

CONTRA COSTA
HEALTH



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Family and Human Services Committee

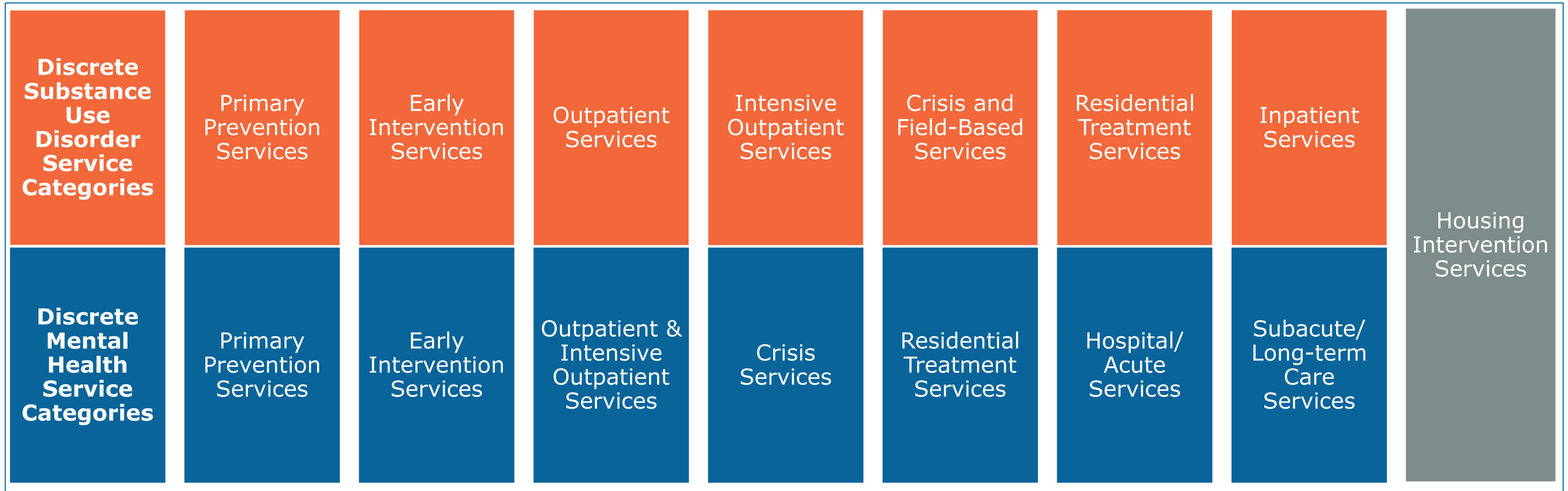
Suzanne Tavano, PhD
Contra Costa Health-
Behavioral Health
Director

April 13, 2026



Behavioral Health Services Current State

Care Continuum





BEHAVIORAL HEALTH ACCESS LINE 2025 CALL DATA



Mental Health (MH)

27,008

Incoming calls

32,003

Outgoing/outreach calls

MH total 59,011



Alcohol & Other Drugs (AOD)

16,069

Incoming calls

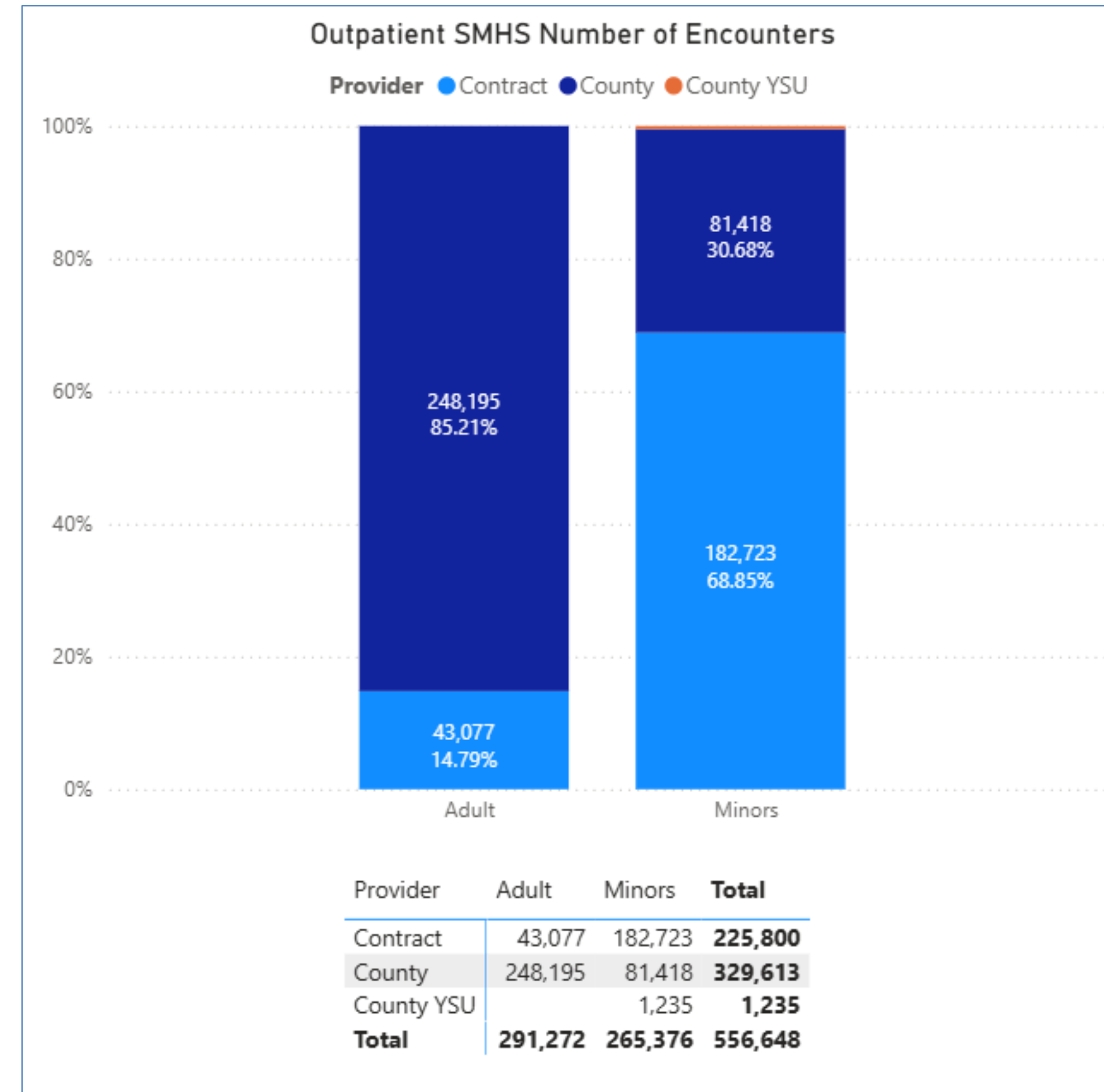
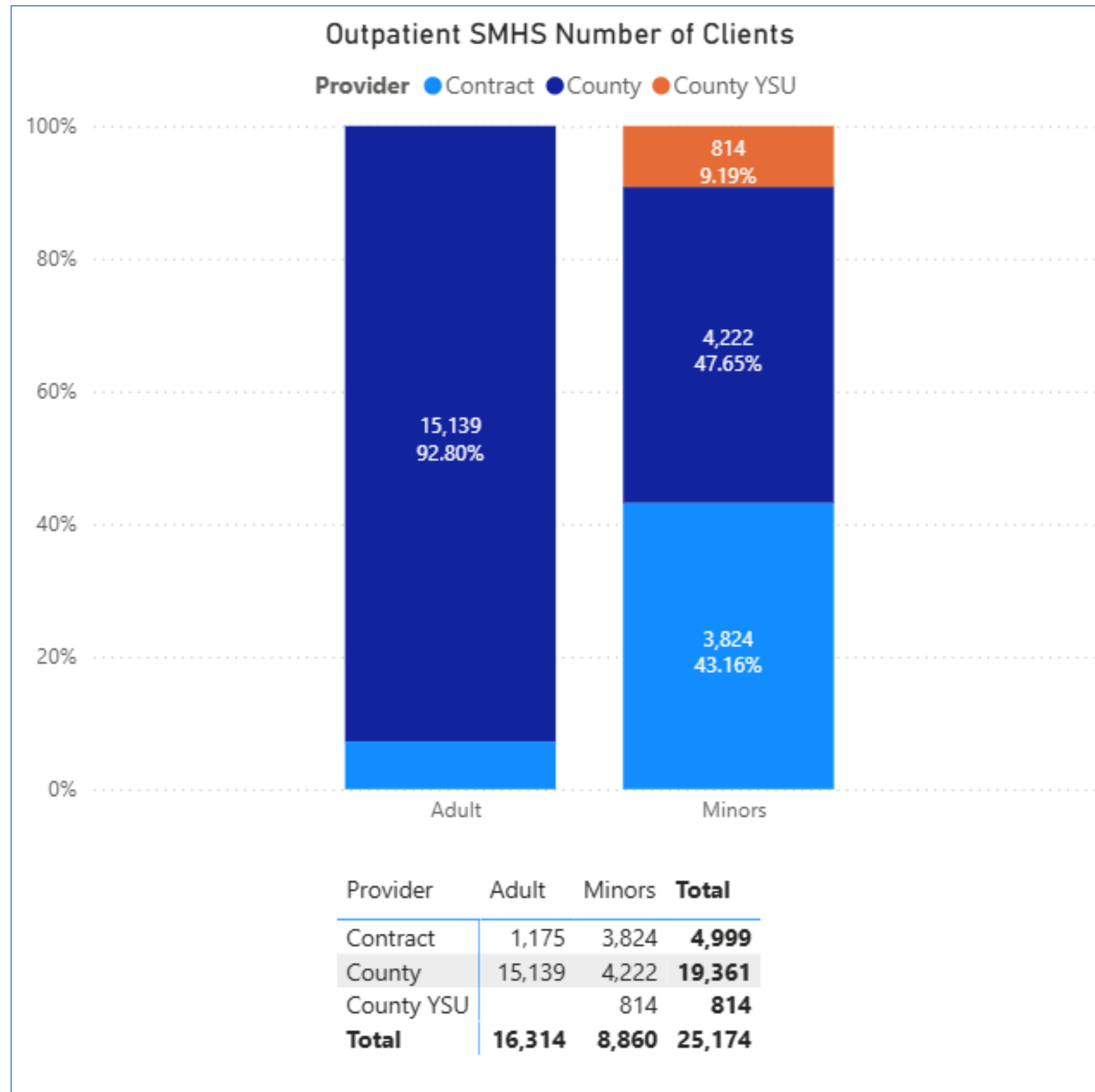
19,630

Outgoing/outreach calls

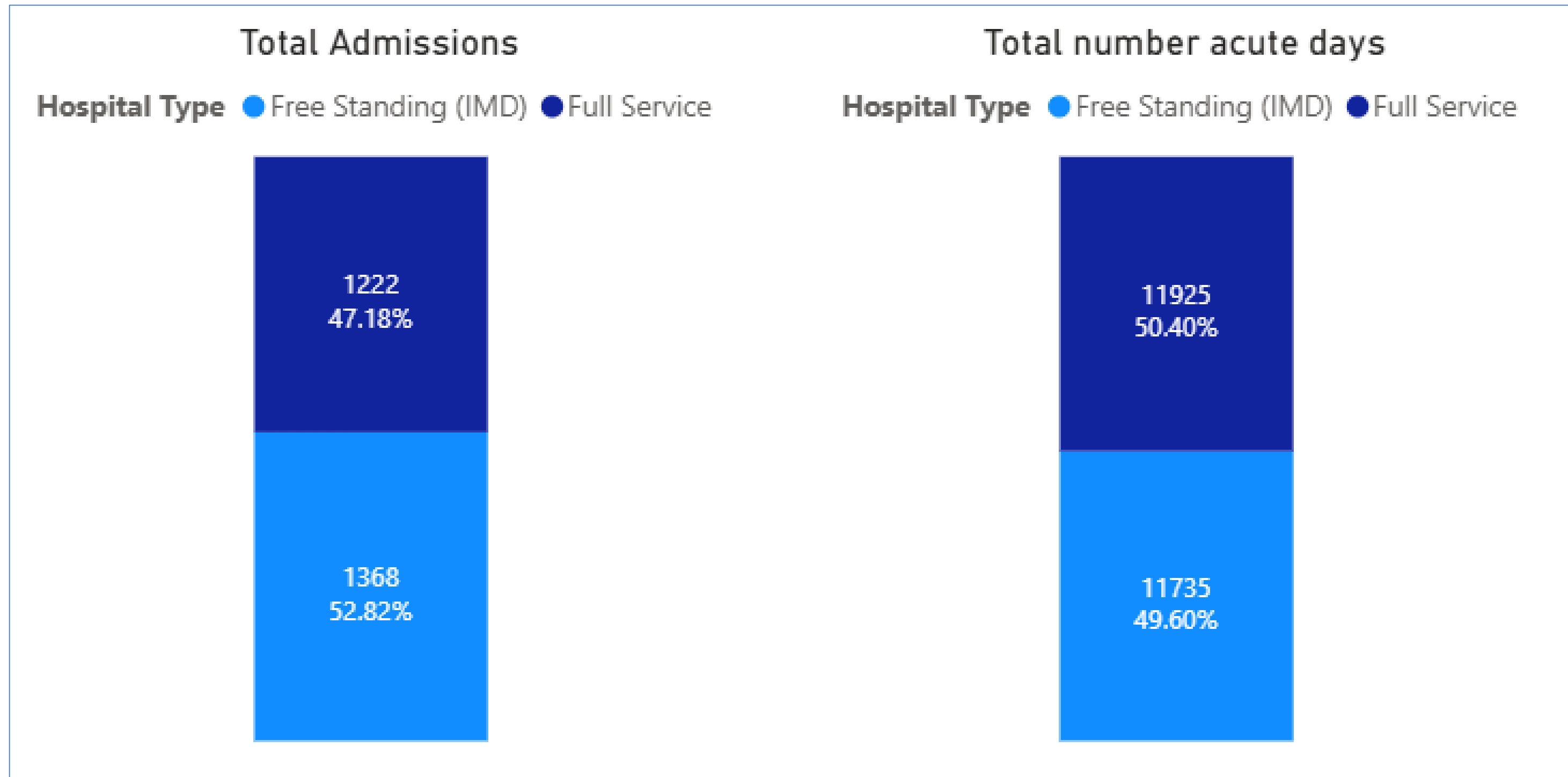
AOD total 35,699

**MH + AOD total calls
94,710**

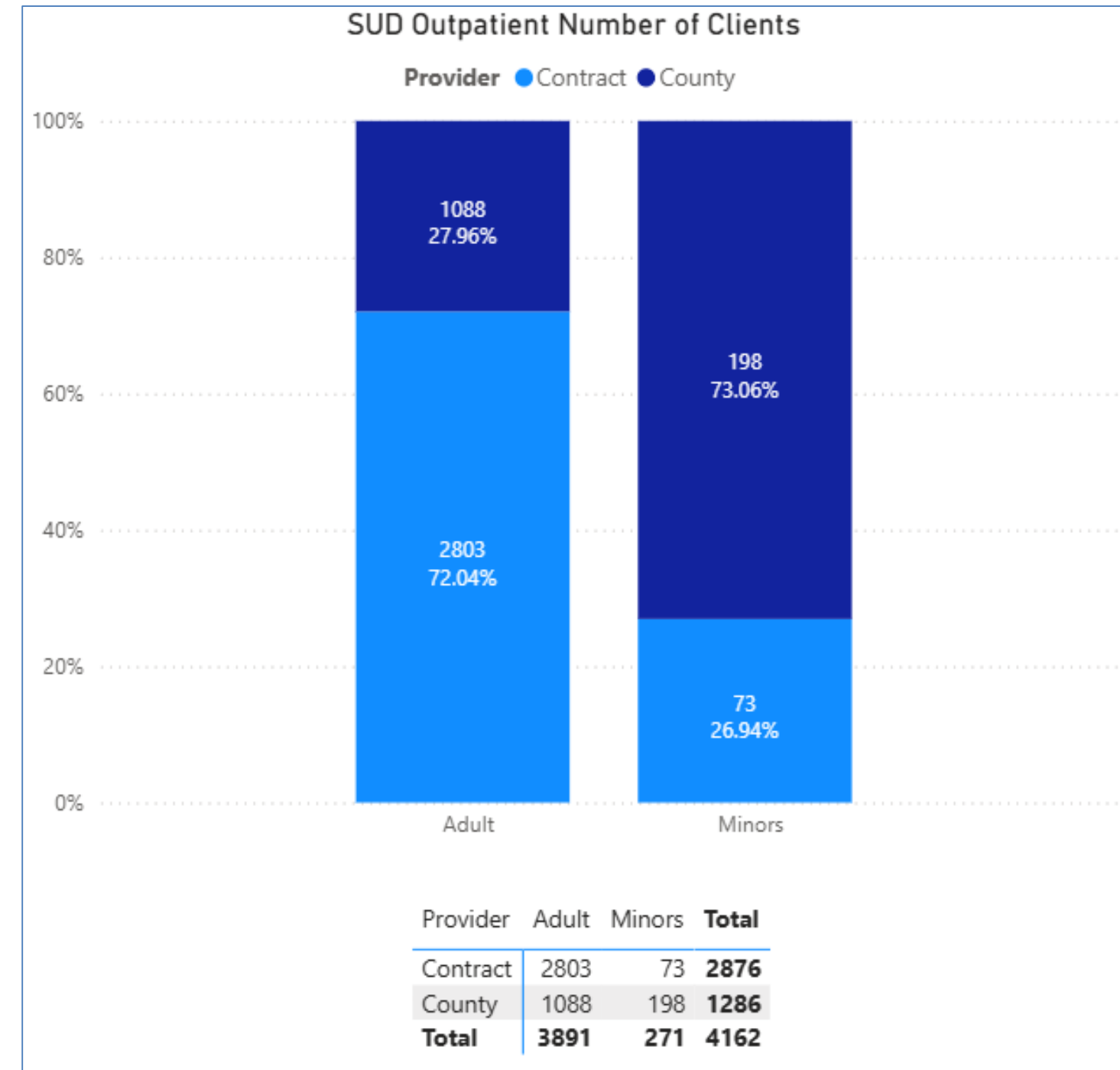
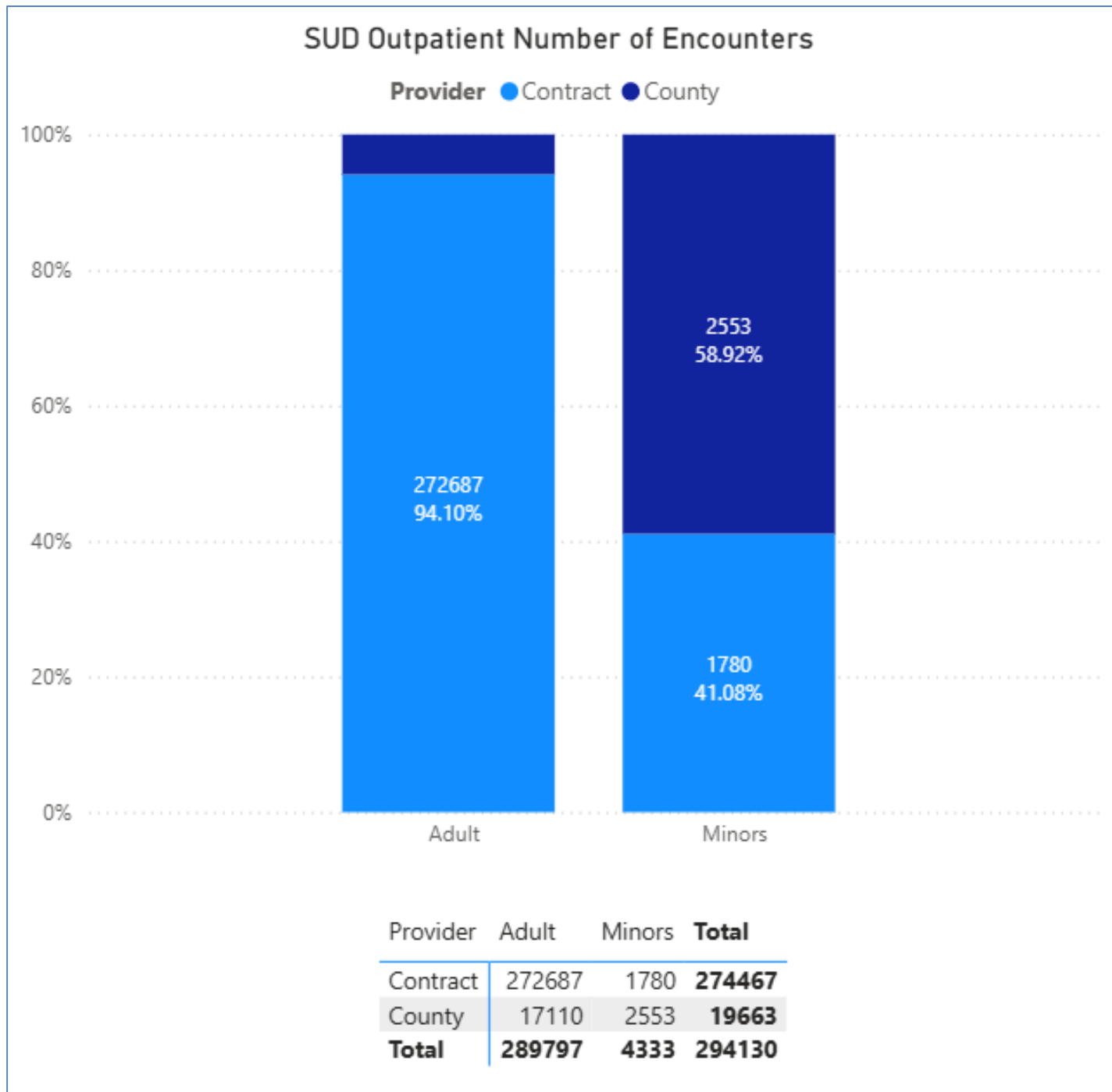
Specialty Mental Health Services Outpatient Services



Acute Hospitals: Admissions, Bed Days



Alcohol and Other Drug Services



Discovery House

Clients	Bed Days Occupied	Length of Stay, Average
271	7,751	28.6



Behavioral Health Transformation (BHT)

Statewide Behavioral Health Outcomes

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

To Reduce

- Suicides
- Overdoses
- Untreated behavioral health conditions
- Institutionalization
- Homelessness
- Justice-Involvement
- Removal of children from home

Priority Populations Under Behavioral Health Services Act

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

Purpose of the Integrated Plan (IP)



The BHSA establishes the IP to serve as a three-year prospective global spending plan

Describes how county behavioral health departments plan to use all available behavioral health funding

Meet statewide and local outcome measures, reduce disparities, and address the unmet need in their community

IP provides a description of how counties plan expenditures across a range of behavioral health fund sources

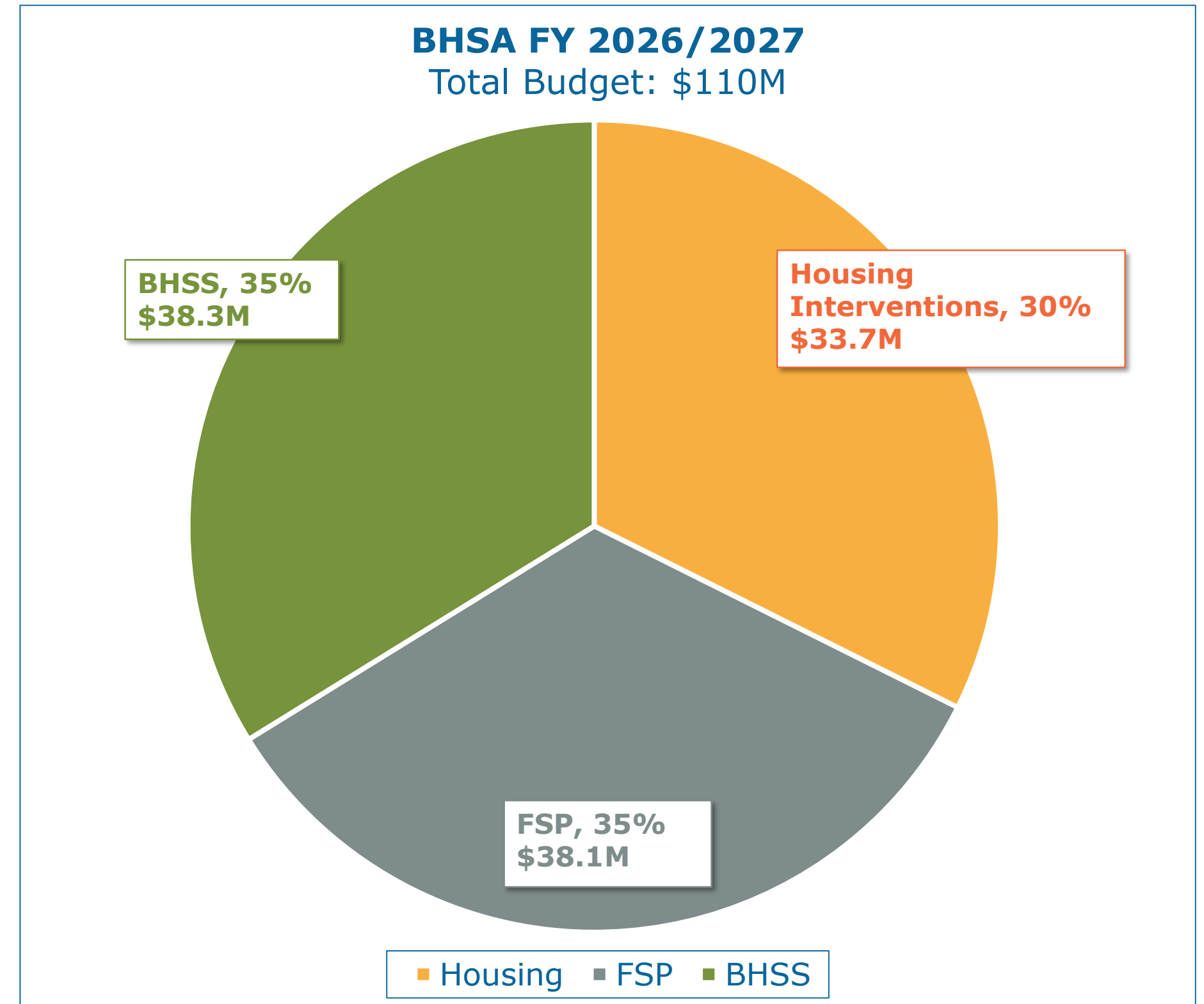
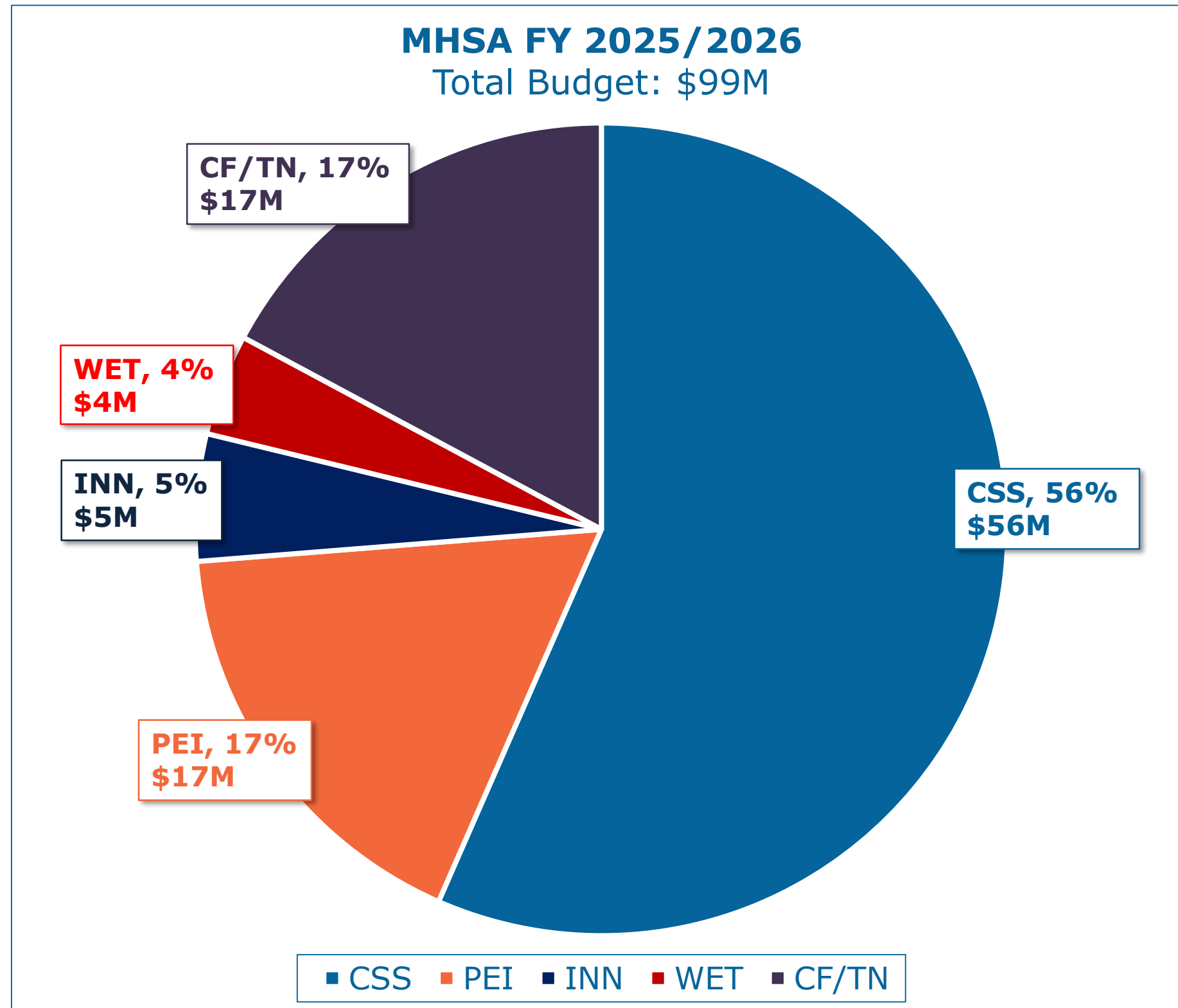
Data-informed local service planning process

Provides transparency into county planning for expending BHSA funding and all other behavioral health funding sources

Facilitate local and statewide data collection to provide baseline data on services and planned expenditures

Supporting analysis of county goals and outcomes

MHSA FY25/26 and BHSA FY26/27



61 Events
Apr-Jul 2025

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

741 Surveys

396 Online surveys (incl. 43 in Spanish)
263 Full paper surveys (44 Spanish)
81 Demographic-only w/ 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:
 1. Community Engagement Planning Workgroup facilitators reported themes & shared experiences from participants
 2. CPP committee combed through notes and surveys identifying key recurring themes & quotes
 3. AI tools identified patterns and representative quotes

Identified Needs

Access to Care

- 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

Quality and Effectiveness of Services

- Under-resourced Services
- Equitable Access to Care
- Workforce and Training Challenges
- Lack of Coordination of Care

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

Additional Community Insights and Suggestions

- 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

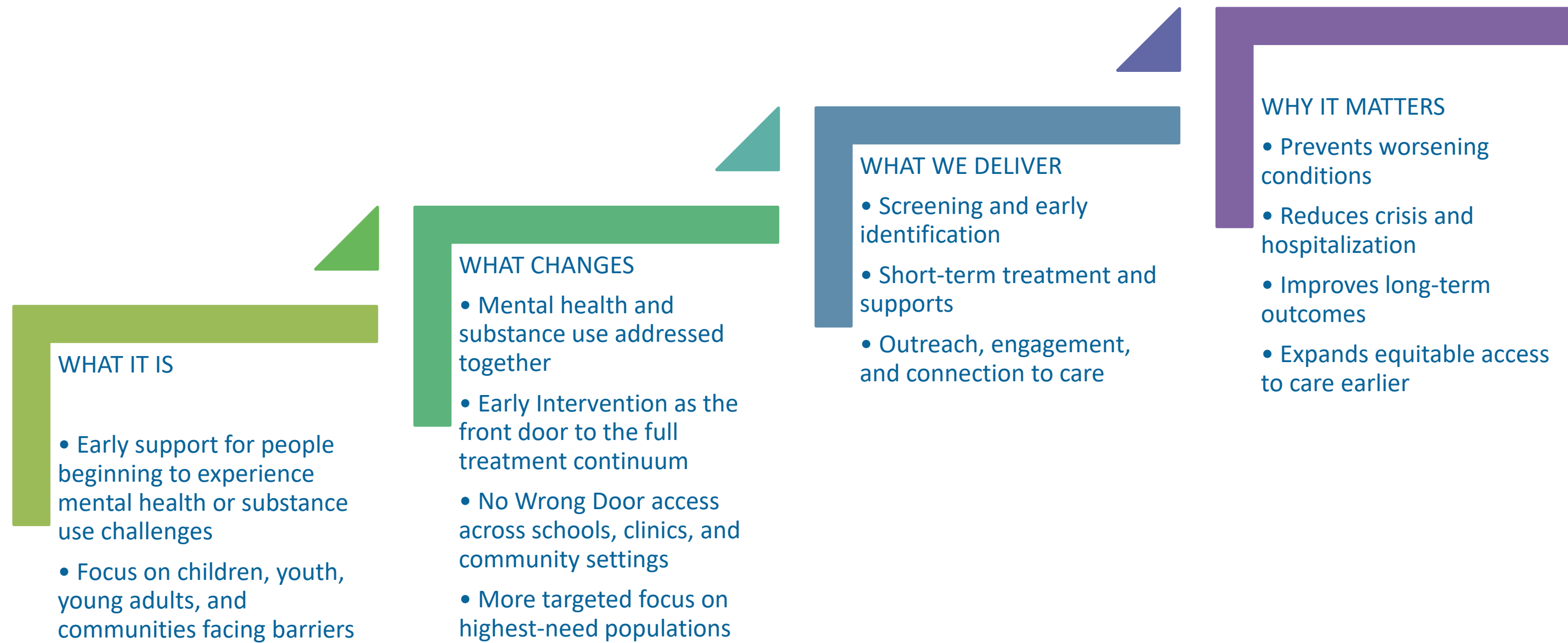
Prevention and Early Intervention and Community Defined Practice programs

Program	Contracts
Prevention and Early Intervention (PEI)	23
Community Defined Practice (CDP)	17

Source	PEI Clients Served
PEI Programs	40,662

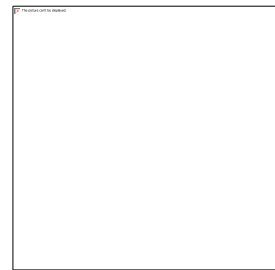
- Prevention & Early Intervention (PEI)
 - PEI aims to prevent mental illness from becoming severe by increasing early recognition and providing early intervention services.
 - First approved in 2009 with \$5.5M; funding has grown to over \$16M.
 - Built through an extensive 2005–06 community planning process involving research, stakeholder input, and prioritization of underserved and at-risk populations.
- Key Requirements
 - Serve all ages; at least 51% of funds must support children/youth (0–25).
 - Address disparities in access for underserved ethnic communities.
 - Ensure services are available across all regions of the county.
 - Early intervention should be low-intensity/short-term, except for first-onset psychosis, which may require longer, more intensive support.
 - Focus on individuals at risk or showing early signs of mental health challenges.
- Community Defined Practices (CDP)
 - Innovation project (approved March 2023) to expand equitable access to behavioral health services for underserved communities (AAPI, Latino/a/x, Black/African American, LGBTQ+, and others).
 - Supports outreach, engagement, treatment, and wellness services not currently offered in the CCBHS System of Care.
 - CDPs are culturally rooted practices embraced by specific communities to support mental health and wellness.
 - Services may be delivered by practitioners, peers, community health workers, traditional healers, or trusted community members.

Behavioral Health Services Act Early Intervention



Early Intervention: Focus Populations

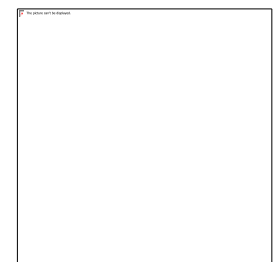
Populations identified by the community for early intervention support include:



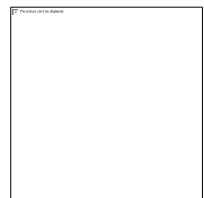
Culturally Diverse Communities – outreach/services reflecting culture and language



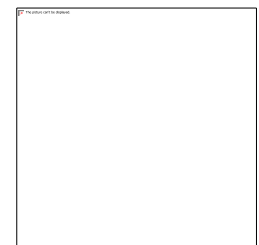
LGBTQIA+ – culturally affirming care and support



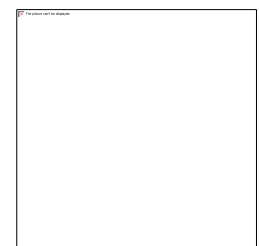
Older Adults – improving mental health and reducing isolation



Parents & Caregivers – tools to reduce stress and strengthen relationships



Transition Age Youth – building resilience, staying in school, avoiding crisis



Veterans – early mental health and substance use support



Mandated Evidence Based Practices

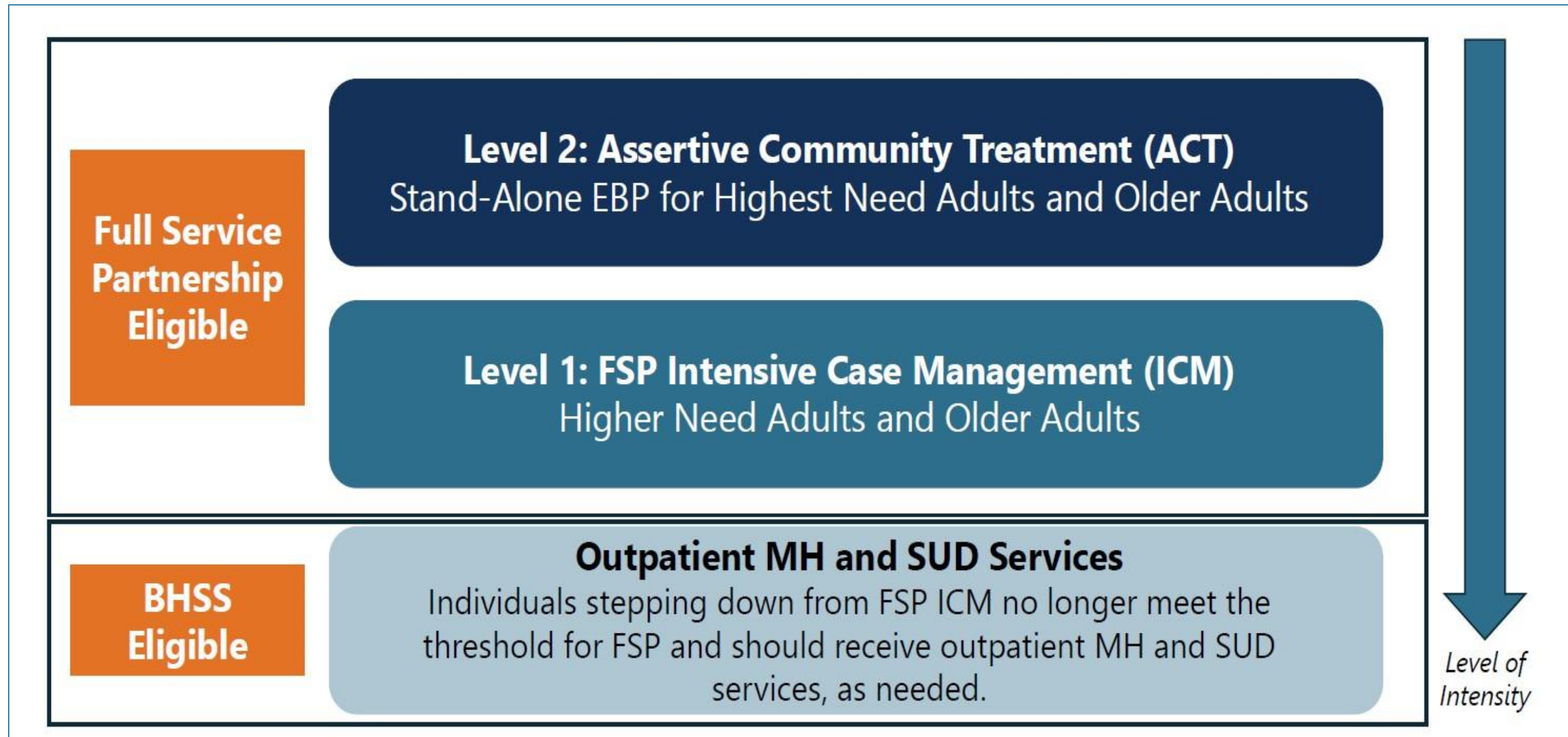
Evidence Based Practices for Youth

- **Functional Family Therapy (FFT)** is an effective, short-term, family-based, proprietary counseling service which seeks **to empower families to solve their own problems** through growth and change
 - FFT is designed for young people (ages 10-18) who are at risk of, or have been referred for, behavioral or emotional problems (e.g., delinquency, substance use)
- **Multi-Systemic Therapy (MST)** is an intensive, evidence-based, family-driven, proprietary treatment model for youth (ages 12-17 years old) who are **involved in the juvenile justice system** who are **at risk of out-of-home placement** due to a history of delinquent behavior.
 - MST emphasizes cultural responsiveness and the centering of home and communal settings, as well as partnership with law enforcement and the juvenile justice system
- **Parent-Child Interactive Therapy (PCIT)** is an evidence-based, short-term treatment designed to foster the well-being of children and families of all cultures by teaching parents strategies that will promote positive behaviors in children and youth (ages 2-7) who exhibit challenging behaviors such as defiance and aggression



Adult FSP Levels of Care Framework

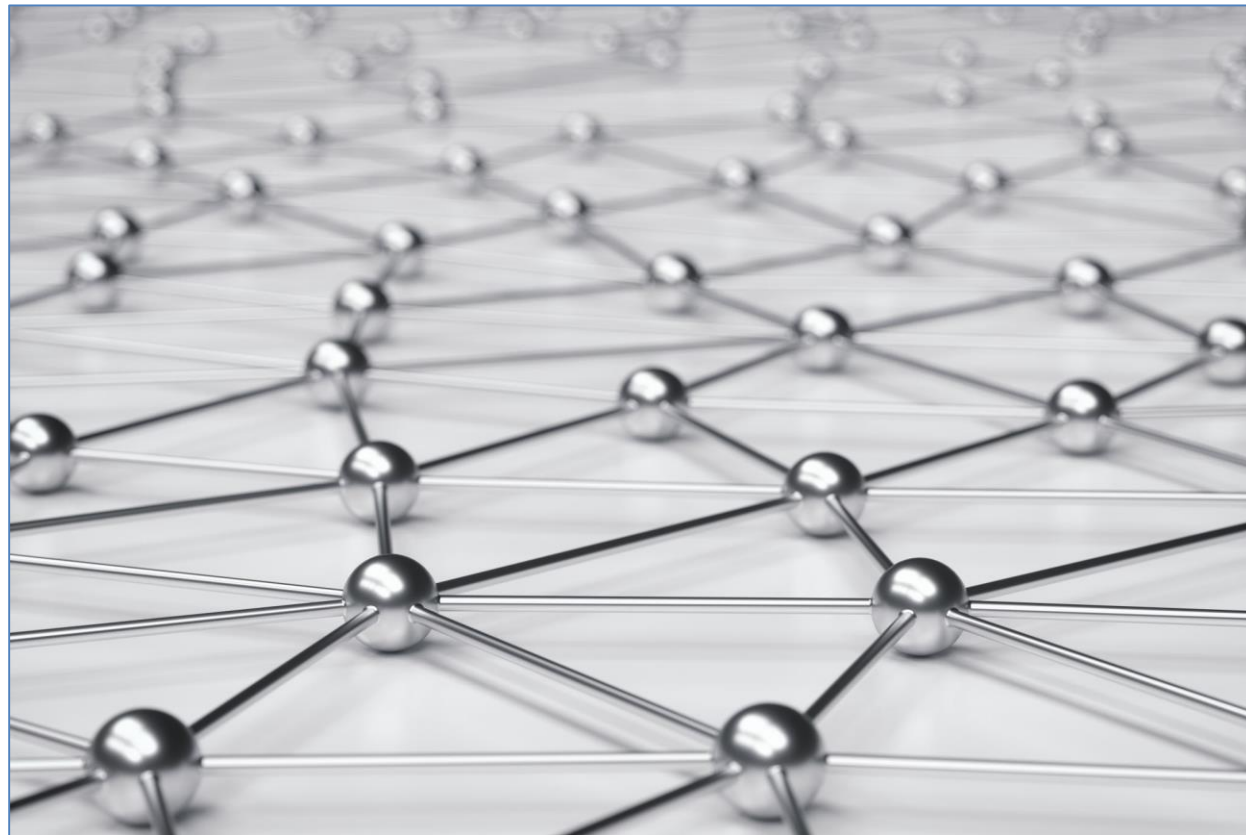
- The framework includes two levels of coordinated care for adults and older adults with ACT/FACT as the highest level and a step-down level from ACT/FACT, called FSP Intensive Case Management (ICM)
 - **ACT:** Assertive Community Treatment
 - **FACT:** Forensic Assertive Community Treatment, ACT-level services for justice involved individuals



Intensive Case Management

- Intensive Case Management (ICM) is a well-known services 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 case management (assessment, planning, linkages) with **low staff to client ratios, assertive outreach, and direct service delivery**

Individual Placement and Support Employment Eligibility Criteria



- Individual Placement and Support (IPS) proposed eligibility criteria aligns with best practices, prioritizing inclusivity and client choice
- Proposed Eligibility Criteria
 - To be eligible for Supported Employment Services, an individual must:
 - Meet Full Service Partnership criteria, AND
 - Express interest in receiving Supported Employment Services
- This approach is grounded in national best practices including “zero exclusion criteria” from the official IPS fidelity scale and “eligibility is based on consumer choice from Substance Abuse and Mental Health Services Administration’s (SAMHSA) Supported Employment toolkit

High Fidelity Wraparound Overview

- High Fidelity Wraparound is a **team-based** and **family centered evidence-based practice** that includes an “**anything necessary**” approach for children/youth living with the **most intensive mental health or behavioral health challenges**.
 - HFW is regarded as an **alternative to out-of-home placement for children with complex needs**, by providing intensive services in the family’s home and community



Coordinated Specialty Care



- CSC is a community-based service designed for members experiencing clinical high risk for psychosis or first episode psychosis.
 - By providing timely and integrated supports during the critical initial stages of psychosis, CSC reduces the likelihood of psychiatric hospitalization, emergency room visits, residential treatment placements, involvement with the criminal justice system, substance use, and homelessness
- CSC is a person-centered, team-based service that helps members and their caregivers cope with the symptoms of their mental health condition and to function and remain integrated in the community
- Multidisciplinary CSC teams provide a wide range of individualized supports to members exhibiting initial signs of psychosis
- Bundled Rate (under BH-CONNECT)

Impact of AB 339 on Contra Costa County

- AB 339 creates a 45- day notice requirement before issuing RFPs/RFQs or renewing/extending contracts involving contracting out bargaining-unit work.
- Requires shift from just-in-time procurement to proactive planning (60-90 days lead time recommended).
- Unions must be notified at the beginning of scope development.
- Notice must include duration, scope, cost, draft solicitation, and justification.
- Defective notices restart the 45-day clock, risking significant delays.
- Non-compliance risks: procurement delays, unfair practice charges, contract rescission.

Contract Extensions & RFP Timeline (2026)

- AB 339 Labor Posting: March 23 – May 7, 2026 (45 days).
- Phase 1 – Pre-Planning: March 2 – March 31, 2026.
- Phase 2 – Labor / Union Posting: March 23 – May 7, 2026.
- Phase 3 – RFP Release: May 8, 2026.
- Phase 4 – Proposal Period: May 8 – June 8, 2026.
- Phase 5 – Evaluation & Award: June 9 – July 31, 2026.
- Phase 6 – Contract Execution: August – December 2026.
- Existing contracts extended July 1 – Dec 31, 2026, with 2% COLA and adjusted CPL.

Contract Status (AB 339 Impact)

AB 339 Impacted Contracts

- ✓ Specialty Mental Health Services (SMHS) – **6 Month Extensions Submitted, Pending RFP**
- ✓ Prevention and Early Intervention (PEI) – **6-Month Extensions Submitted, Pending RFP**
- ✓ Community Defined Practices (CDP) – **6-Month Extensions Submitted, Pending RFP**
- ⌚ Measure X – **Pending RFP**
- ⌚ Housing (Master Lease and Shelter Housing)- **Pending RFP**

All AB 339 Impacted contracts have submitted 6-month extensions while remaining contracts are either in process of renewal or pending renewal upon all documents received from the contractor.

Not Impacted by AB 339

- ✓ Housing (Board & Cares) – **Renewed FY 26/27**
- ⌚ Mental Health Rehabilitation Center (MHRC)- **Pending**
- ✓ Psychiatrists - **Renewed FY 26/27**
- ⌚ Network Providers - **Pending**
- ⌚ Hospitals - **Pending**
- ✓ Training -**Renewed Multi-Year FY 26/27/28/29**
- ⌚ Short Term Residential Treatment Program (STRTP) - **Pending**
- ⌚ School Districts - **Pending**
- ✓ Administrative – **Renewed Multi-Year FY 26/27/28/29**



New Initiatives Fiscal Year 2025-2026

Opioid Settlement Funded Efforts

Interdepartmental Integration

SUD Treatment Expansion

- **West County Detention and Martinez Detention Facilities.** Integrated SUD Treatment to Support Medication Assisted Treatment with Detention Health
- **Vending Machines with Public Health**
- **Harm Reduction Training for Staff in the Field with Public Health and HEPPAC**
- **Support to Veterans through Veteran's Services**
- **Addiction Medicine Doctor – Behavioral Health**
- **Coalition Based Naloxone Training – 3 Coalitions**




HEPPAC
HIV Education and Prevention
Project of Alameda County

- Hygiene Kits
- Wound Care
- Food
- Menstrual Products
- Harm Reduction Supplies
- Biohazard Container Disposal
- Resources

Richmond Mobile Harm Reduction Services

At HEPPAC, our mission is to stop the spread of HIV and Hepatitis C among People Who Use Drugs (PWID) and their families, while reducing drug-related harm in Alameda and Contra Costa Counties.

We use an **Integrated Harm Reduction model** to provide medical services in non-clinical settings, with a focus on communities of color in the East Bay Area.

Tuesdays | 1:00 PM – 3:00 PM
25th St & Macdonald Ave
Richmond, CA 94804

CONTACT US
510.849.7630

SCAN ME
HEPPAC.ORG



Naloxone Penetration Efforts

AOD Distribution	FY 23/24	FY 24/25	FY 25/26* As of March 2026
Fentanyl Test Strip	995	1667	1339
Naloxone	4713	1818	1278



August 31st is International Overdose Awareness Day (IOAD). A day of remembering those who lives have been impacted by overdose and raising awareness.

Stand Down on the Delta, September 12–15, 2025 at the Contra Costa Event Park

Support 4 Recovery – Recovery Walk, September 27, 2025 at Martinez Waterfront Park

Community Forum Pittsburg

Vending Machines and Stand Boxes Initiative

Naloxone Stand Boxes (NSB)

In Operation

- 17 Total Boxes Countywide

Upcoming

- J Cole Recovery House (Antioch)
- Trinity Center (Unhoused, Walnut Creek)
- Pittsburg Library



Public Health Vending Machines

In Operation

- Brookside Shelter
- Contra Costa Regional Medical Center

Upcoming

- SOS Richmond and MH Connections (Antioch)
- Delta Landing and Oakley Community Center



❖ A petitioner could include:

- Family members
 - Limited to a parent, spouse, sibling, child or grandparent
- A mental health professional or other service provider who is treating or has recently treated the client/respondent
- The director of a hospital in which the client/respondent was recently or is hospitalized
- The directors of public service agencies, such Behavioral Health (BH), Adult Protective Services (APS), Public Guardian or Public Conservator (PG/PC)
- A first responder who has had repeated contact with the respondent
- Homeless outreach worker
- A roommate/housemate
- The client/respondent

❖ Must meet all criteria:

- 18 years or older
- Currently experiencing a “serious mental disorder” as defined in WIC 5600.3(b)(2) and has a diagnosis in the disorder class: Schizophrenia Spectrum or Other Psychotic Disorders & Bipolar I with psychotic features, as defined in the most recent Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Not clinically stabilized in ongoing voluntary treatment
- At least one of the following is true:
 - The person is unlikely to survive safely in the community without supervision and their condition is substantially deteriorating
 - The person is in need of services and supports to prevent relapse or deterioration that is likely to result in harm to self and/or others or grave disability, as defined in WIC 5150
- CARE is the least restrictive placement necessary to ensure recovery and stability
- The person is likely to benefit from participation in a CARE Agreement or Plan

For more information, visit [CARE Act Resources For Petitioners](#).

Care Court

Behavioral Health Services Data

December 2024 to February 2026

❖ Total Petitions Filed: 121

- Petitioner Categories:
 - Family Member: 39
 - Hospitals: 34
 - Public Guardian: 22
 - Dept 10 (SB27 – 2026 only): 12
 - Self: 7
 - BHS Provider: 4
 - Dept 20 (SB27 – 2026 only): 2
 - Licensed Provider: 1

❖ Total Dismissals: 49

- Unable to locate: 16
- Did not meet criteria: 16
- Higher level of care: 7
- Did not meet prima facie: 6
- Declined to participate: 2
- Engaged in voluntary services: 2

❖ Total IST Referrals: 43

- Unable to locate: 25
- Active: 8
- Did not meet criteria: 6
- Petitioned by BHS: 3
- Higher level of care: 1

❖ Total CARE Agreements: 19

- In process: 4

❖ Total CARE Plans: 0

❖ Individuals housed via BHBH: 18

❖ Graduations: 0

- 1st anticipated in April 2026

❖ Court Data: Dec 2024 – Jan 2026

- Total Hearings Held: 307
 - Initial Appearances: 167
 - All other hearings: 140

Senate Bill 43 & LPS Act Overview and What Has Changed

- **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

- **Changes to LPS**

- Changes the definition of “gravely disabled.”
- 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.
- SB 43 expands the **eligibility criteria for LPS evaluation for involuntary detention** and treatment by adding:
 - Individuals **with severe substance use disorders or co-occurring mental health and severe substance use disorders**, and
 - Inability to manage **personal safety or necessary medical care**.



Brookside Mental Health Rehabilitation Center (MHRC)

The Brookside MHRC will be breaking ground in April! The project is fully permitted, and Buhler Construction has been selected as the winning bidder. Vanir Construction will serve as day-to-day construction project management. Construction is anticipated to be completed in April 2027.

Sherman Recovery Center

The project team has recently selected a design-build entity (DBE) through a traditional design-build delivery method and is preparing to issue a Notice to Proceed (NTP) in the near future. Following NTP, the DBE team will advance the project design from 50% schematic design (SD), based on the criteria documents, through to 100% construction documents (CD). Construction is currently anticipated to begin in February 2027 upon completion of the design phase.



Sherman Recovery Center - Milestone Chart		
Milestone	Achieved Milestone	Date Completed or Anticipated Completion Date
Design development drawings	No	5/9/2026
Plans submitted to building	No	9/9/2026
Permit received	No	1/31/2027
Construction started	No	2/10/2027
Construction 50% complete	No	8/10/2027
Construction complete	No	4/17/2028
Facility opening	No	9/1/2028



Los Medanos Recovery Center

The Los Medanos Recovery Center project is currently in the planning phase, with the design team preparing Criteria Documents for procurement. County staff is concurrently developing a Request for Qualifications (RFQ) to solicit and shortlist three design-build entities (DBEs)

Following the shortlist, a Request for Proposal (RFP) will be issued as part of a traditional design-build delivery method and will include the Criteria Documents prepared by the Criteria Architect. The selected DBE team will then advance the project design from 50% schematic design (SD), based on the Criteria Documents, to 100% construction document (CD). Construction is anticipated to begin in January 2028 upon completion of the design phase.

Los Medanos Recovery Center - Milestone Chart		
Milestone	Achieved Milestone	Date Completed or Anticipated Completion Date
Design development drawings	No	3/9/2027
Plans submitted to building	No	8/9/2027
Permit received	No	12/31/2027
Construction started	No	1/10/2028
Construction 50% complete	No	8/10/2028
Construction complete	No	5/15/2029
Facility opening	No	9/10/2029

Laurel Recovery Center

The Laurel Recovery Center is a planned behavioral health project currently in the early development phase. County Public Works is in the process of acquiring the project site from the Flood Control District and securing the land for future development. Following acquisition, a Design Criteria Architect will be engaged to prepare Criteria Documents that will support the subsequent Request for Qualifications (RFQ) and Request for Proposals (RFP) process to procure a design-build entity. The selected DBE team will the advance the project design from 50% schematic design (SD) based on the Criteria Documents, to 100% construction documents (CD). The project is anticipated to begin construction in January 2029

Laurel Recovery Center – Milestone Chart			
Milestone	Achieved Milestone	Date Completed or Anticipated or Anticipated Completion Date	Comments/Explanations for Delay
Design development drawings	No	4/9/2028	This date is a projection and subject to change
Plans submitted to building	No	9/9/2028	This date is a projection and subject to change
Permit received	No	12/31/2028	This date is a projection and subject to change
Construction started	No	1/10/2029	This date is a projection and subject to change
Construction 50% complete	No	10/10/2029	This date is a projection and subject to change
Construction complete	No	5/15/2030	This date is a projection and subject to change
Facility opening	No	6/30/2030	This date is a projection and subject to change



El Portal Project Status



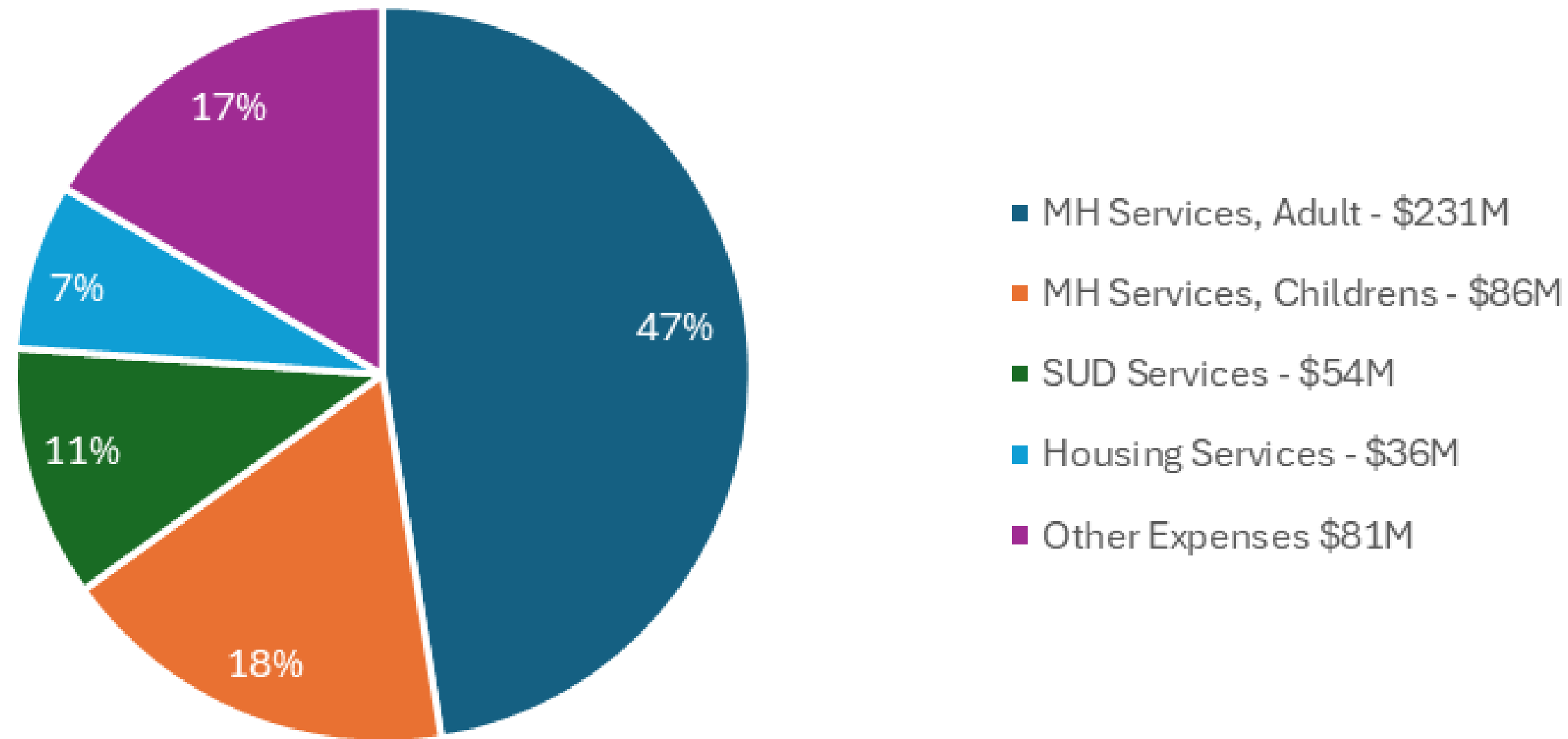
El Portal Adult Residential Treatment and Crisis Residential Treatment:

In late 2023 the division purchased a property 2523 El Portal Road in San Pablo, the former site of the West County Adult Mental Health Clinic. CCBHS has unsuccessfully applied for BHCIP funding for this project but has been budgeting through MSHA Capital Facility/Technological Needs funds to complete this capital project. This shovel ready project is fully designed and ready for permit submission. Completing this project would complete the facility needs identified in the Division’s 2022 needs assessment and expand residential treatment in West County replacing a facility lost due to program closure. This facility would co-locate an Adult Residential Treatment Facility and Crisis Residential treatment facility in immediate adjacency to County’s permanent supportive housing complex and in close proximity to the newly developed Brookside MHRC.



Care Continuum Projected Expenses

FY 26/27 Projected Expenditures
Total \$488M



- Care Continuum Expenses are inclusive of all Behavioral Health services, regardless of funding.
- SUD Services largely reflect AOD existing service levels for adult (\$47M) and children (\$7M) SUD services.
- Implementation of BHSA has primarily impacted MH and Housing services.
- Other Expenses include Capital Infrastructure (\$27M), Quality & Accountability, Data Analytics, and Plan Management & Administrative Activities (\$31M)

- **Miles Halls Crisis Call Center and Mobile Crisis**
 - Remains a BHS Program but contracted new division of Community Crisis Response
- **Youth CSU**
 - Remains a Behavioral Health Services program but contracted Administration transferred to Contra Costa Regional Medical Center
- **Behavioral Health Enhanced Care Management**
 - Behavioral Health Services is a contracted provider.
 - Contra Costa Health Plan administers the benefit.

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Thank you!