CONTRA COSTA COUNTY

AGENDA

Behavioral Health Board

Wednesday, July 2, 2025 **4:30 PM** **1025 Escobar Street, Martinez | https://cchealth.zoom.us/j/99297660427?pwd=oJZL4l9KcAELazOL5O1cmucAbC8vFa.1 Passcode: 645759 | +1 646 518 9805 US Webinar ID: 992 9766 0427**

This Meeting will be held in person and via Zoom 'Hybrid'

Agenda Items: Items may be taken out of order based on the business of the day and preference of the Board

I. Roll Call and Introductions

II. Public comment on any item under the jurisdiction of the Behavioral Health Board and not on this agenda (speakers may be limited to two minutes)

III. RECEIVE a presentation on Behavioral Health Transformation

Information: Behavioral Health Transformation PowerPoint Presentation **25-2623**

Attachments: BHT Presentation 7.2.25

IV. RECEIVE and APPROVE the minutes from the June 4, 2025 Behavioral Health Board meeting, with any necessary corrections

Information: BHB Meeting Minutes Draft 6.4.2025 **25-2624**

Attachments: BHB Meeting Minutes Draft 6.4.2025

V. RECEIVE and REVIEW a draft revision of Bylaws for the Behavioral Health Board

Information: Behavioral Health Board Bylaws Draft 7.2.2025 **25-2625**

Attachments: BHB Bylaws Draft 7.2.2025

VI. Adjourn

The next meeting is currently scheduled for August 6, 2025 at 4:30 PM.

The Behavioral Health Board will provide reasonable accommodations for persons with disabilities planning to attend the Board meetings. Contact the staff person listed below at least 72 hours before the meeting. Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Board less than 96 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Suite 200, Martinez, CA 94553, during normal business hours. Staff reports related to items on the agenda are also accessible online at www.contracosta.ca.gov. If the Zoom connection malfunctions for any reason, the meeting may be paused while a fix is attempted. If the connection is not reestablished, the committee will continue the meeting in person without remote access. Public comment may be submitted via electronic mail on agenda items at least one full work day prior to the published meeting time.

For Additional Information Contact: Daniel Colin (Daniel.Colin@cchealth.org)

File #: 25-2623 **Agenda Date:** 7/2/2025 **Agenda #:**

Behavioral Health Transformation

Presentation to the Behavioral Health Board

July 2, 2025

Suzanne Tavano, PhD
Windy Taylor, MBA, MA, APCC
Marie Scannell, PhD, LMFT
Kennisha Johnson, LMFT
Jenn Tuipulotu, OPFE
Fatima Matal-Sol
Katy White, MFT
Stephen Field, DO

CONTRA COSTA HEALTH

Behavioral Health Transformation Background and Initiatives

In recent years, California has undertaken efforts to re-envision the State's publicly funded Mental Health and Substance Use Disorder services. These efforts are referred as Behavioral Health Transformation (BHT).

- Behavioral Health Transformation (BHT) includes several initiatives including:
  - California Advancing and Innovating Medi-Cal (CalAIM)
  - Behavioral Health Services Act (BHSA)
  - California Behavioral Health Community-Based Organization Networks of Equitable Care and Treatment (BH-CONNECT)
  - Children and Youth Behavioral Health Initiative (CYBHI)
  - Medi-Cal Mobile Crisis - 988 expansion
  - Behavioral Health Continuum Infrastructure Program (BHCIP)
  - Behavioral Health Bridge Housing
  - CARE Court
  - State Hospital Incompetent to Stand Trial (IST) Diversion

Behavioral Health Transformation Goals

- **Improve** access to care
- **Increase** accountability and transparency for publicly funded, county administered behavioral health services
- **Expand** capacity of behavioral health facilities across California

Statewide Behavioral Health Goals

GOALS TO IMPROVE

- Care Experience
- Access to Care
- Prevention and treatment of co-occurring physical health conditions
- Quality of life
- Social connection
- Engagement in school
- Engagement in work

GOALS TO REDUCE

- Suicides
- Overdoses
- Untreated behavioral health conditions
- Institutionalization
- Homelessness
- Justice-involvement
- Removal of children from home

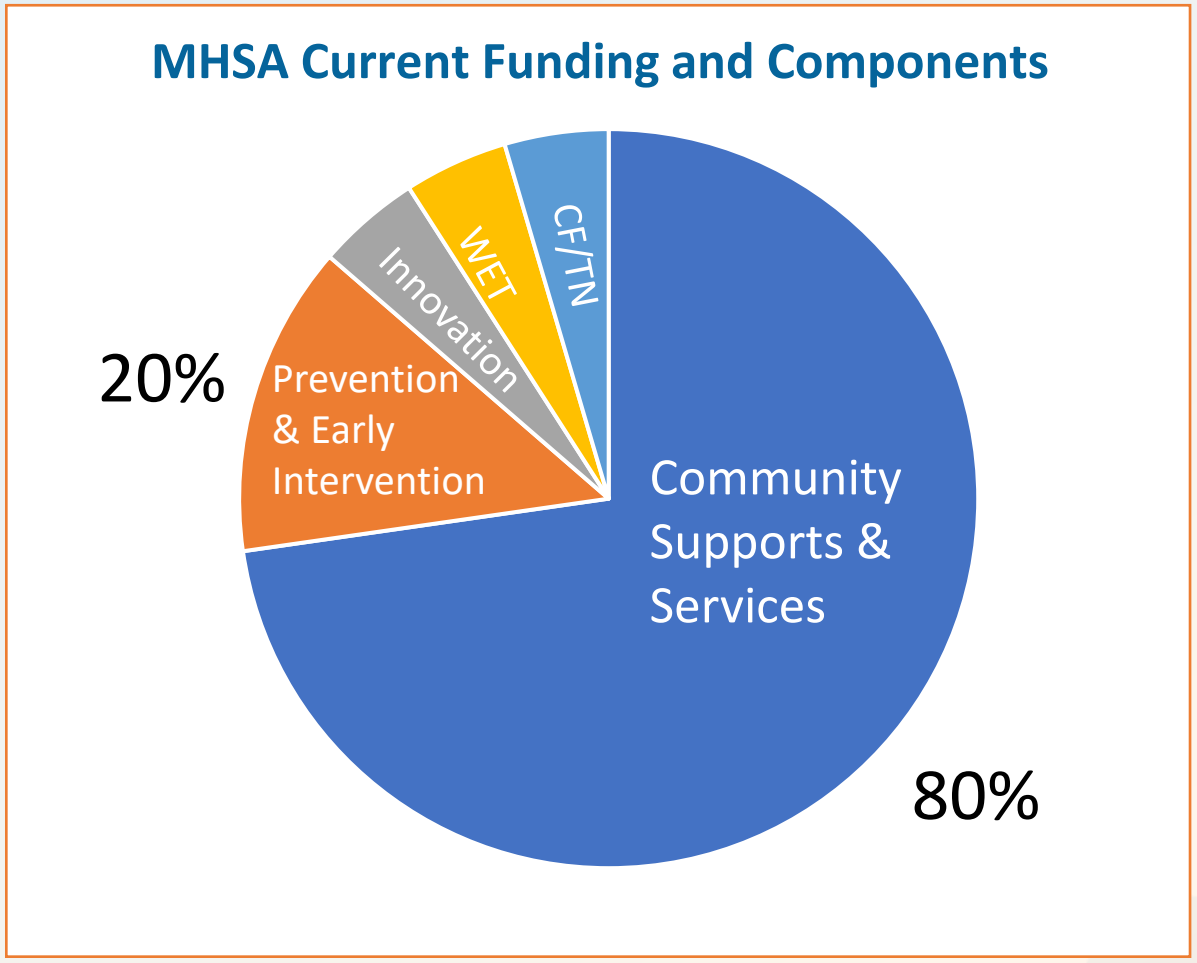
Behavioral Health Services Act (BHSA) History and Context

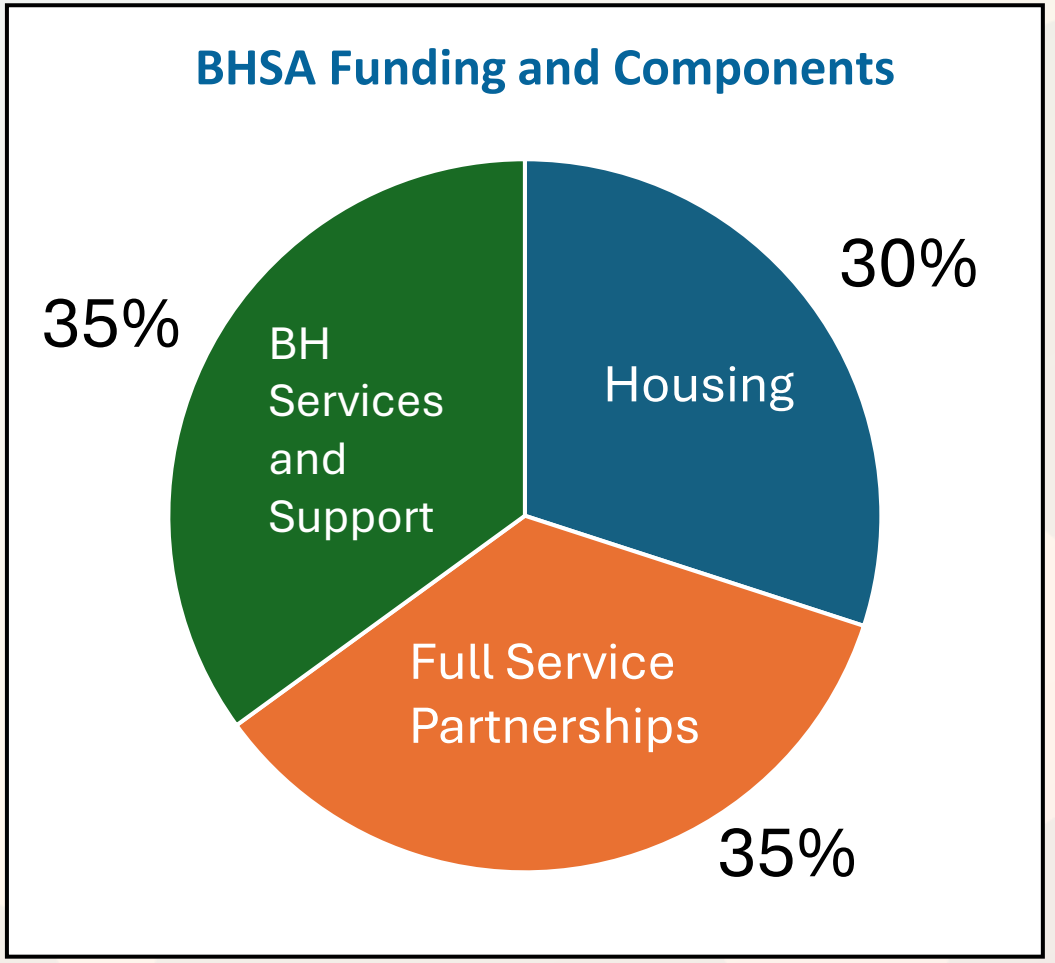
In November 2004, California voters passed Proposition 63, or the Mental Health Services Act (MHSA). The MHSA's transformed California's public mental health system into a person-centered, prevention-oriented system with direct involvement and input from clients, parents, families and diverse communities.

In March 2024, Proposition 1 was passed by California voters which transforms the MHSA into the Behavioral Health Services Act (BHSA). BHSA expands services for individuals which may have Mental Health and/or Substance Use Disorder (SUD) challenges.

The BHSA is part of the Behavioral Health Transformation with most changes scheduled to go into effect 7/1/2026.

Behavioral Health Services Act: Shift in Focus





Behavioral Health Services Act (BHSA) New Funding Categories

35%

Full-Service Partnerships

Intensive community-based care for people with complex BH needs

Fidelity to evidence-based models: ACT/FACT, ISP Supported Employment, Wraparound

35%

BH Services and Supports (BHSS)

Early Intervention Programs

Outreach and Engagement

Adult and Childrens' System of Care services and staffing

WET, CFTN

>50% toward Early Intervention with majority toward Youth

30%

Housing

Building development, construction and renovation

May include: Capital development (up to 25%), rental & operating subsidies, housing supports

>50% toward "chronically homeless"

Priority Populations Under BHSA

- **Eligible adults and older adults who are:**
  - Chronically homeless or experiencing homelessness or are at risk of homelessness.
  - In, or are at risk of being in, the justice system.
  - Reentering the community from prison or jail.
  - At risk of conservatorship.
  - At risk of institutionalization.

- **Eligible children and youth who are:**
  - Chronically homeless or experiencing homelessness or are at risk of homelessness.
  - In, or at risk of being in, the juvenile justice system.
  - Reentering the community from a youth correctional facility.
  - In the child welfare system.
  - At risk of institutionalization.

Adult Evidence-Based Practices (EBP's) and Best Practices

1. Assertive Community Treatment (ACT)
2. Forensic Assertive Community Treatment (FACT)
3. Full-Service Partnership- Intensive Case Management (FSP-ICM)

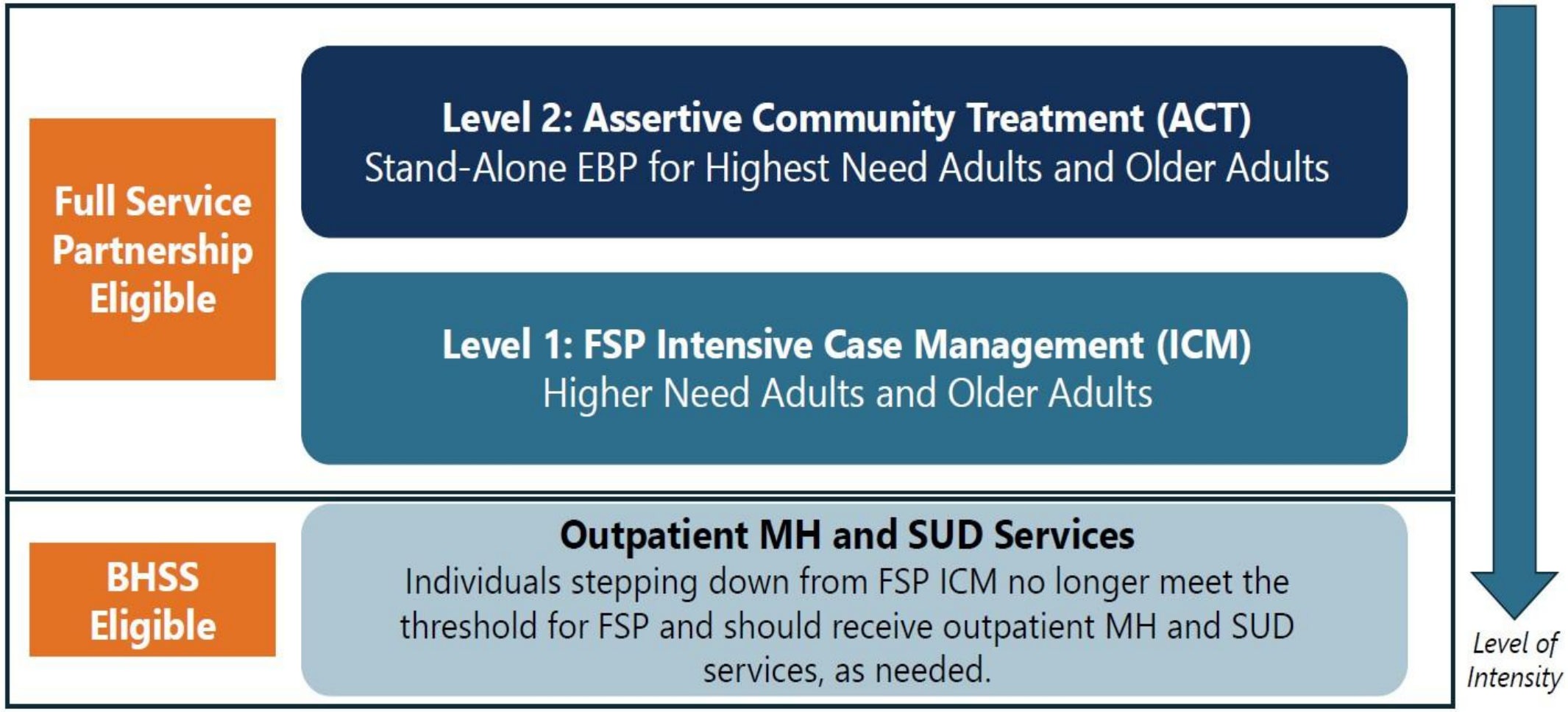
4. Individual Placement and Supported Model of Supported Employment (IPS)
6. Community In-Reach Services
7. Enhanced Community Health Worker
8. Clubhouse

Full-Service Partnership (FSP) is an **intensive service program** for consumers experiencing and/ or at risk of institutionalization, homelessness, incarceration, or psychiatric in-patient services

The name – Full-Service Partnership – reflects the goal of developing a partnership between the person being served and the service provider, and offering a full array of services, through a "whatever it takes" approach to meet the client's needs.

Adult FSP Levels of Care Framework

The framework includes two levels of coordinated care for adults and older adults with ACT as the highest level and a step-down level from ACT, called FSP Intensive Case Management (ICM).



ASSERTIVE COMMUNITY TREATMENT (ACT) CORE REQUIREMENTS

- Intensive outpatient services provided by a multi-disciplinary team in the community
- Multiple face to face contacts weekly
- Range of services all provided by the ACT team rather than referring out for services, services include MH, SUD, medication management, physical health, employment, housing, and crisis intervention
- Psychological rehabilitation, care coordination, and community support services to support recovery
- Time unlimited to services

ACT Service Components

- Assessment
- Crisis Intervention
- Employment and Education Support Services
- Medication Support Services
- Peer Support Services
- Psychosocial Rehabilitation
- Referral and Linkages
- Therapy
- Treatment and Planning

ACT ELIGIBILITY CRITERIA

- To be eligible for ACT, individuals generally must:
  - Be ages 18+; **AND**
  - Have a current DSM diagnosis consistent with a serious and persistent mental illness; **AND**
  - Have significant functional impairment; **AND**
  - Have an indicator of continuous high-service needs.
- Criteria b) and c) are equivalent to having "serious mental illness" (SMI), although a state can set a higher bar for the level of functional impairment required to receive ACT. Criteria d) permits states more flexibility to determine the exact nature of the population requiring ACT.
- **DHCS's proposed ACT eligibility criteria is based on the SAMHSA toolkit and criteria from other states.** The proposed criteria was vetted as part of the BH-CONNECT ACT workgroup process.

ACT SPECIALTY MODELS (ADAPTATIONS)

FACT (ACT FORENSIC)

- Tailored to justice-involved individuals
- Can be a separate program or part of an ACT program
- The goal is to reduce recidivism
- Includes intensive coordination with justice partners (courts, probation)
- Use risk/needs assessments to inform joint treatment planning with justice partners to promote wellness and public safety, with a focus on criminogenic risks
- The Rochester Forensic Assertive Community Treatment Scale (R-FACT) must be used to monitor fidelity
- FACT teams are multidisciplinary and must include members with lived experience in the justice system,
- All members have FACT training

ACT-SUD

- Assertive field-based initiation for SUD treatment services
- Provision of all forms of federal food and drug administration approved medications for addiction treatment, as specified by DHCS
- No wrong door to connect to Medication Assisted Treatment (MAT)
- Outreach and engagement to individuals wherever they are, (e.g., on the street, EDs, in syringe exchange programs, in homeless encampments) »
- Expand low-barrier, rapid access to all forms of MAT (buprenorphine, methadone, naltrexone) for individuals with opioid use disorder and alcohol use disorder when they ready for treatment using harm reduction principles

FSP Intensive Case Management (ICM)

- ICM is a well-known service and documented in the literature.
- ICM includes a **comprehensive set of community-based services** for individuals with significant behavioral health conditions.
- Compared to standard care, ICM has been shown to improve general **functioning, employment and housing outcomes, and reduce length of hospital stays**.
- ICM does not have set fidelity criteria like ACT but generally **combines the principles of case management** (assessment, planning, linkages) with **low staff to client ratios**, **assertive outreach**, and **direct service delivery**.

Who Might FSP ICM Serve?

- Individuals receiving FSP ICM may include **members who were receiving ACT and have been clinically determined to be ready for a step-down** level of care
- Individuals may also enter an FSP program **needing a moderate to significant level of support** but do not meet the qualifications for ACT
- Individuals living with **co-occurring SMI/SUD**
- Individuals ages 18-26 or younger who are **not connected to children's services**, if determined to be clinically and developmentally appropriate

FSP ICM: Proposed Services

FSP ICM participants may need some or all of the same service components as ACT.

- Assessment
- Crisis Intervention
- Employment and Education Support Services
- Medication Support Services
- Peer Support Services
- Psychosocial Rehabilitation
- Referral and Linkages
- Therapy
- Treatment and Planning
- Housing supports
- ***Note:*** *This list is not exhaustive. Additional services may be provided on an as needed basis.*

A Note on Permanent Supportive Housing:
Pairing intensive behavioral health services like ACT and FSP ICM with permanent housing is a recommended best practice for achieving long-term housing stability.

Overview: Individual Placement and Support (IPS)

Over 60% of clients with severe mental illness want to work, but less than 20% are employed.[1] The IPS model of supported employment is an evidence-based intervention that engages people with severe mental illness in finding and maintaining *competitive* employment or education *of their own choice*.

- The IPS model uses a strength-based approach to support individuals living with serious mental illness[1] **find and maintain employment**, which plays a crucial role in their **recovery and integration into the community**.
- Supported Employment can be **integrated into other FSP services** such as ACT, HFW, and Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP,) to offer a comprehensive approach to recovery that addresses both clinical and functional needs.
- BHT Supported Employment programs will align with the evidence-based IPS model and **mirror the Medi-Cal benefit** being developed through BH-CONNECT.
- Compared to traditional vocational rehabilitation approaches, IPS has demonstrated **higher rates of competitive employment** for individuals with behavioral health disorders.

IPS Supported Employment Eligibility Criteria

Proposed eligibility criteria aligns with best practices, prioritizing inclusivity and client choice.

Proposed Eligibility Criteria

To be eligible for Supported Employment services, an individual must:

a) Meet FSP eligibility criteria[1]; **AND**

b) Express interest in receiving Supported Employment Services

» This approach is grounded in national best practices including **"zero exclusion criteria"** from the official IPS fidelity scale and "**eligibility is based on consumer choice"** from SAMHSA's Supported Employment toolkit.

Enhanced Community Health Worker (CHW) Services

- Community Health Workers have historically been a part of other systems such as Managed Care Plans and Public Health
- AND now have recently been added to Behavioral Health under the title of Enhanced Community Health Worker
  - The Enhanced Community Health Worker is now an approved Medi-Cal provider who can work in Mental Health and/or Alcohol and other Drug Services
- Enhanced CHW will provide
  - preventive services to prevent disease, disability, and other health conditions or their progression;
  - to prolong life; and
  - Provide health education to promote physical and behavioral health, address barriers to health care
  - Provide instructions on health topics
  - Health navigation to provide information, training, referrals or support to assist Medi-cal members to access health care , understand the health care system, and engage in their own care and to connect members to community resources necessary to promote their health

Clubhouse

The Clubhouse Model is an intentional, voluntary, and organized support system that uses a strengths-based approach to help members build emotional, cognitive, and social skills in an inclusive, community-based setting.

Clubhouses are physical settings that facilitate opportunities to build skills and relationships supportive of autonomous employment, education, and housing.

Members are involved in all major decisions related to the Clubhouse's operation. Through the Work-Ordered Day program, members and staff work together as colleagues to stock, clean, organize, and generally maintain the clubhouse. Clubhouses offer employment programs and provide structured opportunities for socialization and recreation on evenings, weekends, and holidays.

Clubhouse Services is a covered benefit under Medi-Cal through the SMHS delivery system, and Behavioral Health Plans (BHPs) will have the option to provide the service to eligible members.

BHSA Housing Interventions

What Types of "housing" BH Does Now

TEMPORARY BEDS	TREATMENT BEDS		INTERIM/PERMANENT HOUSING
ACUTE	SUB-ACUTE	RESIDENTIAL	1. Board and Care (non-enhanced) 2. Room and Board
1. State Hospital Beds 2. Acute Psychiatric 3. General Acute Care Hospital with Psychiatric Ward 4. Psychiatric Health Facility (PHF) 5. Crisis Stabilization Unit (CSU) 6. ASAM Medically Managed Inpatient (ASAM 4)	1. Sub-Acute State Hospital beds 2. Special Treatment Program/Skilled Nursing Facility (STP/SNF) 3. ASAM Medically Managed Residential (3.7) 4. Mental Health Rehab Center (MHRC) 5. Recuperative Care	1. Crisis Residential 2. Peer Respite (29 days-tenancy 3. ASAM 3.1-3.5 4. Transitional Adult Residential Treatment Facilities 5. Enhance Board and Care (patched)	3. Peer Supported Housing & Peer Run Recovery Residence (ASAM Type P) 4. Recovery Residences Supervised (ASAM Type S) 5. Recovery Residences Monitored (ASAM Type M) 6. Transitional /Bridge Housing 7. Permanent Supportive Housing -Individual Units 8. Permanent Supportive Housing – Shared Units 9. Permanent Supportive Housing –SRO Motel Conversion 10. Master Lease Housing 11. Affordable Senior Housing 12. Affordable rental/ Affordable Homeowner 13. Unsubsidized Rental/ Standard Homeowner

Refocus of Behavioral Health Housing and Supports

Program Goals

- Reduce homelessness among BHSA eligible individuals
- To the extent possible – provide permanent supportive housing (PSH) including supports such as ACT and ICM. (Intersection with FSP group)
- Support low-barrier, harm reduction and housing first principals
- Complement other ongoing initiatives including State and Continuum of Care

Allowable Uses Under BHSA

Non- Time Limited Permanent Settings	Amount Budgeted	Amount Expended	Time Limited Interim Settings	Amount Budgeted	Amount Expended
Supportive Housing			Hotel and motel stays		
Apartments, including master-lease apartments			Non-congregate interim housing models		
Single and multi-family homes			Congregate setting		
Single room occupancy units			Recuperative care		
Accessory dwelling units, inluding Junior Accessory Dwelling Units			Short-term post hospitalization housing		
Shared Housing			Tiny homes, emergency sleeping cabins, emergency stablization units		
Revoery/Sober living housing			Peer respite		
Assisted Living (ARF, RCFE and licensed board and care)			Other settings definied under Transitional Rent		
Unlicensed room and board					
Other settings defintied under transitional rent benefit					

Other Housing Supports:	Amount Budgeted	Amount Expended
Housing Flex Pool Expenditures (start-up expenditures)		
Rental Subsides		
% administered through Flex Pools		
Operating Subsides		
Other Housing Supports: Landlord Outreach and Mitigation		
Other Housing Supports: Participant Assistance Funds		
Other Housing Supports: Housing Transition Navigation Services and Housing Tenancy Sustaining Services		
Capital Development Projects		

High Fidelity Wrap, Coordinated Specialty Care, Functional Family Therapy, Multi-Systemic Therapy, Parent Child Interactive Therapy

High Fidelity Wraparound (HFW) Overview

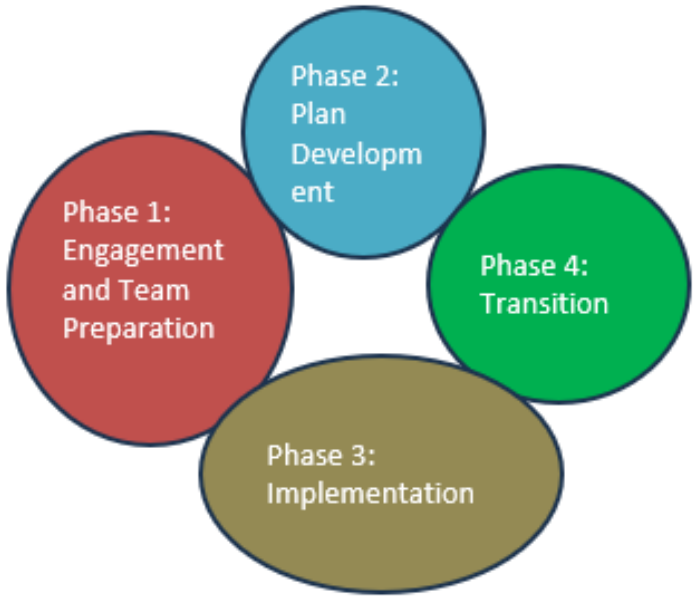
HFW is a **team-based** and **family-centered evidence-based practice** that includes an **“anything necessary”** approach for children/youth living with the **most intensive mental health or behavioral health challenges**. HFW is regarded as an **alternative to out-of-home placement for children with complex needs**, by providing intensive services in the family’s home and community.

HFW Overview

HFW centers **family voice** and decision making in developing a **care plan** to reach desired family outcomes by providing a structured, creative and **individualized** set of strategies that result in plans/services that are effective and relevant to the child, youth , and family.

HFW is delivered by a HFW facilitator who leads a **team** through a prescribed process, which is both flexible and responsive to child and family-identified strengths and needs

At its core, high fidelity is defined as adherence to the four phases of the MHW model:



Coordinated Specialty Care

- CSC is a community-based service designed for members experiencing **clinical high risk for psychosis** or **first episode psychosis.** By providing timely and integrated support during the critical initial stages of psychosis, CSC reduces the likelihood of psychiatric hospitalization, emergency room visits, residential treatment placements, involvement with the criminal justice system, substance use, and homelessness.
- CSC is a person-centered**, team-based service** that helps members and their caregivers cope with the symptoms of their mental health condition and to function and remain integrated in the community.
- Multidisciplinary CSC teams provide a wide range of individualized supports to members exhibiting initial signs of psychosis.
- Bundled Rate (under BH-Connect)

Center of Excellence: Early Psychosis Intervention California
Website: EPI-CAL

Functional Family Therapy

FFT is an effective, short-term, family-based, proprietary counseling service which seeks to **empower families to solve their own problems** through growth and change. FFT is designed for young people (ages 10-18) who are at risk of, or have been referred for, behavioral or emotional problems (e.g., delinquency, substance use).

Center of Excellence: **FFT LLC**
Website: FFT | Evidence-Based Interventions and Family Counseling

Status in Contra Costa: Contracted program with EMBRACE Mental Health

Multi-Systemic Therapy

MST is an intensive, evidence-based, family-driven, proprietary treatment model for youth (ages 12 to 17 years old) who are **involved in the juvenile justice** system or who are **at risk of out-of-home placement** due to a history of delinquent behavior. This service emphasizes cultural responsiveness and the centering of home and community settings, as well as partnership with law enforcement and the juvenile justice system.

Center of Excellence: **MST Services, LLC**
Website: MST Services | Multisystemic Therapy for Juveniles

Status in Contra Costa: Contracted program with EMBRACE Mental Health

Parent Child Interactive Therapy

PCIT is an evidence-based, short-term treatment designed to foster the well-being of children and families of all cultures by teaching parents strategies that will promote positive behaviors in children and youth (ages 2 to 7) who exhibit challenging behaviors such as defiance and aggression.

Center of Excellence: **PCIT International Association**
Website: Official website for PCIT International and Parent-Child Interaction Therapy (PCIT) - Home

Status in Contra Costa: Currently not implemented

Initial Child Welfare/Specialty Mental Health Assessment

- DHCS is partnering with CDSS to require a specialty mental health provider accompany a child welfare worker during a home visit within 30 days following substantiation of an allegation of abuse or neglect by an investigating social worker. The specialty mental health provider would complete the home visit to provide holistic insight into the child's family structure and identify mental health and/or substance use conditions related to the child and/or family.
- Through the joint child welfare/specialty mental health visit, a specialty mental health provider and child welfare worker will partner to:
- Identify necessary social supports
- Connect the child and family (both the biological family and the resource family, as appropriate) to any needed clinical or community services

COMMUNITY PLANNING PROCESS

THE BEHAVIORAL HEALTH SERVICES ACT REQUIRES: The development of a Behavioral Health Implementation Plan (BHIP)

- A wide and intense Community Engagement Process
- Engagement of constituents. There are 21 required stakeholders
- Stakeholder must have meaningful involvement, to include representation of different viewpoints
- Input regarding quality improvement, policy, program planning/implementation, monitoring, workforce, evaluation, and budget allocations
- Health Equity
- The Plan must focus on Goals for Improvement and Goals for Reduction
- The County must collaborate and look for opportunities to avoid duplication for: data sharing and stakeholder participation

Public Input, Public Hearing and Approval

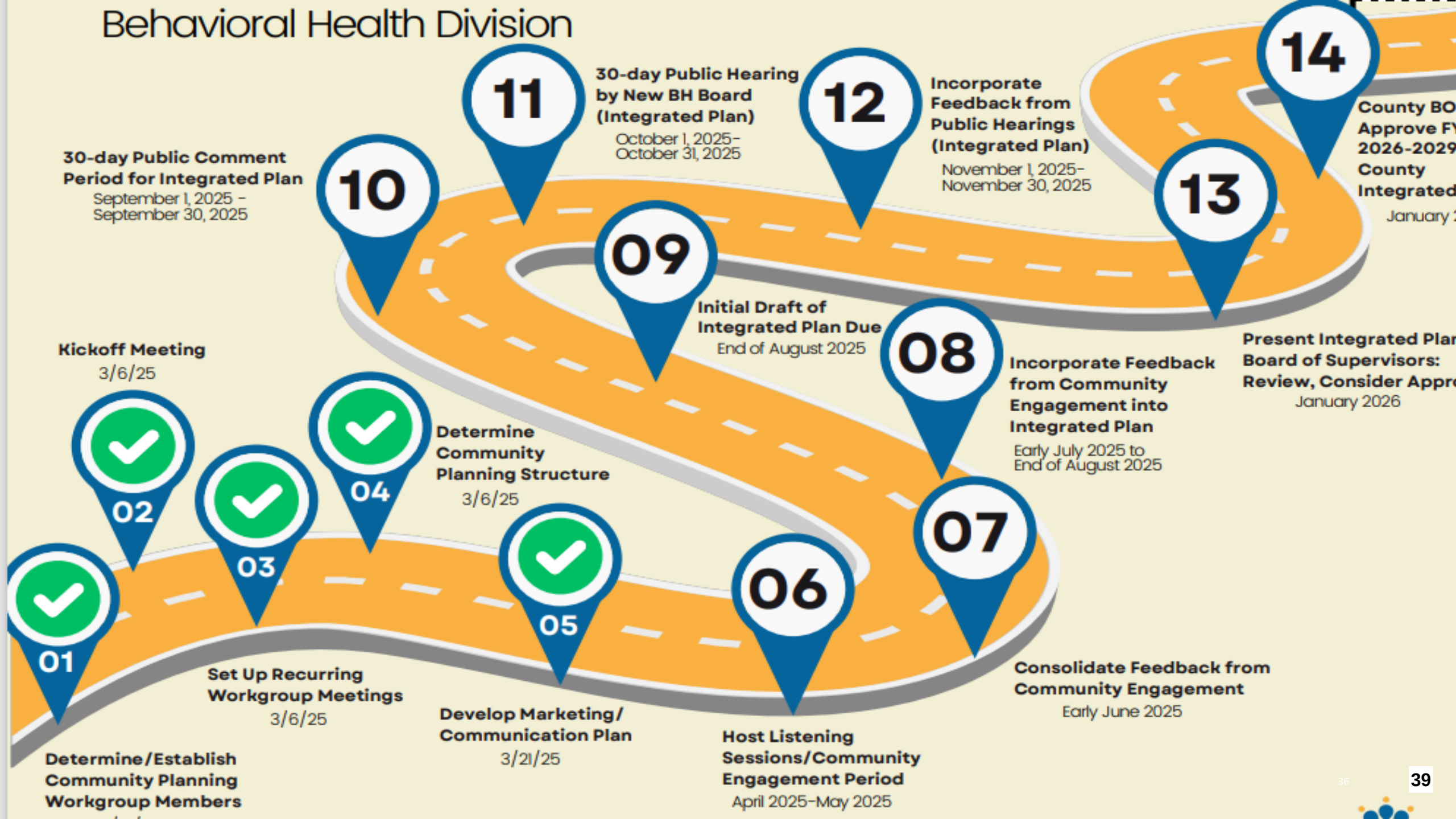
The input gathered through Town Halls and other community engagement events will help inform the Integrated Plan.

The draft shall be available for public comment and viewing later this year or in early 2026. If you'd like to receive notice of when this document is posted, please send an email to **BHSA@cchealth.org** and request to be added to the distribution list.

Once it is posted online, the public has 30 days to make additional comments before it goes to the Contra Costa Behavioral Health Board for a public hearing.

The Plan must be approved by the County's Board of Supervisors.

Behavioral Health Division



Highlights of Community Engagement – By the Numbers

30+
Community Conversations

4 Town Halls
Including One in Spanish

30 Groups
Required Stakeholders

600+
Surveys

6+
Stakeholder-Focused Listening Sessions

6+
Key Informant Interviews

Thank You!

CONTRA COSTA HEALTH

File #: 25-2624 **Agenda Date:** 7/2/2025 **Agenda #:**

CONTRA COSTA COUNTY

Board Meeting Minutes – Draft

Behavioral Health Board

Wednesday, June 4, 2025	**4:30 PM**	**2425 Bisso Lane, First Floor Conference Room, Concord CA**

Members Present: Supervisor Ken Carlson, Rebecca Harper (Virtual), Anthony Arias, Shelley Clark, Anya Gupta, Alexander Quintero (Virtual), Y'Anad Burrell (Virtual), Max Sala (Virtual), Candace Hendra, Avery Gould, Jenelle Towle, Roland Fernandez

Members Absent: Logan Campbell, Dhoryan Rizo, Sani Momoh, Laura Griffin

Staff Present: Dr. Stephen Field, Marie Scannell, Jennifer Tuipulotu, Alejandra Escobedo-Sochet, Deyanara Lopez, Daniel Colin

Other Attendees: Gigi Crowder, CEO NAMI CC

AGENDA ITEM	DISCUSSION	ACTION/FOLLOW-UP
I. Call to Order / Introductions	Meeting was called to order at 4:35 PM.	
II. Public comment on any item under the jurisdiction of the Behavioral Health Board and not on this agenda (speakers may be limited to two minutes).	One public comment received. Gigi Crowder, CEO, NAMI CC, spoke on this year's NAMI CC In Motion event and the honoring of Joey Martino. Gigi Crowder suggested new policy to the Board around incident reporting for persons under care by the County. Gigi Crowder also expressed disappointment in the notification received to participate in Board of Supervisor's Mental Health Awareness Month.	
III. APPROVE May 21, 2025 Meeting Minutes	There were no requests made for public comment.	**MOTION**: Gupta **SECOND**: Hendra

			AYES: Supervisor Carlson, Anthony Arias, Shelley Clark, Anya Gupta, Candace Hendra, Avery Gould, Jenelle Towle, Roland Fernandez **NOES**: **ABSENT**: Logan Campbell, Dhoryan Rizo, Sani Momoh, Laura Griffin **ABSTAIN**:
IV.	REVIEW Bylaws from former Mental Health Commission and Alcohol and Other Drug Advisory Board	There were no requests made for public comment. Board members reviewed and discussed proposed draft of Bylaws. Edits made were a change of number of annual meetings and language to reflect correct number of alternate seat.	Board staff Daniel Colin to prepare revised draft incorporating the edits discussed and submit to County Counsel for review.
V.	Adjourn	Meeting was adjourned at 5:10 PM.	The next Behavioral Health Board meeting is scheduled for July 2, 2025.

File #: 25-2625 **Agenda Date:** 7/2/2025 **Agenda #:**

CONTRA COSTA COUNTY
BEHAVIORAL HEALTH BOARD

BYLAWS

DRAFT 6/18/2025

TABLE OF CONTENTS

ARTICLE I
NAME OF ORGANIZATION

SECTION 1. NAME OF ORGANIZATION

1.1 Name

The name of the Organization shall be the "Contra Costa Behavioral Health Board."

ARTICLE II
GENERAL PROVISIONS

SECTION 1. AUTHORITY

1.1 Establishment

The Contra Costa Behavioral Health Board ("Commission" hereinafter) was established by order of the Contra Costa County Board of Supervisors on December 17, 2024 to serve in an advisory capacity to the Board of Supervisors.

SECTION 2. MANDATED ROLES AND RESPONSIBILITIES

The duties of the Behavioral Health Board (as defined in section 5604.2 and 5963.03 of the Welfare and Institutions Code) are as follows:

1. Review and evaluate the community's public behavioral health needs, services, facilities, and special problems in any facility within the county or jurisdiction where behavioral health evaluations or services are being provided, including, but not limited to: schools, emergency departments, and psychiatric facilities.

2. Review any county agreements entered into pursuant to Section 5650. The local behavioral health board may make recommendations to the Board of Supervisors regarding concerns identified within these agreements.

3. Advise the Contra Costa County Board of Supervisors and the Contra Costa County Behavioral Health Director as to any aspect of the local behavioral health program. Local behavioral health boards may request assistance from the local patients' rights advocates when reviewing and advising on mental health or substance use disorder evaluations or services provided in public facilities with limited access.

4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. Involvement shall include individuals with lived experience of mental illness and/or substance use disorder and their families, community members, advocacy organizations, and behavioral health professionals. It shall also

include other professionals that interact with individuals living with mental illnesses/substance use on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.

5. Submit an annual report to the Board of Supervisors on the needs and performance of the behavioral health system of the County of Contra Costa County.

6. Review and make recommendations on applicants for the appointment of a local direct of behavioral health services. The Board shall be included in the selection process prior to the vote of the governing body.

7. Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral ~~Mental~~ Health Planning Council.

8. Assess the impact of the realignment of services from the state to the county on services delivered to clients and on the local community.

9. Perform such additional duties as may be assigned to the Behavioral Health Board by the Contra Costa County Board of Supervisors.

10. Behavioral Health Services Act (BHSA) Duties from WIC Code Section (5963.03)

    a. Conduct BHSA Hearing: The Behavioral Health Board established pursuant to Section 5604 shall conduct a public hearing on the draft three-year integrated plan and annual updates at the close of the 30-day comment period.

    b. Review/Recommendations on Adopted BHSA Plan: The Behavioral Health Board shall review the adopted plan or update and make recommendations to Behavioral Health Services ~~the local mental health agency or local behavioral health agency~~, ~~as applicable~~, for revisions. Behavioral Health Services ~~The local mental health agency or local behavioral health agency, as applicable,~~ shall provide an annual report of written explanations to the local governing body and the State Department of Health Care Services for any substantive [see i. below] recommendations made by the Behavioral Health Board ~~local mental health board~~ that are not included in the final plan or update.

        i. For purposes of this section, "substantive recommendations made by the Behavioral Health Board ~~local behavioral health board~~" means any recommendation that is brought before the Board and approved by a majority vote of the membership present at a public hearing of the Behavioral Health Board ~~local behavioral health board~~ that has established its quorum.

ARTICLE III
MEMBERSHIP

SECTION 1. MEMBERSHIP

1.1 Composition

a. The Board shall consist of fifteen (15) members appointed by the Board of Supervisors, ~~plus two (2) alternates,~~ one (1) member of the Board of Supervisors Alternate and one (1) At-large Alternate.

b. Each member of the Board of Supervisors shall have two (2) seats ~~members~~ representing their ~~his or her~~ district, to be filled by one (1) ~~a~~ consumer of behavioral health services ~~seat~~ and one (1) ~~a~~ family member ~~seat~~.

c. The following rules shall apply to membership on the Board:

i. One (1) member shall be a member of the Board of Supervisors

ii. Fifty percent (50%) of the Board membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received behavioral health services. Within these categories:

1) One (1) of these members shall be an individual who is 25 years of age or younger.

2) At least twenty percent (20%) of the total membership shall be consumers, and at least twenty percent (20%) shall be families of consumers.

iii. ~~In counties with a population of 100,000 or more~~, at least one (1) member of the board shall be a veteran or veteran advocate. ~~In counties with a population of fewer than 100,000, the county shall give strong preference to appointing at least one member of the board who is a veteran or veteran advocate.~~

~~1) For purposes of this section, "veteran advocate" means either a parent, spouse, or adult child of a veteran, or an individual who is part of a veterans organization, including the Veterans of Foreign Wars or the American Legion.~~

~~2)~~1) ~~To comply with clause (iii),~~ a county shall notify its County ~~current~~ V~~v~~eterans S~~s~~ervice O~~o~~fficer about vacancies on the board, ~~if a county has a veterans service officer.~~

iv. At least one (1) member of the Board shall be an employee of a local education agency.

1) ~~To comply with clause (iv),~~ a county shall notify its county office of education about vacancies on the Board.

v. In addition to subparagraphs (ii), (iii), and (iv), counties are encouraged to appoint individuals who have experience **with**, and knowledge **of**, the **behavioral** health system

1) This would include members of the community that engage with individuals living with mental illness in the course of daily operations, such as representatives of county offices of education, large and small business, hospitals, hospital districts, physicians practicing in emergency departments, city police chiefs, county sheriffs, and community and nonprofit service providers

d. On this Behavioral Health Board, membership shall consist of:

i. One (1) member and one (1) Alternate from ~~of~~ the Board of Supervisors ~~and one alternate~~

ii. Five (5) members shall be Consumer Representatives – individuals who are receiving or have received behavioral health or substance abuse services, preferably in Contra Costa County, representing each supervisorial district

iii. Five (5) members shall be Family Members – parents, spouses, registered domestic partners, siblings or adult children of consumers who are receiving or have received behavioral health and substance abuse services, preferably in Contra Costa County, representing the supervisorial district

iv. One (1) At-large and one (1) At-large Alternate

v. One (1) Veteran/Veteran Advocate

vi. One (1) Employee of Local Education Agency

vii. One (1) Consumer/Family Member Younger Than 26

1.2 Demographic and Ethnic Representation

a. The Board membership should reflect the ethnic, cultural, racial, and LGBTQ+ diversity of the client population in the County

b. The composition of the Board shall represent the demographics of the County as a whole, to the extent feasible.

1.3 Membership Restrictions

a. No member of the Board or his or her spouse shall be:

   i. A full-time or part-time employee of any Contra Costa County department that is directly involved in the provision of behavioral health services; or

   ii. An employee of the State Department of Health Care Services; or

   iii. An employee of, or a paid member of, the governing body of a behavioral health contract agency, with the exception of the consumer seat.

b. Board members must be eighteen years of age or older and, except as otherwise provided in these Bylaws, must reside in Contra Costa County.

c. Members of the Board shall abstain from discussing or voting on any issue in which the member has a financial interest as defined in Section 87103 of the Government Code.

SECTION 2. ATTENDANCE

2.1 Attendance requirements

a. Regular attendance at Board meeting is mandatory for all Board members.

   i. Unexcused absences

   A Board member is required to contact the Board Chairperson and the administrative analyst at least 24 hours before a regularly scheduled meeting is they are unable to attend. Failure to do so will result in an unexcused absence. A Board member who has four unexcused absences for a regularly schedule full Board meeting in any consecutive twelve-month period, as opposed to calendar year, will be deemed to have automictically resigned from the Board. In such an event, the Board member's status will be noted at the next Board meeting and recorded in the meeting minutes. The Board Chairperson shall, without further direction from the Board, apprise the appointing authority ~~Supervisor~~ and request the Board of Supervisors to remove the appointee and request the recruitment and appointment of a replacement.

   ii. Excused Absences

   A Board member's absence from ~~form~~ a regularly scheduled Board meeting may be excused to include but not limited to major illness and unexpected family emergencies. They also include some unscheduled absences, such as surgical procedures, jury duty, funerals, and scheduled vacations. Board members shall obtain content from the Board Chairperson at least one day prior to the meeting for any planned absences. Excused absences will be recorded in the meeting minutes as an "excused absence."

iii. Leave of Absence

A Board member who does not wish to resign and needs a leave from the Board commitments may request a leave of absence for illness or personal reasons for a period of up to three (3) months. The request must be submitted in writing to the Board Chairperson, who will inform the appointing ~~authority~~authority~~Supervisor~~. A Board member may request an extension to their leave by submitting a request in writing to the Board Chairperson, who will forward the request to the appointing authority ~~Supervisor~~ for approval.

SECTION 3. TERMS

3.1 Duration

The term of each member of the Board shall be three (3) years in duration. Terms shall be staggered so that approximately one-third (1/3) of the appointments end each year. All terms end on June 30 in the appropriate year. The Supervisors appointed to the Board serves~~s~~ until replaced by the ~~County~~ Board of Supervisors.

SECTION 4. VACANCIES AND RECRUITMENT

4.1 Role of the Board

The role of the Board in recruitment of new members ~~Boarders~~ is at the discretion of and to the extent requested by the Board of Supervisors.

4.2 Applications

The Board is encouraged to help identify and recruit qualified applicants to apply for any vacancies on the Board.

4.3 Board Identification and Recruitment of Applicants

a. Pursuant to Article III, Section 1, Subsection 1.2, the Board shall, to the extent feasible, identify and encourage applicants who will assist the County in maintaining a Board that represents and reflects the diversity and demographics of the County as a whole, as provided in the Welfare & Institutions Code.

b. To the extent possible, the Board shall identify and encourage applicants who have experience and knowledge of the behavioral health system, preferably in the County.

4.4 In order for applicants being considered for the Behavioral Health Board to have a better understanding of their potential role, responsibilities, and restrictions as a Board Member, applicants are encouraged to attend at least one Board meeting, and also encouraged to meet with the Board Chair, Board Vice Chair or other Board Members prior to their appointment.

4.5 The Chair and Executive Committee of the Behavioral Health Board shall coordinate appropriate training and orientation of all newly appointed Board Members.

ARTICLE IV
MEETINGS

SECTION 1. REGULAR MEETINGS

1.1 Regular Meetings

Meetings of the Behavioral Health Board shall be held monthly.

1.2 Schedule of Meetings

The meeting schedule for the following year shall be set in the month of December. If no meeting will be convened during the month of December, the meeting schedule shall be set at the last regular meeting of the calendar year. Meeting schedules shall be available online.

1.3 Minimum Number

A minimum of eight (8) meetings shall be held per year.

1.4 Holidays

If the regular meeting date falls on a holiday, a new meeting date shall be selected.

SECTION 2. ORDER OF BUSINESS

2.1 Agendas

Agendas shall be prepared for regular Board and Executive Committee meetings at the direction of the Board Chairperson. When feasible, agendas shall be e-mailed seven (7) days prior to the meeting, but at a minimum 96 hours prior to the meeting. Agendas shall be posted, e-mailed and made available to the public in accordance with the Brown Act and the County's Better Government Ordinance.

SECTION 3. QUORUM

A quorum is one person more than one-half of the appointed members (most other boards it is of the number of seats, not the filled seats), excluding alternates. The Board must have a quorum present in order to hold a meeting.

SECTION 4. CLOSED SESSION

The Board may not conduct closed sessions.

SECTION 5. SPECIAL MEETINGS

Special meetings of the Board may be called at any time by the Chair or by a majority of the members of the Board in accordance with the Brown Act and the County's Better Government Ordinance.

SECTION 6. OPEN MEETINGS

All meetings of the Board, including all meetings of its Executive Committee, standing committees, task forces and ad hoc committees shall comply with the Brown Act and the County's Better Government Ordinance.

SECTION 7. DECISIONS AND ACTIONS OF THE BOARD

Unless otherwise stated, all matters coming before the Board for action shall be determined by a majority of the ~~Boarders~~ appointed members.

(most other advisory bodies count all seats, filled or otherwise)

SECTION 8. ADDRESSING THE BOARD

Public Comment shall be allowed on any items of interest to the public that are within the subject matter jurisdiction of the Board, both agendized and non-agendized items, in accordance with the Brown Act and the County's Better Government Ordinance. The Chairperson may limit the amount of time a person may use in addressing the Board on any subject, provided the same amount of time is allotted to every person wishing to address the Board.

ARTICLE V
NOMINATION, ELECTION, AND REMOVAL OF OFFICERS

SECTION 1. NOMINATION OF OFFICERS AND EXECUTIVE COMMITTEE MEMBERS

1.1 Ad Hoc Nominating Committee

An Ad Hoc Nominating Committee shall be appointed in the month of August. During the September meeting, the Ad Hoc Nominating Committee shall announce the solicitation of nominations from the Board members and obtain the nominee's consent to serve. At the October meeting, a slate of nominees will be announced.

1.2 Nominations

In the event of a vacancy in the office of Chairperson, Vice Chairperson or an Executive Committee member during the term of office, nominations will be taken, nominees ' consent to

serve will be obtained, and nominees will be announced at the next regularly scheduled Board meeting.

SECTION 2. ELECTION

2.1 Timing of

The Board shall elect a Chairperson, Vice Chairperson and members of the Executive Committee at the November or next regular meeting of the Board following the announcement of nominations as set forth in Section 1.

2.2 Assumption of Office

The newly-elected Chairperson, Vice Chairperson and Executive Committee shall assume office January 1 and serve through December 31 of that year. In the case of a mid-term appointment, the elected Chairperson, Vice Chairperson or members of the Executive Committee will complete the remainder of the normal term.

2.3 Conduct of Election

The election will be conducted publicly through the use of signed ballots. Ballots will be announced and counted publicly by the Ad Hoc Nominating Committee. The election of each officer will carry with a majority vote of the Board. In the case of a tie vote, the Board may re-cast ballots until the tie is broken. If, in the opinion of the Chairperson, the tie will not be broken within a reasonable number of attempts, the election may be deferred until the next scheduled Board meeting and the current seated officer will remain in office until a new officer is elected.

SECTION 3. TERMS OF OFFICE

The Officers of the Board, the Chairperson and Vice Chairperson, shall serve no more than three (3) consecutive terms of one year each in the same position. This will not preclude an individual from serving as Chairperson or Vice Chairperson after one (1) year of having not served.

SECTION 4. REMOVAL OF OFFICER

4.1 Grounds for Removal

The Board, by a majority of the Board members appointed, may remove the Chairperson and/or Vice Chairperson from office and relieve him/her of his/her duties

4.2 Nominations After Removal

In the event of removal of the Chairperson and/or Vice Chairperson, the Ad Hoc Nominating Committee shall meet and present nominations for the vacant position(s) at the next regularly scheduled Board meeting.

ARTICLE VI
DUTIES OF OFFICERS

SECTION 1. DUTIES OF THE CHAIRPERSON

1.1 Meetings

a. The Chairperson shall preside at all meetings of the Board and perform duties consistent with these Bylaws and the Welfare and Institutions Code

b. The Chairperson shall conduct meetings, maintain order and decorum, and decide questions of procedure in accordance with these Bylaws and in consultation with County staff via the Executive Assistant to the Board.

c. The Chairperson shall conduct all meetings in the manner required by the Brown Act and the County's Better Government Ordinance.

1.3 Other Duties

The Chairperson shall be in consultation with the Behavioral Health Director.

SECTION 2. DUTIES OF THE VICE CHAIRPERSON

In the event of the Chairperson's absence from a Board meeting or inability to act, the Vice Chairperson shall preside and perform all duties of the Chairperson. In the case of removal of the Chairperson, the Vice Chairperson shall perform all duties of the Chairperson until new elections can be held.

SECTION 3. TEMPORARY CHAIRPERSON

In the event both the Chairperson and Vice Chairperson are absent from a Board meeting or are unable to act, the members shall, by order fully entered into their records, elect one of their members to act as Chairperson *Pro Tern*. The Chairperson *Pro Tern* shall perform the duties of the Chairperson until such time as the Chairperson or Vice Chairperson resumes his or her duties.

ARTICLE VII
COMMITTEES

SECTION 1. CREATION OF SUBCOMMITTEES

Pursuant to the rules set forth herein, the Board may create committees which can be standing committees, task forces or ad hoc committees as needed.

SECTION 2. STANDING COMMITTEES

2.1 Mission Statement

Each standing committee shall develop a Mission Statement. The Mission Statement is subject to approval by the Board and shall be submitted to the Board for approval no later than 60 days after establishment of the committee.

2.2 Composition

Each standing committee shall consist of a minimum of three (3) and a maximum of five (5) members of the Board. Alternate members may be a voting member of any committee.

2.3 Appointment and Terms

a. The Board may appoint Board members to standing committees.

b. The terms of the Committee Chairpersons and Vice Chairpersons shall be one (1) year.

c. There are no limits on the number of terms an individual may serve as Committee Chairperson or Vice Chairperson.

2.4 Meetings/Actions

a. All matters coming before a standing committee shall be determined by a majority of the Board members on the committee.

b. All standing committee meetings shall be conducted in accordance with the Brown Act and the County Better Government Ordinance.

c. All actions recommended ~~approved~~ by a standing committee will be referred to the Board for -discussion and recommendation to the Board of Supervisors ~~final approval~~.

2.5 Chairpersons, Vice Chairpersons

a. Selection

i. Each standing committee shall have a Chairperson ad ma have a Vice Chairperson who are selected by the Committee.

ii. In the event of a vacancy in the position of Chairperson or Vice Chairperson of a standing committee, the Board Chairperson may serve as temporary Chairperson of the standing committee for up to sixty (60) days while the committee selects a new Chairperson for Vice Chairperson.

b. Duties

i. The Chairperson shall preside at all meetings of the standing committee and perform his or her duties consistent with the procedures outlined herein. The Chairperson shall work in consultation with the Board Chairperson.

ii. The Chairperson shall direct the preparation and distribution of agendas for their respective standing committee meetings as required by the Brown Act and the County's Better Government Ordinance.

iii. The Chairperson shall provide monthly reports to the Board regarding the activities of the standing committee and is encouraged to provide an outline of the monthly report to the Executive Analyst ~~Assistant~~ to the Board for use in preparation of the Minutes.

SECTION 3. EXECUTIVE COMMITTEE

3.1 Purpose

The Executive Committee is charged with acting on the decisions of the Behavioral Health Board. Its primary focus is to identify and avail any reasonable resources needed to deliberate over agenda items of the general membership, committee, task force or ad hoc committee meetings

3.2 Composition

The Board Chairperson, and Vice Chairperson shall be members of the Executive Committee. Additional members shall be elected by the Board. The Executive Committee shall consist of a minimum of three (3) members and a maximum of five (5) members.

3.3 Term

Elected members of the Executive Committee shall serve for one calendar year.

SECTION 4. TASK FORCES

4.1 Purpose

Task forces shall be time-limited and have a stated purpose beyond the scope of regular Board responsibilities approved by the Board and shall be required to report back to the Board regarding progress toward its stated purpose.

4.2 Composition

Each task force shall consist of a minimum of three (3) members and a maximum of five (5) members. Non-Board members may be appointed from the community as non-voting members when special expertise, advice or opinion is desired, at the discretion of the Board, but shall not

exceed one half (1/2) of the membership of the Task Force. All task force members shall conform to the Behavioral Health Division client confidentiality statement.

4.3 Appointment and Terms

The Board shall appoint Board and non-Board members to task forces based upon a majority vote of the Board. The terms of all task force members shall be until the task force has completed its stated purpose.

4.4 Meetings/Actions

All meetings shall be conducted in accordance with the Brown Act and the Contra Costa County Better Government Ordinance. All matters coming before a task force shall be determined by a majority vote of the Board ~~members of the task force~~.

4.5 Chairpersons

a. Selection

i. Each task force shall have a Chairperson and may have a Vice Chairperson, selected by the members of the task force. In the event of a vacancy in the position of Chairperson of a task force, the Board Chairperson may serve as temporary Chairperson of the task force for up to sixty (60) days while the Task Force selects a new Chairperson.

b. Duties

i. The Chairperson shall preside at all meetings of the task force and perform his or her duties consistent with the procedures outlined herein. The Chairperson shall work in consultation with the Board Chairperson.

ii. The Chairperson shall direct the preparation and distribution of agendas for the task force in the manner required by the Brown Act and the County's Better Government Ordinance.

iii. The Chairperson shall provide monthly reports to the sponsoring standing committee or the Board.

4.6 Removal

The Chairperson of the task force may request of the Chair of the Board replacement of a member who fails to regularly attend the task force meetings.

SECTION 5. AD HOC COMMITTEES

5.1 Purpose

Ad Hoc Committees shall be established by the Board as needed to address issues within the normal course of Board responsibilities, including but not limited to applicant interviews for the At-large seats and officer nominations. They shall be required to report back to the Board.

5.2 Composition

An ad hoc committee shall consist of a minimum of three (3) and a maximum of five (5) members of the Board.

5.3 Appointment

The Board shall appoint Board members to an ad hoc committee.

5.4 Meetings/Actions

All matters coming before an ad hoc committee shall be determined by a majority of the members of the Board ~~ad hoc committee~~.

5.5 Chairpersons

a. Selection

Each ad hoc committee shall have a Chairperson, and may have a Vice Chairperson, selected by a majority of the members of the ad hoc committee. In the event of a vacancy in the position of Chairperson of an ad hoc committee, the Board Chairperson may serve as temporary Chairperson of the ad hoc committee for up to sixty (60) days while the ad hoc committee selects a new Chairperson.

b. Duties

i. The Chairperson shall preside at all meetings of the ad hoc committee and perform his or her duties consistent with the procedures outlined herein. The Chairperson shall be in consultation with the Board Chairperson.

ii. The Chairperson shall direct the preparation and distribution of agendas for the ad hoc committee in the manner required by the Brown Act and the County's Better Government Ordinance.

iii. The Chairperson shall provide monthly reports to the Board.

5.6 Removal

The Chairperson of the ad hoc committee may request of the Chair of the Board replacement of a member who fails to regularly attend the ad hoc committee meetings.

SECTION 6. BOARD REPRESENTATIVE

The Board shall appoint an officer or other member of the Board as the Board Representative to the California Association of Local Behavioral Health Boards. The Board Representative shall represent the Behavioral Health Board at statewide meetings and to report back to the Board.

SECTION 7. STAFF SUPPORT

The County's Behavioral Health Division provides clerical support services to assist the Board in the management of its operations and activities. The Executive Analyst shall maintain all necessary records. The budget of the Behavioral Health Division shall fund the position of the Executive Analyst to the Behavioral Health Board.

SECTION 8. STAFF ATTENDANCE AT MEETINGS

The Behavioral Health Division staff provides information to the Board and its committees regarding agenda items and attends meetings on a regular basis.

SECTION 9. ACTIONS

The Board by its Chairperson shall regularly inform the Behavioral Health Director of Board actions.

ARTICLE VIII
BYLAW AMENDMENTS

SECTION 1. AMENDMENTS

These Bylaws may be amended by a majority vote of the Board in a regularly scheduled meeting as defined at Article IV ~~V~~, Section 1. Before the Board may consider or vote on Bylaw amendments, proposed amendments shall be submitted in writing to Board members at least thirty (30) days prior to the meeting date at which they are to be considered. Bylaws are not final until they are approved by the Board of Supervisors.