



CONTRA COSTA COUNTY

AGENDA

Behavioral Health Board

Wednesday, August 6, 2025

4:30 PM

1025 Escobar Street, Martinez |
<https://cchealth.zoom.us/j/99553669464> |
+1 646 518 9805 US Meeting ID: 995
5366 9464

The public may attend this meeting in person at either above location. The public may also attend this meeting remotely via Zoom or call-in.

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

1. Roll Call and Introductions
2. Public comment on any item under the jurisdiction of the Board and not on this agenda (speakers may be limited to two minutes)
3. RECEIVE and APPROVE the Meeting Minutes from the July 2, 2025 Behavioral Health Board meeting, with any necessary corrections

Meeting Minutes Draft 7.2.25 **25-3190**
Attachments: MeetingMinutes Draft 7.2.25
4. RECEIVE draft set of Behavioral Health Board Bylaws reviewed by County Counsel and FORWARD to Family and Human Services Committee

Behavioral Health Board Bylaws Draft 8.1.25 **25-3191**
Attachments: Behavioral Health Board Bylaws Draft 8.1.25
5. RECEIVE training presentation on the Ralph M. Brown Act and Better Government Ordinance

Brown Act Training for Behavioral Health Board 8.6.25 **25-3192**
Attachments: Brown Act Training for Behavioral Health Board 8.6.25
6. RECEIVE presentation on Behavioral Health Transformation Community Voices

Behavioral Health Transformation Community Voices 8.6.25

25-3193

Attachments: Behavioral Health Transformation Community Voices 8.6.25

The next meeting is currently scheduled for September 3, 2025 at 4:30 PM.

Adjourn

General Information

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)



CONTRA COSTA COUNTY

Staff Report

1025 ESCOBAR STREET
MARTINEZ, CA 94553

File #: 25-3190

Agenda Date: 8/6/2025

Agenda #:



Meeting Minutes - Draft

CONTRA COSTA COUNTY Behavioral Health Board

Wednesday, July 2, 2025

4:30 PM

1025 Escobar Street, Martinez |
[https://cchealth.zoom.us/j/99297660427?](https://cchealth.zoom.us/j/99297660427?pwd=oJZL4l9KcAELazOL5O1cmucAbC8vFa.1)
[pwd=oJZL4l9KcAELazOL5O1cmucAbC8vFa.](https://cchealth.zoom.us/j/99297660427?pwd=oJZL4l9KcAELazOL5O1cmucAbC8vFa.1)
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

Supervisor Carlson called the meeting to order at 4:35 PM.

Present	Anthony Arias, Y'Anad Burrell, Ken Carlson, Roland Fernandez, Laura Griffin, Anya Gupta, Candace Hendra, Avery Gould, and Dhoryan Rizo
Absent	Candace Andersen, Logan Campbell, Shelley Clark, Rebecca Harper, Sani Momoh, Alexander Quintero, and Jenelle Towle
Non-voting	Max Sala

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)

Five people chose to speak during general public comment.

III. RECEIVE a presentation on Behavioral Health Transformation

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

Four people chose to speak during public comment.

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

There were no requests made for public comment.

A motion was made by Hendra, seconded by Fernandez, that the June 4, 2025 Behavioral Health Board Meeting Minutes be approved. The motion carried by the

following vote:

Motion: Hendra

Second: Fernandez

Aye: Arias, Burrell, Carlson, Fernandez, Gupta, Hendra, Gould, and Rizo

Absent: Andersen, Campbell, Clark, Momoh, Quintero, and Towle

Abstain: Griffin

Result: Passed

Attachments: [BHB Meeting Minutes Draft 6.4.2025](#)

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

There were no requests made for public comment.

Discussion included review of draft set of Bylaws with additional edits to language. Board staff Daniel Colin was instructed to apply the revisions and forward the document to County Counsel for review.

A motion was made by Carlson, seconded by Arias, that the draft set of Bylaws be forwarded to County Counsel for review. The motion carried by a unanimous vote.

Motion: Carlson

Second: Arias

Attachments: [BHB Bylaws Draft 7.2.2025](#)

VI. Adjourn

The meeting was adjourned at 6:10 PM.

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)



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 25-3191

Agenda Date: 8/6/2025

Agenda #:

CONTRA COSTA COUNTY
BEHAVIORAL HEALTH BOARD

BYLAWS

DRAFT 8/1/2025

CONTRA COSTA COUNTY BEHAVIORAL HEALTH BOARD BYLAWS

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DRAFT

**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

In accordance with Welfare and Institutions Code section 5604, et seq., t~~he~~ Contra Costa Behavioral Health Board (“Behavioral Health Board” or ~~“Commission Board”~~ hereinafter) was established for Contra Costa County (“County”) by order of the Contra Costa County Board of Supervisors (~~“Board of Supervisors”~~) on December 17, 2024 to serve in an advisory capacity to the Board of Supervisors.

On April 28, 2025, the Board of Supervisors added two additional alternate seats, resulting in a 17-member Board and appointed the Board’s initial members.

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 Welfare and Institutions Code s~~Section~~ 5650. The ~~local B~~ehavioral ~~H~~health ~~B~~oard 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~~ The Behavioral Hhealth Bboards 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 County director 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 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. Perform the Behavioral Health Services Act (BHSa) duties as set forth in from WIC Welfare and Institutions Code sSection (5963.03), which include the following:
 - 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 County Behavioral Health Services for revisions. County Behavioral Health Services shall provide an annual report of written explanations to the local governing bodyBoard of Supervisors and the State Department of Health Care Services for any substantive [see i. below] recommendations made by the Behavioral 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" 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 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, 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-be responsible for appointing~~ two (2) seats representing their district, to be filled by one (1) consumer of behavioral health services and one (1) family member.
- 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. At least one (1) member of the board shall be a veteran or veteran advocate.
 - 1) ~~C~~A-eounty shall notify its County Veterans Service Officer about vacancies on the Board, to the extent there is one.
 - iv. At least one (1) member of the Board shall be an employee of a local education agency.
 - 1) ~~A-e~~County shall notify its ~~C~~eounty ~~O~~effice of ~~E~~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.

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- 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 the Board of Supervisors. The Alternate Board of Supervisors member may only serve in the place of the Board of Supervisors member when the latter is absent.
- 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 each~~ supervisorial district.
- iv. One (1) At-large and one (1) At-large Alternate. The At-Large Alternate member may only serve in the place of the At-large member when the latter is absent.
- v. One (1) Veteran/Veteran Advocate.
- vi. One (1) Employee of Local Education Agency (Contra Costa Office of Education).
- vii. One (1) Consumer/Family Member ~~Younger Than 26~~ Aged 18 to 25 Years.

Commented [CC1]: Please clarify when the At-Large Alternate can be used if this is not accurate.

1.2 Demographic and Ethnic Representation

- a. In accordance with Welfare and Institutions Code section 5604((a)(2)(A)(ii)-(iii), t~~The~~ Board membership should reflect the diversity of the client population in the County to the extent possible, including 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.

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1.3 Membership Restrictions

- a. No member of the Board or their spouse or partner 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 (18) 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 automatically 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 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 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. 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 for approval.

SECTION 3. TERMS

3.1 Duration

Initial appointments were made to the Board on or about April 28, 2025. For future appointments, the following requirements shall apply. ~~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 serve until replaced by the Board of Supervisors.

SECTION 4. VACANCIES AND RECRUITMENT

4.1 Role of the Board

The role of the Board in recruitment of new members 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 ~~and~~ 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 for the Board 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) calendar days prior to the meeting, but at a minimum of 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 total seats, excluding alternates, whether vacant or filled. 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 Chairperson 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 ~~appointed~~ members present, which may include the alternate members when their participation is necessary.

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 [calendar](#) 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.](#)

Commented [CC2]: This may require clarification depending on whether Alternate members can be used to replace all members or just the At-Large member. See prior comments.

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 by a standing committee will be referred to the Board for discussion and recommendation to the Board of Supervisors.

2.5 Chairpersons, Vice Chairpersons

a. Selection

- i. Each standing committee shall have a Chairperson and 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) calendar 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 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.

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) calendar 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.

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) [calendar](#) 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.

Commented [CC3]: You may wish to consider if this could change and if there is a business need to include.

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, 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) calendar days prior to the meeting date at which they are to be considered. Bylaws, and any amendments thereto, are not final unless and until they are approved by the Board of Supervisors.



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 25-3192

Agenda Date: 8/6/2025

Agenda #:

The Brown Act

CCC Behavioral Health Board Training

Cynthia A. Schwerin, Assistant County Counsel

Kendra Pappas, Deputy County Counsel

Office of the Contra Costa County Counsel

August 6, 2025



Legal Framework

What is an Open Meeting Law?

- Open meeting laws promote transparency in government operations.
- The purpose is to give the public advance notice of what government bodies are doing, and to foster public participation in the governmental decision making process.
- Open meeting laws require that the Behavioral Health Board and its committees take certain actions to ensure public notice and participation.

The open meeting laws applicable to the County Behavioral Health Board:

- The Ralph M. Brown Act (Cal. Gov. Code §§ 54950-54963.)
- CCC Better Government Ordinance (CCC Ord. Code Chap. 25-2)

Are We Subject to the Brown Act?

Open meeting laws apply to:

- The County Behavioral Health Board (Gov. Code, § 54952.)

Open meeting laws apply whenever there is a public meeting

- The Board must comply with the open meeting laws each and every time there is a meeting.

The Rule:

- **Members of the Board may only discuss the body's business at properly noticed meetings that the public can attend.**

Are We Meeting?

Ask this question whenever a quorum of the Board will be present.

Definition of Meeting (Gov. Code, § 54952.2(a).)

- A majority of the members of the Board at the same time and place
- They hear, discuss, deliberate, or take action on any item within the Board's jurisdiction.
- Telephone or videoconferences with a majority of the members of the Board is a meeting
- The Board does not have to take action for it to be a meeting. A majority of Board members holding a training on matters within the Board's jurisdiction can be a meeting.

Can't We Just Do It By E-mail?

(Gov. Code, § 54952.2/A.B. 992 (Eff. 2021).)

No use of Social Media, cell phones, intermediaries, serial conversations.

Prohibitions:

- A majority of Board members from being on the same email string
- A majority of Board members using social media
- A majority of Board members using intermediaries
- A series of individual conversations about the Board's business

Why? Because use of these devices or private conversations avoids transparency and excludes the public from the decision-making process.

Exceptions: Staff may talk individually to Board members to answer questions or to provide information. Staff cannot share Board member positions, questions, request, etc. that are learned during such interactions with other Board members outside of a public meeting.

Can't We Just Do It By E-mail? (Gov. Code, § 54952.2)

Example of Communications that can lead to an illegal meeting:

A majority of Board members use email, cell phones, text, X (Twitter), Facebook, Instagram, or a staff intermediary to conduct a group conversation, or to have a series of individual conversations about the Board's business.

But Everyone Else is Doing it!

What Can Board Members Do?

- Board members may use social media to communicate with the public without causing a serial meeting;
 - “Social Media” is an internet-based, online service that is *open and accessible* to the public;
- A Board member may engage in separate conversations or communications about agency business on any internet-based social media platform that is open and accessible to the public, for the following purposes:
 - 1) To answer questions
 - 2) To provide information to the public
 - 3) To solicit information from the public regarding a matter in the board’s jurisdiction.

But Everyone Else is Doing it!

BEWARE....

- Beware of Facebook, Instagram, X (Twitter), comment sections on news articles, chatrooms
- Beware of replying or reacting to anything another Board member posts or shares on social media regarding anything in the Board's jurisdiction
 - No "likes" or "dislikes"
 - No emojis



What is Not a “Meeting”?

- Individual contacts between a Board member and a member of the public, e.g., a constituent or reporter. (Gov. Code, § 54952.2(c)(1).)
- Attendance of a majority of Board members at a conference or similar gathering open to the public that involves a discussion of issues of general interest to the public, or of issues of local community concern. A majority of members must not discuss the Board’s business, except as part of the scheduled program. (For example, a congressional representative’s town hall meeting.) (Gov. Code, § 54952.2(c)(2),(3).)
- Attendance of a majority of Board members at an open and noticed meeting of another public body – e.g., the Board of Supervisors. (Gov. Code, § 54952.2(c)(4).)

What is Not a “Meeting”?

- Meetings generally do not include social or ceremonial occasions. At such occasions a majority of the Board members must not discuss among themselves matters within the jurisdiction of the Board. (e.g., a holiday party; member’s wedding.) (Gov. Code, § 54952.2(c)(5).)
- Attendance at a meeting of a subcommittee of the Board on which a Board member is not a member, but only if the Board member attends the subcommittee meeting as an observer. (Gov. Code § 54952.2(c)(6).)



How to Prepare for a Meeting

How About We Meet at Starbucks?

- Meeting locations are restricted. (Gov. Code, § 54954). Generally meetings must be held within the jurisdictional boundaries of the body.
- The meeting space must be open to the public. A body cannot hold meetings in facilities that are not accessible to the disabled or that exclude members of a gender, nationality, or race. (Gov. Code, § 54961.)
- The Brown Act also prohibits meetings in facilities where members of the public must pay or purchase to be present. (Gov. Code, § 54961)

How About We Meet on Zoom?

2 Options until January 1, 2026



Option 1: Traditional Brown Act
teleconferencing (GC § 54953(b).)



Option 2: AB 2449
Teleconferencing (GC § 54953(e).)

Traditional Brown Act Teleconferencing (GC § 54953(b).)

When is it available?

ANYTIME!
(Even after January 1, 2026)

Traditional Brown Act Teleconferencing (GC § 54953(b).)

- a. Post agendas at all teleconference locations
- b. Each teleconference location must be identified on the agenda
- c. Each teleconference location must be accessible to the public
- d. At least a quorum of the members must participate from locations within the boundaries of the jurisdiction of the Board
- e. All votes must be by roll call
- f. Must allow for public access to the meeting and public comment

AB 2449 Teleconferencing: Options for Use (Only until January 1, 2026)

Just Cause Option:

- Member notifies the Board as soon as possible
- Just Cause means any of the following:
 - 1) a childcare or caregiving need,
 - 2) a contagious illness that prevents in person attendance,
 - 3) a need related to a physical or mental disability not otherwise accommodated,
 - 4) travel while on official business of the legislative body or another state or local agency.
- May not be used by any member for more than 2 meetings per calendar year. Includes consideration of use of emergency circumstances option.*

AB 2449 Teleconferencing: Options for Use (Only until January 1, 2026)

Emergency Circumstances Option:

- Member makes request due to emergency circumstances
- Board takes action to approve the request
- Emergency Circumstances means
 - a physical or family medical emergency that prevents a member from attending in person.
- Effective January 1, 2025, cannot be used more than 2 meetings *per calendar year* if the Board regularly meets once per month or less-
*includes consideration of use of just cause option. (Assembly Bill 2305)

AB 2449 Teleconferencing: Options for Use (Only until January 1, 2026)

Just Cause & Emergency Circumstances Options:

What must Member do during meeting when using these Options:

- ❑ Disclose if individuals 18 years or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.
- ❑ Member must participate through both audio and visual technology.
- ❑ Agenda does not need to be posted at each teleconference location
- ❑ Agenda does not need to identify each teleconference location

AB 2449 Teleconferencing (Until January 1, 2026)

All of the following are required if using AB 2449 teleconference options:

- a. A quorum of members participate in person from a single physical location identified on the agenda that is open to the public and within the boundaries of the territory of the Board.
- b. Give notice on the agenda of how the public may access the meeting and comment remotely
- c. Allow for public comment remotely and in-person
- d. No public comments required to be submitted in advance. Real-time comments must be allowed.
- e. May use a third-party internet website or online platform that requires registration to log in.
- f. If there's a disruption that prevents broadcasting the meeting to the public using the call-in option or the internet-based option, or from offering public comment, the Board must cease taking any further action until remote public access to the meeting is restored
- g. At least one of the following means for the public to remotely hear and visually observe the meeting and remotely address the Board:
 - i. A two-way audiovisual platform; or
 - ii. A two-way telephonic service and a live webcasting of the meeting



How About We Meet on Zoom?

Any Other Options??

Disability? Teleconference as a Reasonable Accommodation (CA Atty. Gen. Opinion No. 23-1002)

Procedure for requesting teleconference option as a reasonable accommodation for a disability:

Submit a written request to appear remotely to the Clerk of the Board at least 1 week before the meeting.

- a. Send request by mail or email at clerkoftheboard@cob.cccounty.us
- b. Include in subject line of request: "Advisory Body Reasonable Accommodation"
- c. Request must include the following information:
 - ☐ Self-attestation that the accommodation is needed due to a disability
 - ☐ Brief description explaining the need for the accommodation (less than 20 words).
 - Do not disclose the medical diagnosis
 - No medical note is required
 - ☐ Duration of the requested accommodation
 - ☐ Name of advisory body on which the member sits (e.g., CCC Behavioral Health Board)

Disability? Teleconference as a Reasonable Accommodation (CA Atty. Gen. Opinion No. 23-1002)

Procedure for requesting teleconference option as a reasonable accommodation for a disability:

- ❖ Clerk of the Board will consult with the member about request
- ❖ Clerk of the Board will determine if the request is approved and how best to provide the accommodation
- ❖ Clerk of the Board will communicate a response in writing or orally with a written follow-up
- ❖ If the accommodation request is approved, the member may appear remotely at meetings for the approved duration of the accommodation.

Disability? Teleconference as a Reasonable Accommodation (CA Atty. Gen. Opinion No. 23-1002)

Procedure for attending meetings with an approved reasonable accommodation for a disability:

- ❖ The member must use two-way, real-time video and audio streaming; and
- ❖ The member must disclose the presence of other adults at the teleconference location and nature of the member's relationship with these individuals
- ❖ The teleconference location does not need to be identified on the meeting agenda and the agenda does not need to be posted at the teleconference site
- ❖ Public access to the teleconference location is not required.
- ❖ Member is eligible to vote when attending meeting remotely as an approved reasonable accommodation
 - ❖ Roll Call votes required when members teleconference



What's Needed for a Meeting?

What's Needed for the Meeting?

- Each meeting must have an agenda.
- Must post the agenda for a full 96 hours before a regular meeting
 - 96 hours is a BGO Requirement
 - The Brown Act = 72 hours in advance (Gov. Code, § 54954.2.)

NO POSTING, NO MEETING!

What's Needed for the Meeting?

PUBLIC COMMENT

- **Right to observe.** All meetings must be open and public, and all persons must be permitted to attend.
- **Right to anonymity.** The Board cannot require the public to sign in to attend. A sign in sheet must be voluntary and should say so.
- **Right to record.** Members of the public may record or video tape meetings.
- **Right to read.** The public is entitled to see agendas, agenda materials, and documents that are handed to the Board by any person during the meeting. Unless privileged, these documents are disclosable public records. (Gov. Code, § 54957.5.)

Consequences of Violating the Brown Act

- Civil Remedies
 - Invalidation of Action
 - Cure & Correct Opportunity
 - Civil Action to Prevent Future Violations
- Criminal Penalties
 - Intent to deprive the public of information
 - Misdemeanor



Questions?



Thank You!



CONTRA COSTA COUNTY

Staff Report

1025 ESCOBAR STREET
MARTINEZ, CA 94553

File #: 25-3193

Agenda Date: 8/6/2025

Agenda #:

Behavioral Health Transformation

Presentation to the Behavioral Health Board

August 6, 2025

Suzanne Tavano, PhD
Windy Taylor, MBA, MA, APCC
Marie Scannell, LMFT
Kennisha Johnson, LMFT
Gerold Loenicker, LMFT
Jenn Tuipulotu, OPFE
Fatima Matal Sol, MPH





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

November 2004 – Proposition 63 Mental Health Services Act

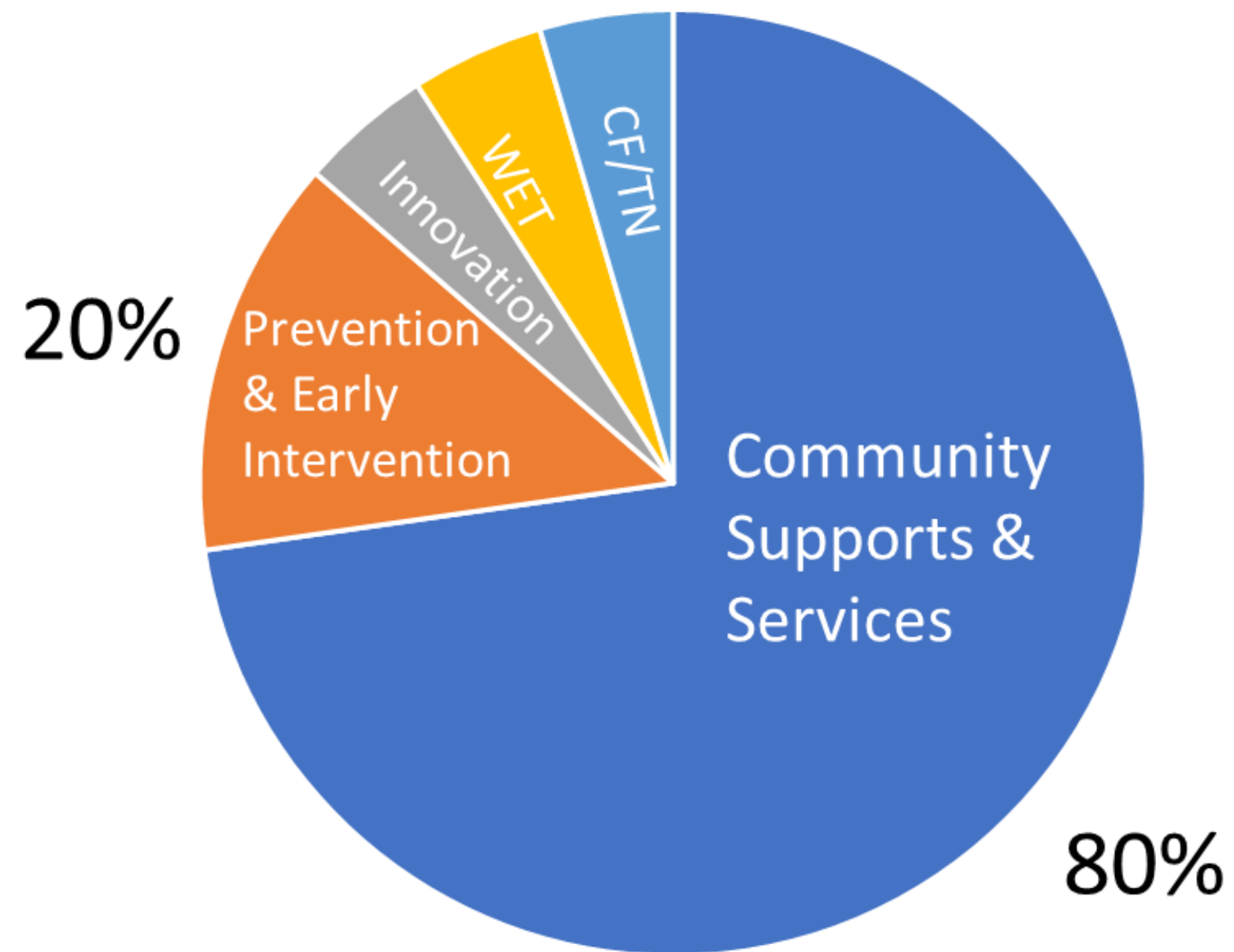
- In November 2004, California voters passed Proposition 63, or the Mental Health Services Act (MHSA). The MHSA's transformed California's public mental health system into a person-centered, prevention-oriented system with direct involvement and input from clients, parents, families and diverse communities

March 2024 – Proposition 1 Behavioral Health Services Act

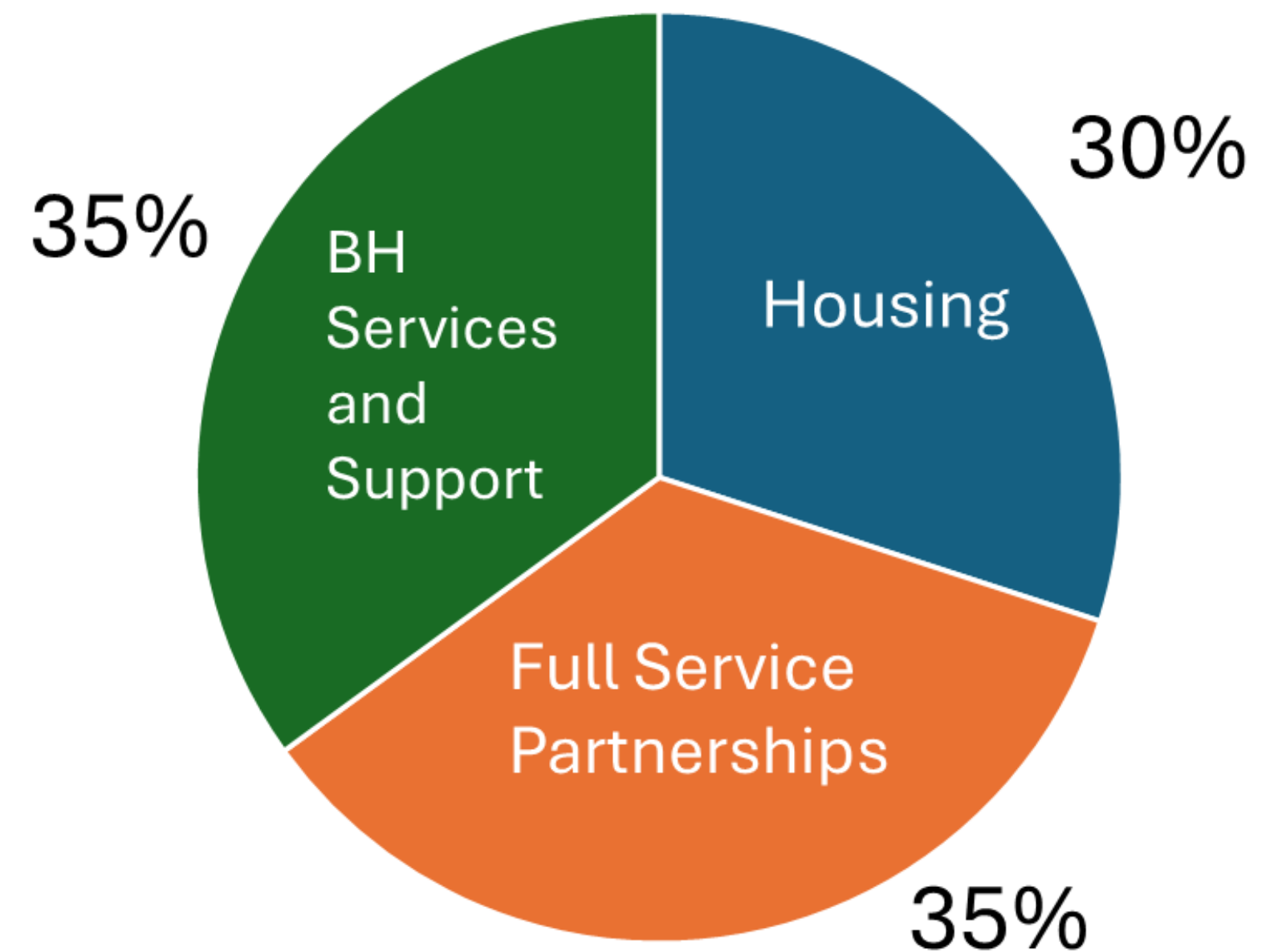
- In March 2024, **Proposition 1** was passed by California voters which transforms the MHSA into the Behavioral Health Services Act (**BHSA**). BHSA expands services for individuals which may have Mental Health and/or Substance Use Disorder (SUD) challenges.
- The BHSA is part of the Behavioral Health Transformation with most changes scheduled to go into effect 7/1/2026.

Behavioral Health Services Act: Shift in Focus

MHSA Current Funding and Components



BHSA Funding and Components



Priority Populations Under BHSA

Eligible adults and older adults who are:

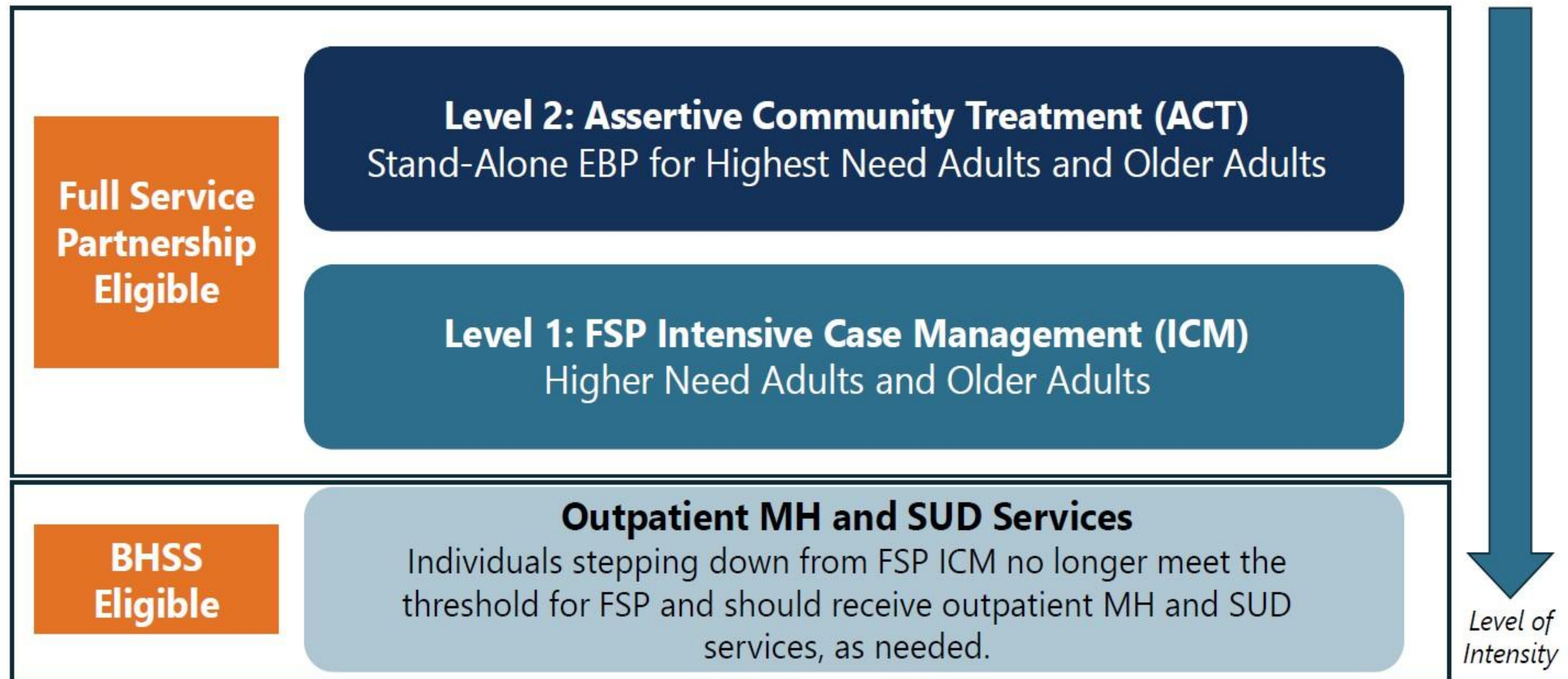
- Chronically homeless or experiencing homelessness or are at risk of homelessness
- In, or are at risk of being in, the justice system
- Reentering the community from prison or jail.
- At risk of conservatorship
- At risk of institutionalization

Eligible children and youth who are:

- Chronically homeless or experiencing homelessness or are at risk of homelessness
- In, or are 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 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).



What Types of “Housing” BH Does Now

TEMPORARY BEDS	TREATMENT BEDS		INTERIM/PERMANENT HOUSING
ACUTE	SUB-ACUTE	RESIDENTIAL	<ol style="list-style-type: none"> 1. Board and Care (non-enhanced) 2. Room and Board
<ol style="list-style-type: none"> 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) 	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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) 	<ol style="list-style-type: none"> 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

Children's System of Care

Evidence-Based Practices

High
Fidelity
Wrap

Coordinated
Specialty
Care

Functional
Family
Therapy

Multi-
Systemic
Therapy

Parent Child
Interactive
Therapy

Requires the Development of a Behavioral Health Integrated Plan (IP)



- The IP is submitted every three-years, starting in 2026 with annual updates
- The IP is developed through a robust community program planning process
- The IP requires counties to report planned activities and projected expenditures for all county behavioral health plan services

Community Planning Workgroup

Behavioral Health Division





COMMUNITY VOICES

Thematic Analysis of Feedback from Behavioral Health Community Engagement Process



Feedback Report

Input Categorized Into Four Different Themes

DRAFT Thematic Analysis of Contra Costa County Behavioral Health Services Community Feedback

Preliminary Analysis Prepared for the July 7, 2025 BHT Steering Committee Meeting

Executive Summary

The Community Engagement Feedback Handout provides a comprehensive thematic analysis of community feedback on Contra Costa County Behavioral Health Services (BHS) as part the Behavioral Health Transformation (BHT) initiative. The data was collected from 56 community engagement events and over 375 surveys conducted between April and June 2025. The feedback highlights several key areas of concern and opportunities for improvement in behavioral health services.

Key Themes and Findings:

1. **Access to Care** - Significant barriers to accessing behavioral health services include navigating a fragmented system, long wait times, and lack of clear information, compounded by cultural and language barriers, stigma, and economic obstacles. To improve outreach, multi-channel strategies such as radio, TV, flyers, social media, and peer-to-peer methods were suggested to increase visibility and accessibility of services.
2. **Quality and Effectiveness of Services** - Effective approaches emphasize cultural humility, individualized treatment plans, and client engagement, with impactful programs like peer support groups and school-based interventions. However, major challenges include workforce shortages, lack of coordination across systems, and insufficient services for specific populations.

ACCESS TO CARE

QUALITY & EFFECTIVENESS OF SERVICE

HOUSING & SUPPORT SERVICES

COMMUNITY INSIGHTS & SUGGESTIONS

Preliminary Analysis Takeaways



Community **appreciated** the opportunity to be **engaged**



Significant system **navigation** and **awareness** about services **challenges**



Equitable access to care requires special considerations for **diverse populations**

Feedback Collection Process

Engaging the Community

61 Events
April-July 2025

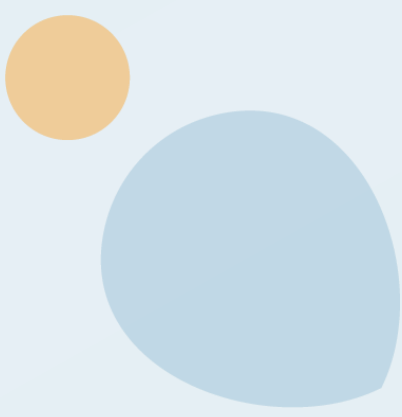
- **37** Community Conversations
- **10** Stakeholder-Focused Sessions
- **7** Town Hall Forums
- **7** Key Informant Interviews

741 Surveys
collected

- **396** Online surveys (including **43** *Spanish*)
- **263** Full paper surveys (incl. **44** *Spanish*)
- **81** Demographics-only with feedback
- **14** Jail detainee surveys
- **14** BHS intern surveys

Preliminary Analysis

- Data collection and cleaning continues
- **52 event notes** + **353 surveys** pulled into one spreadsheet
- Thematic analysis:
 - Community Engagement Planning Workgroup facilitators reported themes & shared experiences from participants
 - CPP committee combed through notes and surveys identifying key recurring themes & quotes
 - AI tools identified patterns and representative quotes



Stakeholder Groups

County & Local Government

Contra Costa County (CCC) Board of Supervisors	CCC In-Home Support Services Public Authority
California Department of Rehabilitation	CCC Office of Education
City of Antioch	CCC Sheriff's Office
City of Pittsburg	Juvenile Hall
City of Richmond	Office of Supervisor Candace Andersen
CCC Dept of Conservation and Development	San Pablo Police Department
CCC Employment and Human Services	West County Detention Facility

Healthcare Systems

Alameda County Health	John Muir Health
Contra Costa Health Plan (CCHP)	Kaiser Permanente
CCC Regional Medical Center (CCRMC)	La Clinica De La Raza
Healthcare for the Homeless	Sutter Health

Education & Specialized Services

Contra Costa Community College	Mount Diablo Unified School District
CCC Special Education Local Plan Area (SELPA)	Pittsburg High School Parents
Independent Living Services Health (ILS Health)	Regional Center of the East Bay
James Morehouse Project	VistAbility
La Cheim School	West Contra Costa Unified School District
Lynn Center	

Housing & Homelessness

Agape's Restore & Renew Home	Focus Strategies
Brookside Shelter	Homebase
Cali House	Hope Solutions
Concord Shelter	Housing Authority of CCC
CCC Council on Homelessness	Partnership for the Bay's Future
Don Brown Shelter	Trinity Center

Mental Health & Behavioral Services

Antioch CARES	Integrated Human Services Group
Aspiranet Therapeutic Behavioral Services (TBS)	La Concordia Wellness Center
Caminar	Mental Health Connections
Children's Mental Health Connections Clubhouse	National Alliance on Mental Illness (NAMI) Peer Connect Center
CCC Crisis Center / 211ContraCosta	Psynergy
Crestwood Healing Center	Telecare Hope House
Delta Peers	The Hume Center
Early Childhood Mental Health Program (ECMHP)	West County Adult Mental Health Clinic
East Adult Mental Health Clinic	West County Children's Mental Health Clinic
East County Children's Mental Health Clinic	

Stakeholder Groups (cont.)

Seniors, Veterans & Community Organizations

Choice in Aging	Rainbow Community Center
Community Health for Asian Americans (CHAA)	RCF Connects
CCC Advisory Council on Aging	Richmond Commission on Aging
CCC VA Center	Rock Harbor Christian Fellowship
Dept of Veteran Affairs	Scotts Valley Tribal TANF
Familias Unidas	Senior Mobility Action Council
Lao Family Community Development	The Latina Center
Mobility Matters	CCC Veterans Service Office
Nuevos Comienzos	White Pony Express

Substance Use and Recovery

Bi-Bett	
Bi-Bett Administration	Recovery Residences
Community Corrections Partnership	Restore
Every Life Deserves Assistance (ELDA) House	Safe Return Project
Men and Woman of Purpose	Ujima Outpatient
Oxford House	WestCare
REACH Project	Uilkema House

Youth, Family & Social Services

Youth Homes	FIERCE Advocates
Alternative Family Services	First 5 CCC
Bay Area Community Resources (BACR)	Fresh Lifelines for Youth (FLY)
Care Parent Network	Human Services Alliance
Center for Human Development	Lincoln Families
Child Abuse Prevention Council of CCC	Richmond Youth Services and Empowerment
Child Advocates of CCC	Seneca Family of Agencies
	Strengthening Families Program at Helms Middle School
CoCoKids	Village Community Resource Center
CCC Youth Service Bureau	
Embrace	We Care



Theme: Access to Care

Barriers to Access

Systemic and
Navigational
Challenges

Appointment
Delays

Lack of
Information
and
Accessibility

Cultural and
Linguistic
Barriers

Stigma and
Trust Issues

Economic and
Emotional
Barriers to Care

Insufficient
Resources

Comprehensive
Behavioral
Health Services
Needed

Administrative
and Data
Systems
Challenges

Opportunities for Improved Outreach

Multi-Channel
Outreach

Trusted
Messengers and
Community
Networks

Creating a
Welcoming and
Inclusive
Environment

Access to Care

Barriers to Access

Systemic and Navigational Challenges	Appointment Delays	Lack of Information and Accessibility
Cultural and Linguistic Barriers	Stigma and Trust Issues	Economic and Emotional Barriers to Care
Insufficient Resources	Comprehensive Behavioral Health Services Needed	Administrative and Data Systems Challenges

“I don't know where to start.”

“Simplifying the mental health system and providing clear guidance — step by step — in multiple languages would also help people navigate services more easily.”

Access to Care

Barriers to Access

Systemic and
Navigational
Challenges

Appointment
Delays

Lack of
Information
and
Accessibility

Cultural and
Linguistic
Barriers

Stigma and
Trust Issues

Economic and
Emotional
Barriers to
Care

Insufficient
Resources

Comprehensive
Behavioral
Health Services
Needed

Administrative
and Data
Systems
Challenges

"Scheduling challenges, they are usually not available on weekends or after work."

"There are programs/offices in all 3 regions. However, they are not always conveniently located... Creating a transportation option for people who have ongoing sessions would be helpful."

"It took us 10 years to get a diagnosis for our loved one. In part because they were treatment resistant..."

Access to Care

Barriers to Access

Systemic and
Navigational
Challenges

Appointment
Delays

Lack of
Information
and
Accessibility

Cultural and
Linguistic
Barriers

Stigma and
Trust Issues

Economic and
Emotional
Barriers to
Care

Insufficient
Resources

Comprehensive
Behavioral
Health Services
Needed

Administrative
and Data
Systems
Challenges

“ There are no rehabs for youth or specific to LGBTQIA+ within the CC Health or AOD umbrella.”

“ More dual diagnosis treatment Programs for all ages. Eating disorder treatment – residential, IOP, partial hospital levels. OCD treatment – residential, IOP, partial hospital levels. More autism testing readily available.”

Access to Care

Opportunities for Improved Outreach

“ *Trusted sources and messaging about mental health is crucial. My community sees mental health as taboo and often is dismissed as a personal behavior choice rather than a health issue.* ”

“ *Make people feel comfortable and welcome to ask for help.* ”



Quality and Effectiveness of Services

Effective Approaches

Cultural Humility
and Respect

Comprehensive
and Individualized
Treatment Plans

Client Centered
Services

Specific Programs
and Interventions
Noted as
Impactful

“

*Compassion-led fully funded
supportive programs where length
of stay is tailored to the individual
rather than a standardized
template.*

”

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“*Having a good therapist that listens and values the insight of their clients even if they have Mental Health or Substance Abuse issues, to be able to provide the best course of action possible and to let the client know that they matter and are valued.*”

Quality and Effectiveness of Services

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"A3 is doing an amazing job. We could definitely use more teams that work on prevention and doing outreach before people even call."

"Access Line is always available and is ready to connect our community members."

Quality and Effectiveness of Services



"More support groups with online and in-person options. More safe family shelters for DV victims trying to get back on their feet... "

"Healthier food at hospitals and shelters and bolstering Short-Term Residential Therapeutic Programs (STRTPs) are essential to improved overall care."



Quality of Care Issues

Under-
resourced
Services

Equitable
Access to
Care

Workforce
and Training
Challenges

Lack of
Coordination
of Care

Quality and Effectiveness of Services

"Vocational services need to be more accessible along with other life skills programs..."

"Funding for older adult services are being cut by the federal government so we will need even more support for older adults."

"Youth programs. LGBTQIA+ programs."

Quality of Care Issues

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Theme: Housing Supports and Services

Lack of Awareness

Improved Support
for Housed
Individuals
(frequent)

Need for
Navigation
Support

Increased
Coordination with
Behavioral Health
Service Providers

Limited Access to
Housing
Resources

Tailored Housing
Resources for
Specific
Populations

Wider Range of
Different Type of
Housing &
Support

Housing Supports and Services

Lack of Awareness

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Different Type of
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“

*I'm homeless myself and
desperately seeking housing.
When you find out, let me know.*

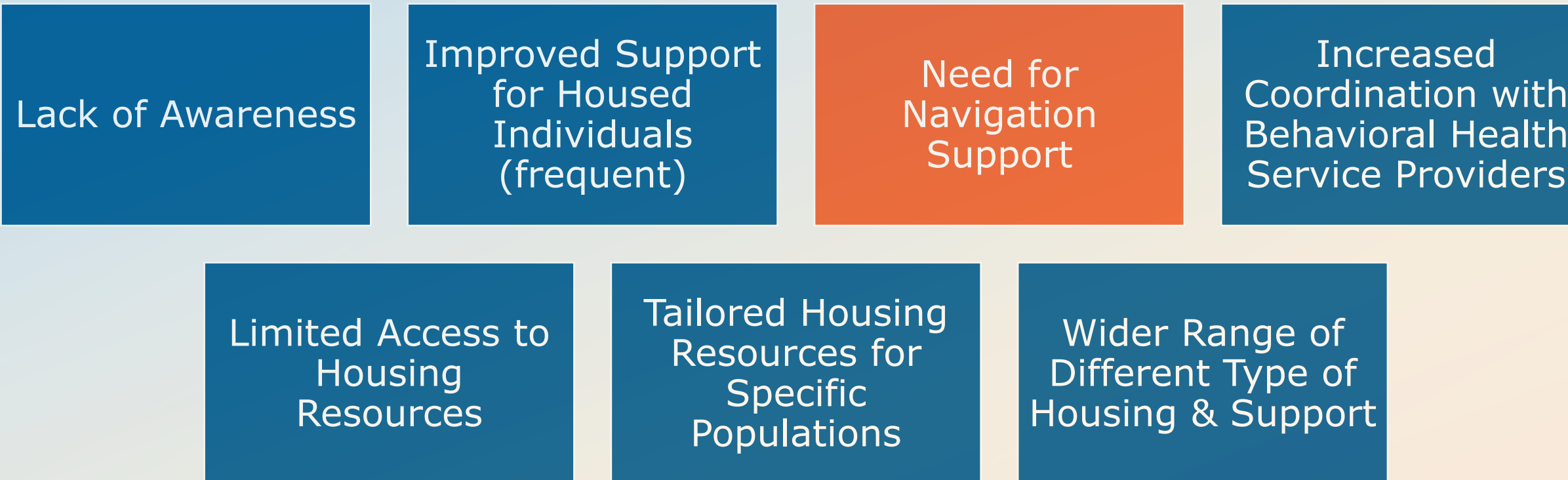
“

*I know there are many county resources, but I
cannot think of the names at this moment.*

”

”

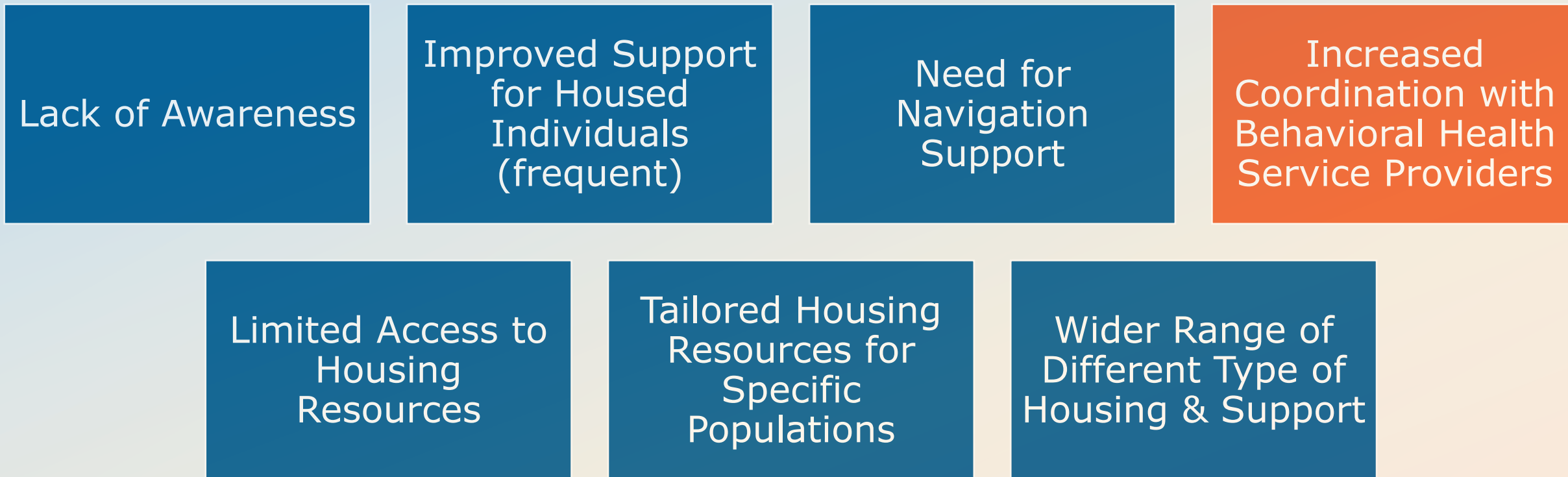
Housing Supports and Services



"Ideally, with direct guidance or instructions on how to access Contra Costa Housing Authority for housing vouchers and such...if there was a program similar to Bay Area Community Services (BACS) Holland House in Oakland, CA for rapid rehousing and food... this could support members who recently discharged from 4C/4D/PES."

"Centralized website that lists all current housing support options and eligibility criteria. It is very confusing right now about who is eligible for what, or how different waitlists work."

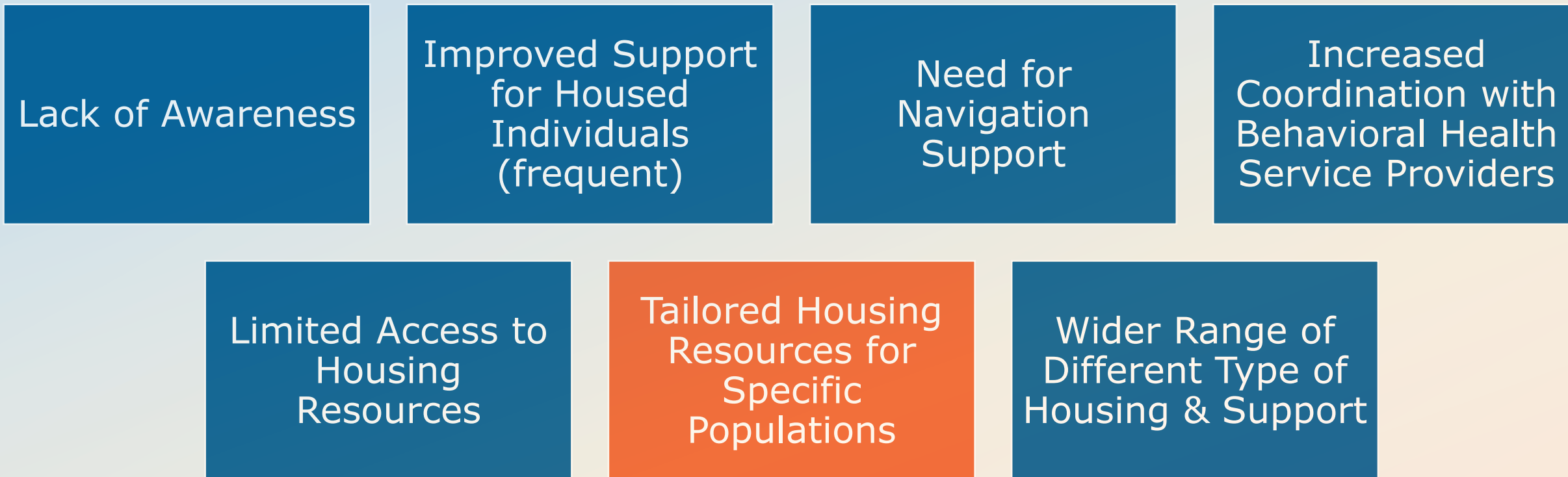
Housing Supports and Services



"Housing is too spread out among mental health, H3, and SUD. It should all be under one roof and managed by one team that is multidisciplinary (MH, SUD, and housing specialists). There should be an access line for housing for people to learn how to access the different kinds of housing and shelters."

"We need to make better use of Hope House as a step down for those who are stepping down from In Patient care and also have Hope House have the ability to take those who are in Shelter Facilities or are found homeless that could benefit from intensive treatment without hospitalization."

Housing Supports and Services



"We don't have appropriate housing services for substance users."

– Village Community Resource Center

"Need shelters specifically for TAY. Sober Living Environments (SLE) are usually shared. Few TAY are there. These usually shared living spaces. People with children do not want to go there. One TAY described SLE as like jail with a cellmate. Do not want children to be there."

– Transition Age Youth, Probation (providers, FLY clients)

"We need to develop alternatives to permanent supportive housing. One idea we could consider trying: Alameda County's 'Oak Days' model, where they converted a hotel into long term supportive housing with 24/7 care using the HCBA waiver."

– Meeting with Managed Care Plans

Theme: Additional Insights and Feedback

Better Data Sharing
and Coordination
Among Providers

Importance of
Prevention and Early
Intervention

Recommendations
for Resource
Allocation

Tailored Services to
Diverse Populations

Funding Reduction
Concerns

Providers should be
Trained at Same
Level as County staff

Additional Insights and Feedback

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"Disconnect in sharing information – hospitals, programs, county departments, MHET, clinicians in the field, doctors, nurses, first responders, etc. ... Need urgent, quick flow of information among entities."

— MHET Officers

"Stakeholders highlighted the lack of data integration within departments and counties, which hampers effective communication and service delivery."

– Summary from H3-CORE & COH Management

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"More funding for care management, housing navigators, and more supportive housing options."

"More treatment centers for AOD. And mental hospitals."

"More services for children under 18. More services for prevention/early intervention. More money for peer supporters and community support workers."

"More in-patient treatment facilities, more transitional housing facilities, more vocational programs for people, more resources specifically geared towards at-risk minority groups such as non-English speaking individuals, transgender people and children."

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"Supports for homeless and runaway LGBT minors. Mental health and substance use prevention services for all foster youth."

"More bilingual and bicultural health education programs where we use bilingual workers."

"There needs to be more outreach/psychoeducation for schools, hospitals, law enforcement, government officials, etc. There needs to be more education for the people helping those in need."

Thank You!



CONTRA COSTA
HEALTH