CONTRA COSTA COUNTY

AGENDA

Behavioral Health Board

Monday, August 24, 2026 **5:30 PM** **2425 Bisso Ln, 1st Floor Conference Room, Concord | https://cchealth.zoom.us/j/93376434117 | Call in: +1 646 518 9805 Webinar ID: 933 7643 4117**

Programs and Services Committee

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.

1. Roll Call and Introductions

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

3. RECEIVE and APPROVE the Meeting Minutes from the July 30, 2026 Behavioral Health Board Programs and Services Committee meeting, with any necessary corrections **26-3731**

Attachments: BHB ProgServComm Meeting Minutes 7.30.26 DRAFT

4. DISCUSS and DEVELOP Programs and Services Committee Scope, Priorities and Work Plan

5. DISCUSS and REVIEW Site Visit Policy and Procedures **26-3732**

Attachments: MHC Site Visit Sample
Site Visit Procedures
Site Visit Policy & Procedure

6. REVIEW and DISCUSS Site Visit Observation Form

7. DISCUSS Site Visit Planning, Priorities and Approval Process

8. DISCUSS Future Presentations and Program Reviews

9. PLAN Future Committee Meeting Agenda Items

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)

File #: 26-3731 **Agenda Date:** 8/24/2026 **Agenda #:** 3.

Meeting Minutes - Draft

CONTRA COSTA COUNTY Behavioral Health Board

Thursday, July 30, 2026 **4:00 PM** **2425 Bisso Ln, 1st Floor Conference Room, Concord | https://cchealth.zoom.us/j/95767901048 | Call in: +1 646 518 9805 Webinar ID: 957 6790 1048**

Programs and Services Committee Meeting

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 Committee

1. Roll Call and Introductions

Griffin called the meeting to order at 4 p.m.

Present	Roland Fernandez, Laura Griffin, and Jenelle Towle
Absent	Anya Gupta

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

One public comment was received on this item.

3.

Attachments: BHB WIC_5604.2

There were no requests for public comment on this item.

Committee members discussed the purpose of the newly formed Programs and Services Committee, noting the need to integrate past work from the former Mental Health Commission (MHC) and Alcohol and Other Drugs Advisory Board (AODAB), as well as to identify priority areas to carry forward to ensure no work was lost during the consolidation.

4.

Attachments: AODAB 2023 Goals and Objectives - Updated 12.04.2023
CC Mental Health Commission Responsiblities
Finance Goals_Mission Statement 24-25_DRAft

Att C_MHC Quality of Care Committee Projects as of January 202
3.11.24

One public comment was received on this item.

Members reviewed key areas of work previously carried out by the former advisory bodies. They noted that the former AODAB conducted site visits to contracted programs, reviewed data and outcomes, supported school-based prevention efforts with counselors in high schools, and engaged in homeless outreach, including trail-walking teams connecting individuals to crisis services.

Members also discussed the three formal committees of the former Mental Health Commission, including the Quality of Care Committee, which performed program evaluations, site visits, PES and jail tours, and reviewed outcomes and funding allocations; the Justice Systems Committee, which monitored treatment and conditions in justice-related facilities; and the Finance Committee, which reviewed contracts and expenditures to ensure alignment with program goals. They also referenced earlier K-12 mental health initiatives, such as the WISP program and school-based stigma-reduction efforts. Members emphasized the importance of continuing core functions of the former bodies, particularly rigorous program evaluation, outcome-driven review, and site visits, as well as identifying gaps in services.

5. Preliminary Scope of the New Committee

There were no requests for public comment on this item.

Members identified several initial priority areas for the Programs and Services Committee, including evaluating program outcomes, conducting site visits, and reviewing key services such as A3 mobile crisis, CORE responsiveness, and warm-handoff procedures. They also highlighted the importance of stigma reduction and equitable access to services, with attention to the needs of children and adolescents, adults, and older adults. Members discussed exploring specialized sub-groups within the committee, such as Care Court review or a child and adolescent mental health liaison, and emphasized the importance of active engagement and hands-on community involvement.

6. Future Agenda Items and Meeting Priorities

There were no requests for public comment on this item.

The committee identified several future agenda needs, including presenting preliminary scope and priorities to the full Behavioral Health Board, scheduling site visits to programs beginning with Support for Recovery, establishing consistent meeting dates and times to improve attendance, and working with leadership to determine membership requirements and Brown Act compliance. Members also suggested requesting presentations on restorative justice programs in Antioch schools and receiving updates from the Contra Costa Office of Education on K-12 mental health services.

Adjourn

Meeting was adjourned at 5 p.m.

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

File #: 26-3732 **Agenda Date:** 8/24/2026 **Agenda #:** 5.

Vicente Martinez High School Student Interview Questions
Student Name: _____ Age/Year: _____
Interviewer Name: _____

PREAMBLE

Hi. My name is _____. I'm a member of the Mental Health Commission, which is a group that looks for ways to improve mental health services for people in our county who need mental health support. My colleagues and I are here today to learn about the ways that Vicente High School supports the mental health of its students. We're doing this by interviewing several students to get their perspectives.

There are a few important things that I'd like you know about the interviews:

- First, they are completely confidential. Your name will not appear with the answers to your questions.
- Second, if you don't have an answer to a question, or don't want to answer a question for any reason, you can pass on it.
- Third, all students are being asked the same questions.

ABOUT THE VICENTE HIGH SCHOOL EXPERIENCE

1. How long have you been at Vicente High School?
2. Why did you decide to attend Vicente High School?
3. How have you liked your experience at Vicente? What are the positives? What are the negatives?
4. In what ways has attending Vicente High School helped you, e.g. mood-wise, socially, self-image, academically, family relations?
5. In what ways did it **NOT** help you that you were expecting or hoping for?
6. Overall, do you feel better off being at Vicente?

PARTICIPATION IN "CORE" ACTIVITIES AND IMPACT ON MENTAL HEALTH

7. Which of these activities have you been involved with at Vicente?

- Service or volunteer work, for example the Culinary Academy or the "Feet First" Car Show
- Leadership Development
- Career-oriented internships, for example the Culinary Academy or the Martinez Early Intervention Preschool Program
- Counseling at school
- Being connected to someone outside of school for therapy or other service
- Psychology Club, e.g. producing podcast or making mini-movies related to psychology
- Boy's Club
- Substance usage support
- Family support
- Academic Skills Development support
- College and Careers preparation, e.g. college visits, concurrent enrollment at DVC, attending college presentations

8. Are any of these activities important to maintaining or improving your mental health?

9. Which activity has helped you the most?

10. Tell me more about your experience with (counseling, Boys Club, Psychology Club, family therapy/support, substance use disorder support -- ask all questions below for EACH MENTAL HEALTH activity that helped them the most):

- How long were you involved in this activity?
- What did you like best and least about it and why?

- In what ways did participation in this activity help you or not help you, e.g. mood-wise, socially, self-image, academically, and/or family relations?

- Would you participate in this activity again?

STIGMA

11. Did you feel safe and comfortable while participating in mental health-related activities? With counselors and teachers and other students?

12. Did you feel any stigma about participating in mental health-related activities? For example:

- Did you have any worries or concerns that prevented you from speaking freely or expressing your feelings?

- Were you afraid of repercussions like being laughed at, or bullied, or being gossiped about?

- Did you feel like other people weren't taking your issues seriously or wanted to sweep them under the table?

13. If you experienced stigma, how did it start? How were you treated by other students or staff?

14. Were you able to speak to anyone about the stigma you experienced? Did they help?

15. Did you feel like your contributions during your activity were confidential outside the activity, e.g. that your comments were kept private from students who did not participate?

16. Was your family aware of your participation in mental health-related activities or services? If so, were they supportive? What was their perspective?

17. If you had counseling or therapy at school, how long does it take to get an appointment?

18. How many appointments were you allowed to have or was there no limit?

19. How many times did you attend?

20. If you had counseling or therapy OUTSIDE of school, how long did it take to get an appointment?

21. How many appointments were you allowed to have or was there no limit?

22. How many times did you attend?

MAGIC WAND

23. If you had a magic wand and could change anything at all:

- What would you wish for at Vicente in general?

- What would you wish for regarding mental health support at Vicente?

24. Is there anything else that you would like to add about Vicente and your experience there?

Interviewer:

- **Thank student**
- **Remind student that their name and responses are confidential.**

SITE VISITS - Suggested Procedures

I. PURPOSE

With the goal of providing high quality, accessible, culturally responsive behavioral health services and programs, delivered efficiently and effectively, with client-centered outcomes, site visits can assist with the following WIC 5604.2 duties:

1. Review and evaluate the community's behavioral health needs, services, facilities and special problems.
2. Review any County agreements entered into pursuant to Section 5650.
3. Advise the Board of Supervisors (or local governing body) and the local Behavioral Health (BH) Director as to any aspect of the local behavioral health program.

II. ROLE OF MENTAL HEALTH BOARD (BHB)

1. Learn about program, service and/or facility, including successes and challenges.
2. Educate the Behavioral Health Board/Commission (BHB) member(s) about the program/facility;
3. Educate the program and clients/consumers about the role of the BHB;
4. Learn about client and family-member satisfaction and concerns;
5. Make recommendations to the BH Director and/or public officials based on site visit findings.

III. ROLE OF COUNTY BEHAVIORAL HEALTH (BH) SERVICES STAFF

It is important to understand the BH Agency staff's role overseeing contractors. Program monitoring is measured by various means and processes:

1. Quantity: number of clients served, number of referrals, admissions, discharges, reduction of waiting lists, etc.
2. Quality: improve an illness, restore or improve social and vocational functioning, maximize client and family members sense of well-being and personal fulfillment, prevent injury to others and to the client, specific percentage improvement upon completion of specific task, upgrading efficiency, stimulating morale, utilization of staff, appropriate supervision, training, evidence based programs utilized, etc.
3. Time: timeliness of service, deadlines met, frequency, number of days to complete, etc.
4. Cost: use of budgetary resources, percent variance from allocation, cost per client, cost per service unit, etc.
5. Consumer/Client satisfaction written surveys examine the adequacy and appropriateness of the services being provided and the extent of the desired outcomes from the client's perspective.

IV. RECOMMENDED BHB SITE VISIT PROCEDURES

A. **Make Contact -** BHB staff (or BHB member) makes contact with the provider, describing purpose of the site visit, and requesting date for site visit.

Continued on Next Page

B. **Review Contract -** BHB Staff will provide BHB members who plan to conduct the site visit (less than a quorum) with the current county contract (including "deliverables" and "budget") related to the site to be visited.

C. **Tour facility** - BHB Members (less than a quorum):
   1. Observe interaction between staff and clients/consumers. (Is it respectful? Are clients/consumers comfortable interacting with staff?)
   2. Take note of condition of facility, including:
      1. Common Areas
      2. Dining Area
      3. Program Areas
      4. Client/Consumer Bedrooms (if invited/appropriate)
      5. Outdoor Areas
   3. Check to see if there are Posted Grievance Procedures and/or Access to Patients Rights Advocate Contact Information (Call the number posted to ensure it works.)
   4. Meeting with site/facility staff (before or after tour): Discussion with program/facility director/staff could be guided by questions in the Site Visit Observation Form (Sample) (www.calbhbc.org/templatessample-docs)

D. **Report to BHB**
   1. Provide completed "Site Visit Observation Form" to the Executive Committee (or chair and staff support in very small counties)
   2. Once reviewed by the Executive Committee and the BH director or staff, and approved for presentation to the BHB by the Executive Committee, the report can be placed on the agenda for presentation at an upcoming BHB meeting.
   3. BHB staff (or Executive Committee) will send a courtesy copy of the report to the contractor, along with the date/time that the report will be heard by the BHB.
   4. BHB leadership should request County staff to follow-up with the BHB whenever major deficiencies are identified.

Site Visit Policy & Procedure

PURPOSE: Site visits provide an opportunity to "review and evaluate the community's behavioral health needs, services, facilities and special problems". *(Statutory Duties: WIC 5604.2)* The purpose of this protocol is to define the policy and procedures for Behavioral Health Board members to complete site visits.

POLICY & PROCEDURE

1. Each member shall participate in a minimum of one site visit per year.
2. Site visits can be performed by a maximum of four Board members.
3. The Behavioral Health Board (BHB) Administrative Liaison provides current facilities lists on an annual basis to be reviewed by the Executive Committee. These lists will include both county run services and contracted services.
4. The Executive Committee, with input from the BHB, chooses which sites to visit and provides this list to the BHB Administrative Liaison. Note: Additional sites can be considered throughout the year at the request of BHB members and approval by the Executive Committee.
5. The BHB Administrative Liaison identifies targeted months that site visits could be held and canvasses which board members are available during those months. The BHB Secretary then develops the schedule of site visits.
6. The site visit calendar for each year will be distributed during a BH Board meeting, and one person of each team will serve as the Lead Reviewer.
7. Approximately one month prior to a site visit, the BHB Administrative Liaison will provide:
    1. A "Site Visit Observations" form (to Facility/Program). Note: the contractor is given the form for informational purposes. The form is to be completed during the site visit. Contractors are welcome to offer information in advance if desired.
    2. Site Contact (name/email/phone) (to Lead Reviewer)
    3. Current Contract (to include Scope of Work and Budget) Information (to Site Visit Team)
8. The Lead Reviewer will contact the Site Contact and Site Visit Team to schedule the site visit.
9. Prior to the site visit, the BHB Administrative Liaison will forward to the Site Visit Team
    1. Copies of recent reports to the Napa County HHSA Mental Health Division (if any)
    2. A blank "Site Visit Observations" form (for use during visit.)
10. After conducting the site visit, the Lead Reviewer will provide the Site Visit Team's completed "Site Visit Observations" to the BHB Chair and Administrative Liaison to be included for review at the next Executive Committee Meeting. After approval by the Executive Committee, the report may be scheduled for presentation at the next BHB meeting.
11. Concerns raised from site visits should be addressed by the Behavioral Health Director and/or BH Division staff with follow-up information reported to the Board.

[EXAMPLE] COUNTY BEHAVIORAL HEALTH BOARD
FACILITY/PROGRAM OBSERVATION REPORT

BY:_____
Board Member Names

This Report Is Based On A Personal Visit From One Or More Members Of **The [Example] County Behavioral Health Board**

Date Of Site Visit:_____
Program/Facility Name:_____
Street Address:_____

Program Supervisor/Contact
(Name & Phone #):

*****

Observations / Staff Interview

1. How does the staff interact with individuals? For example, does the staff appear compassionate, patient, caring, rushed, indifferent or perfunctory?

_____
_____
_____

2. Are individual grievance procedures prominently posted? **Y/N**
   Are grievance forms readily available to the individual? **Y/N**
   Is the current Patients' Rights Advocates contact information posted?
   (Call the phone number to verify.) **Y/N**

3. What are desired outcomes/treatment goals? How often are these achieved?

_____
_____
_____

4. What are two or three obstacles your program, staff and individuals face which may make it difficult to achieve these outcomes/goals?

_____
_____
_____

5. (Will not apply to all programs): Do some individuals require re-entry to the program/facility after discharge? If yes, what percentage return and why?

_____
_____
_____

6. (Will not apply to all programs): How many individuals are engaged in your program? How often do they visit? What programs are the best attended?

_____
_____
_____

7. What efforts are made to provide linguistically and culturally competent services/programs? Do the people you serve reflect the ethnic/cultural/racial and LGBTQ+ make-up of the community?

_____
_____
_____

8. Does your agency's Board of Directors, owners or management include any behavioral health consumer members? **Yes / No**

9. Does your agency's staff include any peer providers? **Yes/No**
   Are peer providers consumers or family members/caretakers of adults with mental illness and/or SUD? Are they paid or volunteers?

_____
_____
_____

10. How many people seeking services/involvement did your organization turn away over the course of a year? Why? (Qualifications? Behavioral? Medical? Waiting List? Other?) Please specify:

_____
_____
_____

11. Is there any other aspect of the program you'd like to share with us today?

_____
_____
_____
_____
_____
_____
_____