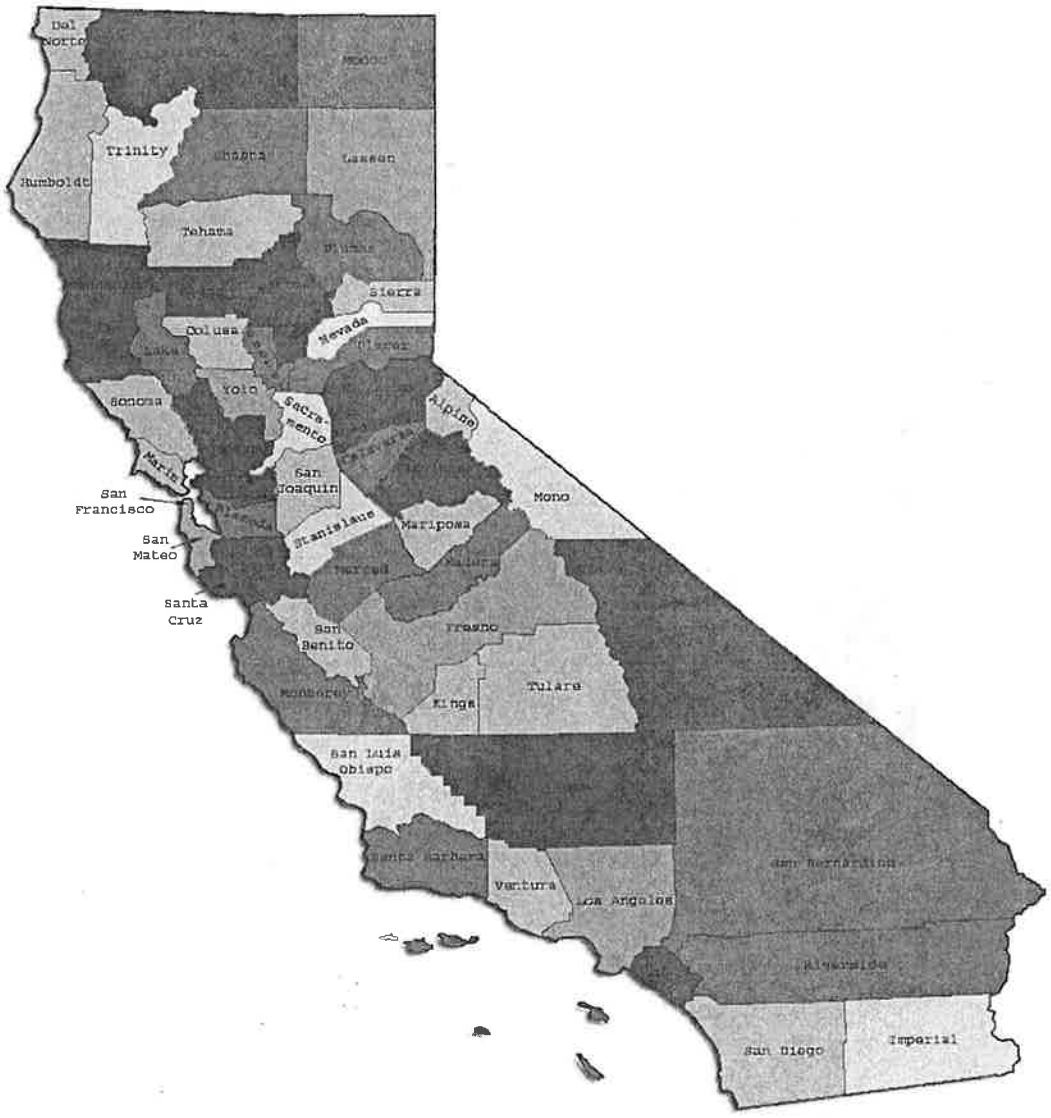
Data Notebook 2026

FOR CALIFORNIA

BEHAVIORAL HEALTH BOARDS AND COMMISSIONS



Prepared by California Behavioral Health Planning Council, in collaboration with:
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.

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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 **October 12, 2026**:

https://www.surveymonkey.com/r/DN2026

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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 mandates[1] 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 and commissions who completed

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

their Data Notebooks. These reports feature prominently on the website[2] of the California Association of Local Mental Health Boards and Commissions (CALBHBC). The Planning Council uses this information in their advocacy to the legislature, and to provide input to the state mental health block grant application to the Substance Abuse and Mental Health Services Administration (SAMHSA)[3].

Background and Brief History:

The 2016 Data Notebook focused on the behavioral health needs of children and youth in California. It compiled a wide range of existing data from multiple sources to highlight the needs for mental health services and access to substance use treatment. The Data Notebook also addressed services for youth in crisis, early intervention in psychosis, and full-service partnerships available to children and youth. In addition, it reviewed the continuum of care for foster youth and children and their needs for behavioral health services. Our goal in 2016 was to provide this information to the local mental health/behavioral health boards and gather their feedback through discussion questions, including those related to foster care and other areas needing improvement.

The California Behavioral Health Planning Council first examined the role and potential of Behavioral Health Services for Children and Youth in their 2017 Overview Report on the findings of the 2016 Data Notebook Project[4]. That report identified models such as full-service partnerships that are one type of wrap-around service provision that promotes a "whatever it takes approach." This model 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, particularly the programs and services intended for foster youth, including older transitional-aged youth often referred to as non-minor foster youth.

In 2012, several programs began shifting how services for foster youth were delivered through California's Continuum of Care Reform (CCR). These changes were

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

[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] See the 2017 Overview Report on the 2016 Data Notebook on Children and Youth, posted on the website of the California Behavioral Health Planning Council, CBHPC-Data-Notebook and CBHPC Reports specifically for 2017.

subsequently enacted into law through Assembly Bill (AB) 403 in 2015 and reached statewide implementation that took effect on January 1, 2017.

Over the past decade, policy changes, evolving community needs, and ongoing local program development have led to significant changes in foster care services. Some of these changes were part of the Continuum of Care Reform. Alongside the Continuum of Care Reform, legislative initiatives, such as AB 2083 (2018) strengthened the requirement for of trauma-informed care[5] across the foster care system. This includes the training of therapists, administrators, prospective foster parents, social workers, and others.

The core values of these programs have remained consistent. However, their structure, scope, and funding have evolved significantly due to changes in federal and state legislation, especially those that established Families First programs and services.

Our present goal, in 2026, is to focus on the behavioral health needs of foster youth and children. The current Data Notebook project and survey seek to increase understanding of how behavioral health services are provided to foster youth and how those services are coordinated with local departments of social services and with contracted agencies and service providers.

USA Today reported[6] in 2018 that when the president signed the new bipartisan federal spending bill, he also approved a major overhaul of the foster care system. These changes were urgently needed, based on the data available. As a result of these new laws[7], children at imminent risk of being removed from their homes and placed in foster care are now eligible to receive services and support to help stabilize and strengthen their family. These services may include mental health services, substance use treatment, parenting classes or coaching, and other supportive approaches. For a full

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[5] Informative resources about Foster Youth and their needs, with links to specific trauma-informed therapies designed for the specific age-ranges of youth and children, may be found at this website; California Association of Local Behavioral Health Boards and Commissions website. These resources are well-written and are intended for the general public and for families, clients, and other stakeholders.

[6] When Trump signed spending bill, he signed into law a huge overhaul of foster care. By Teresa Wiltz, Pew/Stateline, published May 5, 2018. https://www.usatoday.com/story/news/nation/2018/05/05/foster-care-family-first-prevention-services-act-trump/573560002/

[7] 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).

list of commonly used evidence-based practices for these prevention services, please see the 2026 Legislative Analyst Report[8].

The term *imminent risk of foster care* is defined by the states as a child or family who qualifies for federal Title IV-E funding for prevention services. The Family First Prevention Services Act (FFPSA), passed in 2018, required changes to update child welfare practices so the state could claim Title IV-E funding for certain evidence-based prevention services. California began implementing FFPSA in 2021-2022 through the Family First Prevention Services Program.

As a result, the state's child welfare system now emphasizes prevention services to decrease risks for maltreatment and prevent the need for child removal and foster care placement. These services and supports are especially important when a child's removal is being considered primarily because of a family's financial instability or poverty.[9]

It is important to note that children and youth in Medicaid-eligible families with a demonstrated medical need (or court-ordered need) qualify for most, if not all, of these prevention services. Many of these supports already exist through county social services agencies and county behavioral health departments. The key change is that these services can now be funded through Title IV-E of the Social Security Act specifically to prevent or reduce the need for foster care placement.

This shift helps reduce the likelihood that children will need trauma-informed treatment and other therapies that often become necessary after removal of a child. When a child is removed, they lose not only their home, but also their school, siblings, pets, and the community connections that may have supported them. Preventing removal whenever safely possible helps avoid these additional layers of disruption.

Part of California's foster care reforms were driven by legislation such as Senate Bill 163, which addresses early learning, childcare, behavioral health treatment for autism, and Wraparound services for foster youth. This bill made changes across several state codes, including the California Education Code, Government Code, Health and Safety Code, and the Welfare and Institutions Code.

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[8]Information contained in the recent report by the California Legislative Analyst's Office, 2026.
[9] Efforts by the Child Welfare Council (CWC) Mandated Reporting Advisory Committee (MRAC) work to help mandated reporters decide when a child is in true danger of abuse or neglect vs. family being in poverty. An outline of this committee's recent work may be referenced at : https://www.caltrin.org/wp-content/uploads/2026/06/MRAC-Meeting_05-21-2026_Main-Deck_Final.pdf

In brief, SB163 is the California version of the 'Families First' programs mandated by the federal government that implements the federal requirements in our state. This bill also laid the groundwork for changes in financing[10] of services provided by child welfare contracting organizations to provide a more sustainable model to cover essential costs.

In summary, SB 163 is California's version of the federal "Families First" initiative, implementing federal requirements at the state level. The bill also laid the groundwork for updating how child welfare partner organizations are financed, creating a more sustainable model to support essential program costs. In addition, SB 163 helped launch the Tiered Rate Structure (TRS), which restructures funding for child-welfare-serving organizations, so reimbursement aligns with the intensity and level of care provided. The legislation also contributed to the establishment of the Center of Excellence (COE), which is responsible for defining and supporting high-fidelity Wraparound services statewide. The COE's role is to create one clear, consistent definition of Wraparound in California and replace the 58 different county versions that exist today to ensure quality and fidelity across programs.

Two main themes emerged during the Planning Council's Performance Outcomes Committee discussions: (a) the importance of high-fidelity Wraparound Services, and (b) the need for reform that strengthen the funding of foster care related services.

Financial reforms include improved resources to support the agencies responsible for foster home placements (including kinship care), and/or arranging formal guardianship or adoption. This financial reform is often referred to as changes in the T*iered Rate Structure (TRS)* which focuses on ensuring adequate funding for a child or youth's individual needs including situations where complex medical care requires specialized authorization and coverage through Medicaid.

As we consider these service and financing reforms, it is also essential to understand several foundational features of California's foster care system that directly affect how these changes are implemented. Many definitions and legal processes are complex, especially when funding responsibilities, jurisdiction, and public-school enrollment intersect. Additional challenges emerge when a child must be transferred to another county to access treatment or therapeutic resources unavailable locally. Under California's "presumptive transfer" policy, that receiving county becomes financially responsible for the youth's behavioral health services. We should also recognize the practical challenges that come with presumptive transfer. Youth are often placed

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[10] This bill launched the 'Tiered Rate Structure' (TRS) for child welfare serving organizations, that would provide cover costs for care of a child or youth at various levels ('tiers') depending on the acuity of their needs, per assessment by designated diagnostic tools (e.g. 'CANS'), and perhaps by other supplemental information depending on the circumstances.

outside their home county because the specialized services they need are not available locally. Although presumptive transfer is intended to ensure continuity of behavioral health care across county lines, it can lead to administrative delays, funding disagreements, and coordination difficulties between counties. These issues often cause lengthy delays in reimbursing providers for services they have already delivered. These are barriers that providers cannot control but that significantly affect both service delivery and financial stability. Further complications can arise when reunification with the family of origin is the intended goal, adding yet another layer of coordination across counties and service systems.

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 children for whom a petition has been filed under the applicable sections of California's Welfare and Institutions Code, designating them as dependents of the court under WIC § 300 (see Appendix A[11] for the full legal text and criteria). In addition, some non-minor[12] foster youth may continue to receive support as they transition into adulthood through supervised independent living, financial assistance, and/or housing services, as outlined in California WIC §16522.1(a)(1) (see Appendix B)[13].

Additional legal codes are outlined in Appendix C[14], including those that establish the court's authority over juveniles, as well as statutes that apply to youth involved in serious and/or violent offenses (Appendix D)[15]. It is hoped that this information may provide some clarity about provisions distinguishing youth under the foster care system in contrast to those juveniles that are under other provisions of the court's authority.

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

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[11] See Appendix A: The legal description of W.I.C. section 300.
[12] Non-minor foster youth also include nonminor dependents (NMDs) participating in extended foster care under AB 12. Depending on their individual circumstances, needs, and the availability of placement options, NMDs may reside in a variety of settings. Some youth may be placed in transitional housing programs, such as THP-Plus Foster Care (THP+FC), which provide both housing and supportive services to help youth develop the skills needed for successful adulthood. Other eligible youth may reside in a Supervised Independent Living Placement (SILP), the least restrictive placement option within extended foster care, which allows NMDs to live independently in an approved residence while continuing to receive foster care benefits, case management, and supportive services.
[13] Appendix B: The legal description of W.I.C. section 16522.1.
[14] Appendix C: The Legal description of W.I.C. sections 700 & 701.
[15] Appendix D: Legal description of W.I.C. 707.

California has the largest number of children and youth in foster care of any state in the nation. In fiscal year 2024, California had 38,490 foster youth and children. In 2023, the rate at which children entered foster care was 4.5 per 1,000 children, which was very close to the national average of 4.6 per 1,000. To put this in context, California has approximately 8.73 million residents under the age of 18, representing about 22% of the state's total population. In 2026, the state's total population was estimated at approximately 39.9 million.

What is the process?

A report is made to either law enforcement or the local social services hotline alleging that a child or youth is experiencing or is at serious risk of abuse, neglect, abandonment, or unsafe living conditions. Once the situation is reviewed by a Superior Court judge, the judge may issue an order placing the youth under the care and supervision of the state. This typically results in the child entering the foster care system and being removed from their home. Child welfare workers do not act independently; they carry out these actions as an extension of the Superior Court's authority.

Youth in foster care may be placed with relatives (kinship care), foster families, group homes, or in Short-Term Residential Therapeutic Programs (STRTPs). Placement decisions depend on the youth's individual circumstances, level of need, and the resources available within their county, tribe, or state.

There are different pathways[16] 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. They may avoid the trauma and stress of court, especially if they voluntarily seek services that support and strengthen families. However, issues may arise with financial resources, and financial responsibility, or lack of resource availability due to an insufficient number of local providers.

(a) Reports by Mandated Reporters:
A mandated reporter (or another individual concerned about a child's safety or well-being) makes a report to a child abuse hotline or law enforcement. More recently, policymakers and stakeholders have emphasized the importance of ensuring that reports based solely on poverty-related circumstances are diverted to community-based supports rather than entering the child welfare system whenever safely appropriate. That approach is promoted by advocates that include the California Alliance through its participation in the Mandated Reporter Advisory Committee (MRAC).[17]

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[16] Implementing California's Child Welfare Services Program, January 28, 2026, The Legislative Analyst's Office (the California Legislature's Nonpartisan Fiscal and Policy Advisor" https://LAO.ca.gov/Publications/Report/5106#Background.
[17] See Report linked in preceding footnote (16).

The local child welfare agency or tribe assesses the report and determines whether further investigation, voluntary services, or other interventions are warranted. If a case is opened, the agency may also determine whether the child and family are candidates for Title IV-E prevention services. If it is determined that the child can safely remain at home with supportive services, the family may be referred to the county's Differential Response Program (in participating counties), connected to community-based prevention services, or participate in voluntary or court-ordered Family Maintenance Services.

If, at any point, it is determined that the child cannot safely remain at home, the local child welfare agency may petition the juvenile court and facilitate an out-of-home placement. Depending on the child's needs, this may include placement with relatives, resource families, Foster Family Agency (FFA)-certified homes, or other family-based settings. Foster family agencies play a critical role in recruiting, certifying, training, and supporting resource families, particularly for children and youth with higher or more specialized needs.

For youth requiring a higher level of behavioral health treatment and supervision, placement may occur in a Short-Term Residential Therapeutic Program (STRTP). These programs provide intensive, trauma-informed residential treatment and are intended to serve youth whose needs cannot be safely met in a family-based setting at that time. These residential programs are interconnected with family foster agencies (FFAs) and other parts of the continuum of care. Family foster agencies may help support youth as they transition from residential treatment back into family-based placements.

(b) 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.
The local child welfare agency or tribe determines whether the child/family are candidates for Title IV-E prevention services. If it is determined that the child can remain safely at home, then the county's contracted community organization(s) will facilitate services to stabilize and strengthen the family. The community organization will be responsible for monitoring the child's safety. 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 remain safely with their parents, the state provides temporary out-of-home placements through the foster care system. During this time, services may be provided to parents with the goal of safely reunifying the child with their family. If reunification is not possible, the state assists in establishing a permanent placement, such as adoption or guardianship. Prevention services are intended to support and strengthen families so that removal can be avoided or significantly reduced whenever safely possible.

> Children and youth who qualify for Title IV-E prevention services are those determined to be at "imminent risk" of entering or re-entering foster care, as well as their parents or kin caregivers. Pregnant or parenting foster youth are automatically eligible for prevention services and do not require an individual assessment.
>
> California's state plan for implementing the federal Families First Prevention Services Act expands the definition of potential candidates for prevention services to include ten additional groups:
>
> - 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."[18]

Some populations experience greater risk than others, particularly when examining the types of reports made in California and their impact on Black and Brown families.[19] California's child welfare system receives more than 400,000 reports each year. Nearly

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[18] "Implementing California's Child Welfare Services Program for Prevention, January 28, 2026, The Legislative Analyst's Office (the California Legislature's Nonpartisan Fiscal and Policy Advisor" https://LAO.ca.gov/Publications/Report/5106#Background.

[19] This information is from a Legislative Analyst (LA) report on AB 2085 implementation.

90% of those reports are unsubstantiated, with many reflecting families struggling with poverty rather than abuse or neglect.

- Black and Brown families bear the greatest burden, with a disproportionate number of families of color being investigated by child protective services before reaching adulthood.

As a result, child welfare agencies spend enormous capacity investigating families who need support, not intervention.

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

In 2025, California had 30,945 licensed foster homes. These homes, often referred to as *resource families,* represent only one part of the broader Children's Continuum of Care. Resource families and other foster care providers go through a formal licensing and approval process, described in detail in the California Department of Social Services (CDSS) *Roadmap for Facility Licensing*[20]. Additional licensed foster care providers and related facilities can be found on the CDSS Children's Residential Program webpage, which maintains the full list of approved programs, facilities, and agencies. 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)
- 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 Facilitates (TrSCF)
- Transitional Housing Placement Provider (THPP)
- Youth Homelessness Prevention Center (YHPC).

[20] 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].

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

Wraparound 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, and/or serious mental illness, and/or substance use disorders by offering accessible, voluntary, and person-centered services. The California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS) coordinate within the state of California's Health and Human Services Agency. Such inter-agency cooperation is essential for the Child Welfare Wraparound Immediate Needs (WIN) program which is financed under the Tiered Rate Structure (TRS) and the Department of Health Care Services Medi-Cal High Fidelity Wraparound (HFW) program.

The wraparound services model draws from principles of peer and parent partner supports, empowerment, wellness, and a "whatever it takes" approach. These principles also will help provide effective services under High Fidelity Wrap. In part, the goal is to ensure California provides supportive services to individual youth and their families to prevent removing children from family homes. But there is also the goal of encouraging family reunification when removal has been necessary for the safety of the child. High Fidelity Wrap can enable families to pursue recovery by engaging in services that promote better parenting skills, stability, resilience, and social connection, and thereby ensure that families have the services and tools to remain together.

This year, the California Behavioral Health Planning Council (CBHPC) has focused the Data Notebook on *Foster Youth and Their Needs for Behavioral Health, Social Services, and Support for Complex Medical Needs.* In alignment with this goal, the document highlights areas where additional support is needed to ensure that programs are stable, sustainable, and financially viable. Key efforts include: (a) the launch of the High-Fidelity Wraparound services model, (b) revisions to the Tiered Rate Structure (TRS) to better align funding with each youth's assessed needs, and (c) the forthcoming implementation of "Wraparound Immediate Needs" resources. Together, these initiatives strengthen the continuum of care available to foster youth and their families. This focus is particularly timely given recent policy and funding shifts under state legislation such as SB 163, the Behavioral Health Services Act (BHSA), and broader Behavioral Health Transformation efforts.

As counties adjust to new mandates and evolving resource allocations, concerns have grown that Wraparound services and other essential supports for foster youth may face

reductions or even loss of funding despite their alignment with statewide goals of equity, prevention, and community-based care. There is an urgent need for additional financial support, as current program funding is insufficient to adequately sustain foster families, therapeutic service providers, and foster family agencies. These organizations assist families in caring for youth who have experienced trauma, often repeated or complex trauma, which contributes to intensive service needs.

At present, the financial picture remains unsustainable. For fiscal year 2025–2026, available resources fall short of what is needed to maintain a stable system of care, and projections for fiscal year 2026–2027 indicate even more serious shortfalls unless meaningful, systemwide solutions are implemented. As of Spring 2026, advocates across multiple sectors are actively engaging state leaders to highlight these concerns and urge legislative action.

Although Wraparound programs differ across counties in name, scope, staffing, and funding, most share core elements based on statutory requirements that all counties and agencies must follow beginning July 1, 2026. The current statewide goal is to deliver a high-fidelity Wraparound model. This approach has been approved by the federal Clearinghouse as an evidence-based practice, demonstrating positive outcomes for children and youth.

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

> ***Wraparound 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.*

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.

If the answer to a question is not known and is not easily obtainable by your board or county behavioral health, please feel free to skip it and answer the questions that you can. Our goal is to gather as much information as possible without requiring burdensome research.

1. **What is the name of your county?** *(Drop down menu)* Inyo
2. Does your county track the number and type of Medi-Cal Services provided to foster youth?
   a. Yes
   b. No
3. Does your county track the number and type of NON Medi-Cal Services provided to foster youth?
   a. Yes
   b. No
4. 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]
5. 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

6. 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
7. Does your county behavioral health department provide support services for **pregnant or parenting** foster youth?
   a. Yes
   b. No
8. Does your county behavioral health department provide support services for **justice-involved** foster youth?
   a. Yes
   b. No
9. What is the unduplicated count of foster youth who received **mental health services** in your county during FY 24/25? (Please skip this question if the count is fewer than 11. If you do not have an exact count, please provide an estimate.)
   a. [Text box for numerical response] ↓ 11
10. Approximately what percentage of behavioral health services, including crisis services, for foster youth in your county are provided directly by **county behavioral health?** (Please submit your response as a number between 0-100, rounded to the nearest whole number.)
   a. [Text box for numerical response] 100%
11. Approximately what percentage of behavioral health services, including crisis services, for foster youth in your county are provided by **contractors?** (Please submit your response as a number between 0-100, rounded to the nearest whole number.)
   a. [Text box for numerical response] 0%
12. What is the unduplicated count of foster youth who received **SUD treatment services** in your county during FY 24/25? (**Please skip this question if the count is fewer than 11**.) If you do not have an exact count, please provide an estimate.)
   a. [Text box for numerical response] ↓ 11
13. Approximately what percentage of outpatient substance use interventions being offered to foster youth in your county are directly provided by **county behavioral health?** (Please submit your response as a number between 0-100, rounded to the nearest whole number.)
   a. [Text box for numerical response] 100%
   b. Not applicable
14. Approximately what percentage of outpatient substance use interventions being offered to foster youth in your county are provided by **contractors?** (Please submit your response as a number between 0-100, rounded to the nearest whole number.)
   a. [Text box for numerical response] 0%

b. Not applicable

15. What is the unduplicated count of foster youth who received **wraparound services** in your county in fiscal year 24/25? (**Please skip this question if the count is fewer than 11.**) If you do not have an exact count, please provide an estimate.)
    a. [Text box for numerical response] ↓ 11

16. In fiscal year 24/25, how many foster youth receiving wraparound services "graduated" from the service? **(Please skip this question if the count is fewer than 11.)** If you do not have an exact count, please provide an estimate.)
    a. [with numerical response] ↓ 11

17. 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 one or more contractors.
    c. High-Fidelity Wraparound services will be provided by a combination of county behavioral health and one or more contractors.
    d. Unknown
    e. Other (please describe)

18. Approximately what percentage of SB 163 wraparound services for foster youth in your county are provided directly by **county behavioral health?** (Please submit your response as a number between 0-100, rounded to the nearest whole number.)
    a. [Text box for numerical response] 100%

19. Approximately what percentage of SB 163 wraparound services for foster youth in your county are provided by **contractors?** (Please submit your response as a number between 0-100, rounded to the nearest whole number.)
    a. [Text box for numerical response] 0%

20. What is the unduplicated count of foster youth who received **Full Service Partnership (FSP) services** in your county in fiscal year 24/25? (**Please skip this question if the count is fewer than 11.** If you do not have an exact count, please provide an estimate.)
    a. [Text box for numerical response] ↓ 11

21. What is the unduplicated count of foster youth who are Med-Cal beneficiaries of your county who were **hospitalized for inpatient psychiatric care** in fiscal year 24/25? (**Please skip this question if the count is fewer than 11.** If you do not have an exact count, please provide an estimate.)
    a. [Text box for numerical response] ↓ 11

22. 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? (Please submit your response as a number between 0-100, rounded to the nearest decimal)

a. [Text box for numerical response] N/A

23. 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 30 days of discharge? (Please submit your response as a number between 0-100, rounded to the nearest decimal)
    a. [Text box for numerical response] N/A
24. 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
25. 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.)

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 truancies 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.