



CONTRA COSTA COUNTY

AGENDA

Behavioral Health Board

Wednesday, March 4, 2026

4:30 PM

1025 Escobar Street, Martinez |
<https://cchealth.zoom.us/j/99553669464> |

Call in: +1 646 518 9805

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 Report from Behavioral Health Director, Suzanne Tavano, PhD
4. RECEIVE Presentation Overview on Recovery Residences [26-865](#)
Attachments: [BHB Recovery Residences 3.4.26](#)
[BHB Support4Recovery 3.4.26](#)
5. RECEIVE and APPROVE the Meeting Minutes from the February 4, 2026 Behavioral Health Board meeting, with any necessary corrections [26-866](#)
Attachments: [BHB Meeting Minutes 2.4.26 DRAFT](#)
6. DISCUSS Appointment of Board Members to Ad Hoc Nominating Committee for Election of Executive Committee Membership

Adjourn

The next meeting is currently scheduled for April 1, 2026.

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)



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MARTINEZ, CA 94553

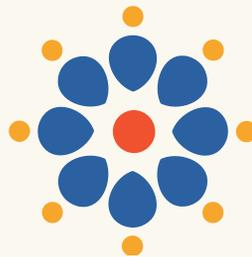
Staff Report

File #: 26-865

Agenda Date: 3/4/2026

Agenda #: 4.

CONTRA COSTA
HEALTH



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RECOVERY RESIDENCES

Wednesday March 4, 2025
Behavioral Health Board

Introduction

- **Definition of Recovery Residences (RR)**
- **Funding Authority**
- **Regulatory Requirements for Counties**
- **Clinical Considerations**

What is a RECOVERY RESIDENCE (RR)?

Best Practices for Recovery Housing

SAMHSA
Substance Abuse and Mental Health
Services Administration

The California Consortium Addiction Programs and Professionals (CCAPP)

- Recovery Residence is a term generally used to describe a specific type of housing. Also known as Sober Living Environments (SLEs). They offer a housing alternative strictly to individuals who are recovering from alcohol and drug addiction.
- In California, these residences **are not subject to licensing by any state agency**, but may voluntarily choose to adopt national standards.
- Substance Abuse and Mental Health Services Administration -2023

REGULATORY FUNDING AUTHORITY Substance Use Block Grant

(SUBG) Policy Manual

- *Section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act (PDF | 253 KB)*
- *Title 45 Code of Federal Regulations (CFR) Part 96 (45 CFR 96); and*
- The SUBG Program is subject to U.S. Department of Health and Human Services (DHHS) Uniform Administrative Requirements, Cost Principles, and Audit Requirements are found in: 45 CFR Part 75.



SUBG RR Criteria

Counties may offer RR services as an ancillary component of the Drug Medi-Cal Organized Delivery System (DMC-ODS) in adherence with:

- RRs **do not** provide substance use disorder (SUD) services
- Do not require licensure by Department of Health Care Services (DHCS);
- Residents must be actively engaged in medically necessary Outpatient SUD treatment (off-site);
- Services contingent on funding availability
- Houses generally managed by residents, no staff

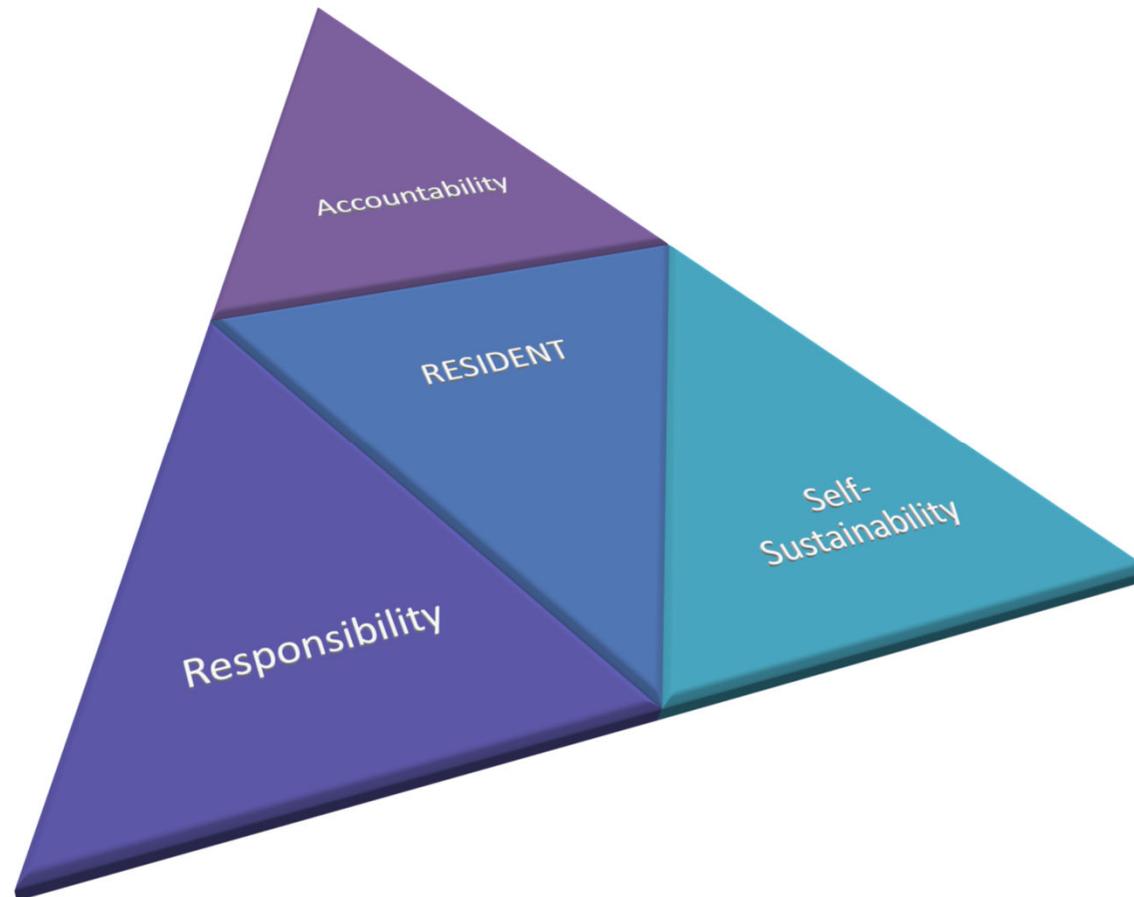


Recovery Residences Principles

Accountability:

Client must adhere to the terms of the grants

Sustainability: we must ensure that the client will be able to sustain housing beyond grant period. This is only a “bridge” towards more stability



Responsibility:

with assistance from recovery coach, employment specialist, client becomes gainfully employed



Contra Costa's DMC-ODS Recovery Residence Models



Oxford
Houses

6

Uilkema
House

Shelter
Inc.

39

Network of Independently-Run
Houses

Other Systems Using some
type of SLEs

- Mental Health Forensic SLEs, and Room and Boards
- Supportive Housing
- SLEs outside DMC-ODS
- Reentry Housing, Public Defender's Office

REGULATORY REQUIREMENTS THAT DISTINGUISH RR FROM SLE

- Ensure the RR is secure, safe, best practices, MAT/Narcan friendly and AOD free; and,
- Develop **Guidelines** for contracted RR providers, provide **monitoring** and **oversight** and fulfill all SUBG reporting requirements; and,
- Must have administrative policies and procedures and some clinical standards (relapse, linkages)

AODS FOCUS ON QUALITY

RR QUALITY ASSURANCE

- Consistent Reporting
- Onsite Monitoring to report to DHCS
- Establish minimum standards
- Provide technical assistance, training and resources: communicable diseases, cross training, networking, smoking cessation, Narcan
- Grievance Form for RR residents
- Consistent data collection

OTHER CONSIDERATIONS

- Prohibitions on treatment services, false advertising, etc.
- Special populations: COD, women/children
- MAT friendly homes- Naloxone available
- Fair referral practices to all houses
- Good neighborhood operation practices

Eligibility for a RR

Client must:

- Continue Intensive Outpatient Services (IOP) (minimum number of hours)
- Attend treatment in person (No Virtual Services)
- Employment Ready
- Must be referred by an SUD provider, client completing residential treatment or unhoused in outpatient

Employment Ready Means

The client has:

- California Identification Card/Drivers License
- Social Security Card
- Started applying for jobs
- Employment history/skills
- Working with an employment specialist, getting job ready
- A resume ready
- Identified a list of benefits they are eligible for



Our goal is to ensure that the client gains and maintains housing stability beyond the grant.

Relevant Data

- **FY 24/25**

- We served a total of 352 Clients, which represents a 21.8% increase from the prior fiscal year
- 179 clients became employed
- Relapses have steadily decreased over the past three years showing effectiveness of strong clinical support
- Zero overdoses reported in FY 24/25
- Recovery Residences are critical for stabilization and long-term recovery success



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Questions?

Tier 3 Supervised Recovery Residence

Program Names

- **Men:** Casa de Recuperacion Andres
- **Women:** Raices Fuertes (Strong Roots)

Program Overview

Key Rule Zero Tolerance: **Absolute abstinence from all non-prescribed substances.**

What is Tier 3 Supervised Sober Living?

Tier 3, as defined by the National Alliance for Recovery Residences (NARR), represents a **Supervised Recovery Residence**. This level provides a robust framework of oversight, structure, and professional support, but grants residents increased autonomy compared to a Tier 4 (Service Provider) environment. It is designed for individuals who have completed initial acute treatment and are ready to re-engage with work, education, and community life while remaining accountable in a safe, sober environment.

1. Definition & Purpose

Feature	Description
Tier Level	Tier 3 (Supervised)
Primary Goal	To bridge the gap between intensive treatment and independent living. Focus is on accountability, practical life skills, and sustainable recovery management.
Resident Status	Residents are generally required to be actively engaged in productive activities outside the residence, such as employment, vocational training, education, or intensive outpatient (IOP) programming.
Focus	Recovery coaching and developing life skills necessary for long-term recovery

2. Staffing & Oversight

The staffing model reflects a supervisory, rather than intensive clinical, presence.

- **Professional Oversight:** 24/7 access to a dedicated House Manager or Recovery Coach who lives on-site or is highly available.
- **Staff Roles:** Staff typically include Certified Peer Recovery Specialists (CPRS) and/or non-clinical support personnel.
- **Clinical Linkage:** While daily clinical services are not mandatory on-site (as in Tier 4), staff are responsible for coordinating external clinical care (IOP/PHP, individual therapy) and ensuring residents attend.
- **Accountability:** Staff enforce rules, manage daily schedules, facilitate house meetings, conduct random alcohol and other drug testing, and provide ongoing recovery coaching.

3. Services Offered (Internal & Linked)

The program focuses on supporting residents' integration back into society.

Supervision and Accountability (Internal)

- **Regular Drug & Alcohol Testing:** Frequent, random testing to ensure abstinence.
- **Mandatory House Meetings:** Weekly or bi-weekly meetings led by staff to address house dynamics, chore completion, and recovery topics. Participants must attend assigned recovery groups/external treatment.
- **Curfew & Phase System:** Structured curfews (often slightly later than Tier 4) and a phase system that rewards compliance and progress with increased privileges and longer passes.
- Residents must sign out and sign in with accurate destination and contact information.

Life Skills (Internal)

- **Recovery Planning:** Staff assist residents in developing individualized, goal-oriented recovery plans. Support with essential resource navigation, including job applications, resume building, educational enrollment, or securing benefits. Structured educational groups focused on identifying triggers, developing coping skills, and crisis planning.

External Service

- Residents are required to be enrolled in and actively attending external therapeutic services (e.g., Intensive Outpatient Programs (IOP), individual counseling, or psychiatric follow-ups) if determined necessary by their primary team.

4. Structure, Rules, and Daily Schedule

The daily structure allows for outside commitments while maintaining firm recovery accountability.

Typical Weekly Schedule (Example)

The schedule is structured but provides significant blocks for external activities like work or school.

Time Block	Focus (Monday - Friday)
7:00 AM	Wake Up / Morning Routine
7:30 - 8:30 AM	Cleaning Duties / Chores
8:30 AM - 4:00 PM	Time for Work, School, or External IOP/PHP
4:00 - 5:00 PM	Check-in Group / Life Skills Workshop (On-Site)
5:30 - 6:30 PM	Dinner / Meal Prep
7:00 - 8:00 PM	Mandatory 12-Step or Mutual Aid Meeting (Internal or External)
10:00 - 11:00 PM	Curfew (Dependent on phase/day of week)

5. Ideal Resident Profile for Tier 3

Tier 3 is most effective for individuals who: Have completed a minimum of 28-30 days of inpatient, residential treatment, or transitioning from incarceration. Are stable enough to manage their medication and clinical appointments semi-independently. Are motivated to seek or maintain employment/education.

Require consistent, supervised accountability but are ready for increased personal responsibility, independence, and family reunification.





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Meeting Minutes - Draft

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1. Roll Call and Introductions

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

Present

Candace Andersen, Y'Anad Burrell, Logan Campbell, Roland Fernandez, Laura Griffin, Anya Gupta, Candace Hendra, Avery Gould, and Jenelle Towle

Absent

Anthony Arias, Ken Carlson, Rebecca Harper, Alexander Quintero, Dhoryan Rizo, and Max Sala

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

Seven people provided public comment on this item.

3. RECEIVE and APPROVE the Meeting Minutes from the January 7, 2026 Behavioral Health Board meeting, with any necessary corrections.

There were no requests for public comment on this item.

4. RECEIVE election ballot and APPOINT Chairperson of the Behavioral Health Board to fill a mid-term vacancy for a term beginning February 4, 2026, and ending December 31, 2026.

Items 4 and 5 were combined for public comment.

One person provided public comment on this item.

Prior to the vote, nominees for officer positions provided brief statements to the Board. Board members completed and signed ballots, which were collected and counted by the December 2025 Nominating Committee members Towle and Gould.

Resulting vote count for Chairperson:

Campbell, seven (7) votes
Burrell, one (1) vote
Gupta, one (1) vote

Campbell was appointed Chairperson for a mid-term appointment to fill a mid-term vacancy for a term beginning February 4, 2026, and ending December 31, 2026.

5. RECEIVE election ballot and APPOINT Vice-Chairperson of the Behavioral Health Board to fill a mid-term vacancy for a term beginning February 4, 2026, and ending December 31, 2026.

Items 4 and 5 were combined for public comment.

One person provided public comment on this item.

Prior to the vote, nominees for officer positions provided brief statements to the Board. Board members completed and signed ballots, which were collected and counted by the December 2025 Nominating Committee members Towle and Gould.

Resulting vote count for Vice-Chairperson:

Hendra, three (3) votes
Griffin, three (3) votes
Burrell, one (1) vote
Gupta, one (1) vote
Sala, zero (0) votes

Due to the first vote resulting in a tie, a second vote for Vice-Chairperson was held.

Resulting vote count for Vice-Chairperson:

Griffin, five (5) votes
Hendra, four (4) votes

Griffin was appointed Vice-Chairperson for a mid-term appointment to fill a mid-term vacancy for a term beginning February 4, 2026, and ending December 31, 2026.

6. RECEIVE informational presentation regarding Senate Bill 43 (Lanterman-Petris-Short Act) implementation.

Five people provided public comment on this item.

Speaker: Stephen Field, DO, Behavioral Health Medical Director

Dr. Field provided an update on the county's implementation of Senate Bill 43 (SB 43), which updates the Lanterman-Petris-Short (LPS) Act by expanding the definition of "grave disability." The new criteria

include individuals with severe substance use disorders or co-occurring mental health and substance use disorders, and those unable to manage personal safety or necessary medical care.

Adjourn

Meeting was adjourned at 6:20 p.m.

The next meeting is currently scheduled for March 1, 2026.

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