



CONTRA COSTA COUNTY

AGENDA

Behavioral Health Board

Wednesday, December 3, 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 November 5, 2025 [25-4978](#)
Behavioral Health Board meeting, with any necessary corrections
Attachments: [BHB Meeting Minutes DRAFT 11.5.25](#)
4. Establish nominating committee for the January 2026 election of Chairperson and Vice-Chairperson
5. RECEIVE report from Director of Behavioral Health Services (Suzanne Tavano, PhD)
6. RECEIVE presentation on Forensic Behavioral Health Services [25-4979](#)
Attachments: [BHB Forensics 12.3.25](#)

The next meeting is currently scheduled for January 7, 2026.

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

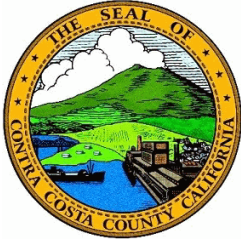
Staff Report

1025 ESCOBAR STREET
MARTINEZ, CA 94553

File #: 25-4978

Agenda Date: 12/3/2025

Agenda #: 3.



Meeting Minutes - Draft

CONTRA COSTA COUNTY Behavioral Health Board

Wednesday, November 5, 2025

4:30 PM

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<https://cchealth.zoom.us/j/99553669464> | +1 646

518 9805 US Meeting ID: 995 5366 9464

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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

Supervisor Carlson called the meeting to order at 4:30 p.m.

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

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

One public comment received.

3. RECEIVE and APPROVE the Meeting Minutes from the October 1, 2025 Behavioral Health Board meeting, with any necessary corrections

No requests for public comment on this item.

Motion:	Hendra
Second:	Griffin
Aye:	Arias, Burrell, Campbell, Carlson, Fernandez, Griffin, Hendra, Gould, Sala, and Towle
Absent:	Andersen, Gupta, Harper, Momoh, Quintero, and Rizo
Result:	Passed

4. RECEIVE presentation on Contra Costa Opioid Response Program

Speaker(s): Fatima Matal Sol, MPH, Elissa Kim, MPH, Darren Webb, Eric Clark, Myesha Jameson, Douglas Thalacker, Melissa Mata, Steven Turner, Sy Coletto

No requests for public comment on this item.

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

Adjourn

Meeting was adjourned at 5:51 p.m.

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CONTRA COSTA COUNTY

Staff Report

1025 ESCOBAR STREET
MARTINEZ, CA 94553

File #: 25-4979

Agenda Date: 12/3/2025

Agenda #: 6.

Forensic Behavioral Health Services

Presentation to the Behavioral Health Board

Marie Scannell, PhD
Chief of Forensics

December 3, 2025



CONTRA COSTA
HEALTH



Forensic Behavioral Health Services

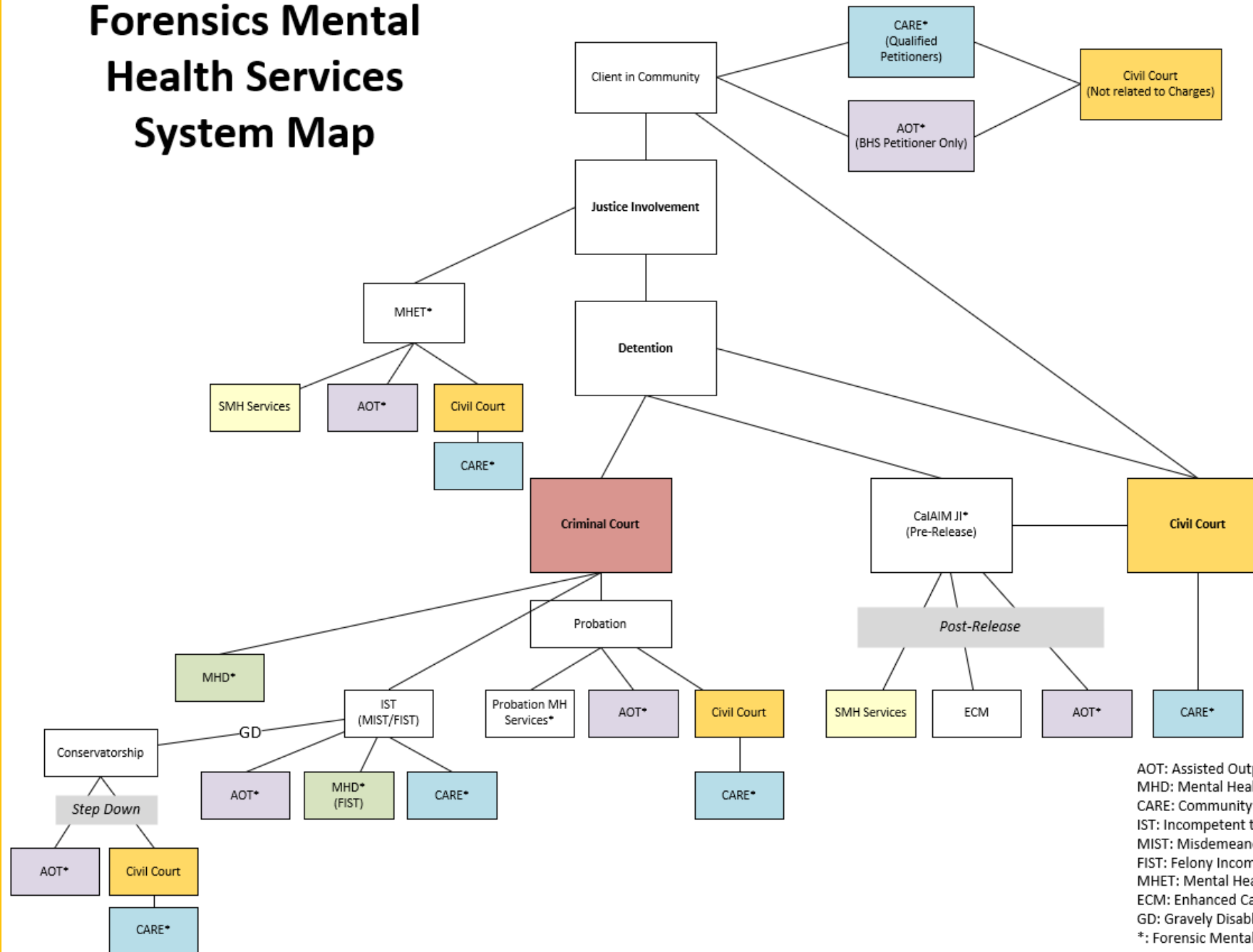
Operating Hours:

- Monday through Friday, 8 a.m. - 7 p.m.

Locations:

- 1430 Willow Pass Road, Suite 100, Concord
- 2280 Diamond Blvd, Suite 500, Concord

Forensics Mental Health Services System Map



Legend
 AOT: Assisted Outpatient Treatment
 MHD: Mental Health Diversion
 CARE: Community Assistance Recovery + Empowerment
 IST: Incompetent to Stand Trial
 MIST: Misdemeanor Incompetent to Stand Trial
 FIST: Felony Incompetent to Stand Trial
 MHET: Mental Health Evaluation Team
 ECM: Enhanced Care Management
 GD: Gravely Disabled
 *: Forensic Mental Health Services Program

Forensic Mental Health Programs

AB 109
Probation – 2012

Mental Health
Evaluation Team
(MHET) – 2015

Assisted
Outpatient
Treatment (AOT)
– 2016

Mental Health
Diversion (MHD)
– 2019

CalAIM Justice
Involved - 2024

CARE Act - 2024



Population Served & Eligibility

- Individuals who are justice impacted
- Individuals who meet Specialty Mental Health Services (SMHS)
- Transitional Age Youth, Adults, & Older Adults
- Contra Costa Medi-Cal Beneficiaries
- Services provided county-wide



Services Provided

- Short term and long-term care management
- Group and individual therapy
- Medication Management
- Money Management
- Linkage to financial counseling, housing, and/or vocational services
- AOD services
- Peer services
- Linkage to long term/step-down behavioral health services
- Coordination of care with our justice partners

An orange circle graphic containing the text "Assisted Outpatient Treatment (AOT)".

Assisted Outpatient Treatment (AOT)

Program Overview

- **Program Overview:** AOT is intended for individuals who have not been successfully engaged or need a higher level of care within the behavioral health system. Services can be voluntary or court involved.
 - **Mental Health Clinicians** provide investigation of 9 criteria per the Welfare and Institutions Code to determine eligibility of services.
 - **Mental Health Clinicians** file petitions to civil court, when indicated to supervise care.
 - **Eligible individuals** receive **Assertive Community Treatment**, a nationally recognized, evidence-based practice.
- **Partners:** Contra Costa Superior Court, Civil Department
- **Referral Source:** Per the Welfare & Institutions Code – Probation or Police Officers, Adult Family Member, Judges, Licensed Mental Health Clinician/Psychiatrist, Director of inpatient psychiatric facility or PES where individual is hospitalized or receiving mental health services.
- **LOS:** Ongoing ACT services until step down to a lower level of care is appropriate as determined by individual needs.

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
- Extensive care coordination and discharge planning for ongoing recovery
- Time unlimited to services
- CCC ACT/FACT teams will all be AOD capable

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



CARE Act

Program Overview

- **Program Overview: Community Assistance, Recovery, and Empowerment (CARE) Act** provides community based behavioral health services to individuals who are diagnosed with untreated Schizophrenia or other psychotic disorders and not currently engaged in treatment.
 - The CARE process starts with a petition to Contra Costa Civil Court by identified petitioners per Senate Bill 1338.
 - **CARE Process:** Petition, Prima Facie Determination, Order for CARE Act report, Initial outreach and engagement, Initial hearing, Case management hearing, Clinical evaluation hearing, Status update hearings, and Graduation.
 - Services include intensive outpatient behavioral health services as determined by individual needs for those determined eligible by the court.
 - For those not eligible for CARE, linkage to other appropriate behavioral health services and resources are provided.
- **Partners:** Contra Costa Superior Court, Civil Department, Contra Costa County Counsel, and Office of the Public Defender.
- **Referral Source:** Self, Roommate/Housemate, Family Members, First Responders, Homeless Outreach Workers, Hospitals, Behavioral Health Providers, Office of the Public Guardian, California Tribal Behavioral Health Department or Tribal Court.
- **LOS:** Up to 12 months, with a potential reappointment of an additional 12 months

AOT and CARE Comparison

AOT CRITERIA

- 18 years or older
- Suffering from a SMI
- Unlikely to survive safely in the community w/o supervision and the person's condition is substantially deteriorating AND/OR person is in need of AOT to prevent a relapse of deterioration that would likely result in GD or serious harm to person or others
- Person has history of at least 2 psychiatric hospitalizations or services within a MH detention facility within past 3 years AND/OR one or more acts of serious and violent behavior towards self or others or threats or attempts to cause physical harm to self or others w/in last 4 years
- Person was offered treatment and was unable to engage
- AOT would be least restrictive placement to ensure stability
- Person likely to benefit from AOT

CARE CRITERIA

- 18 years or older
- Person currently experiencing a severe MI and has a DX in the class: schizophrenia spectrum and other psychotic disorders
- Person not clinically stabilized in on-going voluntary treatment
- Person is unlikely to survive safely in the community w/o supervision and is deteriorating or is in need of services to prevent a relapse or deterioration that would likely result in GD or serious harm to self or others
- CARE plan or agreement is least restrictive alternative necessary to ensure recover and stability
- Person likely would benefit from participation in a CARE plan/agreement

AOT Qualified Requestors/ CARE Petitioners

AOT Qualified Requestors

- 18 years and older
- Probation or police officer
- Parent, spouse, child or member of the person's household
- Mental health clinician serving the person
- Director of a facility where the person is hospitalized or receiving mental health care
- Judges

CARE Petitioners

- 18 years and older
- Person with whom respondent lives
- Spouse, parent, sibling, child, grandparent or other individual who stands in loco parentis to the respondent
- Hospital where a person is receiving treatment including psychiatric hospitalization
- Agency that has provided within 30 days or is currently providing BH services or in whose institution the respondent resides
- Licensed BH professional who has supervised the treatment or been treating the respondent for a MI within 30 days
- BH agency of county where respondent resides/is found
- First responders who has had repeated interactions with the respondent
- Public guardian or adult protective services
- CA Indian health services program/CA tribal BH department
- Judge of a tribal court in CA
- The respondent, self petition

A large orange circle containing the text "Mental Health Evaluation Team (MHET)" in a dark blue, sans-serif font.

Mental Health Evaluation Team (MHET)

Program Overview

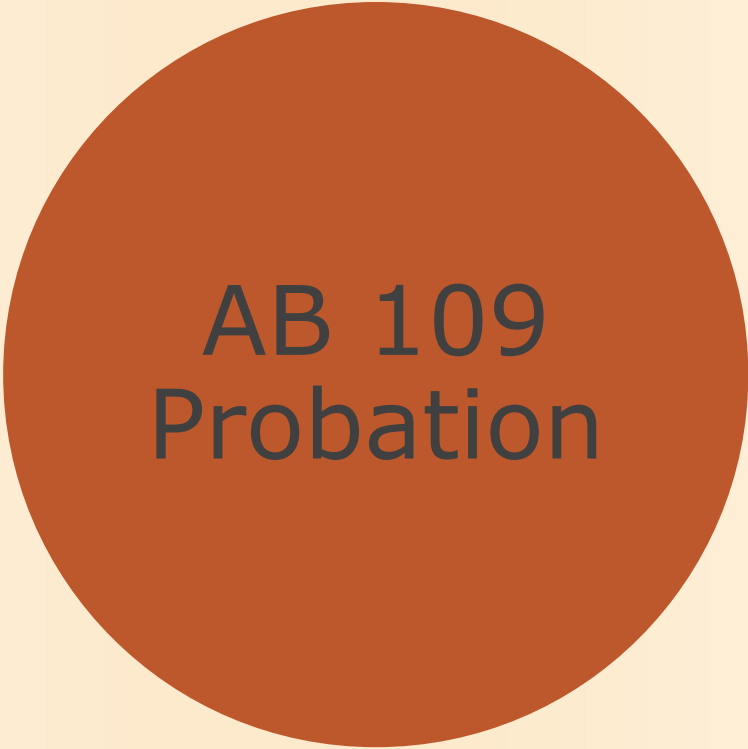
- **Program Overview:** MHET is a co-responding model that pairs a law enforcement partner with a Mental Health Clinician to respond to individuals with a recent psychiatric crisis/law enforcement encounter in which one of the following criteria are met:
 - Multiple contacts and/or repeat calls for service with law enforcement due to behavioral health concerns.
 - Attempts or acts of physical aggression during encounters with law enforcement or others due to behavioral health concerns.
 - Multiple visits to Psychiatric Emergency Services (PES).
- **Partners:** Local Police Departments & Contra Costa County Office of the Sheriff
- **Referral Source:** Local Police Departments & Contra Costa Office of the Sheriff
 - **MHET Host Departments:**
 - ❖ San Pablo PD, Pittsburg PD, Central TBD
 - ❖ West SO, East SO, & Central SO
- **LOS:** 30-60 days

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CalAIM Justice Involved

Program Overview

- **Program Overview:** To support successful re-entry into the community for individuals in custody by increasing access to key services that will stabilize behavioral health and medical conditions pre- and post-release to improve continuity of care.
 - Establishing Medi-Cal pre-release
 - Coordinated treatment planning pre-release
 - Warm handoff pre-release
 - Post release behavioral health services
 - Coordination of medical services and
 - Linkage to community resources
- **Partners:**
 - Statewide county custody facilities
 - California Department of Corrections and Rehabilitation (CDCR)
 - Enhanced Care Management (ECM)
- **Referral Source:** County custody facilities and CDCR
- **LOS:** Determined by individual needs

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AB 109 Probation

Program Overview

- **Program Overview:** Outpatient mental health services for individuals on AB 109 probation, general supervision, or court probation with behavioral health needs. Individuals referred for outpatient mental health services are referred by a Deputy Probation Officer (DPO) from one of the three regional probation departments.
 - Clinicians are co-located at the three regional adult probation offices.
- **Partners: Probation Departments**
 - West – Richmond
 - Central – Martinez
 - East – Antioch
- **Referral Source: Deputy Probation Officers (DPO's)**
 - AB 109
 - General Supervision
 - Court Probation
- **LOS: 1-3 years, continues to meet Medi-Cal necessity and duration of probation term.**

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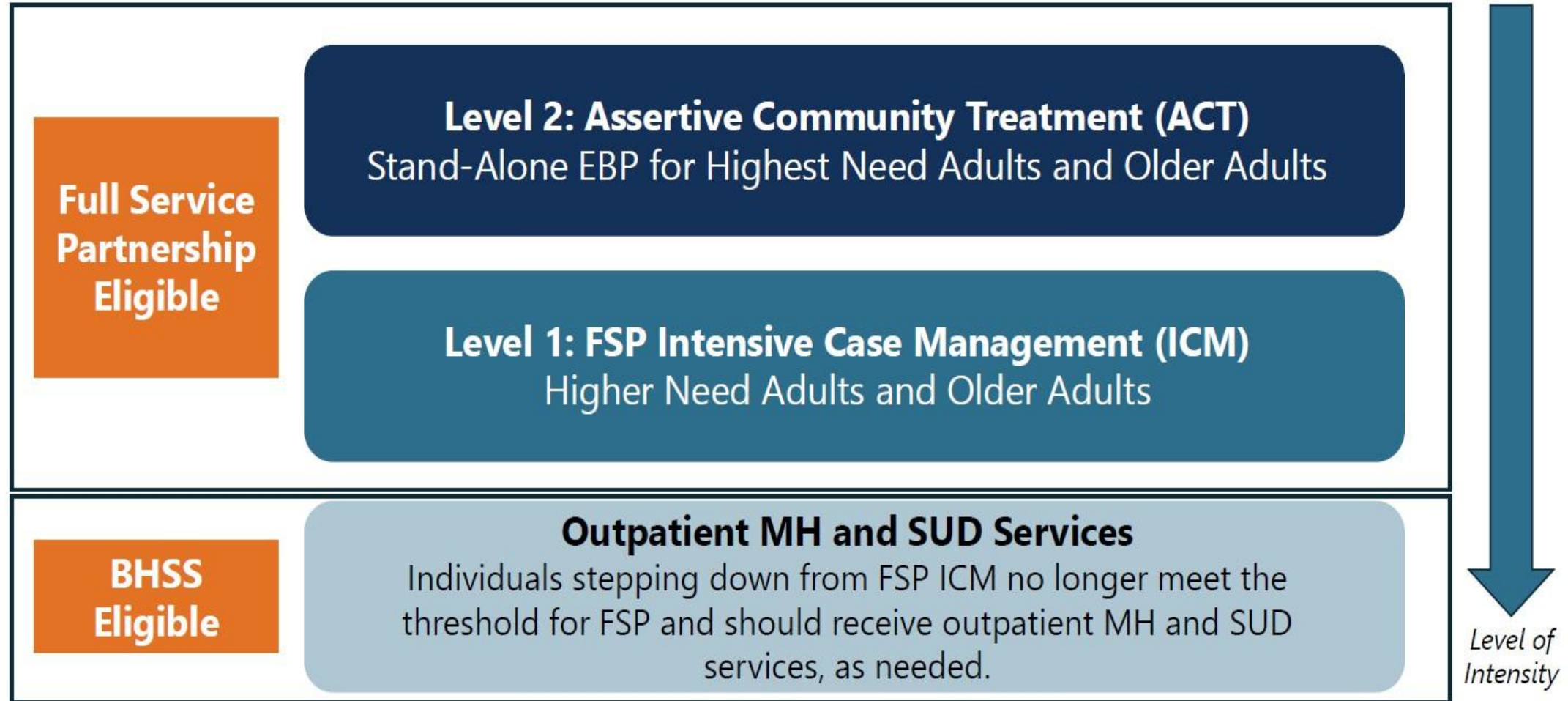
Mental Health Diversion (MHD)

Program Overview

- **Program Overview: Court ordered (PC 1001.36/PC 1370) mental health diversion for individuals charged with a felony or misdemeanor and suffers from a mental health disorder.**
 - **Mental Health Clinicians assess for eligibility, suitability, and level of risk for violence.**
 - **Mental Health Clinicians provides a report and recommendation to the court. The judge makes a final determination of granting MHD.**
 - **The court dismisses the charges following successful completion of outpatient mental health diversion.**
- **Partners: Contra Costa Superior Court, District Attorney, & Public Defender**
- **Referral Source:**
 - **Defense Attorney**
 - **Contra Costa Superior Court**
- **LOS: Maximum 1 year Misdemeanor/2 years Felony**

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).





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 care management (assessment, planning, linkages) with low staff to client ratios, assertive outreach, and direct service delivery.

Thank you

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Natalie Dimidjian, LCSW, Program Manager 925-499-5386

Marie Scannell, PhD, Program Chief 925-246-3378



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