



Agenda

FAMILY & HUMAN SERVICES COMMITTEE

November 14, 2016

1:00 P.M.

651 Pine Street, Room 101, Martinez

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

Agenda Items:

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

1. Introductions
2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to three minutes).
3. CONSIDER recommending to the Board of Supervisors the appointments of Fred Adams to the Member-At-Large #1 seat and Summer Selleck to the Member-At-Large #7 seat on the Advisory Council on Aging with terms expiring September 30, 2018, as recommended by the Employment and Human Services Director.
4. CONSIDER receiving the report from the Health Services Department regarding current issues with drug misuse and abuse and the proposed Safe Drug Disposal Ordinance, and recommending to the Board of Supervisors approval of a Safe Drug Disposal Ordinance. (Daniel Peddycord, Public Health Director)
5. CONSIDER accepting the report from the Employment and Human Services Department on Human Trafficking, Commercially Sexually Exploited Children, and the Family Justice Centers and direct staff to forward the report to the Board of Supervisors. (Kathy Gallagher, Employment and Human Services Director; Devorah Levine, Assistant Director Policy and Planning)
6. CONSIDER accepting the report from the Employment and Human Services Department regarding the impacts of technology on access to public benefits and forwarding it to the Board of Supervisors. (Kathy Gallagher, Employment and Human Services Director)
7. The next meeting is currently scheduled for December 12, 2016.
8. 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: 11/14/2016
Subject: Appointments to the Advisory Council on Aging
Submitted For: FAMILY & HUMAN SERVICES COMMITTEE,
Department: County Administrator
Referral No.: N/A
Referral Name: Appointments to Advisory Bodies
Presenter: **Contact:** Enid Mendoza, (925) 335-1039

Referral History:

On December 6, 2011 the Board of Supervisors adopted Resolution No. 2011/497 adopting policy governing appointments to boards, committees, and commissions that are advisory to the Board of Supervisors. Included in this resolution was the requirement that applications for at large/countywide seats be reviewed by a Board of Supervisors sub-committee.

Referral Update:

Staff to the Advisory Council on Aging (ACOA) recruited, interviewed and selected Mr. Fred Adams for the Member-At-Large #1 seat and Ms. Summer Selleck for the Member-At-Large #7 seat of this advisory body. ACOA approved both appointments at their October 19, 2016 meeting.

Recommendation(s)/Next Step(s):

CONSIDER recommending to the Board of Supervisors the appointments of Fred Adams to the Member-At-Large #1 seat and Summer Selleck to the Member-At-Large #7 seat on the Advisory Council on Aging with terms expiring September 30, 2018, as recommended by the Employment and Human Services Director.

Fiscal Impact (if any):

There is no fiscal impact.

Attachments

ACOA Memo and Application for F.Adams

ACOA Memo and Application for S.Selleck

Contra Costa County California
Employment & Human Services

Kathy Gallagher, Director

40 Douglas Dr., Martinez, CA 94553 * Phone: (925) 313-1579 * Fax: (925) 313-1575 * www.cccounty.us/ehsd

MEMORANDUM

DATE: 10/25/2016

TO: Family and Human Services Committee

CC: Victoria Tolbert, Director Aging and Adult Services

FROM: Jaime Ray, Staff Representative for the Advisory Council on Aging

SUBJECT: Advisory Council on Aging – Appointment Requested

The Contra Costa Area Agency on Aging (AAA) recommends for immediate appointment to the Contra Costa Advisory Council on Aging (ACOA) the following applicant: Mr. Fred Adams for Member at Large Seat # 1. The MAL #1 seat is undesignated and has remained vacant since March 29, 2016.

Recruitment has been handled by both the Area Agency on Aging, the ACOA and the Clerk of the Board using CCTV. AAA staff has encouraged interested individuals including minorities to apply through announcements provided at the Senior Coalition meetings and at the regular monthly meetings of the ACOA. The Contra Costa County EHSD website contains dedicated web content where interested members of the public are encouraged to apply and are provided an application with instructions on whom to contact for ACOA related inquiries, including application procedure.

Mr. Adams was interviewed by the ACOA Membership Committee on 8/17/2016 to fill MAL #1 on the ACOA with term ending 9/30/2017. Mr. Adams submitted an application for ACOA membership dated 6/12/2016 that is provided as a separate attachment. At the time of his ACOA Membership Committee selection to fill one of two At Large vacancies there was one other applicant; the ACOA voted to approve Mr. Adams appointment recommendation at their 10/19/16 meeting.

Thank You



Contra
Costa
County

For Office Use Only

Date Received:

For Reviewers Use Only:

Accepted

Rejected

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

MAIL OR DELIVER TO:

Contra Costa County

CLERK OF THE BOARD

651 Pine Street, Rm. 108

Martinez, California 94553-1292

PLEASE TYPE OR PRINT IN INK

(Each Position Requires a Separate Application)

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

Advisory Council on Aging
PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

At Large
PRINT EXACT SEAT NAME (if applicable)

1. Name: Adams (Last Name) Fred (First Name) Thomas (Middle Name)

2. Address: [Redacted] (No.) (Street) (Apt.) (State) (Zip Code)

3. Phones: [Redacted] (Home No.) [Redacted] (Work No.) [Redacted] (Cell No.)

4. Email Address: [Redacted]

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 of Science

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) <u>Santa Clara University</u>	<u>Sociology</u>	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			<u>BA</u>	<u>6/68</u>
B) <u>Childrens Hosp. L.A.</u>	<u>Physical Therapy</u>	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>			<u>Certificate</u>	<u>'72</u>
C) <u>St. Mary's College</u>	<u>Health Admin.</u>	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			<u>Master</u>	<u>1991</u>
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			

THIS FORM IS A PUBLIC DOCUMENT

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

<p>A) Dates (Month, Day, Year) From <u>6/13</u> To <u>Present</u></p> <p>Total: <u>Yrs.</u> <u>Mos.</u></p> <p>Hrs. per week <u>4-6</u>. Volunteer <input checked="" type="checkbox"/></p>	<p>Title <u>Trustee / Vice Pres. / President</u></p> <p>Employer's Name and Address <u>Rossmore Scholarship</u> <u>Box Foundation</u> <u>PO 2056</u> <u>Wichit Creek, CA, 94595</u></p>	<p>Duties Performed</p> <ul style="list-style-type: none"> - Evaluate student performance - Fund raising / Publicity - Policy making / decisions - Executive Board
<p>B) Dates (Month, Day, Year) From <u>1/99</u> To <u>3/2006</u> <u>(retired)</u></p> <p>Total: <u>Yrs.</u> <u>Mos.</u> <u>6</u> <u>6</u></p> <p>Hrs. per week <u>40</u>. Volunteer <input type="checkbox"/></p>	<p>Title <u>Rehab Manager</u></p> <p>Employer's Name and Address <u>Kaiser Permanente</u> <u>Vallejo CA</u> <u>Home Health Dept.</u></p>	<p>Duties Performed</p> <ul style="list-style-type: none"> - Direct pt. care and home assessment - Supervise PT, OT + ST two facilities - Liaison rehab staff with nursing services
<p>C) Dates (Month, Day, Year) From _____ To _____</p> <p>Total: <u>Yrs.</u> <u>Mos.</u></p> <p>Hrs. per week _____. Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Employer's Name and Address</p>	<p>Duties Performed</p>
<p>D) Dates (Month, Day, Year) From _____ To _____</p> <p>Total: <u>Yrs.</u> <u>Mos.</u></p> <p>Hrs. per week _____. Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Employer's Name and Address</p>	<p>Duties Performed</p>

THIS FORM IS A PUBLIC DOCUMENT

7. How did you learn about this vacancy?

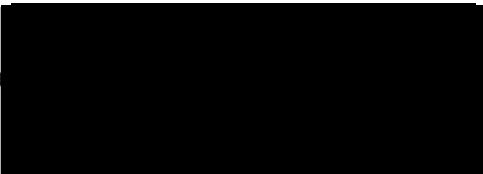
CCC Homepage Walk-In Newspaper Advertisement District Supervisor Other Flyer P.H. Senior Center

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: _____

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

Sign Name



Date:

6/12/16

Important Information

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

THIS FORM IS A PUBLIC DOCUMENT

Contra Costa County California
Employment & Human Services

Kathy Gallagher, Director

40 Douglas Dr., Martinez, CA 94553 * Phone: (925) 313-1579 * Fax: (925) 313-1575 * www.cccounty.us/ehsd

MEMORANDUM

DATE: 10/25/2016

TO: Family and Human Services Committee

CC: Victoria Tolbert, Director Aging and Adult Services

FROM: Jaime Ray, Staff Representative for the Advisory Council on Aging

SUBJECT: Advisory Council on Aging – Appointment Requested

The Contra Costa Area Agency on Aging (AAA) recommends for immediate appointment to the Contra Costa Advisory Council on Aging (ACOA) the following applicant: Ms. Summer Selleck for Member at Large Seat # 7. The MAL #7 seat is undesignated and has remained vacant since August 16, 2016.

Recruitment has been handled by both the Area Agency on Aging, the ACOA and the Clerk of the Board using CCTV. AAA staff has encouraged interested individuals including minorities to apply through announcements provided at the Senior Coalition meetings and at the regular monthly meetings of the ACOA. The Contra Costa County EHSD website contains dedicated web content where interested members of the public are encouraged to apply and are provided an application with instructions on whom to contact for ACOA related inquiries, including application procedure.

Ms. Selleck was interviewed by the ACOA Membership Committee on 9/21/2016 to fill MAL #7 on the ACOA with term ending 9/30/2017. Ms. Selleck submitted an application for ACOA membership dated 6/28/2016 that is provided as a separate attachment. At the time of her ACOA Membership Committee selection to fill one of two At Large vacancies there was one other applicant; the ACOA voted to approve Ms. Selleck appointment recommendation at their 10/19/16 meeting.

Thank You



Contra Costa County

RECEIVED
For Office Use Only
Date Received: JUN 30 2016
CLERK BOARD OF SUPERVISORS
CONTRA COSTA CO.

For Reviewers Use Only:
Accepted Rejected

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

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

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

Advisory Council on Aging

At Large

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: Selleck Summer Cyd
2. Address:
3. Phones:
4. Email Address:

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

High School Diploma [] G.E.D. Certificate [] California High School Proficiency Certificate []

Give Highest Grade or Educational Level Achieved Juris Doctorate

Table with 6 columns: Names of colleges / universities attended, Course of Study / Major, Degree Awarded, Units Completed, Degree Type, Date Degree Awarded. Rows include UCLA, Pepperdine, Western State College of Law, and Other schools / training completed.

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

<p>A) Dates (Month, Day, Year) From <u> </u> To <u> </u> 6/4/2013 Present Total: Yrs. <u> </u> Mos. <u> </u> 3 Hrs. per week <u>60</u> . Volunteer <input type="checkbox"/></p>	<p>Title Sole Proprietor Employer's Name and Address SC Selleck Law 150 N. Wiget Lane, #105 Walnut Creek, CA 94598</p>	<p>Duties Performed Legal</p>
<p>B) Dates (Month, Day, Year) From <u> </u> To <u> </u> 12/012014 Present Total: Yrs. <u> </u> Mos. <u> </u> 2 6 Hrs. per week <u>5</u> . Volunteer <input type="checkbox"/></p>	<p>Title Board Memeber Employer's Name and Address California Women Lawyers 700 R Street Suite 200 acramento, CA 95811</p>	<p>Duties Performed Legislative Committee, Membership Committee, Amicus Brief Committee, Etc.</p>
<p>C) Dates (Month, Day, Year) From <u> </u> To <u> </u> 12/01/2015 Present Total: Yrs. <u> </u> Mos. <u> </u> <u> </u> 7 Hrs. per week <u>2</u> . Volunteer <input type="checkbox"/></p>	<p>Title Board of Directors Employer's Name and Address Contra Costa County Board of Directors 2300 Clayton Rd. Suite 520 Concord, CA 94520</p>	<p>Duties Performed</p>
<p>D) Dates (Month, Day, Year) From <u> </u> To <u> </u> <u> </u> <u> </u> Total: Yrs. <u> </u> Mos. <u> </u> <u> </u> <u> </u> Hrs. per week <u> </u> . Volunteer <input type="checkbox"/></p>	<p>Title <u> </u> Employer's Name and Address <u> </u></p>	<p>Duties Performed</p>

7. How did you learn about this vacancy?

CCC Homepage Walk-In Newspaper Advertisement District Supervisor Other Candice Andersen

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

If Yes, please identify the nature of the relationship:

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

If Yes, please identify the nature of the relationship:

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

Sign Name: [REDACTED] Date: 06/28/16

Important Information

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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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Summer C. Selleck



EDUCATION

Western State University, College of Law-Fullerton, CA

J.D., December 2012

CA State Bar Number: 290247

Pepperdine University School of Education-Malibu, CA

M.A. in Education, Suma Cum Laude, July 2011

University of California, Los Angeles-Westwood, CA

B.A. in History, Cum Laude, June 2007

EXPERIENCE

SC Selleck Law- Concord, CA

Sole Proprietor (2013-present)

- Research and draft memoranda and pleadings for civil and criminal litigation.
- Practice Estate Planning, Probate and Criminal Law.
- Manage client relationships, including explaining legal rights and identifying goals.
- Draft deeds, wills, trusts and contracts.

Rainbow Community Center- Concord, CA

Community Development Liaison (2013-2015)

- Coordinate, plan and lead a variety of informational meetings, events and activities targeted at community involvement and relationship building for the LGBTQ community.

The Law Office of Ora S. Prochovnick- Pleasant Hill, CA

Law Clerk (2012-2015)

- Prepared memoranda and pleadings for family law hearings and litigation.
- Drafted and edited estate planning documents.
- Managed client correspondence
- Drafted application for recognition of exemption under section 501(c)(3) of the Internal Revenue Code

PROFESSIONAL AFFILIATIONS

Contra Costa County Bar Association Board of Directors (2016- Present)

California Women Lawyers, Co-Affiliate Governor - CCCBA Women's Section (Jan. 2015-Present)

Contra Costa County Bar Association, Women's Section, Member-at-Large (Jan. 2014-Present)

Contra Costa County Bar Association, Barrister's Section, V.P. & MCLE Coordinator (Jan. 2014-2016)

Contra Costa County Bar Association, Diversity Committee, Board Member (June 2013- Present)



Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

4.

Meeting Date: 11/14/2016

Subject: Safe Drug Disposal Ordinance Proposal

Submitted For: FAMILY & HUMAN SERVICES COMMITTEE,

Department: County Administrator

Referral No.: N/A

Referral Name: N/A

Presenter: Daniel Peddycord, Public Health
Director

Contact: Enid Mendoza, (925)
335-1039

Referral History:

On April 27, 2010 the Contra Costa Board of Supervisors adopted a resolution supporting Extended Producer Responsibility. It was noted that local governments do not have the resources to adequately address the rising volume of discarded products and that there are significant environmental and health impacts associated with improper management of Universal Wastes, sharps and other products.

In March of 2012, Supervisor Mary Piepho brought forward a resolution to the Board of Supervisors declaring March as “Prescription Drug Abuse Awareness Month”. Comment was made regarding the importance of safely storing and disposing of medications. Subsequently, at an April 28, 2012 Prescription Drug Take Back event, Supervisor Piepho noted that her office was working with County departments to review and evaluate a “Safe Medication Disposal” Ordinance for Contra Costa County.

On March 3, 2015, the Contra Costa County Board of Supervisors issued a resolution recognizing March as Prescription Drug Awareness month to bring attention to the seriousness and significance of deaths associated with the misuse of prescription drugs. Supervisor Candace Andersen referenced the importance of disposing unwanted medications when they are no longer needed and Supervisor Mary Piepho indicated that she hoped the County would soon be able to adopt a safe drug disposal ordinance, following Alameda County's lead in adopting a similar ordinance.

Over the past year staff has worked with the Office of Supervisor Piepho to develop a draft ordinance for safe drug disposal. These efforts have focused on modeling an ordinance that would require the producers of covered drugs to create and pay for a system for the safe and convenient disposal of unwanted prescription drugs, similar to those adopted by other Bay Area counties.

Although this item is not a Family and Human Services (F&HS) referral, it is being presented to F&HS for discussion and further direction prior to presenting the topic to the full Board of

Supervisors.

Referral Update:

Please see the attached staff report and draft ordinance.

Recommendation(s)/Next Step(s):

CONSIDER receiving the report from the Health Services Department regarding current issues with drug misuse and abuse and the proposed Safe Drug Disposal Ordinance, and recommending to the Board of Supervisors approval of a Safe Drug Disposal Ordinance.

Fiscal Impact (if any):

Inspections and audits, including review of plans and annual reports, will be covered by fees paid to the County by participating producers. There is no anticipated impact to the County general fund.

Attachments

Report on Safe Drug Ordinance Proposal

DRAFT Safe Drug Disposal Ordinance



Date: November 14, 2016

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

From: William B. Walker, M.D., Health Services Director
By: Daniel Peddycord, Public Health Director

Re: Safe Drug Disposal Ordinance

Recommendations:

1. Receive report by the Public Health Director on a draft Safe Drug Disposal Ordinance ("Ordinance").
2. Consider referring and recommending approval of the Ordinance to the Board of Supervisors.

Background:

On April 27, 2010, the Contra Costa Board of Supervisors adopted a resolution supporting Extended Producer Responsibility. It was noted that local governments do not have the resources to adequately address the rising volume of discarded products and that there are significant environmental and health impacts associated with improper management of Universal Wastes, sharps and other products.

In March of 2012, Supervisor Mary Piepho brought forward a resolution to the Board of Supervisors declaring March as "Prescription Drug Abuse Awareness Month". Comment was made regarding the importance of safely storing and disposing of medications. Subsequently, at an April 28th, 2012 Prescription Drug Take Back event, Supervisor Piepho noted that her office was working with County departments to review and evaluate a "Safe Medication Disposal" Ordinance for Contra Costa County.



On March 3, 2015, the Contra Costa County Board of Supervisors, again, issued a Proclamation recognizing March as Prescription Drug Awareness month to bring attention to the seriousness and significance of deaths associated with the misuse of prescription drugs. Supervisor Candace Andersen referenced the importance of disposing of unwanted medications when they are no longer needed and Supervisor Mary Piepho indicated that she hoped the County would soon be able to adopt a safe drug disposal ordinance, following Alameda County's lead in adopting a similar ordinance.

Extended producer responsibility (EPR) laws, sometimes referred to as product stewardship laws, assign responsibility for end-of-product life management of consumer products on the manufacturers of those products. Given the parallel increase in the number of prescription drug related overdose deaths, with the dramatic increase in sales of prescription controlled substances, product stewardship is a relevant and essential strategy to protect the public's health. However, there is currently no mandatory statewide drug stewardship program for unwanted household drugs in California.

Over the past year staff has worked with the Office of Supervisor Piepho to develop a draft ordinance for safe drug disposal. These efforts have focused on modeling an ordinance that would require the producers of covered drugs to create and pay for a system for the safe and convenient disposal of unwanted prescription drugs, similar to those adopted by other Bay Area counties.

Scope of the Problem:

The United States is in the midst of an epidemic of drug overdose deaths. From 2000 to 2014 nearly 500,000 people in the US died from drug overdose. In 2013 alone, 16,000 people died from overdose related to opioid pain relievers, a four hundred percent increase as compared to 1999. The significant increase in number of overdose deaths is largely attributed to the misuse of prescription opioids and sedatives. In 2014, 47,055 drug overdose deaths occurred nationally, more than during any previous year on record and opioids, including prescription painkillers and heroin, were involved in 28,647 deaths, or 61 percent of all drug overdose deaths. Overdose deaths involving opioid pain relievers (OPR) are now associated with more deaths than heroin and cocaine combined. The increase in deaths associated with drug overdose has now replaced motor vehicle crashes as the leading cause of accidental death for persons age 25-64.

Drug misuse and abuse resulted in approximately 2.5 million emergency department (ED) visits nationally in 2011. More than 1.4 million of these were related to prescription drugs.

Misuse and diversion of prescription medication is a significant issue. According to the 2014 National Survey on Drug Use and Health administered by the US Department of Health and Human Services, about 15 million people age 12 or older used prescription drugs non-medically in the previous year.

In the United States, prescription opioid abuse costs were about \$55.7 billion in 2007. Of this amount, 46 percent was attributable to workplace costs (e.g., lost productivity), 45 percent to healthcare costs (e.g., abuse treatment) and 9 percent to criminal justice costs.

Contra Costa County:

On March 1, 2016, the Contra Costa Public Health Division Issued a Health Advisory warning of the misuse and abuse of prescription opioids. The advisory was issued to bring attention to a national epidemic of misuse and abuse of prescription opioids and sedatives. The advisory called attention to the need for health care professionals to be aware of the scope of this epidemic and new guidelines for prescribing.

Data from the California Department of Public Health reveal that there were 53 accidental drug overdose deaths in 2003 in Contra Costa County. The number of accidental drug overdose deaths increased to 84 in 2008 and 113 in 2013. In 2014, the majority (72 of the 96) of drug-related accidental deaths reported to the Contra Costa Coroner's Office in 2014 involved prescription drugs.

What we are experiencing in our County is mirrored across the Nation. Information from the Centers for Disease Control and Prevention (CDC) reveals that the death rate from drug overdose has more than doubled since 2000. On a national level, drug overdoses have claimed the lives of nearly 500,000 individuals since 1999. <http://www.cdc.gov/mmwr/pdf/wk/mm6450.pdf>

It is no coincidence that the number of drug overdose deaths reported in the U.S. during 2014 was 140 percent higher than in 2000 (CDC statistic). The increase in deaths parallels a decade long increase in medical prescriptions for opioid pain medication.

According to the CDC, prescription opioid sales in the United States increased by 300 percent between 1999 and 2010. (*CDC Vital Signs MMWR 2011:60(43); 1487-1492.*) Between 1999 and

2013, the number of deaths attributed to opioid pain relievers increased by 400%.

<http://www.cdc.gov/nchs/deaths.htm>

Nationally each year, prescription narcotics result in more fatal overdoses than heroin and cocaine combined. The second leading cause of fatal overdoses are prescription sedatives — medicines like Xanax and Ativan.

Counties, health systems and community partners across the greater bay area are addressing this epidemic. The Alameda-Contra Costa Medical Association, working together with local public health agencies, health insurers, community partners and health care provider organizations have helped local Emergency Departments, Urgent Care Centers and Primary Care clinicians adopt a set of guidelines for prescribing opioids. These guidelines are intended to help balance the need for the treatment of pain with the risk of drug dependency, abuse and addiction. In addition, health systems are expanding the availability of drug treatment programs, medication assisted treatment and drug counseling services.

Safer disposal of prescription medication is also a strategy that aids in reducing the risk of diversion and misuse of prescription drugs. Having ease of access to appropriate methods to dispose of these medications helps to reduce the chance that unwanted medications will be taken by individuals who misuse or are addicted to prescription medications.

In 2010, Congress passed the “Secure and Responsible Drug Disposal Act of 2010” (Public Law No. 111-273), which authorized the Attorney General to increase methods, formerly restricted to law enforcement, by which controlled substances may be collected, including collection at pharmacies. On October 9, 2014, the Drug Enforcement Administration (DEA) promulgated regulations implementing the bill. These regulations, among other things, authorize retail pharmacies to maintain secure collections bins for controlled substances. However, these policies and regulations are permissive, not mandatory. On August 29, 2016, Governor Jerry Brown signed Senate Bill 1229, which protects pharmacies that properly secure drug disposal bins from civil damages.

Only two pharmacies in Contra Costa County have yet to establish drug disposal kiosks for the collection of controlled and uncontrolled medication. One is located in El Cerrito and the other in Walnut Creek. Both are part of a large retail chain, Walgreens, which has expressed interest in supporting safe drug disposal. However, to date, this voluntary model has yet to yield a common or widely available means of disposing of unused prescription medications.

The current solid waste collection system run by the three regional entities, West Contra Costa Integrated Waste Management, Central Costa Sanitation District and Delta Diablo Sanitation District, Central San and Delta Diablo) is also insufficient to dispose of unused prescription pain medication. These entities are focused on the collection of non-controlled pharmaceutical

substances, and according to regulations from the Drug Enforcement Administration (DEA) they cannot legally accept controlled substances, such as prescription opioids or sedatives.

To date, there are only two local law enforcement agencies in the County that accept controlled substances for disposal on a regular basis, those being in Antioch and Pittsburg.

In addition, the DEA host periodic prescription drug take back events. These are often supported by and located at local police or Sherriff stations but are infrequent in nature. Hence, they create an environment where members of the public might hoard their medication vs. disposing of it readily.

To test the interest and need for a more convenient means of safe drug disposal, from the perspective of consumers, the Public Health Division conducted a survey in September of 2016, modeled after a similar one done in Los Angeles County. More than 1,600 individuals responded. Below is a summary:

- 73 percent of respondents reported having unused or left-over prescription medications in their home.
- 94 percent of respondents said that they believe it is inappropriate to dispose of medications in the toilet and 84 percent said the same thing about disposing of medication in the trash.
- 37 percent of respondents said one reason they keep unwanted medications around the home is that there is no convenient means to properly dispose of them. Less than 10 percent said they were saving the medications for a drug take-back event.
- 83 percent of respondents said they would be likely or very likely to dispose of unwanted medications at a pharmacy, while 55 percent said they would be likely or very likely to use a prepaid return envelope.
- 58 percent of respondents selected “take back to pharmacy” as their most preferred option, more than three times the number who preferred dropping them off at a police or sheriff’s office.
- As to why respondents were unlikely to use certain methods to dispose of their unwanted medications, nearly 78 percent said drug take-back events are inconvenient and more than 83 percent said the same thing about household hazardous waste collection facilities.
- 66 percent of respondents indicated that a benefit of removing unused or left-over medications from the home was less chance of misuse of the medication. Less chance of theft

and less chance that children or pets might inadvertently get into them were also selected as reasons to remove unused prescription medication from the home.

The survey results and significance of this public health issue indicate that the currently available disposal measures in Contra Costa County are not sufficient to alleviate the risk of misuse, addiction and death, nor to curb the tide of this national epidemic. It is the view of staff that a similar ordinance is needed here in Contra Costa County.

The counties of Alameda, Marin, San Mateo, Santa Clara, Santa Cruz and Santa Barbara and the City and County of San Francisco have adopted product stewardship ordinances to promote safe drug disposal. So too have King County (Seattle), Washington, and most recently Cook County, Illinois. In addition, Mexico, Brazil, Columbia, a number of Canadian provinces, including British Columbia and Manitoba as well as number of European nations, including France, Spain, Portugal and Belgium have adopted safe drug disposal programs, which are paid for by drug manufactures and operated under product stewardship programs on their behalf.

Features of the draft Safe Drug Disposal Ordinance:

The proposed ordinance would require producers of covered prescription medications to establish and pay for a collection system consisting of the following:

- A minimum of 3 drop-off sites in each of the five supervisorial districts in locations that allow for convenient and equitable access by residents of the unincorporated areas of those districts. If achievement of this standard is not feasible in a supervisorial district, the stewardships program must provide for both of the following additional methods of collection of unwanted covered drugs.
 - A mail-back service
 - Periodic take-back events that are at least 6 hours in length, held a least once per quarter and located in at least three locations in the district.
- Preference is given to having retail pharmacies and law enforcement agencies serve as collectors.
- In addition, mail-back services must be made available to individuals who are disabled or homebound.

If adopted, the Ordinance would require the producer(s) (manufacturer) of a covered drug to submit a product stewardship plan, to the Public Health Officer, describing how they would provide for the disposal options noted above. The proposed ordinance allows for producers to satisfy their stewardship obligation either individually or jointly with other producers, in the form of a stewardship organization. As drafted, the ordinance would require that producers provide notice to

all retail pharmacies and all law enforcement agencies located in the County of the opportunity to participate as collectors.

Covered drugs include prescription drugs but do not include vitamins, herbal-based remedies, cosmetics, non-prescription drugs or personal care items.

Producers would have six months after the effective date of the ordinance to provide the Health Officer with written notice of their intent to participate in a stewardship program. Within 90 days after the Health Officer's approval, the producer shall implement the plan by commencing operations of the approved product stewardship program. In addition to meeting the requirements for number and convenience, the stewardship program will need to describe how the mail-back components of the program are to be administered. Public notice will also be required at the collection sites and advertised in the local media.

The Operators of the Stewardship program(s) are required to submit an annual report noting, among other things, the weight of total drugs collected, a description of public education and promotional activities, the number of mailers provided to county residents, details on transportation of drugs to be disposed and total expenditures of the stewardship program.

The administrative and operational cost of the stewardship program will be the sole responsibility of the participating producers. However, the proposed ordinance does not require a producer to pay for staff time provided by collectors who agree to participate in an approved stewardship program. Revenue from fees paid may only be used to cover the cost of the Health Officer in the performance of investigations, inspections, audits, and administrative enforcement and adjudication.

The drug stewardship program described in the draft ordinance would benefit the public by significantly increasing timely and convenient disposal options for county residents, enabling collection of larger quantities of unwanted drugs and reducing the above risk to public health.

In Summary:

Reflecting on the strong themes from the survey together with the significance of this public health issue, the available disposal measures noted above are not sufficient to alleviate the risk of misuse, addiction and death, or to curb the tide of this national epidemic. There is a glaring lack of (legal) disposal options for controlled substances, which are a contributor to the epidemic of drug overdose deaths in our County. While many nations and multiple counties in California, particularly in and around the Bay Area have adopted Extended Producer Responsibility ordinances for the safe disposals of prescription drugs, to date, the State has not yet provided similar policy. The current environment for safe drug disposal is inadequate, in some examples inappropriate, and is better

Family and Human Services Committee
November 14, 2016

described as a patchwork system vs. a consumer friendly and convenient system of safe drug disposal. For all of these reasons staff recommends consideration of the Safe Drug Disposal Ordinance.

Attachment:

Draft Safe Drug Disposal Ordinance

cc: Randy Sawyer, Director Contra Costa Hazardous Materials
Marilyn Underwood, Director Contra Costa Environment Health
Michael Kent, Hazardous Materials Ombudsman

ORDINANCE NO. 2016- _____

(Safe Drug Disposal)

The Contra Costa County Board of Supervisors ordains as follows:

SECTION I. SUMMARY. This ordinance adds Chapter 418-16 to the Contra Costa County Ordinance Code to establish a stewardship program for the collection and disposal of unwanted prescription drugs.

SECTION II. AUTHORITY. This ordinance is adopted pursuant to Health and Safety Code section 101025 and article XI, section 7 of the California Constitution.

SECTION III. FINDINGS.

- (a) Prescription drugs allow people to live longer, healthier and more productive lives.
- (b) There is a lack of sufficient safe and convenient disposal locations for unwanted prescription drugs in this county.
- (c) As a result, unwanted prescription drugs are often left in homes, where they can be accidentally ingested by children, adults and the elderly, thus increasing their risk of poisoning and death.
- (d) The improper or careless disposal of unwanted prescription drugs can also lead to illegal resales of drugs and drug addiction.
- (e) Nationwide, the drug overdose death rate increased by 137 percent from 2000 to 2014. Nearly 500,000 people died from drug overdoses in that time period. More than 50 percent of those deaths were related to overdoses of prescription drugs, primarily opioids.
- (f) The sales of, and overdose-related deaths from, prescription opioids quadrupled nationwide from 1999 to 2010. From 1999 to 2014, more than 165,000 people died from prescription opioid-related overdoses.
- (g) In Contra Costa County, 75 percent of the 96 accidental drug overdose deaths reported to the Contra Costa County Coroner’s Office in 2014 involved prescription drugs.
- (h) Opioid prescription guidelines have been developed and implemented at emergency rooms throughout Contra Costa County to limit the potential for opioid abuse. However, prescription limitations alone are not enough.
- (i) A survey conducted by the Contra Costa Health Services Public Health Division in 2016 revealed that 73 percent of 1,653 respondents reported having unused or leftover prescription drugs in their homes. Of 1,204 respondents, 43 percent said they hadn’t gotten around to disposing of them, 38 percent said there was no convenient means of proper disposal and 18 percent were uncertain how to properly dispose of them.
- (j) These accumulated drugs pose a serious risk of misuse, abuse and death of residents of Contra Costa County.
- (k) There is currently no mandatory statewide drug stewardship program for unwanted household drugs in California.
- (l) The West Contra Costa Integrated Waste Management Authority, Central Contra Costa Sanitary District and Delta Diablo Sanitation District currently provide collection bins at

locations such as the County hospital, police stations and waste disposal facilities, but only for unwanted drugs that are not controlled substances.

(m) Unused prescription opioids and other controlled drugs, however, may be lawfully collected only by law enforcement and pharmacists, and to date collection options for these types of drugs are very limited. Only two police stations and two pharmacies in Contra Costa County collect unused controlled drugs, and none is located in the unincorporated area. The U.S. Drug Enforcement Administration sponsors take-back events where controlled drugs may be dropped off, but these events are held only a few times each year.

(n) Due to the limitations of these collection options, the above measures do not go far enough to address the risks of misuse, addiction and death from prescription drugs, particularly those drugs that are controlled substances.

(o) Because existing programs to take back unused and unwanted prescription drugs are either too limited or not convenient, establishing the drug stewardship program described in this ordinance is necessary to preserve and protect the health of residents of Contra Costa County.

(p) The drug stewardship program described in this ordinance will benefit the public by significantly increasing convenient disposal options for county residents, enabling collection of larger quantities of unwanted prescription drugs and reducing the above risks to public health.

SECTION IV. Chapter 418-16 is added to the County Ordinance Code, to read:

Chapter 418-16 Safe Drug Disposal

418-16.202 Definitions.

For purposes of this chapter, the following words and phrases have the following meanings:

- (a) “Approved stewardship plan” means a stewardship plan approved by the health officer.
- (b) “Approved stewardship program” means a stewardship program that is described in and operates in accordance with an approved stewardship plan.
- (c) “Collector” means a person or government entity that collects unwanted covered drugs in an approved stewardship program.
- (d) “County residents” means human beings who reside in the unincorporated area of the county.
- (e) “Covered drug” means a prescription drug as defined in subsection 418-16.202(l).
- (f) “Drug” means a drug defined in section 321(g)(1) of title 21 of the United States Code, but does not include any of the following:
 - (1) Vitamins or supplements;
 - (2) Herbal-based remedies and homeopathic drugs, products or remedies;
 - (3) Cosmetics, shampoos, sunscreens, toothpaste, lip balm, antiperspirants, or other personal care products that are regulated as both cosmetics and nonprescription drugs under the federal Food, Drug, and Cosmetic Act (21 U.S.C. § 301 et seq.);
 - (4) Drugs for which producers provide a pharmaceutical product stewardship or take-back program as part of a federal Food and Drug Administration-managed risk evaluation and mitigation strategy under section 355-1 of title 21 of the United States Code;

(5) Biological products as defined by 21 Code of Federal Regulations part 600.3(h) (2015) for which a producer provides a pharmaceutical product stewardship or take-back program; and

(6) Medical devices or their component parts or accessories.

(g) “Drug wholesaler” means a person who engages in the sale or distribution of covered drugs to retailers or other entities located in the unincorporated area of the county but not individual consumers.

(h) “Mail-back service” means a collection method for the return of unwanted covered drugs that utilizes prepaid and preaddressed mailing envelopes.

(i) “Manufacturing” means the production, preparation or compounding of a drug, but does not include the repackaging or relabeling of a drug or the preparation, compounding, packaging, labeling, dispensing or distribution of a drug by a practitioner in the course of his or her professional practice.

(j) “Manufacturer” means a person engaged in manufacturing.

(k) “Pharmacy” means a place licensed by the State of California Board of Pharmacy where the practice of pharmacy is conducted.

(l) “Prescription drug” means a drug as defined in subsection 418-16.202(f) that is required by federal or state law or regulation to be dispensed by prescription only or is restricted to use by practitioners only.

(m) “Producer” means the manufacturer of a covered drug that is sold or distributed in any form in the unincorporated area of the county.

(n) “Retail pharmacy” means a pharmacy licensed by the State of California Board of Pharmacy for the retail sale and dispensing of drugs.

(o) “Stewardship plan” means a written document that describes a stewardship program.

(p) “Stewardship program” means a program operated by or on behalf of a producer that provides for the collection, transportation and disposal of unwanted covered drugs generated by county residents.

(q) “Stewardship organization” means a person designated by a producer to develop or implement a stewardship plan or operate a stewardship program on behalf of the producer.

(r) “Unwanted covered drug” means any covered drug that a county resident has obtained and intends to discard, or has discarded, or has abandoned. (Ord. 2016-___ § 4).

418-16.204 Drug wholesalers.

Within 60 days after the effective date of this chapter, and no later than April 1 of every year thereafter, a drug wholesaler shall submit written notification to the health officer of the names and manufacturers of all covered drugs that the drug wholesaler sells or distributes in the unincorporated area of the county. (Ord. 2016-___ § 4).

418-16.206 Producers.

A producer shall satisfy all of the obligations set forth in this section, either individually, jointly with other producers, or by and through a stewardship organization:

(a) Notice of intent.

(1) Within six months after the effective date of this chapter, a producer shall provide written notice to the health officer of the producer’s intent to participate in a stewardship program.

(2) Within six months after the commencement of sale or distribution in the unincorporated area of the county of a covered drug manufactured by the producer, a producer that has not submitted the notice described in subsection 418-16.206(a)(1) shall submit that notice to the health officer.

(b) Identification of operator.

(1) Within nine months of the effective date of this chapter, a producer shall provide written notice to the health officer of the name of, and contact information for, a person who operates or will operate a stewardship program in which the producer intends to participate.

(2) Within nine months of commencement of sale or distribution in the unincorporated area of the county of a covered drug manufactured by the producer, a producer who has not submitted the notice described in subsection 418-16.206(b)(1) shall submit that notice to the health officer.

(c) Notification to retail pharmacies and law enforcement.

(1) Within nine months after the effective date of this chapter, a producer shall provide written notices to all retail pharmacies located in the county and all law enforcement agencies with jurisdiction in the county of the opportunity to participate as collectors. The notice must explain the process for entering into an agreement to participate in the stewardship program.

(2) Within nine months of commencement of sale in the unincorporated area of the county of a covered drug manufactured by the producer, a producer who has not provided the notices described in subsection 418-16.206(c)(1) shall provide those notices to the designated recipients.

(3) Annually after providing the notices required under subsections 418-16.206(c)(1) or 418-16.206(c)(2), a producer shall provide the same notices to all nonparticipating or new retail pharmacies located in the county.

(d) Plan submission; fee.

(1) Within one year after the effective date of this chapter, a producer shall submit to the health officer a stewardship plan that conforms to the requirements set forth in section 418-16.208, together with payment of a fee established by the board by resolution.

(2) Within one year after commencement of sale in the unincorporated area of the county of a covered drug manufactured by the producer, a producer who has not submitted a stewardship plan under subsection 418-16.206(d)(1) shall submit to the health officer a stewardship plan that conforms to the requirements set forth in section 418-16.208, together with payment of a fee established by the board by resolution. If a producer seeks to participate in an existing approved stewardship program in lieu of commencing a new stewardship program, the plan required by this subsection must be an amended stewardship plan, and the amended stewardship plan must be submitted by all of the producers identified in the amended plan.

(e) Plan implementation.

(1) Except as set forth in subsection 418-16.206(e)(2), within 90 days after the health officer's approval of a stewardship plan under subsection 418-16.210(b), a producer shall implement the plan by commencing operation of the stewardship program described in the plan. Commencement of operations of an approved stewardship program must include:

(A) Establishment of the drop-off sites and mail-back services identified in the approved stewardship plan.

(B) Public notice of the availability of unwanted covered drug collection services through postings at collection sites and advertising in local media.

(2) Changes to an approved stewardship program that are set forth in an amended stewardship plan that has been approved by the health officer under subsection 418-16.212(a)(1) must be implemented by the participating producer(s) within 10 business days after the approval.

(f) Program participation. A producer shall participate in an approved stewardship program by providing for the continued operation of an approved stewardship program in accordance with an approved stewardship plan. (Ord. 2016-___ § 4).

418-16.208 Content of stewardship plans.

A stewardship plan must fully describe a stewardship program. The plan must include all of the following:

(a) Identification of and contact information for each participating producer.

(b) Identification of and contact information for the person who will operate the stewardship program.

(c) Description of a collection system that conforms to Section 418-16.214(a), including a list of all collection methods and collectors, a list of drop-off sites, a description of how any periodic take-back events will be scheduled and located, a description of how mail-back services will be provided and an example of the prepaid, preaddressed mailers that may be used.

(d) Description of a system for transporting and disposing of the collected unwanted covered drugs that conforms to section 418-16.216, including identification of, and contact information for, transporters and disposal facilities to be used.

(e) Description of the policies and procedures to be followed by persons handling collected unwanted covered drugs, including a description of (1) how the collected unwanted covered drugs will be safely and securely tracked from collection through final disposal; (2) how all persons participating in the stewardship plan will comply with all applicable federal and state laws, rules and guidelines, including but not limited to those of the U.S. Drug Enforcement Administration and State of California Board of Pharmacy.

(f) Description of measures reasonably calculated to result in the use by county residents of the collection services to be offered under the stewardship program, such as public education and promotional materials, signage, standardized instructions and establishment of a toll-free number and website where collection options may be publicized.

(g) The short-term and long-term goals of the stewardship program in terms of collection amounts, education, and promotion.

(h) Description of how the stewardship program will consider:

(1) Use of existing providers of pharmaceutical waste services;

(2) Separation of covered drugs from packaging to the extent feasible to reduce transportation and disposal costs; and

(3) Recycling of drug packaging to the extent feasible. (Ord. 2016-___ § 4).

418-16.210 Inspection, approval and rejection of stewardship plans.

(a) Upon submission of a stewardship plan, the health officer will inspect it for the purpose of determining whether it satisfies the requirements set forth in section 418-16.208.

(b) Within 90 calendar days after submission of a stewardship plan, the health officer will either approve or reject the plan. If the plan conforms to the requirements set forth in section 418-16.208, the health officer will approve the plan and provide written notice to the producer of the approval.

(c) If the health officer rejects a stewardship plan, the health officer will provide to the producer written notice of the rejection that includes the reasons for the rejection.

(d) Within 60 calendar days after the date of the written notice of rejection of a stewardship plan for a new stewardship program, the producer shall submit to the health officer a revised stewardship plan that conforms to the requirements set forth in section 418-16.208, together with payment of a fee established by the board by resolution.

(e) If the health officer rejects a revised stewardship plan, each producer identified in the plan is in violation of this chapter and will remain in violation of this chapter until the producer commences participation in an approved stewardship program. (Ord. 2016-___ § 4).

418-16.212 Changes to existing stewardship programs; new programs.

(a) Changes.

(1) Substantive changes may be made to an existing approved stewardship program only with the prior written approval of the health officer. Substantive changes include changes in the location, number or operating hours of drop-off sites or periodic take-back events; changes in collection methods; changes in mail-back service procedures; changes in the policies or procedures to be followed by persons handling collected unwanted covered drugs; changes required in response to federal, state or local laws or regulations; and changes in stewardship program operators or participating producers. Except as set forth in subsection 418-16.206(d)(2), the participating producers identified in the approved stewardship plan shall submit any proposed substantive changes to the health officer in the form of an amended stewardship plan, along with a written explanation of the change(s) and payment of a fee established by the board by resolution. The health officer will approve an amended stewardship plan if it conforms to applicable requirements set forth in section 418-16.208. If an amended stewardship plan submitted to the health officer under this section is rejected by the health officer for non-conformance with the applicable requirements set forth in section 418-16.208, the approved stewardship program may continue to operate in accordance with the approved stewardship plan.

(2) The following non-substantive changes to an approved stewardship program may be made only with 20 days advance written notification by the program operator to the health officer: Changes in location of a collection kiosk within a retail pharmacy; changes in methods of distribution of prepaid, preaddressed mailers used for the mail-back of unwanted covered drugs; changes in contact information for the program operator and participating producers; and changes in the system described in Subsection 418-16.208(d).

(3) Other than the changes described in subsections 418-16.212(a)(1) and 418-16.212(a)(2), changes may be made to an approved stewardship program without the prior approval of or notification to the health officer.

(4) An approved stewardship plan that is changed in accordance with this section will be deemed an approved stewardship plan. An approved stewardship program that is changed in accordance with this section will be deemed an approved stewardship program.

(b) New programs. After implementation of an approved stewardship program, a participating producer may propose the formation of a new stewardship program by submitting to the health officer a stewardship plan that conforms to the requirements set forth in section 418-16.208, together with payment of a fee established by the board by resolution. (Ord. 2016-___ § 4).

418-16.214 Collection of unwanted covered drugs.

(a) Collection system requirements. A stewardship program’s collection system must meet all of the following requirements:

(1) Provide safe and secure collection services within the unincorporated area.

(2) Provide for the operation of at least three drop-off sites in each supervisorial district for the collection of unwanted covered drugs, in locations that allow for convenient and equitable access by residents of the unincorporated areas of those districts, to the greatest extent feasible. If providing for the operation of at least three drop-off sites is not feasible in a supervisorial district, a stewardship program’s collection system must provide for the operation of as many drop-off sites in the district as is feasible, in addition to both of the following methods of collection of unwanted covered drugs:

(A) A free mail-back service that allows for convenient and equitable access by all county residents in the district.

(B) Periodic take-back events that are at least six hours in length and held once per quarter of each calendar year in at least three locations in the district.

(3) Give preference to having retail pharmacies and law enforcement agencies serve as collectors.

(4) Include, as collectors, any retail pharmacy or any law enforcement agency that offers to serve as a collector of unwanted covered drugs and is able to meet the requirements of this chapter within three months of the offer.

(5) Make available free mail-back services to county residents who are disabled or homebound, in a manner that allows for convenient and equitable access to these services by these persons.

(b) Collector requirements.

(1) A collector shall operate a drop-off site in accordance with this chapter and all applicable state and federal laws and regulations applicable to the handling of covered drugs.

(2) A collector shall accept all unwanted covered drugs from county residents during all hours that the collector is normally open for business.

(3) A collector that is not a law enforcement agency shall utilize secure collection bins in compliance with all applicable legal requirements.

(c) Commencement. The collection of unwanted covered drugs under a stewardship program under this chapter may commence only after the stewardship plan under which the program will operate has been approved by the health officer.

(d) Nothing in this chapter shall be construed to require any person or government entity to serve as a collector under a stewardship plan. (Ord. 2016-___ § 4).

418-16.216 Transport and disposal.

(a) All unwanted covered drugs that are collected under an approved stewardship program must be transported only by a person who operates under all required permits and licenses.

(b) All unwanted covered drugs that are collected under an approved stewardship program must be disposed of only at a medical waste facility or hazardous waste facility that operates under all required permits and licenses. (Ord. 2016-___ § 4).

418-16.218 Reporting.

Within six months after the end of the first 12-month period of operation of an approved stewardship program, and annually thereafter, the program operator shall submit a report to the health officer that details the following information about program operations during the reporting period:

- (a) A list of all participating producers.
- (b) The weight of all unwanted covered drugs collected, including the weight of unwanted covered drugs collected using each collection method utilized in the program.
- (d) A list of all drop-off sites.
- (e) The number of mailers provided to county residents.
- (f) The locations where mailers were provided, if applicable.
- (g) The dates and locations of collection events held, if applicable.
- (h) A list of all transporters used.
- (i) A list of all facilities to which the collected unwanted covered drugs were transported.
- (j) Any safety or security problems that occurred during collection, transportation or disposal of unwanted covered drugs, and changes made or proposed to alleviate those problems.
- (k) A description of all public education and promotion activities.
- (l) A description of how collected packaging was recycled to the extent feasible; including identification of the recycling facilities used.
- (m) A discussion of the degree of success in meeting the short- and long-term goals of the approved stewardship program, and to the extent goals were not met, plans to achieve those goals in the next reporting period.
- (n) Total expenditures of the approved stewardship program. (Ord. 2016-___ § 4).

418-16.220 Costs and fees.

(a) The administrative and operational costs of an approved stewardship program will be the sole responsibility of the participating producer(s), except as set forth in subsection 418-16.220(c).

(b) No person may charge a point-of-sale fee or point-of-collection fee to recoup any costs of an approved stewardship program.

(c) Nothing in this chapter shall be construed to require a producer to pay for staff time provided by collectors who agree to participate in an approved stewardship program.

(d) Revenues from fees paid under this chapter may be used only to pay for the costs incurred by the health officer in the performance of investigations, inspections and audits under this chapter and the administrative enforcement and adjudication thereof. (Ord. 2016-___ § 4).

418-16.222 Audits, inspections and investigations.

(a) Audits. The health officer may audit the records of stewardship program for the purpose of enforcing the provisions of this chapter. Upon request of the health officer, the operator of the program shall provide the health officer with access to perform audits of the program's records at reasonable times.

(b) Inspections and investigations. Whenever it is necessary to inspect a drop-off site or other property to enforce the provisions of this chapter, or whenever the health officer has cause to believe that there exists on any property any violation of this chapter, the health officer may enter the property to inspect and gather evidence or perform the duties imposed on the health

officer by this chapter. Entry may be made at any reasonable time upon advance notice to the owner or occupant of the property. If entry is refused, the health officer is authorized to proceed pursuant to Code of Civil Procedure section 1822.50 and following, and pursue any and all other remedies provided by law, to secure entry. (Ord. 2016-___ § 4).

418-16.224 Enforcement.

(a) The health officer will enforce the provisions of this chapter.

(b) If the health officer determines that any person has violated any provision of this chapter, the health officer shall provide written notice of the violation to the person who violated it and provide an opportunity to the person to cure the violation before the health officer takes any other enforcement action authorized by this code. The person shall have 30 calendar days after receipt of the notice, or other time agreed to in writing by the person and the health officer, to correct the violation. (Ord. 2016-___ § 4).

418-16.226 Regulations.

The health officer may propose regulations to make more detailed or specific the provisions of this chapter. The regulations are not effective unless adopted by the board by resolution. Effective regulations will be deemed incorporated into this chapter by this reference. (Ord. 2016-___ § 4).

SECTION V. EFFECTIVE DATE. This ordinance becomes effective 30 days after passage, and within 15 days after passage shall be published in the East Bay Times, a newspaper published in this County. This ordinance shall be published in a manner satisfying the requirements of Government Code section 25124, with the names of the supervisors voting for and against it.

PASSED on _____, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

ATTEST: David J. Twa, Clerk of the Board
of Supervisors and County Administrator

By: _____
Deputy

_____ Board Chair

[seal]

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Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

5.

Meeting Date: 11/14/2016

Subject: Update on the Family Justice Center, Human Trafficking and Commercially Sexually Exploited Children

Submitted For: FAMILY & HUMAN SERVICES COMMITTEE,

Department: County Administrator

Referral No.: 111

Referral Name: Family Justice Center & Commercially Sexually Exploited Children

Presenter: Kathy Gallagher, Employment and Human Services Director; Devorah Levine, Asst. Director Policy and Planning

Contact: Enid Mendoza,
(925) 335-1039

Referral History:

On January 6, 2015, the Board approved referring oversight to the Family and Human Services Committee (F&HS) on the Family Justice Centers and Commercially Sexually Exploited Children initiatives. This became F&HS Referral No. 111.

On June 8, 2015, the Family and Human Services Committee received and approved the report from the Employment and Human Services Department on the Zero Tolerance for Domestic Violence Initiative regarding Human Trafficking - Commercially Sexually Exploited Children and the Family Justice Centers. On July 7, 2015 the Board of Supervisors received and approved this report as recommended by F&HS.

Referral Update:

Please see the attached report.

Recommendation(s)/Next Step(s):

CONSIDER accepting the report from the Employment and Human Services Department on Human Trafficking, Commercially Sexually Exploited Children, and the Family Justice Centers and direct staff to forward the report to the Board of Supervisors.

Fiscal Impact (if any):

No fiscal impact.

Attachments

FJC, CSEC and Human Trafficking Report



EMPLOYMENT & HUMAN SERVICES

MEMORANDUM

Kathy Gallagher, Director

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

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

Date: November 14, 2016

CC: Devorah Levine, Assistant Director

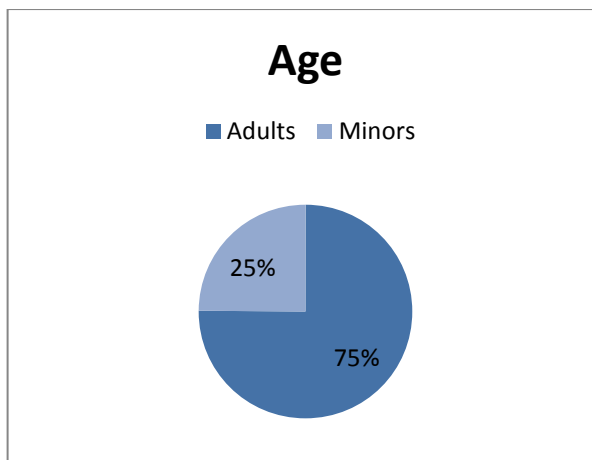
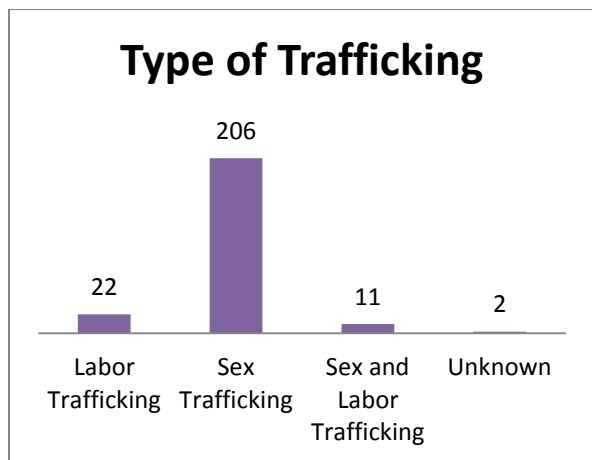
From: Employment and Human Services Department

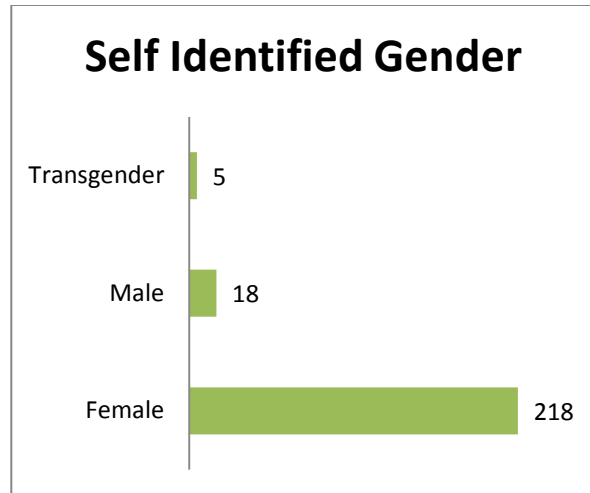
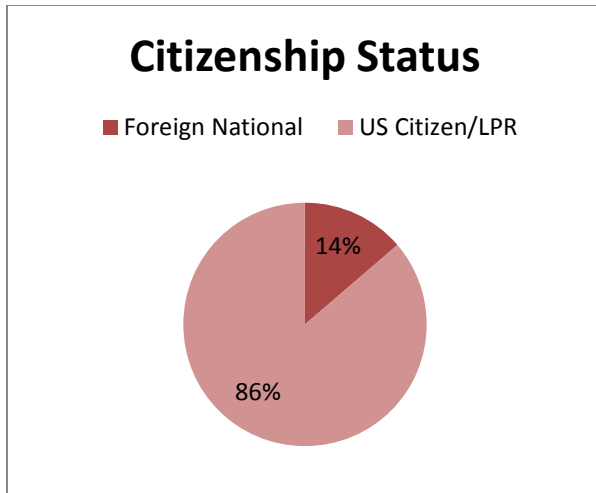
Subject: Update on Human Trafficking and Commercially Sexually Exploited Children & Update on Family Justice Centers

CREATING A SYSTEM OF CARE FOR ALL VICTIMS OF HUMAN TRAFFICKING

Since June 2014, the Zero Tolerance for Human Trafficking Coalition and its partners have continued to build and advocate for a comprehensive system of care. Over 240 victims of human trafficking (through a Federal Office of Victims of Crime grant) have received services. Yet human trafficking is highly under reported and data is hard to come by. Trafficking, by nature, is a hidden crime and victims seldom self-identify. A limited snapshot of data, gathered from six partner agencies including Community Violence Solutions, STAND! for Families Free of Violence, and Calli House is presented below.

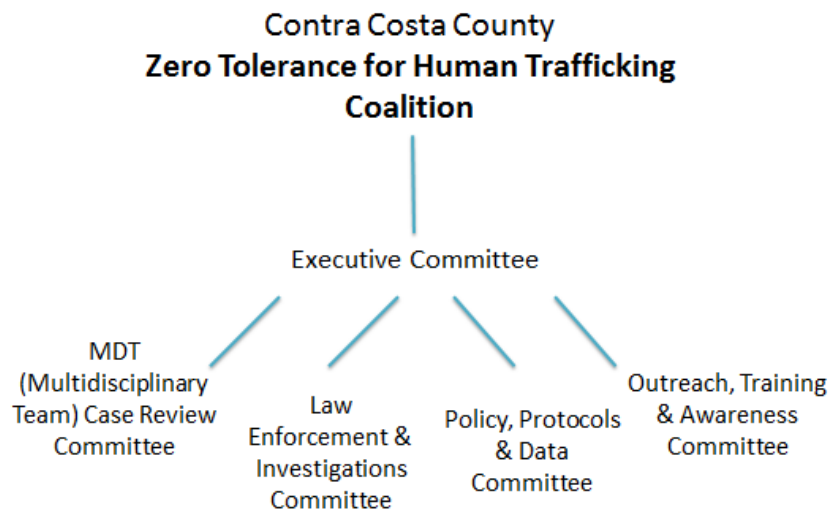
While awareness of sex trafficking increased in Contra Costa County in the last decade, awareness about labor trafficking and male victims is still lacking. This is represented in available data, which reflects mostly female victims of sex trafficking.





Strengthening a Coalition

In order to effectively serve victims, address gaps, and increase both awareness and collaboration, the Zero Tolerance for Domestic Violence Initiative re-structured its Human Trafficking Coalition to better address all aspects of trafficking and partnered closely with Child & Family Services to develop policies and protocols specifically for CSEC. In April 2016 the Coalition restructured and formalized its operations. These changes were made in order to improve outcomes, increase accountability, formalize participation, and ensure alignment with values.



The committees include:

Executive Committee

Goals of this committee include: organize, facilitate, schedule and run coalition meetings; create and manage clear, consistent and coherent messaging about the Coalition and its efforts and; oversee, hold accountable, and provide guidance to committee chairs and members.

Outreach, Education and Awareness Committee

Goals of this committee include: increasing public awareness and understanding of human trafficking in Contra Costa County; creating, coordinating and implementing county-wide outreach campaigns; managing standards of training; and tracking trainings and evaluations of trainings throughout the County

Protocol, Policy and Data Committee

Goals of this committee include: spearheading best practices at the leadership level of County agencies and partner organizations; making policy and legislative recommendations to County (and State) government officials; developing improved data systems; and collecting and analyzing data for trends, gaps, and patterns.

Multi-Disciplinary Team Case Review Committee

In April 2016 Contra Costa County launched its first Human Trafficking Multidisciplinary Team (MDT) to address all forms of human trafficking including, but not limited to, CSEC. The MDT meets monthly at Contra Costa County's Family Justice Centers to review complex human trafficking cases and provide support and resources to help survivors and their families meet their goals. The Human Trafficking MDT has three major goals: 1. Increase services and timely safety planning to survivors of human trafficking, 2. Increase knowledge for MDT partners and staff about services available for survivors and 3. Increase coordination and collaboration among MDT partners.

The MDT is well attended by multiple law enforcement agencies, District Attorney, Probation, service providers/NGO and public/behavioral health representatives. Meetings are engaging and participants leave with immediate resources and referrals for cases. For example: in one case discussion, mental health services were expressed as a need and a local community agency was able to meet with the client the next day to provide such services. Other examples of direct connection and collaboration on MDT cases include legal support, placement support, and job training resources. Participants also report feeling more connected to other services and agencies, as well as an increased knowledge and understanding of resources available to clients.

Law Enforcement and Investigations Committee

The District Attorney's Office began planning for a law enforcement task force in spring 2016. Objectives for this committee are: increase collaboration across law enforcement agencies on investigations and increase multi-disciplinary approaches to combatting human trafficking

RESPONDING TO COMMERCIALY SEXUALLY EXPLOITED CHILDREN

CSE-IT Screening Tool

As a Tier II County, Contra Costa Children & Family Services (CFS) began developing and implementing community wide and Child Welfare specific responses to the commercial sexual exploitation of dependent minors and human trafficking victims as outlined and mandated in SB 855 and SB 794 in spring of 2015.

To assist in identifying CSEC dependent children, CFS partnered with West Coast Children Clinic to pilot their Commercially Sexual Exploitation Identification Tool (CSE-IT) from approximately November 1, 2015 through March 31, 2016. The Permanency and Transition Units, who work with older youth, administered the tool for all youth ten years and older. From May to October of 2015, 135 youth were screened. 37% of those youth were noted as possible concern, or clear concern, in regards to commercial sexual exploitation. CFS has contracted with West Coast Children Clinic to use the CSE-IT in case-carrying units and with the Hotline/Screening Unit. Training has begun (including a Train the Trainer, held in August) and a full rollout in all divisions is anticipated by the end of 2016.

Partnership between CFS & Community Violence Solutions

To address the unique and critical needs associated with CSEC, CFS contracted with Community Violence Solutions (CVS) and Catholic Charities. CVS works county wide to provide case management support to CFS families and CSE children and youth. Catholic Charities is providing clinical Path II services to families and CSE children and youth who do not have an open Child Welfare case but are in need of services. CFS will continue to develop and implement developmentally appropriate, trauma informed, culturally relevant programs and services to address CSE children, youth and their families.

Developing Trauma Informed Approaches

In addition to utilizing best practice responses for our CSE children, youth and families, CFS plans to implement trauma informed approaches for delivery of services among our Child Welfare Social Workers and support staff. CFS is in the process of developing Sanctuary Institute practices. The Sanctuary® Model is a blueprint for clinical and organizational change which, at its core, promotes safety and recovery from adversity through the active creation of a trauma-informed community. The model, based on a recognition that trauma is pervasive in the experience of human beings, forms the basis for the Sanctuary Model's focus not only on the people who seek treatment, but equally on the people and systems who provide that treatment.

CFS CSEC Policy

The development of the CSEC Policy, which includes specific child welfare practices and responses to CSE children and youth, is in process. A CFS Leadership Team meets monthly with a workgroup whose participants include Child Welfare social workers, supervisors, and support staff, as well as a Parent Partner, a drug and alcohol Early Interventionist, and a Domestic Violence Liaison and Staff Development. The purpose of the workgroup is to provide the Leadership Team consultation and feedback in the development of CSEC policies and practices. In addition, an attorney from the Office of County Counsel attended the CSEC Workgroup to provide updated training on the changes made to W&I Code 300b (2).

Policy development for CSEC is being completed in phases. To date, a draft Hotline/Screening and Emergency Response policy and practice have been completed. Once approved in the coming months training and field testing will begin. The next phases of CSEC policy and program development include our Permanency and Transition Units followed by our Court and Continuing Services Units.

We anticipate that the full CSEC Policy will be developed, field tested county wide, and published in final form by June 2017. Lastly, in collaboration with our Continuum of Care Reform Initiative, we are developing a model for the Child and Family Team Meetings that will address children and families exposed to commercial sexual exploitation. This model will be in place on January 1, 2017.

In the meantime, the Leadership Team provides ongoing case consultation to Social Workers and Supervisors. The team continues attending Unit meetings, Division meetings and CFS leadership meetings to inform CFS staff of our progress as well as present updated information on service delivery options. We continue to provide information and support to encourage Social Workers to nominate CSE children and youth to the CSEC MDT.

In order to build a fully robust and complete system of care for CSEC within the Child Welfare system, there needs to be full time staff dedicated to the issue and program. We are exploring our options to accomplish this given our resources.

DEVELOPMENT OF CONTRA COSTA FAMILY JUSTICE ALLIANCE

Recently, Zero Tolerance led and completed a planning process to establish a network of Family Justice Centers, now known as the Contra Costa Family Justice Alliance. The Alliance provides a formalized structure for shared governance and sustainability of the Contra Costa Family Justice Centers. There are currently two Centers: the West Center in Richmond started as a pilot in 2011 and moved to its permanent site in June of 2015; and the Central Center in Concord opened its doors in March of 2015. Planning for a third center to serve victims of violence and their families in the eastern regions of the county is underway.

FAMILY JUSTICE CENTER ACCOMPLISHMENTS TO DATE:

People Served

Between October 1, 2015 and September 30, 2016, the Family Justice Centers provided services to 1,756 individuals who experienced interpersonal violence, exceeding our goal of 1,500 people. Services impacted 1,440 children living with these clients. We provided comprehensive and integrated services while working together with 17 on-site partners at the West Center and 19 partners at the Central Center. On-site partners include 7 law enforcement partners, 2 public agencies and 20 community based organizations.

In 2016, FJC added critical services in response to our clients' needs. In partnership with RotaCare Richmond, we offer free medical services at the West Center. Through Lawyers for Family Justice, we provide free or low cost legal services to clients. Our newest on-site partner is COPE Family Support Center which provides evidence-based Triple P parenting classes at our West Center.

Demographics of our clients are as follows:

- 76% of our clients are between ages 25 and 59; 10% are between 18 and 24; and 9% over 60.
- 40% of our clients are Latino, 22% White, 18% African American, and 8% Asian.
- 80% of our clients seek services related to domestic violence, 12% sexual assault, 7% child abuse and 5% elder abuse.
- 65% report monthly income of \$2,000 or less.
- 91% of our clients are female.
- 17% of our clients have no health insurance, and 40% are on MediCal or emergency MediCal (undocumented).
- 16% reported that they are disabled.
- 25% do not speak English.

Our work at the Family Justice Center is so gratifying because our clients inspire us with their determination, courage and hope. One recent case highlights the effectiveness of our one stop model: Charlotte came to us after spending three weeks in the hospital with multiple rib fractures inflicted by her boyfriend. While at the hospital, she met with a police detective (who works at our Center) who encouraged her to come to our Center. Charlotte met with a Navigator, who connected her to 5 different resources: she obtained help in getting a civil restraining order through one of our attorneys; was connected to a domestic violence advocacy partner who offers support groups; applied for public benefits; obtained information about the criminal prosecution process; and started the Victims of Crime compensation process.

Impact

The intended outcomes of our work are demonstrated in three areas: coordinated seamless services for victims of interpersonal violence (IPV); capacity building and partnership support; and building supportive and knowledgeable community.

Coordinate Integrated Services

We organize our services into two groups: crisis support and long term safety. Crisis support services are coordinated through our Navigators, who connect clients to services they need to leave their abusive situations or deal with their present crisis. After dealing with crisis, we offer services to get our clients to long term safety and independence by working on four domains: health, education and training, wealth and community.

- The number of IPV clients served (1,756) increased, compared to the previous one-year period.
- We expanded our partnership by adding more on and off site partners.
- Out of the 778 clients who filled out client survey, 96% were satisfied with the services, 98% felt safe and comfortable at the Center, and 98% would recommend the Center to a friend in need.
- Per the Concord police department, domestic violence related assaults went down by 20 percent while reports of domestic violence restraining orders (DVRO) went up by 20%. The latter indicates that victims are more knowledgeable about DVRO's and more readily report DVRO violations.
- Our Women INspired to Grow and Succeed (WING) program completed 2 6-week series with 19 participants. Each participant created her own resume. Each received a

library card. 3 became Family Justice Center clients, and 1 became a Community Fellow after a rigorous selection process.

Capacity Building and Partnership Support

Our capacity building and partnership support strategy includes monthly multidisciplinary team (MDT) case reviews of high danger domestic violence and human trafficking cases and law enforcement training coordination. In addition, through the Family Justice Institute, we offer trainings and workshops to educate service providers and the public about issues related to IPV.

- Of the 33 partners who completed partner surveys in July 2016, 78% stated that they could connect clients to more resources, compared to 68% who shared that view in July 2015. 90% stated that they understood our shared vision and how their organization contributed to it, and 87% felt a sense of community at the Center.
- Each month, about 20 agencies participate in the DV MDT meeting and review 2 to 4 cases per meeting. Of the reviewed cases, 95% of victims were women, 90% had children and 50% were still married to their abusers. On average, each victim was connected to 4 different resources during the meeting. 10 out of 11 partners surveyed said that they learned something new by attending the DV MDT, and 55% reported that their victim was connected to another partner agency as a result of the DV MDT.
- In one year, the Family Justice Institute offered 13 workshops, attended by 341 individuals. We developed these workshops in response to training needs identified by our partners. The topics include IPV 101, Human Trafficking 101, child abuse mandating reporting, elder abuse and DV restraining orders, cycles of violence and supporting LGBTQ survivors.

Community Building

We strive to support resident-centered and community-based prevention strategies. We aim to engage residents and foster their ownership of the Family Justice Center, build on community assets, and improve connections among residents, public agencies and non-profit organizations. Our Community Fellowship Program has advanced this approach, engaging 10 local resident survivors with leadership development training and opportunities for 10 months. In turn, our Community Fellows have brought community input and survivor insight to our work. They have been involved in every facet of our work and have made significant contributions. Here are three examples:

- Fellows noticed that children sitting in waiting room were grabbing our flyers and drawing all over them. At their suggestion, we now have coloring paper and markers that we provide to children waiting in the lobby.
- Fellows identified as one deterrent to obtaining services the fear that if parents report domestic violence their kids will be automatically taken away. This inspired a Family Justice Institute training in January where experts from Children and Family Services and Legal Aid Society Juvenile Dependency Program walked attendees through the CFS process.
- Fellows have shared that the reason more people don't come into our Center is that many families need the support and contribution from everyone in the family, and that "striking out on one's own" many not be the answer for everyone. One fellow gave examples from her own personal experience about how her marriage has grown and changed over time and wonders why there is not more support for intact families to gain skills in improved family relationships and communication. This feedback

has impacted the design of this year's Innovations Conference on the theme of Restorative Justice.

We also host monthly Project Connect gatherings, intended to build community, offer learning opportunities and share stories. 143 individuals, many of them our current or former clients, have come together for Project Connect.

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Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

6.

Meeting Date: 11/14/2016

Subject: Report on the Impact of Technology on Access to Public Benefits

Submitted For: FAMILY & HUMAN SERVICES COMMITTEE,

Department: County Administrator

Referral No.: 114

Referral Name: Impact of Technology on Access to Public Benefits

Presenter: Kathy Gallagher, Employment and Human Services Director **Contact:** Enid Mendoza, (925) 335-1039

Referral History:

On June 7, 2016, the Board of Supervisors approved the Employment and Human Services Director's recommendation to refer oversight on the impacts of technology on access to public benefits to the Family and Human Services Committee (F&HS), due to the department's reworking of its business processes and development of technologies to make remote access of public benefits more common for its clients.

This is the first report to F&HS on this referral, which has become F&HS Referral No. 114.

Referral Update:

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

Recommendation(s)/Next Step(s):

CONSIDER accepting the report from the Employment and Human Services Director regarding the impacts of technology on access to public benefits and forwarding it to the Board of Supervisors for approval.

Attachments

Report on Technology Impacts



EMPLOYMENT &
HUMAN SERVICES

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M E M O R A N D U M

Kathy Gallagher, Director

To: Family and Human Services Committee **Date:** November 14, 2016

From: Employment and Human Services Department

Subject: #114 Impact of Technology on Access to Public Benefits

The Employment and Human Services Department (EHSD) is pleased to provide this update to the Family and Human Services Committee (FHS) on the use of technology and our technology vision for the department. We continue to press forward with new applications of technology that support our customers and staff.

STATE AND DEPARTMENT-WIDE SYSTEMS

EHSD uses multiple state mandated and managed systems to carry out its core functions.

- Contra Costa County is one of 18 counties in the California Work Opportunity and Responsibility to Kids Information Network (CalWIN) Consortium. CalWIN is an automated eligibility system that supports the administration of public assistance programs including CalWORKs, CalFresh, Medi-Cal, General Assistance, Foster Care and case management for Employment Services.
- We also use the Child Welfare Services/Case Management System (CWS/CMS) to support child welfare services.
- The Medi-Cal Eligibility Data System (MEDS) is a data system for maintaining eligibility information for public assistance programs including Medi-Cal.
- Our In-Home Supportive Services (IHSS) is managed through the Case Management Information and Payrolling System II (CMIPS II), a statewide database which supports and centrally processes payroll as well as assisting with case management and reports.
- Electronic Benefit Transfer (EBT) is a state debit card similar to an ATM card that is used to issue CalFresh and cash aid benefits for CalWORKs and General Assistance. This system interfaces with CalWIN.
- The newest statewide system is the California Health Eligibility, Enrollment, and Retention System (CalHEERS), a business rules engine to determine eligibility for coverage under the Affordable Care Act (ACA).

While not a state mandated system, EHSD is “paperless” for its public assistance program case records through the use of a document imaging and management system called Compass Pilot. The use of this system allows desktop access to case information and customer data for any EHSD staff with a need to access the data. EHSD has also used its internal technology staff to develop a number of applications to assist staff and to carry out our work more efficiently.

TECHNOLOGY IS IN THE CULTURE OF EHSD

The EHSD has a long tradition of using technology to carry out its business, whether with state systems or in-house developed applications. A strong contributor to this culture has been the need for staff in the department to be able to access case information from any location. This led EHSD to reduce reliance on paper records and move to electronic case records over 11 years ago. To ensure that our use of technology keeps pace with the needs of our staff and customers, the department assembled a Program Technology Advisory Committee that includes the director, all members of the department's Executive Team and key technology staff. This committee meets monthly to assess the state of technology within the department and set technology priorities for the department.

The use of technology fully supports the EHSD Vision, Mission and Values. The department is currently developing its long range technology vision that states: "EHSD technology is the leader in agile technology capabilities, interoperability and information sharing for empowering customers, staff and partners to achieve a healthy, safe, secure and self-sufficient community." Our technology goals over the next 3-5 years will focus on strategies that include:

- Customer facing technology
- Customer support using technology
- Productivity enhancements
- Pursuing innovation and ideas for internal and external customer service including processes for bringing ideas forward

We have an initiative underway to include our customers in our deliberations about the use of technology that they believe will be beneficial. A number of our customers participate in our job search program and part of their experience is to work at a personal computer to prepare resumes and send them to prospective employers. We ask them to complete a survey on how they are currently using their personal technology, e.g., smart phones, and to tell us what additional items they believe would be beneficial uses of technology. As a result of this survey, we know that across the county, approximately three-fourths of our customers have smart phones and would like to be able to get updates on case status and text messages as reminders of appointments and items that are due. Our customers want additional ways to communicate with us electronically including the use of email. We also know that over half our customers have access to technology including personal computers and are very comfortable with using technology. We continue to gather input from this survey but we are using the information we have already gained to inform our thinking on future directions.

INITIATIVES UNDERWAY OR PLANNED

There was a recent management evaluation conducted by the California Department of Social Services focusing on our CalFresh program. The evaluators are experienced state staff that travel to counties throughout the state and visit many social services offices. The evaluation team visited three EHSD customer service offices to observe our processes in real-time and to see what our customers experience. At the conclusion of their evaluation, and based on their observations, they were extremely complimentary about the technology that is available to our customers. They stated that they sometimes see one or two pieces of technology in a typical customer reception area but not the extent of technology to directly serve customers that they saw in the EHSD reception areas.

As customers come into the reception area they are greeted, and if needed, directed to a check-in kiosk. If they have an appointment or need to see a worker the kiosk produces a ticket which allows the customer to be called for the appointment or obtain service in order of arrival. There are large screen monitors that are visible throughout the reception area that show the number of the customers being seen. These monitors also provide useful information to customers to inform them of services or upcoming events. If they need to speak to their worker by phone there is a bank of phones with privacy protection to facilitate the calls. If they are bringing in documents we provide a self-scanning kiosk so they can scan their documents and not wait to see someone to

drop them off. There is also a physical drop box for documents if the customer prefers that method. We provide personal computers that allow customers to apply for services on-line from our reception area and as part of this service we provide scanners, printers and a copy machine. Customers can sign documents electronically.

For more than a year we have been asking customers if they want to be notified of appointments and due dates by text messages. Currently customers receiving CalWORKs and CalFresh benefits can receive text messages. We have over 14,000 customers that have opted-in to receive text messages and we are adding over 800 a month. We are moving to an "opt-out" process that will allow us to reach many more customers and we are looking at other program areas such as MediCal, Children's Services and In-Home Supportive Services for expansion of text messaging. The effective use of text messaging is a great service and is effective in helping our customers with the continuity of their benefits.

The Board of Supervisors fully supported the state legislation that allows Social Services agencies to donate surplus personal computers to citizens in good standing in benefits programs. EHSD has an agreement with a nonprofit organization to refurbish surplus computers and make the computers, along with an Internet connection, training and support available to our customers. To date over 50 families have used this program and we have over 150 additional customers that will receive computers by the end of 2016. We are taking steps to do additional publicity for this program and expect to see increased activity. This program can be instrumental in helping low income residents of Contra Costa County bridge the digital divide, help children with school work, apply for jobs, and get medical information.

As part of the CalWIN Consortium, our customers have access to My Benefits CalWIN (MyBCW). Through the MyBCW website customers can get information on assistance programs, apply for benefits, complete periodic reporting, find a social services office in their area, and check on their current benefits from wherever they are at any time. Access to MyBCW is also available through the EHSD website and we continue to publicize its availability.

EHSD works closely with Health Services, the Food Bank and other community based organizations on their efforts to use MyBCW to assist citizens to apply for benefits. These organizations provide additional portals that allow for applications to be submitted from additional locations within the county.

We recently opened a centralized mail unit where documents are received in a central location and scanned into the electronic records system so they are immediately available to all workers needing access. This allows for faster case processing and for customers to track the progress of their cases.

We know from our data collection, that approximately one-third of the people coming into our reception areas are there only to drop off documents. EHSD recently added Self-Scanning Kiosks (SSK) to our reception areas. This allows a customer to scan their own documents and avoid having to wait if all they need to do is drop off documents. The SSK have greatly enhanced customer service and the acceptance of the scanners by customers continues to rise every month. We also provide a physical drop box for customers preferring that method. To ensure customers do not have to leave an original document we provide a copy machine in the reception area for customer use.

We are finishing the implementation of our Workload Distribution Tool (WDT). This software allows us to collect, distribute, and track workload in our major programs. This software allows workers and managers to see and manage work more efficiently and effectively to meet processing timelines and provide data in near real time.

We are completing the first phase of an initiative to allow our customers to complete their periodic recertification interviews using video conferencing from an EHSD office. We offer this in English and Spanish and provide a touch screen monitor for ease of use. Customers can easily sign documents right on the computer screen. We are now moving this service out to all our offices and will soon provide for customers to video

conference from anywhere including their homes. We are also working with the contractor that provides translation services to offer translation via video conferencing, including American Sign Language for non-English speakers.

Our In-Home Supportive Services care providers can use an Interactive Voice Response (IVR) system to check on the status of their pay. While the state processes payments for the care providers, the county works directly with the care providers on any questions. The IVR allows care providers to obtain information from any phone at any time.

EHSD has a goal of being a data driven organization and having immediate access to data from the programs we administer is critical. Our managers and supervisors need program performance information to facilitate decision making and enhance our ability to provide superior customer service. We are currently working on two tracks to provide quick access to information described collectively as Business Intelligence (BI). The two tracks include: i) EHSD has partnered with Santa Clara County Social Services to piggyback on their in-house custom solution. This gives us access to the information in EHSD's systems of record (CalWIN, CMIPS II, CWS/CMS) quickly and easily without the need to develop our own in-house BI or engage our Technology staff in designing custom reports; ii) EHSD, through our participation in the CalWIN consortium, has partnered with other CalWIN counties to support the CalWIN BI initiative. The migration of data into Santa Clara BI process is nearing completion and the CalWIN BI process is in testing. When these systems are fully on line, our directors, managers and supervisors can quickly answer questions about who our clients are, e.g., where they live, demographics, case status, and trending and forecasting, and overall program compliance. The programs supported include, IHSS, Medi-Cal, CalFresh, General Assistance, CalWORKs and Child Welfare.

EHSD is updating and replacing a number of internal programs to assist with timekeeping, position management and tracking, a personnel management data base, fiscal management and retrieval of policies, regulations and reference materials.

Our department is committed to making effective use of technology to provide our customers with a good experience and to assist our staff in carrying out their important work. We actively pursue new or better uses of technology that have been proven to work. Based on feedback from them, we continue to work toward providing multiple portals for our customers to apply for and receive benefits under the programs we administer to substantially reduce the need to come into one of our offices.