



Health, Housing & Community Services  
Mental Health Commission

To: Mental Health Commissioners  
From: Jamie Works-Wright, Commission Secretary  
Date: March 19, 2025

**Documents Pertaining to 3/26/26 Agenda items:**

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2. a.	Approval of the March 26, 2026, Meeting Agenda	1
2. c.	Approval of the February 26, 2026, Meeting Minutes	3
8.	Mental Health Manager Report – Jeff Buell	
	a. MHC Manager Report b. MH. Caseload Stats January	5 9
Email Correspondence	<b>Memo:</b> Behavioral Health Advisory Board Meeting (March 16, 2026) <b>Attachment:</b> BHAB Main Board Agenda (March 2026) .pdf <b>Attachment:</b> BHAB Main Board UNAPPROVED Meeting Minutes (February 2026).pdf <b>Attachment:</b> BHAB Legislative and Policy Update Presentation (March 2026).pdf <b>Memo:</b> CDPH Release   BHSA Population-Based Prevention Plan <b>Memo:</b> MHC Agenda items for March	14 16 17 20 49 52



Health, Housing & Community  
Service Department  
Mental Health Commission

## Berkeley/ Albany Mental Health Commission

### AGENDA

#### Regular Meeting Thursday, March 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://cityofberkeley-info.zoomgov.com/j/1600369064> . To request to speak, use the “raise hand” function in Zoom. To join by phone: Dial 1-669-254-5252 or 1-833-568-8864 (Toll Free) and enter Meeting ID: 160 036 9064. To provide public comment, Press \*9 and wait to be recognized by the Chair. To submit a written communication for the public record, email [jworks-wright@berkeleyca.gov](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 March 26, 2026, meeting agenda
  - b. Public Comment (non-agenda items)
  - c. Action Item: Approval of February 26, 2026, meeting minutes
- 3. Presentation on the Behavioral health commissioner’s training – Ian Hunt**
- 4. Discussion and Possible Action on Mental Health Commission Annual Report**
- 5. Discussion regarding the stock of supportive and independent housing for those with serious mental illness in the City of Berkeley – Patricia Fontana-Narell**



**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. Adjournment**

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

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

7:00 pm  
North Berkeley SC 1901 Hearst

Regular Meeting  
February 26, 2026

**Members of the Public Present:** Steven Tupper, Shirley Posey, Amy Johnson, Denise Johnson, Katrina Killian

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

### 1) Call to Order at 7:13 pm

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

### 2) Preliminary Matters

#### a) Approval of February 26, agenda

**M/S/C (Gu, Teague)** Motion to approve the February 26, 2026, meeting agenda.

**PASSED**

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

**Absent:** Krishnan, Tregub

#### b) Public Comment- 3 comments

#### c) Approval of January 22, 2026, minutes

**M/S/C (Gu, Hunt)** Motion to approve the minutes from January 22, 2026, meeting minutes

**PASSED**

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

**Absent:** Krishnan, Tregub

### 3) Action to Vote for Commission Chair

**M/S/C (Hunt, Turner)** I, Ian Hunt would like to nominate Ajay Krishana for Chair.

**PASSED**

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

**4) Action to vote for commission Vice Chair**

**M/S/C (Hunt, Turner) I, Ian Hunt would like to nominate Ajay Krishana for Chair.**

**PASSED**

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

**5) Presentation and discussion from Peer Wellness Collective – Katrina Killian****6) Mental Health Division Manager’s Reports – provided by Jeff Buell**

a) MH Division Manager Report

b) Caseload Statistic February 2026

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

**M/S/C (Teague, Hunt) Motion that we that we move the discussion of the annual report to next month**

**PASSED**

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

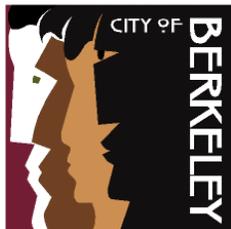
**8) Adjournment –8:59PM**

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

**PASSED**

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

**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:** 3/11/2026  
**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

**From Commissioner Fontana-Narell:**  
**Please explain housing resources in Berkeley for the SMI.**

**Based on the several potential revenue streams including BHCIP, Measure W, BHSA, Prop 1, etc, that are available for housing.**

**Which of these funding streams is Berkeley benefitting from, and by how much?**  
**What is the existing inventory of beds?**  
**What is the vacancy rate?**  
**What types of facilities are there?**  
**What are the supports provided in supportive housing?**  
**Who is providing oversight of these facilities?**

Since the HEARTH Act, HUD funds since 2014 have mandated the implementation of a Coordinated Entry System (CES) to shift homeless services from a "first come, first served" to a vulnerability index model. Previous to this, SMI individuals in Berkeley and other parts of Alameda County had to navigate multiple individual systems, including project based and voucher-based subsidies that were not necessarily centralized in any one place. Often, housing developers or housing authorities kept their own separate lists and procedures. This would allow disparate and non-conforming criteria for

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acceptance at various housing sites. This CES mandate was initiated to make resources person-centric (rather than project), prioritizing the most vulnerable or highest need individuals, and to close all of the “side door” entries where individuals might jump the queue ahead of others. Berkeley initially created “The Hub” as a CES run by BFHP, later taken over by BACS, and Alameda County took over this site/contract as its North County hub for the countywide CES that it stood up after Berkeley piloted the model. Individuals (or families) must be assessed by a CES provider and entered into the system so that they can be indexed by vulnerabilities and relative need. Those with the highest need indices will be moved to the top of the list for housing and housing resources (including navigation, vouchers, etc).

CES housing resources are applied throughout the County, so anyone in the County will be placed into any next available/appropriate housing option. Countywide, the most vulnerable constituents who have been CES assessed and who have collected all of their housing documentation will be offered the next available/appropriate housing options, regardless of where the site or individual might be located. Individuals who decline too many options or do not respond may be removed from the current list and may apply again later. CES funding

Most housing resources for SMI individuals will be available through the CES, though Senior Housing can be separately available, Housing choice vouchers (Section 8), as well as individual local resources not included in the CES. COB annually spends around \$25 million per year on housing, primarily emergency shelter and permanent supportive housing. Alameda County receives about \$56 million per year for the Continuum of Care (which includes Berkeley), and about \$136 million in local funding.

Inventory of beds within Berkeley for SMI, not including emergency shelter, transitional housing, or veteran’s resources: RSR: 15 B&C beds, 6 beds McKinley House, UA Homes 74 units, Erna P Harris 25 units, Hope Center 53 units.

Vacancy rate varies by facility, though in a CES environment, vacancies are turned over relatively quickly as a new applicant is constantly up for placement.

Types of facilities may include Licensed board and care, Permanent Supportive Housing, Emergency Shelters, transitional housing, veteran housing. There are also unlicensed board and care homes, though these are not regulated. Medical facilities have not been included in this list as housing options.

Services provided in supportive housing depend on the facility and housing type. Many provide limited onsite residential resource support. Some provide limited case management, housing, or behavioral health support. External agencies may also partner with these facilities to offer enhanced service to the site or to specifically enrolled clients.

Facility oversight typically depends on the funding and the type of facility. CBO’s will manage their facilities under contract with either COB or Alameda County. Licensed

facilities required Alameda County's community care licensing to inspect and approve their facilities. DHCS will provide oversight to monitor BHCIP funded facilities. The Mental Health Commission provides public oversight for all Berkeley resources by way of evaluation and recommendation to the Division Manager.

### Mental Health Division Updates

BHCIP: COB applied for round 2 funding for ~\$7 to rebuild 2636 MLK, awards announced on 3/11/26

Measure W: [Microsoft Word - Measure W Capital RFP Health Committee Staff Report](#); \$53 Million allocated to 10 projects, including two in Berkeley (Ephesian Legacy Court and People's Park Supportive Housing, for \$7 million and \$8 million respectively)  
 BHSA/Prop 1: Expected ~\$10 million next year based on current fiscal projections of taxes. 30% is available to use for housing services, and only 25% of that is eligible for building housing (~\$750k). Some projects (Lakehurst, Russell Street Residence, McKinley House) are funded to support clients of BMH specifically.

### **Policy and Funding**

- Bond BHCIP Round 2: Unmet Needs conditional grant funding [awards](#) were announced on March 11, 2026. Berkeley's application to rebuild the 2636 Martin Luther King site was conditionally awarded and is in the process of acceptance and processing. Through this final round of funding, DHCS prioritized the remaining gaps in the behavioral health continuum, mental health community residential and crisis settings, distribution of funds to rural/remote areas with outstanding behavioral health needs, geographic areas with no prior BHCIP infrastructure projects, and regional models. DHCS has awarded 66 infrastructure projects totaling \$1.18 billion to support 130 mental health and/or substance use disorders facilities and create 2,554 new beds and 4,273 new outpatient treatment slots across California.
  - <https://www.dhcs.ca.gov/BHCIP/Pages/Bond-Round-2-Unmet-Needs.aspx>
  - Berkeley's conditional grant award will include almost \$7 million in grant funding, and the project must be completed no later than June of 2031. This project will rebuild the administrative building located at 2636 Martin Luther King Jr Way as a modern facility that will expand and house treatment services in a space where none could previously be authorized.
- The Behavioral Health Services Act (BHSA) Integrated Plan draft will be posted for public review on the City's website, and DHCS will receive the initial draft by March 31, 2026. Public feedback and survey data was solicited and integrated, as well as requirements from DHCS as the state continues to complete more modules for the BHSA policy manual. Note that some previous recommendations and guidance have changed, and the most recent requirements and guidance can be found at: <https://policy-manual.mes.dhcs.ca.gov/?l=en>

- 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.

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 February 2026
Adult, Older Adult and TAY Full-Service Partnership (AFSP) (Highest level outpatient clinical case management and treatment)	1-10 for clinical staff.	3 Clinicians, 3 Non-Licensed Clinician, 1 Clinical Supervisor	64	\$55,608	Clients: 64 Asian: 2 Black or African American: 32 Hispanic or Latino: 2 Unknown: 2 White: 26 Male Gender ID: 41 Female: 21 He/Him: 1 Unknown/No Available: 1 Heterosexual/Straight: 48 Unknown/Not Available: 12 Bisexual: 1 Gay: 2 Lesbian: 0 Prefer Not to Answer: 1
<b>Adult FSP Psychiatry (February Stats)</b> <b>AFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)</b> Homeless Full-Service Partnership (HFSP) (Highest level outpatient clinical case management and treatment)	1-100	0 FTE	47	\$2,037,600	
	1-8 for clinical staff	4 Non-Licensed Clinician, 1 Clinical Supervisor	36	\$28,994	Clients: 37 Asian: 2 Black or African American: 17 Hispanic or Latino: 1 Unknown: 2 Other: 2 White: 13 Male Gender ID: 23 Female: 11 Unknown/Not Available: 2 She/Her: 1 Heterosexual/Straight: 28 Unknown/Not Available: 5 Bisexual: 3 Prefer Not To Answer/Declined to State: 1
<b>HFPS Psychiatry (February Stats)</b>	1-100	0.5 FTE	25		

<b>HFSF FY22 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)</b>				TBD	
<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	154	\$20,916	Clients: 178 Alaska Native or American Indian: 1 Asian: 10 Black or African American: 69 Hispanic or Latino: 8 Other: 5 Pacific Islander: 3 Unknown: 11 White: 71 Female Gender ID: 85 Male: 74 He/Him: 6 She/Her: 5 Other Additional Gender Category: 5 Gender Queer: 2 Transgender (Trans Man): 1 Heterosexual/Straight: 127 Unknown/Not Available: 23 Gay: 3 Bisexual: 9 Lesbian: 4 Other Additional Sexual Orientation: 5 Prefer not to answer/decline to state: 4 Queer: 2 Prefer not to answer: 1
<b>CCT Psychiatry (February Stats)</b>	1-200	0.75 FTE	101		
<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	2 Non-Licensed Clinician 1 1 Clinical Supervisor	77	\$12,114	Clients: 81 Asian: 6 Black or African American: 29 Hispanic or Latino: 5 White: 41 Male Gender Identity: 46 Female: 30 She/Her: 2

									He/Him: 1 Intersex: 1 Transgender: 1 Heterosexual/Straight: 74 Unknown/Not Available: 5 Prefer Not To Answer/Declined: 1 Gay: 1
<b>FIT Psychiatry (February Stats)</b>	1-200	.25	60						
<b>FIT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)</b>									
<b>Family, Youth and Children's Services</b>									
	<b>Intended Ratio of staff to clients</b>	<b>Clinical Staff Positions Filled</b>	<b># of clients open this month</b>	<b>Average Monthly System Cost Last 12 months</b>	<b>Fiscal Year 2026 (July '25-June '26) Demographics as of February 2026</b>				
<b>Children's Full-Service Partnership (CFSP)</b>	1-8	1 Senior Behavioral Health Clinician 1 Non-Licensed Clinician	10	\$46,751	Clients: 15 Alaska Native/American Indian: 1 Asian: 1 Black or African American: 7 Hispanic or Latino: 1 Other: 2 Unknown: 1 White: 2 Male Gender ID: 7 Female: 7 Unknown/Not Available: 1 Heterosexual/Straight: 7 Unknown/Not Available: 7 Bisexual: 1				
<b>CFSP Psychiatry (February Stats)</b>	1-100	0	6						
<b>CFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>									
<b>Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)</b>	1-20	2 Non-Licensed Clinicians, 1 Clinical Supervisor	31	\$15,637	Clients: 38 Alaska Native/American Indian: Asian: 2 Black or African American: 17 Hispanic or Latino: 5 Other: 2 Unknown: 5 White: 7				

						Female Gender ID: 11 Male: 25 Missing Gender ID: 1 Prefer Not To Answer/ Declined to state 1 Heterosexual/Straight: 28 Unknown/Not Available: 5 Other Additional Sexual Orientation: 2 Bisexual: 1 Gay: 1 Missing: 1	
ERMHS/EPSTD Psychiatry (February Stats)	1-100	0	15				
<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:10 Externally referred: 17 Ongoing tx:42 Groups: 2 Offered/ 2 Provided			N/A	
<b>HSHC FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>							
			\$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>52 - Incidents</li> <li>17 - 5150 Evals</li> <li>3 - 5150 Evals leading to involuntary transport</li> </ul>	<ul style="list-style-type: none"> <li>29 - Incidents: Location - Phone</li> <li>21 - Incidents: Location - Field</li> <li>0 - Incidents: Location - Home</li> </ul>	Clients: 106 API: 2 Black or African American: 23 White: 18 Hispanic or Latino: 8 Other/Unknown: 55 Female: 47 Male: 47 Transgender: 1 Unknown: 11	
<b>MCT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>			\$771,623			

<b>Transitional Outreach Team (TOT)</b>	N/A	.5 Licensed Clinician, (TOT and CAT have been recently merged)	<ul style="list-style-type: none"> <li>0 – 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>					
<b>Crisis, Assessment, and Triage (CAT)</b>	N/A	1 Non-Licensed Clinicians, .5 Licensed Clinician, 0 Clinical Supervisor	<ul style="list-style-type: none"> <li>76 - Incidents</li> </ul>	N/A	Clients: 69 API: 3 Black or African American: 11 White: 13 Hispanic or Latino: 6 Other/Unknown: 36 Female: 26 Male: 35 Transgender: 0 Unknown: 8
<b>CAT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>					
\$272,323					
\$735,075					

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

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

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

## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Friday, March 13, 2026 3:04 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Behavioral Health Advisory Main Board Meeting (March 16, 2026)  
**Attachments:** BHAB Main Board Agenda (March 2026) .pdf; BHAB Main Board UNAPPROVED Meeting Minutes (February 2026).pdf; BHAB\_Legislative and Policy Update Presentation (March 2026).pdf

Hello Commissioners please see the information 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:** MHB Communications, ACBH <ACBH.MHBCommunications@acgov.org>

**Sent:** Friday, March 13, 2026 2:46 PM

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

**Subject:** Behavioral Health Advisory Main Board Meeting (March 16, 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 Main Board meeting scheduled for Monday, March 16, 2026, from 3:00 PM to 5:00 PM.

**PLEASE NOTE:** This in-person meeting will be held at 1900 Embarcadero Cove, Suite 101 (**Brooklyn Basin Conference Room**) in Oakland. Members of the public are invited to observe and participate in person or remotely via Zoom.

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

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

**Webinar ID: 823 6846 5518**

**Passcode: 020770**

Or Telephone:

(408) 961-3927

(408) 961-3928

(408) 961-3929



Alameda County  
Behavioral Health Advisory Board

# Behavioral Health Advisory Board Agenda 16

**March 16, 2026 | 3:00 PM – 5:00 PM**

**1900 Embarcadero Cove, Suite 101 (Brooklyn Basin Room) Oakland**

*This meeting will also be conducted through videoconference and teleconference*

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

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

<b>BHAB Members:</b>	<b>Brian Bloom</b> ( <i>Chair, District 4</i> ) <b>Terry Land</b> ( <i>Vice Chair, District 1</i> ) <b>Carolynn Gray</b> ( <i>District 2</i> ) <b>Gina Lewis</b> ( <i>District 2</i> ) <b>Thu Quach</b> ( <i>District 2</i> )	<b>Ashlee Jemmott</b> ( <i>District 3</i> ) <b>Shannon Johnson</b> ( <i>District 3</i> ) <b>Yuliana Wisner-Leon</b> ( <i>District 3</i> ) <b>Mary Hekl</b> ( <i>District 4</i> ) <b>Lawrence Brandon</b> ( <i>District 5</i> )	<b>Juliet Leftwich</b> ( <i>District 5</i> ) <b>Mia Cooper-Kahn</b> ( <i>District 5</i> ) <b>Erin Armstrong</b> ( <i>BOS Rep.</i> )
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<p style="text-align: center;"><b><u>Committees</u></b></p> <p><b>Adult Committee</b> Terry Land, Co-Chair Thu Quach, Co-Chair</p> <p><b>Children and Young Adult Committee</b> Ashlee Jemmott, Co-Chair Gina Lewis, Co-Chair Carolynn Gray, Co-Chair</p> <p><b>Criminal Justice Committee</b> Brian Bloom, Co-Chair Juliet Leftwich, Co-Chair</p> <p><b><u>BHAB Mission Statement</u></b> 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.</p>	<p>3:00 PM I. Call to Order</p> <p>3:05 PM II. Approval of Minutes</p> <p>3:05 PM III. Public Comment</p> <p>3:10 PM IV. BHAB Chair's Report</p> <p>3:15 PM V. Board Announcements</p> <p>3:20 PM VI. ACBHD Director's Report</p> <p>3:35 PM VII. Mental Health Month Event</p> <p>3:55 PM VIII. AC Health Legislative and Policy Update Presentation</p> <p>4:35 PM IX. Committee and Liaison Reports</p> <p style="padding-left: 20px;">A. Adult Committee</p> <p style="padding-left: 20px;">B. Criminal Justice Committee</p> <p style="padding-left: 20px;">C. Children &amp; Young Adult Committee</p> <p style="padding-left: 20px;">D. Care First, Jails Last Ad Hoc Committee</p> <p style="padding-left: 20px;">E. BHSA Stakeholder Committee</p> <p style="padding-left: 20px;">F. Budget Stakeholders Advisory Committee</p> <p style="padding-left: 20px;">G. Berkeley Mental Health Committee</p> <p style="padding-left: 20px;">H. Measure A Oversight Committee</p> <p>4:45 PM X. Public Comment</p> <p>5:00 PM XI. Adjournment</p>
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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

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

Meeting called to order at 3:06PM by Chair Brian Bloom.

ITEM	DISCUSSION	DECISION/ACTION
<b>Roll Call</b>	Roll call completed.	
<b>Approval of Minutes</b>	Last month's meeting minutes were adopted and approved with minor revisions and two abstentions.	
<b>Public Comment</b>	Public comments were given.	
<b>BHAB Chair's Report</b>	BHAB Chair Bloom provided the following updates: <ul style="list-style-type: none"> <li>• BHAB Chair Bloom reported that additional reductions are anticipated from Alameda Health System (AHS). A public hearing is scheduled for February 25, 2026, with the Board of Supervisors (BOS).</li> <li>• A Board-initiated idea was shared to host a behavioral health community fair in May for Mental Health Awareness Month. The committee expressed willingness to develop a concept for the event. This item will be added to a future BHAB agenda</li> </ul>	17
<b>Board Announcements</b>	No announcements were provided.	

ITEM	DISCUSSION	DECISION/ACTION
<p>89 ACBHD Annual Departmental Update</p>	<p>The Alameda County Behavioral Health Department (ACBHD) Director, Dr. Karyn Tribble, provided ACBHD Annual departmental updates as follows:</p> <ul style="list-style-type: none"> <li>• Dr. Tribble acknowledged retired Chief Medical Director, Dr. Aaron Chapman, for his leadership. The Chief Medical Director is now vacant. Additionally, it was shared that Dr. Anna Phillips, Director of Substance Use Continuum of Care, joined the Executive Leadership team last year.</li> <li>• No major structural changes occurred, aside from Information Systems (IS) and portions of Data and Analytics fully transitioning out of ACBHD; the department continues to fund IS.</li> <li>• The agency budget is \$1.2 billion, with \$832 million allocated to ACBHD. Public Health represents 11.6% of the agency budget, while the Office of the Agency Director is second at 23%.</li> <li>• Mental Health Services Act (MHSA) funding totals approximately \$200 million (20% of the ACBHD budget). General funds represent 8% of the budget, and federal grants decreased by 1%. No reductions to behavioral services were reported.</li> <li>• Dr. Tribble reaffirmed alignment with the ACBHD framework, mission, vision and values. A “true north” framework has been developed to align programs with quality and performance metrics.</li> <li>• ACBHD deployed \$5.5 million to the community to support services, programs and innovative projects.</li> <li>• The Three Valleys Community Foundation was awarded the RFP and continues to administer funds. The county will receive \$80 million; ACBHD has received \$35 million to date.</li> <li>• A \$6 million decrease in BHSA allocation was announced. By July 1, 2026, ACBHD will utilize MHSA unspent dollars designated for innovative projects that must be active in 2028.</li> <li>• ACBHD reported \$53 million in impacts due to unavailable funds and discontinued programs.</li> <li>• Proposition 1 budget noted \$75 million in reductions. \$45 million in program savings anticipated in October 2025, \$7.1 million in November 2025, and \$23 million to be absorbed by ACBHD, with an additional \$6 million cut.</li> <li>• Critical impacts include federal funding changes, medical revenue, system-change needs and early intervention transitions.</li> <li>• Another webinar will be held in March 2026.</li> </ul>	

ITEM	DISCUSSION	DECISION/ACTION
<p><b>Demographic Data Overview Presentation and Discussion</b></p>	<p>ACBHD Quality Improvement and Data Analytics team provided an overview of Behavioral Health demographic data. Highlights are as follows:</p> <ul style="list-style-type: none"> <li>• An overview of the four care systems: Adult/Older Adult, Child &amp; Young Adult, Substance Use Continuum of Care, and Forensic Diversion, &amp; Re-Entry.</li> <li>• Community-based organizations deliver approximately 88% of Mental Health Services (MHS) and 100% of all SUD services.</li> <li>• The Mental Health Plan provides Specialty Mental Health Services (SMHS) for individuals with moderate to severe mental illness, and the Substance Use Continuum of Care offers a full range of SUD treatment services.</li> <li>• The department's FY 2025-2026 budget allocation \$832 million with 813 full-time-county positions.</li> <li>• The FY 2024-2025 demographic data were presented; however, the data shared did not include hospital-based or crisis services.</li> <li>• Gender data labeled "unknown/missing" originate from state reporting; county-level data include more detailed categories.</li> <li>• Demographic sources include the Department of Health Services (DHS) monthly Medi-Cal eligibility and ACBHD registration data.</li> <li>• MHS disaggregation reports, available through the business intelligence platform, include client counts by ethnic group for FY 2024-2025. Medi-Cal penetration rate reflects combined Medi-Cal beneficiaries and outpatients served.</li> <li>• The MHS Prevention and Early Intervention program called Underserved Ethnic Language Population (UELP) programs, track services by event rather than by individual. A total of 8,121 events occurred in FY 2024-2025.</li> <li>• UELP data disaggregation was presented to provider reporting needs.</li> <li>• Additional demographic highlights included Asian, Latino and other communities. Alameda County has six threshold languages and providers collect language data to support community reporting.</li> </ul>	
<p><b>Committee and Liaison Reports</b></p>	<p>Chair Bloom announced that all committee and liaison reports are deferred until the March 2026 meeting.</p>	
<p><b>Public Comment</b></p>	<p>Public comments were given.</p>	
<p><b>Adjournment</b></p>	<p>Meeting adjourned at 5:01PM</p>	<p>19</p>

# **AC Health Legislative & Policy Update**

Behavioral Health Advisory Board, March 16, 2026

Jessica Blakemore, Interim Policy Director



Alameda County Health

# Presentation Overview



AC Health Policy & Legislative Engagement

Federal Updates

State Updates

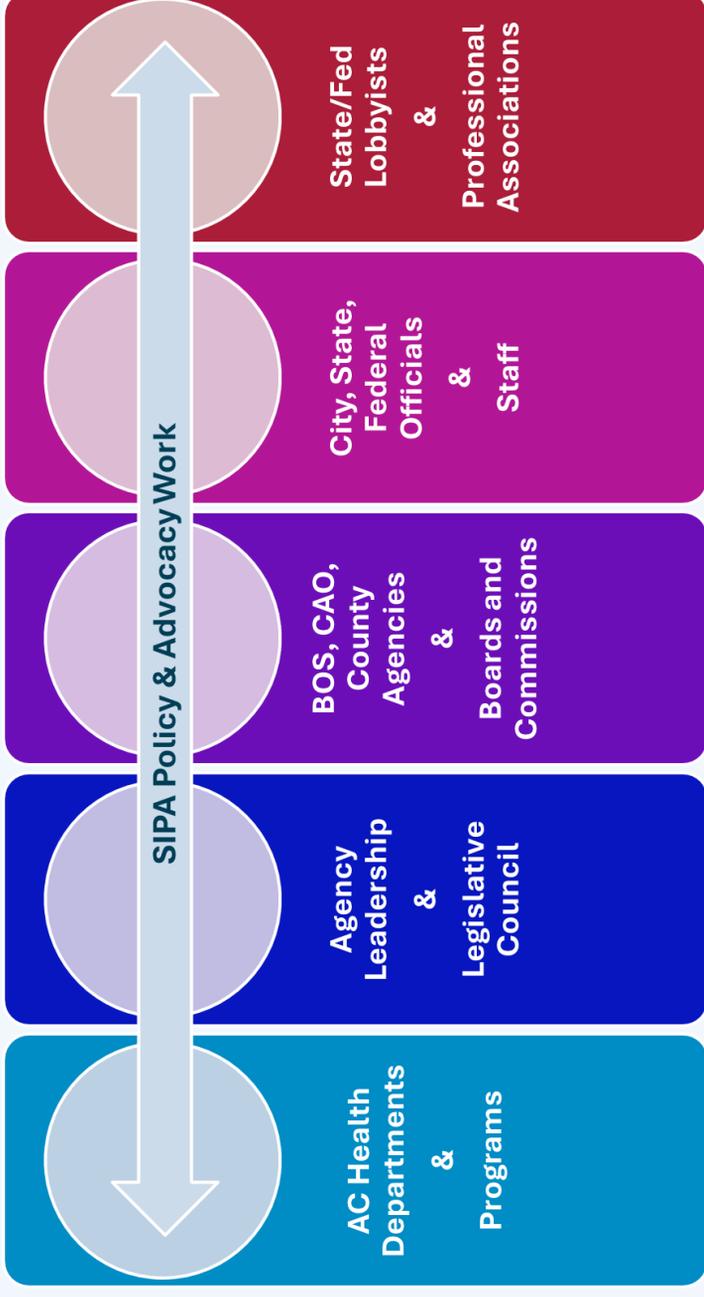
Discussion & Questions

# Alameda County Health

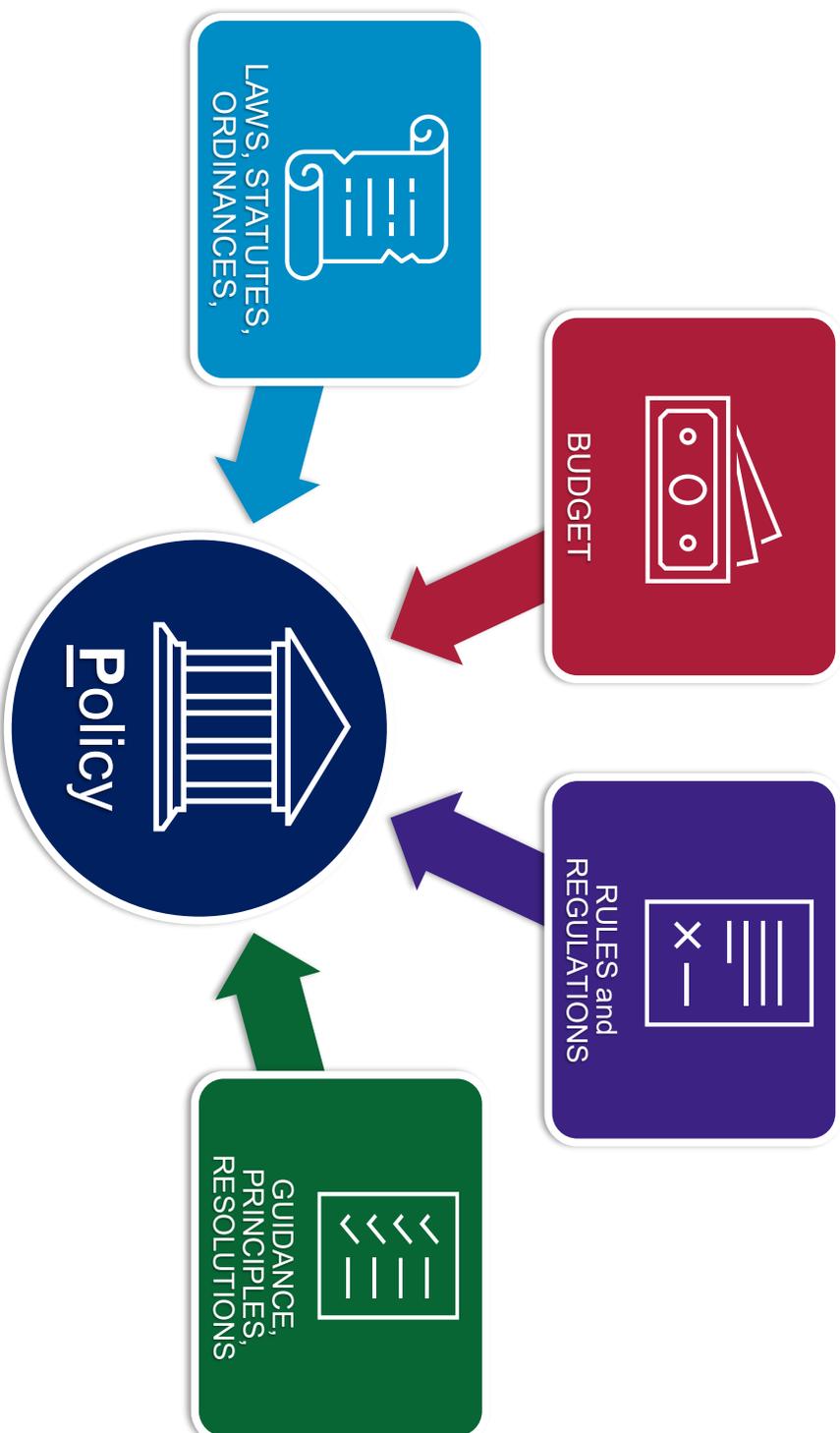
Policy and Legislative Engagement

# AC Health Strategic Initiatives & Public Affairs (SIPA)

- Policy Work
  - Agency-wide coordination of policy, communications, and collaborations
  - AC Health Legislative Council & AC Health Policy Coordination Team
  - Advance AC Health’s vision and mission through proactive strategies
- Policy Team
  - Jessica Blakemore, Interim Policy Director  
[Jblakemore@acgov.org](mailto:Jblakemore@acgov.org)
  - Eileen Ng, Director, Strategic Initiatives & Public Affairs



# What is Policy? *laws, regulations, funding, & other government actions*



- Proposition 1
- Federal Regulations for Sharing SUD Patient Data (42 CFR part 2)
- Medi-Cal Expansion
- Future of Public Health Funding

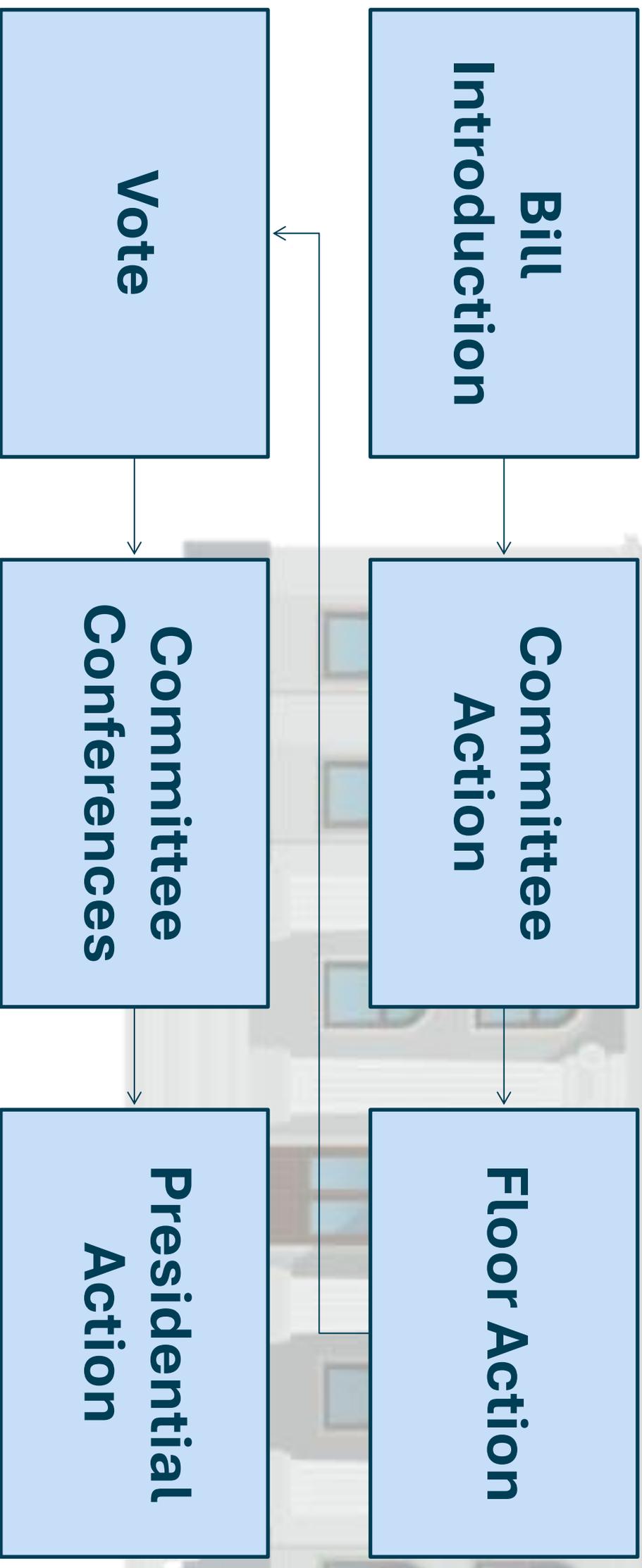
# Federal, State, and Local Policy Roles

**Federal Policies**  
Provide broad legal frameworks, funding, and regulations  
(e.g., ACA, Medicaid, FDA regulations)

**State Policies**  
Implement and sometimes expands on federal policies  
(e.g., Medicaid expansion, reproductive health laws)

**Local Policies**  
Tailor public health strategies to address community needs  
(e.g., city health ordinances, mask mandate)

# Federal Legislative Process



# Federal Budget and Appropriations Process

## Budget Request

- **President's Budget Proposal** Signals Administration priorities but has **no force of law**.

## House and Senate Consideration

- Committees mark up bills, negotiate differences, and pass final versions.

## Final Passage and Presidential Signature

- Must pass before **October 1, 2025**, or risk a **government shutdown** or require **Continuing Resolutions (CRs)**.

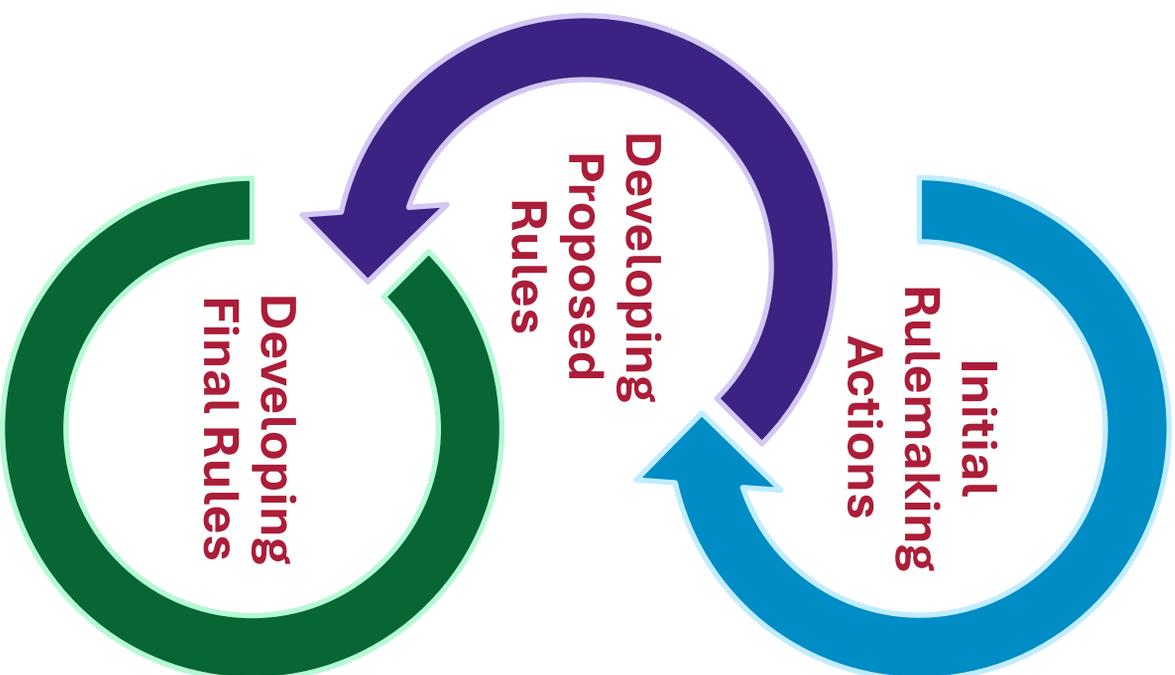
## Congressional Appropriations Committees

- Draft 12 **appropriations bills** (including HHS and HUD funding).

## Reconciliation or Other Legislative Vehicles

- Certain budget provisions may advance through reconciliation with **simple majority votes**.

# Federal Regulatory Process



- **Initiate Rulemaking**
- **Prioritize, Plan, and Approve**
- **Identify Issues and Gather Data**

- **Develop Preamble and Rule Language**
- **Conduct Internal and Interagency Review**
- **Publish Proposed Rule**

- **Process Public Comments**
- **Finalize Preamble and Rule Language**
- **Conduct Internal and Interagency Review**
- **Publish Final Rule**

# Local Implications of State Policy Making

State policies have a significant impact on local governments and public health, often shaping the scope and effectiveness of local health initiatives. State laws can either support or hinder local public health efforts, with implications for community well-being

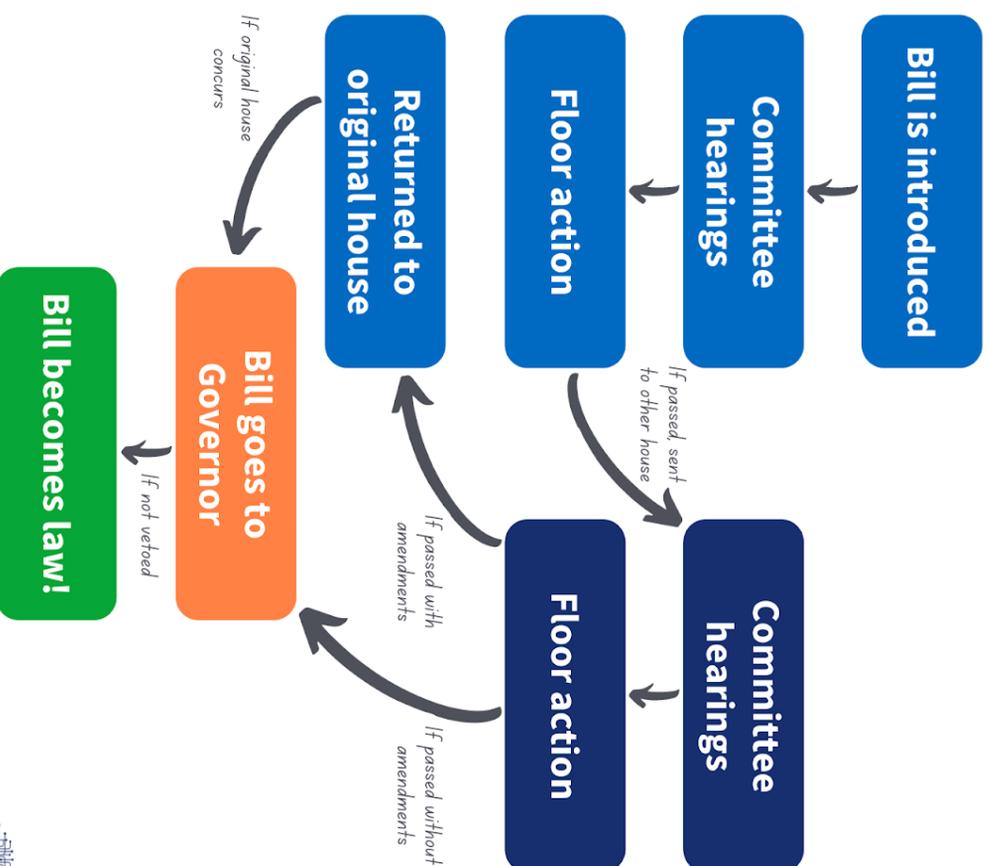
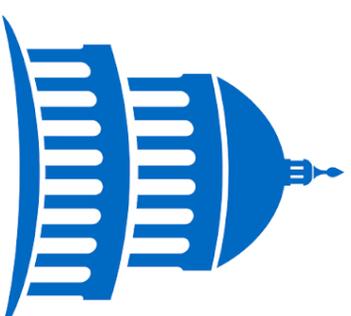
Funding

Regulations  
and Policy  
Implementation

Resource  
Allocation

Guidance and  
Support

# How a BILL becomes law in CA



# California budget development timeline

## Governor's Budget Proposal (January)

- The Governor submits the annual budget proposal to the Legislature by January 10. This proposal outlines spending priorities, revenue estimates, and policy initiatives for the upcoming fiscal year (July 1 –June 30).

## Legislative Review (January – June)

- Legislative committees analyze the Governor's proposal, hold hearings, and consider amendments. Both the Assembly and Senate Budget Committees review and revise the budget.

## May Revision

- In May, the Governor releases an updated budget reflecting the latest economic data, revenue forecasts, and policy changes.

## Legislative Approval (June)

- The Legislature must pass the final budget by June 15. This requires a simple majority vote in both houses.

## Governor's Signature

- The Governor signs the budget bill into law, making it official.

## Personnel/Administration/Legislation Committee (BOS PAL)

Reviews federal, state, and local legislation and other regulatory and administrative matters referred by County departments

Reviews and signs all letters of support or opposition for legislative & regulatory matters

Recommends approval of the County's legislative platform and priorities

Advances all recommendations to the full Board of Supervisors for final approval

Provides direction to the County's State and federal lobbyists on advancing the County's legislative agenda

### AC Health's Role:

- Attend PAL Committee Meetings
- Bring recommended positions to PAL Committee

# Action Steps: Taking Positions on Legislation

## Identify Legislation

- BHAB follows process for approving position recommendations
- Contact commission support staff and AC Health Policy Team

## Prepare Position Recommendation

- Board members work with AC Health Policy Team to complete PAL Request Form

## County Approval

- ACH submits request to CAO
- BOS PAL Committee Approval
- Full Board approval

## Impacts Analysis

- Program and fiscal impact
- Population and equity impacts
- Impacts to other County agencies

## AC Health Approval

- Approval impacted departments
- AC Health Legislative Council approval
- Director approval

Approximately 4-6 weeks from initial recommendation to Board of Supervisors approval

- County lobbyists advocate for position
- Letters submitted to legislature
- Additional advocacy as needed

# Federal Policy Update

# Overview

Unprecedented actions and significant policy shifts by federal administration creating uncertainty

## Impacts to AC Health programs/operations to date

State and County budget implications

Ongoing release of harmful proposed rules

Funding rescissions, reversals, and uncertainty

Many impacts mitigated by court orders blocking actions from taking effect

Concrete impacts to community wellbeing, access to care and services

# Federal Funding Update

## Government Shutdowns

- 43 day shutdown that started in October 2025 was longest in US history
- Short term funding deal through January 2026 → Short partial shutdown February 1-3
- Full year funding for *almost all agencies* signed into law on February 3, 2026.
- DHS partial shutdown: Currently no agreement on DHS appropriations bill,

## Funding Terminations

- CDC notified grantees in four states including California of the termination of over 60 public health grants. California Attorney General Rob Bonta and other state attorneys general filed a federal lawsuit
- Abrupt termination of approximately \$2 billion in SAMHSA grants in January impacting over 2,000 mental health and substance use programs nationwide. Termination reversed within 24 hours

## FY26 Appropriations

- USDA funding bill signed on November 12, 2026 (WIC and SNAP funded through end of FY)
- Minibus funding package including HHS and HUD funding signed February 3
- Funding levels relatively unchanged from FY 25 levels
- Final funding bills did not reflect Trump administrations proposed dramatic cuts and agency reorganization

# Factors Impacting AC Health

## Health Care Impacts

- ACA premium subsidies expired
- H.R. 1 Medicaid changes
- CMS sharing Medicaid data with DHS allowed to resume

## Actions Temporarily Blocked by Courts

- PRWORA “Federal Public Benefit” Interpretation (preliminary injunction)
- HHS and HUD Grant Conditions disallowing broad service categories (immigrants, gender affirming, DEI) (preliminary injunction)
- Public Health funding terminations in 4 states

## Pending Policy Actions

- HUD CoC Permanent Housing funding cap (prohibited by FY 26 appropriations bill, but will likely revive efforts)
- Gender affirming care proposed rules
- Public Charge rule changes
- Proposed rule impacting student loans for public health, nursing, social work degrees

## Other Policy Changes

- Harm reduction shifting from a public health approach to a more restrictive model
- Childhood vaccine schedule changes (American Academy of Pediatrics filed lawsuit)

# Federal Legislation

## Ensuring Excellence in Mental Health Act (S 3402)

- Allows Medicare to cover services in Certified Community Behavioral Health Clinics (CCBHCs). Establishes sustainable financing and expands CCBHC access.
- Status: Introduced in Senate; referred to Senate Finance Committee.
- Supporters: Sen. Cortez Masto, Sen. Cornyn, Sen. Smith, Sen. Tillis; National Council for Mental Wellbeing.

## Increasing Behavioral Health Treatment Act (HR 4022)

- Repeals Medicaid's IMD exclusion, allowing Medi-Cal/Medicaid reimbursement for facilities with more than 16 beds; requires states to expand outpatient and crisis services.
- Status: Introduced in House; referred to House Energy & Commerce Committee.
- Supporters: Rep. Carabajal, Rep. Bacon; National Association of Counties.

# Federal Legislation

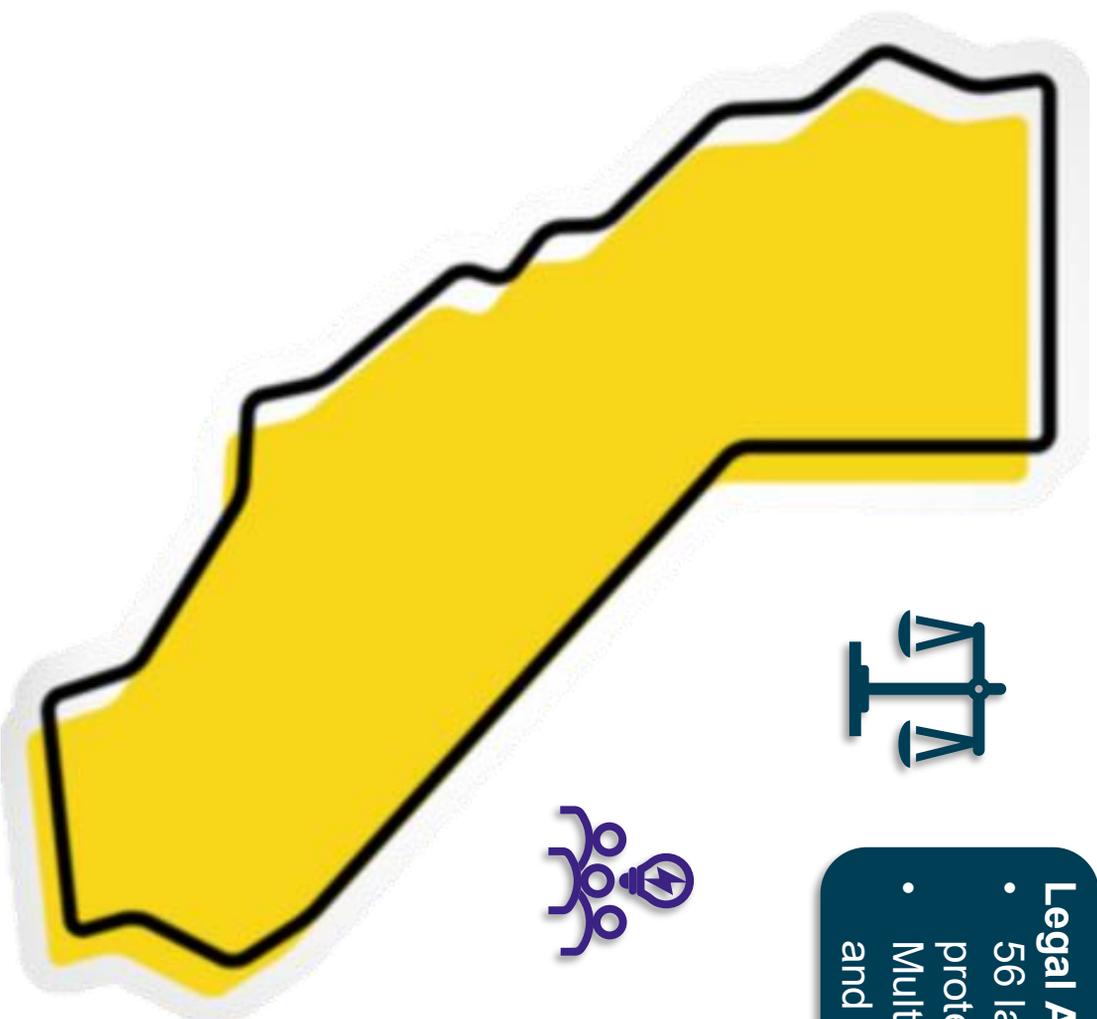
## **Increasing Behavioral Health Treatment Act (HR 4022)**

- **Summary:** Repeals Medicaid's IMD exclusion, allowing Medi-Cal/Medicaid reimbursement for facilities with more than 16 beds; requires states to expand outpatient and crisis services.
- **Status:** Introduced in House; referred to House Energy & Commerce Committee.
- **Supporters:** Rep. Carbajal, Rep. Bacon; National Association of Counties.

## **Michelle Alyssa Go Act (HR 5462)**

- **Raises Medicaid IMD bed limit from 16 to 36 for psychiatric/substance-use facilities meeting federal standards.**
- **Status:** Introduced; referred to House Energy & Commerce Committee.
- **Supporters:** Reps. Goldman, Salinas, Bacon, Barragán; National Association of Counties.

# California Response to Federal Shifts



## Legal Action

- 56 lawsuits defending federal funding & health protections
- Multiple injunctions preserving federal funds to state and local jurisdictions



## Administrative Coordination

- H.R. 1 Implementation Plans
- Actions to safeguard public health



## Legislative Action

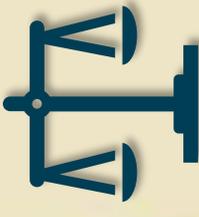
- Funding & redistricting
- Protections for immigrant communities
- Reproductive, gender-affirming, and preventive care safeguards

# Alameda County Response



## Advocacy: County and Agency Comment Letters

- AC Health led submission of 15 federal comment letters since January 2025
- Policy and legislative positions on key proposals
- Regular check ins with federal advocates and information sharing with federal delegation



## Lawsuits: County is a plaintiff challenging

- Attempts to block federal funding to “sanctuary jurisdictions” (Preliminary injunction granted)
- Conditions placed on DOT, HUD, and HHS funding (Preliminary injunction granted)



## BOS / ACT for ALL Committee

- Restrictions on ICE in county owned buildings
- Funding allocations for
  - Immigrant and Refugee protections
  - Medi-Cal outreach/enrollment
  - Food security/nutrition
  - Communities disproportionately impacted by federal actions

# State Policy Updates

## FY 26-27 State Budget

- Overall revenue projections positive
- Ongoing operating deficits anticipated
- Focus on maintaining current programs / services
- Budget hearings in progress
- May Revise will reflect updated revenue projections

## Key Issues for AC Health

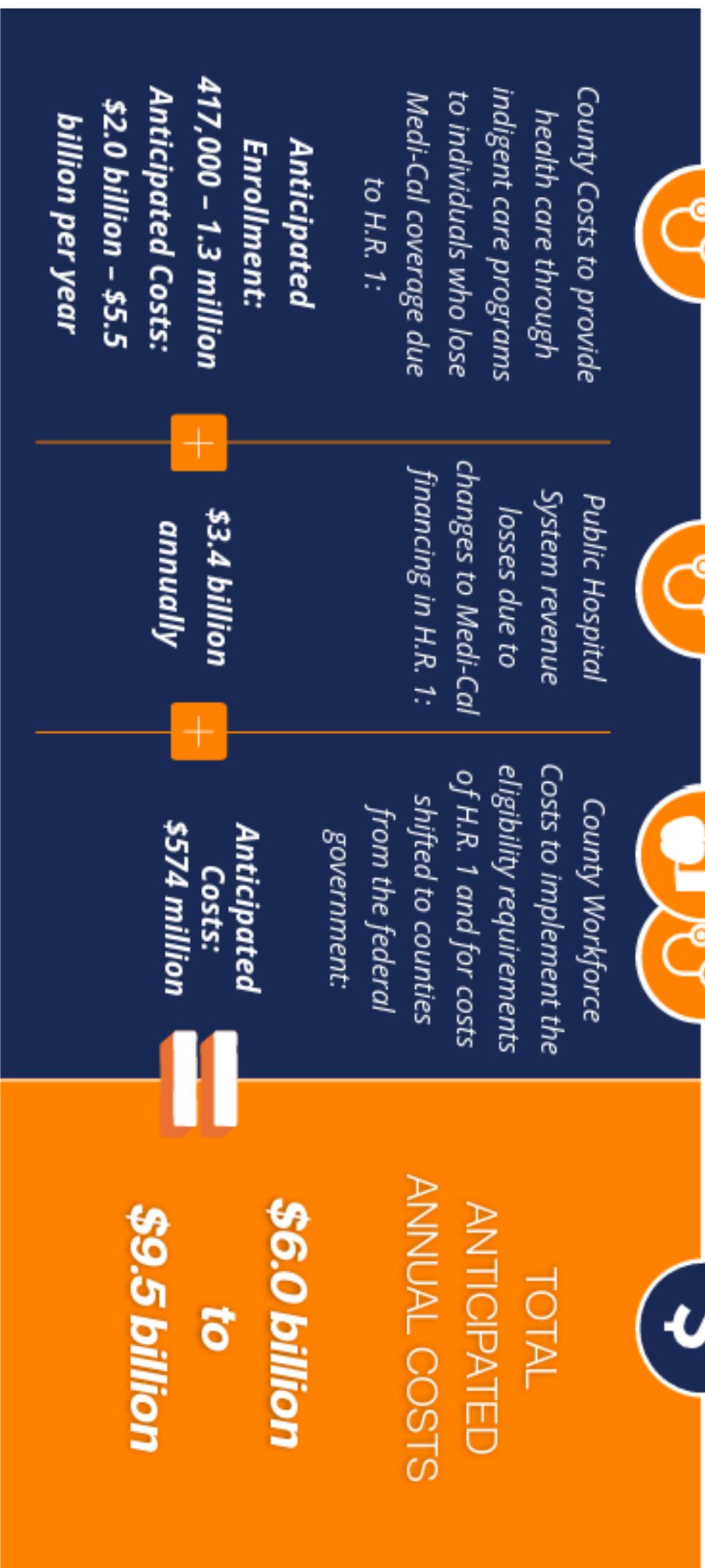
County HHS H.R. 1 Impacts

Homeless Housing, Assistance and Prevention (HHAP) Program

Medi-Cal Mobile Crisis Services

Public Health IT Systems

# H.R. 1 Impact to Counties



Healthcare

Food

# State Legislation

## AB 46 (Nguyen)

- Summary: Makes it more difficult for judges to divert people with mental disorders from jail to treatment; amendments would require a clinically appropriate diversion plan.
- Status: Returned to Senate Rules Committee after Feb. 13 Appropriations amendment discussions.
- Supporters: Supported by law enforcement and prosecutors.
- Opposition: CBHDA, civil rights and public defender organizations.

## AB 1676 (Stefani)

- Placeholder bill on Assisted Outpatient Treatment; author indicates intent to include court-ordered involuntary medication.
- Status: Still a placeholder; awaiting substantive amendments.
- Supporters: Supported publicly by SF Mayor Lurie

## State Legislation

### **SB 989 (Blakespear/Umberg)**

- States intent to make it easier for first responders, family, and roommates to file CARE Court petitions.
- Status: In Senate Rules Committee.

### **SB 1221 (Stern)**

- Requires determination of grave disability/dangerousness to consider conditions outside incarceration.
- Status: Referred to Health and Judiciary committees
- Opposition: CBHDA

### **SB 1028 (Archuleta)**

- Placeholder bill to amend state law on 5150 involuntary holds.
- Status: In Senate Rules Committee

### **SB 1242 (Choi)**

- Allows family petitioners to participate in CARE Court unless deemed detrimental to the respondent.
- Status: Referred to Judiciary committee

# State Legislation

## SB 1401 (Stern)

- Allows confidential sharing of medical information for determining diversion or conservatorship eligibility.
- Status: Active bill.
- Supporters: Not listed.
- Opposition: CBHDA

## AB 1900 (Kalra)

- Creates universal single-payer system 'Guaranteed Health Care for All.'
- Status: Active bill.
- Supporters: Supported by single-payer and healthcare reform advocates.
- Opposition: Likely from insurance industry; no formal opposition yet.

# Questions?

## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Friday, March 13, 2026 9:34 AM  
**To:** Works-Wright, Jamie  
**Subject:** FW: CDPH Release | BHSA Population-Based Prevention Plan

Hello Commissioners,

Please see the information below about the BHSA prevention program from the state.

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:** Thursday, March 12, 2026 12:30 PM  
**Subject:** CDPH Release | BHSA Population-Based Prevention Plan

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

Sharing forward from the **CA Department of Public Health (CDPH) | BHSA**  
**Population-Based Prevention Program Final Plan**



The California Department of Public Health (CDPH) is excited to release the [CDPH Behavioral Services Act \(BHSA\) Population-Based Prevention Program Final Plan](#). The Final Plan is a comprehensive statewide framework designed to prevent suicide, self-harm, and overdose, strengthen behavioral health and well-being for all Californians--especially children, youth, and communities disproportionately impacted by systemic racism and discrimination. It describes CDPH's strategy to implement Behavioral Health Transformation.

The [Final Plan](#) is comprised of the previously released Phase 1 and 2 Guides and was developed through extensive public input that included community engagement sessions, Tribal Consultations, and feedback from interested parties. The Plan includes the implementation strategies and funding for each program component beginning in July 2026 for a three-year period, from Fiscal Year 2026-27 to Fiscal Year 2028-29. This timeline, as part of the broader BHSA, aligns with the [3-year Collaborative Planning effort](#) to facilitate cross-systems collaboration and support strategic alignment at the local level for coordinated and complementary approaches.

### [Click here for Final Plan](#)

#### **Learn More**

For additional information about CDPH's BHSA approach, please see the [BHSA Population-Based Prevention Program Final Plan Frequently Asked Questions](#).

Guidelines and details related to the various funding opportunities mentioned in the Final Plan will be released in Spring 2026. This information will be posted on the [CDPH website](#) and announced via our email distribution list. Individuals are encouraged to [sign up for the BHSA email list](#) to receive updates.

For comments or questions, please email [BHSAinfo@cdph.ca.gov](mailto:BHSAinfo@cdph.ca.gov).

### **Stay Informed**

- [News Release: CDPH Finalizes Population-Based Prevention Based Strategy for California Behavioral Health Transformation Effort \(CDPH\)](#)
- [Transforming Behavioral Health \(CDPH\)](#)
- [Partner and Community Engagement for Behavioral Health Transformation \(CDPH\)](#)
- [Mental Health for All \(State of California\)](#)

- Behavioral Health Task Force (California Health and Human Services)
- Behavioral Health Transformation (Department of Health Care Services)

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**California Association of Local Behavioral Health  
Boards/Commissions | [www.calbhbc.org](http://www.calbhbc.org)**

## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Friday, February 27, 2026 10:38 AM  
**To:** Works-Wright, Jamie  
**Subject:** MHC agenda items for March

Hello Commissioners,

The Mental Health commission will meet on March 26, 2026. If you would like to place any discussion or vote on the agenda, please send by Friday, March 6<sup>th</sup>.

If you would like to have anything in the agenda packet please send it in by March 13.

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)

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