

FAMILY & HUMAN SERVICES COMMITTEE

May 9, 2016 1:00 P.M. 651 Pine Street, Room 101, Martinez

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

Agenda	Items may be taken out of order based on the business of the day and preference
Items:	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 Brenda Brown to the Child Care Provider 2 - Central/South County seat and Eric Peterson to the Community 1 - West 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 the reports from the Health Services Department on the Continuum of Care Plan for the Homeless and the Health Care for the Homeless and directing staff to forward the reports to the Board of Supervisors. (Lavonna Martin, Chief of Homeless Services and Rachael Birch, Health Care for the Homeless Project Director)
- 5. CONSIDER accepting the report from the Employment and Human Services Department, Workforce Services Division, on the Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh. (Kathy Gallagher, Employment and Human Services Director)
- 6. The next meeting is currently scheduled for June 13, 2016.
- 7. 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:	05/09/2016		
<u>Subject:</u>	Appointments to the Local Planning and A Education	Advisory Council for Early Ca	are and
Submitted For:	FAMILY & HUMAN SERVICES COMM	AITTEE,	
Department:	County Administrator		
Referral No.:	25		
Referral Name:	Child Care Planning/Development Council	il Membership	
Presenter:	Ruth Fernandez, LPCCoordinator/Manager	Contact: Enid Mendoza, (92: 335-1039	5)

Referral History:

The review of applications for appointments to the Contra Costa Local Planning and Advisory Council for Early Care and Education (LPC) 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 LPC and candidate applications.

Recommendation(s)/Next Step(s):

RECOMMEND to the Board of Supervisors the following appointments, to the Contra Costa Local Planning and Advisory Council for Early Care and Education with terms expiring April 30, 2019, as recommended by the County Office of Education:

- Child Care Provider 2 Central/South County seat: Brenda Brown
- Community 1 West County seat: Eric Peterson

Fiscal Impact (if any):

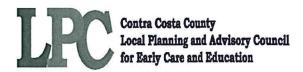
No fiscal impact.

Attachments

LPC Memo and Candidate Applications



Office of Education learn • lead • achieve



	MEMORANDUM
DATE:	May 2, 2016
TO:	Family and Human Services Committee Supervisor Candace Andersen, District II, Chair Supervisor Federal D. Glover, District V, 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 new members to the Contra Costa Local Planning and Advisory Council for Early Care and Education, as recommended by the LPC:

Name	Seat	Area
Brenda Brown	Child Care Provider 2	Central/South County
Eric Peterson	Community 1	West 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, Contra Costa County has been designated to review and recommend appointments on behalf of the County Superintendent of Schools.

Brenda D. Brown

♦ Concord, CA 94521 ♦

March 30, 2016

To: Contra Costa County Local Planning and Advisory Council for Early Care and Education (LPC) Contra Costa County Office of Education 77 Santa Barbara Road Pleasant Hill, CA 94523

Dear Ruth Fernandez,

This letter serves as my official bid for the vacant position at the LPC for Child Care Provider 2. I have strong knowledge of child development and quality practices and I am an avid advocate for children in Contra Costa County. I believe that my experience in working in State Funded Programs and my active advocacy efforts for children will be a good match for the council position.

I have excellent leadership skills and I'm not afraid to address issues and implement changes. I'm a good listener and a fair-minded problem solver in challenging situations. I enjoy working as a team and sharing common vision and will speak out for children. I have spear-headed many projects and activites both in a small group environment and agency-wide environment. I served as the team leader for several years for the PDP Team. I participated as a Mentor teacher with Diablo Valley College offering guidance, to not only outside students but to staff of CCCC as well, through the practicum coursework. I have engaged in several public speaking opportunities for CCDAA and have attended rallies and spoken with educational leaders and representatives of State Congress.

In keeping with the traditions of quality that Concord Child Care Center has established, I offer my longterm association with the program as an element for consideration. I was hired in 1984 by Judy Waggoner (then Executive Director) as a preschool teacher with full educational requirements met and later served as a program site-supervisor for 14 yrs. Currently, I am the Executive Director for the agency. Everything I have learned about child development, supervision, quality and performance has been with the support of this program. Concord Child Care Center has been accredited by National Association for Education of Young Children for more than 14 years and participates in the Quality Improvement Rating System (QRIS), receiving a tier 5 rating. In the past 32 years of employment I have continually sought to further my education and professional development; I recently completed a Master of Arts in Education focus on Leadership in Early Childhood.

I have experience in working with and attending leadership conferences, directors conferences, Head Start meetings, Sate Funded Administrator meetings and several LPC meetings as well as other professional associations necessary to keep abreast of new information. I am very familiar with all ECE related regulations for licensing, Title 5, Head Start, CDE contracts, etc. With these qualifications in consideration, it is my request that you accept my application for placement with the LPC.

Respectfully,

Brenda Brown

Brenda D. Brown

Concord, CA 94521

Objective

Position on the Local Planning Council for Early Care and Education utilizing 32 yrs of demonstrated knowledge and experience with a Title 5/22 child care organization, providing input and support for quality early childhood learning experiences in Contra Costa County and beyond.

Profile

Motivated, personable early childhood professional. Relationship-based interpersonal skills. Diplomatic and tactful with professionals and non-professionals at all levels. Accustomed to handling sensitive, confidential records. Demonstrated history of developing, interpreting, and implementing protocols and mandates associated with managing Early Childhood programs

Flexible and versatile – able to maintain a sense of humor under pressure. Quick and effective learner. Excellent teambuilding skills. Experienced, outspoken and confident.

Skills Summary

- Project Management
 Written Correspondence
- Computer CompetentOrganized
- Problem Solver
- Strong Leadership Skills

Professional Experience - Current Program Director Level Permit (highest level on CDE Matrix)

EXECUTIVE DIRECTOR - 3YRS

- Supervise and mentor staff of 29
- Comply with Title 5, Title 22, California Department of Education, and Federal Head Start Standards and Policies
- Manage multiple funding streams and contracts to keep full-enrollment of services
- Ongoing improvement of program quality via staff development and education practices
- Innovative leadership

SITE SUPERVISOR - 14YRS

- Supervise and mentor staff
- Implement program curriculum and continuity
 - o Implemented major program change of continuity of care system
- Follow all licensing requirments and guidelines
- Create and maintain interactive partnership with enrolled families

MENTOR TEACHER - 3YRS

Served as California Mentor Teacher for Diablo Valley College Early Childhood Program

TEACHER PRESCHOOL PROGRAM -- 14YRS

- Planned and implemented lessons for children and associated paperwork
- Conducted assessments and conferences
- Delevoped and lead teacher training regarding discipline practices resulting in changes in protocol as were related to changes in the field. (IE: no more time out)

Professional Associations

MEMBER: State Funded Administrators Association, California Child Development Administrators Association, National Association for the Education of Young Children, California Associtation for the Education of Young Children, California Early Childhood Mentor Teachers

Education

BRANDMAN UNIVERSITY – CALIFORNIA

Master Degree, 2014 Education - Leadership In Early Childhood

CHARTER OAK STATE COLLEGE -- CONNETICUTT Bachelor Degree, 2005 Individualized Studies on Education and Leadership

LOS MEDANOS COMMUNITY COLLEGE -- CALIFORNIA Associate's Degree in Child Develpment, 1983



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APPLICATION FOR MEMBERSHIP

	renda Brown		
Home Add	ress:C	City: Conc	ordZip:94521
Business/A	Agency/Affiliation: Concord Child Car	e Center,	Inc
Address:	1360 Detroit AveCity:	Concord	Zip: 94520
Type of Or	ganization: Child Care Center	Position:	Executive Director
Day Phone	e: (FAX:(Email: _	
The Count Early Care Twenty per categories	GORIES FOR APPOINTMENT y Board of Supervisors and the Superin and Education Planning Council. Mem rcent of the Planning Council members described below: Child Care Consume ative, Public Agency Representative, ar represent.	bers must li are to be d er, Child Ca	live or work in Contra Costa County. Irawn from each of the following are Provider, Community
	1. Consumer of Child Care Services 36 months. Are you currently utilizing Child Care? Type of Care: Length of Time as a Consumer:	Yes No	Date you last used it:
1	2. Child Care Provider- please check number of children: Licensed family care provider Licensed & publicly funded child Licensed, private for profit, or p non-profit child care center Subsidized Child Care Program License exempt child care prov	d care cente rivate	# of children licensed for
	Location of your facility: 1360 Detroit Ave Concord, CA 94520		Program/Center Name: Concord Child Care Center, Inc
	3. Community Representative : Inclubusiness that advocate for child care be California Department of Education to	out do NOT	provide child care or contract with the
	Organization:		ice Provided:
	Location:	Servi	ice Area:
	4. Public Agency Representative - In Agency:		y, county and local education agencies ice Area:

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: Central
 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:
MAE- Early Childhood Leadership, 32 yrs experience in CDE subsidized childcare programs
Advocate for Quality Early Childhood programs and support for the workforce
Computer and technical skills- proficient with MS Office. MAC and Windows CCDAA Member, Past California Mentor Teacher
I am interested in becoming a Council representative because:
I have been working in the Monument Corridor for over 30 years and have a strong
connection to Contra Costa County in general. I want to be in a place where I can make
a difference and have input on the future for the children and families in CoCoCounty.
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:YesNo
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?

it the Planning Council? Past meetings and past supervisor was on council. Cathy Roof invited me to apply.

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:	3/30/2016	

		Contra Costa County	For Office Date Red		For Rev Accepte	iewers Use Only d Rejected	
BOARDS, C	OMMITTE	ES, AND COMMIS	SIONS APPLI	CATION			
651 Pine Stre Martinez, Ca PLEAS E TY (Each Positi	a County THE BOARD eet, Rm. 106 lifornia 94553-1292 'PE OR PRINT IN I I ion Requires a Se p		U ARE APPLYING FOR				
Local Planning	and Advisory (Council for ECE	Child Ca	re Provider- Ce	entral		
RINT EXACT NAME	OF BOARD, COM	MITTEE, OR COMMISSION		PRINT EXACT SE	AT NAME (if app	licable)	
	Brown	B	Brenda			Dawn	
1 Name						(Middle Na	ame)
1. Name:(Last Name)		(First Name)			(initiale ina	
(Last Name)			ncord	СА	94521	
	Last Name)	(Street)		ncord (City)	Contraction of the second s		
(2. Address:	Last Name)	(Street)	Con		Contraction of the second s	94521	
(Last Name)		Cor (Apt.)		(S	94521	

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

High School Diploma 🗵 G.E.D. Certificate 🔲 California High School Proficiency Certificate 🔲

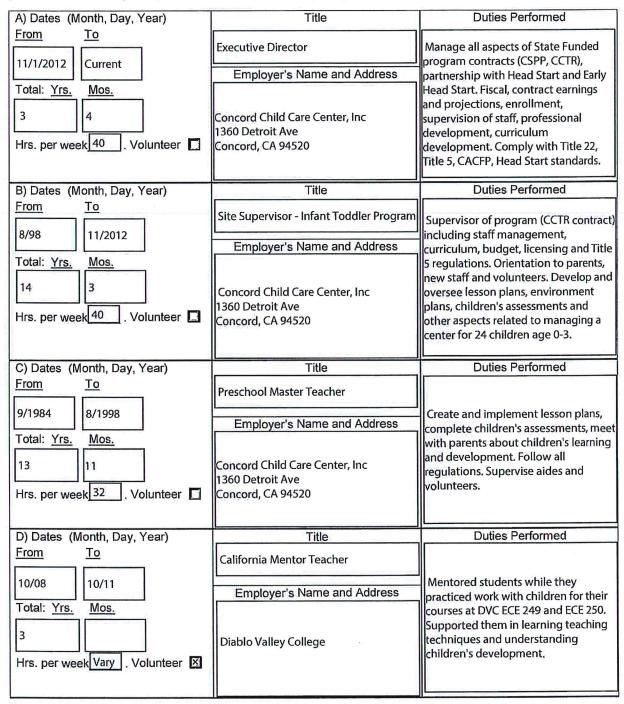
Give Highest Grade or Educational Level Achieved Masters Degree

4

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Cor	npleted	Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Los Medanos College	Child Development	Yes No 🗵	99		AS	5/1983
B) Charter Oak State College	Liberal Studies/ Education	Yes No 🗵	36		ВА	11/2005
C) Brandman University	Education-Leadership in Early Childhood Ed.	Yes No 🗵	30		MAE	12/2014
D) Other schools / training	Course Studied	Hours Co	mpleted	Ce	ertificate Aw	
completed:					Yes No	×
Diablo Valley College	Child Development	5.5 units				

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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.



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7. How did you learn about this vacancy?

CCC Homepage Walk-In Newspaper Advertisement District Supervisor Other Current Member

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:

CSPP QRIS Block Grant through COE

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: 3/30/2016

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.

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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 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.

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April 29, 2016

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

To The Contra Costa County Local Planning and Advisory Council (LPC),

I heard about the LPC opening from Ruth Fernandez and am submitting a letter of interest as per your application requirements.

My interest for the LPC position began the moment I started working as a child care teacher in 1985 while I was attending college and was strengthened when my son was born in 2002. My goal has long been to be supportive of the child care and early education field and work to enhance it from the bottom up. My desire to serve has grown over the years and contributing as a member of multiple state wide California Department of Education committees and taskforces, serving as a member of the Alameda County LPC for several years, being a board member at my sons school (Canyon School in Contra Costa) PTA, serving as a board member on the Child Care Resource and Referral public policy committee and working as a statewide early education advocate for the past 20 years has prepared me to be a valuable LPC member for Contra Costa County.

Taking on one of the most important responsibilities--helping to plan the child care and early education of our Counties families--is not something I take lightly. These are critical times for early education fraught with challenges. I find satisfaction in energetically confronting tough challenges and working collegially to overcome them. In addition to meeting requirements to hold this seat, I feel I can bring many other valuable attributes to this position, such as:

Consensus Builder – Capable of working toward decisions that support established goals and objectives; willing to compromise to achieve those goals

Community Participant – Enjoy meeting a variety of people, comfortable identifying the community's key communicators and reaching out to the community

Decision Maker – Know my own style and am able to recognize others' decision-making styles; can support group decision-making that is in the best interest of the collective whole

Information Processor – Organize priorities and schedules to handle a lot of verbal and written information

Effective Communicator – Able to describe both what I want and what others want; a good listener

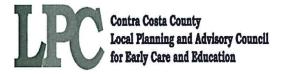
Leader – Willing to take risks, be supportive of the LPC colleagues, LPC staff, community leaders, and our community

Team Player – Will help promote the LPC's vision and goals

I also fully appreciate that the families and children are our ultimate focus. I will work with other LPC members to create a shared vision for our children and familes; build strategic partnerships; sustain the LPC's progress through continuous improvement; adopt and maintain current policies in written format; maintain strong ethical standards; and objectively seek answers to questions and challenges as they arise.

Thank you for your time and consideration. I look forward to your decision about this exciting opportunity.

Eric H. Peterson



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APPLICATION FOR MEMBERSHIP

Name:	Eric Peterson	
Home Addr	ress:City: Oa	kland Zip: 94602
Business/A	gency/Affiliation: <u>Contra Costa Child Care Cou</u>	ncil
Address: 1	035 Detroit Ave City: Concord	Zip: <u>94518</u>
Type of Org	ganization: Child Care Resource and Referral Positio	n: Area Director
Day Phone	:/FAX:(Ema	il:
The County Early Care Twenty per categories	ORIES FOR APPOINTMENT A Board of Supervisors and the Superintendent and Education Planning Council. Members mu- cent of the Planning Council members are to be described below: Child Care Consumer, Child ative, Public Agency Representative, and All O epresent.	ust live or work in Contra Costa County. De drawn from each of the following I Care Provider, Community
	1. Consumer of Child Care Services - using 36 months. Are you currently utilizing Child Care? Yes M Type of Care: Length of Time as a Consumer:	No Date you last used it:
	2. Child Care Provider- please check the typ number of children: Licensed family care provider Licensed & publicly funded child care c Licensed, private for profit, or private non-profit child care center Subsidized Child Care Program License exempt child care provider Location of your facility:	# of children licensed for enter # of children licensed for
x		NOT provide child care or contract with the
	4. Public Agency Representative - Including Agency:	g city, county and local education agencies. 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:

>>> 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? <u>V</u>No Yes Which Committee: What is your participation?

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

Council: Sel Advorati ineals asc (are

I am interested in becoming a Council representative because: Help Children / Famile,

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?

F. How did you hear about the Planning Council?

- Kuth

Signature:

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.

____Date: ____/29/10

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Contra Costa CountyFor Office Use Only Date Received:

For Reviewers Use Only: Accepted Rejected

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

Contra Cos CLERK OF 651 Pine St Martinez, C PLEASE T (Each Posi	ELIVER TO: ta County THE BOARD reet, Rm. 106 alifornia 94553-1292 YPE OR PRINT IN INK ftion Requires a Separate EE OR COMMISSION NAM		OU ARE APPLYING FO	R:	×	
	re Planning Council				<u> </u>	7
	E OF BOARD, COMMITTE	E, OR COMMISSION		PRINT EXACT SEAT NA	ME (if applicable)	
1. Name: Pe	eterson, Eric Henry (Last Name)		(First Name)	÷ • •	(Middl	e Name)
2. Address		Oakland, C/	94602			
	(No.)	(Street)	(Apt.)	(City)	(State)	(Zip Code)
3. Phones:	·			· · · ·	8	a di sina a
	(Home No.)	(Wor	k No.)	(Cell No.)		
4. Email A	ddress:	• 0	2. 		· · · ·	

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

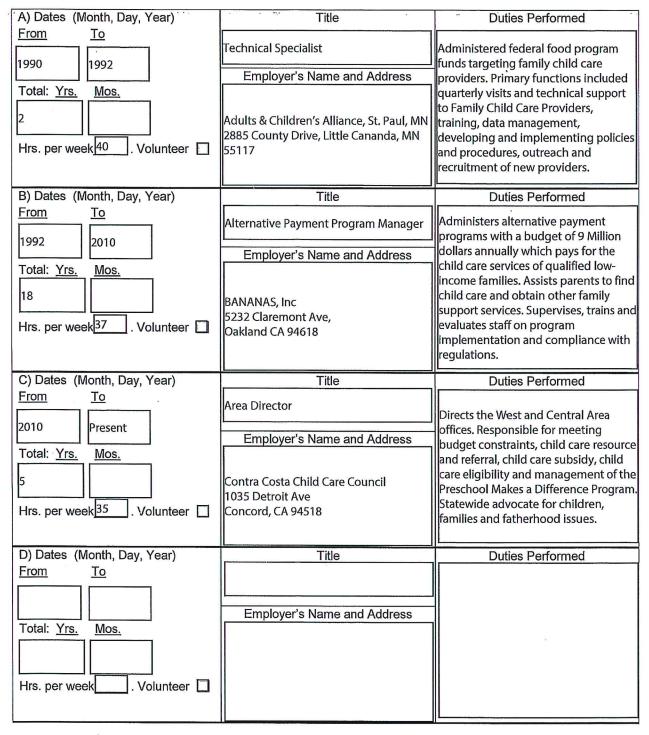
High School Diploma 🗵 G.E.D. Certificate 🗌 California High School Proficiency Certificate 📋

Give Highest Grade or Educational Level Achieved Masters Degree

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Con	npleted	Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Bethel University	Business	Yes No 🗵			ВА	1989
B) Mills College	Education	Yes No 🗵			МА	2010
C)		Yes No	1			
D) Other schools / training completed:	Course Studied	Hours Completed		Certificate Awarded: Yes No		

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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.



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7. How did you learn about this vacancy?

CCC Homepage Walk-In Newspaper Advertisement District Supervisor Other Co Worker

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 X 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 X

If Yes, please identify the nature of the relationship: Our Agency does. I personally do not.

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: _

129/16 Date:

Important Information

- 1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
- 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 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

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Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND I COMMITTEE	HUMAN SERVICES 4.			
Meeting Date:	05/09/2016			
<u>Subject:</u>	Continuum of Care for the Homeless / Health Care for the Homeless			
Submitted For:	_ FAMILY & HUMAN SERVICES COMMITTEE,			
Department:	County Administrator			
Referral No.:	5			
Referral Name:	_ Continuum of Care Plan for the Homeless / Health Care for the Homeless			
Presenter:	Lavonna Martin and Rachael Birch <u>Contact:</u> Enid Mendoza, (925) 335-1039			

Referral History:

This referral to the Family and Human Service Committee was originally made by the Board of Supervisors on December 3, 1996. Since that time, the Health Services Department regularly updates the Committee on the services provided to the homeless.

Referral Update:

Please see the attached reports.

Recommendation(s)/Next Step(s):

ACCEPT the reports provided on the Continuum of Care Plan for the Homeless and the Health Care for the Homeless and DIRECT staff to forward the reports to the Board of Supervisors.

Fiscal Impact (if any):

Informational reports; no fiscal impact.

Attachments

Homeless Continuum of Care Report Health Care for the Homeless Memo Health Care for the Homeless Presentation WILLIAM B. WALKER, M.D. <u>Health Services Director</u> Cynthia Belon, LCSW Behavioral Health Director



CONTRA COSTA BEHAVIORAL HEALTH

HOMELESS PROGRAM 1350 Arnold Drive, Ste. 202 Martinez, California 94553-4675 PH 925 313-6124 FAX 925 313-6761

TO: Family and Human Services Committee, Contra Costa County Board of Supervisors FROM: Lavonna Martin, MPH, MPA, Chief, Homeless Services RE: Annual Report on the Homeless Continuum of Care DATE: May 9, 2016

RECOMMENDATIONS

1. Accept this report from the Health Services Department; and

2. Forward this report to the Board of Supervisors for acceptance; and,

3. Direct Staff to continue to report on an annual basis to the FHS Committee regarding progress of the effort to end homelessness and the activities of Contra Costa Inter-Jurisdictional Council on Homelessness (Homeless Advisory Board).

BACKGROUND

In November 2014, the Board approved "Forging Ahead Towards Preventing and Ending Homelessness: An Update to Contra Costa's 2004 Strategic Plan", that renewed our 2004 plan with the latest data, best practices, and community feedback and reaffirmed our commitment to the Housing First approach. As such, "Forging Ahead" establishes this guiding principle: "Homelessness is first a housing issue, and necessary supports and services are critical to help people remain housed. Our system must be nimble and flexible enough to respond throught shared responsibility, accountability, and transparency of the community." The Strategic Plan Update identifies two goals: 1) Decrease the length of time people experience homelessness by focusing on providing **Permanent Housing and Services** and; 2) Decrease the percentage of people who become homeless by providing **Prevention** activities. To achieve these goals, three strategies emerged:

- 1) Implement a coordinated entry/assessment system to streamline access to housing and services while addressing barriers, getting the right resources to the right people at the right time;
- 2) Use best, promising , and most effective practices to give the consumer the best possible experience through the strategic use of resources; and
- 3) Develop the most effective platforms to provide access, support advocacy, and connect to the community about homelessness and available resources.

The Homeless Program partners with the Homeless Advisory Board and Continuum of Care to develop and carryout an annual action plan that identifies the objectives and benchmarks related to each of the goals and strategies of Forging Ahead. Further, the Homeless Program incorporates the strategic plan goals into its own delivery system of comprehensive services, interim housing and permanent supportive housing as well as contracting with community agencies to provide additional homeless services and housing with the goal of ending homelessness in our community.

Attached is a summary of Key Activities and Accomplishments of the Homeless Continuum of Care for fiscal year 13-14/14-15, as well as the Contra Costa Homeless Continuum of Care Annual Report that provides a summary of program services, outcomes, and consumer demograhics for Fiscal Year 2014-2015.

HOMELESS PROGRAMS KEY ACTIVITIES AND ACCOMPLISHMENTS FY 14-15/15-16

The Homeless Program, partnered/s with the Council on Homelessness, service providers, and other community stakeholders, to implement the following key activities and achieve the following outcomes.

1. Housing and Services

- Thirty-two additional rental assistance vouchers were added to the Continuum of Care.
- Work continues towards the development of permanent supportive housing units for homeless individuals and families on the Concord Naval Weapons Station. The Homeless Program, in concert with the Council on Homelessness, continues to work with the City of Concord to develop a timeline to bring the units on-line.

2. System Governance, Design and Delivery

- Work is in progress to develop a coordinated assessment system to streamline and coordinate program participant intake, assessment and prioritization for housing. The Contra Costa Homeless Continuum of Care has selected the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) as the comprehensive and standardized assement tool and began administering the tool February 2015. Training for all Homeless Service providers was completed 1/15/16.
- The Housing Authority of Contra Costa County has worked with the Council on Homelessness to develop a homeless preference to support "graduates" of permanent supportive housing.
- Work with the Council on Homelessness to draft a governance charter and revise the by-laws for the Contra Costa Council on Homelessness was completed and approved by the Board of Supervisors on 1/19/16. The new Council has 17 voting member seats that reflect a variety of stakeholders needed to address homelessness in Contra Costa.

3. <u>Outreach/Engagement/Community Awareness</u>

- Project Homeless Connect was held in Richmond August 6, 2014. Over 750 participants had access to free services including health care, vision screenings, homeless court, benefits enrollment, and pet vaccinations and also received summer hygiene kits and free transportation to-and-from the event. The next PHC will be held October 13, 2016 at the Contra Costa County Fairgrounds in Antioch.
- The point-in-time count of homeless individuals living on the streets and in shelters was conducted over a three day period in January 2016. Three thousand, five hundred (3,500) individuals were identified as homeless the night of January 27, 2016 in Contra Costa. This is a 6% decrease in the number of individuals counted last year.

4. Funding and Special Initiatives

• Successfully competed for HUD Continuum of Care Program Homeless Assistance funds which brought more than \$11M to Contra Costa homeless service providers.

- Contra Costa was selected to join Zero: 2016, a national campaign coordinated by Community Solutions, to end homelessness for 237 veterans by the end of 2015, and 763 chronically homeless individuals by 2016. To date, 229 veterans have been housed and 250 chronically homeless individuals have secured housing.
- In June 2014, the County Homeless Program completed an analysis of the Cost of Homelessness on the Healthcare System. Using 2013-2014 Fiscal Year data, 6,601 unique individuals were identified as homeless in the Continuum's system of care. Just under half of those individuals (3,170) also utilized mental health, primary health, or alcohol and drug treatment offered through the Contra Costa Health Services Department for a total of **\$45,412,145**. While many consumers incurred few and nominal healthcare expenses, a small minority, twelve percent (12%), of the homeless population that accessed the county health services amassed almost three-quarters of the total county healthcare costs (>\$32M).

CONTRA COSTA HOMELESS CONTINUUM OF CARE



2014-2015 Fiscal Year Annual Report

This report provides a summary of activities, service data, and outcomes for the Contra Costa Homeless Continuum of Care for Fiscal Year 2014-2015. The Continuum of Care is a local planning body - comprised of health and human service providers, members of the faith community, businesses, funders, education systems, and law enforcement - all working in partnership with consumers to develop, organize, and implement a housing and support services delivery system for homeless individuals across the County.

Contra Costa Homeless Continuum of Care

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ANNUAL REPORT SUMMARY - A LETTER FROM THE CHAIR

VISION and CHANGE are the two words that best sum up fiscal year 2014-15 for Contra Costa's Homeless Continuum of Care (the Continuum). The year began amidst a collective re-enVISIONing of the provision of housing and services for all of those who are homeless in Contra Costa County. An unprecedented number and scope of community members took part in this effort, including partner agencies that provide such services, faith and other community members, homeless and formerly homeless individuals, hospitals, police, and local government. An important guiding principle emerged - "Homelessness is first a housing issue, and necessary supports and services are critical to help people remain housed."

The end result of the extensive community discussion and planning efforts was Forging Ahead Toward Preventing and Ending Homelessness - a fresh strategic plan to guide our County's efforts in addressing homelessness in the next decade. The Plan concentrates on goals to increase permanent housing opportunities and preventing homelessness, with three key strategy areas to meet these goals:

- 1) **Coordinated Entry** of homeless people into the systems of care (to streamline the process for clients, effectively address barriers, implement a Housing First approach, and better match clients with the appropriate level of housing and services);
- 2) **Performance Standards** (to systematically evaluate the impact of efforts on clients and integrate evaluation and performance measures with implementation of programs and practices); and
- 3) **Communication** (to increase access, support advocacy, and connect the community with information about homelessness and available resources).

The Continuum invested many hours to conceptualize and develop these three strategies, with guidance from a number of evidence-based and evidence-informed resources. These efforts were aligned with the Contra Costa Council on Homelessness (the Council) **Zero: 2016 campaign** to end veteran and chronic homelessness. This campaign acted as a catalyst to bring new stakeholders to the Continuum's efforts, leverage new resources, encourage greater communication, and use data to inform programming and systems change. And then began the process of actually implementing **CHANGE**! The Council was heavily involved with Zero: 2016 planning and development, roll-out of the Coordinated Entry system, and updating Performance Measures.

This report demonstrates the impact of these efforts. Included is a summary of Continuum-wide outcomes with a brief review of annual Performance Measures as well as process and outcome measures for the various types of programming provided by Continuum partners. As you will see, many Contra Costa residents who were homeless improved their housing and living situations in 2014-2015.

The Council is looking forward to a year of continued successes in the Continuum's ability to meet the needs of our most vulnerable community members. In the 2015-2016 Fiscal Year, the Council will focus on even broader system change to improve housing resources and services across the county.

Teri House, Chair Contra Costa Council on Homelessness

For more information, email <u>homelessprograms@hsd.cccounty.us</u>. *A description of the Continuum of Care and the Council on Homelessness is provided on page 3

THE CONTRA COSTA COUNCIL ON HOMELESSNESS

The Contra Costa Continuum of Care (the Continuum) is a network of providers, agencies, local governments, current and former consumer of services, and community members that coordinate the funding and provision of housing and services for homeless families and individuals. As a cohesive entity, the Continuum provides short-term financial assistance, emergency shelter, transitional housing, permanent supportive housing, substance use disorder treatment and supports, primary care and mental health services, housing navigation, and case management.

The Contra Costa Council on Homelessness (hereinafter referred to as the Council) provides the necessary leadership to ensure that the Continuum implements comprehensive, evidence-informed programming to address homelessness across the county. The Council's fourteen member Executive Board is appointed by the Contra Costa County Board of Supervisors to provide guidance and assist in the development and implementation of long range planning and policy formulation of homeless issues in Contra Costa County. It also serves as an advisory body to Contra Costa Health Services Department's Health Care for the Homeless Program, in compliance with US Department of Health Resources and Services Administration (HRSA) requirements.

The Contra Costa Council on Homelessness provides monthly forums that bring the Continuum of Care together for communication and coordination of the County's Strategic Plan to End Homelessness, education to the community on homeless issues, and advocacy on federal, state, and local policy issues affecting people who are homeless or at-risk of homelessness.



Other service partners: Berkeley Food and Housing, East Bay Community Recovery Project, Monument Crisis Center, and West Contra Costa Unified School District

PROGRAMS AND SERVICES

The Continuum serves thousands of homeless and formerly homeless people of all ages and demographics through the many service providers delivering homeless prevention and intervention programs.

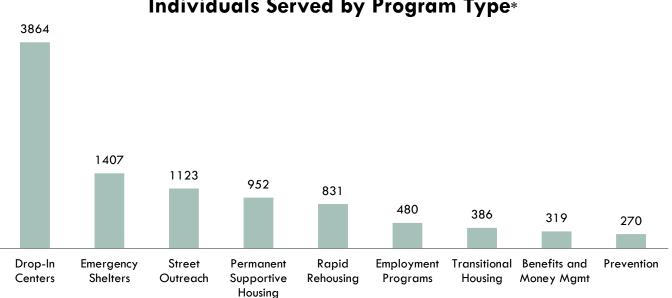
Continuum programs fall under seven different categories.

- Emergency Shelters provide temporary shelter for people that have no safe and healthy sleeping arrangements. Consumers generally come from uninhabitable locations (encampments, streets, or vehicles), are fleeing domestic violence, or lost temporary housing.
- Support Services Only programs include a variety of services to assist homeless individuals get back on their feet and/or simply provide basic health needs. This programming includes Drop-in Centers and Employment Programs.
- Transitional Housing is short-term housing for underage youth and families to get them off the streets and into more stable living environments until permanent housing can be established.
- Rapid Rehousing programs provide financial assistance and services to prevent individuals and families from becoming



homeless and help those who are experiencing homelessness to be quickly re-housed and stabilized.

- Permanent Supportive Housing links long-term, safe, affordable, community-based housing with flexible, voluntary support services designed to help the individual or family stay housed and live a more productive life in the community.
- **Street Outreach** provides basic hygiene supplies, housing and shelter referrals, food, and water.
- Prevention Programs provide short-term financial assistance to help families and individuals stay in their homes and avoid entering homelessness.



Individuals Served by Program Type*

*Individuals utilizing multiple programs are included under each program type.

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PROGRAM OUTCOMES

The Council reviews a variety of metrics to determine program performance across the Continuum. One key metric are the Performance Measures, or outcome measurements required by the US Department of Housing and Urban Development (HUD) to track outcomes in HUD-funded Continuum of Care programming. Performance Measures are critical in understanding areas of improvement and to determine how many consumers are achieving positive outcomes within various types of programming.

2014-2015 System-wide Performance Measures

The Contra Costa County Homeless Continuum of Care established Performance Measures for all types of programming (Emergency Shelter, Transitional Housing, Rapid Rehousing, Support Services and Outreach, and Permanent Supportive Housing). Three of the key Performance Measures are provided below.

27% of consumers in Emergency Shelters exited straight into Permanent Housing 81% of consumers in *Rapid Rehousing* exited to Permanent Housing opportunities; only 9% returned back into homelessness after being placed into Permanent Housing 97% of individuals placed into Permanent Supportive Housing remain in their housing for at least a year; 70% retained for at least 3 years.

Sub-population Outcomes

Additional measurements collected by the Continuum provide a deeper understanding of how consumers move through the system as well as how different populations achieve housing. Movement through the system from no or temporary housing to permanent housing is the best indicator of success. In the 2014-2015 Fiscal Year, we see that consumers, regardless of service type utilized, improve their housing and living situations.

Population	Prior Living Situation	% Exiting to Permanent Housing
Veterans	55% came from encampments; 45% came from emergency shelters or temporary living situations	36%
Chronically Homeless	55% came from encampments; 43% came from emergency shelters or temporary living situations	22%
Minors (under 18 yrs)	Prior sleeping arrangement is not collected for minors	55%

PROGRAM PARTNER HIGHLIGHT

Contra Costa Interfaith Housing Scattered Site Housing



In 2015, Contra Costa Interfaith Housing (CCIH) launched its new scattered-site permanent housing program to provide housing for 48 chronically homeless adults struggling with mental health and other complex issues. In addition to obtaining affordable permanent housing, residents in this program receive intensive support from a mobile service team of case managers and mental health clinicians who visit them in their homes. Case managers partner with residents to set goals specific to their unique needs including from mental health, sobriety, employment, and access to essentials such as food and primary health care. This supportive housing model is cost-effective and successful in preventing high cost emergency room visits, hospitalizations, and incarceration while offering dignity and support to chronically homeless adults.

This is a new housing model for CCIH which already provides permanent housing and/or supportive services at four affordable housing sites which serve more than 1,000 formerly homeless and very low-income Contra Costa residents.

"I enjoy being part of CCIH's program because they helped me acquire housing and assisted me with my educational goals to become an EMT (Emergency Medical Technician). I was paired with a good roommate. Without CCIH I don't know where I'd be." -Cory

For more information about Contra Costa Interfaith Housing, please visit <u>www.ccinterfaithhousing.org</u>.

CONTRA COSTA ZERO: 2016 CAMPAIGN

In January, 2015, Contra Costa joined 70 other communities across the U.S. working to quickly and efficiently reduce the number of veterans and chronically homeless people in need of permanent housing through the national Zero: 2016 campaign organized by <u>Community Solutions</u>. The campaign aims to house all homeless veterans by the end of 2015, and all people who are chronically homeless by 2016.

Guided by the Contra Costa Zero: 2016 Leadership Committee, a sub-committee of the Council on Homelessness, local Zero: 2016 efforts are focused on meeting housing placement goals for homeless veterans, individuals who are chronically homeless, families, and unaccompanied youth through cross-sector collaboration, systems development, and the use of data to drive change and achieve success.

Using a formula offered by Community Solutions, Contra Costa's housing placement goals for veterans and chronically homeless were derived by combining 2015 Point in Time data (see page 11) with a multiplier designed to estimate the number of newly homeless people entering the system each month. Housing



placement goals established for Contra Costa's Zero campaign are to house

- 237 veterans; and
- 763 chronically homeless.

Each month, targets are revised based on the total placements remaining and length of time left to meet the final placement goals. "Zero" will be achieved when the number of homeless individuals and families who are permanently housed each month is equal to or greater than the number of individuals who are entering homelessness.

In 2015-2016, Contra Costa's Zero: 2016 campaign efforts will focus on landlord engagement to address the shortage of housing opportunities for veterans and chronically homeless. Data will also be incorporated into program efforts to better understand the breadth of housing needs and assets in the county. Additionally, the Continuum of Care will establish "by-name" lists that identify each and every veteran and chronically homeless person in the system of care that needs housing.



Contra Costa Zero: 2016 Leadership Committee partner agencies

COST OF HOMELESSNESS ON THE HEALTH CARE SYSTEM

Cities and counties across the United States bear extraordinary financial and social costs related to homelessness and lack of related resources such as health care and prevention. Contra Costa County continues to analyze data from across multiple county programs to determine the cost of homelessness at the local level. Health costs include Primary Health Care (emergency, inpatient, and outpatient), Mental Health Care (emergency, inpatient, and outpatient), Mental Health Care (emergency, inpatient, and outpatient), and Alcohol and Other Drug Services (outpatient and residential).

Using 2013-2014 Fiscal Year data, 6,601 unique individuals were identified as homeless in the Continuum's system of care. Just under half of those individuals (3,170) also utilized mental health, primary health, or alcohol and drug treatment offered through the Contra Costa Health Services Department for a total of \$45,412,145.

88% of

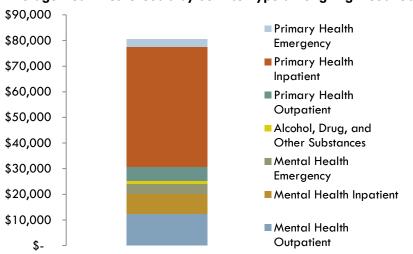
utilizers incurred

29% of

costs

healthcare

While many consumers incurred few and nominal healthcare expenses, a small minority, twelve percent, of the homeless population that accessed the county health services amassed almost three-quarters of the total county healthcare costs. These 12% are referred to as the high-cost consumers in this report and is consistent with other cost studies on homelessness that identifies the top 10-15% of consumers as high-cost users. For this evaluation, high-cost consumers are individuals incurring over \$25,000 in total costs across the three county health services. This cut-off was established after identifying that the majority of the 3,170 consumers (60%) costs less than \$5,000 in medical and behavioral health care costs and a small minority (12%) incurred over \$25,000.



\$13 Million 12

\$32 Million

\$45 Million in Health Care Costs



Among high-cost users, primary health inpatient and mental health outpatient were the greatest expenses; with \$46,729 and \$7,763 in average annual costs respectively.

During 2015-2016, the County will continue to analyze data to incorporate additional costs, including clean- up of encampments along the water canals and emergency services transportation. Analyses will also review service expenses for

consumers that go into Permanent Supportive Housing to understand savings in healthcare and local government once homeless individuals become housed and receive support services. For the full report, click here: <u>Cost of Homelessness Study</u>.

Average Health Care Costs by Service Type among High-Cost Users

FIRST STEPS TO COORDINATED ENTRY

The Continuum continues to design and implement a coordinated entry system that streamlines access to services for homeless consumers in need of housing. The Council established a Coordinated Entry subcommittee to research best and promising practices around coordinated entry, identify a universal screening tool, and develop a Continuum-wide implementation strategy.

The VI-SPDAT (Vulnerability Index-Screening Prioritization Decision Assistance Tool) was adopted by the Council as the evidence-informed tool to identify the appropriate housing type and level of services for homeless individuals based upon their physical and behavioral health needs. The VI-SPDAT is a simple-to-administer that can be completed in the field, over the phone, or in person. The Continuum's efforts with Coordinated Entry included pilot testing the VI-SPDAT and case conferencing for housing placement based on VI-SPDAT scores. Over the past fiscal year, the CoC:

- Launched a CoC-wide pilot of the VI-SPDAT assessment tool
- Designed our coordinated entry process
- Began pilot of Housing Placement Committee to test the referral process
- Identified the need for housing navigators and housing locators to ensure successful placements

During the 15-16 Fiscal Year, Continuum service providers will be encouraged to enter VI-SPDAT scores into the Homeless Management Information System, allowing facilitation of Housing Placement Committee meetings using the assessment scores to identify appropriate housing placements.

What is the VI-SPDAT?

The VI-SPDAT is a "supertool" that combines the strengths of two widely used existing assessments:

- The Vulnerability Index (VI), developed by Community Solutions, is an outreach tool currently utilized in more than 100 communities. Rooted in leading medical research, the VI helps determine the chronicity and medical vulnerability of homeless individuals.
- 2. The Service Prioritization Decision Assistance Tool (SPDAT), developed by OrgCode Consulting, is an intake and case management tool utilized in more than 70 communities. Based on a wide body of social science research and extensive field testing, the tool helps service providers allocate resources in a logical, targeted way.

The VI-SPDAT helps identify the best type of support and housing intervention for an individual by relying on three categories of recommendation: Permanent Supportive Housing, Rapid Re-Housing, or Affordable Housing.

2015 POINT IN TIME COUNT

The 2015 Point in Time (PIT) count was a great example of collaboration and innovation among Continuum partners and community agencies. In past years, the PIT Count was conducted over a one day/night period and PIT surveys were conducted on a sample of individuals. This year's methodology was changed to reflect

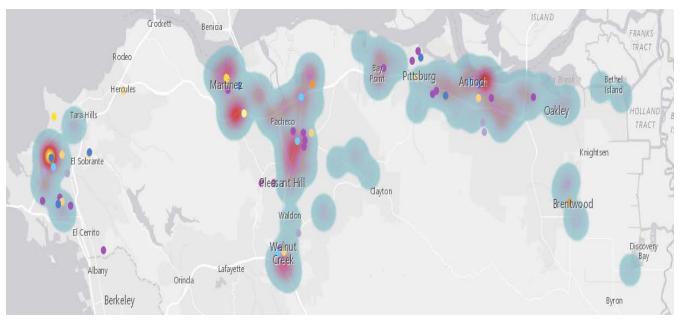
3,715 individuals:

- 1,326 unsheltered
- 704 sheltered
- 1,685 other

"Other" homeless category includes other temporary living arrangements eligible for HUD funded services and would be homeless if not for temporary accommodation they had the night of the count. recommendations made by Housing and Urban Development to extend the number of days volunteers and street outreach teams were in the community, administering a survey to community members at service and community sites, and conducting a full census instead of sampling across the community. These efforts required partnerships with service sites, community organizations, local governments, and about 100 volunteers from the community and partner agencies.

The Point in Time count data is used to both track homelessness trends across the county and to understand funding and programmatic needs to ensure housing and other resources for the community. The PIT numbers also informed goals for the Zero:2016 initiative and helped to set priorities and strategies for ending veteran and chronic homelessness.

Outreach teams documented locations of encampments at the time of the PIT Count. These encampments are identified in the GIS map below.



The <u>full report</u> and a one-page <u>info-graphic</u> are available on the Council website.

Service Locations Shelter

Health

Library

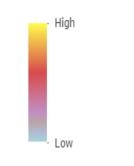
Multi Service Center

Education/employment

Food distribution

Veterans Affairs

Homeless Encampments



RESOURCES AND LINKS

Links provided in this report:

Performance measures Report: <u>http://cchealth.org/homeless/council/pdf/2015-PIT-report.pdf</u>

Zero: 2016 Community Solutions: <u>http://cmtysolutions.org/zero2016</u>

Cost of Homelessness Report: <u>http://cchealth.org/homeless/council/pdf/cost-of-homelessness-in-contra-costa-county.pdf</u>

2015 Point in Time Report: <u>http://cchealth.org/homeless/council/pdf/2015-PIT-report.pdf</u>

2015 Point in Time Infographic: http://cchealth.org/homeless/council/pdf/2015-PIT-infographic.pdf

Council on Homelessness Website: <u>http://cchealth.org/homeless/council/about.php</u>

Please contact the Contra Costa County Homeless Program at <u>homelessprograms@hsd.ccounty.us</u> for more information about this report or activities within the Contra Costa Continuum of Care.

Annual Update on the Homeless Continuum of Care

Contra Costa Behavioral Health



Presentation to the Family and Human Services Committee Contra Costa County Board of Supervisors May 9, 2016



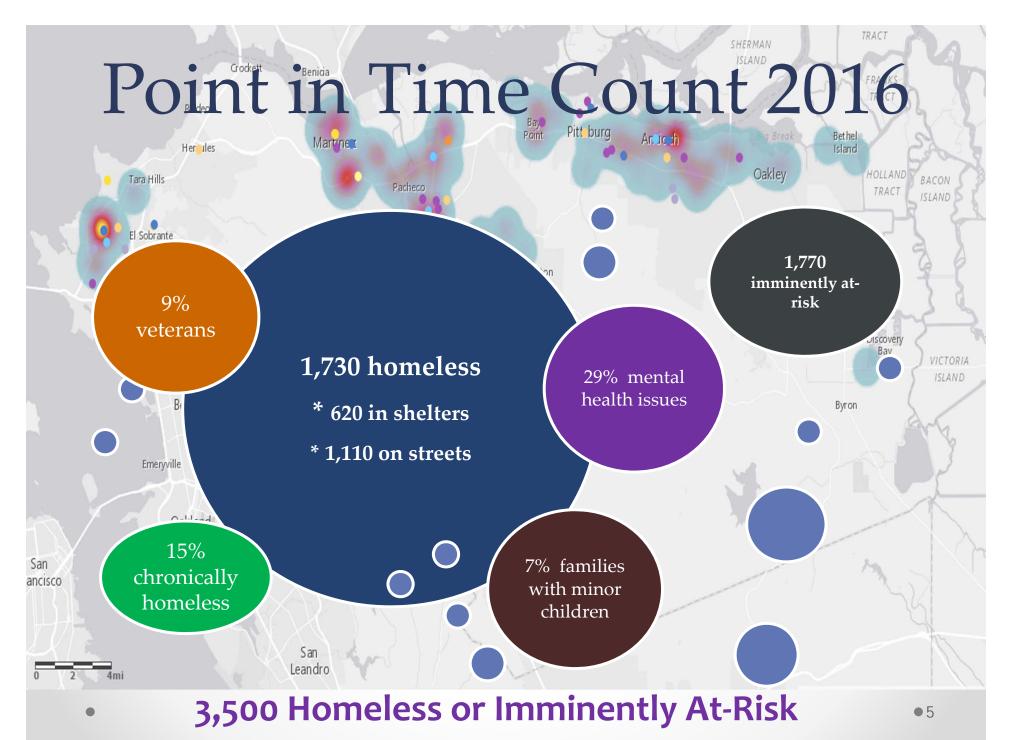
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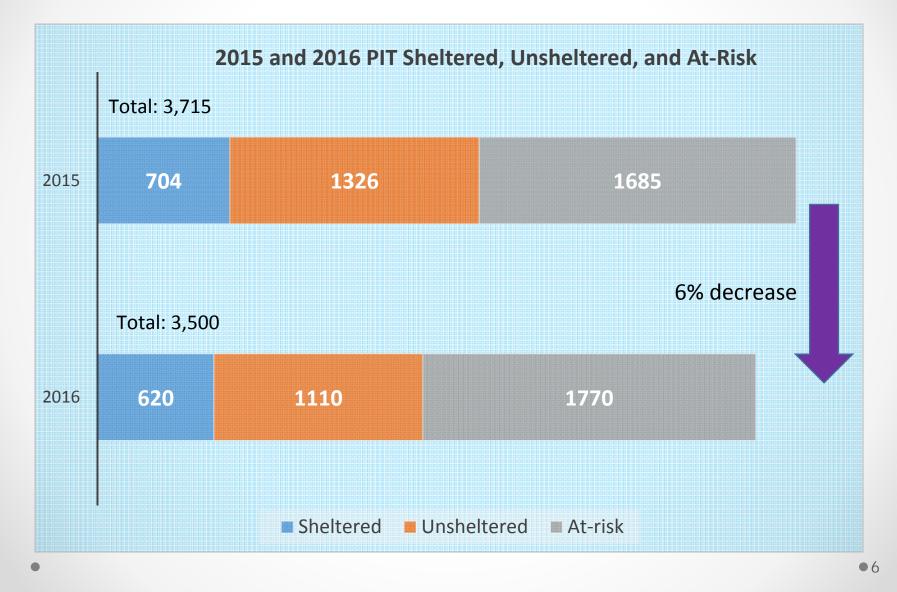
- 17 voting seats
- Representing primary health care, law enforcement, ESG federal programs, County/City government, Housing Authority, faith community, non-profit service providers.
- Executive Board meets monthly. Community forum is convened quarterly.

Continuum of Care Focus FY 14-15

- 1) Defining the need through data
- 2) Service Delivery and Outcomes
- 3) Expanded partnerships
- 4) Systems Change



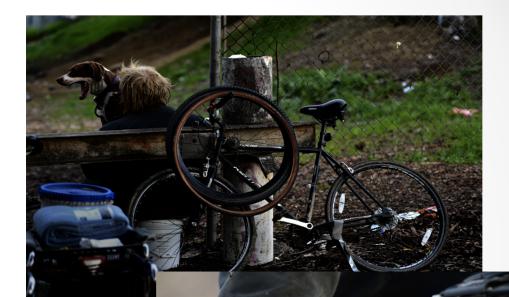
One Year PIT Comparison



An Expanded View

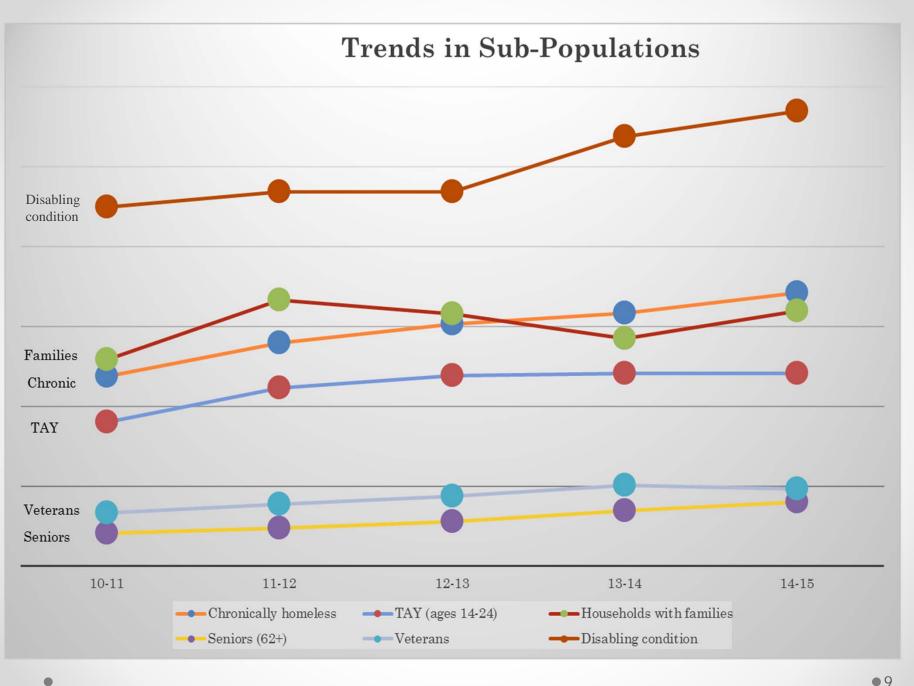
7,597 individuals received shelter, support services, and/or housing assistance FY 14-15.

 5,883 were homeless



Facts about the Population FY14-15

37% are household with childre			5 are en (<18)		% are erans
37% are chronically homeless		30% have a medical / health condition		25% have alcohol abuse issues	
27% have drug abuse issues		mental	nave a health oility		



System-wide Performance Measures FY 14-15

- 27% of consumers in *Emergency Shelters* exited straight into Permanent Housing
- 81% of consumers in *Rapid Rehousing* remained in Permanent Housing; only 9% returned back into homelessness.
- 97% of individuals placed into *Permanent* Supportive Housing remain in their housing for at least a year; 70% retained for at least 3 years.
 - Among those that exit the program, 75% go to other permanent housing opportunities

Cost of Homelessness to Primary and Behavioral Health System

\$45 Million in Health Care Expenditures

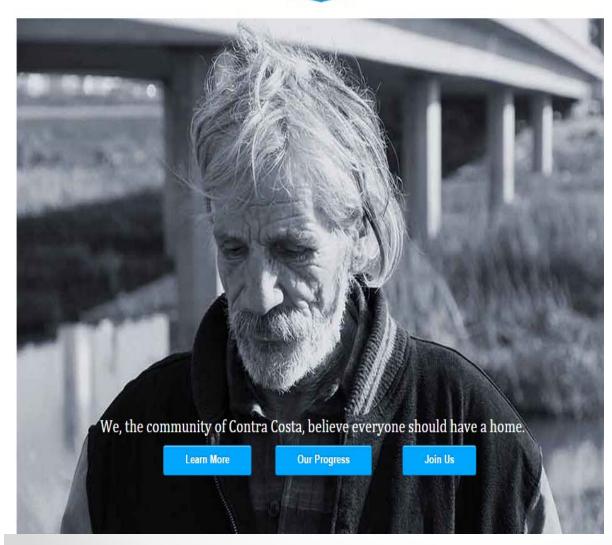
88% of consumers incurred 1/3 of healthcare costs



12% of consumers incurred 2/3 of healthcare

•11



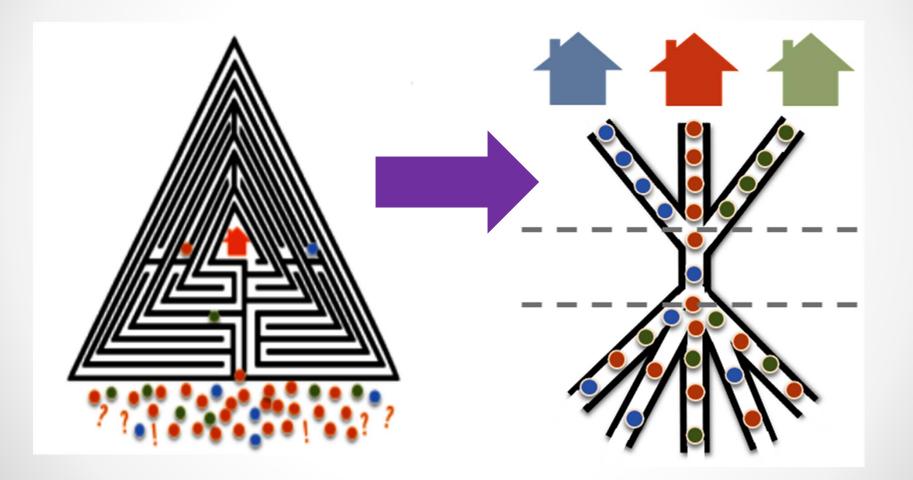


Driving towards functional zero

Since January 2015, we have housed...

- 229 veterans
- 250 chronically homeless

Coordinated Entry Design



•13

Next Years Work

Coordinated Entry Implementation New housing for families and veterans Whole Person Care Housing Security Fund Integrated outreach (including street medicine)

Need to Contact Us?

Lavonna Martin, MPH, MPA Chief, Homeless Program Lavonna.Martin@hsd.cccounty.us

CONTRA COSTA HEALTH SERVICES DEPARTMENT CONTRA COSTA COUNTY

то:	Family and Human Services Committee Members Board of Supervisors	DATE: May 11 th , 2016
FROM:	Rachael Birch, Project Director Health Care for the Homeless	
SUBJECT:	Health Care for the Homeless Annual R	eport

Recommendations

- 1. Accept this report from the Health Services Department; and
- 2. Forward this report to the Board of Supervisors for acceptance; and

3. Direct staff to continue to report on an annual basis to the FHS Committee regarding progress and status of the Health Care for the Homeless Program and to submit an additional written report to the Board of Supervisors, at six-month intervals.

Background

Since 1990, the Health Care for the Homeless (HCH) Program has provided health care services to the homeless population in Contra Costa County through mobile clinics, stationary health centers and the Concord Medical Respite facility. Health care services provided by the HCH team include routine physical assessments, basic treatment of primary health problems such as minor wounds and skin conditions, respiratory problems, TB screening, acute communicable disease screening, coordination and referrals for follow up treatment of identified health care needs, dental services, health education, behavioral health services and outreach and enrollment services. A significant portion of the homeless patients seen by the HCH team have chronic diseases, including asthma, hypertension, diabetes, and mental health/substance abuse issues. They also have disproportionately more dental, substance abuse and mental health needs than the general population.

The clinical team is comprised of a Medical Director, Family Nurse Practitioners, Registered Nurses, Community Health Workers, Dentist, Registered Dental Assistance, Mental Health Specialist, Substance Abuse Counselor, Health Educator and Eligibility Workers. Homeless patients who receive care on one of the mobile clinics are referred into one of the CCHS ambulatory care health centers for primary and specialty care, into County mental health and substance abuse services, and to Contra Costa Regional Medical Center for emergency, inpatient hospital, outpatient surgeries, laboratory and radiology. There are four ambulatory care clinics, located in Antioch, San Pablo, Martinez and Concord, designated specifically for homeless patients to help them transition from the mobile clinic setting into the ambulatory care system. HCH staff members are present at each of these clinics. The HCH Program also has priority scheduling access for homeless patients in all of the CCHS Health Centers.

During 2015, CCHS treated 32,093 homeless patients who generated 166,589 visits.

Table 1 (below) indicates the Board of Supervisor's District where homeless patients reside. If no residential zip code data are available, the zip code where a patient received care is used.

District	2015
I	30.1%
II	2.5%
	36.9%
IV	19.4%
V	11.1%

The attached presentation contains additional demographic information on our Homeless population.

New Actions

The following activities and updates have occurred since the last briefing to the Board of Supervisors on HCH activities:

New Staff

Linae Young, MPH - Senior Health Education Specialist

Linae was added to our team in January 2016 to manage our expanding Health Education program. She is responsible for arranging education classes in our County-run shelters and other community agencies. So far she has implemented Expressive Art Therapy groups, and Diabetes, Substance Abuse, Stress Management and Health Care Maintenance classes at County shelters. Classes and groups have been well-attended and well-received.

New Funding Opportunities

The HCH Program received a Medication-Assisted Treatment (MAT) grant in March 2016 to develop a new program focusing on therapy and treatment for opiate addiction. The HCH Program is currently hiring four Nurses and four Mental Health Providers to provide these services in Antioch, West County and Concord. Services will include group counseling, medication treatment using buprenorphine and case management to assist patients transitioning off opiate drugs.

Narcan Kits

The HCH Program is now providing Narcan units and Narcan training to team members and to community organizations. Narcan is an opiate antidote and can save lives if administered to an overdosing individual.

HIV Testing

The HCH Program is now providing on-the-spot HIV testing in our mobile clinics. HIV testing technology now allows cheek swabs and 20 minute processing. The HCH Program has noticed a very low compliance rate for patients referred to the lab for HIV testing. Due to various barriers or personal reasons, homeless patients do not comply with referrals to obtain a blood test for HIV testing. Providing a simple test in the field, the HCH team hopes to increase HIV screening rates for our population.

Dental Program

The HCH Program has operated a Dental Clinic for almost one year now. Operating at 16 hours per week, the Respite Dental Clinic has been a much needed addition. Homeless people have disproportionally more dental problems than other populations and lack access to dental services. The HCH Program is working on expanding our dental program and recently applied for a funding opportunity to add mobile dental units. There is still a lot of work to be done to meet the large need for dental services among this population.

HEALTH CARE FOR THE HOMELESS (HCH) CONTRA COSTA HEALTH SERVICES

PRESENTATION TO THE FAMILY & HUMAN SERVICES COMMITTEE CONTRA COSTA COUNTY BOARD OF SUPERVISORS

MAY 9TH, 2016

FUNDING FOR HCH SERVICES

 Section 330(h) Public Health Services Act Health Care for the Homeless grant from the Federal Government (BPHC/HRSA) – approx. \$2.7M per year.

NEW FUNDING

Dental Service Expansion – HCH Program operates a Dental Clinic at the Respite Health Center in Concord.

Medication Assisted Treatment – MAT services include Buprenorphine, a medication used to treat opioid dependence

WHAT WE DO?

Primary Care Mental Health Substance Abuse Dental Care **Respite Care Case Management Eligibility Assistance** Patient Education Linkages to larger CCHS systems of care



STRATEGIC PLANNING GOALS

- GOAL 1: Improve Communication within and between Homeless Providers in Contra Costa County.
- GOAL 2: Expand BH integration within the HCH Program
- GOAL 3: Increase preventative services compliance
- GOAL 4: Improve HCH visibility, service alignment and integration within CCHS system
- GOAL 5: Reduce barriers to care and provide comprehensive services to all Homeless clients in County

PATIENT DEMOGRAPHICS 2015

- 46.5% Male
- 53.6% Female
- 8.5% Uninsured (16.7% in 2013)
- 75.4% Medi-Cal (63% in 2013)
- 2% Veterans
- 24.1% Best served in language other than English (22.5% in 2014)

HOMELESS RACE/ETHNICITY

Race	2015	2014
Latino/Hispanic	31.9%	30.2%
White	28.8%	31.2%
Black/African American	18.2%	18%

WHERE ARE PATIENTS BEING SERVED?

District	2013	2014	2015
I	20.6%	24.6%	30.1%
II	2.8%	2.4%	2.5%
III	40.5%	36.2%	36.9%
IV	19.9%	19.5%	19.4%
V	10.4%	10.9%	11.1%

UPDATES

Education Program

- Diabetes, Nutrition, Hypertension, Substance Abuse, Cancer, Health Care Maintenance, Stress Management
- Expressive Art Therapy Groups
- HIV testing
- Narcan kits
- Miller Wellness Clinic



Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND	HUMAN SERVICES COMMITTEE	5.
Meeting Date:	05/09/2016	
<u>Subject:</u>	SNAP/CalFresh (Food Stamp) Program Update	
Submitted For:	FAMILY & HUMAN SERVICES COMMITTEE,	
Department:	County Administrator	
Referral No.:	103	
Referral Name:	SNAP/CalFresh (Food Stamp) Program	
<u>Presenter:</u>	Kathy Gallagher, Employment and HumanContact:Enid MendozaServices Director335-1039	, (925)

Referral History:

The SNAP Program was originally referred to the Family and Human Services Committee by the Board or Supervisors on February 15, 2011.

This program was formerly known as Food Stamps and is the Federal Supplemental Nutrition Assistance Program (SNAP). In California, the name of the program is CalFresh.

Referral Update:

Please see the attached report from the Employment and Human Services Department.

Recommendation(s)/Next Step(s):

ACCEPT the report from the Employment and Human Services Department on the CalFresh program, formerly known as Food Stamps and federally known as the Supplemental Nutritional Assistance Program (SNAP) and DIRECT staff to forward the report to the Board of Supervisors for their information.

Fiscal Impact (if any):

This is an informational report with no financial impact.

Attachments

CalFresh Program Update Report



MEMORAN DUM

Kathy Gallagher, Director

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

То:	Family and Human Services Committee Contra Costa County Board of Supervisors	Date:	May 9, 2016
From:	Rebecca Darnell, Interim Workforce Services Director Kathi Kelly, CalFresh Policy Manager		

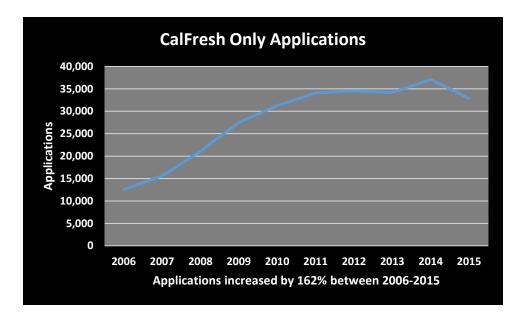
Subject: CALFRESH PROGRAM UPDATE

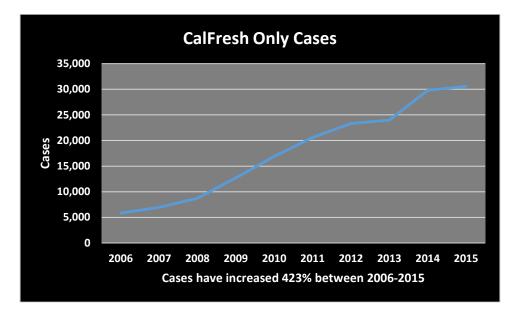
I. <u>Overview</u>

The CalFresh program, formerly known as Food Stamps and federally known as the Supplemental Nutrition Assistance Program (SNAP), was designed to help provide assistance to hungry people, regardless of their age, gender, marital or family status. The program issues monthly electronic benefits that can be used to buy most foods at many markets and food stores.

The CalFresh Program helps to improve the health and well-being of qualified households and individuals by providing them a means to meet their nutritional needs. At the federal level, the program is administered by the United States Department of Agriculture's (USDA) Food and Nutrition Service (FNS). In California, the CalFresh Program is supervised at the state level by the California Department of Social Services and is administered at the local level by the Employment and Human Services Department (EHSD).

Since the Great Recession, we have experienced an unprecedented increase in the number of individuals applying for CalFresh benefits. In 2006, we had approximately 12,554 families applying for aid as compared to 32,851 in 2015. This represents a 162% increase in the number of CalFresh applications received during this period





Over the last ten years, the CalFresh only cases have increased a total of 423% going from roughly 5,846 average cases a month in 2006 to 30,560 average monthly cases in 2015.

Beyond the CalFresh only average caseload of 30,560 in 2015, we also had an additional average of 5,034 Public Assistance cases which represent those households that receive both cash aid (CalWORKs) and CalFresh. This represents a total average of 35,594 CalFresh cases in 2015.

In Contra Costa County, CalFresh puts more than \$10 million in State and Federal Funding into the local economy each month. As indicated by the USDA, research shows that every \$1 provided in CalFresh benefits generates \$1.79 in economic activity. Using the multiplier effect, CalFresh generated \$17.9 million into the local economy in the past year. The return on investment benefits local businesses, landlords, and many service

providers. CalFresh benefits help families stretch their food dollars to buy more healthy foods for the whole family.

The average monthly CalFresh benefit issued in 2006 was \$3,285,939.58 compared to 2015 issuance of \$10,548,167.33. This accounts for an increase of 221% for our households and the local economy.

II. <u>Eligibility for CalFresh</u>

Households that include single individuals, couples, or families are eligible for CalFresh benefits if they meet certain income criteria and legally reside in California. For some CalFresh beneficiaries, eligibility is not asset-based or resource-based which means that their property, such as vehicles, cash on hand, or money contained in bank accounts, is not counted.

The amount of benefits a person receives depends on the number of people in the household who purchase and prepare food together and how much monthly income is left after certain expenses are deducted. Income consists of earned and unearned income. Expenses like rent, utilities, dependent care and certain medical expenses are allowable deductions. For example, a household of one (1) with no income would be eligible to receive \$194.00 a month in benefits and a household of 10 with no income would receive \$1,461.00 a month.

III. <u>Program Accessibility</u>

Over the last several years, in order to make CalFresh benefits more readily accessible to County residents and families, the Department has increased its efforts in working with the Food Bank of Contra Costa and Solano County as well as other community agencies dedicated to the CalFresh-eligible population.

As listed below, these efforts have contributed to the success of our expanding benefits to those in need of food security.

- The application process has been made easier by eliminating the requirement to apply through a face-to-face interview process. A telephone interview is now acceptable at both intake and recertification. A customer may still request a face-to-face interview if they are more comfortable meeting directly with an eligibility worker.
- Use of telephonic signature has begun at locations that have Automated Call Distributions capability such as the Medi-Cal CalFresh Service Center (MCSC). The MCSC will begin with the CalFresh recertification and we hope to expand to the Hercules office for new applications. As we obtain the necessary technology, the use of telephonic signature will be used department wide.
- Applicants can now apply for CalFresh benefits online through My Benefits CalWIN Org portal. Many of our community-based partners have received orientations/trainings on assisting individuals through this online application process. In addition, Community Based Organizations (CBOs) can register their organizations

as vendors in CalWIN. This will allow the CBOs to track the number of applications they register and the number processed each month by the Department.

- A customer can also access benefits through the use of a multi-program single paper application. For example, a customer who applies for, and is found ineligible for, CalWORKs benefits can use this same application (the SAWS 2 Plus) to automatically apply for CalFresh benefits without completing another application.
- In February 2014, the Department of Health Care Services (DHCS) initiated the Express Lane Eligibility waiver program in which certain CalFresh beneficiaries were given MediCal benefits without having to complete and file an application. The waiver was expanded with no known sunset date.
- The statewide Work Incentive Nutritional Supplement (WINS) Program was implemented in Contra Costa County on July 1, 2014. Under the WINS program, CalFresh households who are not in receipt of CalWORKs, but who meet the work participation hours of the Temporary Assistance for Needy Families (TANF) program and have a child in the household under 18, will receive an additional \$10.00 food benefit each month. From July 2014 through March 2016 there is a monthly average of 2,766 households in receipt of this additional benefit.
- Other efforts to increase CalFresh enrollments are outlined in the Outreach section of this report.

IV. <u>Current CalFresh Service Levels and Program Performance</u>

A. Service Levels:

During Program Year 2014- 2015 the monthly average of individuals (families and single) who were in receipt of CalFresh benefits was 73,468. This is a 46% increase from the previous program year.

B. Program Performance:

1. Timeliness Processing Standards

FNS requires states and counties to maintain certain performance measures for the timely processing of CalFresh applications. These measures require that 90% of all applications received be processed within 30 days and requires a three (3) day processing period for those CalFresh applicants determined to require Expedited Services (ES).

We continue to meet the 30 day CalFresh application processing standard of 90%. For PY 2014- 2015, 94.6% of applications received were processed within the 30 day processing requirement. During this same period we reached the 90% processing requirement within three (3) days for those CalFresh ES applications with a 91.72%. The department continues to show improvement in this area as there has been consistency with meeting the 90% standard. For the first three quarters for PY 2015 – 2016 our compliance rate is at 97.32%.

2. Management Evaluation (ME)

As mandated by FNS, the California Department of Social Services (CDSS) is required to conduct a Management Evaluation (ME) review of Contra Costa County's administration of the CalFresh Program. The federal priority areas for the ME for FFY 2014 were Program Access, Customer Service, Timeliness of Application Processing, Payment Accuracy, Quality Control and Training.

While the ME review was to have been held in April 2015, the review was moved up to November 2014 by CDSS to coincide with the federal Local Program Access Review (LPAR) of SNAP scheduled by the federal Food & Nutrition Services (FNS) of the U. S. Department of Agriculture (USDA).

CDSS has requested corrective action in the areas of case reviews, second party reviews, training, program access, and Expedited Services (ES) timeliness which are or have been addressed in the current Program Improvement Response.

Program access is being addressed by providing greater signage in district office lobbies with regard to how to apply for benefits as well as staff promoting the use of the "online" application. There is also an increased focus on ES evaluation and eligibility determination. Policy on application processing timelines is being rereinforced to staff through the use of Monthly Bulletins and CalFresh "Topic of the Month" distributions. There will also be more accountability and monitoring attached to these methods ensuring the training takes place during unit meeting discussions.

The Program Integrity Unit (PIU) which is responsible for gathering and reviewing data concerning CalFresh program standards to ensure service delivery is appropriate will include greater monitoring and coordinating of case record reviews, assessments and error trends. The PIU will be of great assistance in addressing and maintaining performance areas and in their monthly case reviews in which error trends are readily determined and addressed.

The next ME review is anticipated to take place at the beginning of FFY 2016.

3. Local Program Access Review

The Local Program Access Review (LPAR) was conducted by USDA FNS staff during the week of November 17 through November 21, 2014. The last LPAR completed in Contra Costa County was in November 2004.

The focus of the review was on Program Access, Quality Control (QC) and Electronic Benefit Transfer (EBT). The purpose is to identify barriers to the CalFresh Program and to monitor QC operations. This review was occurring at the same time CDSS was conducting the ME noted above.

Most of the findings and observations in the LPAR are similar to the issues identified in the ME which will allow for more streamlined implementation of our Program Improvement Response. Areas to be addressed included application processing with focus on interviews, the ES evaluation and determination process, and wait times in the district offices.

FNS staff were impressed with the cooperation and collaboration of staff and management and noted that the case review findings were not indicative of the quality of work provided in the office.

4. CalFresh Error Rate

Every month for every county, FNS selects a random sampling of CalFresh cases that are to be reviewed for case errors involving miscalculations of income or household composition which result in benefit issuance errors. Our Quality Control Unit reviews those cases that are selected and determines our CalFresh error rate. Based on the number of cases reviewed and the number of errors cited an error rate percentage is then derived.

While the results have not yet been finalized, Contra Costa County's CalFresh error rate is for FFY 2015 is lower than the state and federal tolerance. Preliminary results reflect Contra Costa County ending the FFY with a 2.19% error rate, California is at 3.07% and the Federal rate is at 3.09%.

5. Outside Consultants

In our attempt to improve customer service and performance levels we have hired outside consultants to assess our current business practices. It is anticipated that there will be recommendations that will improve program access and customer service. In addition, a quality control consultant has been hired to review existing practices to improve the Department's Payment Accuracy and Case and Procedural Error Rate.

- The Quality Control (QC) consultant has worked with our IT staff in developing a Case Review Management System tool. This tool will allow the reviewer to go online to complete the case review as well as produce real time data reports. This has been instrumental in allowing the unit supervisors and the Program Integrity Unit to quickly identify error trends so that corrective action can be taken. In addition, the consultant has assisted with our ability to fine tune the QC and QA process with focus placed on the root cause of errors. This has allowed us to mitigate QC errors as well as identify error trends and develop corrective action strategies.
- The Business Process consultant has evaluated our current CalFresh business processes and analyzed data to identify areas for improvement. It was determined that missed appointments are a large barrier for many applicants. EHSD is evaluating options to reduce missed appointments, including providing same day appointments, text appointment reminders, and expanding alternatives to face-to-face interviews such as phone and video conferencing. EHSD is also planning to conduct a pilot in the Antioch office, testing whether extra "hands on" help in the initial stages of the process increases the success rate among new clients. In addition, EHSD is also working to identify

and reduce "churn," which is when clients cycle on and off the program in a short amount of time; specifically, applicants who reapply within three months of their semi-annual report or recertification being due. If those clients were able to maintain continuous enrollment, it would greatly reduce the workload of EHSD staff without an interruption in service for clients. EHSD has begun work in this area, with a first step being the implementation of text reminders to clients when their reports are due.

6. Staffing

The Department is continually evaluating its staffing needs and hiring new staff is an ongoing priority, although the ability to readily fill new and approved vacant positions continues to be a systemic problem within the County in terms of having readily available candidates from which to interview and hire. The County Human Resources Department recently increased staff dedicated to EHSD which we expect will improve our ability to fill positions more quickly.

V. <u>Outreach and Community Partnership</u>

EHSD is proud of our efforts to increase CalFresh participation thereby ensuring that more children, families, and individuals are able to put nutritious food on their tables each day. The Department has convened a CalFresh Partner Group with a goal of increasing enrollment in the County so that 75% of eligible residents are enrolled by May 2016. The partners include the Food Bank of Contra Costa County and Solano, Crisis Center, the Multi-Faith ACTION Coalition, First 5, and Meals on Wheels. This group's strategies are to increase CalFresh enrollment and reach populations with historically lower enrollment. Data is not yet available to test whether the goal has been met. However, it is important to note that CalFresh enrollment has not declined despite an improving economy. What is already clearly a success is forging a path to partner with community organizations on a shared goal; the ability to evaluate and modify processes and procedures, and a mindset that working together is always better.

Successful efforts and key achievements of the group are illustrated as follows:

- <u>CalFresh Enrollment Process Improvements</u>: we are developing new and strengthening existing business processes for helping people enroll in CalFresh. EHSD currently works with the Food Bank of Contra Costa and Solano to train nonprofit staff in CalFresh so they have a better understanding of the program and enrollment process. This enhanced training and knowledge, as well as a more specifically identified EHSD liaison for the Food Bank of Contra Costa and Solano, will not only enhance the quality of training and knowledge in the community, but will strengthen our community partnerships.
- <u>Outreach:</u>
 - The partnership between the Multi-Faith ACTION Coalition, EHSD and the Food Bank of Contra Costa and Solano is working to cultivate community volunteers

who can help people with the CalFresh enrollment process. The Multi-Faith ACTION Coalition has a roster of 60 volunteers who received CalFresh training from the Food Bank. They are now ready to be deployed to nonprofit agencies, places of worship, food distribution sites and shelters to encourage and assist people to sign up for CalFresh benefits.

- o The John Muir/Mt. Diablo Community Health Fund awarded a grant to the Food Bank for CalFresh Outreach. Partnering with EHSD, the Food Bank mailed postcards to households currently receiving MediCal but not CalFresh. The Food Bank also partnered with local school districts to mail to families with children on free/reduced lunch. To date, 939 families have filled out CalFresh applications based on these mailings. Funds were also used to print posters advertising the CalFresh program that are posted in health clinics, food pantries, and other locations where low-income families are likely to visit.
- We are working with the Pittsburg Unified School District (PUSD) to implement AB 402, which would allow information sharing between EHSD and the District so we can reach out to students' families receiving free/reduced lunch and encourage them to apply for CalFresh. Families who opt-in are sent applications to apply for CalFresh, shortening the application process by allowing families to apply without coming in to the office. PUSD has been working with EHSD and the Food Bank by adding a question to their school meal application in order to easily identify families that desire to also apply for CalFresh. The families' information is then sent to EHSD to begin the CalFresh application process. We anticipate working with other school districts within the county in the same manner.
- We are working with Building Blocks for Kids in Richmond to reach out to all of the eligible families in the Iron Triangle neighborhood to assist them in enrolling in CalFresh.
- o <u>Mayoral Outreach</u>

EHSD, Multi-Faith ACTION volunteers, and Ensuring Opportunity conducted an outreach campaign with local Mayors to raise awareness of the CalFresh program and to highlight the program's economic benefit. During May 2015, local Mayors issued CalFresh Awareness Proclamations, posted links to the CalFresh application on their city websites, and advertised the health benefits of the CalFresh program. To engage the Mayors, the CalFresh Partner Group members highlighted the economic benefit the program brings to the local economy.

• We are planning a series of "CalFresh Express" events that will provide an opportunity to process applications and issue same day benefits while in the community. After presenting at the April 2015 Mayor's conference, there is increased interest from cities in partnering with the County on outreach of this type.

The first CalFresh Express took place on June 26, 2015, at the Davis Park Community Center in San Pablo. The event was a true collaboration with the Food Bank and other community organizations. The date was selected as this was the same day that the Food Bank's Community Produce Program truck was at this location. Families in the community were provided with fresh fruits and vegetables on the spot. The UC Cooperative Extension gave out tastings from this produce and promoted healthy eating through various games and activities. Volunteers from the MultiFaith ACTION Coalition reviewed the program's rights and responsibilities with applicants with oversight from EHSD personnel. West Contra Costa Unified School District passed out lunches to children playing in the park. Overall, 74 new applications were taken and 48 (65%) families were approved for benefits.

The next event is planned for April 29, 2016 at the Ambrose Community Center in Bay Point. We anticipate approximately 200 applications to be processed including the availability of issuing same day benefits. We are excited about the same partners participating making this event even more successful for the Bay Point community.

- <u>Technology partnership</u>
 - EHSD is working with Code for America to utilize a mobile application equipped with electronic signature. This will allow the streamlining of preliminary applications through an electronic portal via assistors in our partnering agencies. The Food Bank and EHSD piloted a new application called CLEAN, which is a simplified version of the online CalFresh application that can be used on a tablet, smartphone or laptop. It was designed by Code for America for use by community based organizations. The application takes only about 5-10 minutes to complete and is much simpler for outreach workers in the field. Clients' documents can also be uploaded for submission with the application. The Food Bank continues to use CLEAN (now called 'Get CalFresh'). It has greatly streamlined the application process and makes filling out an online application while in line at a food distribution event more feasible.
 - Read Only Access

To further support Food Bank efforts to assist clients more directly, EHSD is exploring CalWIN read only access for the Food Bank. Once the technology is available, Food Bank staff will be able to look up a clients' case status in real time, remind clients of their appointments, let them know what paperwork they are missing, etc. This should improve timely processing while also saving EHSD staff time. Currently the Food Bank has to contact EHSD staff to get case updates, so this will significantly streamline access to data.

• <u>Marketing</u>

- Volunteers from the Leadership Contra Costa alumni group have expressed interest in helping advertise and market CalFresh to communities with many eligible people. Developing a marketing plan for CalFresh will require studying the issue and applying smart advertising techniques to the challenge of CalFresh enrollment. Leadership Contra Costa has marketing professionals who can help with this work.
- The month of May has been designated "CalFresh Awareness Month" by several other California counties. Working with our community partners, the County Board of Supervisors provided an official resolution and declared May as CalFresh Awareness month in Contra Costa County.
- We are also working with the City of Richmond to have a similar resolution adopted at the next Richmond City Council meeting. We are also working with the cities of Antioch, Pittsburg, Concord, Martinez, and San Pablo on the adoption of this same resolution.

• <u>Community Training on CalFresh</u>

• The EHSD CalFresh Program Analyst conducts "Facts and Myths" training with the Food Bank which takes place three to four times per year with 25 to 30 participants from community organizations in each session. Provided in the training is a CalFresh overview, hands-on outreach application exercise as well as an introduction to Benefits CalWIN.

This training has been a foundation in developing new partners since 2006 and training has been attended by aides of the Board of Supervisors, staff from Food and Nutrition Services (FNS) and regular attendees from WIC, the Monument Crisis Center, La Clinica, Rubicon, Public Health, Head Start and the One Stop Centers.

- EHSD also participates in the Food Nutrition Policy Consortium which is chaired by the Food Bank of Contra Costa and Solano. The group meets to discuss nutrition related events and activities within the county including CalFresh outreach opportunities.
- Over the last four (4) years, EHSD has attended an annual Food Bank Summit which is held on a rotational basis between Contra Costa and Solano Counties. The purpose of the Summit is to educate, inform and update those in attendance on topics such as Nutrition Education, Food Safety, what the Food Bank does, and provide instruction and mandates of USDA on the CalFresh Program. This is a day-long event and is attended by various county department representatives, agencies, and CBOs who work closely with the Food Bank.

o Advocacy

As the CalFresh Partner Group worked at increasing access to increase participation, it was clear that changes at the local, state, and national level would be helpful, or sometimes even necessary, to improve access to CalFresh. Current CalFresh policies limit accessibility, including an application process that can be arduous for residents with young children, those who work traditional hours, those who are disabled, and the elderly. Policy changes that allow residents to apply over the phone, through the mail, or online are recent additions, but work is still needed to make CalFresh as accessible as possible.

In 2016, the CalFresh Partner Group is looking to CalFresh advocacy to increase participation. Several partner organizations have legislative platforms that include CalFresh concerns addressing college student food insecurity, providing supplemental benefits in the summer to families with school-age children, and simplifying the application process by using electronic employment databases to verify income.

VI. <u>Policy Items of Interest</u>

The following changes will have an impact to our CalFresh participation, and/or increase the workload of our staff.

- Effective June 1, 2016, our clients who have "change reporting" requirements (homeless, elderly and or disabled) will change to Semi Annual Reporting. This will allow clients to report only once a year and at recertification. With fewer opportunities to report come fewer opportunities for our clients to be in non-compliance and potentially lose benefits. Notices were sent in December 2015, March 2016 and May 2016 informing these households of this change. In addition, posters have been made for our lobbies advising of this change. Good Cause will be provided for the first year to help those households who are not familiar with the Semi Annual Reporting responsibilities.
- Use of a Single Signature application became effective March 1, 2016. This allows the application process to begin with the initial application submitted. The advantage is that it is no longer necessary to return the Statement of Facts in order to obtain the client signature. This process initiates the start of the 30 day processing timeline with less information upfront than previously received, but it will reduce the need for the client to return to the district office in order for application processing to begin.
- Telephonic Signature

The telephonic signature is a type of electronic signature that uses an individual's recorded spoken signature or verbal assent in place of an actual written signature. The use of the telephonic signature, as part of the application or recertification process, will eliminate the need to mail documents in order to gather a client's ink signature. In addition, by utilizing this process it will also reduce the amount of cases being discontinued for failure to complete the recertification process which will assist with reducing churn. EHSD does not yet have the technology in place to roll out department wide, so we are utilizing existing technologies at locations that operate an

Automated Call Distribution center such as the Health Care Access Center. The MediCal CalFresh Service center will begin to use this process with the recertifications effective May 2016.

• SNAP to Skills

Contra Costa County is currently participating in the SNAP to Skills led by Seattle Jobs Initiative (SJI). The Federal and State CalFresh agencies have contracted with SJI to help selected California counties develop Employment and Training programs.

VII. <u>Important Next Steps</u>

The Department remains committed to providing timely and ready access to CalFresh benefits for those with food insecurity, and in continuing to serve our CalFresh customers in a timely and accurate manner. To this end, we have a continual improvement objective in the areas of outreach, access, enrollment, and services delivery.

Part of this objective is to continue our community outreach efforts and to work even more closely with our community partners to expand access to CalFresh benefits. Expanding access includes our continued rollout of electronic and other alternative means for applying for benefits. We will also continue our efforts to further streamline our CalFresh application and benefits renewal process, and will also continue to work on increasing knowledge and awareness of the CalFresh program throughout and to targeted areas within the County.