SAN JOAQUIN COUNTY
Behavioral Health Services

Behavioral Health Services
A Division of Health Care Services Agency
Fay G. Vieira, LMFT, Director
Tamara Weber, LMFT, Clinical Assistant Director

Date:	Wednesday, September 16, 2026	
Time:	5:00 PM – 7:00 PM	
Location	BHS, Conference room B/C 1212 N California St, Stockton Ca	
Members:	Destiny Easter (Chair) Katrina Bambula-Santos (Vice Chair) Paul Akinjo Cristopher Bunnell Paul Canepa Toni Delgado Sabrina Flores-Eng	Jeffrey Giampetro Anthony Grandon Anastassios "Tasso" Kandris Gertrud "Gertie" Kandris Jodie Moreno Dr. Chaun Powell
Vacancies	(1) Consumer Representative (TAY)	(1) General Interest
Minute Taker:	Board Secretary	

Behavioral Health Advisory Board Agenda

Watch the meeting live via Zoom
Meeting ID: 958 5233 4573 Passcode: 878217
Zoom participation is view only. Participants are muted at all times.

1. Call to Order

a. Moment of silence
b. Pledge of allegiance
c. Roll Call
d. Housekeeping

2. Public Comment

The public is welcome to address the Advisory Board during this time on matters within the Board's jurisdiction. Members of the public are encouraged to complete a Public Comment form, which can be found near the entry of the Board Room. Speakers are limited to three minutes and are expected to be civil and courteous. Public comment on items listed on the agenda may be heard at this time, or when the item is called, at the discretion of the Chair.

Except as otherwise permitted by the Ralph M. Brown Act (California Government Code Section 54950 et seq.), no deliberation, discussion or action may be taken by the Board on items not listed on the agenda. Members of the Board may but are not required to: (1) briefly respond to statements made or questions posed by persons addressing the Board; (2) ask a brief question for clarification; or (3) refer the matter to staff for further information.

3. Approval of Minutes

a. Approval of August 2026 minutes — Vote

4. Guest Presentations

a. BeWell (Genevieve)

b. Data Notebook (Courtney) Vote

5. BHAB Chair's Report

a. New member introduction

6. Director's Update

a. Contracts report
b. Recovery Awareness Event. 9/25 10:30-2:30 at 1212 N California Street
c. Follow up from Public Comment: Pathways from Jail→Psychiatric Hospital→Discharge

7. Liaison Reports

a. QAPI (Tasso Kandris)
b. Suicide Prevention Committee (Destiny Easter)
c. Legislature (Gertie Kandris)
d. Lethal Means (Katrina Bambula-Santos)
e. Continuum of Care (Jeffrey Giampetro)
f. Substance Use Network (Dr. Chaun Powell)

8. Sub-committee Reports

Reports must be submitted to the Board Secretary one day prior to the Executive Meeting, occurring the first Tuesday of every month

Goal 1: BHAB will develop a resource guide for families of BHS members (advance directive, planning for ongoing support)-***initial meeting held 4/22***
Members: Jeff Giampetro, Katrina Bambula Santos

Goal 2: BHAB will do outreach at a minimum of 3 local government/special district meetings with the intention of recruiting more diverse membership from different areas of the county. ***-initial meeting held 4/30/26***
Members: Cristopher Bunnel

9. Action Items

a. Approve Goal #1 for advancement to BHS Deputies Vote

10. Reminders

a. Next Advisory Board Meeting: Wednesday, October 21, 2026, 5:00 pm
Location: Manteca Library-McFall Room
320 W Center St
Manteca, CA 95336

11. Local Events/Announcements

a. Recovery Awareness Event September 25th 10:30-2:30 at 1212 N California Street
b. Monthly Mental Wellness Workshop Series. Next workshop 10/6:
Finding Calm in the Chaos: Practical Skills for Everyday Stress.
Available in-person or virtual. See flyer for details

12. Board Comments

13. Adjournment

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Behavioral Health Services

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A Division of Health Care Services Agency
Fay G. Vieira, LMFT, Director
Tamara Weber, LMFT, Clinical Assistant Director

Date:	Wednesday, August 19, 2026	
Time:	5:00 PM	
Location	1212 N California Street Conference rooms B&C Stockton, CA 95202	
Members:	Chair- Destiny Easter Vice Chair- Katrina Bambula-Santos Paul Akinjo Cristopher Bunnel Supervisor Paul Canepa Toni Delgado	Sabrina Flores-Eng Jeffrey Giampetro Anastassios "Tasso" Kandris Gertrud "Gertie" Kandris Dr. Chaun Powell
Vacancies	(1) Family Representative (1) Consumer Representative	(1) General Interest (1) Transitional Age Youth
Minute Taker:	Board Secretary	

Behavioral Health Advisory Board Minutes

This meeting was broadcast via Zoom.

1. Call to Order

a. Moment of silence
b. Pledge of allegiance
c. Roll Call
d. Housekeeping

2. Public Comment

Mary Elizabeth
Jessica Velez

The public is welcome to address the Advisory Board during this time on matters within the Board's jurisdiction. Members of the public are encouraged to complete a Public Comment form, which can be found near the entry of the Board Room. Speakers are limited to three minutes and are expected to be civil and courteous. Public comment on items listed on the agenda may be heard at this time, or when the item is called, at the discretion of the Chair.

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3. Approval of Minutes

a. Approval of July 2026 minutes Vote
    a. Board voted to approve July 15, 2026 Board Meeting Minutes 8/9 voted yes. 1/9 Board member Tasso Kandris abstained; reason provided was late

receipt of minutes due to email complications. The Board secretary will add the Board members updated email address to prevent future errors.

4. Guest Presentations

a. BeWell Tour September 16, 2026- Genevieve Valentine- A tour of BeWell site will take place from 3-4 pm. Board Members were informed to arrive early between 2:50-3:00. Genevieve Valentine provided a handout to board members with details regarding dress code, location, parking, safety precautions/PPE. Genevieve recommended Board members hold questions regarding programming and budgets during the tour to be addressed later in a public meeting. Answering budgetary or programming questions will result in a closed meeting, which means the information then could not be shared publicly.

b. Housing for Health Updates- Deputy Director of Housing for Health, Sasha Jackson, provided a presentation on the Housing for Health Division and answered the Board members questions.

5. BHAB Chair's Report

a. Appointment of BHAB Members to Data Notebook Ad Hoc Committee- Board member Chaun Powell volunteered to join Chair Destiny Easter on the Data Notebook Ad Hoc Committee. Board Member Chaun Powell requested that CPS staff attend the ad hoc meeting. Director Fay Vieira recommended that Akkia Pride-Polk from HSA attend, in addition to Courtney Flores of CYS and Angelo Balmaceda of BHSA.

b. Youth Alliance- Chair Destiny Easter announced that the Youth Alliance committee is dissolved and no longer active.

6. Director's Update

a. Contract report out – Director Vieira provided updates on the most recently approved contracts from the 8/4/26 Board of Supervisors Meeting including Acceptance of Prop 36 Grant Funding, Inpatient Psychiatric Facility Heritage Oaks, Community Medical Centers Residential Treatment, Amendment to adult residential service providers A&A and Modesto Residential.

b. Request for Proposal (RFP)- Director Vieira provided updates on upcoming RFP including Parent Interaction Therapy Evidence Based Treatment, MST Youth, and Second BeWell building 60 bed facility anticipated October 2026.

7. Liaison Reports

a. QAPI (Tasso Kandris) Board member Tasso Kandris shared grievance information from the QAPI August 2026 meeting.

b. Suicide Prevention Committee (Destiny Easter)- Per Chair Destiny Easter, the Suicide Prevention Committee is still on hiatus

c. Legislature (Gertie Kandris) State of California is transitioning to BHSA. Board Member Gertie Kandris provided information about PROP 1 effects and BHSA updates.

d. Lethal Means (Katrina Bambula Santos) No updates

e. Continuum of Care COC (Jeffrey Giampetro) Board member Jeffrey Giampetro was absent. Chaun Powell attended the meeting and volunteered to provide updates.
f. Substance Use Network (Sabrina Flores) No update- Board member Sabrina Flores was unable to attend due to scheduling conflicts and can no longer attend future meetings. Board member Chaun Powell volunteered as replacement liaison. Board Secretary will confirm meeting date and frequency with Joaquin Vivero from San Joaquin County Substance Use Services department.

8. Sub-committee Reports

Reports must be submitted to the Board Secretary one day prior to the Executive Meeting, occurring the first Tuesday of every month

Goal 1: BHAB will develop a resource guide for families of BHS members (advance directive, planning for ongoing support)-**initial meeting held 4/22.**
Members: Jeff Giampetro, Katrina Bambula Santos
Vice Chair Katrina Bambula Santos completed the goal and sent it to Chair and Director for review. The Board secretary will send out to the board members for review.

Goal 2: BHAB will do outreach at a minimum of 3 local government/special district meetings with the intention of recruiting more diverse membership from different areas of the county. -initial meeting held 4/30/26.
Members: Cristopher Bunnel
Cristopher was not present however Vice Chair Katrina Bambula Santos shared that Cristopher created a PowerPoint, however vacancies are almost filled. After two recent appointments, we have only 2 vacant positions.

9. Action Items

10. Reminders

Next Advisory Board Meeting: 9/16/26
1212 N. California Street
Behavioral Health Services Conference Rooms B & C
Stockton, CA 95202

BeWell Tour for BHAB Board Members, September 16 at 3:00 pm

11. Local Events/Announcements

9/5/26 Suicide Prevention Awareness Walk

12. Board Comments

a) Board member Tasso Kandris shared that this was a good meeting and good presentations
b) Supervisor Paul Canepa announced that he will be at Lincoln Center for CAPC Duck Derby at the dunk tank on Aug 21, 6-9 pm

c) Board member Sabrina apologized for recent absences and shared that she was unavailable due to the passing of student and passing of her relative. The Board offered condolences.
d) Supervisor Paul Canepa shared that Bishop Dwight Williams passed away on Sunday night.

13. Adjournment

Meeting adjourned at 7:05 pm

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SAN JOAQUIN COUNTY

Greatness grows here.

2026 Data Notebook

Services for Foster Youth

- **For youth in foster care, DHCS provides mental health services through Medi-Cal's Early and Periodic Screening, Diagnostic, and Treatment benefit**
  - covers medically necessary mental health care for children and youth up to age 21
- **Every youth in foster care receives an intake and assessment**
  - Youth in foster care have access to a wide array of mental health services including:
    - Individual and Group Therapy, Intensive Care Coordination, Intensive Home-Based Services, Psychiatric and medication management services, case management.

Overview of Services

- **Our Foster Youth Intake Team (FYIT) is co-located with Child Welfare in the Human Services Agency building**
  - allows for ongoing communication and collaboration and has resulted in a strong partnership
- **Social Workers** link youth to our FYIT staff so that we can initiate intake and assessment services
- **BHS Clinicians** conduct a trauma focused comprehensive biopsychosocial assessment, including the CANS
- **Upon completion of the assessment** and in coordination with the social worker, the youth is linked to the most appropriate team for ongoing services
  - Considerations include level of acuity, location, and preference of member

Relevant data and percentages regarding the populations served

FY 24-25

- **58% of services to foster youth were provided by our contractors**
- **Total Unique Members Served: 1,408**
  - Met FSP criteria: 927
  - Non FSP: 214
  - Ages 0-5 267
  - Received SB163 Wraparound: 136
- **Number of Services provided: 45,938**
  - FSP level services: 30,755
  - 0 – 5 services: 7,786

The "No Show" rate was 3.37%. So that means that 96.63% of the time our members attended their scheduled appointments

Services Continued

- **Foster Care Treatment Team and Victor Community Support Services**
  - Teams consist of clinician, peer partner, mental health specialists
  - Staff are trained in serving 0-5, TF-CBT, Life Space Crisis Intervention
  - Provide trauma focused, field-based clinical services and supports including:
    - Therapy (individual, group)
    - Rehabilitation services
    - Psychiatric assessment and medication support
    - Case management
    - Crisis intervention

Progress with Specific Services since 2016

- ***Since the last survey in 2016, a 24/7 Access line was established which increased community ability to request and enter services***
- ***Partnership with Child Welfare continues to be strong***
  - *Supported with co-located staff allowing for easy and ongoing collaboration regarding youth.*
  - *Staff and leadership alike meet regularly*
  - *Working on several efforts collaboratively*
    - *FFPSA Aftercare*
    - *AB2083 MOU*
- ***Currently partnering to provide several state mandates including:***
  - *Activity funds*
  - *IP-CANS*
  - *FURS*

Family Urgent Response System (FURS)

- The Family Urgent Response System (FURS) is a coordinated statewide, regional, and county-level program that provides 24/7 trauma-informed support to current and former foster youth and their caregivers during situations of instability
  - In-person mobile response: County teams travel to the youth's location to provide de-escalation, stabilization, and support
  - Serves current or former foster youth (up to age 21) and caregivers in any caregiving role, during situations of instability as defined by the youth or caregiver
  - Prevent placement moves, reduce 911 calls, avoid hospitalization or congregate care, and promote healing and stability
  - FURS is available countywide and operates 24/7/365

Changes as a result of BHSA/Prop 1

- Implementation of BHSA shifted prevention services to Public Health
  - BHS had to end several contracts with community-based organizations that were providing parenting programs and support using this funding
- Launch of Evidence Based Practices

Here now

- **IP-CANS (Integrated Practice Child and Adolescent Needs & Strengths Assessment)**
- A standardized assessment tool used to evaluate the needs, strengths, and risks of youth. It supports **decision-making, service planning, and monitoring outcomes** by guiding Child and Family Team (CFT) conversations, identifying strengths and needs, and informing placement and care coordination decisions
- In July 2026, the California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS) implemented Phase II policy changes to align the administration of the IP-CANS across agencies
- SJC is an early adopter of Person-Centered Intelligence Solution (P-CIS): this effort will allow agencies to view and share CANs in a sharing hub, providing a longitudinal view of each youth's needs and progress.

Here now

- **High Fidelity Wraparound**
  - Uses CANS as the decision support criteria
  - CANS for 0-5 has not been validated at this time
  - Licensed clinician can use clinical discretion to justify need for service despite CANS scores
  - Team of service providers, community based and family oriented
  - Designed to be ongoing and flexible, continuing as long as the youth and family's needs require it and as long as they remain engaged

CANS Domain (with CANS Domain #, for reference)	**Rating**
Behavioral Emotional Needs (3.1) **AND**	At least one rating of 2 or 3
Caregiver Needs (3.5)	At least one rating of 2 or 3
AND AT LEAST 1 OF THE FOLLOWING:	
Risk Behavior (3.2) **OR**	At least one rating of 2 or 3 or Three or more ratings of 1
Life Functioning (3.3) **OR**	One rating of 3 or Two or more ratings of 2 or 3
Strengths Indicators (3.4)	Five or more ratings of 2 or 3

Here now

- **Coordinated Specialty Care for First Episode Psychosis**
  - Community based service designed to provide timely, integrated support for individuals experiencing first episode psychosis for ages 16 - 35
  - Goal is to reduce the likelihood of psychiatric hospitalization, emergency room visits, residential treatment placements, involvement with the criminal justice system, substance use, and homelessness
  - CSC is a high-intensity, team-based, multidisciplinary model that continues for as long as the individual needs it, with services tailored to their symptoms, functioning, and goals

Here now

- **Collaborative Problem Solving**
  - An evidence-based, trauma-informed practice that helps kids meet expectations, reduces concerning behavior, builds children's skills, and improves family relationships
  - Ages 6-21 with a variety of behavioral challenges, including both externalizing (e.g., aggression, defiance, tantrums) and internalizing (e.g., implosions, shutdowns, withdrawal) who may carry a variety of related psychiatric diagnoses, and their parents/caregivers
  - No specific length of stay ..depends on pace of progress

Here now

- **Alternatives for Families – Cognitive Behavioral Therapy (AF-CBT)**
  - For children and adolescents ages 5 to 17, along with their caregivers (Includes biological, adoptive, foster, or kin caregiver)
    - Appropriate for families that have frequent conflict(s) and/or arguments OR
    - A Caregiver shows anger (hostility), uses physical force/discipline (coercion), and/or has allegation/history of child physical abuse

      OR
    - A child that shows anger, has behavior problems (e.g., defiance, aggression, explosiveness), has trauma symptoms/PTSD after physical discipline/abuse, and/or has prior exposure to harsh discipline/physical abuse
  - The length of stay depends on the family's needs, treatment progress, and the clinician's assessment, but the program is structured to be ongoing and flexible

Here now

- **Mental Health Skill Building**
  - Designed to teach youth a set of evidence-based coping skills including
  - regulating their emotions
  - managing difficult thoughts and behaviors
  - interacting effectively with others
  - engaging in relaxation and mindfulness practices to navigate stressful situations
  - Ages 6- 17 and their caregivers

Coming Up/Continued Progress

Functional Family Therapy

- youth aged 11 to 18 years
- aimed at at-risk youth and their families, particularly those referred for behavioral or emotional problems, delinquency, substance misuse, or involvement with juvenile justice or child welfare systems
- Interventions are relational, strength-based, and present-focused, moving from building trust to assessing dynamics, changing behaviors, generalizing skills, and maintaining progress.
- Length of stay is 3 – 6 months

Coming Up(cont.)

Multi Systemic Therapy

- An intensive, family- and community-based treatment designed primarily for youth aged 12 to 17 years
- Targets adolescents who are at risk for or already engaged in delinquent activity, substance misuse, or serious mental health issues, and who may be at risk for out-of-home placement due to behavioral problem
- Interventions target multiple systems in a youth's life — family, school, peers, and community — to address the root causes of problematic behavior and promote long-term change
- Therapists are available 24/7 for crisis intervention, ensuring safety and continuity of care
- Services typically last between 3–5 months, with multiple weekly visits

Coming Up (cont.)

- **Parent Child Interaction Therapy (PCIT)**
  - A short term, evidence-based behavioral therapy for young children with disruptive behaviors such as tantrums, aggression, and defiance.
  - Target population is children between 2 and 7 years old and their caregiver
  - Focus is on improving the relationship between the caregiver and the child
  - Involves coaching the caregiver on how to interact with the child in a positive and supportive way, while also teaching the child new skills and behaviors.

FAMILY URGENT RESPONSE SYSTEM
24/7 Immediate Support

Supporting *Caregivers*

24/7 help is available by phone, text, or in person — every day of the year. All conversations are private and confidential.

Anything you need, anytime, and anywhere

Are you feeling frustrated, sad, or overwhelmed? Do you need help de-escalating a fight? Do you need help navigating a mental health issue or parenting challenge?

The Family Urgent Response System is a safe, judgment-free, and private space for current or former foster youth and caregivers in California to get help. Reaching out will not get you in trouble. Whether you just need someone to listen, are struggling with a difficult situation, need help finding resources, or something more urgent— we're always here for you.

Who we serve

Youth (Up to Age 21)

- Current foster youth (including youth under juvenile probation supervision in foster care).
- Former foster youth (including those who are reunified with biological family, adopted, under care of a guardian, or independent adults).

Caregivers

- Anyone caring for a current and/or former foster youth, such as relatives, resource parents, adoptive parents, biological parents, and more.

Over 22,000 services have been provided to youth and caregivers

Reach out	Call or text us at 833-939-3877; email or chat at FamilyResponseCA.org.
Tell us how we can help	Talk to a trained and caring counselor or peer who understands your concerns.
Get support	Together, we'll develop a plan of action and connect you with helpful resources. We can also meet in person if you'd like.

About the Family Urgent Response System

Formerly known as Cal-FURS, the Family Urgent Response System is administered by the Sacramento Children's Home in partnership with the California Department of Social Services and provides free 24/7 immediate support. Local teams are available to provide in-person support in each county.

FAMILY URGENT RESPONSE SYSTEM
24/7 Immediate Support

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Free to use - no strings attached!

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833-939-3877

FamilyResponseCA.org

FAMILY URGENT RESPONSE SYSTEM
24/7 Immediate Support

Current and Former Foster Youth: When You Need Someone to Talk To

833-939-3877

When life gets hard, we have your back

Are you feeling upset, alone, or sad? Fighting with your parents, friend, or teacher?

Whether it's 2AM or 3PM, we are here to listen and can provide any help that you want and need. Reaching out will not get you in trouble. All conversations are private and confidential.

Who we serve

Youth (Up to Age 21)

- Current foster youth (including youth under juvenile probation supervision in foster care).
- Former foster youth (including those who are reunified with biological family, adopted, under care of a guardian, or independent adults).

Reach out today, or save our number for later!

We're available 24/7, every day of the year. We can talk, text, chat, or email – whatever works best for you.

How It Works

Reach out	Call or text us at 833-939-3877; email or chat at FamilyResponseCA.org.
Tell us how we can help	Talk to a trained and caring counselor or peer who understands your concerns.
Get support	Together, we'll develop a plan of action and connect you with helpful resources. We can also meet in person if you'd like.

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Follow us on social

@familyresponseca
@familyresponse

Learn more at **FamilyResponseCA.org**

Services	Description	Ages	Providers	Length of Treatment
Mental Health Skill Building (CARES Plus)	• Early-Intervention focused EBP curriculum tailored to developmental needs of children and youth in an individual or group setting • Focuses on teaching children and youth coping, communication, and daily living skills. In addition, these services help to support emotional wellness, independence, communication, and healthy family relationships Includes Therapy • Early-Intervention focused counseling provides short term mild-level mental health services in conjunction with the Mental Health Skill Building component	6-21	**Children and Youth Services**	12 weeks
Alternative for Families – Cognitive Behavioral Therapy (AF-CBT)	• Evidence-based individual and family therapy for conflict, trauma and behavioral concerns • Strengthens communication, emotional regulation, and family relationships • Build coping, parenting, and problem-solving skills • Supports safe, healthy family functioning			24 sessions
Collaborative Problem Solving	• Early intervention services for youth in foster care • Partnership-based approach that works with youth and caregivers to understand and address behavioral challenges • Focuses on identifying barriers, improving communication and developing practical solutions together • Encourages skill development, conflict resolution, and strong relationships across environments			10-12 weeks
Trauma Focused Cognitive Behavioral Therapy (TF-CBT)	• Helps youth process traumatic experiences, reduce trauma related symptoms, and develop healthy coping skills • Includes caregiver or identified trusted adult involvement to strengthen support, communication, and emotional safety • Utilizes cognitive behavioral techniques, psycho-education, relaxation skills, affect regulation, cognitive processing, and gradual trauma narration and processing • Helps youth develop healthy beliefs about themselves and their experiences while improving emotional, behavioral and interpersonal functioning			8-25 sessions
Parent Partner Services	• Family supportive services provided by individuals with lived experiences navigating child-serving systems or qualified individuals through training • Offers mentorship, advocacy, education and support to caregivers • Helps families understand services, strengthen their voice in treatment planning and access to community resources • Promotes family engagement, empowerment, and successful participation in their child's care		**Children and Youth Services**	Ongoing as needed
Outpatient Services	• Ongoing Specialty Mental Health Services for individuals experiencing more moderate to severe emotional, behavioral, or psychiatric challenges that impact daily functioning • Services include comprehensive assessment, individual and family therapy, group therapy, rehabilitation services, crisis support, medication support, and care coordination and acts as a referral source for additional treatment needs • Treatment is individualized to support symptom management, emotional regulation, interpersonal functioning, behavioral health needs, and recovery goals • Supports individuals and families with improving stability, functioning at home, school/work, and strengthening coping skills and increasing overall wellness and quality of life • Resource and community collaboration • Psychiatric referral and medication management • May be a step up from lower level or care or step down from high level of care		**Aspiranet (18-20.5 years old only)** **Valley Community Counseling Services** **Victor Community Support Services**	
Transitional Aged Youth (TAY)	• Services include comprehensive assessment, individual and family therapy, group therapy, rehabilitation services, crisis support, medication support, and care coordination and acts as a referral source for additional treatment needs • Drop-In-Center that has a community lounge social connection, a fully functioning kitchen and a computer lab with internet access to support members in a safe space and place to access resources • Independent Living Program (ILP) Skills Group that will help with hands on learning and life skills	16-20.5	**Aspiranet**	
High Fidelity Wraparound (HFW)	• Eligibility is determined via the Child and Adolescent Needs and Strength tool • Intensive family-centered care coordination for youths with complex needs • Team-based approach connecting mental health, school, and community supporting stability in these environments • Builds on family strengths and individualized goals • Child and Family Team Meeting no less than every 30 days • Therapy is optional and can be provided by agency or existing provider, included as the Child and Family Team	6-20.5	**Aspiranet (non-foster)** **Victor Community Support Services (foster)**	

Services	Description	Ages	Providers	Length of Treatment
Multi-Systemic Therapy (MST)	• Intensive home and community-based treatment designed for youths with serious behavioral concerns, justice involvement, school difficulties, or risk of out of home placement • Address the multiple systems impacting youth functioning, including family, peers, school and community environments • Services are highly individualized and involve frequent therapist contact to support behavioral change within the youth's natural environment	12-17	**pending RFP**	12-20 weeks
Functional Family Therapy (FFT)	• Short term family therapy focused on improving family relationships and communication patterns contributing to behavioral concerns • Works with youths and caregivers together to reduce conflict, strengthen support systems, and improve problem solving skills • Emphasize engagement, motivation and relational healing to support lasting behavioral change	11-18	**pending RFP**	12-14 sessions
Parent-Child Interaction Therapy (PCIT)	• Specialized dyad treatment for young children and caregivers focused on strengthening attachment and improving behavior though live parent coaching • Therapists provide live parent coaching to caregivers during structured parent-child interaction • Focuses on increasing positive parenting strategies, emotional connection, consistency, and effective behavior management • Supports reduction of disruptive behaviors while promoting emotional regulation and health child development	2-7	**Pending RFP**	12-16 sessions and can extend
Therapeutic Behavioral Services (TBS)	• Referred by a mental health team and not a standalone service • Member must be actively participating in therapy • Short term service for children and youth experiencing a stressful transition or life crisis • Purpose of to prevent higher level of residential care or to support transition to lower level of care • Providers rehabilitation services, resources, parent partner services multiple times a week • Monthly team meetings with treatment team and family	6-20.5	**Aspiranet**	6 months and can extend
Safety Assessment Family Empowered and Treatment (SAFE-T)	• Referred by SJC Crisis teams • Short term service to stabilize a member who has had a crisis evaluation, is discharging from a psychiatric facility or for hospital diversion • Extensive therapy and rehabilitative services to support the youth who experiences crisis and family members to become equip in providing support and care • Consults and collaborates with Child and Youth Services to ensure coordination and connection to Outpatient and other services	0-17		30 days
Family Urgent Response System (FURS)	• 24/7 crisis response (1 and 24 hour response) and stabilization program for current and former foster youths and their caregivers • Provides immediate support during behavioral, emotional, or placement-related crises • Uses trauma-informed, family centered approach to de-escalate situations and prevent placement disruptions • Connects youths and caregivers to ongoing supports, resources and services to promote stability and well being • Focuses on preserving relationships, strengthening caregiver capacity and maintain placement stability	Current and former foster youth up to age 21		Individual encounter (not ongoing)
Day Treatment Intensive (DTI)	• Structured therapeutic program providing intensive mental health services in a group setting • Combines therapy, skill-building, rehabilitation, and crisis support to address significant behavioral and emotional needs • Treatment-focused with intensive therapeutic interventions and symptom stabilization	12-17	**Children's Home of Stockton**	7-9 weeks to start
Day Rehab (DR)	• Structured rehabilitation program focused on developing and restoring daily living, social, and coping skills • Provides skill-building activities and therapeutic support to improve functioning and independence • Helps individuals strengthen wellness, community integration, and recovery goals • Rehabilitation-focused, emphasizing skill development, recovery, and improving daily functioning			
Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)	• Specialized early support for individuals experiencing first episode psychosis • Combines therapy, care coordination, family support, and recovery-focused services • Promotes stability, independence and connection to school, work, and community	16+	**Telecare**	Ongoing as needed
Individual Placement and Supported Employment (IPS)	• IPS is a proven method that supports individuals living with significant behavioral health needs find and maintain competitive employment • Participation in IPS Supported Employment shows improved employment outcomes as well as improved self-esteem, independence, sense of belonging and overall health and well being	18+	**In partner with University of Pacific's Gibson Center Vocational Program**	

Behavioral Health Services Mission Statement

"The mission of San Joaquin County Behavioral Health Services is to partner with the community to provide integrated, culturally and linguistically competent mental health and substance abuse services to meet the prevention, intervention, treatment and recovery needs of San Joaquin County residents."

SAN JOAQUIN COUNTY
Behavioral Health Services

San Joaquin County Behavioral Health Services

Children & Youth Services

Children and Youth Services
Family Health Center
1414 N. California St. 2nd Floor
Stockton, CA 95202

Get connected: (209) 468-9370

Web: www.sjcbhs.org

Children and Youth Services Core Values

To provide comprehensive therapeutic services that are:

* Child Centered & Family Focused
* Trauma Informed
* Strength Based
* Culturally Competent and Responsive
* Committed to the Values of Recovery and Resiliency

We want to ensure that the first contacts with our behavioral health staff establishes a partnership that is positive, supportive and produces outcomes that promote continued and appropriate usage of the behavioral health system.

Children and Youth Services—Stockton
1414 N. California St., Stockton, CA 95202
(209) 468-2385

Children & Youth Services– Lodi
1209 W. Tokay St., Ste. 16 Lodi, CA 95240
(209) 331-2079

Children & Youth Services– Manteca
Valley Community Counseling Services
129 E. Center St., Ste. 3 Manteca, CA 95336
(209) 239-5553

Children & Youth Services– Tracy
Valley Community Counseling Services
19 E. Sixth St., Tracy, CA 95376
(209) 835-8583

Clinical Services

Children and Youth Services Outpatient Programs utilize a trauma informed approach to provide clinical services for children, youth and families at the moderate to severe level of need. Our dedicated team of providers offer individual, group and family therapy, psychiatric medication services, case management, groups and psycho-education services throughout San Joaquin County.

Children and Youth Services, a provider of Early Periodic Screening, Diagnosis, and Treatment (EPSDT), works in partnership with community based organizations, local area school districts, Public Health and other agencies to ensure that children, youth, and their families have access to services and supports they need to succeed.

We have dedicated teams co-located at the Juvenile Justice Center, Human Services Agency, and Mary Graham Children's Shelter.

Foster Youth Intake and Assessment

All children/youth involved in the child welfare system are referred to Behavioral Health clinicians for an evaluation and assessment. Staff are co– located at the Human Services Agency and work collaboratively with Child Welfare to provide needed services to dependents and their families.

Services through this team are guided by the Integrated Core Practice Model and promote changing the way mental health, child welfare agencies and providers operate; moving from working with children and families in an individual system or agency to working within a team environment. The team provides linkage to ongoing services including High Fidelity Wraparound or Early Intervention Services.

Children's Crisis Support Services

Children's Crisis Services entails a team that provides phone call follow ups to caregivers of all minors who are evaluated through our BHS Crisis, local emergency department locations and/or discharging from a hospital due to a psychiatric need. Children's Crisis team will coordinate with caregivers and providers at the hospital in order to arrange linkage for mental health outpatient services if the youth is not connected to a provider. If the youth is receiving services through CYS or CYS contractors, Children's Crisis will coordinate with the provider for ongoing coordination of care. Children's Crisis team will also offer and refer additional short term stabilization services as deemed applicable based on the level of need determined.

Offered treatment is within the week of discharge.

Family Foundations

Family Foundations' team providers a cognitive behavioral approach called Alternative for Families (AF-CBT). It is a is a flexible, approximately 6 month service designed to support families experiencing anger, conflict, aggression or other challenging family interactions. The program promotes positive coping and self-control, effective parenting and discipline strategies, family problem solving, and healthy communication to improve family relationships and maintain a safe home environment . Services are provided in three phases: 1) Engagement and Education, 2) Individual Skill Building, 3) Family Applications. Treatment is individualized to meet each family's specific needs and goals.

Parent Support Services

Behavioral Health Outreach Workers are peers and parents who have been successful in past personal involvement with child welfare, juvenile courts, or other formal systems. The staff provides active, hands-on peer support to parents/caregivers of youth receiving services that include mentorship, advocacy, and education while promoting family engagement, empowerment, and access to community resources.

The Parent Support Group provides an opportunity for caregivers to meet with other caregivers and gain support for challenging parenting issues.

Foster Care Treatment

Children involved with child welfare are eligible to receive services through Behavioral Health. Clinical staff work alongside natural supports as well as staff from other child serving systems including educational partners in a wraparound -informed model of service delivery.

This program offers the following services: individual, group, and family therapy, psychiatric assessment and medication support services, Services are trauma informed and provided using the evidence based practice: Collaborative Problem Solving.

Evidence Based Practices and Promising Practices

Our mental health staff employ a variety of evidence based and promising practices designed to meet the clinical needs of youth and families. Practices include:

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Mental Health Skill Building
- Life Space Crisis Intervention (LSCI)
- Dialectical Behavioral Therapy (DBT)
- Radically Open Dialectical Behavior Therapy (RO DBT)
- High Fidelity Wraparound
- Coordinated Specialty Care (CSC) for First Episode Psychosis

Coping and Resiliency Education Services - CARES Plus

CARES Plus is a community-based program utilizing an evidence-based practice, Mental Health Skillbuilding, to provide services for youth ages 6-17 who do not meet criteria for specialty mental health services.

The team consists of Mental Health Outreach Workers, Mental Health Specialists, and a Mental Health Clinician. The goal is to build protective factors and skills, increase supports, and reduce risk factors and stressors. Services offered include: skill-building, linkage to community resources, parenting skills, and an optional therapy component.

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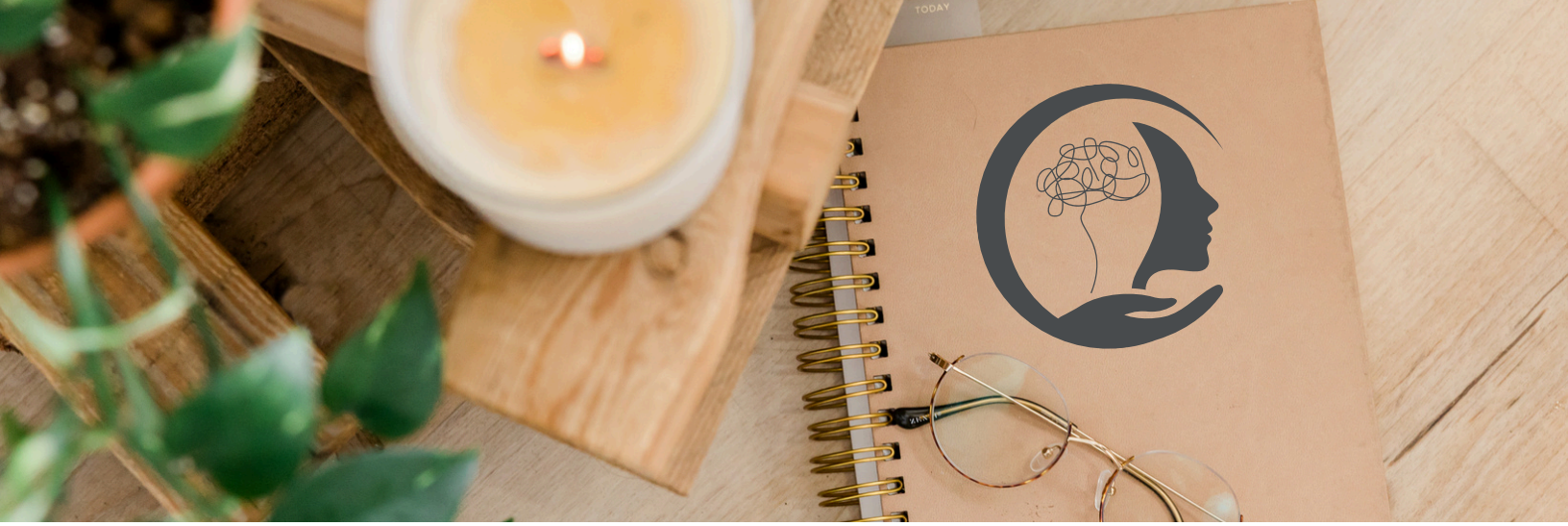

Hello to Healing

A Monthly Mental Wellness Workshop Series

St. Joseph's Medical Center invites you to attend a monthly workshop designed to support emotional well-being for staff and community members. Each month explores a different aspect of mental health and coping, including regular discussions around depression, anxiety, and resilience.

All Are Welcome to Attend

Workshops are held in-person and virtually. Register by scanning the QR codes below or email sjmccommunityhealth@commonspirit.org.

777 N. Pershing Avenue, Suite 1B, Stockton, CA

In-Person
10 AM

Virtual
5:00 PM

October 06, 2026	Finding Calm in the Chaos: Practical Skills for Everyday Stress
November 03, 2026	Holding Joy and Sorrow: Coping with Grief During the Holiday Season
December 01, 2026	Peace Over Pressure: Thriving Through Holiday Stress
January 05, 2027	A Fresh Start: Building Habits for a Healthier Mind
February 02, 2027	Connected: Strengthening Relationships and Beating Loneliness
March 02, 2027	Awaken Your Mind: Mindfulness for Everyday Life
April 06, 2027	When the Clouds Don't Lift: Understanding Depression and Finding Hope
May 04, 2027	Breaking the Worry Cycle: Tools for Managing Anxiety
June 01, 2027	Nature as Medicine: Restoring Mind and Body Outdoors
July 06, 2027	Refill Your Cup: Preventing Burnout and Protecting Your Energy
August 03, 2027	Growing Resilience: Supporting Youth Mental Health Together
September 07, 2027	Hope Lives Here: Suicide Prevention, Connection, and Community

Dignity Health.
St. Joseph's Medical Center

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Together for

HOPE. HEALING. RECOVERY.

RECOVERY Awareness

Believe in YOURSELF. Believe in RECOVERY.

SAN JOAQUIN COUNTY
BEHAVIORAL HEALTH SERVICES

Celebrating Recovery. Strengthening Community. Changing Lives.

FRIDAY
SEPTEMBER 25, 2026

10:30 AM – 2:30 PM
Free & Open to the Community!

1212 N. California St.
Stockton, CA 95202

To register or for more info: cvasquez-grant@sjcbhs.org

A Day of **CONNECTION. COMMUNITY. INSPIRATION.**

VENDORS
Explore local resources and community partners.

FOOD
Enjoy food and snacks while supplies last.

ACTIVITIES FOR CHILDREN
Fun, games, face painting and more!

GREAT SPEAKERS
Inspiring messages of hope and recovery.

Connect with organizations, resources, and services that support wellness, recovery, and a brighter future.

You are **NOT ALONE. THERE IS HOPE.**

SAN JOAQUIN COUNTY
BEHAVIORAL HEALTH SERVICES
HEALING. SUPPORT. RECOVERY.

SAN JOAQUIN COUNTY
Behavioral Health Services

Together, we build a healthier, stronger San Joaquin County.

Please see flyer for registration.