



Agenda

FAMILY & HUMAN SERVICES COMMITTEE

December 14, 2015

10:30 A.M.

651 Pine Street, Room 101, Martinez

Supervisor Federal D. Glover, Chair
Supervisor Candace Andersen, Vice Chair

Agenda Items:

Items may be taken out of order based on the business of the day and preference
of the Committee

1. Introductions
2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to three minutes).
3. CONSIDER recommending to the Board of Supervisors the appointments of Deena Jones to the Consumer #4 East County seat and Doug Rowe to the Public Agency #4 East County seat on the Local Planning and Advisory Council for Early Care and Education, as recommended by the County Office of Education.
4. CONSIDER accepting a report from the Employment and Human Services Department on the Affordable Care Act and the Contra Costa County Covered California Call Center. (Kathy Gallagher, EHSD Director)
5. CONSIDER accepting a report from the Employment and Human Services Committee on the impacts of elder abuse in Contra Costa County and referring the report it to the Board of Supervisors for their information. (Kathy Gallagher, EHSD Director)
6. CONSIDER accepting the annual update report from the Health Services Department on the HIV Prevention and Needle Exchange program and forwarding the information to the Board of Supervisors. (Carla Goad, HSD)
7. CONSIDER accepting the recommendation from the County Administrator's Office staff regarding the continuation of referrals to the Family and Human Services Committee in 2016. (Dorothy Sansoe, County Administrator's Office)
8. Meetings for the 2016 calendar year have not yet been scheduled.
9. Adjourn

The Family & Human Services Committee will provide reasonable accommodations for persons with disabilities planning to attend Family & Human Services Committee 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 Family & Human Services Committee less than 96 hours prior to that meeting are available for public inspection at 651 Pine Street, 10th floor, during normal business hours.

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:

Enid Mendoza, Committee Staff
Phone (925) 335-1039, Fax (925) 646-1353
enid.mendoza@cao.cccounty.us



Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

3.

Meeting Date: 12/14/2015
Subject: Appointments to the Local Planning Council
Submitted For: FAMILY & HUMAN SERVICES COMMITTEE,
Department: County Administrator
Referral No.: 25
Referral Name: Appointment to the LPC
Presenter: Ruth Fernandez **Contact:** Ruth Fernandez

Referral History:

The review of applications for appointments to the Contra Costa Local Planning Council for Child Care and Development was originally referred to the Family and Human Services Committee by the Board of Supervisors on April 22, 1997.

Referral Update:

Please see the attached request from the Local Planning Council and the application.

Recommendation(s)/Next Step(s):

RECOMMEND the following appointments, to the Local Planning and Advisory Council for Early Care and Education with terms expiring April 30, 2018, as recommended by the County Office of Education:

Consumer #4 East County: Deena Jones
Public Agency Seat #4 East County: Doug Rowe

Fiscal Impact (if any):

Not applicable.

Attachments

Appointment Request Memo
Current LPC Roster



MEMORANDUM

DATE: November 30, 2015

TO: Family and Human Services Committee
Supervisor Federal D. Glover, District V, Chair
Supervisor Candace Andersen, District II, Vice Chair

Contra Costa County Office of Education
Karen Sakata, Contra Costa County Superintendent of Schools
Dr. Pamela Comfort, Deputy Superintendent of Schools

FROM: Ruth Fernández, LPC Coordinator/Manager, Educational Services

SUBJECT: Referral #25 – LPC APPOINTMENTS
Contra Costa County Local Planning and Advisory Council for Early Care and Education (LPC)

RECOMMENDATION(S):

1) **APPOINT** the following members to the Contra Costa Local Planning and Advisory Council for Early Care and Education, as recommended and approved by the LPC members at the General Council meeting held on Monday, November 23, 2015. See attached applications and letters of interest.

<u>Name</u>	<u>Seat</u>	<u>Area</u>
Deena Jones	Consumer 4	East County
Doug Rowe	Public Agency 4	East County

REASON/S FOR RECOMMENDATION:

The Contra Costa County Local Planning Council for Child Care and Development (LPC) was established in April 1998. Required by AB 1542, which was passed in 1993, thirty members of the LPC were appointed by the County Board of Supervisors and the County Superintendent of Schools. Childcare consumers and providers, public agency representatives, and community representatives each comprise 20% of the LPC. The remaining 20% are discretionary appointees. Membership is for a three-year term. On January 7, 2003, membership was decreased from 30 to 25 members, due to the difficulty being experienced in filling all of the seats.

On September 19, 2012 membership was decreased from 25 to 20, due to continued difficulty to fill vacant seats. Official reduction of appointed seats provides flexibility to ensure quorum is met in order to conduct Council business.

Membership consists of the following:

- Four consumer representatives - a parent or person who receives or has received child care services in the past 36 months;
- Four child care providers - a person who provides child care services or represents persons who provide child care services;

- Four public agency representatives - a person who represents a city, county, city and county, or local education agency;
- Four community representatives - a person who represents an agency or business that provides private funding for child care services or who advocates for child care services through participation in civic or community based organizations;
- Four discretionary appointees - a person appointed from any of the above four categories or outside of those categories at the discretion of the appointing agencies.

Appointments to the Contra Costa County Local Planning and Advisory Council for Early Care and Education (LPC) are subject to the approval of the Board of Supervisors and County Superintendent of Schools, Karen Sakata. The Board of Supervisors designated the Family and Human Services Committee to review and recommend appointments on their behalf. Dr. Pamela Comfort, Deputy Superintendent of Schools has been designated to review and recommend appointments on behalf of the County Superintendent of Schools.

October 9, 2015

Contra Costa County Local Planning and Advisory Council for
Early Care and Education (LPC)
Attn. Ruth Fernandez, Coordinator
Contra Costa County Office of Education
77 Santa Barbara Road
Pleasant Hill, CA 94523

Dear LPC Members and Board of Supervisors,

My name is Deena Jones and I would like to be considered to fill the vacant seat of East County Consumer on the Contra Costa Local Planning Council.

I currently serve on the Head Start Policy Council as a Past Parent and last year I served as the Vice Chair. I have two children ages 3 and 5 who have benefitted from Early Childcare in Contra Costa County.

As a parent and a community member in East County, I have a vested interest in making sure that the young children in my community receive a quality education starting before Kindergarten. I believe that my background and skill set could contribute to the board in its mission to *"promote quality childcare through community assessment, advocacy, resource development, and collaboration with other organizations"*.

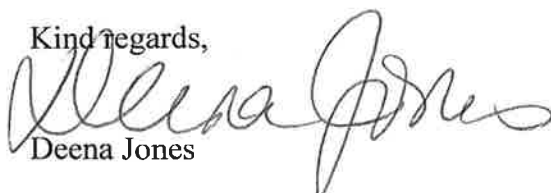
I sincerely believe that collaborations and building community are an integral part of the success of any organization and especially true in the educational environment. I believe that access to quality child care at a young age is so important to a child's future and development.

On a personal note, I have a son that was diagnosed with Autism. It has been the *access to* and *collaboration with* community resources, programs and support groups that has made all of the difference in his life and educational trajectory.

It is with a passion and a heart for my children and the children in my community that I wish to be considered as a Board Member on the Contra Costa County Local Planning and Advisory Council for Early Care and Education. I believe that there are great things happening in Early Education and I would love to make a contribution through service on the LPC Board.

Thank you for your consideration.

Kind regards,


Deena Jones

APPLICATION FOR MEMBERSHIP/Form B

Name: Deena Jones

Home Address: _____ City: _____ Zip: _____

Business/Agency/Affiliation: _____

Address: _____ City: _____ Zip: _____

Type of Organization: _____ Position: _____

Day Phone: (____) _____ FAX: (____) _____ Email: _____

A. CATEGORIES FOR APPOINTMENT

The County Board of Supervisors and the Superintendent of Schools make appointments to the Early Care and Education Planning Council. Members must live or work in Contra Costa County. Twenty percent of the Planning Council members are to be drawn from each of the following categories described below: Child Care Consumer, Child Care Provider, Community Representative, Public Agency Representative, and All Other. Please indicate which categories you could represent.

- ☒ **1. Consumer of Child Care Services** - using childcare or have used it within the past 36 months.
 Are you currently utilizing Child Care? ☒ Yes ☐ No Date you last used it: October 2015
 Type of Care: Afterschool Care/ Preschool Location: STS Academy / Highlands Elem. Preschool
 Length of Time as a Consumer: 3
- ☐ **2. Child Care Provider**- please check the types of care you provide and note the number of children:
- | | |
|---|----------------------------------|
| _____ Licensed family care provider | # of children licensed for _____ |
| _____ Licensed & publicly funded child care center | # of children licensed for _____ |
| _____ Licensed, private for profit, or private non-profit child care center | # of children licensed for _____ |
| _____ Subsidized Child Care Program | # of children licensed for _____ |
| _____ License exempt child care provider | # of children cared for _____ |
- Location of your facility: _____ Program/Center Name: _____
- _____
- _____
- ☐ **3. Community Representative:** Includes civic or community based agencies or business that advocate for child care but do NOT provide child care or contract with the California Department of Education to provide child care and developmental services.
- Organization: _____ Service Provided: _____
- Location: _____ Service Area: _____
- ☐ **4. Public Agency Representative** - Including city, county and local education agencies.
 Agency: _____ Service Area: _____
- ☐ **5. All Other**- Please describe:
- _____
- _____

B. GEOGRAPHIC, ETHNIC, AND CULTURAL DIVERSITY REPRESENTATION

CalWORKS legislation AB 1542 (Education Code 8499.3 d) states, "Every effort shall be made to ensure that the ethnic racial, and geographic composition of the local planning council is reflective of the ethnic, racial, and geographic distribution of the population of the county"

Please indicate your ethnic origin: _____ Which region of the County would you represent: East

- ☐ White (non-Hispanic)
☒ Black (Includes African, Jamaican, Trinidad and West Indian)
☐ Hispanic (includes Mexican, Puerto Rican Cuban, Latin American or Spanish)
☐ Asian or Pacific Islander (includes Pakistani, East Indian, Japanese, Tongan, Filipino, Laotian, or Vietnamese)
☐ American Indian or Alaskan Native (includes persons who identify themselves or are known as such by virtue or tribal association)
☐ Other _____

C. CURRENT COUNCIL INVOLVEMENT:

Are you currently an active participant on a Council Committee? ___ No X Yes

Which Committee: Headstart Policy Counsel What is your participation? Headstart Policy Counsel Member (Past Parent)

D. INTERESTS: Personal/Professional areas of interest/experience/skills that could benefit the Council:

Previously served as 2014-15 Vice Chair of the Headstart Policy Council. Parent of two children who have recieved or are recieving childcare services in Contra Costa County. Active in the Faith Community. Attended Annual Headstart Parent Conference in New Orleans, LA in 2015.

Recieved training in Facilitative Leadership. Served on Fiscal Subcommittee on Policy Council and presented budget items to entire Council.

B.S. in Secondary Education from University of South Alabama. Over 10 years experience as a Legal Administrative Assistant.

I am interested in becoming a Council representative because: I have two children ages 5 and 3 who have benefitted from child care services in Contra Costa County and I would like to be a voice for the consumer as it relates to Early Childhood Education.

My desire to serve my children and my community & my background and education would make me an idea consumer to represent and serve East Contra Costa County and to further the Local Planning Council's mission of promoting quality childcare through community assessment, advocacy, resource development and collaboration.

E. MEMBER RESPONSIBILITIES: Members are expected to attend regular meetings on the fourth Monday of July, September, November, January, March, and May from 3:00 p.m. to 5:00 p.m. and participate in at least one committee. Additional meetings may be scheduled for training and council business.

Are you able to commit to regular participation, given this schedule: ___ x ___ Yes ___ No

If needed, do you have the support of your agency/employer to be an active member of the Council?
___ x ___ Yes ___ No

F. How did you hear about the Planning Council?

Katharine Mason and Rita Loza of the CSB Headstart Agency

Please attach your resume and a letter of interest with this application. Mail completed application, resume and letter of interest to the Contra Costa County Local Planning and Advisory Council (LPC) Coordinator at the Contra Costa County Office of Education, 77 Santa Barbara Road, Pleasant Hill, CA 94523.

For more information please call the LPC Coordinator at (925) 942-3413.

Signature: _____

Date: 10/8/2015



Contra
Costa
County

For Office Use Only

Date Received:

For Reviewers Use Only:

Accepted

Rejected

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

MAIL OR DELIVER TO:

Contra Costa County

CLERK OF THE BOARD

651 Pine Street, Rm. 106

Martinez, California 94553-1292

PLEASE TYPE OR PRINT IN INK

(Each Position Requires a Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

Local Planning Council for Early Care & Education

Consumer 4

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. **Name:** Jones Deena
(Last Name) (First Name) (Middle Name)
2. **Address:**
(No.) (Street) (Apt.) (City) (State) (Zip Code)
3. **Phones:**
(Home No.) (Work No.) (Cell No.)
4. **Email Address:**

5. **EDUCATION:** Check appropriate box if you possess one of the following:

High School Diploma ☒ G.E.D. Certificate ☐ California High School Proficiency Certificate ☐

Give Highest Grade or Educational Level Achieved B.S. Secondary Education

	Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
				Semester	Quarter		
A)	University of South Alabama	Secondary Education	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			B.S.	6/1998
B)			Yes No <input type="checkbox"/> <input type="checkbox"/>				
C)			Yes No <input type="checkbox"/> <input type="checkbox"/>				
D)	Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded:			
	San Francisco State University	Paralegal Studies	(5 courses all grade A or better)	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>			

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

<p>A) Dates (Month, Day, Year) From To</p> <p>8/3/2015 Present</p> <p>Total: Yrs. Mos.</p> <p>3</p> <p>Hrs. per week 40 Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Sr. Patent Assistant</p> <p>Employer's Name and Address</p> <p>Genentech Inc. 1 DNA Way South San Francisco, CA</p>	<p>Duties Performed</p> <ul style="list-style-type: none"> • Preparation and submission of patent related documents for the US Patent Office. • Prepare and proof general corporate agreements, general correspondence and various forms of correspondence. • Assist with ongoing special projects • Exercise judgment and discretion concerning sensitive confidential and proprietary information.
<p>B) Dates (Month, Day, Year) From To</p> <p>10/2014 Present</p> <p>Total: Yrs. Mos.</p> <p>1 1</p> <p>Hrs. per week Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>PC Member / Vice Chair</p> <p>Employer's Name and Address</p> <p>Contra Costa EHS/ CSB 1470 Civic Ct. Concord, CA</p>	<p>Duties Performed</p> <p>Served as 2014-15 Vice Chair. Assisted with meetings. Worked on fiscal and bylaw and program subcommittee. Volunteered in Classroom. Made reminder calls to PC Members.</p>
<p>C) Dates (Month, Day, Year) From To</p> <p>5/2008 10/2015</p> <p>Total: Yrs. Mos.</p> <p>7</p> <p>Hrs. per week Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Project Manager</p> <p>Employer's Name and Address</p> <p>Vallejo Christian Center Church 501 Lemon Street Vallejo, CA</p>	<p>Duties Performed</p> <p>One of several project managers that planned various events and trips for the church.</p>
<p>D) Dates (Month, Day, Year) From To</p> <p></p> <p>Total: Yrs. Mos.</p> <p></p> <p>Hrs. per week Volunteer <input type="checkbox"/></p>	<p>Title</p> <p></p> <p>Employer's Name and Address</p> <p></p>	<p>Duties Performed</p> <p></p>

7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☐ District Supervisor ☒ Other Policy Council Coordinator

8. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors? (Please see Board Resolution no. 2011/55, attached): No ☒ Yes ☐

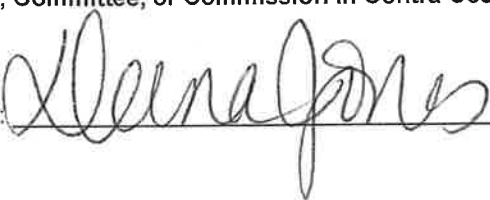
If Yes, please identify the nature of the relationship:

9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations? No ☒ Yes ☐

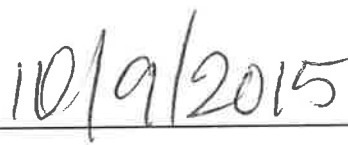
If Yes, please identify the nature of the relationship:

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee, or Commission in Contra Costa County.

Sign Name:



Date:



Important Information

1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
2. Send the completed paper application to the Office of the Clerk of the Board at: **651 Pine Street, Room 106, Martinez, CA 94553.**
3. A résumé or other relevant information may be submitted with this application.
4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
5. Members of boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
7. Meeting dates and times are subject to change and may occur up to two days per month.
8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

**THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA and for
Special Districts, Agencies and Authorities Governed by the Board Adopted Resolution
no. 2011/55 on 2/08/2011 as follows:**

IN THE MATTER OF ADOPTING A POLICY MAKING FAMILY MEMBERS OF THE BOARD OF SUPERVISORS INELIGIBLE FOR APPOINTMENT TO BOARDS, COMMITTEES OR COMMISSIONS FOR WHICH THE BOARD OF SUPERVISORS IS THE APPOINTING AUTHORITY

WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism;

NOW, THEREFORE, BE IT RESOLVED THAT the following policy is hereby adopted:

- I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority.
- II. POLICY: A person will not be eligible for appointment if he/she is related to a Board of Supervisors' Member in any of the following relationships:
1. Mother, father, son, and daughter;
 2. Brother, sister, grandmother, grandfather, grandson, and granddaughter;
 3. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
 4. First cousin;
 5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
 6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
 7. Registered domestic partner, pursuant to California Family Code section 297.
 8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
 9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.

Deena J. Jones

77 Xena Court ♦ Pittsburg, CA 94565 ♦ (707) 631-2197 ♦ email: deej.pitts@gmail.com

QUALIFICATIONS

- Parent of two children who have received or are receiving childcare services in Contra Costa County.
- Active in the Faith Community.
- Attended Annual Head Start Parent Conference in New Orleans, LA in 2015.
- Received training in Facilitative Leadership.
- Served on Fiscal Subcommittee on Head Start Policy Council and presented budget items to entire Council.
- Over 10 years' experience as a Legal Administrative Assistant
- Excellent team player
- Experienced in education and training
- Strong sense of accountability and client service
- Effective drafting and editing of documents
- Excellent written and oral communication skills
- California State Notary Public

VOLUNTEER EXPERIENCE

CONTRA COSTA COUNTY HEADSTART POLICY COUNCIL

2015-2016 **Member** (Past Parent Representative)

2014-2015 **Vice-Chair** (Riverview Representative)
Fiscal Subcommittee Member
Bylaws Subcommittee Member

VALLEJO CHRISTIAN CENTER CHURCH

2007-2015 **Member/ Project Manager/ Welcome Leader/ Webmaster**

PROFESSIONAL EXPERIENCE

GENENTECH, INC. South San Francisco, CA

August 2015-Present, **Sr. Patent Assistant**

- Preparation and submission of patent related documents for the US Patent Office.
- Confirm deadlines, including but not limited to checking weekly docketing calendar to ensure all deadlines are met.
- Type, prepare and proof general corporate agreements, general correspondence and various forms of contracts.
- Manage calendar schedules, answer phones and arrange payment of invoices.

- Book travel, submit expense reports, plan/schedule onsite and offsite meetings and assist with logistics, as necessary.
- Assist with ongoing special projects/assignments, as needed.
- Exercise judgment and discretion concerning sensitive, confidential and proprietary information.

MARRONE BIO INNOVATIONS, INC , Davis, CA
September 2014, **Intellectual Property Paralegal**

KILPATRICK TOWNSEND & STOCKTON LLP , Walnut Creek, CA
March 2012- December 2013, **Legal Secretary / Patent Prosecution Assistant**

MORRISON & FOERSTER LLP, San Francisco, CA
July 2005 – March 2012, Various Legal Support Positions Held

UNIVERSITY OF CALIFORNIA, OFFICE OF THE PRESIDENT, Oakland, CA
February 2005 - July 2005, Business **Development and Intellectual Property Assistant**

MOBILE COUNTY PUBLIC SCHOOL SYSTEM, Mobile, AL
August 1998-June 2003 **High School English Teacher**

EDUCATION

UNIVERSITY OF SOUTH ALABAMA, Mobile, AL
B.S, Secondary Education, June 1998

SAN FRANCISCO STATE UNIVERSITY, San Francisco, CA
Paralegal Studies Certificate Coursework
Classes taken: Intellectual Property, Legal Research & Writing, Pleadings & Motions, Criminal Law

June 4, 2015

To Whom It May Concern,

I am submitting the Boards, Committees, and Commissions Application for your consideration for a seat on the Contra Costa Local Planning Council and Advisory Council for Early Care and Education (LPC).

I've served on the Council and as a member of the Executive Board from 2010 until 2013 at which time I had to resign because of expanded responsibilities at job with the City of Walnut Creek. In January of 2015 I retired from my position with the City and would like to rejoin the Local Planning Council.

During the time I spent on the Council I was most impressed with the high level of commitment and the advocacy in supporting quality, affordable early learning programs in our county. I would like to continue to work with Ruth and her team in providing support to the early learning community and continue to advocate for children and families in whatever capacity I can.

Thank you for your consideration,

Doug Rowe





Contra
Costa
County

For Office Use Only
Date Received:

For Reviewers Use Only:
Accepted Rejected

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

MAIL OR DELIVER TO:

Contra Costa County
CLERK OF THE BOARD
651 Pine Street, Rm. 106
Martinez, California 94553-1292
PLEASE TYPE OR PRINT IN INK
(Each Position Requires a Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: Rowe Douglas Philip
(Last Name) (First Name) (Middle Name)
2. Address:
(No.) (Street) (Apt.) (City) (State) (Zip Code)
3. Phones:
(Home No.) (Work No.) (Cell No.)
4. Email Address:

5. EDUCATION: Check appropriate box if you possess one of the following:

High School Diploma ☒ G.E.D. Certificate ☐ California High School Proficiency Certificate ☐

Give Highest Grade or Educational Level Achieved

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) <u>CA College Arts - Crafts</u>	<u>Art</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/>	<u>120</u>		<u>BFA</u>	<u>1972</u>
B) <u>University of Montana</u>	<u>Art</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/>	<u>90</u>		<u>MFA</u>	<u>1976</u>
C) <u>University of Oregon</u>	<u>Art Ed / ECE</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/>	<u>20</u>			
D) Other schools / training completed: <u>CDA</u> <u>Community Colleges</u> <u>Merritt College</u>	Course Studied <u>Early Childhood Ed.</u> <u>ECE</u>	Hours Completed <u>24 units</u>	Certificate Awarded: <input checked="" type="radio"/> Yes <input type="radio"/> No <u>Community College Certificate - ECE</u> <u>CA Admin. License</u> <u>certification</u>			

THIS FORM IS A PUBLIC DOCUMENT

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

<p>A) Dates (Month, Day, Year)</p> <p>From <u>2001</u> To <u>2014</u></p> <p>Total: Yrs. <u>14</u> Mos. <u> </u></p> <p>Hrs. per week <u>40</u> Volunteer <input type="checkbox"/></p>	<p>Title</p> <p><u>Program Supervisor</u></p> <p>Employer's Name and Address</p> <p><u>City of Walnut Creek</u></p>	<p>Duties Performed</p> <p><u>City Preschool Director (3 programs)</u> <u>Program Supervisor</u> <u>Shadelands Art Center</u></p>
<p>B) Dates (Month, Day, Year)</p> <p>From <u>1992</u> To <u>1999</u></p> <p>Total: Yrs. <u>7</u> Mos. <u> </u></p> <p>Hrs. per week <u>40</u> Volunteer <input type="checkbox"/></p>	<p>Title</p> <p><u>Director</u></p> <p>Employer's Name and Address</p> <p><u>American School in Japan</u></p>	<p>Duties Performed</p> <p><u>Director of Early Learning Center</u> <u>PS - kindergarten program - ASIJ</u></p>
<p>C) Dates (Month, Day, Year)</p> <p>From <u>1999</u> To <u>Present</u></p> <p>Total: Yrs. <u>15</u> Mos. <u> </u></p> <p>Hrs. per week <u>20</u> Volunteer <input type="checkbox"/></p>	<p>Title</p> <p><u>PT Instructor</u></p> <p>Employer's Name and Address</p> <p><u>Contra Costa Community College District - LMC</u></p>	<p>Duties Performed</p> <p><u>Part-Time ECH Instructor @ LMC Campus</u></p>
<p>D) Dates (Month, Day, Year)</p> <p>From <u> </u> To <u> </u></p> <p>Total: Yrs. <u> </u> Mos. <u> </u></p> <p>Hrs. per week <u> </u> Volunteer <input type="checkbox"/></p>	<p>Title</p> <p><u> </u></p> <p>Employer's Name and Address</p> <p><u> </u></p>	<p>Duties Performed</p> <p><u> </u></p>

7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☐ District Supervisor ☐ Other

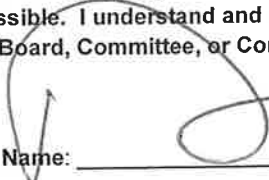
8. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors? (Please see Board Resolution no. 2011/55, attached): No ☒ Yes ☐

If Yes, please identify the nature of the relationship:

9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations? No ☒ Yes ☐

If Yes, please identify the nature of the relationship:

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee, or Commission in Contra Costa County.

Sign Name: 

Date: 6/4/15

Important Information

1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
2. Send the completed paper application to the Office of the Clerk of the Board at: 651 Pine Street, Room 106, Martinez, CA 94553.
3. A résumé or other relevant information may be submitted with this application.
4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
5. Members of boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
7. Meeting dates and times are subject to change and may occur up to two days per month.
8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

THIS FORM IS A PUBLIC DOCUMENT

**THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA and for
Special Districts, Agencies and Authorities Governed by the Board Adopted Resolution
no. 2011/55 on 2/08/2011 as follows:**

IN THE MATTER OF ADOPTING A POLICY MAKING FAMILY MEMBERS OF THE BOARD OF SUPERVISORS INELIGIBLE FOR APPOINTMENT TO BOARDS, COMMITTEES OR COMMISSIONS FOR WHICH THE BOARD OF SUPERVISORS IS THE APPOINTING AUTHORITY

WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism;
NOW, THEREFORE, BE IT RESOLVED THAT the following policy is hereby adopted:

I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority.

II. POLICY: A person will not be eligible for appointment if he/she is related to a Board of Supervisors' Member in any of the following relationships:

1. Mother, father, son, and daughter;
2. Brother, sister, grandmother, grandfather, grandson, and granddaughter;
3. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
4. First cousin;
5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
7. Registered domestic partner, pursuant to California Family Code section 297.
8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.

THIS FORM IS A PUBLIC DOCUMENT



Contra Costa County
Local Planning and Advisory Council for Early Care and Education (LPC)

APPLICATION FOR MEMBERSHIP

Name: DOUGLAS ROWE

Home Address: _____ City: _____ Zip: _____

Business/Agency/Affiliation: _____

Address: _____ City: _____ Zip: _____

Type of Organization: _____ Position: _____

Day Phone: (_____) AX: (_____) Email: _____

A. CATEGORIES FOR APPOINTMENT

The County Board of Supervisors and the Superintendent of Schools make appointments to the Early Care and Education Planning Council. Members must live or work in Contra Costa County. Twenty percent of the Planning Council members are to be drawn from each of the following categories described below: Child Care Consumer, Child Care Provider, Community Representative, Public Agency Representative, and All Other. Please indicate which categories you could represent.

- ☐ **1. Consumer of Child Care Services** - using childcare or have used it within the past 36 months.
Are you currently utilizing Child Care? ☐ Yes ☐ No Date you last used it: _____
Type of Care: _____ Location: _____
Length of Time as a Consumer: _____
- ☐ **2. Child Care Provider**- please check the types of care you provide and note the number of children:
- | | |
|---|----------------------------------|
| _____ Licensed family care provider | # of children licensed for _____ |
| _____ Licensed & publicly funded child care center | # of children licensed for _____ |
| _____ Licensed, private for profit, or private non-profit child care center | # of children licensed for _____ |
| _____ Subsidized Child Care Program | # of children licensed for _____ |
| _____ License exempt child care provider | # of children cared for _____ |
- Location of your facility: _____ Program/Center Name: _____
- _____
- _____
- ☐ **3. Community Representative:** Includes civic or community based agencies or business that advocate for child care but do NOT provide child care or contract with the California Department of Education to provide child care and developmental services.
- Organization: _____ Service Provided: _____
- Location: _____ Service Area: _____
- ☐ **4. Public Agency Representative** - Including city, county and local education agencies.
Agency: _____ Service Area: _____
- ☐ **5. All Other**- Please describe:
- _____
- _____
- _____

B. GEOGRAPHIC, ETHNIC, AND CULTURAL DIVERSITY REPRESENTATION

CalWORKS legislation AB 1542 (Education Code 8499.3 d) states, "Every effort shall be made to ensure that the ethnic racial, and geographic composition of the local planning council is reflective of the ethnic, racial, and geographic distribution of the population of the county"

Please indicate your ethnic origin:

Which region of the County would you represent: _____

- ☒ White (non-Hispanic)
☐ Black (Includes African, Jamaican, Trinidad and West Indian)
☐ Hispanic (includes Mexican, Puerto Rican Cuban, Latin American or Spanish)
☐ Asian or Pacific Islander (includes Pakistani, East Indian, Japanese, Tongan, Filipino, Laotian, or Vietnamese)
☐ American Indian or Alaskan Native (includes persons who identify themselves or are known as such by virtue or tribal association)
☐ Other _____

C. CURRENT COUNCIL INVOLVEMENT:

Are you currently an active participant on a Council Committee? ☒ No ___ Yes

Which Committee: _____ What is your participation? _____

D. INTERESTS: Personal/Professional areas of interest/experience/skills that could benefit the Council:

Served on the Executive Board LPC two years ago, 20
years PT Faculty LMC, DVC in ECC, 37 years in the ECC
Field, Past President EBAAEC, served on local and regional
boards dealing w/ children and families

I am interested in becoming a Council representative because: Now that I'm
retired I am want the time needed to have a
greater presence/impact on board - I am committed
to advocating for Quality early learning for children/families

E. MEMBER RESPONSIBILITIES: Members are expected to attend regular meetings on the fourth Monday of July, September, November, January, March, and May from 3:00 p.m. to 5:00 p.m. and participate in at least one committee. Additional meetings may be scheduled for training and council business.

Are you able to commit to regular participation, given this schedule: ☒ Yes _____ No

If needed, do you have the support of your agency/employer to be an active member of the Council?
☒ Yes _____ No

F. How did you hear about the Planning Council?

past member

Please attach your resume and a letter of interest with this application. Mail completed application, resume and letter of interest to the Contra Costa County Local Planning and Advisory Council (LPC) Coordinator at the Contra Costa County Office of Education, 77 Santa Barbara Road, Pleasant Hill, CA 94523.

For more information please call the LPC Coordinator at (925) 942-3413.

Signature: _____ Date: 5/10/15

Professional Vitae

NAME: Douglas Rowe
PROFESSION: Early Childhood Educator/Artist

AREAS OF INTEREST

Early Childhood Education:

- * administration/leadership
- * teaching teachers/ECE professionals
- * facility planning and development
- * consulting ECE programs
- * school/community based action research
- * community advocacy
- * arts-based curriculum development

Arts Education:

- * teaching teachers/children
- * community based projects
- * designing classroom materials/environments

PROFESSIONAL REFERENCES:

Ms. Pam Perfumo, Department Chair – Early Childhood Education,
Los Medanos College, Pittsburg, CA (925-439-2181 ext. 3296

Ms. Judy Beneventi, Director, The American School In
Japan Nursery-Kindergarten (81-334-61-4523)

Ms. Denece Dodsen, Evaluation Coordinator, First 5 Contra Costa,
Martinez, CA (925-335-9991 x 35)

Dr. Marjorie Schiller, Art Educator, Emotional Disability Specialist,
Tucson Unified School District, Tucson, AZ. (520) 318-2900

Ms. Lynne Boone, ArtReach Education Coordinator, City of Walnut Creek
Walnut Creek, CA (925-943-5899 x 404)

Ms. Bev Bos, Author, Musican and ECE Consultant, Roseville, CA.
(916) 782-6328

PERSONAL REFERENCES:

(Upon Request)

CONTACT:

Douglas Rowe
718 Brown Street
Martinez, CA. 94553
(925) 228-5326 (H) (925) 943-5899 x 2471 (W)
rowe@arts-ed.org

AREAS OF EXPERIENCE:

Early Childhood Education

Art - Based Curriculum

ECE Program Administration

- * Program Management/Supervision
- * Staff Development/Evaluation
- * Long-Range Planning/Scheduling
- * Budget Planning/Management
- * Facility Operation/Maintenance Management
- * Admissions/Enrollment
- * Parent Education/Involvement

Multi-Site Development/Planning

Curriculum/Program Development

- * Daily/Weekly/Monthly Written Communication
- * Newsletter Development
- * Curriculum Writing/Revision
- * Project Based-Curriculum
- * Art Education
- * Developmentally Appropriate Practice
- * NAEYC Accreditation

Use of Computers in Classroom/Office

- * IBM/Windows 98, Works, Excel
- * Scanner and Digital Camera work with children

SPECIFIC EDUCATIONAL INTERESTS:

Multiple Intelligence - Howard Gardner's work on learning styles and differences.

Project Based Curriculum -Lillian Katz and Sylvia Chard's work on developing children's emerging ideas and interests in developing meaningful learning experiences.

The Community School - School as a center of interest and learning for children and adults alike.

Children as protagonists of their own learning - inspired by the work of Loris Malguzzi at the early childhood programs in the Reggio Emilia Schools in northern Italy.

Arts - Based Curriculum - as a way of keeping the creative spark of curiosity alive in all of us, children and adults alike.

Classroom - Based Research - as an ongoing part of the teaching and learning process.

Learning Environments - the importance of designing aesthetically pleasing and stimulating learning environments.

EDUCATION:

1967	High School Graduation, California
1972	Bachelor of Fine Arts Degree with Honors California College of Arts & Crafts, Oakland, CA.
1976	Master of Fine Arts Degree/Teaching Fellowship University of Montana, Missoula, MT.
1978	Post-Graduate course work in Art Education

- University of Oregon, Eugene, OR.
- 1982 Child Development Associate Credential
Oakland, CA.
- 1987 California Community College Credential
Oakland, CA.
- 1985 to 1992 Continued course work in Early Childhood Education
Merritt College, Oakland, CA./University of California
Extension, Berkeley, CA.
- 1988 to Present Continuing Education course work, seminars and workshops;
NAEYC National Conferences, CAEYC State Conference, Japan ASCD
conferences, University of Maryland extension courses and Headstart
leadership conferences.

HISTORY OF EMPLOYMENT:

- 1970 to 1972 Children's Art Teacher, Richmond Art Center
Richmond, CA.
- 1972 to 1974 Art Specialist, City & County of Santa Cruz , Santa Cruz, CA.
- 1974 to 1976 Graduate Teaching Fellowship in Fine Art, University of Montana
P/T Children's Art Teacher at U of M Parent Cooperative Preschool.
- 1976 to 1978 Children's Art Teacher, City of Eugene Oregon Parks & Recreation
Department.
- 1978 to 1983 Lead Teacher, Kids & Kin Headstart, Eugene, OR.
- 1983 to 1985 Early Childhood Education Specialist, Sacramento Employment
and Training Agency Headstart Grantee, Sacramento, CA.
- 1985 to 1989 Assistant Director/Education Coordinator, Oakland Parent Child
Center, Oakland, CA. (1 OF 32 Headstart Infant/Toddler Pilot
Programs in the U.S.)
- 1987 to 1992 P/T Early Childhood Instructor, Merritt Community College,
Oakland, CA. 1992 Diablo Valley Community College, Pleasant Hill, CA
- 1989 to 1992 Early Childhood Coordinator/Extended Day and Summer
Camp Director, Seven Hills School, Walnut Creek, CA.
- 1992 to 1999 Director, The American School In Japan Nursery-Kindergarten
Tokyo, Japan
- 1999 to 2000 Site-Director, Marin Day Schools, Hills Plaza Campus,
San Francisco, CA.
- 2000 to 2015 Director, Civic Arts Education Fine Arts Preschool/Youth Arts
Supervisor, City of Walnut Creek, Walnut Creek, CA.
- 2000 to Present Part-Time Instructor, Child Development Department, Los Medanos
College, Pittsburg, CA.

2008 Part-Time Instructor, Teacher Education Department, California State University East Bay, Hayward, CA (begin 1/08)

PROFESSIONAL ASSOCIATIONS:

1978 to Present Comprehensive Member (since 1992) National Association for the Education of Young Children.

1995 to 1999 Japan Association for Supervision, Curriculum & Development. Board Member & Program Chair/Conference Chair 1997/98

1986 to 1992 East Bay Association for Education of Young Children. Board Member Affiliate President 1990 to 1992

1990 to 1991 Contra Costa County Headstart Policy Council Community Representative.

1985 to 2008 Presented workshops and classes in ECE related topics at local, state, national conferences throughout the US and Japan. More detailed information available upon request.

2001 to 2012 Contra Costa Child Care Directors' Association

2002 – 2003 Task Force Member, First 5 Contra Costa Children and Families Commission Prop. 10

2008 – 2013 Contra Costa Local Planning Council Vice-Chair 2011 to 2013

	Terms of Office									
Seat Title	Appt. Date	Expires	Name	Business/Affiliation Address	Home Address	Email	Work #	Home #	Fax #	Cell or Alternate #
Consumer 1 West County	6/25/2013	4/30/2016	Dr. Crystal McClendon-Gourdine (First Vice-Chair)	Baby Love Child Development Services 845 Meadow View Drive Richmond, CA 94806	same	herculesbabylove@yahoo.com	(510) 799-9003	(510) 799-9003	(510) 799-9013	(510) 205-0000
Consumer 2 Central/South County	4/1/2013	4/30/2016	Cynthia Castain	My Space to Grow 7197 Amador Valley Blvd. Dublin, CA 94568	127 Trestle Cove Hercules, CA 94547	mstgccc@aol.com	(925)829-4063	(510) 964-7750		(510) 912-9265
Consumer 3 Central/South County		4/30/2017	Vacant							
Consumer 4 East County		4/30/2017	Vacant							
Child Care Provider 1 West County	4/16/2013	4/30/2016	Silvana Mosca-Carreon	ICRI-EI Nuevo Mundo Children's Center	208 Milbrook Dr. Pittsburg, 94565	bcarreon@nhu.edu	(510) 233-2329		(510) 965-1771	
Child Care Provider 2 Central/South County	4/16/2013	4/30/2016	Kathy Lafferty	Cambridge Child Development Center 1146 Lacey Lane Concord, 94520		kathy@cambridgecom.org	(925) 798-1078 x201		(925) 827-4906	
Child Care Provider 3 Central/South County	after 6/9/2014	4/30/2016	Luis Arenas	The Unity Council Deputy Director 1187 Meadow Lane Concord, CA 94520	420 Miller Avenue Vallejo CA 94591	larenas@unitycouncil.org	(925) 338-9150			(510) 931-0901
Child Care Provider 4 East County	12/2/2014	4/30/2016	Estela Alvarez	PACE 436 14th Street Ste 205 Oakland, CA 94612	510 Dursey Dr. Pinole, CA 94564	estela@pacenet.org	(415) 749-6851		(415) 397-7223	
Public Agency 1 West County	9/11/2012	4/30/2018	Carolyn Johnson	Contra Costa County Community Services Bureau 3068 Grant Street Concord, 94520	1848 Cleveland Court Concord, 94521	cjohnson@ehsd.cccounty.us	(925) 646-5797	925-270-7010	(925) 646-5815	925-852-9735
Public Agency 2 Central/South County	after 3/31/2015	4/30/2018	Vacant							(707) 386-3150
Public Agency 3 Central/South County	4/16/2013	4/30/2016	Joan Means	Diablo Valley College Adjunct Faculty Early Childhood Education 321 Golf Club Road Pleasant Hill, CA 94523	96 Greenock Lane Pleasant Hill, 94523	rjmeans@comcast.net	(925) 685-1230 ext. 1870	(925) 937-8821		(925) 788-8821
Public Agency 4 East County		4/30/2018	Vacant							
Community 1 West County	6/25/2013	4/30/2016	Margaret Wiegert-Jacobs	CC Child Care Council Director, Early Learning Institute 1035 Detroit Avenue, #200 Concord, 94518	1003 Hacienda Drive Walnut Creek, 94598	margaret.jacobs@cocokids.org	(925) 676-5442	(925) 945-8129	(925) 676-5442	(925) 708-7179
Community 2 Central/South County	4/16/2013	4/30/2016	Dr. Deborah Penry (Chair)	CARE Parent Network Early Education Coordinator 1340 Arnold Drive, #115 Martinez, 94553	67 Rheem Blvd. Orinda, 94563	dperry@CAREParentNetwork.org	(925)313-0999 ext. 107	925-528-9027	(925) 370-8651	
Community 3 Central/South County		4/30/2018	Vacant							
Community 4 East County	4/16/2013	4/30/2016	Janeen Rockwell-Owens	3209 G Street Antioch, CA 94509	same	ouryard@comcast.net	(925) 754-2518			
Discretionary 1 East County	12/16/2014	4/30/2018	Eran Perera		19 Oakview Lane Martinez, CA 94553	eran@pereravineyard.com		(925) 957-1918		(925) 323-5748
Discretionary 2 Central/South County	8/14/2012	4/30/2018	Daniel Safran Vice-Chair)	(Second	105 Rolling Green Cir. Pleasant Hill, CA 94523	danielsafran@yahoo.com		(925) 689-5452		(925) 998-1094
Discretionary 3 Central/South County	4/16/2013	4/30/2018	Cathy Roof	Martinez Early Childhood Center 615 Arch Street Martinez, 94553	97 Valley Avenue Martinez, 94553	biscuit94553@aol.com	(925) 229-2000	(925) 229-2185	(925) 229-2088	(925) 899-2690
Discretionary 4 West County	12/16/2014	4/30/2016	Aurora Ruth		629 13th Street Richmond, CA 94801	auroraruth@gmail.com		(510)231-0668		(510)776-8188
LPC Coordinator			Ruth Fernández	77 Santa Barbara Road Pleasant Hill, 94523		rfernandez@cccoc.k12.ca.us	(925) 942-3413		(925) 942-3480	(925) 586-2329
Administrative Assistant			Mary Louise Vander Meulen	77 Santa Barbara Road Pleasant Hill, 94523		mrvandermeulen@cccoc.k12.ca.us	(925) 942-5313	FHS Agenda page 26	(925) 942-3480	

CCCOE Deputy Superintendent of Schools			Dr. Pamela Comfort	77 Santa Barbara Road Pleasant Hill, 94523		pcomfort@cccoe.k12.ca.us	(925) 942-3358		(925) 942-5319	
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Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

4.

Meeting Date: 12/14/2015
Subject: Call Center Update
Submitted For: FAMILY & HUMAN SERVICES COMMITTEE,
Department: County Administrator
Referral No.: 108
Referral Name: Call Center Update
Presenter: Kathy Gallagher **Contact:** Wendy Therrian,
925-313-1593

Referral History:

On April 16, 2013 the Board of Supervisors referred oversight and receipt of updated on the establishment of the Contra Costa County Covered California Call Center (7Cs) to the Family and Human Services Committee. The Department also reports on the Affordable Care Act (ACA).

Referral Update:

The Employment and Human Services continues to operate the Contra Costa Covered California Call Center under the Affordable Care Act. Please see the attached report from the Department.

Recommendation(s)/Next Step(s):

Accept the report and direct staff to transmit the information to the Board of Supervisors for their information.

Fiscal Impact (if any):

No fiscal impact from the recommended action.

Attachments

Report on the ACA and 7Cs



EMPLOYMENT &
HUMAN SERVICES

MEMORANDUM

Kathy Gallagher, Director


40 Douglas Drive, Martinez, CA 94553 • (925) 313-1500 • Fax (925) 313-1575 • www.ehsd.org

To: The Family and Human Services Committee
Contra Costa County Board of Supervisors

From: Wendy Therrian, Workforce Services Bureau Director
Roxane Foster, Lead Division Manager, Health Care Access Center (HCAC) and the
Medi-Cal/CalFresh Service Center (MCSC)
Cheryl O'Brien, 7Cs Call Center Site Director
Carolyn Foudy, 7Cs Call Center Quality Assurance Manager

Subject: **Update on the Affordable Care Act (ACA) and the Contra Costa County Covered California Call Center (7Cs).**

Date: December 14, 2015



I. AFFORDABLE CARE ACT (ACA) IMPLEMENTATION AND UPDATE

A. Background

On October 1, 2013, the Employment and Human Services Department (EHSD) implemented the Affordable Care Act (ACA) in Contra Costa County which expanded health care to individuals previously unable to access coverage. We were tasked with completing eligibility determinations and converting new enrollees into our County electronic system of record known as CalWIN.

During the first open enrollment period from October 1, 2013 through March 31, 2014, we experienced a tremendous increase in the number of Medi-Cal applicants (an almost doubling of the number of applications) averaging 6,733 applications per month or approximately 16,800 individuals as compared to a previous average of 3,463 applications per month or 8,700 individuals. This represents an increase of applications received during the first Open Enrollment period of 94.4%.

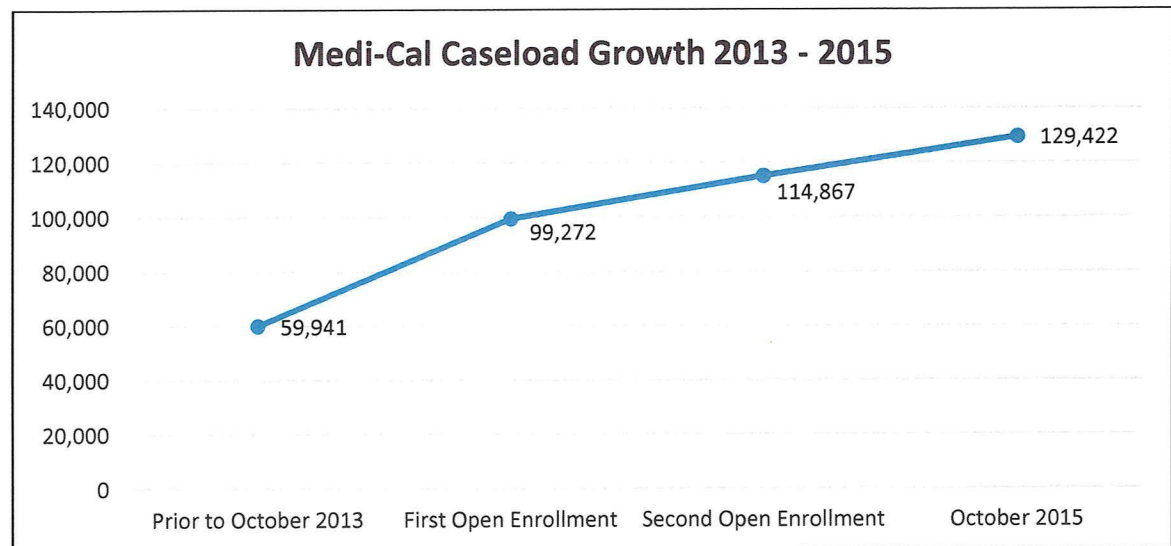
Although we experienced a higher level of Medi-Cal applications as well during the second open enrollment period (October 15, 2014 through April 30, 2015), the increase was not as dramatic at 4,839 average applications a month or 12,100 individuals. Regardless, this open enrollment period represented a 40% increase in applications received from the pre-ACA period.

The third open enrollment period that began on November 1, 2015 does not reflect such sharp increases in Medi-Cal applications although it is anticipated that applications will

gradually increase during the remaining open enrollment period due to taxpayers' need to acquire credible medical coverage before the end of 2015 or suffer tax penalty consequences.

More dramatic changes are seen in the Department's ongoing **Medi-Cal caseload which grew from 59,941 cases or approximately 149,850 individuals to 129,422 cases or approximately 324,555 individuals from October 2013 through October 2015) – a 116% increase!**

Medi-Cal Program	Average Monthly Applications	% Growth in Applications	Caseloads	% Growth in Caseloads
Prior to October 2013	3,463	Baseline	59,941	0%
First Open Enrollment	6,733	94.43%	99,272	65.62%
Second Open Enrollment	4,839	39.73%	114,867	91.63%
October 2015	TBD	TBD	129,422	115.92%



B. **Preparing for the Implementation of ACA**

To prepare for the challenge we knew lay before us in rolling-out the ACA in October 2013, resources were shifted and considerable time was spent by many staff throughout the Department to plan, develop, and institute a number of new organizational efforts, changes, programs, and processes to best position us to most effectively implement the ACA. Our goal was to provide the most efficient access to health care coverage as could be possible to the newly eligible population under ACA while maintaining service levels in all our other programs. Our focus was to provide exceptional customer service while enhancing our customers' overall experience through a "no-wrong" door approach.

Our primary efforts included several business process changes, acquisition of one hundred and seven (107) new ACA staffing positions (based on an allocation of \$6,399,032), establishment of our new Health Care Access Center (HCAC), reorganization of the

Workforce Services (WFS) Bureau, and to increase and improve health care coverage outreach and education efforts.

C. Initial ACA Enrollment Experience and Performance

Performance by the Department during the initial ACA enrollment included surpassing mandated service levels set by Covered California, processing a Medi-Cal application backlog of more than 32,945 applications received from Covered California, and processing applications for an additional 6,000 individuals transferred from the Low Income Health Program (LIHP).

As previously stated, increases due to the ACA and traditional Medi-Cal applications resulted in a 116% increase in the number of Medi-Cal cases managed at the Medi-Cal/CalFresh Service Center (MCSC) rising to 129,422 cases (or approximately 323,555 individuals) in October 2015 compared to the 59,941 (or approximately 149,850 individuals) at the end of September 2013.

EHSD partnered with community organizations and agencies including other County Departments in conducting education and outreach efforts especially focused on entities targeting underserved populations, as well as respond to our partners' need for a dedicated channel for accelerated application processing.

D. The Second Open Enrollment for ACA – Shifting our focus from implementation to ongoing caseload management

The growth cycle of ACA resulted in a less dramatic second open enrollment period. The exciting growth shifted from new applicants accessing health care coverage to the remarkable ongoing caseload increase.

1. Key Performance Measures – Month of October 2014

Call Center	Number of Calls Handled	Average Speed of Answer (ASA) in minutes: seconds	Average Handle Time (AHT) in minutes: seconds
HCAC – Quick Sort	370	:10	13:00
HCAC – General Intake	2,683	:53	9:00
MCSC	19,573	2:43	11:50
Medi-Cal Mail-In Unit (MMIU)	4,922	:47	2:07
Total	27,548	1:08	8:59

2. Key Performance Measures – Month of October 2015 (after second enrollment period and before current)

Call Center	Number of Calls Handled	% of Change from Oct 2014 Calls Handled	Average Speed of Answer (ASA) in minutes: seconds	% of Change from Oct 2014 Av Speed of Answer	Average Handle Time (AHT) in minutes: seconds	% of Change from Oct 2014 Average Handle Time
HCAC – Quick Sort	92	-71.14%	:09	-6.61%	32:27	59.94%
HCAC – General Intake	333	-87.59%	:14	-73.58%	11:22	20.82%
MCSC	26,070	33.19%	10:57	75.19%	12:39	6.46%
Medi-Cal Mail-In Unit (MMIU)	7,551	53.41%	1:47	56.07%	3:00	29.44%
Total	34,046	-	3:32	-	14:52	-

During the past year, the role of the HCAC has expanded from that of a call center processing phone calls and applications to a more robust service center. The HCAC continues to serve as the Department's call center responding to Quick Sort and General Intake calls and has added additional functions including the processing of applications received from other access points in the Department, back-up coverage for the MCSC call queues, and ongoing caseload processing for Medi-Cal and CalFresh cases.

The Department is actively implementing new business process changes to improve customer accessibility and experience at our MCSC by decreasing call wait times, lower call abandonment rates, reduce interaction time for callers, improve telephony responsiveness to customer needs, provide targeted customer service, increase consistency and knowledge of cases, and improve accountability and the quality of our casework. Primary efforts include:

- ***Shifting and Adding Workers:*** With the rise in calls and caseloads, we are adding staff to the MCSC to approximate a level of one hundred and thirty-three (133) full-time staff. This is based on a consultant's staffing estimate report which utilized a Call Center industry agent projection model. As of November 2015, we have ninety (90) full-time workers, fifteen (15) part-time workers (from the HCAC), and twenty-one (21) On-the-Job (OJT) trainees.
- ***Estimated Wait Time*** improvement gives the caller the estimated wait time in queue and allows the caller to determine whether they continue to hold for a representative.
- ***Skill Based Routing*** is a call-assignment strategy used to assign incoming calls to the most suitable worker based on predetermined call parameters. Automating the allocation of telephone workers across appropriate queues creates a method to automate and schedule back up phone coverage that can automatically respond to increased call queues and call wait times.
- ***Phone Queues: Triage/Escalation/Call Back/Additional Staff*** - The phone queue improvement strategy incorporates additional staff resources, implementation of a triage/escalation system and call-back process for complex/time consuming calls, and specialization of complex Medi-Cal Applications.

- Callers who wish to apply for Medi-Cal will be auto-transferred to the Medi-Cal Mail-In Unit phone queue.
 - Additional staff will be used to process the least complex calls and will triage to determine if call requires more in-depth assistance.
 - Complex calls will be escalated to the more experienced Eligibility Workers, and call back calls are to be implemented.
- ***Auto Call Back*** improvement gives the caller the estimated wait time in queue and allows the caller to request a call back in lieu of waiting on hold. The automated system will advise the caller of the availability of a return call. The telephony system will virtually hold the caller's place in the queue and initiate a return back when the virtual call is next in line to be answered. The system advises the phone worker of identifying case information left by the caller.
 - ***Customer Survey*** option is a caller option following the completion of the call. Quarterly surveys focus on identified aspects in each quarter. Customer experience improvement efforts are based on survey responses.

II. CONTRA COSTA COUNTY COVERED CALIFORNIA CALL CENTER (7Cs)

A. Background

Since the last report to your Committee in March 2015, the Department has continued to successfully operate the Contra Costa County Covered California Call Center and has assisted our customers through the second open enrollment period which was extended from the original end date of February 15 through February 22, 2015 and through a special enrollment period that ended on April 30, 2015. To help consumers enroll the deadline was extended to February 22 if the application had been started by February 15th. The special enrollment period added through April 30, 2015 was for individuals who were not aware of the tax penalty for remaining uninsured. The consumer had to indicate this on their application to be eligible for the special enrollment period.

The 1095-A Tax Form created an increase in calls to the call centers as some taxpayers received an incorrect form and filed taxes based on that incorrect form. The IRS announced that it would not pursue the collection of additional taxes on those individuals and would not penalize those who did not file due to the receipt of the form as long as they filed by October 15, 2015.

Currently staff are enrolling consumers during the third open enrollment period which began on November 1, 2015 and ends on January 31, 2016. More than 34,000 new consumers statewide have elected health plans during this open enrollment and approximately 2,000 new enrollees per day are signing up for coverage. Covered California expects a total of 295,000 to 450,000 new enrollees by the end of January 2016. Spikes in enrollment are anticipated in mid-December which is the deadline for selecting coverage that will take effect by January.

Staff at our Covered California Call Center continue to update themselves on policy and program changes, and continue to exhibit flexibility in assisting our customers with their health care coverage needs.

B. Overall Performance

1. Number and Type of Calls Received

The 7C's Call Center continues to answer statewide calls and provide ongoing assistance to Covered California customers. The top five (5) types of calls taken at the Call Center include the following:

- Application assistance/status
- General inquiries for information
- Request for termination/disenrollment of coverage
- New enrollment – inquiry assistance
- County contact information

From November 1 through November 24 of the current open enrollment period, approximately 270,639 calls were taken at all Covered California call centers. The Average Speed of Answer (ASA) was three (3) minutes and the Average Handling Time (AHT) of the calls was eighteen (18) minutes. Although as of November 2015 Covered California's reports do not breakout the total number of calls per center, we estimate that the 7C's Call Center took approximately 14.3% or 38,701 of the total calls so far during this current open enrollment period.

2. Key Performance Indicators

Based on the data reports received from Covered California, the following represents the primary metrics of performance for all Centers. The chart reflects statistics received after our March 2015 report to your Committee.

Month – 2015	Total Call Numbers for all Centers	Total Call Numbers for the 7Cs Call Center	Average Call Handle Time (AHT) All Centers – Minutes *	Average Call Handle Time (AHT) for the 7Cs Call Center – Minutes
April	279,813	19,775	14	17
May	175,718	20,708	14	15
June	144,844	21,922	15	15
July	148,635	29,299	15	15
August	166,357	28,646	16	15
September	162,633	23,731	15	15
October	289,243	**	**	**

* This is the average amount of talk time, hold time, and wrap time necessary to complete the phone transaction. This is a performance indicator contained in our contract, which allows up to 51 minutes of handle time per call.

** Covered California has not yet provided these data. Additionally, and effective July 21, 2015; Covered California assumed responsibility for the new Workforce Management (WFM) system from Eventus, a private contractor. As a result of this transition, daily and monthly reports were revised. Some data such as Average Speed of Answer (ASA) time which we provided in our last report are no longer being reported. In some instances, we are no longer receiving a breakout of Center-specific performance

Although not as prevalent, similar issues as those experienced at start-up continue which encompass periodic system, process, and technology problems; and challenges with policy and business procedure development, revisions, and implementation. Targeted efforts to find workable and permanent solutions to these issues have been ongoing and successful, and Covered California continues to work with us and its other contractors to address these system and telephony challenges.

Our partnership with Covered California to provide access to affordable healthcare has continued to be strong, open and collegial; and the 7Cs Call Center management and support staff continue to be involved in regular conference calls and meetings.

3. Contracted Performance Measures

We have consistently maintained hours of operation and staffing ratios as required/approved by the Health Benefit Exchange.

Open Enrollment began Sunday, November 1, 2015 and ends Sunday, January 31, 2016. Open Enrollment hours are 8:00 a.m. to 8:00 p.m., Monday through Friday; and 8:00 a.m. to 6:00 p.m. on Saturday. So far during this Open Enrollment period we are experiencing an 8% increase from last year's Open Enrollment period.

The Command Center continues to have Contra Costa cover main business hours, Monday through Saturday, 8:00 a.m. to 5:15 p.m.

Based on our own internal performance assessment including informal feedback received from Covered California, we believe all other key performance measures are either being met and/or exceeded, or are deemed acceptable in comparison to the performance of other Covered California Call Centers. It is important to note that the following contracted performance outcomes have either not been formally measured and/or promulgated by Covered California.

- ***Schedule Adherence*** (measures the percentage of time an agent is actively logged into the Automated Call Distribution (ACD) system compared to the forecasted schedule): **90%**

The 7C's Call Center has been recognized as having the highest consistent schedule adherence percentage of all of the Covered California Call Centers including the temporary centers operated by Faneuil. The Covered California Workforce Management (WFM) team provides a weekly report. Below is information for the week of November 9 through 14, 2015.

Daily Schedule Adherence

Date	Rancho Cordova	Fresno	Contra Costa	Faneuil	Daily Total
11/9/2015	78.17%	76.10%	86.78%	78.95%	75.66%
11/10/2015	76.90%	75.08%	87.44%	77.51%	75.11%
11/11/2015	Closed	Closed	Closed	Closed	Closed
11/12/2015	77.06%	75.11%	87.61%	77.42%	74.96%
11/13/2015	77.21%	72.15%	87.64%	73.99%	72.81%
11/14/15	79.18%	78.59%	93.67%	87.11%	85.84%
Total	79.44%	77.96%	88.44%	78.93%	76.62%

Schedule Adherence is defined by individual agents logged into the phone system and available for calls. Agents must log on timely at the beginning of their shifts, and take their breaks and lunches as scheduled by the Covered California, WFM.

- **Quality Monitoring** (overall overall quality of agent interactions with customers, adherence to established procedures, overall accuracy of information provided and data entered): **85%**

Quality Monitoring continues to be a fluid process with Covered California as they have experienced staffing changes, reorganization, and system issues since implementation. However, we monthly monitor all of our agents and work with Covered California on the Quality Monitoring scores of the agent calls they review. We also have calibration meetings with Covered California and participate with Covered California University to develop and apply comprehensive guidelines and training for staff. To further ensure positive quality assurance and beyond our monthly monitorings, 7C's Call Center Supervisors are also required to review one call per agent per month.

Covered California continues to examine, analyze, and calibrate the data coming from these monitorings as well as to determine how the data will be actually measured, applied and used. Although there has been no formal promulgation of these data, we believe we are very close to if not meeting the 85% of quality interactions with our customers.

- **Customer Satisfaction** (independent customer surveys on courtesy, understanding, knowledge, and problem resolution): **87%**

The 7C's maintains and records customer satisfaction when provided; however, to date, Covered California has not implemented a Customer Satisfaction survey component.

The 7C's Call Center implemented their Quality Assurance Team (QAT) in October 2014. This team has been instrumental in the improvements to overall performance for the Call Center. In addition to supporting training and new employee development, this team has been responsible for assisting with the more complex and complicated cases and escalations.

On average the QAT team handles 2,500 monthly phone calls and 2,000 escalations for the 7C's Call Center. The QAT Supervisors Antonio Vasquez and Jay David participated in a workgroup to develop guidelines for escalations including CalHEERs'

(which is California's web-based system and stands for California Healthcare Eligibility, Enrollment, and Retention System) errors, enrollment discrepancies with carriers and urgent access to care. This workgroup adopted the 7C's QAT escalation process statewide with Covered California implementing this process in time for the current Open Enrollment period.

C. Staffing

As of November 13, 2015, the 7C's has a total of one hundred forty-eight (148) staff. There are currently one hundred thirty (130) Customer Service Agents (CSAs). This includes:

- 105 - CSA Is (52 FT & 53 PI)
- 25 - CSA IIs (All Permanent Full Time)
- 18 - Support staff
- Total Agents - 130 (*Average capacity for Agents is 162 FTEs*)

We are currently working with Human Resources to recruit CSA I's and CSA II's. Hiring bi-lingual staff is a goal of this recruitment.

D. Media Campaigns and other Covered California Events

- Effective March 14, 2015, Carene Carolan left her position as Covered California's Service Center Director. Nancy Kvale was named as Interim Service Center Director and on October 27, 2015 Mavilla Safi was hired as the new Service Center Director with an effective start date of November 9, 2015.
- Covered California's Small Business Health Options Program (SHOP) underwent a name change to Covered California for Small Business.
- Covered California ended its contract with Faneuil on June 30, 2015, closing down the temporary Covered California Greenhaven and Armstrong Call Centers in Sacramento. Earlier in June, an announcement had been made for a new RFP for a "surge vendor" temporary call center for the current Open Enrollment period. Faneuil again was awarded the contract which runs from September 2015 through March 31, 2016.
- At the June 2015 All Staff Meeting, Peter Lee gave an overview of past accomplishments and future plans:
 - 1.3 million California residents have active health insurance coverage
 - The number of uninsured Californians has been reduced by almost half
 - 6.5 billion dollars are the estimated funds collected from premiums in 2015
 - 68% of subsidy eligible individuals are enrolled making California amongst the top ten states
 - 77% of the insured pay less than \$150 dollars a month

- Covered California's contract with Eventus ended August 31, 2015 and all administrative and reporting services they provided were transferred to the Covered California Command Center. These services included scheduling and adherence for all call centers.
- On October 27, 2015 at a Covered California awards event in Sacramento, Peter Lee recognized and provided a recognition award, "Walk the Talk Superior Awards" to four (4) 7C's staff members who were nominated by their peers. The following staff were recognized for their outstanding services dedication and commitment.
 - Jay David, QAT Supervisor
 - Bouba Diatta, CSA Supervisor
 - Jazemine Davenport, CSA Supervisor
 - Michael Gallego, CSA II
- The new marketing campaign for Covered CA is ***Life Care***, "not just health care but ***Life Care***". New commercials are airing as well as the "Spotlight on Covered CA" where California building and monuments were lit up with Covered CA colors to promote awareness.
- The Covered California budget for this program year is \$330 million dollars; they will be using \$100 million dollars of federal funding and \$230 million dollars of their own assessments. Over the last 3.5 years, they have spent close to \$1 billion dollars in federal funds. Next program year, no federal dollars will be available to Covered California and they will be fiscally operating solely on the premiums raised from the Qualified Health Plans. To date, there is \$232,478,000 million dollars in the Covered California reserve.
- On November 24, 2015 from 1:00 to 4:00 p.m., Sjoberg Ebashenk Consulting conducted a field visit of the 7C's Call Center located at 2500 Bates Avenue in Concord. They were conducting the fieldwork phase of their review of Covered California which included an on-site visit to our Center. During the visit, they toured the facility, discussed operations, QA, tools utilized by the Agents, and privacy/security protocols.
- On November 24, 2015, Consumer Reports lauded Covered California for making it easier for consumers to shop for health insurance, listing the exchange with 10 entities nationwide recognized for its consumer-friendly policies and practices. Consumer Reports said Covered California earned its way on the "nice" column of its annual "Naughty and Nice" list because its standardized benefits had "eliminated much of the confusion" for consumers buying health insurance. Unlike most other states which offer unlimited number of designs, Covered California requires insurance companies to compete for consumers based on the same basic benefits and co-pays, which makes it easier for consumers to compare plans.

E. Contract and Fiscal

1. Contract

The current contract with Covered California goes through June 30, 2017 and is at a total dollar amount of \$33,754,425.

An amendment to the Covered California contract was completed and signed by the Chair of the Board of Supervisors and was sent to Covered California on October 13, 2015. This amendment represented no budgetary/fiscal change or any other programmatic/operational material change to the contract.

On November 24, 2015, potential buyers of the 7C's Call Center site location at 2500 Bates Avenue in Concord toured the building which we understand is currently in escrow to be sold. Further details are pending. The original lease was negotiated by Public Works and they have assured us that the provisions in the existing lease agreement will apply to the new owners and will allow for our continued occupancy and uninterrupted Center operations at the present site through the end of the contract period which is June 30, 2017.

There is also a rent escalation provision in the existing lease agreement which becomes effective in April 2016. This rent increase was accommodated under the existing contract budget with Covered California.

2. Fiscal

Since the initiation of the 7C's Call Center, EHSD has followed the budget detail and payment provisions as specified under the contract and by the Board of Supervisors with there being no outlay of County General funds. We have been reimbursed for all invoices from April 2013 through June 2015 in the amount of \$18,468,228.71. The most recent invoice was mailed out on November 9, 2015 in the amount of \$657,250.73 and we are awaiting reimbursement.

The payment/reimbursement for contract expenditures incurred for FY 2014-15 from July 2014 through June 2015 have been paid in full (\$8,477,467.97).

F. Customer Feedback

Customers continue to provide feedback and share their stories and compliments on the excellent customer service provided at the 7Cs Call Center. Since our last report, 177 compliments have been conveyed to our Supervisors and Managers about our Agents. Below is a sampling of these comments received:

- “The customer stated he’s called a number of times, all the reps have provided good customer service, but Jessica is a standout, she is an asset, very professional and has changed his perception about working with government employees.”
- “I want to give her a five star rating for her help and patience, she is a great person.”
- “She is extremely good at customer service, very pleased to have worked with her, very knowledgeable.”
- “George helped me, he was wonderful, he was very professional, he provided in detail what needs to be done; not often do I get that level of customer service.”
- “Very efficient, great listening skills, diligent. Matthew has qualities that enhance our reputation. He made a big difference. He was able to research and identify the issue and provide a resolution.”
- Customer said, “she has never done this before, but felt compelled to let someone know about the lovely assistance Claudia provided. She was personable, kind, efficient, relieved her stress.”

G. Moving Forward

We continue to work with Covered California in taking statewide calls from consumers. The types of calls have changed from primarily taking applications and processing renewals and plan changes to assisting the consumers with special enrollment and tax inquiries.

With an emphasis on performance; we continue to concentrate on our quality monitoring of staff, internal performance data reviews, and on-going training of our Center staff to assure the 7C’s meets, if not exceeds, all performance expectations.

Our contacts and liaisons with Covered California continue to change, but we are confident our close working relationship with Covered California will continue the excellent partnership we have established in providing and enhancing our services to the residents of California to readily access and obtain affordable health care coverage.



Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

5.

Meeting Date: 12/14/2015
Subject: Elder Abuse
Submitted For: FAMILY & HUMAN SERVICES COMMITTEE,
Department: County Administrator
Referral No.: 45
Referral Name: Elder Abuse
Presenter: **Contact:**

Referral History:

On May 23, 2000 the Board of Supervisors referred to the Family and Human Services Committee an annual report on the progress made on the issue of elder abuse in Contra Costa County. Since that time the Committee has received an annual report from the Employment and Human Services Committee.

Referral Update:

Please see the attached report.

Recommendation(s)/Next Step(s):

Accept the attached report and refer it to the Board of Supervisors for approval.

Fiscal Impact (if any):

No fiscal impact from the recommended action.

Attachments

APS Report



Adult Protective Services

Statistics and Annual Update

Victoria Tolbert
Aging and Adult Services Director
Employment and Human Services Department
December 14, 2015

Program Scope

Contra Costa County Adult Protective Services (APS) is designed to investigate and mitigate abuse, neglect or exploitation of elder adults (65 years and older) and dependent adults (18-64 who are disabled), when these adults are unable to meet their own needs. These services are provided to any person meeting the program criteria who resides in the community (not in licensed long term care facilities, state hospital or state developmental center). The program is primarily considered an emergency response program, however, APS services are also considered preventive in nature and part of a continuum of services offered by the department. An effective APS program reduces the need for services in higher cost emergency health care interventions, public guardian, public administrator and law enforcement costs.

APS staff also provides information and referral to other agencies and educates the public about reporting requirements and responsibilities under the Elder and Dependent Adult Abuse Reporting Laws. APS further partners with these agencies to develop a comprehensive response to abuse and neglect.

APS attempts to create a stable environment where the individual can safely function without requiring additional intervention from the adult protective services program. The goal of the program is to provide such support in the community and in the clients own home. Adult protective services include:

- Response to reports of known or suspected abuse or neglect.
- Investigations.
- Time-limited case management and arrangement for delivery of services.
- Emergency shelter/in-home protection.
- Tangible resources.
- Multidisciplinary team.

Current Staffing

Staffing for the APS program continues to be below the levels established in 2008 prior to the economic downturn and staff reductions in Contra Costa County. As a result, the program continues to struggle with providing critical services to the target population and, in fact, remains out of compliance with some state mandates of the program (see Challenges below). The current staffing include the following:

- 1 Division Manager
- 1 Senior Staff Assistant
- 1 Secretary
- 2 APS Supervisors
- 2 Clerks
- 13 APS Social workers.

Program Strengths

The APS program has a long history in Contra Costa County and has been a model of service in the past. The program staff is committed to growing and rebuilding the program in a way that better meets the needs of the vulnerable seniors and disabled adults served. The team is actively engaging in a plan of correction. The program continues to receive reports from key community partners in the protection of elders including law enforcement, banking institutions, health care providers and community based programs such as senior centers. These partners are anxious to strengthen those relationships for improved outcomes.

Challenges

Staffing levels, longstanding vacancies in key leadership positions and increased demand for services have created an environment where the APS program is unable to meet the basic mandated requirements of the program. The department has been successful in slowly building staffing levels back to the 2008 levels, but changes in the program demands dictate that this will not be sufficient. The population in Contra Costa County has grown 5.9% between 2010 and 2014.

APS cannot currently take very many live calls on the APS hotline. While the hotline is the first point of contact with the program, the phone lines are staffed by two clerks who take a message and pass it on to two trained social workers who then attempt to reach the reporting party. This system does not allow for a trained social worker to provide an immediate response to a crisis situation, since reporters are often busy health care, law enforcement and other professionals, which may not be immediately available to wait for a call back. The result is a loss of potential reports.

Performance Data

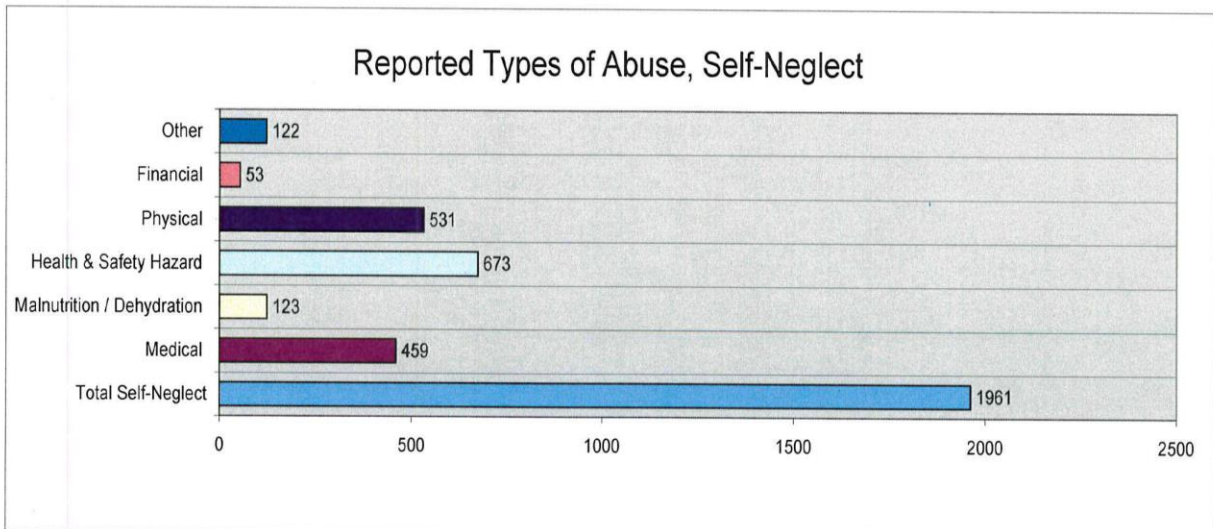
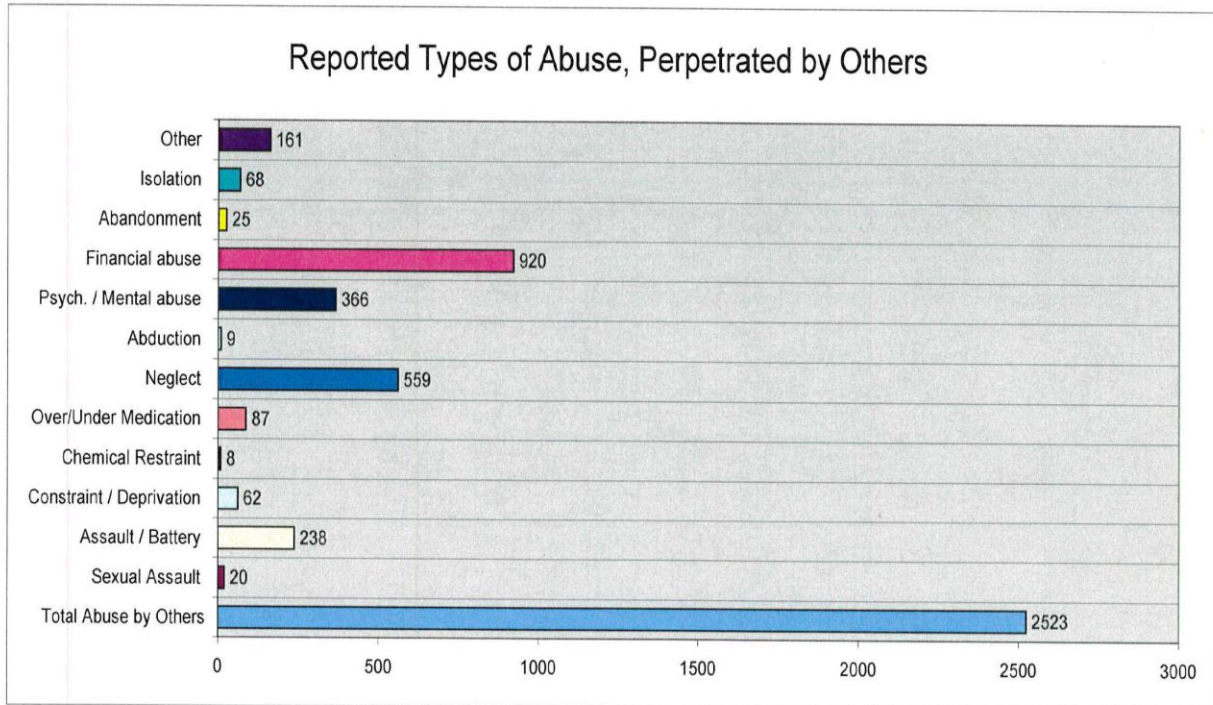
The need for Adult Protective Services continues to grow with the growing population in the county. As families, friends, neighbors and caregivers are better educated to recognize the signs of abuse, even more reports are coming into the department. All reports should be investigated by APS.

The overall number of abuse reports has risen from 3,115 in FY 13/14 to 4,484 in FY 14/15. This represents a 30% increase in the number of APS calls. In light of the slow staff growth, there is an alarming trend toward screening only the highest risk calls thereby reducing the programs ability to provide preventative support.

Below are the Intake Summary Reports and the Case Closure Statistics for the program. These charts represent program activity in regards to client flow and illustrate the high demand for and the complexity of the APS case.

Of the 4,484 reports that were received by the department, a face to face assessment was conducted on 1,639 cases, approximately 25%. The reasons for this include unfounded reports, client not consenting to services, placement in long term care facilities and inability of the limited staff answering the hotline calls to respond live to callers and establish full reports.

Intake Summary Report



Closure Statistics

Cases Where a Face to Face was Completed

Total Number of Cases Closed After Face to Face	1,626
Reason for Closure	CASES
Protection issue resolved and client safe	365
Risk of abuse was reduced	527
Receiving intervention from another agency/resource	109
Client was placed in a long term care facility	77
Client does not consent to services	250
Client requested case closure	20
Client is deceased	37
Client moved out of jurisdiction	20
Allegations unfounded, no protective issue	121
Client does not meet criteria for APS	4
Other	96

Future Plans

APS is a short-term emergency response program, designed to provide a rapid and comprehensive response to the critical needs of elders and disabled adults. Partnerships with key community partners are critical. Over two thirds of all APS cases are open for less than 2 months, during which time the staff work intensively to reduce risk, stabilize and connect families to necessary resources. In order to meet that demand the program must continue to evolve and grow.

- Increase APS Social Work Staffing to rebuild the Division to meet the current demand for service.
- Create an integrated call center for calls to Adult Protection, In Home Support Services and Information and Assistance to better coordinate services to those callers who require the assistance of other community based programs to prevent the escalation of a low level concern to a crisis.
- Re-establish the Multi-disciplinary Team and the Financial Abuse Services Team meetings with community partners to better coordinate integrated service plans for complex cases of abuse and neglect and create a Senior Staff Assistant position to facilitate and coordinate the two teams
- To better equip our staff to respond to the complex needs of this population, created in partnership with all Aging Divisions, a Staff Development Trainer dedicated to producing and

supporting county based induction and ongoing training related to aging services.

- Create a Tangible Services fund to meet the immediate needs of program clients by providing one time support for critical needs such as emergency repairs, transportation, food, shelter or utility shut offs.
- To improve data tracking and reporting in order to create performance management reports to be used for informed decision making and to improve program outcomes.

The unfortunate specter of elder abuse is not declining. In fact, legislative proposals are moving toward the need for greater, not less intervention on the part of APS. As the population grows, so does the need for protection. Financial abuse schemes are becoming more sophisticated, neglect and self-neglect are prevalent and the physical abuse or injury can be the result of violence or poor training on the part of a caregiver. The complex dynamics facing families are impacting these vulnerable adults as well. Contra Costa County has the history of providing model services in adult protection and the department is striving to become a model of service once again.



Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

6.

Meeting Date: 12/14/2015

Subject: Annual Report on HIV Prevention and the Needle Exchange Program

Submitted For: FAMILY & HUMAN SERVICES COMMITTEE,

Department: County Administrator

Referral No.: 61

Referral Name: HIV Prevention/Needle Exchange

Presenter: Carla Goad, Deputy Director HIV/AIDS & STD Program
Contact: Christine Leiverman

Referral History:

The HIV Prevention/Needle Exchange program was referred to the Family and Human Services Committee in October 2002. The issue was discussed four times during 2003 and was subsequently closed. The referral was then re-opened on January 4, 2005. Since that time the Family and Human Services Committee has discussed the surrounding issues nine times. This will be the eleventh report.

Referral Update:

Please see the attached report and PowerPoint presentation for the 2015 annual update on the program and services.

Recommendation(s)/Next Step(s):

Accept update and recommendations contained in the attached report.

Fiscal Impact (if any):

No fiscal impact from the recommended action.

Attachments

Needle Exchange Report

Needle Exchange Powerpoint

RECOMMENDATIONS

- 1) Accept this report on needle exchange as part of the comprehensive prevention program to reduce transmission of HIV in Contra Costa County.
- 2) Direct the Health Services Department to continue supporting and monitoring needle exchange services.

SUMMARY

In 2006, the Contra Costa Board of Supervisors:

- Terminated the local State of Emergency first declared on December 14, 1999;
- Authorized the Health Services Department to administer a clean needle and syringe exchange project pursuant to Health and Safety Code section 121349 et seq; and
- Directed the Health Services Director to annually report to the Board on the status of the clean needle and syringe exchange project.

This report satisfies State regulatory requirements to maintain needle exchange services in Contra Costa.

As of December 2014, 2075 individuals are living with HIV or AIDS in Contra Costa. There is a decline in HIV attributed to injection drug use from earlier years among those living with HIV or AIDS in Contra Costa. The percentage of new HIV (not AIDS) infections attributed to Injection Drug Use is also lower than in previous years.

Needle exchange services are provided under a contract with HIV Education and Prevention Project of Alameda County (HEPPAC). The Health Department continues to provide \$54,000 in County general funds annually to support the operation of Needle Exchange services in West and East County on a weekly basis. While there has been a drop in the number of individuals served, there has been an increase in referrals to health and supportive services this past fiscal year.

Neither Needle Exchange nor legislative changes allowing pharmacies to dispense syringes without a prescription have had any apparent negative effect on residents, business or law enforcement in Contra Costa. The availability of needle exchange as part of a comprehensive continuum of services for injection drug users continues to be a necessary Public Health measure to reduce transmission of blood borne diseases in Contra Costa.

BACKGROUND ON ACCESS TO CLEAN NEEDLES TO REDUCE TRANSMISSION

The California Department of Public Health (CDPH) reports that of the 117,553 people living with HIV/AIDS in California in 2012, 15% identified their risk for HIV as injection drug use (IDU). Further, the CDPH Office of Viral Hepatitis estimates that at least 60% Hepatitis C virus (HCV) infections in the state are associated with injection drug use. Lack of access to new, sterile injection equipment is one of the primary risk factors that may lead to sharing of hypodermic needles and syringes, which puts people who inject drugs at high risk for HIV and HCV, as well as for Hepatitis B infection¹.

Needle exchange has been an essential component of Contra Costa's strategy to reduce the transmission of HIV attributed to Injection Drug Use (IDU) since 1999, when the program operated under the Board's declaration of a State of Emergency to authorize needle exchange services. Health and Safety Code Section 121349.3 removed the requirement for a Declaration of Emergency and current regulations now require only that Needle Exchange information be provided at an open meeting of the authorizing body every two years.

During 2005-2010, Contra Costa participated in a statewide Disease Prevention Demonstration Project (DPDP) to assess the potential to reduce transmission of HIV by increasing access to sterile needles and syringes. The project evaluation showed lower injection-related risks among people who inject drugs in those counties with syringe exchange programs. Additionally, evaluators of the pilot project found lower levels of unsafe discard of used syringes, no increase in the rate of accidental needle-stick injuries to law enforcement and no increase in rates of drug use or drug-related crime².

As a result of the success of the DPDP, 2011 legislation expanded syringe access through pharmacies throughout the state. Assembly Bill (AB) 1743 (Ting, Chapter 331, Statutes of 2014) further expanded access in January 2015 by allowing customers to purchase and possess an unlimited number of syringes. Participating pharmacies must provide counseling and offer information on safe disposal.

REDUCING TRANSMISSION OF DISEASE

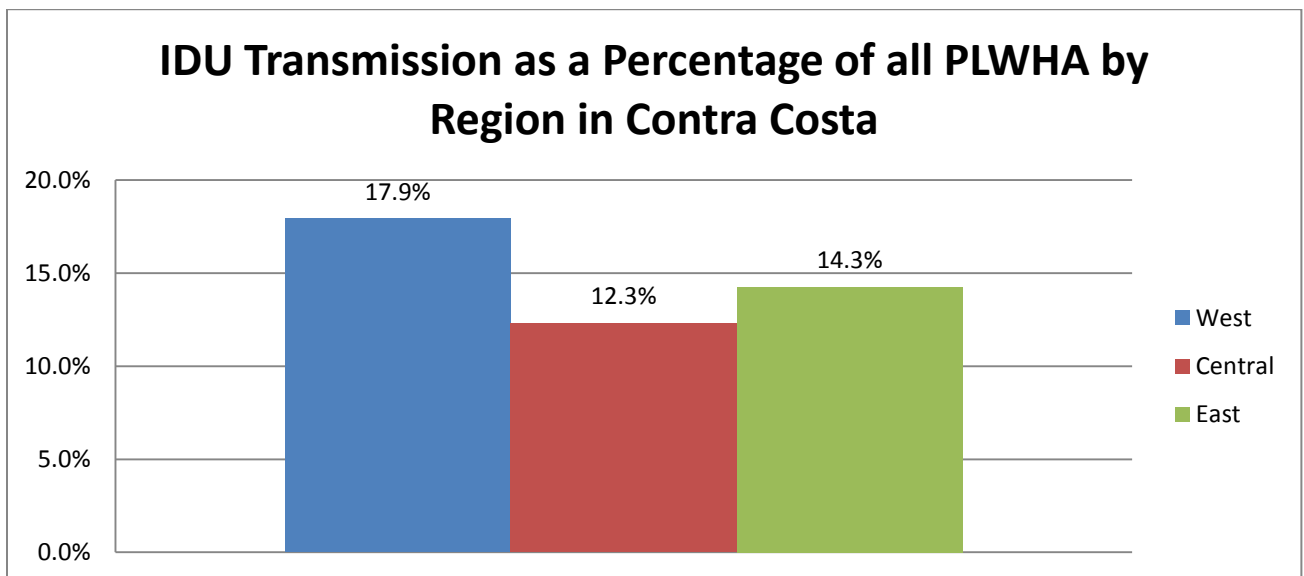
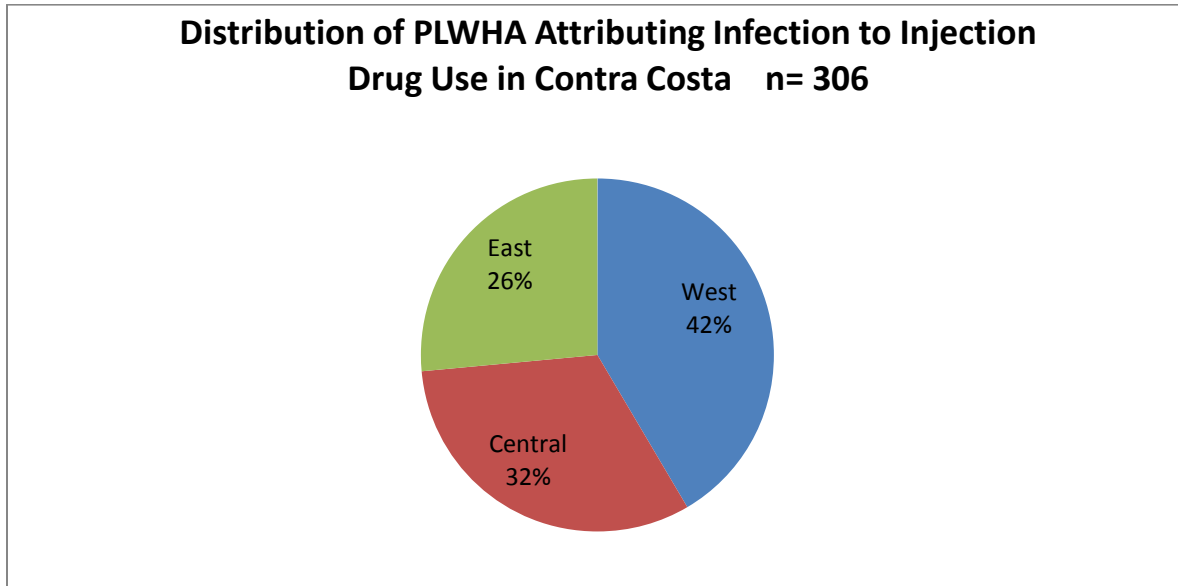
As of December 31, 2014 there were 2075 individuals reported living with HIV or AIDS (PLWH/A) in Contra Costa. Roughly 39% reside in Central County, 34% in West County, and 27% in East County. Of all PLWH/A in Contra Costa, 306 individuals (14.8%) identify injection drug use or injection drug use among men who have sex with other men as their mode of transmission³. While the majority of those identifying injection drug use transmission are in the West and Central areas of the county,

¹ <http://www.cdph.ca.gov/programs/aids/Pages/OASAMaterials.aspx>

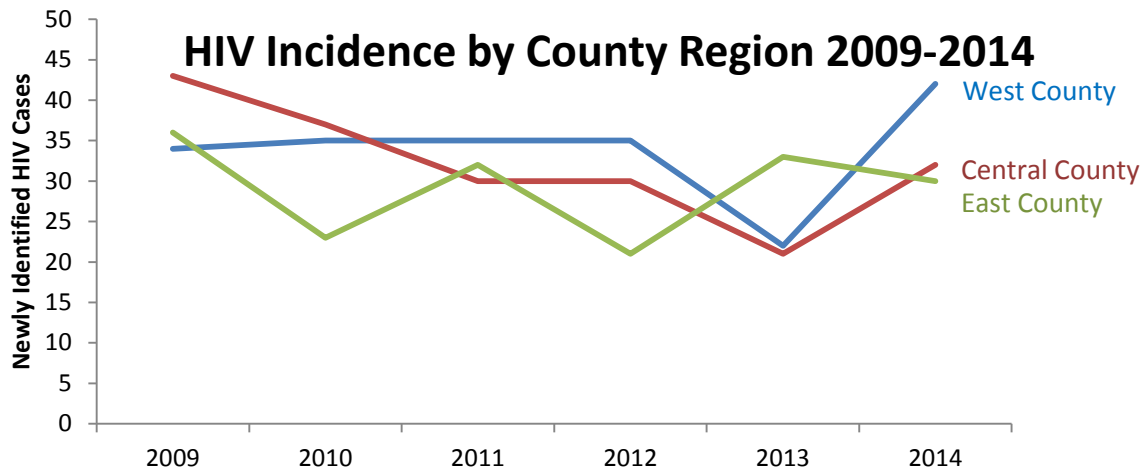
² The full report of the evaluation can be accessed on the California Department of Public Health, Office of AIDS website <http://www.cdph.ca.gov/programs/Documents/SB1159StateReportFinal.pdf> -

³ Contra Costa Public Health Epidemiology, Planning and Evaluation unpublished report dated June 17, 2015

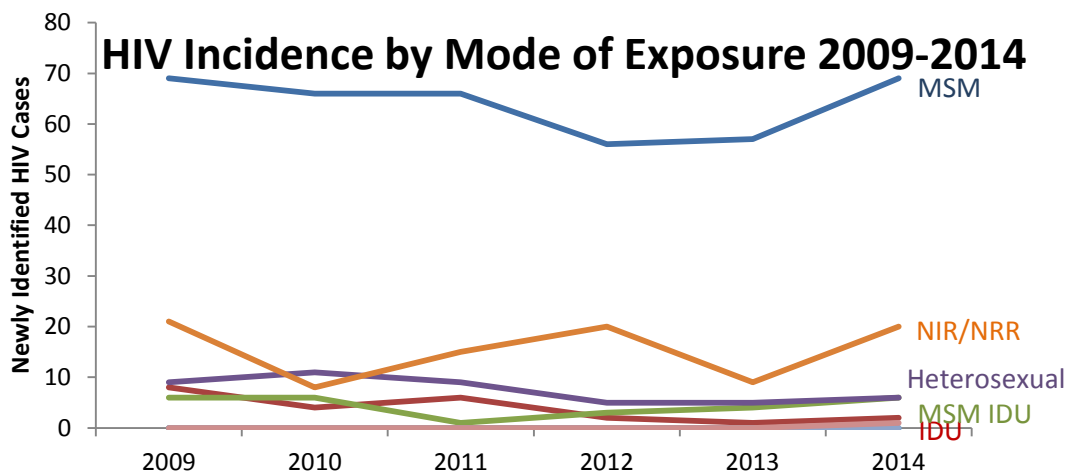
looking at IDU transmission as a percentage of overall cases living in different regions of the county demonstrates that West and East Contra Costa are disproportionately impacted – these are the areas of Contra Costa selected for needle exchange locations.



The number of new HIV infections occurring over the last 5 years has been relatively consistent, averaging about 95-100 new HIV cases per year. Geographic distribution of the new cases has shifted a bit in recent years, with numbers again creeping up in West County.



Most new cases of HIV are men who have sex with other men (MSM). No Identified Risk or No Risk Reported (NIR/NRR), about 20% of the cases, is largely among women in cases where the status of their partner is unknown.



HIV attributed to injection drug use continues to decline from 2005 and 2006, when injection drug users comprised about 25% of all People Living with AIDS in Contra Costa⁴. Statewide about 7 percent of those living with HIV or AIDS report injection drug use as their primary risk and injection drug users who also report MSM activity account for about 7.6 percent of those living with HIV or AIDS.⁵ While Contra Costa continues to have a higher percentage of individuals living with HIV or AIDS who attribute their infection to injection drug use (9.8%) than the State, the numbers are now more closely aligned than in the past, and the number of newly infected (chart above) who cite IDU as their mode of transmission are dramatically lower still.

⁴ Contra Costa Public Health Division report, July 2006. http://cchealth.org/health-data/pdf/hiv_2006_07.pdf

⁵ HIV/AIDS Surveillance in California as of December 2013:

<http://www.cdph.ca.gov/data/statistics/Pages/OASS2013Stats.aspx><http://www.cdph.ca.gov/programs/aids/Documents/RSEpiProfileUpdate2009.pdf>

Maternal Transmission

It often takes two or three months for an accurate diagnosis of HIV or AIDS in a newborn, as a positive test at birth may be reflecting maternal antibodies and not HIV. Children with HIV have the usual childhood infections more often and more severely than uninfected children, and can also be susceptible to the same opportunistic infections as adults.

There is no comprehensive tracking of maternal transmission since the Stanford project was defunded in 2009. Of the 2,075 individuals living with HIV or AIDS, 15 are pediatric cases: 3 are children 12 years of age or younger based on current age. Identification and treatment of HIV positive women in prenatal care is nearly universal, but we still have women who do not seek prenatal care prior to delivery.

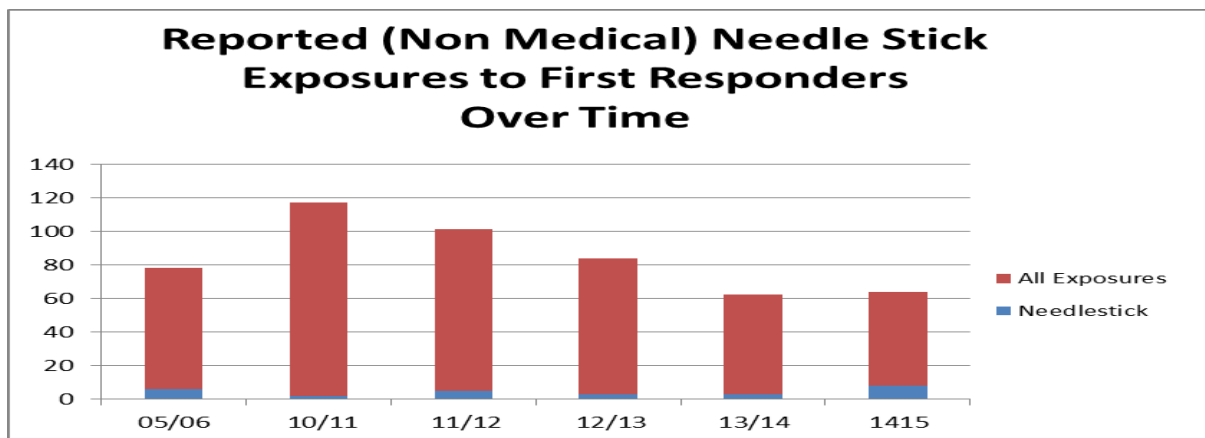
Hepatitis C

Hepatitis C infection (HCV) is largely attributed to the use of contaminated needles. Chronic HCV can lead to scarring of the liver, cirrhosis, liver failure and/or liver cancer. Across California the number of chronic Hepatitis C carriers continues to be unreliable due to variation in reporting capacities and the high volume of duplicated positive lab tests. Consequently, in Contra Costa the Acute Communicable Disease (ACD) program reviews only a fraction of the reports and only follows those cases with extremely acute infections and those with a higher likelihood of yielding opportunities for contact intervention and transmission interruption. Of the 2,650 reports received in 1415, 196 records were reviewed by ACD. There were multiple reporting duplications in this subset. The State is reviewing reporting and recording processes and we will suspend analysis and inclusion of Hepatitis C data in this report until the data is more accurate.

Exposure Impact on Law Enforcement and First Responders

Occupational exposure to needlestick injuries for first responders remains low. The Communicable Disease Control Program reviews reported exposures to ensure that law enforcement and first responders have access to the information, care and treatment needed to ensure their health and wellbeing following any exposure. Prepackaged kits containing all necessary paperwork and blood collection tubes are provided to CML, the lab under contract with the Sheriff's Department, to ensure the correct process is followed and proper documentation provided. Printed materials are also available on our website at <http://cchealth.org/aids/syringe-exchange.php>. Eight of 56 exposures reported this year are needlestick contacts, up somewhat from previous years⁶. Public Health has received no reports of subsequent HIV infection as a result of needlestick injury among law enforcement or first responders.

⁶ Contra Costa Health Department Communicable Disease Program



Needle Exchange Services, Fiscal Year 14/15

All data below is supplied by the needle exchange contractor, HIV Education Prevention Project of Alameda County (HEPPAC). HEPPAC assumed the contract in mid-2012.

Needle exchange services in the region rely on a combination of county general funds and other funding secured by the contractor through foundations and other organizations. The budget funds two outreach workers, a site supervisor, staff training, and supplies. Service delivery and reporting has improved over time, attributed to an agency with a stronger structure and better infrastructural support.

In FY 14/15, HEPPAC noted a significant drop in client load, primarily in West County. They do not know why participation has declined, but did report some staffing interruptions during the year. The agency responded by searching for new West County sites and introducing a "roving" needle exchange service which proved somewhat successful in increasing the number of individuals served at the end of the fiscal year. The agency continues to search for appropriate locations in West County in an effort to rebuild weekly services in Richmond. Overall, the number of African Americans and Hispanics served through all needle exchange sites dropped by 50% and 38% respectively compared to the previous year.

In East County, the situation is different: the Pittsburg site yields the highest volume of syringe exchanges in Contra Costa. The average client at East County sites is a Caucasian male between the ages of 40-49. The East County sites also report an increase in the number of participants reporting use of prescription opioid pills, crushed and modified for injection. This trend is reflective of national trends and may be a contributing factor in accidental overdose deaths.

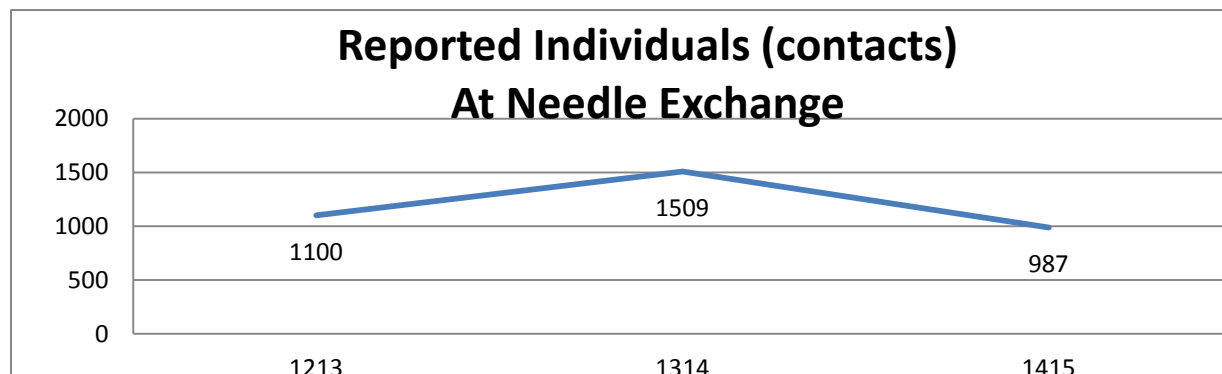
HEPPAC also reports a significant increase in health and social services referrals from 306 referrals in the previous year to 871 referrals last year. This positive move is

attributed to HEPPAC's stronger linkages to health care, substance use treatment, and other resources.

Even though the total number of clients served has dropped this year, the number served remains relatively consistent with the number served two years ago. One-for-one syringe exchange continues to be the core operating principle of needle exchange, and individuals access services for themselves or exchange on behalf of others. Of the 987 individuals (contacts) served in the year, 655 (approx. 66%) were male. A total of 66% of the contacts were in East County and 34% in West County. The data reported by HEPPAC shows a continued shift toward increasing utilization at the East Contra Costa sites. The agency is actively seeking new sites in West County.

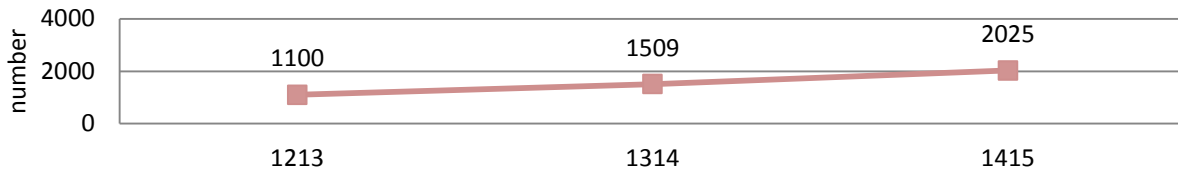
Ethnicity Totals Over Time			
	12/13	13/14	14/15
African American	382	622	313
White	534	694	524
Latino/Hispanic	177	183	139
Native American	1	3	1
Asian/Pacific Islander	5	5	7
Other	1	3	3
Total	1100	1509	987

Individuals accessing needle exchange are reported as "Contacts" : the number may contain duplicates.



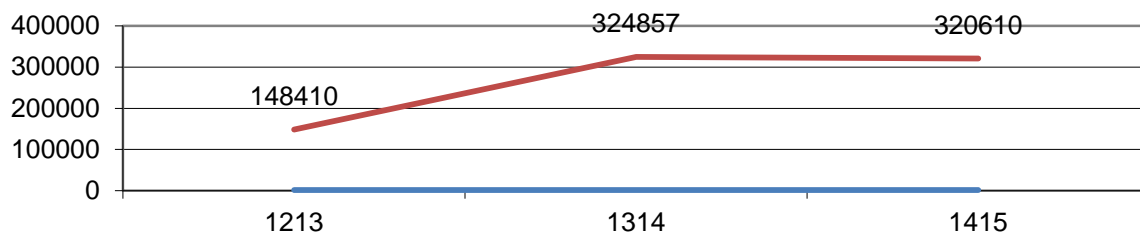
Exchanging syringes for others is called a secondary exchange. Individuals who exchange for others report the estimated number of individuals for whom they exchange syringes, summarized in the chart below. The overall volume of secondary exchange has increased over time: while the reported percentage increased by about 34% from the previous year, these numbers are also duplicated and based on self-report.

Secondary Exchanges at Needle Exchange Services



Finally, the total number of syringes distributed over time is increased by 116% since FY 1213. Again, the increase is largely attributed to having a stronger agency managing the program, as well as an increase in secondary exchanges reported by those individuals who exchange for others.

Reported Number of Syringes Distributed by Fiscal Year

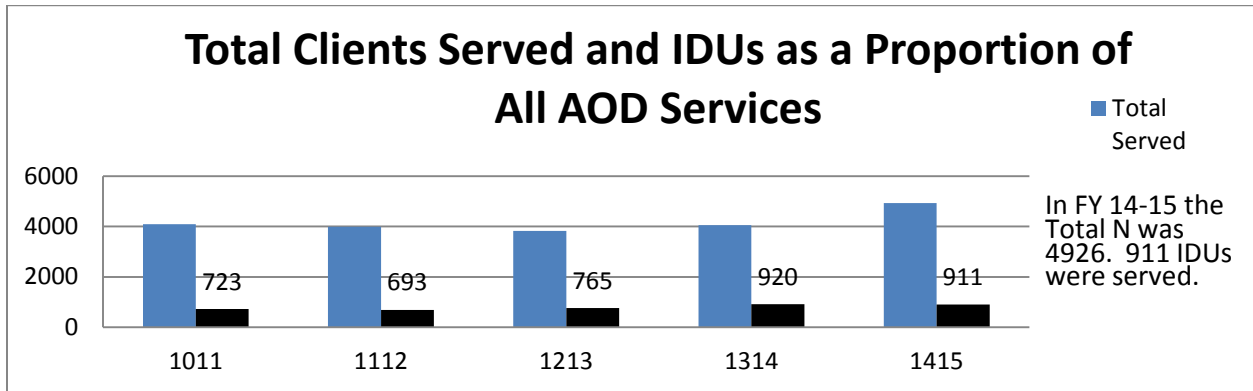


Overall, the agency is performing well and will continue to provide services in both East and West Contra Costa on a weekly basis. The Public Health program will continue to monitor service delivery in West County to both assess why the volume of clients has dropped off and determine if other steps are needed to increase performance.

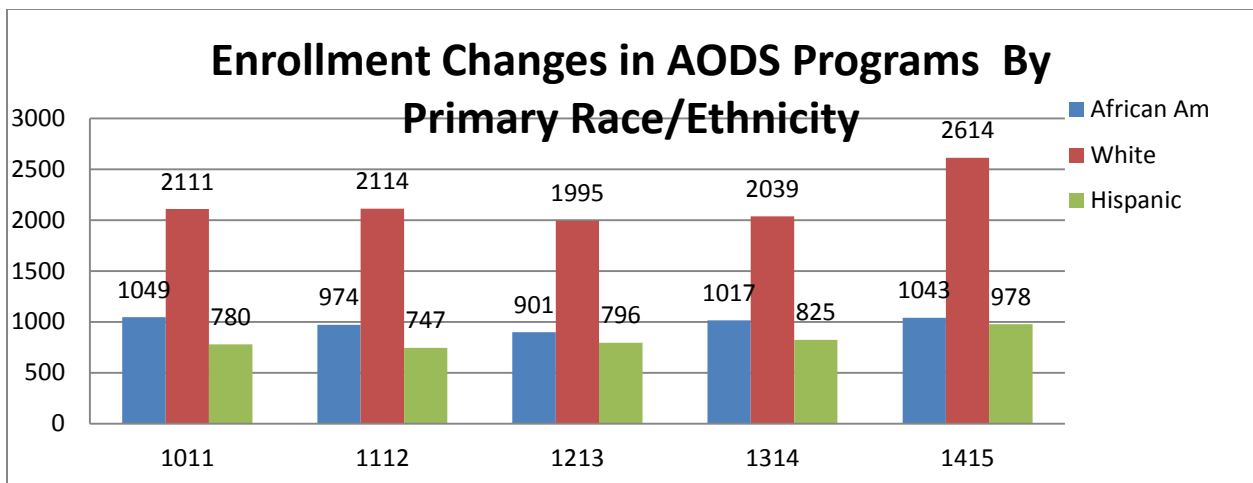
Alcohol and Other Drug Services (AODS)

Admissions to AODS services in Fiscal year 14-15 were up by nearly 22% from the previous year, and at this time it appears that the reduction in treatment capacity since FY 0607 has been reversed. The increased enrollment is attributed to several factors, including an expansion of methadone treatment services due to increased admissions for opioid abuse treatment and increased access due to the Affordable Care Act. Admissions are not necessarily unduplicated individuals – one person may enter treatment multiple times during the year depending on the availability of treatment slots. Indeed, 33% of injection drug users reported 3 or more prior AODS treatment admissions.

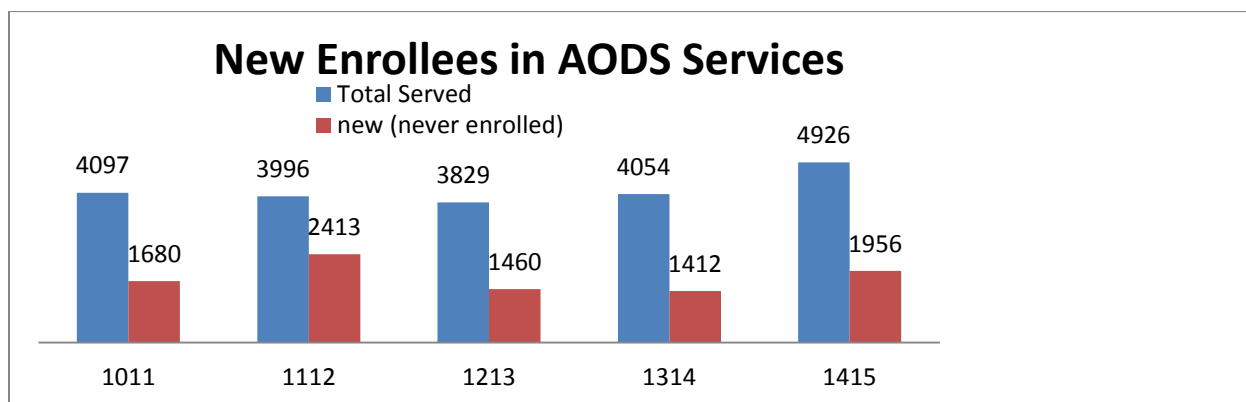
Of the 4926 admissions this past fiscal year, roughly 18% identified injection drug use behavior. The proportion of injection drug users to the overall population in AODS services has remained fairly constant over the last several years, ranging from 18 – 20% of all enrollees.



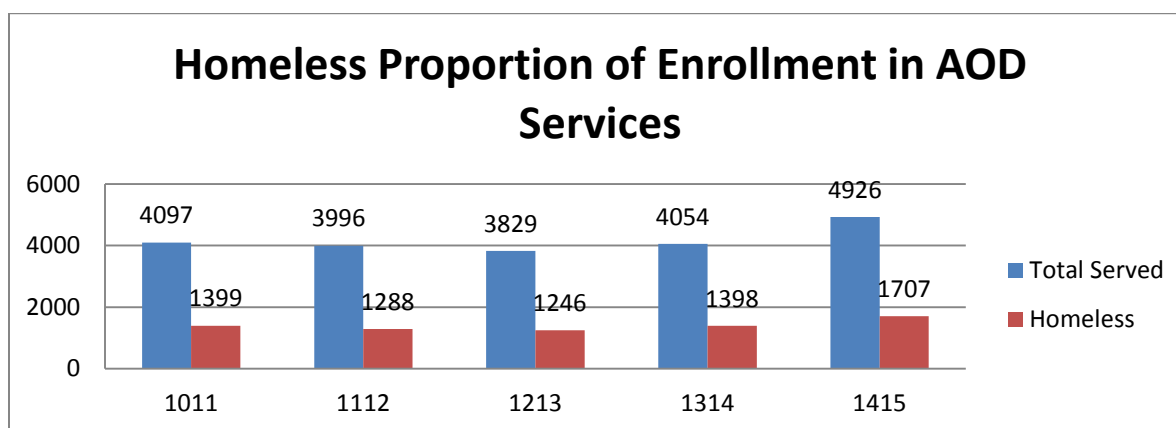
Among major race / ethnicity groups, the overall percentage of African Americans enrolled in services has declined from 26% in 2010 to 21% in 2014-2015. Hispanics have held relatively steady at roughly 20% of those served, and Whites comprise just over half the service enrollees. Women remain roughly 34% of those served.



Nearly 40% of those served in FY 1415 are new enrollees, and nearly 30% of all IDUs served in the year had no prior AOD treatment admissions.



Most enrollees are marginally housed, with 35% of all AODS enrollees indicating that they were homeless at entry and 53% that they are in a “dependent” living condition (reliant on someone else or some other institution for their housing).



The Public Health HIV/AIDS and STD Program provides comprehensive HIV and STD Education, HIV rapid testing, HCV testing, and STD testing at selected AODS residential and detox centers serving adults and/or youth in Contra Costa. In FY 1415, HIV/AIDS and STD education services were provided to 1047 adults and 238 youth. Nearly half of those completing education sessions also received HIV testing services (36% of the adults and 51% of the youth). HIV positive individuals are linked to care and treatment via HIV case management services, and individuals with positive STD results are provided treatment and follow-up. The Program also continues to offer limited rapid Hepatitis C testing to approximately 35-50 of the highest risk individuals per year, referring those with positive tests to their clinical providers for follow-up care.

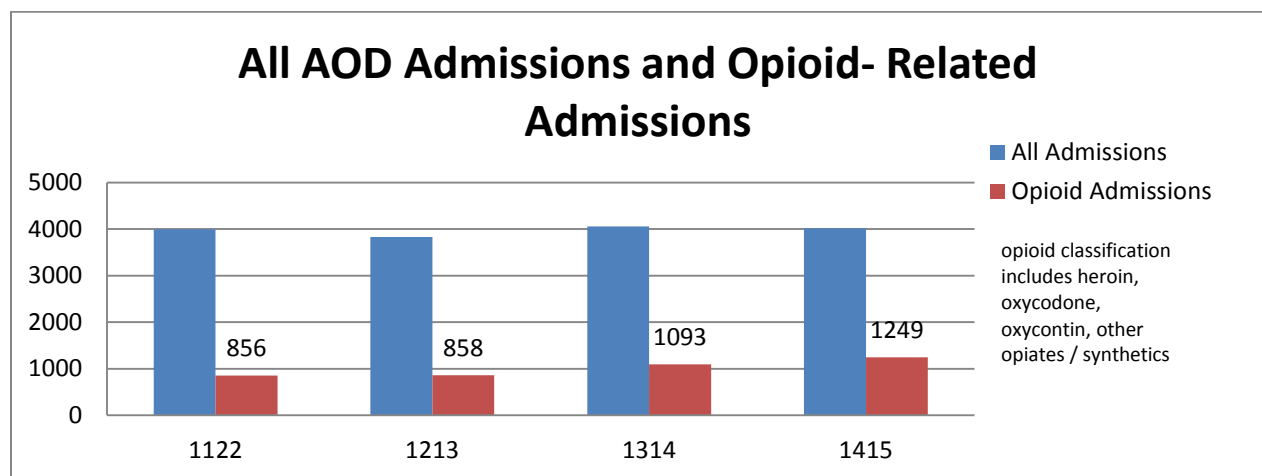
Opioid Overdose

The public health epidemic in Indiana is currently shedding light on the effectiveness of needle exchange and other harm reduction services for HIV/AIDS prevention. Scott County Indiana experienced an outbreak of HIV cases linked to the injection drug use

of the prescription painkiller Opana. The number of new HIV infections attributed to IDU jumped from 5-6 per year to over 170. Emergency legislation was enacted to allow needle exchange services in several counties with high numbers of IDUs.

Opioids are medications that relieve pain. They reduce the intensity of pain signals reaching the brain, diminishing the effects of a painful stimulus. Medications that fall within this class include hydrocodone (e.g., Vicodin), oxycodone (e.g., OxyContin, Percocet), morphine (e.g., Kadian, Avinza), codeine, and related drugs. Hydrocodone products are the most commonly prescribed for a variety of painful conditions, including dental and injury-related pain. Morphine is often used before and after surgical procedures to alleviate severe pain. Codeine, on the other hand, is often prescribed for mild pain. In addition to their pain relieving properties, some of these drugs—codeine and diphenoxylate (Lomotil) for example—can be used to relieve coughs or severe diarrhea.

Heroin is an opioid drug that is synthesized from morphine. In 2011, 4.2 million Americans aged 12 or older (or 1.6 percent) had used heroin at least once in their lives. It is estimated that about 23 percent of individuals who use heroin become dependent on it.⁷ Approximately 60% of IDUs served in AOD programs identify Heroin as their primary problem at admission. Prescription opioid pain medications such as Oxycontin and Vicodin can have effects similar to heroin when taken in doses or in ways other than prescribed, and they are currently among the most commonly abused drugs in the United States. Admissions to AOD treatment services for which opioids are the primary problem at admission have increased by roughly 46% since 2011, from 21% of overall admissions in 2011/2012 to 31% of admissions in 2014 / 2015.



The California Department of Health estimates in 2012 there were 1,800 opioid related deaths, most attributed to prescription pain medications either with or without alcohol

⁷ <http://www.drugabuse.gov/publications/drugfacts/heroin>

or other drugs. In Contra Costa County in 2013, 137 deaths were attributed to unintentional drug poisoning.” This year the California Board of Pharmacy initiated steps to address concerns with death by opioid overdose. Acknowledging that increasing accessibility to naloxone would contribute to general public health and safety, in April, 2015 an amendment to Title 16 of the California Code of Regulations (Section 1746.3) was adopted, authorizing pharmacists to furnish, without a prescription, an antidote to reverse opioid overdose. Naloxone works only on opioids, and does not reverse overdose of cocaine, amphetamines, methamphetamine, alcohol, or other non-opioid drugs. Pharmacists must complete one hour of continuing education on the use of Naloxone Hydrochloride, screen for any hypersensitivity, and provide the recipient with training to recognize, respond and administer naloxone. Locally, clients at the Syringe Exchange sites, particularly in East County, are requesting information about and access to Naloxone and the Public Health Department is exploring methods to provide Naloxone at needle exchange sites. Due to its capacity to diminish the effects of other substances, Naloxone has no street value. Public Health has also entered into discussions with other Divisions in the Health Department to identify strategies that will support efforts to address abuse of prescription medications.

Disposal

Contra Costa Environmental Health (CCEH) administers the Medical Waste Management Program for Contra Costa County, and is the local enforcement and regulatory agency for Medical Waste Generators. CCEH issues permits and registers generators of medical waste, responds to complaints of abandoned medical waste on public property, and implements the Medical Waste Management Act (Part 14, C. 1-11 of the California Health and Safety Code). The agency web site maintains a list of frequently asked questions (FAQs) on syringe and needle disposal, a list of disposal sites in Contra Costa, a number of pamphlets describing the proper disposal of syringes and other medical waste, as well as links to state and other resources. Additional information can be found at <http://www.calrecycle.ca.gov/FacIT/Facility/Search.aspx#MOVEHERE>

<u>NO.</u>	<u>FACILITY NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ZIP CODE</u>	<u>COUNTY</u>	<u>TELEPHONE</u>	<u>MATERIAL CATEGORIES</u>	<u>MATERIALS</u>
1	Alamo Sheriff's Substation	150 Alamo Plaza, Suite C	Alamo	94507	Contra Costa	(925) 837-2902	Sharps or Medications	Sharps (Home-Generated)
2	City of Clayton	6000 Heritage Trl	Clayton	94517	Contra Costa	(800) 646-1431	Sharps or Medications	Sharps (Home-Generated)
3	Danville Police Station	510 La Gonda Way	Danville	94526	Contra Costa	(925) 314-3700	Sharps or Medications	Sharps (Home-Generated)

4	Delta HHW Collection Facility (East County)	2550 Pittsburg Antioch Hwy	Antioch	94509	Contra Costa	(925) 756-1990	Sharps or Medications	Sharps (Home-Generated)
5	El Cerrito Recycling CTR	7501 Schmidt Ln	El Cerrito	94530	Contra Costa	(510) 215-4350	Sharps or Medications	Sharps (Home-Generated)
6	Lafayette Fire Station	3338 Mt Diablo Blvd	Lafayette	94549	Contra Costa	(925) 941-3300	Sharps or Medications	Sharps (Home-Generated)
7	Moraga-Orinda fire station	1280 Moraga Way	Moraga	94556	Contra Costa	(925) 258-4599	Sharps or Medications	Sharps (Home-Generated)
8	Mountain View Sanitation District	3800 Arthur Rd	Martinez	94553	Contra Costa	(925) 228-5635	Sharps or Medications	Sharps (Home-Generated)
9	Orinda Police Station	22 Orinda Way	Orinda	94523	Contra Costa	(925) 254-6820	Sharps or Medications	Sharps (Home-Generated)
10	San Ramon Valley Fire District HQ	1500 Bollinger Canyon Rd	San Ramon	94583	Contra Costa	(925) 838-6600	Sharps or Medications	Sharps (Home-Generated)
11	Walnut Creek City Hall	1666 North Main St	Walnut Creek	94596	Contra Costa	(800) 750-4096	Sharps or Medications	Sharps (Home-Generated)
12	Walnut Creek Fire Station	1050 Walnut Ave	Walnut Creek	94598	Contra Costa	(925) 941-3300	Sharps or Medications	Sharps (Home-Generated)
13	West Contra Costa County Hazardous Waste Collection Facility	101 Pittsburg Ave	Richmond	94801	Contra Costa	(888) 412-9277	Sharps or Medications	Sharps (Home-Generated)

The Public Health HIV/AIDS and STD program has received no complaints from law enforcement, business, pharmacies, or community members regarding discarded syringes this year.

Other Prevention Activities For Injection Drug Use

The Contra Costa HIV Prevention plan has recently been updated and is aligned with both the State HIV Prevention strategy and the National AIDS strategy. Our plan targets the highest risk populations including men who have sex with other men and

injection drug users, for HIV prevention services. Needle exchange remains an integral component of the plan and we anticipate continuing the use of County General Funds for needle exchange services to support the downward trend in HIV infections attributed to injection drug use. There is renewed advocacy for the incorporation of Naloxone into our prevention strategy to reduce transmission of HIV and accidental death among injection drug users. The current plan can be found on the Public Health website <http://cchealth.org/aids/pdf/HIV-Prevention-Plan-Update-2012-2015.pdf> and the newest update will be posted when vetting is complete. Other Prevention strategies to reduce the transmission of HIV include:

- HIV rapid testing services in the community reaching more than 2000 people per year.
- The availability of Pre Exposure Prophylaxis to prevent transmission of HIV.
- Partner Counseling services to notify partners of potential exposure and testing available to HIV positive individuals and their providers.
- Tighter linkages to medical appointments for new positives to reduce the number of individuals falling out of care and to increase adherence to HIV medications: 81% of newly diagnosed HIV positive individuals in Contra Costa are linked to HIV care within 90 days.
- Training to increase community capacity to provide prevention services in Contra Costa is provided annually.
- Community based promotion of HIV testing among highest risk communities.
- Cross training between HIV, STD and HIV Surveillance staff to increase the pool of individuals available to meet demand for services

CONCLUSIONS:

1. **Access to clean needles has made a difference** in Contra Costa and remains an important component of the overall strategy to reduce transmission of blood borne diseases.

2. **Law enforcement exposure** to potential blood borne pathogens via needle stick injury has not increased with the implementation of needle exchange and pharmacy sales. Materials for Law Enforcement to document potential exposure and request assistance are available on the website.

3. **The number of children under 12 years of age** living with HIV or AIDS has decreased and there is no evidence of increased maternal transmission of HIV to unborn children.

Needle exchange is a critical component of Contra Costa's HIV prevention strategy and should remain in effect until further notice. Should the Committee desire, frequency of presentations can be at two year intervals



Needle Exchange Update



**NOVEMBER 2015
PREPARED FOR THE
CONTRA COSTA BOARD OF SUPERVISORS
BY CONTRA COSTA HEALTH DEPARTMENT**

NEEDLE EXCHANGE

- **In 1999, the Contra Costa Board of Supervisors authorized needle exchange services.**
- **This report satisfies the legislative requirement to maintain needle exchange services in Contra Costa County.**



HIV/AIDS in Contra Costa County



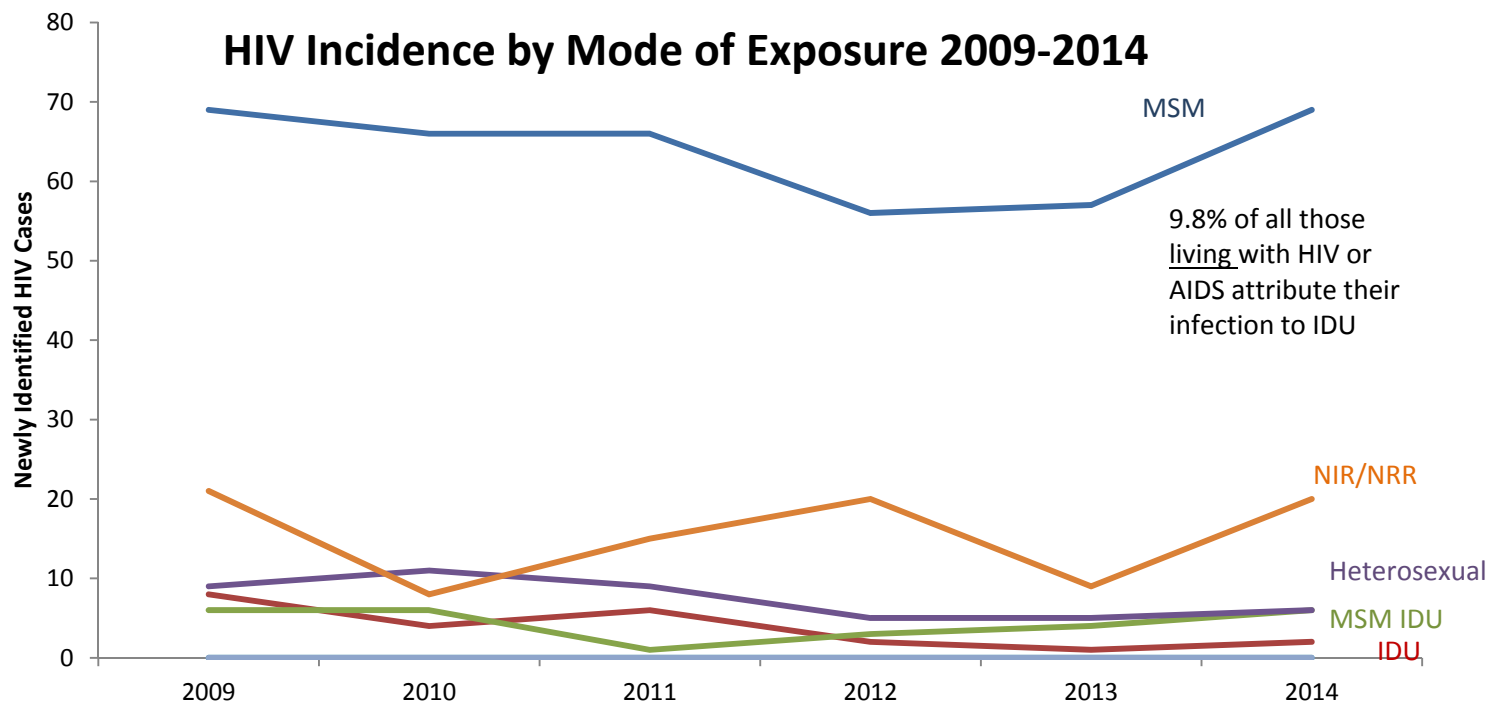
- **As of December 31, 2014, 2075 individuals were reported living with AIDS or HIV in Contra Costa.**
- **Predominant transmission among those living with HIV or AIDS remains men who have sex with other men (MSM).**
- **Injection drug use is 17.9% of the West county cases, 14.3% of East county cases and 12.3% of Central county cases.**

Children with HIV and AIDS

- **Of the 2075 individuals living with HIV or AIDS in Contra Costa, 3 were twelve years of age or younger as of 2014.**
- **The vast majority of HIV+ women delivering infants are on antiretroviral therapy.**

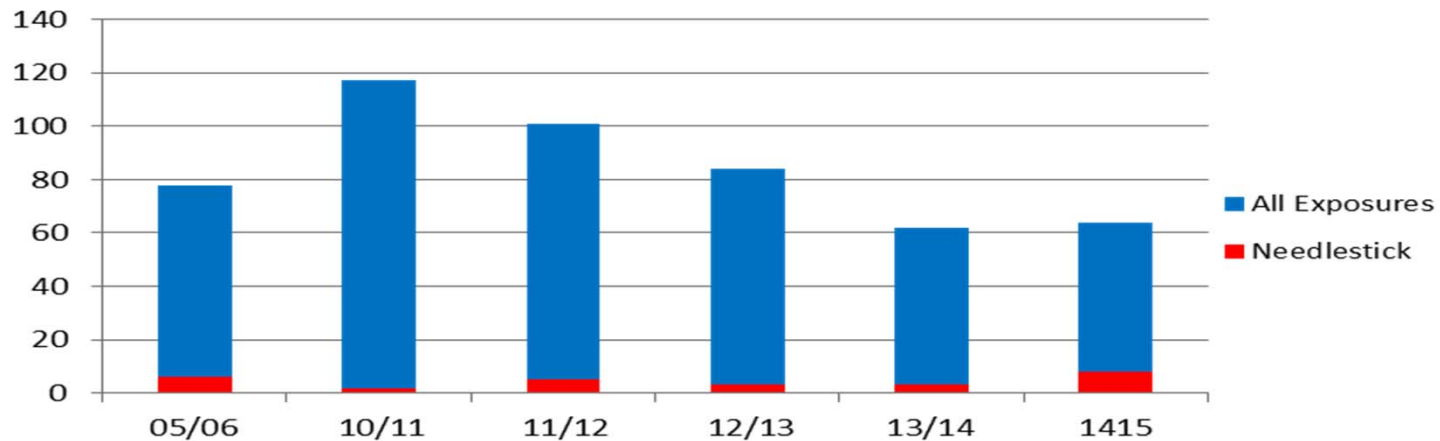


New Cases of HIV



Law Enforcement and First Responder Exposures

Reported (Non Medical) Needle Stick Exposures to First Responders Over Time



Needle Exchange Services

- **SERVICES ARE PROVIDED BY HIV EDUCATION PREVENTION PROJECT OF ALAMEDA COUNTY (HEPPAC)**
- **THE NUMBER OF CONTACTS DROPPED THIS YEAR DUE TO LOW ATTENDANCE AT WEST COUNTY SITES: 987 INDIVIDUALS WERE SERVED AT ALL SITES IN FY 1415**



Exchange Services (2)

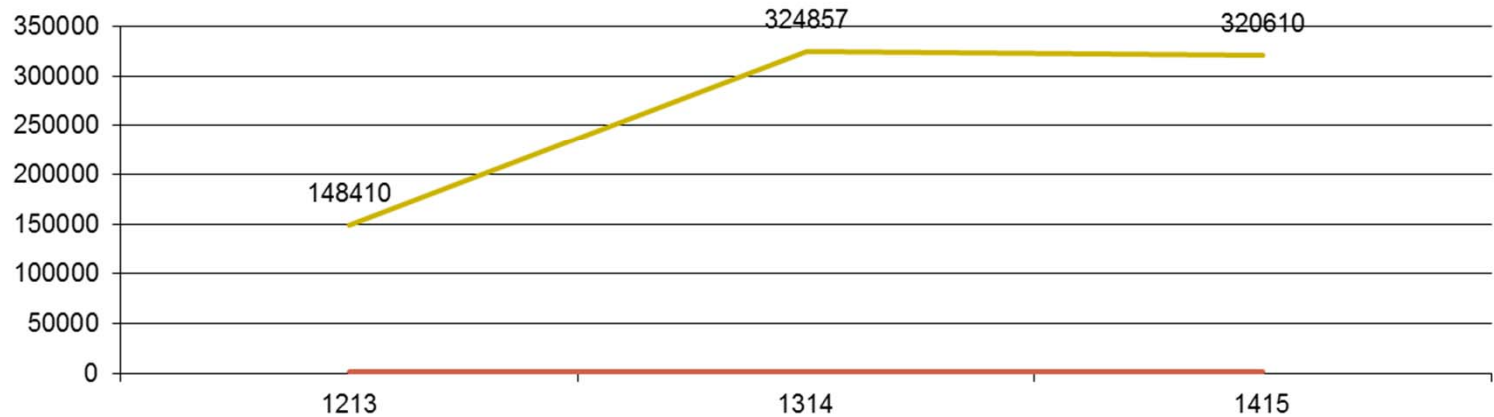
- **SECONDARY EXCHANGES ARE UP OVER PREVIOUS YEARS AND THE AGENCY ESTIMATES THOSE EXCHANGES SERVED 2025 INDIVIDUALS**
- **THIS PAST FISCAL YEAR 871 REFERRALS WERE PROVIDED TO HEALTH CARE, SUBSTANCE ABUSE TREATMENT, AND OTHER SERVICES.**



Number of Syringes Distributed Over Time



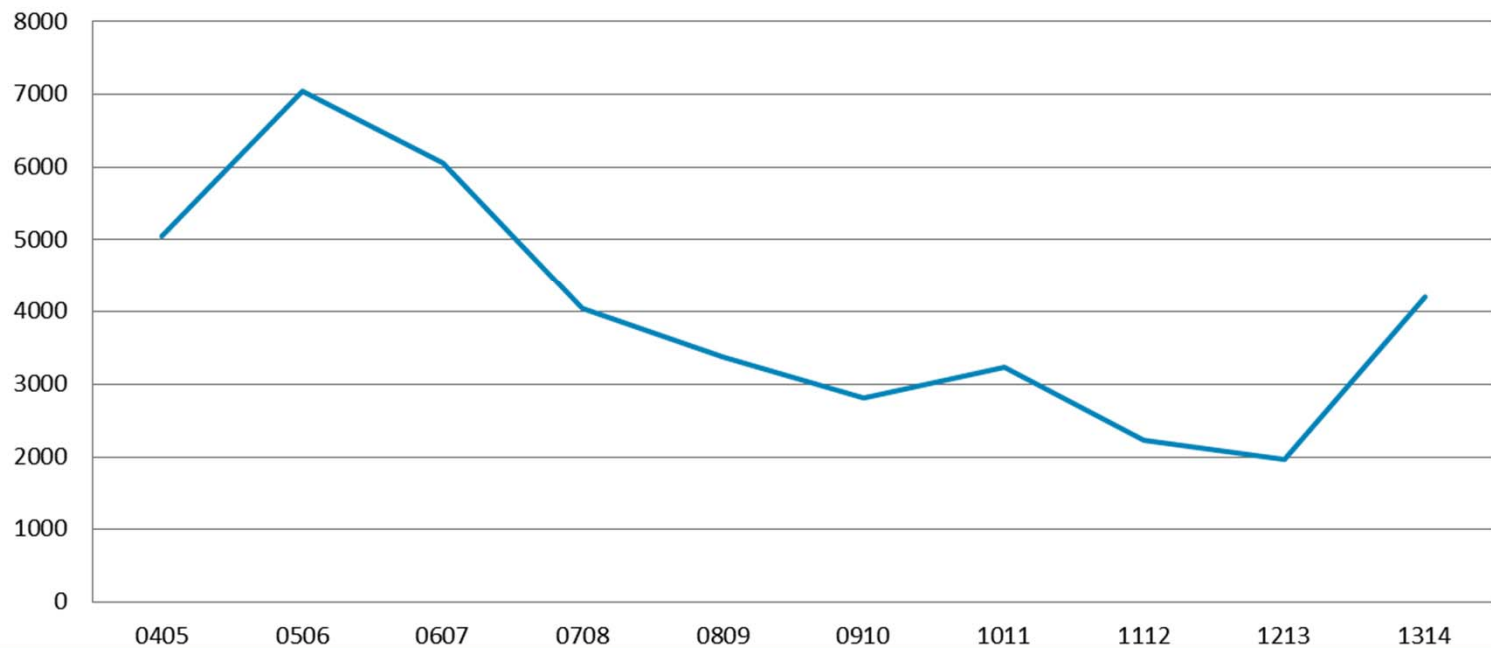
Reported Number of Syringes Distributed by Fiscal Year



Secondary Exchanges Reported Over Time

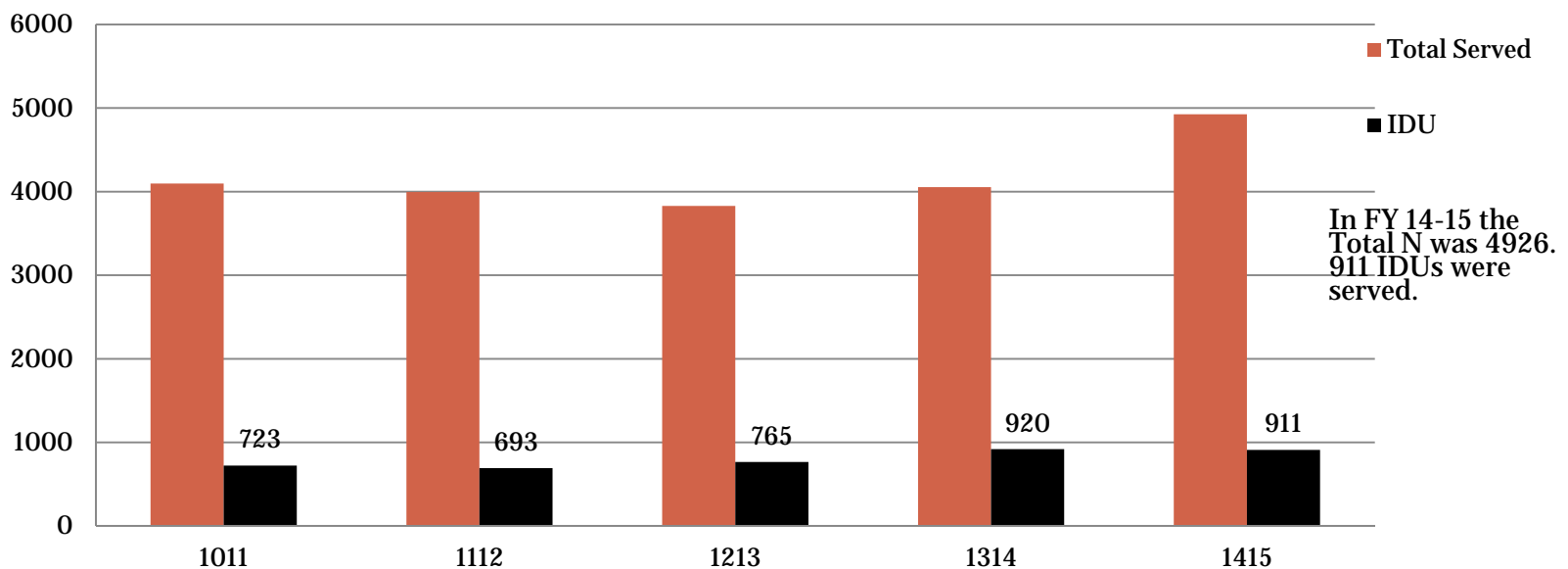


Reported Number of People Reached Over Time



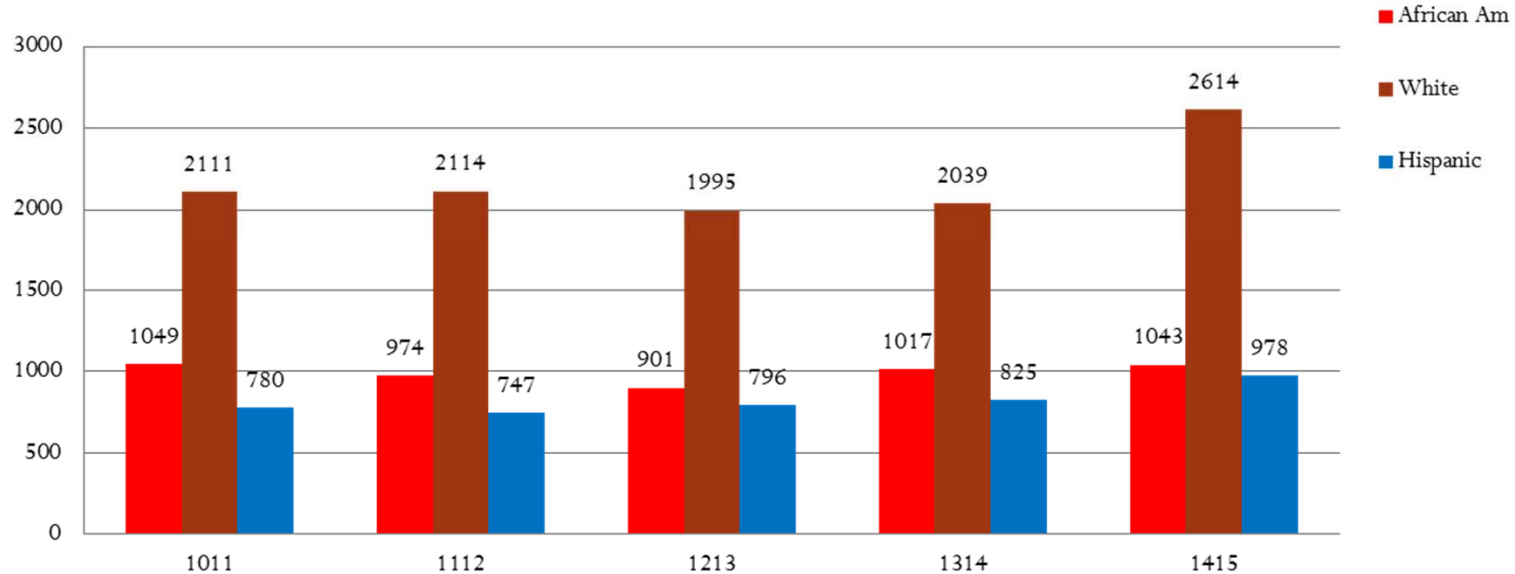
AOD Clients

Total Clients Served and IDUs as a Proportion of All AOD Services



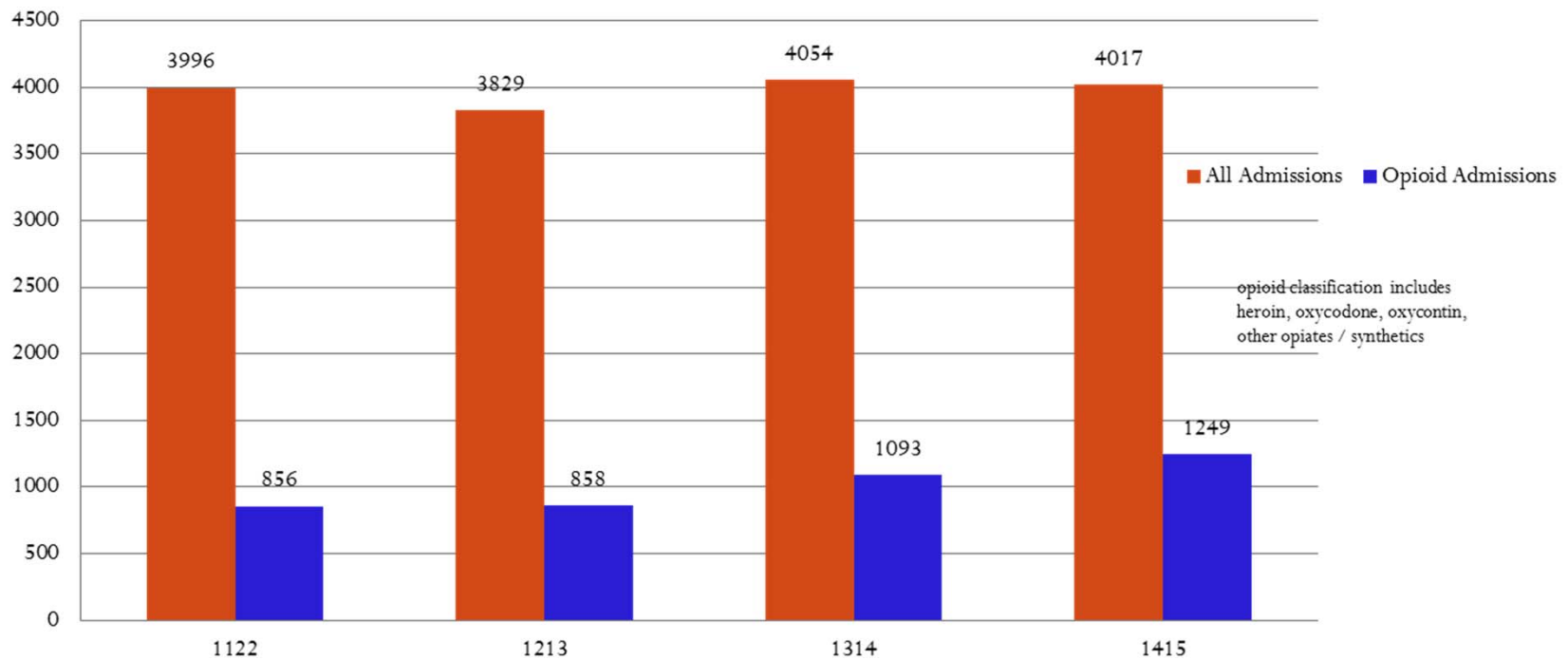
AODS Service Enrollment FY 1415 n=4246 (911 IDUs)

Enrollment in AODS Sites Over Time By Primary
Race/Ethnicity



Opioid-Related Admissions

All AOD Admissions and Opioid-Related Admissions



Other Prevention Strategies to Reduce Transmission of HIV in IDUs

- HIV rapid testing services at community venues reaching more than 2000 people per year.
- Notification to partners of potential exposure and testing is available.
- Pre Exposure Prophylaxis (PrEP) in Contra Costa
- Tighter linkages to medical appointments for new positives to reduce the number of individuals falling out of care and to increase adherence to HIV medications.
- Training to increase community capacity



Syringe Disposal Options

Adults anywhere in California may purchase syringes without a prescription.

A link to the full list of disposal sites is maintained by the Contra Costa Environmental Health Program, as is a list of FAQs on syringe and needle disposal and links to syringe disposal mail back services. More information on disposal is located at

http://www.cchealth.org/eh/medical_waste



CONCLUSIONS

1. Access to clean needles has made a difference in Contra Costa and remains an important component of the overall strategy to reduce transmission of blood borne diseases.
2. There have been no reports of new HIV cases attributed to needle sticks among first responders.
3. The number of children under 12 years of age living with HIV or AIDS has decreased and there is no evidence of increased maternal transmission of HIV to unborn children.





Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

7.

Meeting Date: 12/14/2015
Subject: 2015 Year End Referrals to the 2016 Committee
Submitted For: FAMILY & HUMAN SERVICES COMMITTEE,
Department: County Administrator
Referral No.:
Referral Name: Year End Report
Presenter: Dorothy Sansoe **Contact:** Enid Mendoza, 925-335-1039

Referral History:

At the end of each calendar year, the staff person to the Family and Human Services Committee reports to the Committee on the activities during the year and makes recommendations regarding the closure of referrals and the carryover of other referrals to the next year.

Referral Update:

Please see the attached report.

Recommendation(s)/Next Step(s):

Please see the attached report.

Fiscal Impact (if any):

No fiscal impact from the recommendation.

Attachments

2015 Year-End Memo

County of Contra Costa
OFFICE OF THE COUNTY ADMINISTRATOR
MEMORANDUM

DATE: December 14, 2015

TO: Family and Human Services Committee
Supervisor Federal D. Glover, Chair
Supervisor Candace Andersen, Vice Chair

FROM: Enid Mendoza
Dorothy Sansoe
Sr. Deputy County Administrators

**SUBJECT: 2015 YEAR-END REPORT ON FAMILY AND HUMAN SERVICES
COMMITTEE REFERRAL ITEMS**

RECOMMENDATION(S):

- I. **ACKNOWLEDGE** that the Board of Supervisors carried over sixteen referrals from the prior year into the 2015 calendar year and approved five new referrals.
- II. **ACCEPT** the recommendation to carry forward the following sixteen referrals from the 2015 Family and Human Services Committee to the 2016 Committee:
 - a. Referral #5 – Continuum of Care Plan for the Homeless/Healthcare for the Homeless
 - b. Referral #20 – Public Service Portion of the CDBG
 - c. Referral #25 – Child Care Planning/Development Council Membership
 - d. Referral #44 – Challenges for EHSD
 - e. Referral #45 – Adult Protective Services and Challenges for Aged & Disabled Populations
 - f. Referral #56 – East Bay Stand Downs for Homeless Veterans
 - g. Referral #61 – HIV Prevention/Needle Exchange Program
 - h. Referral #78 – Community Services Bureau/Head Start Oversight
 - i. Referral #81 – Local Child Care & Development Planning Council Activities
 - j. Referral #82 – Secondhand Smoke Ordinance
 - k. Referral #92 – Local Planning Council – Child Care Needs Assessment
 - l. Referral #93 – Independent Living Skills Program
 - m. Referral #101 – FACT Committee At-Large Appointments
 - n. Referral #103 – SNAP/CalFresh (Food Stamp) Program
 - o. Referral #107 – Laura’s Law
 - p. Referral #108 – Call Center Oversight and the Health Care Reform Update
 - q. Referral #109 – Workforce Innovation and Opportunity Act
 - r. Referral #110 – Innovative Community Partnerships
 - s. Referral #111 – Human Trafficking – Update on Commercial Sexual Exploitation of Children and Update on the Family Justice Center
 - t. Referral #112 – Policy Options to Protect Youth from Tobacco Influences in the Retail Environment and Health in All Policies