

California Behavioral Health Planning Council

Performance Outcomes Committee Agenda

Tuesday, June 16, 2026

2:00 p.m. to 5:00 p.m.

[Marriot Riverside](#)

3400 Market Street

Riverside, CA 92501

Embassy Room

[Zoom Link](#)

Meeting ID: 954 7546 3350

Passcode: 145041

Join by phone: 1-669-900-6833

Passcode: 145041

- | | | |
|------------------|--|--------------|
| 2:00 p.m. | Welcome, Introductions, and Housekeeping
<i>Noel O'Neill, Chairperson</i> | |
| 2:05 p.m. | Review April 2026 Meeting Minutes (Action)
<i>Noel O'Neill, Chairperson</i> <ul style="list-style-type: none">• Committee Discussion• Public Comment• Accept Meeting Minutes | Tab 1 |
| 2:10 p.m. | Behavioral Health Services Act (BHSA) Integrated Plan Public Forum Discussion
<i>Subcommittee Two: Stakeholder Engagement</i> <ul style="list-style-type: none">• <i>Susan Wilson, Subcommittee Chair</i> | Tab 2 |
| 2:20 p.m. | Behavioral Health Transformation Quality and Equity Advisory Committee (QEAC) Updates
<i>Noel O'Neill and Samantha Spangler</i> | Tab 3 |
| 2:35 p.m. | Review/Approve 2026 Data Notebook Survey (Action) <ul style="list-style-type: none">• Committee Discussion• Public Comment• Vote | Tab 4 |
| 3:00 p.m. | Break – 10 Minutes | |
| 3:10 p.m. | Behavioral Health Services for Foster Youth Panel
<i>Jim Adams, Interim CEO, Trinity Youth Services</i>
<i>Elizabeth Oseguera, Council Member, Director of Public Policy for the California Alliance of Child and Family Services</i> | Tab 5 |

If reasonable accommodations are required, please contact the Council at (916) 701-8211 at least 5 working days prior to the meeting date.

California Behavioral Health Planning Council

- 3:55 p.m. General Public Comment**
Members of the public can comment on any non-action agenda item that did not have public comment or any other general item.
- 4:00p.m. Break - 10 Minutes**
- 4:10 p.m. 2027 Data Notebook Discussion (Action) Tab 6**
- Committee Discussion
 - Public Comment
 - Vote
- 4:45 p.m. Meeting Wrap-Up and Next Steps**
Noel O’Neill, Chairperson
- 4:55 p.m. General Public Comment**
Members of the public can comment on any non-action agenda item that did not have public comment or any other general item.
- 5:00 p.m. Adjourn**

The scheduled times on the agenda are estimates and subject to change.

Public Comment: Limited to a **2-minute maximum** to ensure all are heard.

Committee Members

Chairperson: Noel O’Neill

Chair-Elect: Liz Oseguera

Members:

Karen Baylor

Lanita Mims-Beal

Catherine Moore

Don Morrison

Susan Wilson

Uma Zykofsky

Invited External Partners:

Theresa Comstock, CA Association of Local Behavioral Health Boards/Commissions

Samantha Spangler, Behavioral Health Data Project

Council Staff

Justin Boese

Linda Dickerson

If reasonable accommodations are required, please contact the Council at (916) 701-8211 at least 5 working days prior to the meeting date.

**California Behavioral Health Planning Council
Performance Outcomes Committee**

Tuesday, June 16, 2026

Agenda Item: Review April 2026 Meeting Minutes (Action)

Enclosure: April 2026 Draft Meeting Minutes

Background/Description:

Committee members will have the opportunity to ask questions, request edits, and provide other feedback before the minutes are accepted.

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Draft Meeting Minutes

Committee Members Present:

Noel O’Neill, Chairperson

Karen Baylor

Catherine Moore

Liz Oseguera

Uma Zykofsky

Lanita Mims-Beal

Don Morrison

Susan Wilson

Invited External Partners Present:

Theresa Comstock, CA Association of Local Behavioral Health Boards/Commissions

Samantha Spangler, Behavioral Health Data Project

Staff Present:

Justin Boese

Linda Dickerson

Jenny Bayardo

Item #1: Welcome and Introductions

The committee meeting began at 2:00 p.m.

Noel O’Neill welcomed all committee members and guests. A quorum was established with 8 out of 8 members present.

Item #2: Review Meeting Minutes

The Committee reviewed and accepted the January 2026 meeting minutes with no edits requested.

Item #3: Wellness and Recovery Center Webinar Debrief

Noel O’Neill led a debrief of the webinar on Wellness and Recover Centers that was held on March 15, 2026. The 70-minute webinar event was facilitated by Noel. The three speakers were Susan Wilson, Chad Costello, and Don Morrison. During the webinar, Susan presented findings and recommendations from the 2025 Data Notebook

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Overview Report on Wellness and Recover Centers. Then Chad shared recommendations from the California Association of Social Rehabilitation Agency (CASRA) report on Wellness Centers. Don provided program level perspective, sharing his observations from running the Sutter-Yuba Wellness and Recovery Center, following by a question and answer session.

The event reached 80 attendees at its peak, which was an increase from the webinar on homelessness the committee held in December 2025. The webinar group and committee members agreed the event was a success. Lanita Mims-Beal said the webinar was very informative for attendees. The committee plans to continue to host educational webinars to share findings and recommendations from the annual Data Notebook reports.

Item #4: Nomination of Committee Chair-Elect

The committee discussed nominations for the role of committee Chair-Elect. Noel O'Neill explained that he will finish his 2-year term as the committee Chairperson at the end of 2026. Don Morrison was originally nominated and confirmed as the committee Chair-Elect and stepped down from the role after the end of 2025 due to conflicting time obligations. The newly nominated chair-elect will begin their term as committee chairperson in January 2027.

Action Item: A motion was made by Catherine Moore to nominate Liz Oseguera as the committee Chair-Elect. Lanita Mims-Beal Seconded the motion. Staff took a roll call vote, and the motion passed. The nomination will be submitted to the Council's Officer Team for appointment.

Item #5: Behavioral Health Services for Foster Youth Panel

The committee received presentations from a panel of speakers on the topic of behavioral health services for foster youth.

The purpose of the panel was to educate the committee on the foster youth system for the 2026 Data Notebook. The panelists included:

- Diana Boyer, Managing Director of Research and Policy Development, County Welfare Directors Association of California
- Adrienne Shilton, Senior Vice President of Public Policy and Strategy, California

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Alliance of Child and Family Services

- Elizabeth Oseguera, Council Member, Director of Public Policy for the California Alliance of Child and Family Services
- Elissa Feld, Director of Policy, California Behavioral Health Directors Association
- Jodie Langs, Senior Policy Analyst, California Behavioral Health Directors Association

Jodie Langs began with a presentation on High Fidelity Wraparound (HFW) implementation. She provided an overview of the intersections between High Fidelity Wrap, and the foster care/ child county welfare wraparound services. She said that High Fidelity Wraparound services have already been covered statewide, but now counties will be required to include it as a part of their Behavioral Health Services Act (BHSA) Full Service Partnership (FSP) programs. These HFW programs must adhere to service requirements outlined in forthcoming Medi-Cal guidance.

Jodie explained how HFW is funded through the foster care rate structure, where money from the Immediate Needs Program is used as the non-federal share of Medi-Cal covered HFW. She concluded by sharing the timeline for High Fidelity Wraparound implementation. After the Department of Health Care Services releases the final Behavioral Health Information Notice (BHIN) and HFW Medi-Cal Policy Manual, the program will go live in July 2026. The new Foster Care Tiered Rate Structure will be launched in July 2027.

Next, Diana Boyer provided perspective from the County Welfare Directors Association of California. Diana shared concerns about the use of the Child and Adolescent Needs and Strengths (CANS) assessment as a primary tool in determining the needs of foster youth. She explained that county welfare has been participating in interagency teams ever since Assembly Bill 2083 established a trauma-informed system of care for foster youth, which requires counties to establish a Memorandum of Understanding (MOU) between various local entities serving children and youth in foster care. However, Diana said that there are still challenges in bringing the various systems and agencies together, and the welfare departments don't have as deep of an understanding of the behavioral health side of things. Lastly, she expressed concerns that the new tiered rate structure does not adequately support providers or residential services.

Liz Oseguera then presented on the details of High Fidelity Wraparound implementation and how it will connect with the Wraparound Immediate Needs (WIN) program in child welfare system. She began with an overview of the California Alliance of Child and Family Services, including their membership and goals. Liz provided an overview of the High Fidelity Wraparound process, the monthly rate structure, and Medi-Cal coverage of HFW based on the recent draft BHIN.

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Then she shared the Alliance’s advocacy priorities, which include:

- Increase rates within the tiered rate structure to reduce reliance on Wraparound Immediate Needs funds, to ensure sustainability and preserve capacity.
- Allow complimentary assessments to the Child and Adolescent Needs and Strengths assessment.
- Strengthen the Third-Party Administrator (TPA) model for tiered rate structure, wraparound immediate needs, and high fidelity wraparound coordination. This would help facilitate the flow of funding and support other various elements of the system.

Item #6: 2026 Data Notebook Survey Development

Each year, the Council releases a Data Notebook to the local mental/behavioral health boards and commissions to complete with their perspectives on focused areas of the public behavioral health system. The topic for the 2026 Data Notebook is Behavioral Health Services for Foster Youth in the Public Behavioral Health System. Noel O’Neill presented the committee with draft survey questions for the 2026 Data Notebook. The committee went through each of the questions and members provided feedback.

Noel said that edits to the document will be made based on their feedback. Committee leadership and staff will meet to finalize a draft of the survey questions. Linda Dickerson will work on writing the introduction and background material for the Data Notebook. When both parts are completed, they will be combined into the final 2026 Data Notebook document. Noel said the goal was to have the committee review and approve the document during the June 2026 meeting so it could be distributed to counties shortly after.

Item #7: Behavioral Health Transformation Quality and Equity Advisory Committee (QEAC) Updates

Noel O’Neill told the committee that there was no time left to discuss updates from the Behavioral Health Transformation Quality and Equity Advisory Committee. He said that the updates would be included in the agenda for the June 2026 quarterly meeting.

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Item #8: Next Steps and Planning for Future Activities

Noel O'Neill and the committee members identified some next steps and agenda items for the June 2026 meeting. These next steps include:

- Review and approve the 2026 Data Notebook Survey on behavioral health services for foster youth, with the goal of distributing it to counties shortly after the June 2026 quarterly meeting.
- Invite local presenters to speak to the committee on foster youth services.
- Receive updates on the Behavioral Health Transformation Quality and Equity Advisory Committee (QEAC).
- Begin brainstorming topics for the 2027 Data Notebook.

The meeting adjourned at 5:00pm.

**California Behavioral Health Planning Council
Performance Outcomes Committee
Tuesday, June 16, 2026**

Agenda Item: Behavioral Health Service Act (BHSA) Integrated Plan Public Forum Discussion

Enclosure: BHSA Integrated Plan Public Forum Event Outline

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

This agenda item informs Council members about an upcoming stakeholder engagement event to collect feedback on the Behavioral Health Services Act (BHSA) Integrated Plans.

This agenda item corresponds with the Performance Outcomes Committee Work Plan Goal 3.

- **Goal 3:** Facilitate Regular Stakeholder Engagement on Behalf of the Planning Council.

This agenda item relates to the following sections the Council's focus for 2026:

- Behavioral Health Services Act
- Advocacy for Persons with Lived Experience and Stakeholder Engagement
 - Outreach and engagement with Persons of Lives Experience
 - Behavioral Health Services Act (BHSA) County Integrated Plans

Background/Description:

The Planning Council is hosting a public forum to gather input from consumers of the public behavioral health system and their family members on the Behavioral Health Services Act (BHSA) Integrated Plan process. This forum will take place on Thursday, June 18, 2026, from 12:30 p.m. to 2:00 p.m. at the Riverside Convention Center.

Susan Wilson and Jenny Bayardo will facilitate the event. Participants will be asked questions about their experience with the BHSA Integrated Plan community planning process. This feedback will be used to highlight what worked well and identify ways to improve the process. During this agenda item Susan Wilson will brief the committee on the details and goals of this event.



California Behavioral Health
Planning Council

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Behavioral Health Services Act (BHSA) Integrated Plan Public Forum

DRAFT

Date: Thursday, June 18, 2026

Time: 12:30 p.m. to 2:00 p.m.

Location: Riverside Convention Center

Goal: To gather input from people who have direct experience receiving specialty behavioral health services on the BHSA Integrated Plan process.

Objectives:

- 1) Engage behavioral health consumers and family members on the topic of the BHSA Integrated Plan process.
- 2) Gather input and insights from consumers and family members about the BHSA Integrated Plan community planning sessions.

Audience: This event is open to the public. People with lived experience receiving specialty behavioral health services are highly encouraged to attend.

Event Facilitators: Susan Wilson and Jenny Bayardo

Event Outline

1. **Welcome and Opening** (5 Minutes)

Susan Wilson, Council Chair-Elect

Give introductions, explain the objectives of the event, and outline the agenda for the forum.

2. **Council Introduction** (10 minutes)

Jenny Bayardo, Executive Officer

Brief introduction for the Council and an explanation of who we are & what we do, including the role of the Council in the BHSA and why we are so invested in the Integrated Plan Process



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3. **Overview of the Questions** (5 minutes)

Suan Wilson and Jenny Bayardo

A brief overview of the questions for stakeholders and how they will be used.
(See attached questions)

4. **Stakeholder Engagement** (1 hour)

Susan Wilson and Jenny Bayardo

Hear from consumers and family members to gather their feedback and input on the BHSA Integrated Plan process using standard questions developed by the Ad-Hoc.

5. **Wrap-Up and Next Steps** (10 minutes)

Susan Wilson and Jenny Bayardo

Last thoughts, a discussion of next steps, and closing remarks from facilitators.

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Performance Outcomes Committee**

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Agenda Item: Behavioral Health Transformation Quality and Equity Advisory Committee (QEAC) Updates

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item provides Council members with updates regarding the ongoing work of the Quality and Equity Advisory Committee to establish statewide behavioral health measures. The Performance Outcomes Committee will use this information to provide ongoing feedback to the Department of Health Care Services on the development of outcomes measures as part of the Council's mandated duties.

This agenda item corresponds with the Performance Outcomes Committee Work Plan Goal 1.

- **Goal 2:** Review and approve performance outcomes measures for the Public Behavioral Health System.

This agenda item relates to the Council's mandated duty to review and approve performance indicators.

Background/Description:

The Department of Health Care Services established the Behavioral Health Transformation Quality and Equity Advisory Committee to support the development of a quality and equity strategy and advise the Department in improving behavioral health statewide. This committee meets quarterly to provide the Department with guidance and recommendations on proposed statewide population behavioral health goals and associated measures.

The Performance Outcomes Committee has identified that the activities of the Quality and Equity Advisory Committee regarding performance outcomes measures aligns with the committee's duties and interests. Several Council members and partners of the Performance Outcomes Committee are on the Quality and Equity Advisory Committee including Noel O'Neill, Theresa Comstock, and Samantha Spangler. During this agenda item Samantha Spangler will provide relevant updates to the committee.

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Agenda Item: Approve 2026 Data Notebook Survey (Action)

Enclosures: Draft of 2026 Data Notebook Survey

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

This agenda item provides Council members with an opportunity to work on the development of the 2026 Data Notebook as part of the committee's goal to evaluate the behavioral health system.

This agenda item corresponds with the Performance Outcomes Committee Work Plan Goal 1.

- **Goal 1:** Collect County-Specific Data to Evaluate the Public Behavioral Health System.

The Data Notebook Project helps the Council fulfill its duties to review and report annually on the performance of mental health and substance use disorder programs, and to make recommendations regarding all components of the behavioral health system.

Background/Description:

Each year, the Council releases a Data Notebook to the local mental/behavioral health boards and commissions to complete with their perspectives on focused areas of the public behavioral health system. The topic for the 2026 Data Notebook is Behavioral Health Services for Foster Youth in the Public Behavioral Health System.

Enclosed is the 2026 Data Notebook document, which includes background information on the topic and a list of the survey questions. Committee members will review and vote on the final draft of the 2026 Data Notebook.

Data Notebook 2026 FOR CALIFORNIA BEHAVIORAL HEALTH BOARDS AND COMMISSIONS



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



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

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

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

Or you may contact us by postal mail at:

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

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

NOTICE:

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

DO NOT RETURN THIS DOCUMENT.

Please use it for preparation purposes only.

To complete your 2026 Data Notebook, please use the following link and fill out the survey online by **November 1, 2026**:

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

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CBHPC 2026 Data Notebook

What is the Data Notebook? Purpose and Goals

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

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

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

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

How the Data Notebook Project Helps You

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

In addition, the Planning Council provides our annual 'Overview Report,' which is a compilation of information from all the local boards who complete their Data Notebooks. These reports feature prominently on the website² of the California Association of Local

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

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

Mental Health Boards and Commissions (CALBHBC). The Planning Council uses this information in their advocacy to the legislature, and to provide input to the state mental health block grant application to the Substance Abuse and Mental Health Services Administration (SAMHSA)³.

Background and Brief History:

In 2016, our Data Notebook focus was on the behavioral health needs of children and youth in California. We collected and presented a broad array of existing data from multiple sources to provide information about needs for mental health services and access to substance use treatment. We also addressed issues about services for youth in crisis, early intervention in psychosis, and full-service partnerships available to children and youth. We addressed the continuum of care for foster youth and children and their needs for behavioral health services. Our goal in 2016 was to bring all this information to the local mental health/behavioral health boards to obtain feedback in response to discussion questions that included foster care and areas needing improvement. Our present goal, in 2026, is to follow up on the behavioral health needs of a highly vulnerable population, foster youth and children.

USA Today reported⁴ in 2018 that when the president signed the new bipartisan federal spending bill, he also signed into law a huge overhaul of foster care. These changes were urgently needed based on the data available.

“[A] March 2018 report by the U.S. Department of Health and Human Services found the foster care population increased by more than 10% between 2012 and 2016, the last year for which data were available. The agency linked the increase in child welfare caseloads to the nation’s opioid epidemic, which was ravaging families. In six states — Alaska, Georgia, Minnesota, Indiana, Montana and New Hampshire — the foster care population increased by more than half.”

“To help reverse the trend, a new federal law was passed that would place greater emphasis on prevention. Up to that point in time, the federal government had underfunded prevention services for years, said Karen Howard, vice president of early childhood policy for First Focus, a Washington, D.C.-based child advocacy group that worked on the legislation. Before the enactment of Family First, states got reimbursed for foster care through funding provided by Title IV-E of the Social Security Act — and that money could be used only for foster care, adoption or family reunification. The money could not routinely be used for prevention that might keep families from sending their children to foster

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

⁴ [When Trump signed spending bill, he signed into law a huge overhaul of foster care](#), May 5, 2026, by Teresa Wiltz. *Pew/Stateline*

care in the first place....For the first time, evidence-based prevention services would be funded as an entitlement, like Medicaid.”

“...The law, called the Family First Prevention Services Act, prioritizes keeping families together and puts more money toward at-home parenting classes, mental health counseling and substance abuse treatment — and puts limits on placing children in institutional settings such as group homes. It’s the most extensive overhaul of foster care in nearly four decades.”

Now⁵, a child at imminent risk for removal from their home and for foster placement became eligible for family services and supports to help strengthen the family. Such services may include mental health services, substance use treatment, parenting classes or coaching or other approaches. For a more inclusive list of commonly used ‘evidence-based practices’ and their descriptions, see the report cited.⁶

The youth at imminent risk for placement in foster care is defined more specifically by the states as an individual child or family eligible for federal Title IV-E financial participation for prevention services. The federal law requiring various changes to states’ child welfare practice and allowing the states the option to claim Title IV-E funding for certain evidence-based practices, the “Family First Prevention Services Act” (FFPSA, passed in 2018). California began implementing the federal FFPSA in 2021-2022, as the ‘Family First Prevention Services Program.’ Our state child welfare system has focused on prevention services with the goals to mitigate risks for maltreatment and to reduce or prevent the need for child removal and placement into foster care.

It is important to note that most, or nearly all, of these prevention services include existing services and programs available through departments of social services and/or county departments of behavioral health to those Medicaid-eligible families with a demonstrated medical (or court-ordered) need. The big difference is that now such services are eligible to be funded under Title IV-E of the Social Security Act, for prevention, or reduction, of the need to place children in foster care, instead of just treatment after the traumatic events that likely co-occur with removal of a child from their family home, their school, and whatever their existing family supports were at the time of removal from the home.

Part of California’s implementation of changes to foster care arose from legislation such as SB163, which is a bill addressing early learning, childcare, behavioral health treatment for autism, and foster care Wraparound services. This bill amends multiple sections of the California Education Code, Government Code, Health and Safety Code, and the Welfare and Institutions Code (W.I.C.).

⁵ Report of the California Legislative Analyst’s Office, 2026. A large part of the material that follows in this section is based on material in that report and on general information found on the webpages of the California Department of Social Services (www.cdss.ca.gov).

⁶ [Implementing California’s Child Welfare Prevention Services Program](#), January 28, 2026, The California Legislative Analyst’s Office.

In brief, SB163 is the California version of adopting the ‘Families First’ philosophy from the federal government and implement the FFPSA (2018) requirements in our state.

SB 163 addresses multiple issues. However, the part that is relevant to our discussion is the provision that supports foster care Wraparound services, and promotes family-driven, community-based care. These changes are substantial and are intended to take effect July 1, 2026. More specifically, high-fidelity wrap-around services are expected. In this context, ‘high fidelity’ means that a behavioral health or social services program is implemented in a way that is consistent with the established, evidence-based best-practices for that treatment model, because those practices are most likely to yield success in the desired outcomes.

Two themes have emerged in our discussions in the Planning Council’s Performance Outcomes Committee: (a) high-fidelity Wrap-Around Services and (b) the need for reform to improve the funding of services related to foster care.

Financial reforms include improved support of agencies contracted to administer foster home placements (including kinship care), and/or arrange formal guardianship or adoption. This financial reform is often referred to as changes in the ‘Tiered Rate Structure’ and particularly applies to those funds available for direct support of a child/youth’s individual specific needs.⁷ Sometimes foster youth may have complex medical needs that are an additional expense which could require specific legal authorization and coverage under the Medicaid insurance of that child or youth.

Before we focus on those service and financing issues, it is useful to consider some general information about foster care and the foster care system. Some of these definitions or legal issues can be complex. Special consideration needs to be given when issues of funding, jurisdiction, legal processes, and rights of the foster youth who may be served by multiple systems besides behavioral healthcare and social services, including when the child is enrolled in a public school system.

⁷ [Eyed By the Nation, California Plan Will Nearly Triple State Spending on Foster Youth and Their Caregivers](#), June 27, 2024. By Jeremy Loudonback, *The Imprint: Youth and Family News*.

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

What is a Foster Youth/Child?

The term ‘foster youth’ refers to a child or youth who has been removed from their home due to abuse or neglect and is under the jurisdiction of the superior court. This includes those who are the subject of a petition filed under specific welfare codes, indicating that they are dependents of the court per California W.I.C. 300 (see reference⁸ shown in Appendix for legal text and criteria).

In addition, some non-minor foster youth may be supported through a supervised transition into young adulthood through financial supports and/or housing (per California W.I.C. i.e., paragraph (1), subdivision (a), Section 16522.1)⁹

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

The most populated states have the highest number of foster care placements. Thus, there were 38,490 foster youth/children for California in fiscal year 2024. In 2023, the rate of children taken into foster care was 4.5 per 1,000 children in California, compared to the national average of 4.6 children per 1,000 in the U.S. in 2023.

To place this in the context of the overall population, California has approximately 8.73 million residents under the age of 18, representing 22.24% of the state’s total population. [California's total population was estimated at around 39.9 million in 2026.](#)

What is the process?

An allegation is made to either law enforcement or to a tipline at the local department of social services that the youth is subject to (or at serious risk of) abuse, neglect, abandonment or unsafe living conditions. After the youth’s case has been reviewed by a superior court judge, then the judge makes an order for them to be placed under the care of the state, which most often means that they are placed in the foster care system after having been removed from their homes. The child welfare system workers do not act by themselves, but they act as an arm of the Superior Court. These youth may live with foster families, relatives (Kinship care), or in group homes, depending on their specific situations and the available resources of their county, tribe, or state.

⁸ See Appendix A for the legal description of W.I.C. 300.

⁹ See Appendix B for the legal description of W.I.C. codes, section 16522.1, defining the structure and enabling the support for transitional programs for independent living, for both older minor and nonminor foster youth; includes some provisions for foster youth who are themselves parents.

There are different pathways¹⁰ into the foster care system when a child may be experiencing, or at risk of experiencing, maltreatment. Not all individuals or families go through a court or judicial proceeding and may thereby avoid the trauma and stress of court, especially if they voluntarily seek services that support and strengthen families.

Traditional Child Welfare Agency Pathway to Services:

- 1) A mandated reporter (or someone else who knows the child/family) makes an allegation to a child abuse hotline or law enforcement. →
- 2) Local child welfare agency or tribe determines whether the child/family are candidates for Title IV-E prevention services. →
- 3) If it is determined that the child can remain safely at home with supportive services, then the family may be referred to the county's Differential Response Program (for participating counties) or may participate in either voluntary or court-mandated Family Maintenance Services. →
- 4) If at any point it is determined that the child cannot remain safely at home, the local child welfare agency will facilitate a foster placement and/or take other steps to ensure the child's safety.

Community Pathway to Services:

- a) Family is referred to or independently seeks supports/services from a trusted community organization, such as a family resource center. →
- b) Local child welfare agency or tribe determines whether the child/family are candidates for Title IV-E prevention services. →
- c) If it is determined that the child can remain safely at home with supportive services, then the county's contracted community organization(s) will facilitate services to stabilize and strengthen the family and will be responsible for monitoring the child's safety. →
- d) If at any point it is determined that the child cannot remain safely at home, the local child welfare agency will facilitate a foster placement and/or take other steps necessary to ensure the child's safety.

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

When a child is at imminent risk of being placed in foster care, or children cannot safely remain with their parents, the state provides temporary out-of-home placements through the foster care system, often while providing services to parents with the aim of safely reunifying children with their families. If children are unable to safely return to their parents, the state provides assistance to establish a permanent placement for children, for example through adoption or guardianship. Prevention services are intended to

¹⁰ [Implementing California's Child Welfare Prevention Services Program](#), January 28, 2026, The California Legislative Analyst's Office.

strengthen and support families and the youth with the goal to remove or reduce the need to remove the child from their family home.

“Candidates for Title IV-E prevention services are individuals who are demonstrated to be at “imminent risk” of entry or reentry into foster care, and/or their parents or kin caregivers....(Pregnant or parenting foster youth are automatically eligible for prevention services and do not require individual assessments).”

California’s state plan for implementation of the federal “Families First Act” expanded the definition of potential ‘foster care candidates’ to ten more cases:

- Youth and families receiving voluntary or court-ordered Family Maintenance services
- Probation youth
- Youth whose guardianship or adoption is at risk of disruption
- Youth who are subject to a maltreatment allegation and investigation but for whom the court does not pursue a case
- Youth with a sibling in foster care
- Homeless or runaway youth
- Substance-exposed newborns
- Youth who were victims of commercial sexual exploitation
- Youth exposed to domestic violence
- Youth whose caretakers experience substance use disorder.”¹¹

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

California had 30,945 licensed foster homes in 2025. ‘Foster homes’ are also referred to as ‘resource families’. These are not the only resources for the Children’s Continuum of Care, however. Both resource families and other providers of foster care go through a careful process of qualification, application review, and screening or further information, see the “CDSS Roadmap for Facility Licensing” linked at the reference below).¹² The Children’s Residential Program at www.CDSS.ca.gov lists other providers of foster care and related facilities or agencies, all of which must apply for licensing. The following list summarizes facilities and agencies licensed to provide (or supervise) foster care, Kincare, guardianship, and/or adoption:

- Community Crisis Homes (CCH)
- Community Treatment Facility (CTF)
- Enhanced Behavioral Support Homes (EBSH)
- Foster Family Agency (FFA)

¹¹ [Implementing California’s Child Welfare Prevention Services Program](#), January 28, 2026, The California Legislative Analyst’s Office.

¹² The Community Care Licensing Division (CCLD) has step-by-step resources to guide applicants through the licensing process. Help is available for [Child Care Program](#), [Children’s Residential Program \[PDF\]](#), and [Home Care Services](#) applicants. Access a general license overview guide on the [CCLD webpage \[PDF\]](#).

- Group Home
- Group Home for Children with Special Health Care Needs (GHCSHN)
- Short-Term Residential Therapeutic Program (STRTP)
- Small Family Home (SFH)
- Temporary Shelter Care Facilities (TSCF)
- Transitional Shelter Care Facilities (TrSCF)
- Transitional Housing Placement Provider (THPP)
- Youth Homelessness Prevention Center (YHPC).

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

Wrap-Around Services for foster youth represent an essential model within California’s public behavioral health landscape. These community-based programs are designed to support foster youth and children and their families living with trauma, serious emotional disorders, serious mental illness, and/or substance use disorders by offering accessible, voluntary, person-centered services. Coordination between different systems within the state of California’s Health and Human Services Agencies is key.

Drawing from principles of peer support, empowerment, holistic wellness, and other key principles, wrap-around services provide an effective service delivery model. Individual youth and their families can pursue recovery and engage in services that promote better parenting skills, stability, resilience, and social connection. These services may involve either their foster families or may pursue reunification with their families of origin (where possible and desirable).

This year, the California Behavioral Health Planning Council has chosen to focus the Data Notebook on Wrap-around Services and other specialized services to better understand how they are implemented across the state, identify common strengths and needs. This discussion will highlight their role within a continuum of care for foster youth and their families. This focus is particularly timely given recent shifts in policy and funding under state legislation (SB163), California’s Behavioral Health Services Act (BHSA) and broader ‘behavioral health transformation’ efforts.

As counties adapt to new mandates and resource allocations, there is growing concern that wrap-around services and other essential programs for foster youth may face reductions or loss of support. These programs align with goals of equity, prevention, and community-based care. Indeed, there is a critical need to provide additional financial support due to the serious deficits in the ability of existing program funds to adequately support foster families, therapeutic service providers, and the foster family agencies that support and assist foster families. These families and many foster youth face challenges due to trauma, which may require intensive service needs in some cases. In short, the financial resources do not add up to support a sustainable system of care, as of fiscal year 2025-2026. And worse, the projections for fiscal year 2026-2027 are estimated to result in serious shortfalls unless systemwide steps are taken to solve

this problem. At present (Spring, 2026), advocates from multiple organizations are seeking to inform and persuade legislators and agencies to provide solutions.

The California Behavioral Health Planning Council first examined the role and potential of Behavioral Health Services for Children and Youth in their report on the 2017 Overview Report on the findings of the 2016 Data Notebook Project¹³. That report identified models such as full-service partnerships that are one type of ‘Wrap-Around’ service provision, that espouses a “whatever it takes approach.” That report emphasized the importance of these services in promoting trauma-informed, recovery-oriented systems of care, particularly for individual youth or family members who may not engage readily with some formal treatment environments.

More than a decade later, this year’s Data Notebook serves as a follow-up to that foundational work, revisiting the specific parts of ‘Children and Youth Behavioral Health Services’ regarding the programs and services intended for foster youth, including older transitional-aged youth often referred to as non-minor foster youth. During the last decade, changing policy landscapes, evolving community needs, and local program development produced multiple changes to the provision of foster care services. The core values of these programs have remained consistent. However, their structure, scope, and funding have evolved significantly as a result of changes in federal and state legislation, especially those that established ‘Families First’ programs and services. This survey seeks to increase understanding of how behavioral health services are provided to foster youth and the coordination of those services with the local department of social services and with their contracted agencies and service providers.

The design and operation of wrap-around programs may vary somewhat across the state in name, scope, staffing, and funding. However, most of these programs share common elements, because there are statutory requirements that must be met by all counties and agencies across the state after July 1, 2026. The goal is now to provide a ‘High-Fidelity’ model of wrap-around services. This model has received approval from the federal government Clearinghouse as an ‘Evidence-Based’ practice shown to have beneficial effects and successful outcomes.

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

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

¹³ See the [2017 Overview Report on the 2016 Data Notebook on Children and Youth](#), posted on the website of the California Association of Local Behavioral Health Boards and Commissions (CALBHBC).

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

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

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

7. Does your county behavioral health department provide support services for **justice-involved** foster youth?
 - a. Yes
 - b. No
8. What is the unduplicated count of foster youth who received **mental health services** in your county during FY 24/25? (If you do not have an exact count, please provide an estimate.)
 - a. 0
 - b. 1-10
 - c. 11 or more: [Text box for numerical response]
9. Approximately what percentage of behavioral health services, including crisis services, for foster youth in your county are provided directly by **county behavioral health**?
 - a. [Text box for numerical response]
10. Approximately what percentage of behavioral health services, including crisis services, for foster youth in your county are provided by **contractors**?
 - a. [Text box for numerical response]
11. What is the unduplicated count of foster youth who received **SUD treatment services** in your county during FY 24/25? (If you do not have an exact count, please provide an estimate.)
 - a. 0
 - b. 1-10
 - c. 11 or more: [Text box for numerical response]
12. Approximately what percentage of outpatient substance use interventions being offered to foster youth in your county are directly provided by **county behavioral health**?
 - a. [Text box for numerical response]
 - b. Not applicable
13. Approximately what percentage of outpatient substance use interventions being offered to foster youth in your county are provided by **contractors**?
 - a. [Text box for numerical response]
 - b. Not applicable
14. What is the unduplicated count of foster youth who received **wraparound services** in your county in fiscal year 24/25? (If you do not have an exact count, please provide an estimate.)
 - a. 0
 - b. 1-10
 - c. 11 or more: [Text box for numerical response]
15. In fiscal year 24/25, did any foster youth receiving wraparound services “graduate” from the service? If yes, how many?

- a. Yes, between 1-10.
 - b. Yes, 11 or more: [with numerical response]
 - c. No
 - d. Not Applicable
16. How is your county planning to provide High-Fidelity Wraparound services that are required starting July 1, 2026?
- a. High-Fidelity Wraparound services will be provided directly by county behavioral health.
 - b. High-Fidelity Wraparound services will be provided by a contractor.
 - c. Unknown
 - d. Other (please describe)
17. Approximately what percentage of SB 163 wraparound services for foster youth in your county are provided directly by **county behavioral health**?
- a. [Text box for numerical response]
 - b. Not applicable
18. Approximately what percentage of SB 163 wraparound services for foster youth in your county are provided by **contractors**?
- a. [Text box for numerical response]
 - b. Not applicable
19. What is the unduplicated count of foster youth who received **Full Service Partnership (FSP) services** in your county in fiscal year 24/25? (If you do not have an exact count, please provide an estimate.)
- a. Not applicable
 - b. 0
 - c. 1-10
 - d. 11 or more: [Text box for numerical response]
20. What is the unduplicated count of foster youth who are Medi-Cal beneficiaries of your county who were **hospitalized for inpatient psychiatric care** in fiscal year 24/25? (If you do not have an exact count, please provide an estimate.)
- a. 0
 - b. 1-10
 - c. 11 or more: [Text box for numerical response]
21. Of the foster youth who are Medi-Cal beneficiaries of your county who were **hospitalized for inpatient psychiatric care** in fiscal year 24/25, what percentage were seen by a clinician within 7 days of discharge?
- a. [Text box for numerical response]
 - b. Not applicable
22. In the past year, has your board/commission had any agenda items focused on foster youth? If yes, what are some examples of such agenda items?
- a. Yes [with text box]

- b. No
23. What are the top 3 comments and/or recommendations you would like to make about the services for foster youth in your county?
- a. [Text box for response]

Post-Survey Questionnaire

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

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

Appendix A. California Laws Pertaining to Foster Youth

Welfare and Institutions Code W.I.C. 300

DIVISION 2. CHILDREN [100 - 1500]

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

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

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

CHAPTER 2. Juvenile Court Law [200 - 987]

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

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

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

300.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Welfare and Institutions Code W.I.C 11401

DIVISION 9 - PUBLIC SOCIAL SERVICES

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

Opportunity and Responsibility to Kids Act

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

Section 11401.

Universal Citation:

CA Welf & Inst Code § 11401 (2025)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

What WIC § 600 Covers

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

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

Related Provisions

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

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

Purpose

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

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

California Code, Welfare and Institutions Code - WIC § 601

(a) Any minor between 12 years of age and 17 years of age, inclusive, who persistently or habitually refuses to obey the reasonable and proper orders or directions of the

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

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

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

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

California Code, Welfare and Institutions Code - WIC § 601.2

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

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

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

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

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

Transfer Process

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

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

Why It Matters

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

- Potential **Three Strikes liability**
- Severe restrictions on **record sealing**
- Long-term impact on employment, education, and housing legalclarity.org

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

California Behavioral Health Planning Council Performance Outcomes Committee

Tuesday, June 17, 2026

Agenda Item: Behavioral Health Services for Foster Youth Panel

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

This agenda item provides Council members with multiple perspectives on behavioral health services for foster youth in California. The Performance Outcomes Committee will use this information during the development of the 2026 Data Notebook as part of the committee's goal to evaluate the behavioral health system.

This agenda item corresponds with the Performance Outcomes Committee Work Plan Goal 1.

- **Goal 1:** Collect County-Specific Data to Evaluate the Public Behavioral Health System.

The Data Notebook Project helps the Council fulfill its duties to review and report annually on the performance of mental health and substance use disorder programs and make recommendations regarding all components of the behavioral health system.

Background/Description:

Each year, the Council releases a Data Notebook to the local mental/behavioral health boards and commissions to complete with their perspectives on focused areas of the public behavioral health system. The topic for the 2026 Data Notebook is *Behavioral Health Services for Foster Youth*. The committee has invited a panel of presenters to speak on behavioral health services for foster youth. The committee will use the information provided to inform the analysis and recommendations of the 2026 Data Notebook. The panel will consist of:

- Jim Adams, Interim CEO, Trinity Youth Services
- Elizabeth Oseguera, Council Member, Director of Public Policy for the California Alliance of Child and Family Services

**California Behavioral Health Planning Council
Performance Outcomes Committee
Tuesday, June 16, 2026**

Agenda Item: 2027 Data Notebook Discussion (Action)

This agenda item provides Council members with an opportunity to work on the development of the 2026 Data Notebook as part of the committee's goal to evaluate the behavioral health system.

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

This agenda item corresponds with the Performance Outcomes Committee Work Plan Goal 1.

- **Goal 1:** Collect County-Specific Data to Evaluate the Public Behavioral Health System.

The Data Notebook Project helps the Council fulfill its duties to review and report annually on the performance of mental health and substance use disorder programs, and to make recommendations regarding all components of the behavioral health system.

Background/Description:

Each year, the Council releases a Data Notebook to the local mental/behavioral health boards and commissions to complete with their perspectives on focused areas of the public behavioral health system. The topic for the 2026 Data Notebook was Behavioral Health Services for Foster Youth in the Public Behavioral Health System.

The committee will begin planning for the 2027 data notebook and discuss potential topics of focus for the 2027 survey. The committee will have an opportunity to vote on a proposed topic.