



Health, Housing & Community Services
Mental Health Commission

To: Mental Health Commissioners
From: Jamie Works-Wright, Commission Secretary
Date: October 15, 2026

Documents Pertaining to 10/22/26 Agenda items:

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Behavioral Health Commission

AGENDA

Regular Meeting Thursday, October 22, 2026

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

Location: North Berkeley Senior Center
1901 Hearst St., Morning Glory Room, 2nd
Berkeley, CA 94703

All Agenda Items are for Discussion and Possible Action

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

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

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

- 1. Roll Call (1 min)**
- 2. Preliminary Matters**
 - a. Action Item: Approval of October 22, 2026, meeting agenda
 - b. Public Comment (non-agenda items)
 - c. Action Item: Approval of September 24, 2026, meeting minutes
- 3. Review, interview and motion for new applicant -Hamilton Bohannon**
- 4. Discuss and vote for future agenda items including topics that would be useful/interesting and create a list of organizations that might be informative for the Behavioral Health Commission.**
- 5. Discussion and planning of BHC long- and short-term goals - what do we want the commission to work toward for the next year – Lisa Teague**

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(510) 486-8014 FAX • bamhc@cityofberkeley.info



Health, Housing & Community
Service Department
Behavioral Health Commission

6. Discussion about Bonita House Closure – Patricia Fontana- Narell
7. Discussion about the mission and purpose of this Commission regarding oversight of Behavioral Health Department programs, advocate for policies and program. - Fontana-Narell
8. Discuss possibly bringing a short BHC update to City Council once a month
9. Mental Health Division Manager's Reports – provided by Jeff Buell
 - a. MH Division Manager Report
 - b. Caseload Statistic 2026
10. Ad-Hoc committee reports
 - a. Data Notebook
11. Discuss and vote to create ad-hoc groups
12. Adjournment

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

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

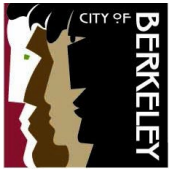


Communication Access Information: This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at 981-6418 (V) or 981-6347 (TDD) at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

SB 343 Disclaimer

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

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Department of Health,
Housing &
Community
Services
Mental Health
Commission

Behavioral Health Commission

Draft September Minutes

7:00 pm
North Berkeley SC 1901 Hearst

Regular Meeting
September 24, 2026

Members of the Public Present: Steven Tupper

Staff Present: Jamie Works-Wright, Jeff Buell

1) Call to Order at 7:06 pm – Acting Chair Lisa Teague

Commissioners Present: Ian Hunt, Maria Sol, Lisa Teague, Glenn Turner Patricia Fontana-Narell (7:11), Edward Opton(7:43); **Absent:** Igor Tregub

2) Preliminary Matters

a) Approval of August 27, 2026, meeting agenda

M/S/C (Hunt, Turner) Make a Motion to approval of the agenda for September 24, 2026

PASSED

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

b) Public Comment- no public comments made

c) Approval of June 25, 2026, minutes

M/S/C (Hunt, Teague) Motion to approve the August 27, 2026, meeting minutes

PASSED

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

3) Discuss and review the 2026 Data Notebook and respond on behalf of the Berkeley Behavioral Health Commission

M/S/C (Teague, Hunt) Motion that as the Acting Chair of the Berkeley Behavioral Health Commission that I will email the contact person for the Data Notebook question to clarify which question are appropriate to answer and how.

PASSED

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

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

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

5) Adjournment – 8:37

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

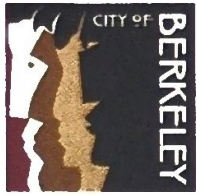
PASSED

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

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

Applicant's Name _____

Mental Health Commissioner Applicant Criteria	Application	Interview
Interest - Demonstrates interest in community mental health services		
Commitment - Ready to commit to Commission duties; preparation & attendance at meetings; timely paperwork		
Diversity - Reflects the diversity of the community		
Cooperation - Able to constructively handle conflict & differences of opinion		
Welcoming - Willing and able to work alongside consumers, family members & diverse members		
Effective - Able to work with City staff, management & Berkeley & Albany City Councils		



APPLICATION FOR APPOINTMENT TO BERKLEY BEHAVIORAL HEALTH COMMISSION

Thank you for your interest in improving community behavioral health in Berkeley. Below is some important information about the Berkeley Behavioral Health Commission. Please review before completing your application.

Background

Created by California Welfare and Institutions Code Section 5604 and Berkeley City Resolution 72,164-N.S., the Berkeley Behavioral Health Commission, originally named the Berkeley/Albany Mental Health Commission, is composed of behavioral health consumers, family members of consumers and Berkeley residents with a broad range of disciplines, professions and fields of knowledge and experience. Beginning on January 1, 2025, new changes are required from the passage of Proposition 1 (SB 326) and are outlined below.

Composition of the Commission

The Commission consists of thirteen members. Commissioners are appointed by Berkeley City Council for a three-year term, with a limit of three consecutive terms.

To meet state requirements, fifty percent of the seats are designated for consumers or the parents, spouses, siblings or adult children of consumers who are receiving or have received behavioral health services. At least one of these members must be 25 years of age or younger. This helps to ensure that people who are impacted by behavioral health services have a voice in the oversight process. At least one seat is designated for a veteran or veteran advocate. At least one seat is designated for an employee of a local education agency.

The specific membership of the Commission is as follows: (a) one member of the Commission is the Mayor or a City Council designee, (b) the remaining members shall be residents of the City of Berkeley. Of the total membership, at least 20 percent shall be consumers, and at least 20 percent shall be families of consumers. The remaining Commission members shall be individuals who have experience with, and knowledge of, the behavioral health system including community members who engage with individuals living with behavioral health challenges in the course of daily operations. Examples include community members from a variety of fields and professions. Such as representatives of county offices of education, larger and small business, hospitals, emergency departments and community nonprofit service providers.

The City of Berkeley's Conflict of Interest Code requires members of the Berkeley Behavioral Health Commission to file Statements of Economic Interest – FPPC Form 700, which is a public document. For more information, please contact the City Clerk's Department at (510) 981-6900, or visit the website at <https://berkeleyca.gov/your-government/public-records/conflict-interest-reports>

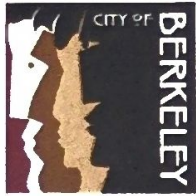
APPLICATION FOR APPOINTMENT TO BERKLEY BEHAVIORAL HEALTH COMMISSION

In addition, Commissioners are required to participate in the AB 1234 Ethics Training, which is offered on-line. Additional trainings are offered annually through the California Association of Local Mental Health Boards/Commissions (CALMHB/C) and California Institute for Mental Health (CiMH).

General Commissioner Qualifications:

- Demonstrates interest in community behavioral health services;
- Ready to commit to Commission duties, including preparation for and regular attendance at monthly Commission and Committee meetings, timely review of meeting materials and completion of Commission paperwork and training;
- Willing and able to work alongside behavioral health consumers and members of diverse communities;
- Able to constructively handle conflict and differences of opinion;
- Reflects the diversity of the Berkeley community;
- Willing and able to work with City staff, Behavioral Health management, Berkeley City Councils; and
- The Commissioner or their spouse is not a full or part time employee of: The City of Berkeley's behavioral health division, an Alameda county behavioral health service, the California Department of Health Care Services, a behavioral health contract agency or a paid member of the governing body of a behavioral health contract agency.

Please be aware that, as with other City Boards and Commissions, once an application is filed with the City of Berkeley, it becomes public information. Further, in order to confirm that the Commission membership is representative of the various categories set forth in state law and City resolution, applicants need to indicate on the application form whether they are applying to represent the categories as defined above.



APPLICATION FOR APPOINTMENT TO BERKLEY BEHAVIORAL HEALTH COMMISSION

Redistricting
Commissioners may
not be eligible to
serve. Contact the
City Clerk to verify.

NAME: Hamilton Bohannon

PREFERRED PRONOUN(S): He/Him

Residence Address: 1849 Cedar St, Apt A Berkeley 94703
Street City Zip

Business Name/Address: _____

Street City Zip

Occupation/Profession: Lead Interventional Psychiatric Technician

Business Phone: (510) 843-2220 Home Phone: _____

Email address: outpatient@baypsychiatric.com

Employer's Name: Bay Psychiatric Associates

Name of Spouse's Employer: Independent Doula

(Please note that pursuant to Welfare and Institutions Code Section 5604(d), no member of the City of Berkeley's Mental Health Commission or his or her spouse may be: (a) a full or part time employee of City of Berkeley's mental health division, (b) a full or part time county employee of a county mental health service, (c) an employee of the California Department of Health Care Services, or (d) an employee of, or paid member of the governing body of, a mental health contract agency. If you are unsure whether your employment or your spouse's employment falls within this restriction and are interested in applying for the Commission, please contact the Commission Secretary.)

The following individuals are qualified to comment on my capabilities:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NO.</u>
<u>Kaila Compton MD</u>		<u>(415) 203 3579</u>
<u>Aleks Wolan</u>		<u>(510) 981-7150</u>

The City of Berkeley's Conflict of Interest Code requires members of all City of Berkeley Commissions except the Youth Commission and Commission on Status of Women to file Statements of Economic Interests – FPPC Form 700. The Form 700 is a public document. For more information, please contact the City Clerk's Department at 981-6900, or visit our website at <https://berkeleyca.gov/your-government/public-records/conflict-interest-reports>.

Name: Hamilton Bohannon

I have been a resident of Berkeley since: 2023

**APPLICATION FOR APPOINTMENT TO
BERKLEY BEHAVIORAL HEALTH COMMISSION**

I qualify for appointment under the following categories
(Please check all that apply to you)

- ☐ Consumer who is receiving or has received behavioral health services or family members (parents, spouses, siblings, or adult children) of a consumer.

Please indicate all that apply to you:

- ☐ Consumer ☒ Family member ☐ 18 - 25 years of age
- ☐ Veteran or Veteran Advocate
- ☐ Employee of a local Education Agency
- ☒ Community member who has experience with and knowledge of the behavioral health system including those who engage with individuals living with mental illness in the course of their daily operations, representing a broad range of disciplines, professions, and fields of knowledge. Such as representatives of county offices of education, larger and small business, hospitals, emergency departments and community nonprofit service providers.

Signature of Applicant:  Date: 9/22/2026

AFFIDAVIT OF RESIDENCY

I, Hamilton Bohannon, hereby declare, under penalty of perjury, that I am a resident of the City of Berkeley. I understand that, with the exception of a temporary relocation outside of Berkeley not to exceed six months, I may no longer serve on a Berkeley Commission should this cease to be true.

Signature of Applicant:  Date: 9/22/2026

**APPLICATION FOR APPOINTMENT TO
BERKLEY BEHAVIORAL HEALTH COMMISSION**

DEMOGRAPHIC SURVEY (Optional):

Please indicate gender: ☒ Male ☐ Female ☐ Nonbinary ☐ Prefer not to say

Please indicate whether you are currently a student: ☒ Yes ☐ No

Please indicate the racial / ethnic category which you most closely identify with below (*response optional - please check only one category*):

- ☒ **WHITE (not of Hispanic or Latino origin):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East
- ☒ **BLACK or AFRICAN AMERICAN (not of Hispanic or Latino origin):** All persons having origins in any of the Black racial groups of Africa
- ☐ **HISPANIC or LATINO:** All persons of Central / South America or other Spanish culture or origin, regardless of race
- ☐ **ASIAN (not of Hispanic or Latino origin):** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent. This includes, Cambodia, China, Japan, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- ☐ **AMERICAN INDIAN / ALASKAN NATIVE (not of Hispanic or Latino origin):** All persons having origins in any of the original peoples of North, Central, and South America, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ **NATIVE HAWAIIAN / PACIFIC ISLANDER (not of Hispanic or Latino origin):** All persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- ☐ **TWO or MORE RACES (not of Hispanic or Latino origin):** All persons who identify with more than one of the above six races

APPLICATION FOR APPOINTMENT TO BERKLEY BEHAVIORAL HEALTH COMMISSION

Supplemental Questionnaire Berkeley Behavioral Health Commission

In addition to completing the application form, candidates are requested to provide the following information to assist the Behavioral Health Commission in their process to recommend applicants for appointments by Berkeley City Council. Please use an additional sheet if necessary.

1. Please explain why you are interested in serving on the Berkeley Behavioral Health Commission.

Mental health care has always been personal to me, but working at Bay Psychiatric Associates showed me how many people we can't reach, whether it's due to geography, cost, or stigma. I want to engage with mental health on a public level, not just at my clinic. This commission feels like a first step into leadership. Hopefully I can bring is what I see every day in clinical settings into ways to shape policy.

2. Are you involved in other community activities? If so, which ones?

I work at an interventional psychiatric clinic where we've participated in community events like suicide prevention awareness. I also serve on the Stanford Family Advisory Council for heart transplant recipients. This has deepened my understanding of how patients and families navigate complex care systems. Those two experiences have given me a perspective of both mental health care delivery and the advocacy side of healthcare.

3. What, in your opinion, are the most important behavioral health issues in Berkeley?

The populations that stand out to me are people experiencing homelessness and Berkeley High students. Crisis response feels underfunded and inaccessible for a lot of residents. The cost of living also continues to push people away from getting help. There's also a gap in public knowledge around what treatment options exist. This makes it harder for people to advocate for themselves or their families.

4. What do you recommend doing about them?

Honestly, I don't know or do I feel qualified to suggest an answer at this moment. I don't have enough context about what Berkeley has already tried, what the data shows, or where exactly the problems occur. I'd want to spend time learning from the other commissioners and listening before I start offering solutions.

5. It is important that Berkeley Behavioral Health be responsive to the needs of our culturally diverse community. What knowledge and experience do you have that could help provide insight on how to make Berkeley Behavioral Health even more inclusive of under-served communities?

I've spent a good amount of time in settings that specifically serve people who have limited access to care. Bay Psychiatric Associates is one of the few interventional psychiatric clinics in the area that accepts Medi-Cal patients. I also worked at San Diego County Psychiatric hospital that mainly served underserved communities. It's something I grew up watching and eventually chose to be part of myself.

6. What unique contributions (work experience, education, attributes and training) do you have to make to the Behavioral Health Commission?

I started in this field at San Diego County Psychiatric Hospital, which gave me a foundation in acute psychiatric care. Since then, I've worked at three different types of interventional psychiatric clinics. I'm currently pursuing a Bachelor's in Psychology at UMaine Presque Isle and working toward a PA and MPH, because I want to be able to engage with psychiatric care at every level, clinical, operational, and eventually policy.

Return this form to the City Clerk Department: 2180 Milvia Street, Berkeley, CA 94704



Health Housing and
Community Services Department
Mental Health Division

MEMORANDUM

To: Behavioral Health Commission
From: Jeffrey Buell, Mental Health Division Manager
Date: 10/14/2026
Subject: Mental Health Manager Report

Behavioral Health Services Report

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

Information Requested by Behavioral Health Commission

No questions from Commissioners during this period

Mental Health Division Updates

Policy and Funding

- SB 43: The State of California passed AB 43 as a substantive change to the 1967 Lanterman-Petris-Short (LPS) act, taking effect on 1/1/24 voluntarily for Counties that wanted to implement it right away, and 1/1/26 for all remaining California Counties. The law expands the criteria for involuntary psychiatric holds and LPS conservatorship, including **grave disability criteria resulting from severe substance use disorder (SUD)**, with or without a co-occurring mental health disorder, and the inability to meet basic needs beyond food/clothing/shelter to include **personal safety or necessary medical care**.
 - These expanded criteria may have particular implications for people who are unhoused, as lack of medical care and personal safety may be difficult to distinguish from the effects of homelessness.

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- Instability and challenges associated with homelessness can create or exacerbate existing behavioral health conditions due to exposure to prolonged stress or traumatic experiences.
- The two-year ramp up period from 2024 to 2026 was intended to allow counties to develop policies, procedures, staffing, and training to implement this major new change to the law.
- **No new funding was provided for SB 43 implementation** to Counties to assist with these new requirements, program implementation, or facility needs. Now that the criteria for involuntary holds have been expanded, the current facilities serving these needs (which have already been stretched to capacity) are expected to serve a larger and broader population base.
- Early data seems to indicate that updated 5150/5585 training and statewide mobile crisis programming has coincided with lower involuntary hold numbers, as individuals may be placed on fewer unnecessary holds and may be receiving diversion services instead of hospitalization.
- This current system update is an opportunity to integrate SUD treatment into existing acute care settings, as locked SUD treatment settings are sorely lacking. SB 1238 passed in 2024 and is intended to broaden 24-hour inpatient care for SUD and co-occurring disorders, though state guidance has only just been finalized recently and more time will be needed to shift the system to reflect the desired changes.
- BHCIP had already been implemented before SB1238 changes could follow, and the State has not yet provided more funding for these now required changes.
- The success of these changes historically has been measured by the State in terms of larger numbers (of holds, conservatorships, etc) rather than in appropriate quality care in the least restrictive environment necessary for its citizens. The numbers current bear out that the vast majority of individuals appearing to be gravely disabled by an SUD actually have co-occurring mental health conditions, which requires more specific, integrated care.
- Since there is no new dedicated funding resources for these expanded mandates, Counties must rely on existing resources to meet increased demand and do so without federal Medi-Cal reimbursement, since this funding stream is generally unavailable for locked or secure settings.
- HR 1 (the One Big Beautiful Bill) will further constrain the system as many more citizens will lose Medi-Cal coverage.
- The 1967 LPS law also was implemented by the State with “no state or local funding” earmarked for it, expecting that the system would absorb and provide for these vital services. While it authorizes involuntary treatment for behavioral health conditions, it does not authorize involuntary medication administration nor medical care, both of which must be pursued via other separate legal processes.

- Alameda County's behavioral health director for the past seven years, Dr Karyn Tribble, is leaving her role on 10/23/26. The new interim county behavioral health director will be Vanessa Baker, LMFT.
- California Governor Gavin Newsom signed into law a state budget trailer bill for \$4.7 million in psychedelic therapy research intended to help veterans with trauma.
- California will plan to fund gender-affirming care for youth on Medi-Cal after the federal administration cuts off federal funding next month. Even with this determination, the time needed for the transition in funding may still impact services for this population.
- California Governor Gavin Newsom signed into law a bill intended to free up state funds for people experiencing homelessness in order to fund housing that requires sobriety. While "Housing First" typically provides these resources despite an individual's sobriety, these funds will be set aside for the population that is not using substances.

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 '26-June '27) Demographics as of September 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	66	\$57,770	Clients: 64 Asian:2 Black or African American: 31 Hispanic or Latino: 2 Other: 1 Unknown: 3 White: 25 Male Gender ID: 42 Female: 20 He/Him:1 Unknown/No Available: 1 Heterosexual/Straight: 49 Unknown/Not Available: 11 Bisexual: 1 Gay: 1 Lesbian: 1 Prefer Not to Answer: 1	
Adult FSP Psychiatry (September Stats)	1-100	0.35 FTE	48			
AFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)				\$2,037,600		
Homeless Full-Service Partnership (HFSP) (Highest level outpatient clinical case management and treatment)	1-8 for clinical staff	4 Non-Licensed Clinician, 1 Clinical Supervisor	34	\$41,754	Clients: 34 Asian: 1 Black or African American: 17 Hispanic or Latino: 1 Unknown: 1 White: 14 Male Gender ID: 21 Female: 10 Unknown/Not Available: 2 She/Her:1 Heterosexual/Straight: 27 Unknown/Not Available: 4 Bisexual: 3 Prefer Not To Answer/Declined to State:	

HFPS Psychiatry (September Stats)	1-100	0.15 FTE	25		
HFSP FY22 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			TBD		
Comprehensive Community Treatment (CCT) (High level outpatient clinical case management and treatment)	1-20	6 Licensed Clinicians 1 Non-Licensed Clinicians 1 Senior Behavioral Health Clinician 1 Clinical Supervisor	151	\$20,989	Clients: 149 Alaska Native or American Indian: 1 Asian: 8 Black or African American: 61 Hispanic or Latino: 5 Other: 4 Pacific Islander: 3 Unknown: 8 White: 59 Female Gender ID: 69 Male: 63 He/Him: 6 She/Her: 4 Other Additional Gender Category: 5 Gender Queer: 1 Prefer not to Answer/Decline to State: 1 Heterosexual/Straight: 108 Unknown/Not Available: 17 Gay: 3 Bisexual: 8 Lesbian: 3 Other Additional Sexual Orientation: 4 Prefer not to answer/decline to state: 4 Queer: 1 Prefer not to answer: 1
CCT Psychiatry (September Stats)	1-200	0.75 FTE	98		
CCT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			\$2,617,010		
Focus on Independence Team (FIT) (Lower level of care, only for individuals previously on FSP or CCT)	1-20 Team Lead, 1-50 Post Masters Clinical 1-30 Non-Degreed Clinical	2 Non-Licensed Clinician 1 1 Clinical Supervisor	72	\$9,754	Clients: 70 Asian: 7 Black or African American: 24 Hispanic or Latino: 4 White: 35 Male Gender Identity: 40 16

					Female: 26 She/Her: 2 He/Him: 1 Intersex: 1 Transgender: Heterosexual/Straight: 64 Unknown/Not Available: 5 Prefer Not To Answer/Declined: 1 Gay:
FIT Psychiatry (September Stats)	1-200	.25	60		
FIT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			\$900,451		
Family, Youth and Children's Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Average Monthly System Cost Last 12 months	Fiscal Year 2026 (July '26-June '27) Demographics as of September 2026
Children's Full-Service Partnership (CFSP)	1-8	1 Senior Behavioral Health Clinician 1 Non-Licensed Clinician	13	\$45,063	Clients: 13 Alaska Native/American Indian: 1 Asian: 1 Black or African American: 5 Hispanic or Latino: 2 Other: 2 Unknown: White: 2 Male Gender ID: 7 Female: 4 Other Additional Gender Category: 1 Unknown/Not Available: 1 Heterosexual/Straight: 7 Unknown/Not Available: 4 Bisexual: 1 Pansexual: 1
CFSP Psychiatry (September Stats)	1-100	0.05			
CFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			\$489,235		
Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health	1-20	2 Non-Licensed Clinicians, 1 Clinical Supervisor	29	\$12,948	Clients: 13 Alaska Native: 1 Asian: 1 Black or African American: 5

Services (ERMHS)					Hispanic or Latino: 2 Other: 2 Pacific Islander: Unknown: White: 2 Female Gender ID: 7 Male: 4 Other Additonal Gender ID: 1 Unkown/Not Available: 1 Heterosexual/Straight: 4 Unknown/Not Available: 7 Other Additional Sexual Orientation: Bisexual: 1 Pansexual: 1
ERMHS/EPSTD Psychiatry (September Stats)	1-100	0.15			
EPSTD/ERMHS FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			\$1,062,409		
High School Health Center and Berkeley Technological Academy (HSHC)	1-6 Clinician (majority of time spent on crisis counseling)	1 Clinicians, 1 Clinical Supervisor	Drop-in:15 Externally referred: 23 Ongoing tx: 50 Groups: 0 Offered/ 0 Provided		N/A
HSHC FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			\$396,106		

Not reflected in above chart is Early Childhood Consultation, Wellness and Recovery Programming, or Family Support.
 In demographics, other/unknown is used both when a client indicates that they are multi-racial and when demographic info is not known.

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

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Tuesday, October 6, 2026 9:54 AM
To: Works-Wright, Jamie
Cc: Buell, Jeffrey
Subject: FW: New Behavioral Health Laws – 2025–26 Legislative Session
Attachments: New Behavioral Health Laws – 2025–26 Legislative Session.pdf; New Behavioral Health Laws – 2025–26 Legislative Session.docx

Hello Commissioners,

Please see the attached document about new Behavioral Health laws

Thank you for your time.

Jamie Works-Wright

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



From: CAL BHBC <cal@calbhbc.com>
Sent: Monday, October 5, 2026 4:21 PM
Subject: New Behavioral Health Laws – 2025–26 Legislative Session

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New Behavioral Health Laws – 2025–26 Legislative Session

Bills tracked this session that were signed into law, listed alphabetically by topic. Bills that fit more than one topic appear under each; the full description is given the first time a bill appears, with a link back to it afterward. (Word & PDF Attached | [Link to Google Doc](#))

Access: Health Care Coverage

[AB 280 \(Aguilar-Curry\)](#) – Provider Directories

Requires health plans and insurers to verify their provider directories every year and remove inaccurate listings. Signed 9/27/2026.

AB 543 (González) – Medi-Cal: Field Medicine

Requires information gathering and sharing related to people experiencing homelessness who apply for or receive Medi-Cal services, and requires DHCS to reimburse enrolled street medicine providers. Signed in 2025.

AB 2011 (Hart) – Mental Health Parity (Nonquantitative Treatment Limitations) (*CALBHB/C-supported*)

Affirms the authority of the Department of Insurance and the Department of Managed Health Care to issue regulations, guidance, and enforcement actions to implement mental health parity requirements. Signed 9/30/2026.

SB 626 (Smallwood-Cuevas) – Perinatal Health Screenings and Treatment

Requires health plans and insurers to provide case management and care coordination following maternal mental health screenings, and encourages coverage of at least one FDA-approved medication and one FDA-approved digital therapeutic for perinatal mental health. Signed 9/30/2026.

Artificial Intelligence

AB 1979 (Bonta) – Health Care Services: Artificial Intelligence

Requires hospitals, clinics, and medical offices to take reasonable steps so licensed professionals keep their independent professional judgment when AI tools inform patient care, and bars AI from independently performing functions that require a professional license. Chapter 854, Statutes of 2026.

CARE Act

SB 1242 (Choi) – CARE Court Program

Allows the person who filed a CARE petition, such as a family member, to provide information to the participant's care team. Information flows one way only: the petitioner cannot receive information about the participant without the participant's consent. Signed 9/27/2026.

Children & Youth

AB 1586 (Ramos) – Opioid Overdose Reversal Medication: School Resource Officers (*CALBHB/C-supported*)

Requires school resource officers to carry an opioid antagonist while on duty at school and to complete opioid overdose recognition and response training at least every two years. Chapter 268, Statutes of 2026.

AB 1626 (Gabriel), AB 1665 (Pacheco), and AB 1985 (Irwin) – Mental Health Training for Youth Sports Coaches

Together require behavioral and mental health training for youth and school sports coaches, giving coaches tools to support young athletes. All three signed 9/30/2026.

AB 2003 (Berman) – Pupil Health: Suicide Prevention

Establishes permanent, free suicide prevention training for K–12 teachers, parents, caregivers, and students ages 13 and older, and makes suicide risk screening data available to inform prevention strategies. Chapter 92, Statutes of 2026.

AB 2324 (Gonzalez) – Youth Caregivers Career Pathway (*CALBHB/C-sponsored*)

Requires the California Department of Education to consider adding youth-caregiver content to the Personal Care and Services career technical education pathway, and to develop implementation guidance by July 1, 2028, including possible work experience credit for youth who care for family members at home. Approved 7/16/2026.

SB 1009 (Becker) – Juveniles: Detention

Revises provisions governing the detention of juveniles. Signed 9/30/2026.

Criminal Justice

AB 46 (Nguyen) – Diversion

Requires that a defendant's mental disorder diagnosis or rediagnosis be within five years before the alleged offense to qualify for mental health diversion. Chapter 18, Statutes of 2026.

AB 1897 (Haney) – Mentally Disordered Offenders: Criteria for Commitment

Updates the criteria used in commitment decisions for offenders with mental health disorders, including use of the HCR-20 risk assessment. Signed 9/27/2026.

[SB 1009 \(Becker\) – Juveniles: Detention](#) – see *Children & Youth*.

[SB 1401 \(Stern\)](#) – Criminal Procedure: Competence to Stand Trial

Authorizes county behavioral health agencies and jail medical providers to share relevant confidential information with the court to determine a defendant's likely eligibility for behavioral health services and programs. Signed 9/30/2026.

Crisis Care

[AB 173 \(Committee on Budget\)](#) – Health Budget Trailer Bill: 988 Crisis Line Provisions

Extends the state 988 advisory group and Technical Advisory Board through 2029; restricts 988 surcharge revenue to 988 centers and mobile crisis teams; creates a “designated 988 center” approval framework under DHCS; requires public awareness strategies; and provides for a possible state-level LGBTQ+ “Press 3” option. Incorporates the core policy of [AB 2093 \(Bauer-Kahan\)](#). Signed 9/18/2026.

[AB 2093 \(Bauer-Kahan\)](#) – State 988 System (CALBHB/C-supported)

Sought to strengthen statewide governance of California's 988 Suicide & Crisis Lifeline. The core policy was successfully adopted into the state budget and signed into law through [AB 173](#) (signed 9/18/2026). According to the Steinberg Institute, AB 173:

- **Improves governance and accountability** by creating a CalHHS 988 System Governance Board for cross-agency coordination and oversight, and giving DHCS more authority over 988 call center operations.
- **Modernizes 988 funding** by restricting 988 Fund revenue to 988 centers, designated 988 centers, and mobile crisis teams, and requiring DHCS to develop a two-year funding estimate, through a public stakeholder process, based on projected need rather than past spending.
- **Creates an approval process for “designated 988 centers.”** Centers may apply starting no sooner than October 1, 2027, and must be approved by December 31, 2029, to keep receiving 988 Fund dollars. DHCS sets staffing, training, and quality standards and can inspect centers and suspend or revoke approval.
- **Advances 988–911 interoperability** by requiring CalOES, with DHCS, to have a working system by December 31, 2029, with real-time features such as call merging and warm handoffs, and asking EMSA to develop voluntary statewide rules for routing calls among 911, 988 centers, and mobile crisis teams.
- **Supports mobile crisis integration** by directing CalHHS, subject to appropriation, to recommend a sustainable mobile crisis funding system that goes beyond the state General Fund, ahead of the 2027 funding cliff for the Medi-Cal Mobile Crisis benefit.
- **Reopens a path for LGBTQ+ support** by allowing CalHHS, if no adequate federal option exists, to seek federal approval to restore the “Press 3” LGBTQ+ crisis option at the state level, with 12 months to launch it after approval.

Employment

[AB 2150 \(Haney\)](#) – Training Requirements: Opioid Overdose Reversals

Requires employers that require CPR certification training to also have those employees complete an online video training on using naloxone to reverse opioid overdoses. Chapter 384, Statutes of 2026.

Homelessness

[AB 543 \(González\) – Medi-Cal: Field Medicine](#) – see *Access: Health Care Coverage*.

Maternal Mental Health

[SB 626 \(Smallwood-Cuevas\) – Perinatal Health Screenings and Treatment](#) – see *Access: Health Care Coverage*.

Mental Health: Involuntary Commitment

[SB 16 \(Blakespear\)](#) – Involuntary Commitment

Requires each county behavioral health director to develop procedures for designating and training the professionals who place people on involuntary mental health holds under the Lanterman-Petris-Short Act. Signed.

Parity

[AB 2011 \(Hart\) – Mental Health Parity](#) – see *Access: Health Care Coverage*.

Peer Support

[AB 96 \(Jackson\)](#) – Peer Support Specialist Certification

Removes the high school diploma (or equivalent) requirement for certification as a Medi-Cal peer support specialist. Signed 9/27/2026.

Research

[SB 895 \(Wiener\)](#) – California Science and Health Research Bond Act

Places a \$7.5 billion science and health research bond on the March 2028 ballot and establishes the California Foundation for Science and Health Research to award grants and loans. Signed 9/30/2026.

Substance Use

[AB 1586 \(Ramos\) – Opioid Overdose Reversal Medication: School Resource Officers](#) – see *Children & Youth*.

[AB 2150 \(Haney\) – Training Requirements: Opioid Overdose Reversals](#) – see *Employment*.

Suicide Prevention

[AB 173 \(Committee on Budget\) – 988 Crisis Line Provisions](#) – see *Crisis Care*.

[AB 2003 \(Berman\) – Pupil Health: Suicide Prevention](#) – see *Children & Youth*.

[AB 2093 \(Bauer-Kahan\) – State 988 System](#) – see *Crisis Care*.

Workforce

[AB 96 \(Jackson\) – Peer Support Specialist Certification](#) – see *Peer Support*.

[AB 1598 \(Quirk-Silva\)](#) – Behavioral Sciences

Regulates the practice of counseling by licensed or registered and unlicensed or unregistered individuals. Signed 9/27/2026.

[AB 2324 \(Gonzalez\) – Youth Caregivers Career Pathway](#) – see *Children & Youth*.

[SB 993 \(Ochoa Bogh\)](#) – Board of Behavioral Sciences: Licensees: Notices

Revises notice requirements for licensees of the Board of Behavioral Sciences. Signed 9/27/2026.

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

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Friday, October 2, 2026 4:24 PM
To: Works-Wright, Jamie
Subject: Agenda items for October meeting

If you received the last email from me with all the commissioners names, please delete and use this email to respond. Sorry about my mistake.

Hello Commissioners,

The next commission meeting will take place on Thursday, October 22, 2026 from 7-9pm

If you would like to add a topic to the agenda please send the topic to me by **Friday, October 9, 2026**. If you would like Jeff to write and respond to a topic, please send that also on **Friday, October 9th**.

If you would like add an item to discuss for the full packet, please send by **Tuesday, October 13th**.

Thank you for your time.

Jamie Works-Wright

Consumer Liaison & Mental Health Commission Secretary

City of Berkeley

2640 MLK Jr. Way

Berkeley, CA 94704

JWorks-Wright@berkeleyca.gov

Office: 510-981-7721 ext. 7721

Cell #: 510-423-8365



Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, September 28, 2026 11:31 AM
To: Works-Wright, Jamie
Subject: FW: Provide Public Comment on Draft Safety and Environmental Justice Elements

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
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From: Van Dyke, Katie <kvandyke@berkeleyca.gov>
Sent: Friday, September 25, 2026 10:09 AM

Hello Commission Secretaries,

Please share this information with your commissions as soon as possible.

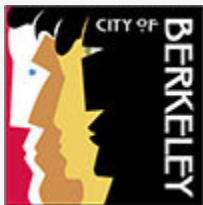
Thank you!
Katie

Katie Van Dyke
(she/her/hers)
kvandyke@cityofberkeley.info

From: Prepared, Safe, and Healthy Berkeley for All <PreparedSafeHealthy@news.berkeleyca.gov>
Sent: Friday, September 25, 2026 10:01 AM
To: Van Dyke, Katie <kvandyke@berkeleyca.gov>
Subject: Provide Public Comment on Draft Safety and Environmental Justice Elements

September 25, 2026

[View this message as a webpage](#)



General Plan Disaster Preparedness and Safety Element, and
Environmental Justice Element

Prepared, Safe, & Healthy Berkeley for All

Draft Safety Element, Environmental Justice Element, and CEQA Document Available For Public Comment



The City of Berkeley has been working with the community for the last two years to develop a new Environmental Justice Element and update the Disaster Preparedness and Safety Element to the City's General Plan.

Berkeley faces a diverse range of hazards, including earthquakes, wildfires, flooding, and extreme heat, many of which are being intensified by climate change and require coordinated and proactive planning. **The Disaster Preparedness and Safety Element** brings these efforts together under a

single framework, linking hazard mitigation, emergency response, and long-term climate change resilience policies.

The Environmental Justice (EJ) Element advances health equity, considers longstanding patterns of environmental harm, and strengthens community resilience. This Element provides a framework to reduce pollution burdens, improve access to essential services, expand opportunities for civic participation, and safeguard the cultural identity of communities most affected by historical and ongoing inequities.

Guided by the requirements of Senate Bill (SB) 1000, SB 1035, and informed by extensive community engagement, **the Draft Disaster Preparedness & Safety Element and Draft Environmental Justice Element are available on the City's [web page](#) for review and public comment through November 15, 2026.**

The associated California Environmental Quality Act (CEQA) document for these draft elements is available on the City's [web page](#) for review and public comment through October 26, 2026.

For more information, including the draft documents and instructions on how to provide public comment, please see the City's [web page](#).

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Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, September 28, 2026 11:02 AM
To: Works-Wright, Jamie
Subject: FW: Medicaid changes

Hello Commissioners,

Please see the email below from Commissioner Teague

Thank you for your time.

Jamie Works-Wright

Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
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From: Lisa Teague <teague.lisa@gmail.com>
Sent: Thursday, September 24, 2026 8:05 PM
To: Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Subject: Medicaid changes

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Hi Jamie,

Could you share this with the other commisioners?

<https://www.ama-assn.org/system/files/ama-patient-guide-new-medicaid-work-community-engagement-rules.pdf>

Lisa Teague

New Medicaid Work & Community Engagement Rules Coming in 2027

Get Ready: If you or someone you know is covered by Medicaid, it is important to know about some program changes coming soon.

What is changing?

Starting January 1, 2027, people who are on Medicaid may have to prove they are working or doing other “community engagement” activities in order to keep their Medicaid coverage. This is a new reporting requirement, and it is sometimes called a “work requirement” even though not everyone will have to prove they are working.

If the new rules apply to you, you may notice changes to Medicaid applications and renewal forms, including new questions about work, income, caregiving responsibilities, or health conditions. You may receive more mail, emails, or online notices from Medicaid, and you may have short timelines to respond. **Keeping your contact information up to date and responding on time is very important to keeping your coverage.**

Who is impacted by the new rules?

Certain people between the ages of 19 and 65 applying for or covered by Medicaid may be asked to **report on their work or community engagement activities to get or keep their Medicaid coverage**. However, several groups of people in this age group are exempt from the requirements (see below for more information about exemptions).

What information will I have to report?

If these new requirements apply to you, you may need to show that you are participating in at least 80 hours per month of certain activities. Working is one way to satisfy the new requirements, but it is not the only way.



Approved activities include:

- Working (full-time or part-time)
- Volunteering or doing community service
- Enrolled in school (full-time or part-time)
- Job training
- Earning at least \$580 in income each month

Will I need to report my work & community engagement activities?

Many people will not have to meet these new work and community engagement requirements. These individuals are considered “exempt,” which means they do not have to report work or community activities because they have a serious health condition, care for others, or face special life situations.

You might not have to report work or community engagement activity if you:

- Are under the age of 19 or over the age of 65
- Are blind or have a disability
- Are pregnant or were recently pregnant
- Are a parent, guardian, or caregiver of a child age 13 or younger
- Care for someone with a disability
- Are participating in a drug or alcohol treatment program
- Were in jail or prison within the past three months
- Have certain medical conditions (see more on the next page)

This is not an exhaustive list. Ask your doctor, clinic, or community provider for additional reasons you could be exempt.

New Medicaid Work & Community Engagement Rules Coming in 2027

Which medical conditions may qualify for an exemption?

People with certain medical conditions or illnesses that impact their ability to meet the new work and community engagement requirements may be exempt. Medicaid sometimes refers to these enrollees as being “medically frail.”

Keep an eye out for more information from your state Medicaid program. Your doctor, Medicaid, or health plan can help you figure out if your medical condition falls into one of these categories.

Conditions that may qualify for an exemption include:

- **Substance use disorder**, such as uncontrolled use of drugs or alcohol
- **Disabling mental illness**
- **Physical, intellectual, or developmental disability** that significantly impacts your ability to function in daily life activities
- **Serious or complex medical condition**, such as an illness, injury, or physical or mental condition that significantly impairs your health or requires ongoing medical care to manage

State Exemptions

Your state may also provide **additional temporary exemptions** from work and community engagement requirements. Let your doctor, clinic, or community provider know if you:

- Are receiving certain types of intensive medical care (e.g., staying in a hospital, nursing facility, intermediate care facility, or a psychiatric hospital)
- Travel outside your community for a long period of time to get medical care for yourself or a dependent
- Live in an area where an emergency or disaster declaration is in effect or where unemployment is especially high

Depending on your state, you may need to alert your Medicaid agency so they can exempt you from these new work requirements.

What should you do now? Preparing now can help you keep your Medicaid.

- ✓ Update your contact information, such as your **mailing address, phone number, and email** with the state Medicaid agency and your health plan.
- ✓ **Open and read** all mail, emails, and online notices from Medicaid and your health plan.
- ✓ Stay connected to care if you have health conditions. **Regular doctor visits and documentation** of those visits may help you get an exemption.
- ✓ You may want to **schedule medical appointments and refill prescriptions before the end of 2026**, in case you lose your Medicaid when these new rules take effect.
- ✓ **Ask questions** if you are unsure whether the work requirements apply to you or to find out if you qualify for an exemption.

Where to find more information

If you have questions about Medicaid work requirements or whether you qualify for an exemption, **help is available**.

You can **contact your state’s Medicaid agency**, or call the **member services number** on your health insurance card. You can also ask your **doctor, clinic, or community health center**, or reach out to a **local enrollment assister** who helps people apply for Medicaid.

Many states will publish more information closer to **January 1, 2027**, so watch for official notices from your state Medicaid agency.

From: [Hamilton Bohannon](#)
To: [Berkeley/Albany Mental Health Commission](#); [Commission](#)
Subject: Hamilton Bohannon: BERKLEY BEHAVIORAL HEALTH COMMISSION
Date: Tuesday, September 22, 2026 12:24:01 PM
Attachments: [Hamilton Bohannon Behavioral Health Commission.pdf](#)

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Good afternoon,

My name is Hamilton Bohannon. I am writing to submit my application to serve on the Behavioral Health Commission. Please find my completed application linked below. Let me know if you need any additional information or documentation.