



Health, Housing & Community  
Service Department  
Behavioral Health Commission

## Berkeley Behavioral Health Commission

### AGENDA

**Regular Meeting**  
**Thursday, May 28, 2026**

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

**Location:** South Berkeley Senior Center  
1901 Hearst St., Berkeley, CA  
Morning Glory Room, 2<sup>nd</sup> floor

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

*This meeting will be conducted in a hybrid model with both in-person and virtual attendance. Attend this meeting remotely using Zoom <https://cityofberkeley-info.zoomgov.com/j/1600369064> . To request to speak, use the “raise hand” function in Zoom. To join by phone: Dial 1-669-254-5252 or 1-833-568-8864 (Toll Free) and enter Meeting ID: 160 036 9064. To provide public comment, Press \*9 and wait to be recognized by the Chair. To submit a written communication for the public record, email [jworks-wright@berkeleyca.gov](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 May 28, 2026, meeting agenda
  - b. Public Comment (non-agenda items)
  - c. Action Item: Approval of April 23, 2026, meeting minutes
- 3. Nominate and vote to elect a Vice Chair**
- 4. Begin the discussion for identifying the official 2026 - 2027 goals for the BHC – Lisa Teague**
- 5. Discuss ideas about how BHC can help mitigate cuts to wellness centers – Lisa Teague**



Health, Housing & Community Services  
Mental Health Commission

To: Mental Health Commissioners  
From: Jamie Works-Wright, Commission Secretary  
Date: May 19, 2026

**Documents Pertaining to 5/28/26 Agenda items:**

Agenda Item	Description	Page
2. a.	Approval of May 28, 2026, Meeting Agenda	1
2. C.	Approval of April 23, 2026, Meeting Minutes	3
6.	Mental Health Manager Report – Jeff Buell	
	a. MHC Manager Report	5
	b. MH. Caseload Stats April	10
Email Correspondence	<p><b>Memo:</b> Behavioral Health Advisory Board Meeting (May 18, 2026)</p> <p><b>Attachment:</b> BHAB Main Board Agenda (May 2026).pdf</p> <p><b>Attachment:</b> ACBHD Brief Directors Update - State Budget BHSAs Carryover (May 2026).pdf</p> <p><b>Attachment:</b> Comments - BHSAs Draft Integrated Plan FY26-29.pdf</p> <p><b>Attachment:</b> BHAB Main Board UNAPPROVED Meeting Minutes (April 2026).pdf</p> <p><b>Attachment:</b> ACBHD FY 26-27 Budget Update (May 2026).pdf</p> <p><b>Memo:</b> May 2026 Newsletter   CALBHB/C</p> <p><b>Memo:</b> Invitation June 19,2026 CALBHB-C Meeting – Training</p> <p><b>Attachments:</b> CPS Week Flyer 1</p> <p><b>Memo:</b> Agenda Items and packet information</p> <p><b>Attachment:</b> 1<sup>st</sup> Pres Mental Awareness Event 5.2.26</p> <p><b>Attachment:</b> W. Berkeley Family Wellness Mental Health Awareness month 5.29.26</p> <p><b>Memo:</b> Youth Spirit Artworks - Public Comment on BHSAs Draft 3-Year Plan</p>	<p>15</p> <p>17</p> <p>18</p> <p>29</p> <p>30</p> <p>35</p> <p>48</p> <p>50</p> <p>53</p> <p>54</p> <p>55</p> <p>56</p> <p>59</p>



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

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

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

**7. Adjournment**

Communications to Berkeley boards, commissions or committees are public records 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.

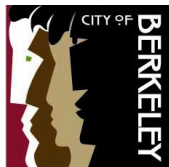
Contact person: Jamie Works-Wright, Behavioral Health Commission Secretary (510) 981-7721 or  
[Jworks-wright@berkeleyca.gov](mailto:Jworks-wright@berkeleyca.gov)



*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 April Minutes

7:00 pm  
North Berkeley SC 1901 Hearst

Regular Meeting  
April 23, 2026

**Members of the Public Present:** Paul Kealoha- Blake, Tom Yamaguchi, Ed Herzog, Routt Bryant, Scott Loretz, Katy Macdonald

**Staff Present:** Karen Klatt, Andrea Bates, Jamie Works-Wright, Jeff Buell

### 1) Call to Order at 7:05 pm

**Commissioners Present:** Patricia Fontana-Narell, Ian Hunt, Ajay Krishnan, Edward Opton (7:07), Maria Sol, Lisa Teague, Igor Tregub (7:26), **Absent:** Ashley Gu, Glenn Turner

### 2) Preliminary Matters

#### a) Approval of April 23, 2026, meeting agenda

**M/S/C (Krishnan, Teague)** Motion to approve the April Agenda

**PASSED**

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

#### b) Public Comment- No public comments

#### c) Approval of February 26, 2026, minutes

**M/S/C (Krishnan, Hunt)** Motion to approve the February 26, 2026, minutes

**PASSED**

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

#### d) Approval of March 26, 2026, meeting minutes

**M/S/C (Krishnan, Hunt)** Motion to approve the March 26, 2026, minutes

**PASSED**

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

**\*Appointing a commissioner to chair the second half of the meeting.****M/S/C (Teague, Sol) Motion to appoint Lisa Teague to chair the meeting for the second half of the meeting****PASSED****Ayes:** Fontana-Narell, Hunt, Krishnan, Opton, Sol, Teague, Tregub **Noes:** None; **Abstentions:** None; **Absent:** Gu, Turner**3) 30 Day Public Review: Draft BHSA Three Year Integrated Plan – Karen Klatt****M/S/C (Teague, Sol) Motion is the Behavioral Health Commission thanks Berkeley Mental Health for the 3-year draft plan and understands that changes will be made from the public comment and city council and support the plan and will continue to give input though out its progress to completion.****PASSED****Ayes:** Fontana-Narell, Hunt, Opton, Sol, Teague, **Noes:** None; **Abstentions:** Tregub; **Absent:** Gu, Krishnan, Turner**4) Mental Health Division Manager's Reports – provided by Jeff Buell – No motion**

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

**5) Adjournment –8:47PM****M/S/C (Tregub, Teague) Motion to adjourn the meeting****PASSED****Ayes:** Fontana-Narell, Hunt, Opton, Sol, Teague, Tregub **Noes:** None; **Abstentions:** None; **Absent:** Gu, Krishnan, Turner

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



Health Housing and  
Community Services Department  
Mental Health Division

## MEMORANDUM

**To:** Behavioral Health Commission  
**From:** Jeffrey Buell, Mental Health Division Manager  
**Date:** 5/18/2026  
**Subject:** Mental Health Manager Report

### Behavioral Health Services Report

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

### Information Requested by Behavioral Health Commission

Requested from Commissioner Opton:

***The attached FY 2021-2022 MHSA expenditure chart below {see note A} . . . presents, in a concrete and easily comprehensible way, how . . . Berkeley ties a major portion of funding to staff roles and salaries . . . . By comparison, the current draft plan {see note B} and related budget materials {see note C}, including the attached screenshot {see Note D}, do not yet provide the same level of visibility, awareness, and accountability for how the Division plans to allocate funding for staff roles and salaries within the BHSA components and thus, its programs and services. [New paragraph] As public tax dollars supporting a public government division, there should be a clear and accessible chart for understanding how the Division plans to allocate its funding, including the potential impacts and re-structuring of staff roles and salaries as result of budget reductions. . . . that makes it even more important that additional public-facing explanation be provided so that residents and commissioners can understand how the funding translates into actual services and system operations."***

*A Vibrant and Healthy Berkeley for All*

The State of California mandates the use of an immutable template for the BHSA Integrated Plan, which offers less flexibility than the MHSA plans of the past. The previous layouts were made possible by the more open reporting structure of MHSA. Dr. Fine scheduled and attended a meeting with the Division Manager and BHSA Coordinator to share and discuss her concerns and questions. The City's services were described in the BHSA Integrated Plan as best as possible, and clearly there are gaps in what was able to be described in the format allowed. This is another opportunity where Behavioral Health Commissioners could connect with the Division Manager and Fiscal Services Manager and discuss the ways that fiscal data could be requested and shared with the commission for purposes of review and evaluation.

**If no City of Berkeley plan for reallocation of financial resources and, therefore, to reallocate human resources, yet exists, even in draft or outline form, the BHC should be so informed. Is Berkeley in danger of being tardy in responding to a state agency's directive concerning funding that the city will request from the state?**

The Division Manager's report on 4/14/26 linked the public document on the City's Budget and Finance Committee website posted on 4/14/26 (<https://berkeleyca.gov/sites/default/files/legislative-body-meeting-agendas/2026-04-16%20Agenda%20Packet%20-%20Budget.pdf>). This document listed the full budget recommendations of the City Manager, including reductions in force for the Mental Health Division. The Division Manager's report on 3/11/26 indicated that the City's BHSA Integrated Plan draft would be posted for public review on the City's website by 3/31/26. <https://berkeleyca.gov/safety-health/mental-health/mental-health-services-act>

Berkeley submitted its draft to the State of California prior to the final deadline of 3/31/26. The state responded on 4/21/26 with 15 calendar days for the listed corrections to be made to the City's draft plan, and the City submitted responses to these DHCS corrections by the 5/5/26 deadline. DHCS advised that if further back and forth changes or corrections needed to be made to the three year integrated plan but had already passed the review deadline of the City Council, a future addendum/correction would be permissible and appropriate.

**If plans for reduction/reallocation [sic] of Berkeley mental health personnel do exist, it may be that reasons exist, even compelling reasons, for keeping the MHC and the public in the dark about program reduction/staff reduction plans until such plans for reductions (or enlargements or other changes) are for all practical purposes, final, and so are at a stage beyond which it may be futile for the MHC to discuss them with Berkeley management staff or executives. If that case, senior management may want to inform management staff and the BHC and, perhaps, also affected non-management employees and their employee organizations, i.e., unions, that planning remains in flux. Or has that been done?**

The Division Manager's report on 4/14/26 linked the public document on the City's Budget and Finance Committee website posted on 4/14/26. This document listed the full

budget recommendations of the City Manager, including reductions in force for the Mental Health Division. The Division Manager's report on 3/11/26 indicated that the City's BHSA Integrated Plan draft would be posted for public review on the City's website by 3/31/26. <https://berkeleyca.gov/safety-health/mental-health/mental-health-services-act>

The Division Manager's 4/14/26 report detailed information about the City's proposed impacts to the Mental Health Division, including:

- Elimination of the Mobile Crisis Team: two full-time crisis workers and three hourly crisis workers
- Elimination of three filled administrative positions, including one Mental Health Program Supervisor, one Community Services Specialist III, and one Community Services Specialist II
- Elimination of numerous vacancies, primarily held vacant after changes to Medi-Cal and BHSA revenue were revealed by the State that reduced the City's behavioral health budget.

The City Manager held a webinar on 4/15/26 to present these plans to City of Berkeley staff and made a presentation to the City Council Budget and Finance Committee, a public meeting, on 4/16/26 and 4/23/26 with the same information. Several more discussions of the City Manager's proposed budget have occurred and will continue to occur with the Budget and Finance Committee, as well as with the City Council (6/16/26 and 6/23/26). Employees impacted by the City's reduction in force decisions will receive final notice on 7/2/26, and those changes will be made 30 days after that notice.

As stated in the previous manager's report, the proposed elimination of the Mobile Crisis Team after 47 years of service is a notable and serious decision. While this will save the City some general funds, it is happening at a time that the Governor has continued to plan for the elimination of State funds to support crisis services and mobile crisis specifically. In 10 months, if the proposed State budget does not change significantly, mobile crisis services will become an optional benefit that Counties may or may not choose to fund on their own. While the County's CATT program will be available for mobile crisis services, and it is yet unclear how their stretched resources will be able to serve a community they were designed only to augment, not to serve exclusively.

Alameda County does have a settlement agreement after the Disability Rights California lawsuit that requires various baseline services, including mobile crisis services, to be met for a period of time to achieve and maintain "substantial compliance." The metrics listed in the settlement agreement are not as rigorous as those by the State of California that are set to expire in 2027. Recent cuts by Alameda County are already resulting in the loss of two County-wide mobile crisis teams, and the loss of Berkeley's team after July of 2026 will further erode these specialized services available to the community. It remains to be determined if/how these losses will be captured or realized in the final scheduled Independent Reviewer's report for the settlement agreement.

**BHSA may wish to consult Berkeley's legal advisors concerning the extent to which less-than-final [sic] plans for staffing behavioral health services should be shared with or concealed from the Behavioral Health Commission. Such sharing may have benefits and/or [sic] costs. Executives, managers, the BHC and its members, and others, including persons who seek help from from [sic] the city and their families, may benefit from clarity on this issue.**

The City Manager's plan was made public, has been discussed in multiple public forums, and continues to be discussed in public meetings as the Budget and Finance Committee and then the full City Council weighs its options. It is the job of the City Council to weigh the decisions proposed by the City Manager's office and determine what parts of the proposal they will keep and which they will amend. Community and citizen stakeholders have already shared input and concerns on the BHSA plan as well as the City Manager's proposed budget, and these adjustments have been included in the revisions submitted back to DHCS.

## Mental Health Division Updates

### **Policy and Funding**

- **Medi-Cal coverage losses:** The UCLA Center for Health Policy Research and UC Berkeley Labor Center have computed county-level projections of how many fewer Californians will be enrolled in full-scope Medi-Cal by 2028 as a result of policy changes, including the federal H.R.1 and current state budget. Alameda County is projected to have 127,000 residents losing full scope Medi-Cal coverage, which represents about 30% of the total Medi-Cal population. Approximately 26% of all Alameda County residents rely on Medi-Cal for their healthcare insurance. Proportionally, if Berkeley's residents also experience a similar 30% loss of coverage, this could approximate to 11,000-12,500 individuals losing their full-scope Medi-Cal by 2028, which would be about 9-10% of Berkeley's total population.
- **Governor Newsom's Budget:** the 26-27 May Revision Budget was released this week and predicts increased General Fund revenues, largely based on personal income tax revenue projections. Negotiations will continue with the legislature over the next several weeks as the final budget is hammered out. The current proposal currently includes several behavioral health and Medi-Cal impacts:
  - Mobile Crisis Benefit: The budget maintains the Governor's January proposal to make the benefit optional beginning April 1, 2027.
  - State-Directed Behavioral Health Services Fund "Fund Swaps: The revised budget proposes using approximately \$668 million in State-BHSF

funding to support numerous proposals over three years, which are currently supported by General Fund.

- House Resolution 1 (H.R.1): The revised budget includes several budget adjustments, including a decrease in disenrollment projections, related to implementation of H.R.1.
- Work and Community Engagement Requirements: The revised budget includes a decrease in disenrollment caseload projections compared to the January Governor's Budget primarily due to individuals meeting exemption criteria.
- Federal Definition Change to Qualified Non-Citizen: The revised budget proposes a 9-month delay to transition impacted individuals from full-scope to restricted-scope Medi-Cal.
- County Medi-Cal Administration: The revised budget includes a one-time augmentation, over three years, to support county workload for implementation of H.R. 1 eligibility changes.
- New Managed Care Organization (MCO) tax: The revised budget proposes a renewal of the MCO tax effective January 1, 2027, which would align to recent federal changes pursuant to H.R. 1.
- Increase Monthly Premium for Adults with Unsatisfactory Immigration Status (Ages 19-59): The revised budget proposes to increase the monthly premiums for UIS adults from \$30 to \$50, effective July 1, 2027.
- The 2025 Budget Act included \$30 premiums for this group of adults effective July 1, 2027.
- Changes to Medi-Cal Asset Test: The revised budget reinstates the Medi-Cal asset limit for seniors and disabled adults, effective no sooner than January 1, 2027.
- CalAIM Enhanced Care Management and Community Supports: The revised budget proposes to, among other things, refine eligibility criteria, service definitions, and utilization management criteria.
- H.R. 1 Impact: The budget does not include funding to support indigent care and behavioral health H.R. 1 impacts.
- Proposition 36: The budget does not include new funding to support Proposition 36 implementation.
- Homelessness Housing, Assistance and Prevention (HHAP) Grant Program: The budget does not include new funding beyond the \$500 million included in the 2025 Budget Act, for Round 7 in 2026-27.
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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 April 2026
<b>Adult, Older Adult and TAY Full-Service Partnership (AFSP) (Highest level outpatient clinical case management and treatment)</b>	1-10 for clinical staff.	3 Clinicians, 3 Non-Licensed Clinician, 1 Clinical Supervisor	66	\$55,138	Clients: 68 Asian: 2 Black or African American: 33 Hispanic or Latino: 3 Unknown: 4 White: 26 Male Gender ID: 43 Female: 23 He/Him:1 Unknown/No Available: 1 Heterosexual/Straight: 51 Unknown/Not Available: 12 Bisexual: 1 Gay: 2 Lesbian: 1 Prefer Not to Answer: 1
<b>Adult FSP Psychiatry (April Stats)</b>	1-100	0.35 FTE	49		
<b>AFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)</b>				\$2,037,600	
<b>Homeless Full-Service Partnership (HFSP) (Highest level outpatient clinical case management and treatment)</b>	1-8 for clinical staff	4 Non-Licensed Clinician, 1 Clinical Supervisor	34	\$33,682	Clients: 38 Asian: 2 Black or African American: 17 Hispanic or Latino: 1 Unknown: 2 Other: 2 White: 14 Male Gender ID: 24 Female: 11 Unknown/Not Available: 2 She/Her:1 Heterosexual/Straight: 29 Unknown/Not Available: 5 Bisexual: 3 Prefer Not To Answer/Declined to State: 1
<b>HFPS Psychiatry (April Stats)</b>	1-100	0.15 FTE	27		

<b>HFSP FY22 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)</b>			TBD		
<b>Comprehensive Community Treatment (CCT) (High level outpatient clinical case management and treatment)</b>	1-20	6 Licensed Clinicians 1 Non-Licensed Clinicians 1 Senior Behavioral Health Clinician 1 Clinical Supervisor	154	\$21,122	Clients: 186 Alaska Native or American Indian: 1 Asian: 11 Black or African American: 73 Hispanic or Latino: 9 Other: 5 Pacific Islander: 3 Unknown: 11 White: 73 Female Gender ID: 87 Male: 79 He/Him: 6 She/Her: 4 Other Additional Gender Category: 6 Gender Queer: 2 Transgender (Trans Man): 1 Prefer not to Answer/Decline to State: 1 Heterosexual/Straight: 132 Unknown/Not Available: 23 Gay: 3 Bisexual: 11 Lesbian: 4 Other Additional Sexual Orientation: 5 Prefer not to answer/decline to state: 5 Queer: 2 Prefer not to answer: 1
<b>CCT Psychiatry (April 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>			\$2,617,010		
<b>Focus on Independence Team (FIT) (Lower level of care, only for individuals previously on FSP or CCT)</b>	1-20 Team Lead, 1-50 Post Masters Clinical 1-30 Non-Degreed Clinical	2 Non-Licensed Clinician 1 1 Clinical Supervisor	77	\$10,621	Clients: 82 Asian: 6 Black or African American: 29 Hispanic or Latino: 5 White: 42 Male Gender Identity: 47

					Female: 30 She/Her: 2 He/Him: 1 Intersex: 1 Transgender: 1 Heterosexual/Straight: 75 Unknown/Not Available: 5 Prefer Not To Answer/Declined: 1 Gay: 1
<b>FIT Psychiatry (April Stats)</b>	1-200	.25	63		
<b>FIT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)</b>			\$900,451		
<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 April 2026</b>
<b>Children’s Full-Service Partnership (CFSP)</b>	1-8	1 Senior Behavioral Health Clinician 1 Non-Licensed Clinician	10	\$47,763	Clients: 17 Alaska Native/American Indian: 1 Asian: 1 Black or African American: 7 Hispanic or Latino: 3 Other: 2 Unknown: 1 White: 2 Male Gender ID: 7 Female: 9 Unknown/Not Available: 1 Heterosexual/Straight: 7 Unknown/Not Available: 9 Bisexual: 1
<b>CFSP Psychiatry (April Stats)</b>	1-100	0.05	5		
<b>CFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>			\$489,235		
<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	38	\$16.880	Clients: 40 Asian: 2 Black or African American: 17 Hispanic or Latino: 6 Other: 3 Pacific Islander: 1

					Unknown: 5 White: 6 Female Gender ID: 12 Male: 26 Missing Gender ID: 1 Prefer Not To Answer/ Declined to state 1 Heterosexual/Straight: 27 Unknown/Not Available: 8 Other Additional Sexual Orientation: 2 Bisexual: 1 Gay: 1 Missing: 1
ERMHS/EPSTD Psychiatry (April Stats)	1-100	0.15	15		
<b>EPSTD/ERMHS FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>			\$1,062,409		
High School Health Center and Berkeley Technological Academy (HSHC)	1-6 Clinician (majority of time spent on crisis counseling)	2 Clinicians, 1 Clinical Supervisor	Drop-in:13 Externally referred: 16 Ongoing tx: 38 Groups: 11 Offered/ 10 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>82 - Incidents</li> <li>15 - 5150 Evals</li> <li>2 - 5150 Evals leading to involuntary transport</li> </ul>	<ul style="list-style-type: none"> <li>56 - Incidents: Location - Phone</li> <li>24 - Incidents: Location - Field</li> <li>1 - Incidents: Location - Home</li> </ul>	Clients: 225 API: 6 Black or African American: 38 White: 45 Hispanic or Latino: 9 Other/Unknown: 127 Female: 102 Male: 96 Transgender: 1 Unknown: 26

<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)	• 2 – Incident(s)	N/A	Clients: 5 API: 0 Black or African American: 2 White: 2 Hispanic or Latino: 0 Other/Unknown: 1 Female: 4 Male: 1 Transgender: 0 Unknown: 0
<b>TOT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>			\$272,323		
<b>Crisis, Assessment, and Triage (CAT)</b>	N/A	1 Non-Licensed Clinicians, .5 Licensed Clinician, 0 Clinical Supervisor	• 73–Incident	N/A	Clients: 150 API: 7 Black or African American: 33 White: 26 Hispanic or Latino: 9 Other/Unknown: 75 Female: 48 Male: 84 Transgender: 0 Unknown: 18
<b>CAT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>			\$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:** Tuesday, May 19, 2026 9:29 AM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Behavioral Health Advisory Board Meeting (May 18, 2026)  
**Attachments:** BHAB Main Board Agenda (May 2026) .pdf; BHAB Main Board UNAPPROVED Meeting Minutes (April 2026) .pdf; ACBHD Brief Directors Update - State Budget & BHSA Carryover (May 2026).pdf; ACBHD FY 26-27 Budget Update (May 2026) .pdf; Comments - BHSA Draft Integrated Plan FY26-29.pdf

Hello Commissioners,

Sorry for the late email, the meeting took place yesterday. The information attached is available to review.

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, May 15, 2026 3:11 PM

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

**Subject:** Behavioral Health Advisory Board Meeting (May 18, 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, May 18, 2026, from 3:00 PM to 5:00 PM.

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

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

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

Webinar ID: 823 6846 5518

Passcode: 020770

Or Telephone:

(408) 961-3927

(408) 961-3928

(408) 961-3929



Alameda County  
Behavioral Health Advisory Board

# Behavioral Health Advisory Board Agenda 17

May 18, 2026 | 3:00 PM – 5:00 PM

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

This meeting will also be conducted through videoconference and teleconference

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

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

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

<p><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</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>	3:00 PM	I.	Call to Order
	3:05 PM	II.	Approval of Minutes
	3:05 PM	III.	Public Comment
	3:10 PM	IV.	BHAB Chair's Report
	3:15 PM	V.	Board Announcements
	3:20 PM	VI.	ACBHD Director's Report
	3:35PM	VII.	Mental Health Awareness Month (BHAB Award Honorees)
	3:40 PM	VIII.	Residential Drug Program Site Visit Update
	3:45 PM	IX.	BHSA Draft Integrated Plan FY26-29 Debrief and Discussion
	4:00PM	X.	ACBHD Budget Presentation
	4:40 PM	XI.	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. BHSA Stakeholder Committee F. Budget Stakeholders Advisory Committee G. Berkeley Mental Health Committee H. Measure A Oversight Committee
	4:50 PM	XII.	Public Comment
	5:00 PM	XIII.	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

# Alameda County Behavioral Health Department

## ACBHD Director's Report – Brief Update

**Alameda County Behavioral Health Advisory Board (BHAB) Meeting**

Monday, May 18, 2026



**Presenter:**

Karyn L. Tribble, PsyD, LCSW | Director

# Governor's Statewide Budget Update

Brief Updates May 2026 Budget "Revise"

# State Budget Brief

- Based upon the [Governor's May Revise Presentation](#) (Available online 5/14/2026)
- The revised budget projects an increase of \$16.8B in General Fund revenue over three years, compared to the Governor's January forecasts, largely driven by personal income tax revenues.
- HR 1 assumptions updated, fewer lose coverage. Funding proposed for eligibility work (per HR 1).
- Based upon the Governor's May Revise, there is a preliminary estimate that the county may experience **(\$1M+)** in reduction in 1991/2011 Realignment.
- **Mobile Crisis Benefit:** The budget maintains the Governor's January proposal to make the benefit optional beginning April 1, 2027.
  - **Alameda County impact:** Loss in revenue will result if the bundled rate is no longer available. Billing will shift to prior reimbursement rates which are significantly lower; and
  - **Current mobile crisis levels are expected to remain at our current level\***; making expansion despite need uncertain and subject to future funding availability.

\*NOTE: Barring additional unanticipated revenue reductions not associated with the change in this benefit.

# Behavioral Health Services Act (BHSA) Transition Update

CHANGES: Budget, Carryover, and Pending County Leadership Determinations

# Overview: DHCS BHSA Integrated Plan (IP) Template Correction

- **Newly Corrected IP Budget Section** Template Submitted to DHCS (5/14/2026):
- **Table 10 (BHSA IP):** As a result of corrected template, Alameda County's Behavioral Health Services & Supports (BHSS) carryover amount reduced from \$40M to approximately \$9M at the end of Year 3 (Fiscal Year 2028/2029).
- **Administrative Fees** were also ineligible for allocation to State General Funds, but applicable to BHSA expenditures only.
- Summary of Changes: **Carryover Reduction (\$30,202,546.23)**

# Update: DHCS BHSA Integrated Plan (IP) Template Correction

Year One				
Estimated Year One Component Allocations (BHSA Funding Only)	\$ 37,306,397.00	\$ 43,524,129.00	\$ 43,524,129.00	\$ 124,354,655.00
Transfers From PR Into Component	\$ -	\$ -	\$ -	\$ -
Estimated Unspent Funds From Prior Fiscal Years (Including MHSA Funds) (Unspent Carryover MHSA Funds)	\$ -	\$ 10,000,000.00	\$ 66,317,330.00	\$ 76,317,330.00
Estimated Total Available Funding for Year One	\$ 37,306,397.00	\$ 53,524,129.00	\$ 109,841,459.00	\$ 200,671,985.00
Transfers from Component Into PR	\$ -	\$ -	\$ -	\$ -
Estimated Total Year One Expenditures	\$ 34,356,540.22	\$ 51,942,875.68	\$ 75,818,343.38	\$ 162,117,759.28
Year Two				
Estimated New Year Two Component Allocations (BHSA Funding Only)	\$ 41,735,347.00	\$ 48,691,239.00	\$ 48,691,239.00	\$ 139,117,825.00
Transfers From PR Into Component	\$ -	\$ -	\$ -	\$ -
Estimated Unspent Funds From Prior Fiscal Years (Including MHSA Funds)	\$ 2,949,856.78	\$ 3,081,253.32	\$ 54,690,445.62	\$ 60,721,555.72
Estimated Total Available Funding for Year Two	\$ 44,685,203.78	\$ 51,772,492.32	\$ 103,381,684.62	\$ 199,839,380.72
Transfers from Component Into PR	\$ -	\$ -	\$ -	\$ -
Estimated Total Year Two Expenditures	\$ 36,324,560.26	\$ 50,147,716.81	\$ 64,058,654.77	\$ 150,530,931.84
Year Three				
Estimated New Year Three Component Allocations (BHSA Funding Only)	\$ 44,221,971.00	\$ 51,592,299.00	\$ 51,592,299.00	\$ 147,406,569.00
Transfers From PR Into Component	\$ -	\$ -	\$ -	\$ -
Estimated Unspent Funds From Prior Fiscal Years (Including MHSA Funds)	\$ 8,360,643.53	\$ 1,624,775.50	\$ 48,323,029.85	\$ 58,308,448.88
Estimated Total Available Funding for Year Three	\$ 52,582,614.53	\$ 53,217,074.50	\$ 99,915,328.85	\$ 205,715,017.88
Transfers from Component Into PR	\$ -	\$ -	\$ -	\$ -
Estimated Total Year Three Expenditures	\$ 39,375,445.86	\$ 50,147,716.81	\$ 59,814,904.77	\$ 149,338,067.44
BHSA Plan Admin Expenses				

BHSA Plan Admin Expenses				
Plan Admin Category	Year One	Year Two	Year Three	Total
Total Projected Improvement and Monitoring Expenditures	\$ 1,083,766.50	\$ 1,064,106.08	\$ 1,064,106.08	\$ 3,211,978.65
Total Projected County Integrated Plan Annual Planning Expenditures	\$ -	\$ -	\$ -	\$ -
Total Projected New and Ongoing Administrative Expenditures	\$ 2,052,555.95	\$ 2,010,471.10	\$ 1,710,471.10	\$ 5,773,498.15

↑ **Error Type:**  
 Administrative Fees ineligible for State General Funds. Must be covered by BHSA.

**(Original IP Submission)**

↑ **Error Type:**  
 Template Calculation Errors

# REVISED: DHCS BHSA Integrated Plan (IP) Template Correction 24

Component Allocations	\$ 44,221,971.00	\$ 51,592,299.00	\$ 51,592,299.00	\$ 147,406,569.00
<b>BHSA Funding Summary (Year One)</b>				
	Housing Interventions (Year One)	Full Service Partnerships (Year One)	Behavioral Health Services and Supports (Year One)	Year One Totals
Estimated Year One Component Allocations (BHSA Funding Only)	\$ 37,306,397.00	\$ 43,524,129.00	\$ 43,524,129.00	\$ 124,354,655.00
Transfers From PR Into Component	\$ -	\$ -	\$ -	\$ -
Estimated Unspent Funds From Prior Fiscal Years (Including MHSA Funds) (Unspent Carryover MHSA Funds)	\$ -	\$ 8,500,000.00	\$ 39,817,330.00	\$ 48,317,330.00
Estimated Total Available Funding for Year One	\$ 37,306,397.00	\$ 52,024,129.00	\$ 83,341,459.00	\$ 172,671,985.00
Transfers from Component Into PR	\$ -	\$ -	\$ -	\$ -
Estimated Total Year One Expenditures	\$ 34,753,832.22	\$ 51,942,875.68	\$ 75,925,813.63	\$ 162,622,521.53
<b>BHSA Funding Summary (Year Two)</b>				
	Housing Interventions (Year Two)	Full Service Partnerships (Year Two)	Behavioral Health Services and Supports (Year Two)	Year Two Totals
Estimated New Year Two Component Allocations (BHSA Funding Only)	\$ 41,735,347.00	\$ 48,691,239.00	\$ 48,691,239.00	\$ 139,117,825.00
Transfers From PR Into Component	\$ -	\$ -	\$ -	\$ -
Estimated Unspent Funds From Prior Fiscal Years (Including MHSA Funds)	\$ 2,552,564.78	\$ 1,581,253.32	\$ 25,415,645.37	\$ 29,549,463.47
Estimated Total Available Funding for Year Two	\$ 44,287,911.78	\$ 50,272,492.32	\$ 74,106,884.37	\$ 168,667,288.47
Transfers from Component Into PR	\$ -	\$ -	\$ -	\$ -
Estimated Total Year Two Expenditures	\$ 36,721,852.26	\$ 50,147,716.81	\$ 64,186,100.75	\$ 151,055,669.82
<b>BHSA Funding Summary (Year Three)</b>				
	Housing Interventions (Year Three)	Full Service Partnerships (Year Three)	Behavioral Health Services and Supports (Year Three)	Year Three Totals
Estimated New Year Three Component Allocations (BHSA Funding Only)	\$ 44,221,971.00	\$ 51,592,299.00	\$ 51,592,299.00	\$ 147,406,569.00
Transfers From PR Into Component	\$ -	\$ -	\$ -	\$ -
Estimated Unspent Funds From Prior Fiscal Years (Including MHSA Funds)	\$ 7,566,059.53	\$ 124,775.50	\$ 18,420,783.62	\$ 26,111,618.65
Estimated Total Available Funding for Year Three	\$ 51,788,030.53	\$ 51,717,074.50	\$ 70,013,082.62	\$ 173,518,187.65
Transfers from Component Into PR	\$ -	\$ -	\$ -	\$ -
Estimated Total Year Three Expenditures	\$ 39,772,737.86	\$ 50,147,716.81	\$ 59,942,350.75	\$ 149,862,805.42

BHSA Plan Admin Expenses				
Plan Admin Category	Year One	Year Two	Year Three	Total
Total Projected Improvement and Monitoring Expenditures	\$ 964,741.50	\$ 945,081.08	\$ 945,081.08	\$ 2,854,903.65
Total Projected County Integrated Plan Annual Planning Expenditures	\$ 149,025.00	\$ 149,025.00	\$ 149,025.00	\$ 447,075.00
Total Projected New and Ongoing Administrative Expenditures	\$ 2,052,555.95	\$ 2,010,471.10	\$ 2,010,471.10	\$ 6,073,498.15

## Error Type:

Administrative Fees ineligible for State General Funds. Must be covered by BHSA.

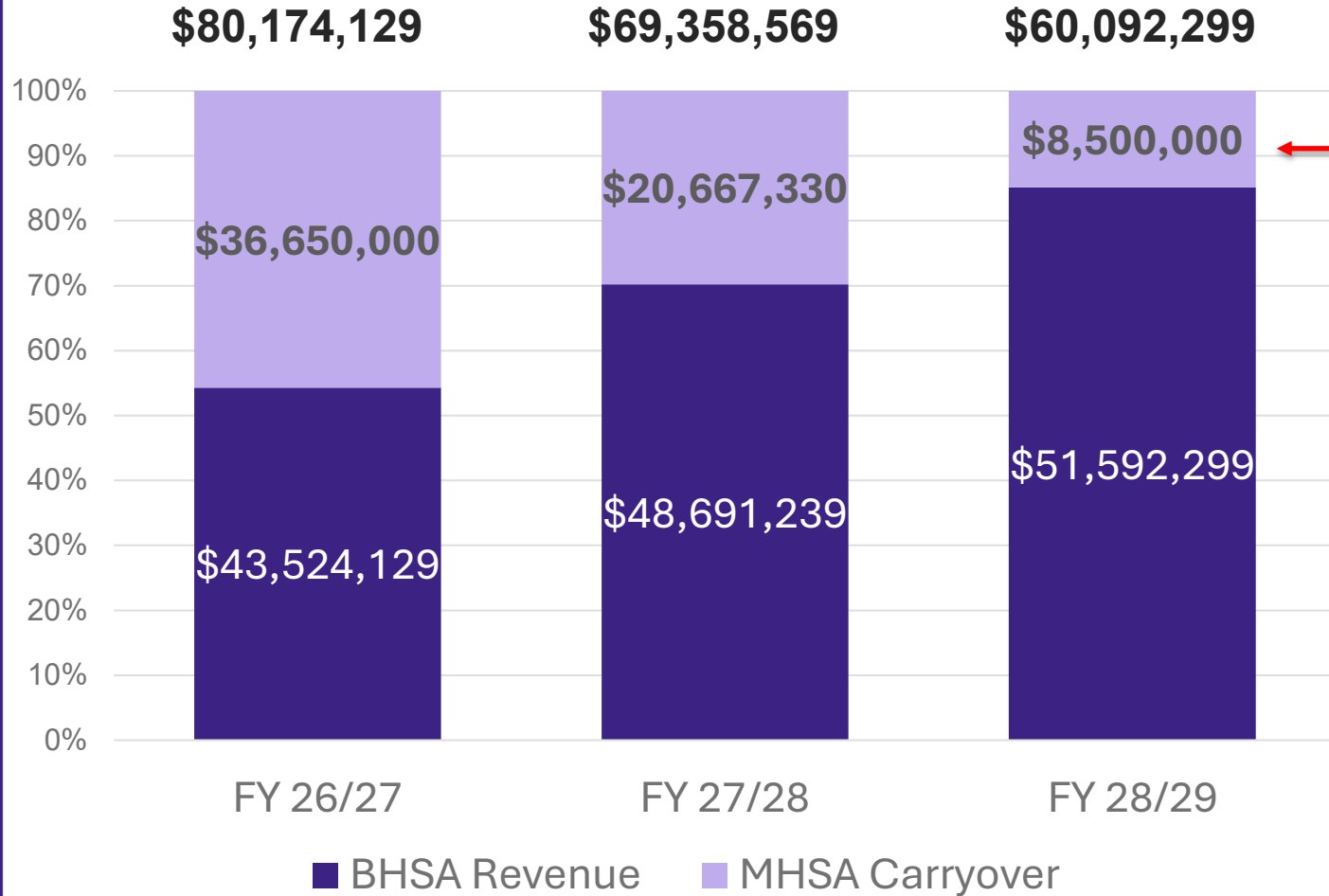
## Summary: (REVISED Submission 5/14/2026)

Total 3-Year IP Carryover Net Change:  
Carry Over Reduction = **(\$29,902,246.23)**

↑ Increase in IP Administrative Expenses (Costs) = **(\$300,000)**

**TOTAL** Revised Decrease to Carryover (BHSS Component) = **(\$30,202,546.23)**

# BHSA Carryover & Integrated Plan (IP) Bridge Funds

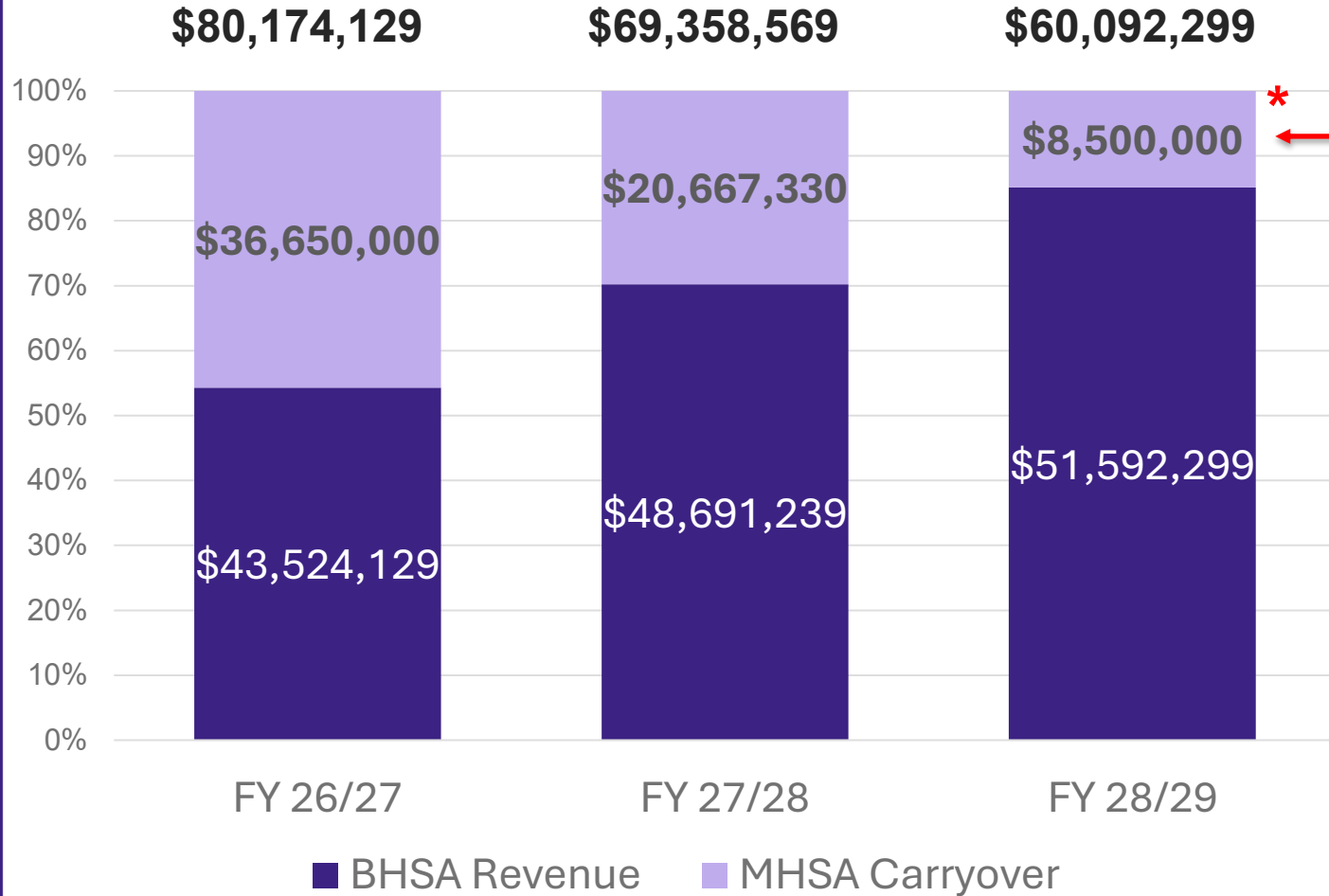


The MHSA Carryover funding will be used in multiple areas to support the Behavioral Health System:

- **MHSA/BHSA Bridge** for core County BH services such as crisis services, medication support, FSP programming, forensic focused programming (As pictured).
- **AC Health EPIC** Electronic Health Records Implementation (\$31M)
  - Additional Tapestry (~\$12M-\$20M)
- **African American Wellness Hub** Capital Project (\$3M)
- **Early Intervention Provider System Support (BHSA E.I. Contract Bridge)** (~\$10-12M)

(As noted in: [Table 7 BHSA Components](#))

# REVISED: BHSA Carryover & Integrated Plan (IP) Bridge Funds



The MHSA Carryover funding will be used in multiple areas to support the Behavioral Health System:

- **(\$500K) Reduction** due to real-time revenue projection reconciliation from 3/31/2026 original submission date to updated submission on 5/14/2026. Original carryover amount was \$9,000,000.

(As noted in: **Table 7 BHSA Components**)

## Next Steps

- Alameda County Board of Supervisors' Hearing on Tuesday, May 18, 2026 (Measure W).
- Department of Health Care Services' (DHCS) Budget Updates, including impacts to revenues, will be provided late May 2026.
- ACBHD will continue its coordination with DHCS including any feedback relative to the resubmission of the corrected IP Budget template.

*Thank  
you!*

**BHAB Meeting**  
**Director's Report**  
May,18 2026



**Behavioral Health  
Department**  
Alameda County Health



## **Behavioral Health Services Act (BHSA) Draft Integrated Plan FY26-29 Comments**

1. In 2025, the Indigo Project completed the “Alameda County Behavioral Health Full-Service Partnership (FSP) Assessment.” This assessment was conducted pursuant to the settlement agreement in the DRC lawsuit. Roberta Chambers, the Director of the Indigo Project, gave a presentation of the FSP Assessment to the BHAB at our monthly board meeting on November 17, 2025. The FSP Assessment determined that Alameda County needs a total of 1400 slots for FSPs with ACT/FACT fidelity. It’s not clear from the Three-Year Integrated Plan is budgeting for this number of FSP slots (see pp. 175-197). At the public hearing regarding the Integrated Plan, held at the BHAB’s board meeting on April 20, 2026, and again at the presentation to the Health Committee of the Board of Supervisors on May 11, 2026, it was stated that there will be 13 FSP programs (10 ACT and 3 FACT). Nowhere in either presentation (nor in the plan itself) does it state that the County is budgeting for 1400 FSP slots with ACT/FACT fidelity. Looking at prior MHSA plans, it appears that FSP programs usually are contracted to serve no more than 100 clients per program. So, at best, it appears that there is a plan for 1300 slots. This is an increase over the roughly 1,100 slots budgeted for in previous years, but still shy of the number of FSP slots the county needs, as determined by the FSP Assessment.
2. The presentation of the Three-Year Plan notes that the \$164.47M BHSA budget for FY '26/27 is a 27% reduction from the FY '25/26 budget of \$227.63M. This may be misleading. Although we haven’t closed the books yet on this current fiscal year, it is undisputed that the county will not spend all of the \$227.63M in the budget. For instance, in FY '24/25, the MHSA budget was approximately \$220M (see MHSA FY '24/25 Annual Update at p. 24). However, total MHSA expenditures for that fiscal year were \$134.5M, roughly 61% of the budget. (See Annual MHSA Revenue and Expenditure Report for FY '24/25 at p. 3). In other words, even if the county spends as much as 70% of the current fiscal year’s MHSA budget of \$227M, that’s still less than the budget of \$164M for next fiscal year.
3. The presentation of the Three-Year Plan also states that there is currently \$76M in carry over (unspent MHSA money from prior years) which will be used over the three year Integrated Plan period. It’s not clear where this \$76M figure comes from. The carry over amount going into FY '25/26 was \$124M (see MHSA Annual Update for FY '25/26 at p. 17 and BHD’s Annual Update presentation to the Health Committee in June 2025 at slide #10). Revenue (our MHSA allotment from the state) for FY '25/26 was ~139M. So, for this current fiscal year it appears there was roughly \$263M available to spend. Even if MHSA expenditures are \$160M this year (70% of the current year’s budget and 20% more than total MHSA expenditures from last fiscal year), the current carryover going forward should be well over \$100M.



**Behavioral Health Advisory Board**

**UNAPPROVED Minutes**

**April 20, 2026 | 3:00 PM - 5:00 PM**

Meeting Conducted In-Person and through Video/Telephone Conference



**Alameda County  
Behavioral Health Advisory Board**

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

Meeting called to order at 3:11 PM by Chair Bloom.

ITEM	DISCUSSION	DECISION/ACTION
<b>Call to Order</b>	Roll call completed.	
<b>Approval of Minutes</b>	Last month's meeting minutes were adopted and approved with three 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>• <b>BHAB Vacancy in District 2</b> – Chair Bloom announced that Member Gray has resigned from the board effective immediately, resulting in a vacancy for the District 2 seat under Supervisor Marquez. District 2 residents interested in serving on the board were invited to apply.</li> <li>• <b>Upcoming Behavioral Health Services Act (BHSA) Presentation to the Board of Supervisors (BOS)</b> – The BHSA Three-Year Integrated Plan is scheduled to be presented to the BOS Health Committee on May 11, 2026, at 10AM.</li> <li>• <b>Mental Health Awareness Month Recognition Plan</b> – Member Leftwich shared the proposed framework for the May 2026 Mental Health Awareness</li> </ul>	

ITEM	DISCUSSION	DECISION/ACTION
	<p>Month recognition, which aims to acknowledge individuals who have collaborated with the BHAB over the past year, including partners in prevention, homelessness, substance use services, service providers or family advocates. The BHAB discussed establishing an annual plaque to formally recognize honorees, with members invited to submit recommendations.</p>	
<b>Board Announcements</b>	No announcements were provided.	
<b>ACBHD Director's Report</b>	<p>Alameda County Behavioral Health Department (ACBHD) Director, Dr. Karyn Tribble, provided updates as follows:</p> <ul style="list-style-type: none"> <li>• ACBHD Director announced the appointment of Babalwa Kwanele as the new ACBHD Workforce Education and Training Manager within the Health Equity Division.</li> <li>• She recognized the Finance leadership for their significant contributions to the department's budget development process.</li> <li>• The BOS is scheduled to adopt the FY 2026 budget by June 30, 2026, with an additional budget hearing anticipated in May or June.</li> </ul>	
<b>Public Hearing: BHSA Draft Integrated Plan Fiscal Year 2026-2029</b>	<p>ACBHD Division Director for Behavioral Health Services Act (BHSA), Tracy Hazelton, provided an overview of the Draft Three-Year Integrated Plan for Fiscal Year 2026-2029. Highlights are as follows:</p> <ul style="list-style-type: none"> <li>• Overview of Proposition 1 inaugural Three-Year Plan, including the budget, county updates, timeline and next steps.</li> <li>• The public hearing reflects county progress and includes state-level recognition of local programs, while emphasizing optimized resource use.</li> <li>• The BHSA, enacted in March 2024, streamlines behavioral health services and establishes an infrastructure bond to expand housing and facilities.</li> <li>• Counties are mandated to maximize Medi-Cal billing, with performance benchmarks to be established following adoption of the Integrated Plan.</li> </ul>	

ITEM	DISCUSSION	DECISION/ACTION
	<ul style="list-style-type: none"> <li>• Beginning July 1, 2026, BHSA implementation will prioritize housing resources and services for individuals with severe mental illness and substance use disorders.</li> <li>• The preventative services reached 13,000 beneficiaries will conclude, while substance use disorders will expand. Eighteen programs will transition to a new specialty mental health early intervention model serving approximately 800 individuals in treatment and thousands through outreach and linkage services.</li> <li>• Shift from local to state control over workforce education, training and pipeline programs, with remaining initiatives, such as loan repayment, and moving to competitive statewide applications process.</li> <li>• Key differences between the MHSA plan and the BHSA Integrated Plan, including the BHSA's web-based, survey-driven, state-aligned reporting platform.</li> <li>• The Behavioral Health Outcomes Accountability Transparency Report, a companion to the Integrated Plan, is expected in June 2026 and will include funding streams.</li> <li>• The Community Planning Process (January 1-May 15, 2025) included 35 listening sessions, expanded stakeholder engagement (from 10 to 24 required groups), and five distinct community perspectives.</li> <li>• The Department of Health Care Services has established 14 statewide behavioral health goals and 6 priorities areas, supported by the Quality and Equity Advisory Committee, which defines metrics for county reporting and improvement.</li> <li>• Counties must implement specific evidence-based programs within the FSP and Integrated Plan frameworks, including Community Treatment, Forensic Assertive Community Treatment and Intensive Case Management for justice-involved individuals.</li> <li>• BHSA revenue remains tied to the 1% tax on personal income over \$1 million, historically funded by approximately 120,000 tax returns statewide.</li> <li>• Updated BHSA revenue projections of \$42.3 million as of March 2026, reflecting slight variance from earlier Integrated Plan estimates.</li> </ul>	

ITEM	DISCUSSION	DECISION/ACTION
	<ul style="list-style-type: none"> <li>• Presented the proposed FY 2026-2027 BHSA budget of \$164 million, a 27% reduction from the FY 2025-2026 plan, with \$124 million in anticipated state revenue – representing 20% of the department’s unapproved \$817 million budget.</li> <li>• BHSA carryover funds totaling \$76 million will be used over the next three years to address budget gaps: \$10 million to FSP services and \$66 million for BHSS, reduced to \$54 million due to \$12 million reserved for three ongoing innovation projects.</li> <li>• A presentation to the BOS Health Committee is scheduled for May 11, 2026, with the goal of securing IP approval by June 30, 2026, for state submission.</li> </ul>	
<p><b><u>BHAB Discussion:</u> BHSA Draft Integrated Plan Fiscal Year 2026-2029</b></p>	<p>A Q&amp;A session and discussion followed the BHSA Integrated Plan presentation. Issues/updates that were taken up are as follows:</p> <ul style="list-style-type: none"> <li>• Discussion of First Episode Psychosis Program.</li> <li>• Recommendation to expand BHSA IP Executive Summary to provide more comprehensive detail while maintaining a high-level focus.</li> <li>• Questions regarding the potential tax impact if high-income Californians relocate in response to proposed tax changes.</li> <li>• Clarification of the state’s 10% revenue retention, including allocations for statewide Workforce Education and Training (3%), and California Department of Public Health (4%), with local agencies applying directly for CDPH-administered funds.</li> <li>• Explanation of carryover allocation, noting that three-year projections and mid-year adjustments contribute to revenue variances.</li> <li>• Updates on provider transitions, with 18 of 26 prevention providers shifting to early intervention.</li> <li>• Early Intervention Program updates, including reduced treatment allocations (~\$400k) and upcoming participation data to be presented on May 11, 2026.</li> <li>• Clarification that Early Intervention aligns with Specialty Mental Health Services and follows state-defined criteria established for youth and adults.</li> </ul>	

ITEM	DISCUSSION	DECISION/ACTION
	<ul style="list-style-type: none"> <li>• Overview of year-one process metrics to strengthen Medi-Cal billing capacity, with future goals shifting toward outcome-based metrics and broader provider participation.</li> <li>• All contracts include results-based accountability and mandatory auditing metrics.</li> <li>• Emphasis on the role of outreach in raising awareness, supporting families, and connecting individuals to care, including those with co-occurring medical and mental conditions.</li> </ul>	
<b>Public Comment</b>	Public comments were given.	
<b>Adjournment</b>	Meeting adjourned at 5:00 PM.	

# **Alameda County Behavioral Health Department Maintenance of Effort (MOE) Budget Fiscal Year 2026-27**

Behavioral Health Advisory Board Meeting

May 18, 2026

Presented by:

Jill Louie

ACBHD Budget Unit Director

# Agenda

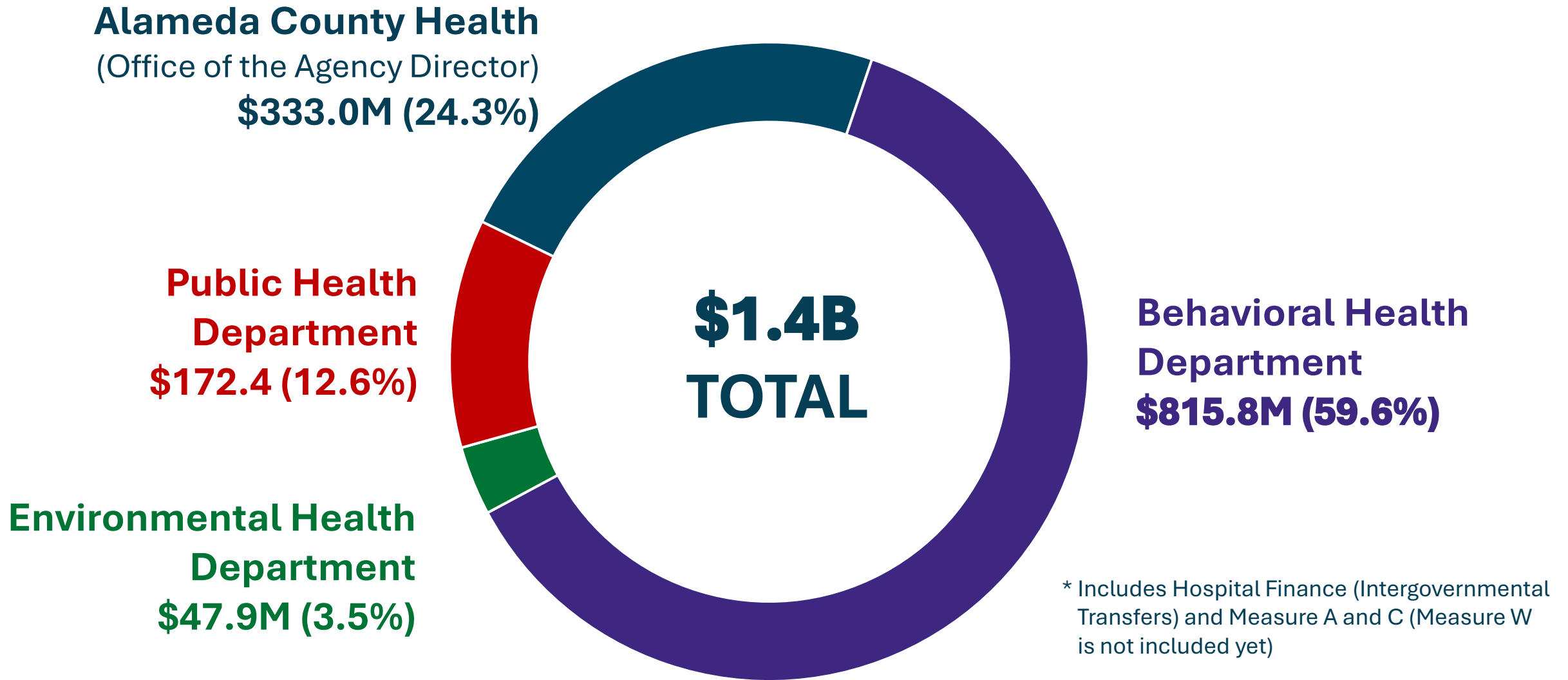


1. ACBHD Financial and Infrastructure Overview
2. Fiscal Year (FY) 2026-27 MOE Budget
3. Financing by Revenue Source
4. ACBHD Budget by Programs
5. BHSA Budget Revenue and Overview
6. H.R. 1 Fiscal Impact
7. FY 2026-27 Values-Based Budgeting and Strategies

# ACBHD Financial and Infrastructure Overview

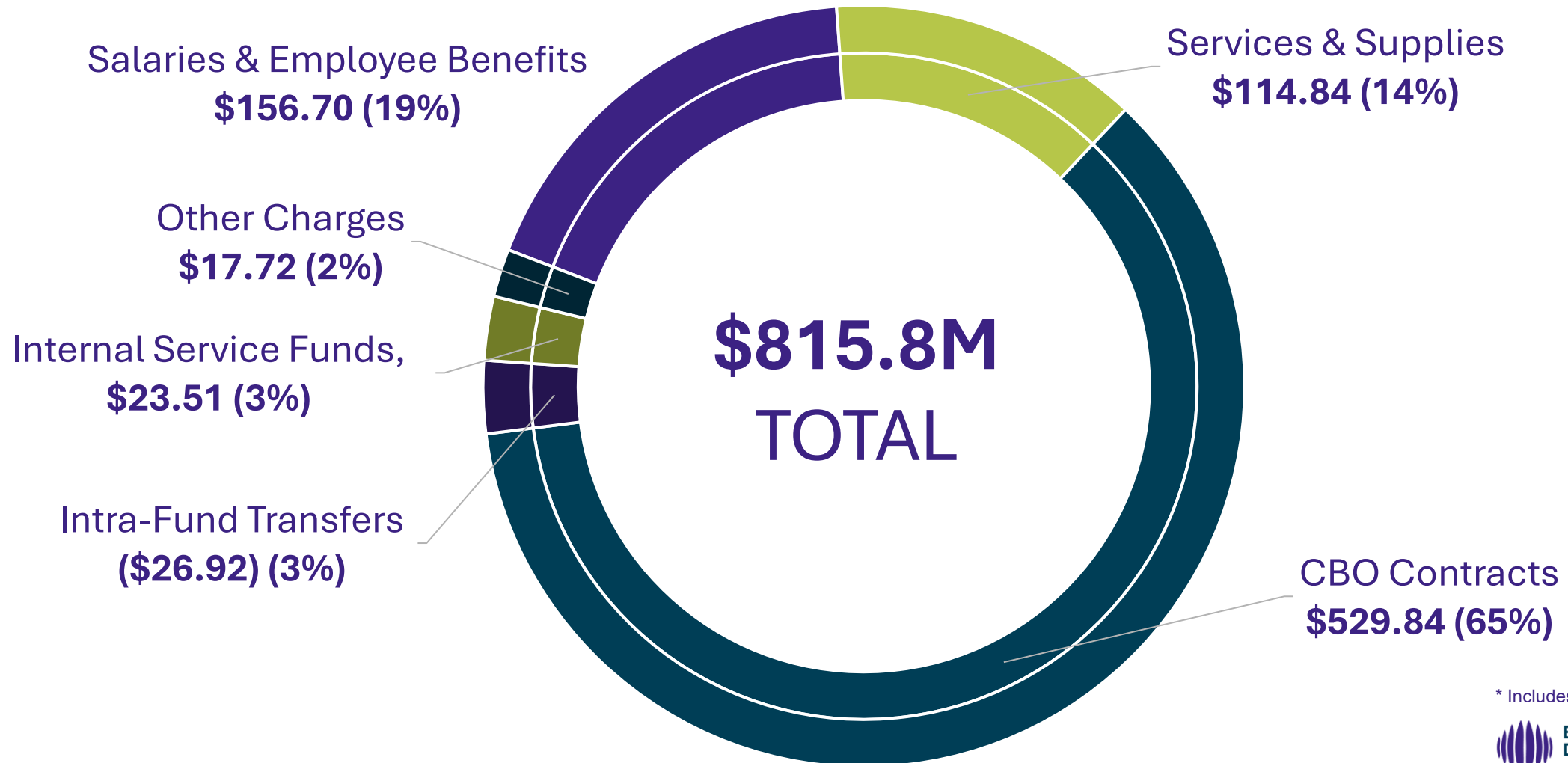
- **Prior Year (FY) 2025-26 Approved Budget:**
  - \$832 Million Dollars
  - 813 FTE County Civil Service Positions
  
- **FY 2026-27 MOE Budget:**
  - \$816 Million Dollars
  - 792 FTE County Civil Service Positions

# Alameda County Health FY 2026-27 MOE Budget by Department



# ACBHD Fiscal Year 2026-27 MOE Budget

## Appropriation by Type (\$ in millions)

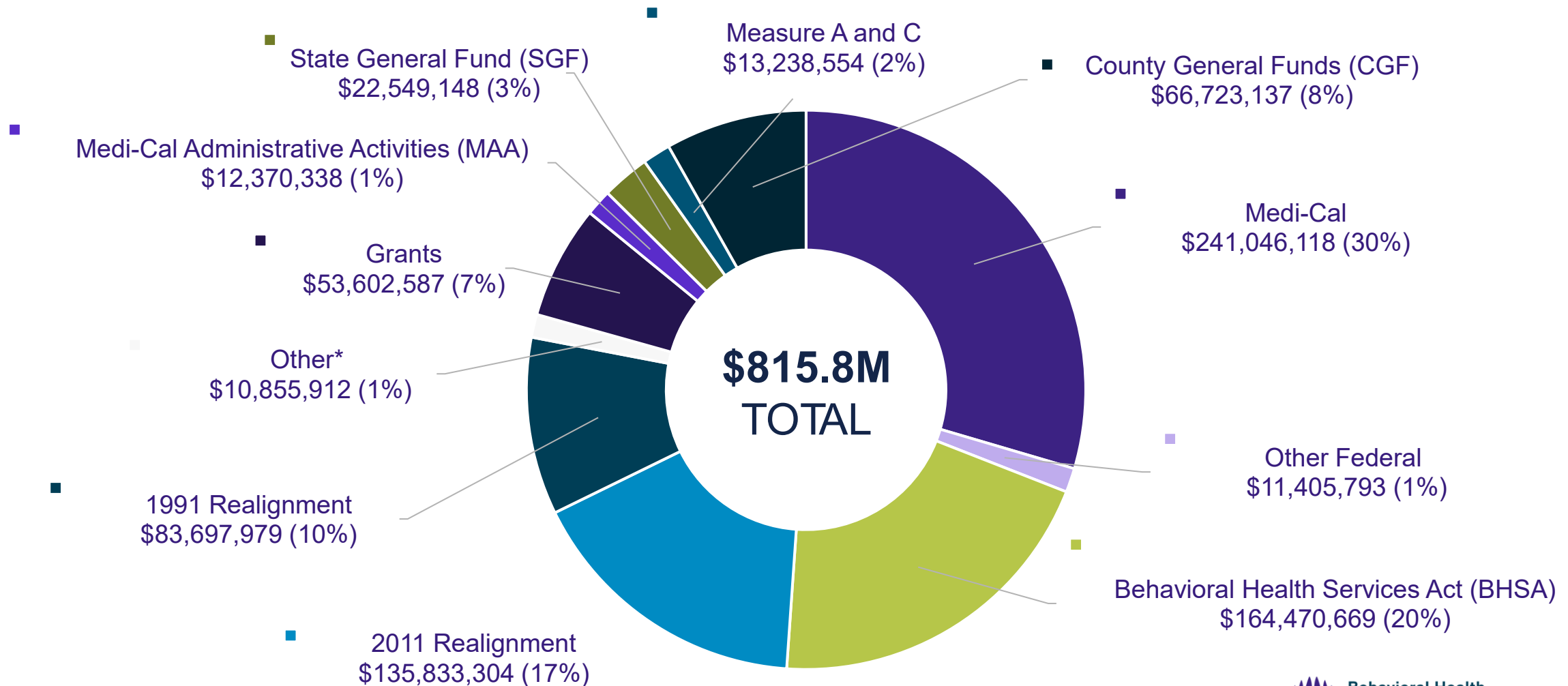


\* Includes Measure A)



# ACBHD Fiscal Year (FY) 2026-27 MOE Budget

## Total Financing by Revenue Source:



\*Other includes Tobacco Tax Settlement, Conditional Release Program, CARE Act, and other.

# ACBHD Major Revenue Sources (in millions)

Funding Sources	Amount	%
Medi-Cal	\$241	30%
Behavioral Health Services Act	\$164	20%
2011 Realignment	\$136	17%
1991 Realignment	\$84	10%
State Grant – Behavioral Health Bridge Housing	\$39	5%
State General Funds	\$23	3%
Medi-Cal Administrative Activities (MAA)	\$12	2%
Opioid Settlement Funds	\$9	1%
Federal Grant – Substance Use Block Grant	\$9	1%

Appropriations are also supported by \$66.0M of County General Funds, \$9.4M of Measure A, and \$3.8M of Measure C.

## ACBHD Budget by Program (in millions)

Programs	Budget	Percentage
Outpatient	\$272.8	33.4
Administration	\$99.5	12.2
Housing	\$93.6	11.5
Full-Service Partnership	\$72.3	8.9
Hospital and Acute	\$72.3	8.8
Crisis	\$50.8	6.2
Early Intervention	\$41.7	5.1
Subacute	\$41.4	5.1
Other Activities (i.e., State Hospitals, Medications, Public Guardian, Diversion, Reentry)	\$33.7	4.1
Residential Treatment	\$29.3	3.6
Capital	\$3.0	0.4
Primary Prevention	\$3.0	0.4
Workforce	\$2.5	0.3
<b>TOTAL</b>	<b>\$815.8</b>	<b>100%</b>

Note: Program categories based on the BHSA Integrated Plan

# Fiscal Year 2026-2027 BHSA Budget & Revenue Overview

- BHSA funding is 20% of ACBHD Budget of \$817.67M\*
- BHSA Budget FY 26/27: **\$164.47M**
  - Which represents a 27% reduction from FY 25/26 Plan Budget of \$227.63M
- FY 26/27 BHSA Estimated Revenue: \$124.35M
  - **Key Takeaway:** The Programming/Services EXCEED the actual estimated revenue. Departmental strategies will be implemented to address the delta.
    - **ACBHD** - Vacant Funded MHSA Positions
    - Unspent MHSA FY 2025-2026 Carryover – ONE YEAR ONLY
    - BHSA Revenue Adjustments in 2026 (Quarter 4)
    - BOS Approved Measure W Funds (\$4M)

\*NOTE: The final (Fiscal Year 2026-2027) Alameda County Behavioral Health Departmental budget is subject to county review and county approval and may be subject to change.

# Types of Programs Impacted by MHSA → BHSA Reductions<sup>44</sup>

MHSA Service Categories	Revenue Reductions (-\$ Millions)
Prevention Services (No longer eligible under BHSA)	(\$6.20)
Wellness Centers	(\$4.76)
Integrative Care or Services involving Hospitals, Federally Qualified Health Centers, or other Health Care services	(\$4.57)
Crisis Services	(\$4.88)
Outreach Services	(\$1.25)
Treatment Services including those impacting individuals with severe mental illness	(\$2.47)
Workforce, Education, & Training (including Loan Assumption & Workforce Initiatives)	(\$2.99)
Client Support Services, linkage services, including community education, or client/family/ patient services	(\$5.27)
Services to Underrepresented communities, including those from linguistically diverse communities	(\$2.11)
School Based Services (Prevention or Consultation)	(\$0.83)
Innovative Projects or Pilot Programs specific to Alameda County	(\$2.0)
Age-Specific Services (Early Childhood, Child/Youth, Transition Age Youth, Adult, & Older Adult)	(\$13.88)
Discretionary Services, Consultation, and/or Anti-Stigma Campaigns	(\$1.49)

\*\*\*NOTE: This list is NOT an exhaustive example list. \$49M in programs described above have been provided for discussion only.

# Fiscal Impact of Federal and State Medi-Cal Policy Changes

## Federal - H.R. 1

Work Requirements (Effective January 1, 2027)

Six Month Redetermination (Effective January 1, 2027)

Certain Qualified Non-Citizens (Effective October 1, 2026)

Range of Estimated Impact*			
FY 26-27		FY 27-28	
Client Count	Cost Range	Client Count	Cost Range
295	\$1.1M - \$4.4M	1,691	\$6.3M - \$25.4M
183	\$700K - \$2.7M	246	\$878K - \$3.5M
7	<\$50K	7	<\$50K
165 - 485	\$1.8M - \$7.1M	486 - 1,944	\$7.2M - \$28.9M

Sources: FY24-25 ACBHD claims; Estimated Impact percentages in CBHDA H.R. 1 template; DHCS H.R. 1 Implementation Plan; and CalHHS publications

\*Estimated impact range - 25-100% of DHCS/CalHHS published impact estimates;

unknowns - number of clients exempted for MH and SUD, and impact of DHCS outreach activities to support maintenance of coverage

## State - Unsatisfactory Immigration Status Freeze

Enrollment Freeze, 1/1/2026; \$30/month premium, 7/1/2027

Estimated Impact			
FY 26-27		FY 27-28	
Client Count	Cost Range	Client Count	Cost Range
-	-	343	\$5.3M

**Total Estimated Impact of Medi-Cal eligibility Changes**

<b>165 - 485</b>	<b>\$1.8M - \$7.1M</b>	<b>572 - 2,287</b>	<b>\$7.2M - \$34.2M</b>
------------------	------------------------	--------------------	-------------------------

# FY 2026-27 Values-Based Budgeting and Strategies

- Countywide budget gap of \$91.4M
- ACBHD reduction target identified of \$6.7M (10% of total ACBHD's Net County Cost (NCC) of \$66.7M)
- CAO requested departments identify strategies representing 10% of NCC which is \$6.7M for ACBHD
- ACBHD Reduction strategies recommended totaling \$4.2M\*:
  - Reduced Electronic Health Records System (EHR) EPIC budget (\$2.1M)
  - Increased Eating Disorder funding, one-time (\$0.1M)
  - Increased Medi-Cal funding, one-time (\$2M)

\*Pending CAO approval and subject to change

# Questions?

## Works-Wright, Jamie

---

**From:** Works-Wright, Jamie  
**Sent:** Thursday, May 14, 2026 9:42 AM  
**To:** Works-Wright, Jamie  
**Subject:** FW: May 2026 Newsletter | CALBHB/C

Hello Commissioners,

Please see the information below.

Thank you for your time.

### Jamie Works-Wright

*Consumer Liaison & Mental Health Commission Secretary*

*City of Berkeley*

*2640 MLK Jr. Way*

*Berkeley, CA 94704*

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

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

*Cell #: 510-423-8365*




---

**From:** CAL BHBC <cal@calbhbc.com>  
**Sent:** Wednesday, May 13, 2026 4:41 PM  
**Subject:** May 2026 Newsletter | CALBHB/C

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**California Association of Local Behavioral Health  
Boards and Commissions**


**Special Notes:**

[Link to Newsletter](#)

## Key Trainings & Resources:

- 
- 
- [Basic Training](#)
- 
- 
- [Community Planning Training](#)
- 
- 
- 
- [Handbook](#)
- 


**Thank you!** Whether you are a local board or commission member, behavioral health agency staff, a local community member and/or provider or agency that intersects with behavioral health, thank you for serving on or supporting the work of California’s 59 local behavioral health boards and commissions!



CALBHB/C Newsletter, May 2026

In this Issue:

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<a href="#">Grants/Funding/Support</a> .....	Page 2
<a href="#">Issue Briefs</a> .....	Page 4
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<a href="#">Meetings / Events</a> .....	Page 15
<a href="#">Reports, Articles &amp; Webinars</a> ...	Page 5
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The California Association of Local Behavioral Health Boards / Commissions (CALBHB/C) supports the work of CA's 59 local Behavioral Health Boards and Commissions.  
[www.calbhbc.org](http://www.calbhbc.org)

**DHCS Update on BHSAs Integrated Plans**

CA's Department of Health Care Services (DHCS) has provided the following update: "All California counties have submitted their draft Fiscal Year 2026-2029 Integrated Plans. These three-year roadmaps required under the Behavioral Health Services Act (BHSAs) show how counties will use all funding sources to meet statewide and local goals. This milestone reflects strong collaboration among DHCS, counties, cities, local partners, and stakeholders. DHCS is on track to provide feedback within legislatively required timeframes, with two early submissions already approved and the remaining plans moving through review.

Once DHCS issues draft approval, counties must conduct a 30-day public comment period and hold a public hearing before the local behavioral health board. Plans must also receive approval from the County Board of Supervisors before final submission by the June 30, 2026, deadline. These steps ensure individuals with lived experience, families, providers, advocates, and other community members continue to have meaningful opportunities to help shape the final plans."

**BHSAs Community Planning Requirements**



Resources & Training: [www.calbhbc.org/bhsa](http://www.calbhbc.org/bhsa)  
 Toolkit: [www.calbhbc.org/bhsa](mailto:www.calbhbc.org/bhsa)

**BHSAs Community Planning Resources & Training**

The California Association of Local Behavioral Health Boards/Commissions (CALBHB/C) supports the work of CA's 59 local Behavioral Health Boards and Commissions.

[www.calbhbc.org](http://www.calbhbc.org)

## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Wednesday, April 29, 2026 2:37 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Invitation | June 19, 2026 CALBHB/C Meeting/Training

Hello Commissioners,

Please see the information below.

Thank you for your time.

### Jamie Works-Wright

*Consumer Liaison & Mental Health Commission Secretary*

*City of Berkeley*

*2640 MLK Jr. Way*

*Berkeley, CA 94704*

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

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

*Cell #: 510-423-8365*



---

**From:** CAL BHBC <cal@calbhbc.com>  
**Sent:** Wednesday, April 29, 2026 1:14 PM  
**Subject:** Invitation | June 19, 2026 CALBHB/C Meeting/Training

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[View as PDF](#)



## California Association of Local Behavioral Health Boards and Commissions

### CALBHB/C Annual Meeting *and* Training - Open Statewide

Hybrid: Zoom / In-Person (Riverside\*), June 19, 2026, 1:30 pm - 5:30 pm

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

*There is no fee to register.*

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

### CALBHB/C Annual Meeting *and* Training

Friday, June 19, 2026, 1:30 pm - 5:30 pm

- ◆ CA Association of Local Behavioral Health Boards/Commissions (CALBHB/C)
- ◆ CA Behavioral Health Planning Council (CBHPC) Update
- ◆ Commission for Behavioral Health (CBH) Update
- ◆ [Housing Supports: Scaling/Sustaining Assisted Living](#), CHCF/Ortiz, Cruz & Partners
- ◆ [Peer Provider Certification Update](#)
- ◆ [Review & Advise](#) re: Local Behavioral Health Issues | Training & Discussion

\* In-Person Registrants:

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

Hotel Room-Block Deadline - Please notify us regarding lodging needs by May 29th ([info@calbhbc.com](mailto:info@calbhbc.com)) (CALBHB/C will pay the hotel directly for guests on our rooming list.)

Registration Deadline: *In-person* attendees, please register by June 11th, 2026.

Location information is provided through registration confirmations to attendees.

**\*\***The Southern & Los Angeles Regions include: Imperial<sup>\*\*\*</sup>, Los Angeles<sup>\*\*\*</sup>, Kern, Orange, Riverside, San Bernardino, San Diego<sup>\*\*\*</sup>, San Luis Obispo, Santa Barbara, Ventura<sup>\*\*\*</sup>, and Tri-City Boards/Commissions

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

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

# SURVEY WEEK IS BACK!

**Berkeley Mental Health**  
**May 18<sup>th</sup> - 22<sup>nd</sup> ONLY**  
**2640 Martin Luther King Jr. Way**  
**Berkeley, CA 94704**



Receive a small gift  
with your help  
towards improving  
our services!

You can also enter  
the raffle to win a  
gift card!

**The Wellness Recovery Team is conducting the  
Spring 2026 Mental Health Consumer Perception  
Survey (CPS/MHSIP) in person!**

**If you're receiving services in person, telehealth, or in the  
community by a BMH staff member between MAY 18TH - 22ND  
or have registered with Alameda County Behavioral Health  
(ACBH) towards receiving services during that week, you are  
invited to participate in our survey.**

**We look forward to your feedback!**

**For more information**

**Jamie Works-Wright, Consumer Liaison**  
**[jworks-wright@berkeleyca.gov](mailto:jworks-wright@berkeleyca.gov)**

## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Wednesday, April 29, 2026 9:42 AM  
**To:** Works-Wright, Jamie  
**Cc:** Jones, Tephiny  
**Subject:** Agenda Items and packet information  
**Attachments:** More Good Days Together Mindful through the Ages (4).pdf; CPS Week Flyer1.pdf

Hello Commissioners,

If you would like to add a topic to the agenda for the May meeting on Thursday, May 28<sup>th</sup>, please submit your topic by **Friday, May 8<sup>th</sup>** and any packet information by **May 15<sup>th</sup>**.

Please note I will be unavailable on vacation from May 6-May 13, however I will check my emails periodically as time permits.

I am also attaching a flyer about our Mental Health Awareness month and consumer perception survey week. In the past commissioners have helped volunteer to help survey the community to get their input about the services at BMH. If you interested please reach out to me by Tuesday, May 5<sup>th</sup> and you would have to attend a training session with me on Friday, May 15<sup>th</sup> from 11-12

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*



We are here to help you



- **MENTAL HEALTH RESOURCES**
- **OVERDOSE RESCUE TRAINING**
- **FREE NALOXONE KITS**
- **LUNCH PROVIDED - REGISTRATION ENCOURAGED**



**SATURDAY, MAY 2ND**  
**10 AM - 12 PM**

**REGISTER HERE:**  
[BIT.LY/REGISTERSTAYAFLOAT](https://bit.ly/registerstayafloat)



**FIRST PRESBYTERIAN CHURCH**  
**2407 DANA STREET, BERKELEY**





**Berkeley**  
PUBLIC SCHOOLS



More Good Days Together

# MINDFULNESS THROUGH THE AGES



## Mental Health Awareness Month Event

FREE EVENT

- Activities for all ages
- Resource Tables
- Mindful Breakout Sessions
- Food, Prizes and Entertainment

Scan or Click Here to Register  
[HTTPS://SHORTURL.AT/AXKOC](https://shorturl.at/axkoc)



# FRIDAY, MAY 29, 2026 4:00-7:30

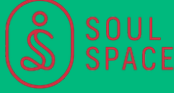
West Berkeley Family Wellness Center  
1900 Sixth St, Berkeley, CA 94710

CONTACT US

For More Information (510) 981.7624



**Berkeley**  
PUBLIC SCHOOLS



More Good Days Together

# اليقظة الذهنية عبر العصور



فعالية شهر التوعية بالصحة  
النفسية

FREE EVENT

أنشطة لجميع الأعمار  
طاولات للموارد  
جلسات فرعية للتأمل واليقظة  
الذهنية  
مأكولات، وجوائز، وترفيه

West Berkeley  
Family Wellness Center  
1900 Sixth Street  
Berkeley, CA 94710



الجمعة، 29 مايو 2026  
4:00 – 7:30

CONTACT US

لمزيد من المعلومات (510) 981.7624



**Berkeley**  
PUBLIC SCHOOLS



Mejores Días Juntos

# CONCIENCIA ATRAVES DE LAS EDADES



Mes de Reconocimiento  
de la Salud Mental

EVENTO GRATIS

- Actividades para todas edades
- Recursos
- Sesiones de autocuidado
- Comida, premios y entretenimiento

Centro de Bienestar Familiar  
de West Berkeley  
1900 Sixth St,  
Berkeley, CA 94710



**VIERNES MAYO 29**  
**4:00-7:30**

CONTACTANOS

Para mas informacion (510) 981.7624

## Works-Wright, Jamie

---

**From:** Works-Wright, Jamie  
**Sent:** Friday, April 24, 2026 10:28 AM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Youth Spirit Artworks - Public Comment on BHSa Draft 3-Year Plan

Hello Commissioner,

Below is information received from Youth Spirit Artworks regarding the public comment on the BHSa Draft 3 year plan.

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




---

**From:** YSA Advocacy <[advocacy@youthspiritartworks.org](mailto:advocacy@youthspiritartworks.org)>  
**Sent:** Friday, April 24, 2026 9:45 AM  
**To:** Klatt, Karen <[KKlatt@berkeleyca.gov](mailto:KKlatt@berkeleyca.gov)>  
**Subject:** Youth Spirit Artworks - Public Comment on BHSa Draft 3-Year 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.

**Youth Spirit Artworks**  
**Public Comment - Draft Berkeley Behavioral Health Services Act (BHSa)**  
 Three-Year Integrated Plan, FY26/27 – 28/29  
 Submitted to: Karen Klatt, MHSa Coordinator, City of Berkeley - [KKlatt@berkeleyca.gov](mailto:KKlatt@berkeleyca.gov)

Dear Ms. Klatt and Members of the Berkeley Behavioral Health Commission,

Youth Spirit Artworks (YSA) - a Berkeley-based youth arts and housing organization serving low-income and homeless young people ages 13–25, a majority of whom are youth of color - respectfully submits the following comments on the Draft BHSA Three-Year Integrated Plan. We appreciate being engaged as a stakeholder during the Community Program Planning Process and offer these observations in the spirit of strengthening the Plan's impact on Berkeley's most vulnerable youth..

**Impact on Transition-Age Youth (TAY).** The Draft Plan identifies TAY mental health as the single highest-ranked community priority, yet the programmatic response remains modest: a projected 100–104 TAY served per year through Early Intervention Program #8, reliance on Alameda County's contracted CSC (First Episode Psychosis) program, and one new Guided Peer Support Program embedded inside the Adult Full Service Partnership. Community members asked for (a) a defined percentage of each BHSA component to be set aside for TAY, (b) extended TAY engagement to age 33 so young people are not "dropped" at adulthood, and (c) TAY-prioritized housing - none of which the current draft commits to in measurable terms. YSA urges the City to adopt explicit TAY set-asides across BHSS, FSP, and Housing Interventions; to codify community-defined evidence practices such as arts-based and peer-led engagement (which Berkeley residents directly requested when mourning the loss of the Berkeley Wellness Center and the Creative Learning Center); and to recognize that developmental continuity is the difference between recovery and system re-entry for this population.

**Impact on Persons of Color.** The Plan's own disparities analysis shows *profound* racial inequity in Berkeley's behavioral health system: Black and African American youth comprise 41% of youth receiving Specialty Mental Health Services while representing only 16% of the Medi-Cal youth population, and Black and African American residents make up 43% of the homeless population. Latino and Asian/Pacific Islander youth, by contrast, are underrepresented relative to their Medi-Cal share, signaling unmet need rather than absence of need. Despite these findings, the Plan largely maintains existing service structures and offers no new targeted investment in culturally specific, community-defined providers. YSA asks that the Final Plan (1) name culturally specific youth-of-color providers as formal Early Intervention and Outreach partners, (2) direct a *measurable* share of BHSA Workforce, Education & Training dollars to pipeline programs that hire young adults of color with lived experience, and (3) disaggregate outcomes reporting by race, age, and program so that equity impacts can be tracked.

**Budgetary Impact on Providers Serving High-Acuity Youth (a CA Prop 1 Priority Population).**

Proposition 1 explicitly elevates young people with the most serious mental illness, SUD, and housing instability as a priority population; yet the Draft Plan's budget architecture risks squeezing community-based providers who reach these youth. The Plan's decision to use the full 30% Housing Interventions allotment is welcome, but the required move - by SFY 2027-28 - for BHSA-funded providers to meet Medi-Cal standards and to bill Medi-Cal Managed Care Plans will impose compliance, credentialing, and billing infrastructure costs for which small, culturally specific nonprofits require dedicated capacity-building dollars. Combined with Berkeley's 24% clinical vacancy rate, the absence of a funded arts-or creative-expression line item, and a Medi-Cal-centric service design that served only 86 youth in SMHS in FY23-24, the Plan as drafted could inadvertently de-fund the exact providers Prop 1 was designed to protect. YSA respectfully requests that the Final Plan (a) establish a BHSA capacity-building and technical-assistance set-aside for small, BIPOC-led, and community-defined providers preparing for Medi-Cal billing readiness; (b) protect non-Medi-Cal-billable but evidence-informed services such as creative arts and peer mentorship as allowable BHSS Early Intervention expenditures; and (c) publish a provider-impact analysis so that the Commission can track how the new framework is impacting high-acuity youth and the providers who serve them.

Thank you for your leadership in building Berkeley's first BHSA Integrated Plan and for the opportunity to provide input. YSA stands ready to partner with the City, the Behavioral Health Commission, and sibling CBOs to ensure Berkeley's young people - especially TAY of color with high-acuity behavioral health needs - are fully served by the promise of Proposition 1.

Respectfully submitted,

Zae Ilo

**Advocacy & Policy Manager**

Youth Spirit Artworks

(510) 588-5208