



CONTRA COSTA COUNTY

AGENDA

Behavioral Health Board

Wednesday, February 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 the location indicated above. 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 January 7, 2026 Behavioral Health Board meeting, with any necessary corrections. [26-476](#)
Attachments: [BHB Meeting Minutes DRAFT 1.7.2026](#)
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. [26-477](#)
Attachments: [BHB Ballot Chair 2.4.26](#)
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. [26-478](#)
Attachments: [BHB Ballot Vice Chair 2.4.26](#)
6. RECEIVE informational presentation regarding Senate Bill 43 (Lanterman-Petris-Short Act) implementation. [26-479](#)
Attachments: [BHB SB 43 2.4.26](#)

Adjourn

The next meeting is currently scheduled for March 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)



CONTRA COSTA COUNTY

Staff Report

1025 ESCOBAR STREET
MARTINEZ, CA 94553

File #: 26-476

Agenda Date: 2/4/2026

Agenda #: 3.



Meeting Minutes - Draft

CONTRA COSTA COUNTY Behavioral Health Board

Wednesday, January 7, 2026

4:30 PM

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in: +1 646 518 9805

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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

Campbell called the meeting to order at 4:35 p.m.

Present

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

Absent

Candace Andersen, 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).

Campbell provided public comment to inform the Board that the organizations, Support4Recovery and Carson's Wings of Hope, had held a holiday event at John Muir Elementary in Martinez, which was attended by 250 people and included meals, gifts, and activities for attendees.

There were no additional requests for public comment.

3. RECEIVE and APPROVE the Meeting Minutes from the November 5, 2025 Behavioral Health Board meeting, with any necessary corrections

There were no requests for public comment on this item.

This was approved.

Motion: Hendra

Second: Griffin

Aye: Arias, Burrell, Campbell, Carlson, Fernandez, Griffin, Gupta, Hendra, Gould, and Towle

Absent: Andersen, Harper, Quintero, Rizo, and Sala

Result: Passed

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

There were no requests for public comment on this item.

Motion: Carlson

Second: Gupta

Aye: Arias, Burrell, Campbell, Carlson, Fernandez, Griffin, Gupta, Hendra, Gould, and Towle

Absent: Andersen, Harper, Quintero, Rizo, and Sala

Result: Passed

5. Meet and Greet with Contra Costa Health Services Director and CEO, Dr. Grant Colfax

This item was moved to the start of the meeting.

Dr. Grant Colfax, MD, Director of Contra Costa Health, expressed appreciation for the Board's work and emphasized the importance of community leadership and guidance. He shared his background in medicine and behavioral health and noted his commitment to prioritizing behavioral health services. Dr. Colfax highlighted progress made through increased resources, acknowledged ongoing needs such as integrating mental health and substance use treatment, and stressed the goal of ensuring access across the spectrum of care. He affirmed Contra Costa Health's support for community partnerships and data-driven investments. Dr. Colfax also thanked Supervisor Carlson and the Board for their leadership and strong support of behavioral health initiatives.

There were no requests for public comment on this item.

6. RECEIVE report from Ad Hoc Nominating Committee

Campbell provided a report on progress completed by Nominating Committee for the Chairperson and Vice-Chairperson officer roles.

The Nominating Committee met on December 9 to plan solicitation of Board members for officer roles and again on December 17 to review responses and prepare a nomination slate. All Board members were contacted, and those expressing interest confirmed inclusion on the slate for Chairperson and/or Vice-Chairperson roles. Board staff Daniel Colin announced the slate of nominees.

There were no requests for public comment on this item.

7. RECEIVE report from Behavioral Health Services Director, Suzanne Tavano, PhD

Dr. Tavano and leadership staff reported that Behavioral Health received top honors from the California Association of Public Hospitals for efforts to improve follow-up care within 30 days after emergency department visits for mental health or substance use.

Program Chief of Managed Care, Katy White, noted the collaboration with Contra Costa Health Plan, Public Health, and Hospital, as well as work with the Institute for Healthcare Improvement. Program Chief of Child and Adolescent Services, Gerold Loenicker, shared that First Hope was recognized by the Child Welfare League of America for its program model and services.

Dr. Tavano announced that the Miles Hall Crisis Call Center and teams would transition to the new Community Health and Safety branch within Health Services while maintaining coordination with Behavioral Health.

Additional updates were provided on Behavioral Health Continuum Infrastructure Program (BHCIP) projects, including pending applications for HomeKey+ and El Portal funding, and progress on major projects such as Brookside in Richmond, East County facilities in Antioch, and the Oak Grove campus, which will house the Miles Hall Crisis Call Center and other services.

One public comment was received for this item.

Jill Ray, Deputy Chief of Staff, Office of Supervisor Candace Andersen, requested status of vacancies on the Board.

Adjourn for Public Hearing

Meeting was adjourned for Public Hearing at 5:08 p.m.

The next meeting is currently scheduled for February 4, 2026.

1. Public Hearing on the Behavioral Health Integrated Plan for Fiscal Years 2026-2029

Campbell began the Public Hearing on the Behavioral Health Services Act Integrated Plan for Fiscal Years (FY) 2026-2029 at 5:08 p.m.

Two people chose to provide public comment.

Lisa Malul, Executive Director of Contra Costa Crisis Center, urged the county to include 988 and the Contra Costa Crisis Center in the BHSA Integrated Plan, noting that the Crisis Center operates the county's 24/7 suicide and crisis line and coordinates handoffs to other county programs. They requested explicit recognition of 988 and the Crisis Center's role as a core partner to accurately reflect the existing crisis continuum and meet state requirements.

Teresa Pasquini, a former Mental Health Commissioner and long-time advocate, commended the Board and staff for their thorough work on the BHSA plan and acknowledged the significant effort involved. She expressed pride in Contra Costa's system, shared her personal experience, and affirmed her support for ongoing transformation efforts, including integration of substance use services and recent initiatives.

This item was forwarded without recommendation to the Board of Supervisors for approval.

Motion: Carlson

Second: Griffin

Aye: Arias, Burrell, Campbell, Carlson, Fernandez, Griffin, Gupta, Hendra, Gould, and Towle

Absent: Andersen, Harper, Quintero, Rizo, and Sala

Result: Passed

General Information

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DRAFT



CONTRA COSTA COUNTY

Staff Report

1025 ESCOBAR STREET
MARTINEZ, CA 94553

File #: 26-477

Agenda Date: 2/4/2026

Agenda #: 4.



**Contra Costa Behavioral Health Board
Voting Ballot
February 4, 2026**

Officer Role: Chairperson

Term: Mid-term appointment term beginning February 4, 2026 and ending December 31, 2026.

Instructions to voters:

1. To VOTE, mark the OVAL to the RIGHT of your choice, selecting only one (1) nominee.
2. Once a nominee is selected, print name and date at the bottom of this Ballot.

Chairperson:

Y'Anad Burrell	<input type="radio"/>
Logan Campbell	<input type="radio"/>
Anya Gupta	<input type="radio"/>

Print Name: _____

Date: _____



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Staff Report

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File #: 26-478

Agenda Date: 2/4/2026

Agenda #: 5.



**Contra Costa Behavioral Health Board
Voting Ballot
February 4, 2026**

Officer Role: Vice-Chairperson

Term: Mid-term appointment term beginning February 4, 2026 and ending December 31, 2026.

Instructions to voters:

1. To VOTE, mark the OVAL to the RIGHT of your choice, selecting only one (1) nominee.
2. Once a nominee is selected, print name and date at the bottom of this Ballot.

Vice-Chairperson:

Y'Anad Burrell	<input type="radio"/>
Max Sala	<input type="radio"/>
Candace Hendra	<input type="radio"/>
Laura Griffin	<input type="radio"/>
Anyia Gupta	<input type="radio"/>

Print Name: _____

Date: _____



CONTRA COSTA COUNTY

Staff Report

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Agenda Date: 2/4/2026

Agenda #: 6.

CONTRA COSTA
HEALTH



cchealth.org

California Senate Bill 43: What's Changing and Why it Matters

**Stephen Field, DO,
Medical Director
Behavioral Health Services**

February 4, 2026



Overview of SB 43

Understanding Changes to Grave Disability

Updated Criteria for Involuntary Hold Evaluations

Understanding SB 43 Changes in Practice

Resources

SB 43 & LPS Overview

- **Lanterman-Petris-Short (LPS) Act** was a California Law enacted in **1967** under which an individual can be evaluated for involuntary detention if they are a danger to themselves, a danger to others or gravely disabled as a result of a mental health disorder.
- **SB 43** is a new law passed in **2023** by California that updates and expands the definition of grave disability under the LPS Act and makes changes to the hearsay rule in conservatorship hearings
- All counties, including Contra Costa County, are required to implement by January 1st, 2026

SB 43: What has Changed?

1. Changes the definition of “gravely disabled.”
2. LPS (1967) defined grave disability as a condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing, or shelter.
3. SB 43 expands **the eligibility criteria for LPS evaluation for involuntary detention** and treatment by adding:
 - a. Individuals **with severe substance use disorders or co-occurring mental health and severe substance use disorders**, and
 - b. Inability to manage **personal safety** or **necessary medical care**.

Understanding Changes to Grave Disability

Past Definition

"A condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing, or shelter."

New Definition

A condition in which a person, as a result of a mental health disorder, **a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder**, is unable to provide for their basic personal needs for food, clothing, shelter, **personal safety, or necessary medical care.**

SB 43 Grave Disability Definition: What's Changed and What Hasn't

Elements of Grave Disability Definition	Past	New
Mental Health disorder diagnosis is basis for Grave Disability (GD)	X	X
Severe substance use disorder (SUD) is a basis for GD		X
Co-occurring mental health disorder and severe SUD is a basis for GD	X	X
Inability to provide for food, clothing, shelter is a basis for GD	X	X
Inability to provide for personal safety is a basis for GD		X
Inability to provide for necessary medical care is a basis for GD		X
Causation required between mental health disorder/severe SUD and inability to provide for basic needs	X	X
Referral from psychiatrist/psychologist required for conservatorship petition	X	X
Constitutional rights/protections for involuntary holds and conservatorships	X	X

Adapted from Office of San Francisco City Attorney David Chiu Presentation

SB 43:

Severe Substance Use Disorder

MILD
2 or 3 symptoms

MODERATE
4 or 5 symptoms

SEVERE
6 or more symptoms

Criteria	
Use in larger amounts or for longer periods of time than intended	Activities/hobbies reduced or given up
Unsuccessful efforts to cut down or quit	Recurrent use in physically hazardous situations
Excessive time spent getting, using, intoxicated, and recovering from effects	Recurrent use despite physical or psychological problems caused by or worsened by use
Craving or intense desire/urge to use substance	Tolerance
Failure to fulfill major obligations	Withdrawal
Continued use despite social/interpersonal problems	

Examples of Observable Behaviors to Determine GD for Severe SUD

Multiple occurrences of incapacitating intoxication over a 12-month period.

Refusing food, clothing or shelter when offered due to severe SUD.

Unable to care for personal hygiene, cleanliness due to severe SUD.

Repeatedly medically life-threatening substance use (e.g., multiple overdoses).

Note: Non-clinical LPS-authorized individuals like law enforcement are only expected to identify and describe observable behaviors or conditions that are consistent with DSM criteria, not diagnose individuals.

SB 43 GD Observable Function: Necessary Medical Care Examples

Failure to Seek or Follow Medical Care	Inability to Manage Chronic Conditions	Impaired Judgement Re Health Risks	Refusal of Basic Self Care	Imminent Health Risk
<ul style="list-style-type: none"> • Refusal or inability to obtain medical evaluation or treatment for serious or worsening conditions. • Discontinuation of prescribed medication or treatments despite medical necessity. • Inability to recognize severity of illness or injury requiring urgent attention 	<ul style="list-style-type: none"> • Non-adherence to essential medical regimens (e.g., diabetes, cardiac, seizure care) due to mental illness or substance use disorder. • Repeated hospitalizations or medical crises from neglecting treatment needs. • Failure to monitor or respond to symptoms indicating medical deterioration. 	<ul style="list-style-type: none"> • Engaging in behaviors leading to medical harm (e.g., untreated infections, wound neglect). • Using substances or engaging in unsafe behaviors that exacerbate medical conditions. • Demonstrating delusional or disorganized reasoning that prevents necessary care. 	<ul style="list-style-type: none"> • Refusing hydration, nutrition, or hygiene leading to medical compromise. • Failure to use assistive devices or supports (e.g., oxygen, mobility aids) when provided. • Unwillingness to clothe or feed oneself when food or clothing are made available. 	<ul style="list-style-type: none"> • Rapid decline in medical condition due to non-treatment or neglect. • Life-threatening infection or dehydration resulting from refusal or inability to access care. • Physical deterioration placing individual at risk of death or grave harm without intervention.

“Necessary medical care” means care that a licensed health care practitioner, while operating within the scope of their practice, determines to be necessary to prevent serious deterioration of an existing physical medical condition that, if left untreated, is likely to result in serious bodily injury” (WIC § 5008(h)).

SB 43 GD Observable Function: Personal Safety Examples

Neglect of Essential Health and Safety Needs	Vulnerability and Exploitation Risk	Exposure to Dangerous Conditions	Failure to Recognize or Respond to Danger	Direct Imminent Risk Behaviors
<ul style="list-style-type: none"> • Refusal or inability to seek medical care for serious illness or injury. • Severe neglect of hygiene leading to infection or infestation. • Failure to use available food, shelter, or clothing resulting in harm. 	<ul style="list-style-type: none"> • Inability to protect self from harm or exploitation. • Allowing unsafe individuals into living spaces or giving away essentials. • Repeated victimization due to impaired judgment. 	<ul style="list-style-type: none"> • Wandering into traffic or unsafe • Remaining in hazardous or unsanitary locations despite risk. • Refusing to leave areas posing imminent harm (e.g., extreme weather). 	<ul style="list-style-type: none"> • Inability to perceive or avoid threats (e.g., moving vehicles). • Unsafe use of fire, electricity, or toxic substances. • Disorganized or confused wandering leading to danger or exploitation. 	<ul style="list-style-type: none"> • Self-endangering behaviors (e.g., fire, sharp objects) without intent to die. • Failure to escape or protect self from immediate threats.

“Personal safety means the ability of one to survive safely in the community without involuntary detention or treatment pursuant to this part” (WIC§ 5008(q)).

Understanding SB 43: Changes in Practice

- Updates how expert testimony may be presented in some conservatorship proceedings, including when written or remote testimony may be used.
- Requires counties to consider less restrictive alternatives such as assisted outpatient treatment (AOT) and CARE Court in conducting conservatorship investigations.
- Updates state reporting to include aggregate, non-identifying information on admissions and detentions related to grave disability involving mental health and/or severe substance use conditions.

California Legislative Information Senate Bill 43 [Senate Bill 43](#)

California Department of Health Care Services [DHCS Homepage](#)

Contra Costa County Behavioral Health Services [Behavioral Health | Services & Programs](#)

Country Costa County AODS [Alcohol and Other Drugs Services | Contra Costa Health](#)

Help Line for Behavioral Health Crises [A3 Crisis Response - 24/7 | Contra Costa Health](#)



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time and commitment
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wellness in our
communities.**