detaining someone due to a severe SUD.

# Observable Functional Impairments Related to Severe SUD



# Observable Functional Impairments Related to Severe SUD

Examples of observable functional impairments one might see in the community when determining grave disability criteria based on a severe SUD related to

## **Necessary Medical Care:**

- Signs of malnourishment (loss of weight or dehydration).
- Unwillingness to eat when food is provided.
- Irrational beliefs about food that is available (e.g., it is poisoned).
- Inability to articulate a plan for getting food.
- Unwillingness to clothe oneself when clothing is provided.
- Unable to utilize shelter when provided or to formulate a reasonable plan for shelter.
- Inability to engage in personal hygiene.
- Inability to utilize medical care when needed and available.
- Wound care and infection issues that are likely to lead to loss of limb or life if not treated.
- Untreated comorbidities such as HIV, Diabetes, or Cancer liver/kidney disease that is life-threatening.
- Extreme physical pain.

# Observable Functional Impairments Related to Severe SUD

Examples of observable functional impairments one might see in the community when determining grave disability criteria based on a severe SUD related to

## **Personal Safety:**

- Running in and out of traffic.
- An individual incapable of defending themselves against ongoing victimization
- Being assaulted, abused, exploited or victim of crime.
- Unhygienic/uninhabitable conditions at home or other home safety issues such as arson.
- Inability to care for hygiene, cleanliness, needles, which leads to illness (especially if it doesn't rise to level of serious bodily injury).
- Failure to thrive (may be a crossover with medical care).
- Multiple near-fatal overdoses requiring inpatient hospitalization (note: Narcan reversals alone would not meet this criteria).

## Additional Considerations

- Examples that are likely not an example of a severe SUD without additional information/context:
  - An individual experiencing an overdose
  - An individual with a substance use disorder experiencing homelessness
- The **probable cause** standard would not be met by any of these examples on their own but instead the totality of the person's situation. Subjective as well as objective observations from collateral contacts (i.e., family members) and/or self-reporting accounts of functional impairments are to be considered (per W&I Code 5150.05), even though they are insufficient for probable cause alone.

# Facilities and Treatment

Supporting Individuals impacted by this expanded criteria.

## Senate Bill 43 and the LPS Act

- This new definition applies to the three primary LPS Act processes:
  - **Crisis Intervention:** Assessment, evaluation and crisis intervention or placement in an LPS-designated facility for evaluation and treatment for up to 72 hours (W&I Code § 5150).
  - **Intensive Treatment:** Up to 14 days (W&I Code § 5250); if necessary and appropriately authorized, the intensive treatment period for grave disability may be extended for up to two periods of 30 days each (W&I Code § 5270.15, 5270.70).
  - **Conservatorship:** Up to one year, and renewable, for ongoing behavioral health treatment and support (W&I Code § 5350).

# Treatment Options within SB43

Where can an individual receive an initial evaluation?

Emergency  
Departments

Amber House Crisis  
Stabilization Unit

Mobile Crisis Teams

John George  
Psychiatric Pavillion

Where will individuals go for involuntary treatment?

Emergency  
Departments

John George  
Psychiatric Pavillion

Inpatient Psychiatric  
Facilities/Acute  
Psychiatric Hospitals

General Acute Care  
Hospitals

Where will individuals go for voluntary treatment?

Alameda County  
Behavioral Health  
Specialty Mental Health  
Services

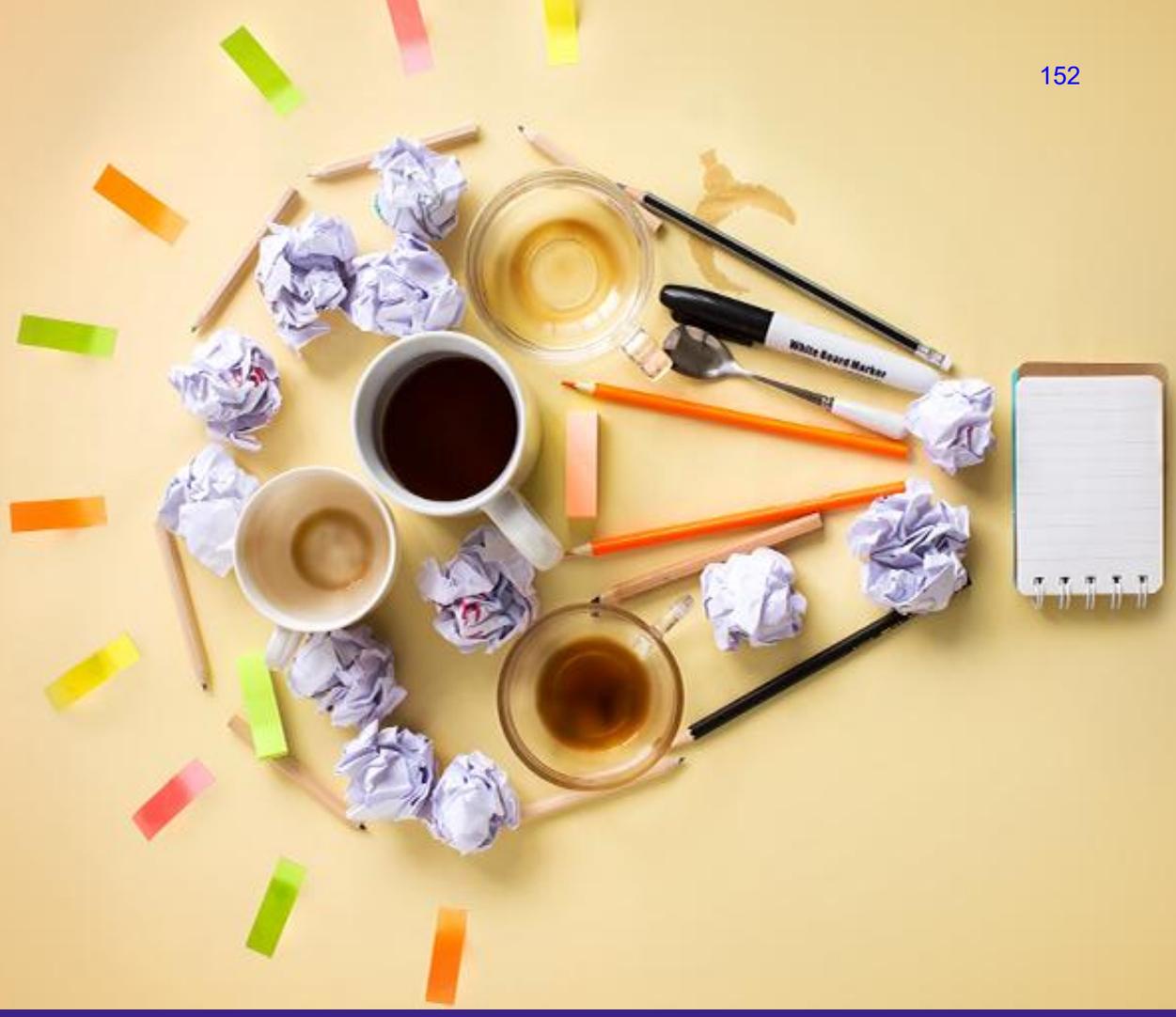
Alameda County  
Substance Use Disorder  
Services

\*Senate Bill 43 did not change the facility designation requirements that exist in state law.

# New Capacity

Property	Location	Applicant	Funding Source	Status	Uses	Capacity
<b>Galindo</b>	Oakland	La Familia	BHCIP	Awarded	ART and Outpatient for Justice-involved or at-risk TAY	16 CRT beds
<b>Gladman</b>	Oakland	Telecare	BHCIP	Awarded	CRT for Justice-involved individuals	16 CRT beds
<b>Mocine</b>	Hayward	La Familia	BHCIP	Awarded	CSU/CRT	16 CSU beds, 16 CRT beds
Livermore	Livermore	La Familia	BHCIP	Awarded	Sobering, Detox, Residential	4 Sobering Center, 4 Detox beds, 8 Res beds
St. Regis	Hayward	BACS	BHCIP	Awarded	Mental Health Urgent Care, SUDS residential	44 SUDS beds
Depot Rd	Hayward	BACS	DSH-IST, BHCIP Bond	Awarded	MHRC Sub-acute	83 total MHRC beds (up to 36 IST)
Telegraph Ave	Oakland	Horizon Services	BHCIP Bond	Awarded	Sobering, Detox, Residential	103 beds
San Leandro Hospital	San Leandro	AHS	BHCIP Bond	Awarded	Med Detox	10 beds
St. Rose Hospital	Hayward	AHS	BHCIP Bond	Awarded	Med-Psych and Geropsych Inpatient	40 beds
Forensic Peer Respite	Alameda	La Familia	BHBH	Awarded	Forensic Peer Respite	6 Peer Respite
Children's Hospital	Oakland	UCSF/CHO	BHCIP	Awarded	Children's Med-Psych (locked)	20 beds (ACBH purchase up to 4)
Highland Hospital	Oakland	AHS	BHCIP	Pending	EMPATH Unit at Highland ED	10 "beds"
Pranamind	Oakland	Pranamind	BHCIP Bond	Pending	Outpatient Mental Health Services	Outpatient
Redwood Place	Castro Valley	Telecare	BHCIP Bond	Pending	MHRC	TBD

# Additional Considerations



## How many people will SB43 affect?

- It's impossible to know for sure, but here is what we know from the counties who have already implemented:
  - Counties who have implemented SB43 report low numbers of individuals on an involuntary hold for Severe SUD only.
  - Counties who have implemented SB43 report that the majority of individuals requiring involuntary holds past a 5150 have a Mental Health only or Co-Occurring Mental Health and Substance Use Disorder.
- Alameda County will track the number of persons admitted or detained, including 72-hour evaluations and treatment, 14-day and 30-day periods of intensive treatment, and 180-day post certification intensive treatment, for each of the following conditions:
  - Danger to self
  - Danger to others
  - Grave disability due to a mental health disorder
  - Grave disability due to a severe substance use disorder
  - Grave disability due to both a mental health disorder and a severe substance use disorder.

## Next Steps

- Ongoing Community Education
  - As needed
- 5150 Designee Training
  - 5150 designated facilities and individuals offered training and encouraged to re-take certification training, even if not due for re-certification yet.
  - SB43 information included in CIT training
- Educational Materials
  - FAQ and other informational materials posted on ACBH website
  - Wallet-sized cards with updated criteria for law enforcement and other individuals with 5150 privileges
- Quarterly Partner Check-ins Post-Implementation
  - Purpose to review LPS data and implementation

# Thank You!