FAMILY & HUMAN SERVICES COMMITTEE

SPECIAL MEETING
November 13, 2019
10:30 A.M.
651 Pine Street, Room 101, Martinez

Supervisor Candace Andersen, Chair
Supervisor John Gioia, 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. RECEIVE and APPROVE the draft Record of Action for the October 7, 2019 Family & Human Services Committee meeting. *(Julie DiMaggio Enea, County Administrator's Office)*

4. CONSIDER recommending to the Board of Supervisors the reappointment of Jagjit Bhambra to the At Large 11 seat, Dennis Yee to At Large 14 seat, Brian O'Toole to At Large 16 seat, and Jill Kleiner to At Large 19 seat on the Advisory Council on Aging, as recommended by the Council. *(Anthony Macias, Employment and Human Services Department)*

5. CONSIDER recommending to the Board of Supervisors the reappointment of Guita Bahramipour to the Member at Large #4 seat on the Alcohol and Other Drugs Advisory Board. *(Fatima Matal Sol, Program Chief Alcohol and Other Drug Services)*

6. CONSIDER recommending to the Board of Supervisors the appointment of Dan Peddycord to the Health Care Representative seat, Shawn Ray to the Public Safety Representative seat, and Patrice Guillory to the Reentry Representative seat on the Contra Costa Council on Homelessness. *(Jaime Jennett, Homeless Continuum of Care Planning and Policy Manager)*

7. CONSIDER recommending to the Board of Supervisors the appointment of Joshua Anjar to the Workforce #2 seat on the Workforce Development Board. *(Rochelle Martin-Soriano, Workforce Development Board)*

8. CONSIDER recommending to the Board of Supervisors the 2020-2025 Consolidated Plan priorities as recommended by staff or amended by the Committee. *(Gabriel Lemus, Department of Conservation and Development)*

9. CONSIDER accepting report by the Health Care for the Homeless Program on the health status of the homeless population in Contra Costa County. *(Joseph Mega, Health Care for the Homeless Medical Director; Rachael Birch, Project Director)*

10. CONSIDER accepting annual status report on the Continuum of Care Plan for the Homeless. *(Lavonna Martin, H3 Director; Jaime Jennett, HSD Continuum of Care Planning and Policy Manager)*

11. CONSIDER accepting status report from the Employment and Human Services Department on the department's implementation of the CalFresh benefits expansion, and its CalFresh Outreach Plan and staffing needs. *(Kathy Gallagher, Employment and Human Services Director)*

12. The December 23, 2019 meeting of the Family and Human Services Committee has been canceled due to the Christmas holiday. No additional meetings are currently scheduled for the 2019 Family & Human Services Committee.

13. 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:

Julie DiMaggio Enea, Interim Committee Staff
Phone (925) 335-1077, Fax (925) 646-1353
julie.enea@cao.cccounty.us

Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE **3.**

Meeting Date: 11/13/2019

Subject: RECORD OF ACTION FOR THE OCTOBER 7, 2019 FHS MEETING

Submitted For: David Twa, County Administrator

Department: County Administrator

Referral No.: N/A

Referral Name: N/A

Presenter: Julie DiMaggio Enea **Contact:** Julie DiMaggio Enea (925) 335-1077

Referral History:

County Ordinance requires that each County body keep a record of its meetings. Though the record need not be verbatim, it must accurately reflect the agenda and the decisions made in the meeting.

Referral Update:

Attached is the draft Record of Action for the October 7, 2019 Family & Human Services Committee meeting.

Recommendation(s)/Next Step(s):

RECEIVE and APPROVE the draft Record of Action for the October 7, 2019 Family & Human Services Committee meeting.

Fiscal Impact (if any):

None.

Attachments

DRAFT FHS Record of Action for 10-7-19

FAMILY AND HUMAN SERVICES COMMITTEE

RECORD OF ACTION FOR OCTOBER 7, 2019

Supervisor Candace Andersen, Chair
Supervisor John Gioia, Vice Chair

Present:	Chair Candace Andersen Vice Chair John Gioia
Staff Present:	Julie DiMaggio Enea, Sr. Deputy County Administrator
Attendees:	Emilse Ramirez, BHS; Alicia Silva, BHS; Don McClelland, BHS; Marie Scannell, BHS; Jan Cobaleda-Kegler, BHS; Alicia Austin-Townsend, MHS; Kristine Suchan, MHS; Cedrita Claiborne, CCMS; Ryyn Schumacher, CCMS; Matt White, BHS; Warren Hayes, HSD Behavioral Health Services; Laura Otis-Miles, MHS; Anthony Macias, EHSD/AAS; Chris Wikler, District IV Supv Representative; Debbie Toth, Choice in Aging; Dan Peddycord, CCHS; Jill Ray, BOS District II Representative; Douglas Dunn, MH Commission

DRAFT

1. Introductions

   Chair Andersen called the meeting to order at 1:00 p.m. and invited attendees to introduce themselves.

2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to three minutes).

   No one requested to speak during the public comment period.

3. RECEIVE and APPROVE the draft Record of Action for the September 23, 2019 Family & Human Services Committee meeting.

   Approved as recommended.

   AYE: Chair Candace Andersen, Vice Chair John Gioia
   Passed

4. RECOMMEND to the Board of Supervisors the appointment of Y'Anad Burrell to the At Large 1 seat on the Arts and Culture Commission of Contra Costa County (AC5) to a term expiring June 30, 2023, as recommended by AC5.

   Approved as recommended.

   AYE: Chair Candace Andersen, Vice Chair John Gioia

Passed

5. RECOMMEND to the Board of Supervisors the appointment of Kathie Thompson to At Large #3 seat, and Gerald Richards to At Large #9 seat, with terms expiring September 30, 2021, on the Advisory Council on Aging, as recommended by the Council.

Approved as recommended.

AYE: Chair Candace Andersen, Vice Chair John Gioia

Passed

6. ACCEPT the annual report from the Public Health Division of the Health Services Department on the implementation of the Secondhand Smoke Protections Ordinance and DIRECT staff to forward the report to the Board of Supervisors for their information.

DIRECT staff to provide updates on implementation of the ordinance as part of staff's annual report on the County's Tobacco Retail Licensing Ordinance.

Dan Peddycord introduced Ryyn Schumacher, who presented the staff report. Ryyn highlighted that the City of Clayton has adopted a secondhand smoke ordinance and the cities of San Pablo and Concord have ordinances in development. The cities of Antioch and Pittsburg have indicated interest in doing so.

The Committee accepted the staff report and suggested that staff develop a sample secondhand smoke clause for inclusion in Homeowners' Association Covenants, Conditions, and Restrictions. The Committee directed staff to forward the report to the Board on Consent on the same day as the vaping ordinance will be introduced.

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AYE: Chair Candace Andersen, Vice Chair John Gioia

Passed

7. ACCEPT report on the on the implementation of the tobacco retailer licensing and businesses zoning ordinances.

DIRECT staff to continue to provide updates on implementation of the ordinances as part of staff's annual report on the County's Secondhand Smoke Protections Ordinance.

Ryyn Schumacher presented the staff report. He discussed the 1,000 ft. buffer from schools that was adopted in 2017 and the 500 ft. buffer from existing tobacco retail outlets adopted in 2018. He reviewed various County grants including a California Department of Justice grant to the Sheriff's Department that funds youth decoys, compliance inspections and education.

The Committee discussed the pending County amendment to the smoking ordinance that would ban vaping and discussed extending that ban to cover flavored tobacco. The Committee directed staff to forward the staff report to the Board at the same time as the ordinance amendment on vaping is introduced.

AYE: Chair Candace Andersen, Vice Chair John Gioia

Passed

8. ACCEPT the Annual Report of the Assisted Outpatient Treatment Program for the period January 1 through December 31, 2018.

Warren Hayes presented the staff report, mentioning that 2018 was the third full year of the AOT program. During 2018, 200 individuals received services and the current caseload, at 75, is full. He said that most referrals come from family members and that more than 80% of the individuals have co-occurring disorders -- usually drug abuse and mental illness. The program outcomes have been positive, seeing a decline in crisis episodes, hospitalizations, incarceration, and homelessness, and an increase in patient satisfaction as evidenced through patient surveys. Warren commented that the "front door" model implemented by the County has been very successful, helping families to better navigate the array of available services and be directed to the most appropriate level of care for their family member. He cautioned, however, that more step down, e.g. Assertive Community Treatment (ACT), programming is needed. He also recommended that eligibility for AOT be broadened to serve more people. He concluded that County staff have learned a lot about what works and want to take those lessons forward to continuously improve the program.

Marie Scannell described the partnership between Behavioral Health Services and Mental Health Services and the effect of the current strict interpretation of AOT eligibility.

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Vice Chair Gioia asked about the number of AOT participants who were homeless at the time of referral or enrollment, and the number who were referred by police departments. The Committee agreed that broadening the eligibility for AOT, if possible, would be beneficial and that they would ask County Counsel to re-examine the question.

Douglas Dunn comment that demand was, and continues to be, greater than the County's current capacity and expressed his hope that a W&I Code 5150 psychiatric emergency hold can be considered a hospitalization and be counted towards the AOT eligibility criteria.

The Committee accepted the report and directed staff to forward it to the Board for informational purposes.

AYE: Chair Candace Andersen, Vice Chair John Gioia

Passed

9. The November 25, 2019 meeting of the Family and Human Services Committee has been canceled due to the Thanksgiving holidays. A special meeting has been scheduled for Wednesday, November 13, 2019 at 10:30 a.m.

10. Adjourn

Chair Andersen adjourned the meeting at 1:52 p.m.

For Additional Information Contact:

Julie DiMaggio Enea, Interim Committee Staff
Phone (925) 335-1077, Fax (925) 646-1353
julie.enea@cao.cccounty.us

DRAFT

Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE **4.**

Meeting Date: 11/13/2019

Subject: Re-Appointments to the Advisory Council on Aging

Submitted For: Kathy Gallagher, Employment & Human Services Director

Department: Employment & Human Services

Referral No.: N/A

Referral Name: N/A

Presenter: Anthony Macias **Contact:** Anthony Macias, 925.602.4175

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 a requirement that applications for at large/countywide seats be reviewed by a Board of Supervisors committee.

The Advisory Council on Aging provides a means for countywide planning, cooperation and coordination for individuals and groups interested in improving and developing services and opportunities for the older residents of this County. The Council provides leadership and advocacy on behalf of older persons and serves as a channel of communication and information on aging.

The Advisory Council on Aging consists of 40 members serving two-year staggered terms, each ending on September 30. The Council consists of representatives of the target population and the general public, including older low-income and military persons; at least one-half of the membership must be made up of actual consumers of services under the Area Plan. The Council includes: 19 representatives recommended from each Local Committee on Aging, 1 representative from the Nutrition Project Council, 1 Retired Senior Volunteer Program, and 19 Members at-Large.

Referral Update:

There are currently 30 seats filled on the Advisory Council on Aging and 10 vacancies. These vacant seats include: Local Committee Oakley, Local Committee San Pablo, Local Committee Lafayette, Local Committee Moraga, Local Committee San Ramon, Local Committee Martinez, Local Committee Pinole, Local Committee Pittsburg, Local Committee Pittsburg, and Member-At-Large seat 8.

These re-appointment recommendations will not change the membership count of the Council,

because they are all incumbents. The current membership is as follows:

Seat title	Current incumbent	Incumbent Supervisor District	Number meetings attended since appointment date	Total Number of Meetings held since appointment
Nutrition Project Council	Garrett Gail	I	23	28
At-Large 1	Adams Fred	II	14	15
At-Large 2	Krohn Shirley	IV	23	24
At-Large 3	Thompson Kathie	IV		
At-Large 4	Welty Patricia	V	22	28
At-Large 5	Card Deborah	V	22	24
At-Large 6	Lipson Steve	I	6	6
At-Large 7	Selleck Summer	IV	9	15
At-Large 8				
At-Large 9	Richards Gerald	V		
At-Large 10	Terri Tobey	II	2	2
At-Large 11	Bhambra Jagjit	V	11	14
At-Large 12	Neemuchwalla Nuru	IV	21	24
At-Large 13	Dunne-Rose Mary D	II	22	24
At-Large 14	Yee Dennis	IV	6	7
At-Large 15	Bruns Mary	IV	14	15
At-Large 16	O'Toole Brian	IV	7	7
At-Large 17	Donovan Kevin D.	II	5	7
At-Large 18	Nahm Richard	III	17	20
At-Large 19	Kleiner Jill	II	7	7
At-Large 20	Frederick Susan	I	15	15
Local Committee Lafayette				
Local Committee Orinda	Clark Nina	II	11	15
Local Committee Antioch	Fernandez Rudy	III	25	26
Local Committee Pleasant Hill	Van Ackern Lorna	IV	15	15
Local Committee Pinole				
Local Committee Concord				
Local Committee Richmond	Frances Smith	I	2	3
Local Committee El Cerrito	Kim-Selby Joanna	I	19	28
Local Committee Hercules	Doran Jennifer	V	19	20
Local Committee Pittsburg				
Local Committee San Ramon				
Local Committee Clayton	Tervelt Ron	IV	11	15
Local Committee Alamo-Danville	Donnelly James	II	13	15
Local Committee Walnut Creek	Napoli, Frank	IV	4	4
Local Committee Moraga				
Local Committee San Pablo				
Local Committee Martinez				
Local Committee Brentwood	Kee Arthur	III	14	15
Local Committee Oakley				

Recommendation(s)/Next Step(s):

RECOMMEND to the Board of Supervisors the re-appointment of Jagjit Bhambra to the At Large 11 seat, Dennis Yee to At Large 14 seat, Brian O'Toole to At Large 16 seat, and Jill Kleiner to At Large 19 seat, with terms expiring September 30, 2021, on the Advisory Council on Aging, as recommended by the Council.

Fiscal Impact (if any):

There is no fiscal impact.

Attachments

Re-Appointment Memo

B. O'Toole Application

D. Yee Application

J. Kleiner Application

J. Bhambra Application

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: 10/09/2019

TO: Family and Human Services Committee

CC: Tracy Murray, Director Aging and Adult Services

FROM: Anthony Macias, Area Agency on Aging Senior Staff Assistant

SUBJECT: Advisory Council on Aging – Appointment Requested

The Contra Costa Area Agency on Aging (AAA) recommends the following four individuals for reappointment to At-Large Seats assigned to the Contra Costa Advisory Council on Aging (ACOA) with terms expiring on September 30, 2021:

- At-Large Seat #11: Jagjit Bhambra
- At-Large Seat #14: Dennis Yee
- At-Large Seat #16: Brian O'Toole
- At-Large Seat #19: Jill Kleiner

Recruitment is handled by both the Area Agency on Aging, the ACOA Membership Committee and the Clerk of the Board using CCTV. The Contra Costa County Employment and Human Services Department website contains dedicated web content where interested members of the public are encouraged to apply. The website provides access to the Board of Supervisors official application with instructions on whom to contact for ACOA related inquiries, including application procedure.

Members of the ACOA Membership Committee interviewed all Membership At-Large (MAL) applicants recommended for reappointment. The Membership Committee and the Council's current President, Susan Frederick, recommends the reappointment of the above list of MAL members who are interested in serving an additional term. Please find copies of the members' applications provided as separate attachments.

Thank You

Print Form

Contra Costa County

Please return completed applications to:
Clerk of the Board of Supervisors
651 Pine St., Room 106
Martinez, CA 94553
or email to: ClerkofTheBoard@cob.cccounty.us

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

First Name Brian
Last Name O'Toole
Home Address - Street [redacted]
City [redacted] Walnut Creek
Zip Code [redacted]
Phone (best number to reach you) [redacted]
Email [redacted]m
Resident of Supervisorial District:

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

☑ High School Diploma ☐ CA High School Proficiency Certificate ☐ G.E.D. Certificate

Colleges or Universities Attended	Course of Study/Major	Degree Awarded
UC Davis	Dual degree: Genetics and Philosophy	■ Yes ☐ No
UC Hastings	Law	■ Yes ☐ No
		☐ Yes ☐ No

Other Training Completed:

Board, Committee or Commission Name ACOA
Seat Name MAL

Have you ever attended a meeting of the advisory board for which you are applying?
☐ No ■ Yes If yes, how many? 8

Please explain why you would like to serve on this particular board, committee, or commission.

I am an elder law attorney and would like to learn and participate in matters related to Medi-Cal long-term care programs.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

I am an attorney and work with the senior population.

I am including my resume with this application:
Please check one: ☐ Yes ■ No

I would like to be considered for appointment to other advisory bodies for which I may be qualified.
Please check one: ☐ Yes ■ No

THIS FORM IS A PUBLIC DOCUMENT

Are you currently or have you ever been appointed to a Contra Costa County advisory board?

Please check one: ☐ Yes ☐ No

List any volunteer and community experience, including any boards on which you have served.

Do you have a familial relationship with a member of the Board of Supervisors? (Please refer to the relationships listed below or Resolution no. 2011/55)

Please check one: ☐ Yes ■ No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the county, such as grants, contracts, or other economic relationships?

Please check one: ☐ Yes ■ No

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 publicly accessible. I understand and agree that misstatements and/or ommissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

Signed: Brian O'Toole /s/ **Date:** 9/20/2019

Submit this application to: Clerk of the Board of Supervisors
651 Pine St., Room 106
Martinez, CA 94553

Questions about this application? Contact the Clerk of the Board at (925) 335-1900 or by email at ClerkofTheBoard@cob.cccounty.us

Important Information

1. This application and any attachments you provide to it is a public document and is subject to the California Public Records Act (CA Government Code §6250-6270).

2. All members of appointed bodies are required to take the advisory body training provided by Contra Costa County.

3. Members of certain 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.

4. Meetings may be held in various locations and some locations may not be accessible by public transportation.

5. Meeting dates and times are subject to change and may occur up to two (2) days per month.

6. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

7. As indicated in Board Resolution 2011/55, a person will not be eligible for appointment if he/she is related to a Board of Supervisors member in any of the following relationships: mother, father, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, great-granddaughter, first-cousin, husband, wife, father-in-law, mother-in-law, daughter-in-law, stepson, stepdaughter, sister-in-law, brother-in-law, spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouses' grandson, registered domestic partner, relatives of a registered domestic partner as listed above.

8. A person will not be eligible to serve if the person shares a financial interest as defined in Government Code §87103 with a Board of Supervisors Member.

Print Form

Contra Costa County

Please return completed applications to:
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Martinez, CA 94553
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BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

First Name DENNIS
Last Name YEE
Home Address - Street [redacted]
City [redacted] Pleasant Hill
Zip Code [redacted]
Phone (best number to reach you) [redacted]
Email [redacted]
Resident of Supervisorial District:

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

[X] High School Diploma [ ] CA High School Proficiency Certificate [ ] G.E.D. Certificate

Colleges or Universities Attended	Course of Study/Major	Degree Awarded	
UNIVERSITY OF CALIFORNIA	BIOLOGY BA	☒ Yes	☐ No
SAN FRANCISCO STATE	BUSINESS MBA	☒ Yes	☐ No
		☐ Yes	☐ No

Other Training Completed:

Board, Committee or Commission Name ACOA
Seat Name MEMBER AT LARGE

Have you ever attended a meeting of the advisory board for which you are applying?
☐ No ☑ Yes If yes, how many? 14

Please explain why you would like to serve on this particular board, committee, or commission.

AS OUR POPULATION AGES, RESOURCES FOR THE ELDERLY SEEM INCREASINGLY SCARCE AS THEIR NEEDS INCREASE WE NEED TO HELP THE ELDERLY, MOST OF WHOM CONTRIBUTED GREATLY TO OUR SOCIETY, WHEN THEY ARE AT THEIR MOST VULNERABLE

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

ANALYTICAL AND NO PRE CONCEPTIONS OR ALLEGIANCES TO PRIOR METHODS.

I am including my resume with this application:
Please check one: ☒ Yes ☐ No

I would like to be considered for appointment to other advisory bodies for which I may be qualified.
Please check one: ☐ Yes ☑ No

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Are you currently or have you ever been appointed to a Contra Costa County advisory board?

Please check one: ☑ Yes ☐ No

List any volunteer and community experience, including any boards on which you have served.

EAST BAY ARTIST GUILD – TREASURER

Do you have a familial relationship with a member of the Board of Supervisors? (Please refer to the relationships listed below or Resolution no. 2011/55)

Please check one: ☐ Yes ☑ No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the county, such as grants, contracts, or other economic relationships?

Please check one: ☐ Yes ☑ No

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 publicly accessible. I understand and agree that misstatements and/or ommissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

Signed: _____ **Date:** 9/13/19

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4. Meetings may be held in various locations and some locations may not be accessible by public transportation.

5. Meeting dates and times are subject to change and may occur up to two (2) days per month.

6. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

7. As indicated in Board Resolution 2011/55, a person will not be eligible for appointment if he/she is related to a Board of Supervisors member in any of the following relationships: mother, father, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, great-granddaughter, first-cousin, husband, wife, father-in-law, mother-in-law, daughter-in-law, stepson, stepdaughter, sister-in-law, brother-in-law, spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouses' grandson, registered domestic partner, relatives of a registered domestic partner as listed above.

8. A person will not be eligible to serve if the person shares a financial interest as defined in Government Code §87103 with a Board of Supervisors Member.

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BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

First Name	Last Name
Jill	Kleiner

Home Address - Street	City	Zip Code
[redacted]	[redacted] MORAGA	[redacted]

Phone (best number to reach you)	Email
[redacted]	[redacted]

Resident of Supervisorial District: 2

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

☑ High School Diploma ☐ CA High School Proficiency Certificate ☐ G.E.D. Certificate

Colleges or Universities Attended	Course of Study/Major	Degree Awarded
University of CA, Berkeley	Statistics	☒ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Other Training Completed:

Board, Committee or Commission Name	Seat Name
Advisory Council on Aging	Member at Large

Have you ever attended a meeting of the advisory board for which you are applying?

☐ No ☒ Yes If yes, how many? 11

Please explain why you would like to serve on this particular board, committee, or commission.

Having become a member at large of the ACOA in December 2018, I look forward to continuing getting more involved and expanding my knowledge. I'm excited to be part of the newly formed Technology work group.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

In January 2018, I retired from a 30+ year career as a Retirement Plan consultant at Willis Towers Watson advising Fortune 500 companies as well as volunteering for 20+ years for the Western Pension and Benefits Council, including being president of their governing board of 11 chapters.

I am including my resume with this application:

Please check one: ☐ Yes ☒ No

I would like to be considered for appointment to other advisory bodies for which I may be qualified.

Please check one: ☐ Yes ☒ No

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Are you currently or have you ever been appointed to a Contra Costa County advisory board?

Please check one: ☒ Yes ☐ No

List any volunteer and community experience, including any boards on which you have served.

CONTRA COSTA COUNTY ADVISORY COUNCIL ON AGING

WESTERN PENSION & BENEFITS COUNCIL - SF CHAPTER & GOVERNING BOARD

Do you have a familial relationship with a member of the Board of Supervisors? (Please refer to the relationships listed below or Resolution no. 2011/55)

Please check one: ☐ Yes ☒ No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the county, such as grants, contracts, or other economic relationships?

Please check one: ☐ Yes ☒ No

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 publicly accessible. I understand and agree that misstatements and/or ommissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

Signed: Jim Clem **Date:** 9-12-19

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Martinez, CA 94553

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5. Meeting dates and times are subject to change and may occur up to two (2) days per month.

6. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

7. As indicated in Board Resolution 2011/55, a person will not be eligible for appointment if he/she is related to a Board of Supervisors member in any of the following relationships: mother, father, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, great-granddaughter, first-cousin, husband, wife, father-in-law, mother-in-law, daughter-in-law, stepson, stepdaughter, sister-in-law, brother-in-law, spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouses' grandson, registered domestic partner, relatives of a registered domestic partner as listed above.

8. A person will not be eligible to serve if the person shares a financial interest as defined in Government Code §87103 with a Board of Supervisors Member.

Print Form

Contra Costa County

Please return completed applications to:
Clerk of the Board of Supervisors
651 Pine St., Room 106
Martinez, CA 94553
or email to: ClerkofTheBoard@cob.cccounty.us

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

First Name: JAGJIT
Last Name: BHAMBRA
Home Address - Street: [redacted]
City: [redacted] HERCULES
Zip Code: [redacted]
Phone (best number to reach you): [redacted]
Email: [redacted]
Resident of Supervisorial District: 5

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

☑ High School Diploma ☐ CA High School Proficiency Certificate ☐ G.E.D. Certificate

Colleges or Universities Attended	Course of Study/Major	Degree Awarded	
Delhi University, Delhi, India	BS Physics, Chemistry & Mathematics	■ Yes	☐ No
National University, San Diego	Master of Public Administration	■ Yes	☐ No
		☐ Yes	☐ No

Other Training Completed: Leadership Contra Costa, Administrator - Senior Living

Board, Committee or Commission Name: Advisory Council on Aging
Seat Name: MAL #11

Have you ever attended a meeting of the advisory board for which you are applying?
☐ No ■ Yes If yes, how many? Last two years as MAL #11

Please explain why you would like to serve on this particular board, committee, or commission.

* As an Advocate for Seniors, act as an advisory body to the Board of Supervisors in the development and implementation of the County's Area Plan by the Department of Aging and Adult Service.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

* An active Senior Citizen of Contra Costa County
* An Administrator of Senior Living (RCFE)
* Current at-large member of Advisory Council on Aging
* Retired Contra Costa County Management Employee with in depth knowledge of human needs & services, legislative procedures

I am including my resume with this application:
Please check one: ☐ Yes ■ No

I would like to be considered for appointment to other advisory bodies for which I may be qualified.
Please check one: ☐ Yes ■ No

THIS FORM IS A PUBLIC DOCUMENT

Are you currently or have you ever been appointed to a Contra Costa County advisory board?

Please check one: ■ Yes ☐ No

List any volunteer and community experience, including any boards on which you have served.

City of Hercules, Community Service Commission
Contra Costa Community College Citizens' Bond Oversight Committee
Contra Costa County Advisory Council on Aging
Helping ethnic & immigrant residents with resources.

Do you have a familial relationship with a member of the Board of Supervisors? (Please refer to the relationships listed below or Resolution no. 2011/55)

Please check one: ☐ Yes ■ No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the county, such as grants, contracts, or other economic relationships?

Please check one: ☐ Yes ■ No

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 publicly accessible. I understand and agree that misstatements and/or ommissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

Signed: _____ **Date:** 10/08/2019

Submit this application to: Clerk of the Board of Supervisors
651 Pine St., Room 106
Martinez, CA 94553

Questions about this application? Contact the Clerk of the Board at (925) 335-1900 or by email at ClerkofTheBoard@cob.cccounty.us

Important Information

1. This application and any attachments you provide to it is a public document and is subject to the California Public Records Act (CA Government Code §6250-6270).

2. All members of appointed bodies are required to take the advisory body training provided by Contra Costa County.

3. Members of certain 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.

4. Meetings may be held in various locations and some locations may not be accessible by public transportation.

5. Meeting dates and times are subject to change and may occur up to two (2) days per month.

6. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

7. As indicated in Board Resolution 2011/55, a person will not be eligible for appointment if he/she is related to a Board of Supervisors member in any of the following relationships: mother, father, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, great-granddaughter, first-cousin, husband, wife, father-in-law, mother-in-law, daughter-in-law, stepson, stepdaughter, sister-in-law, brother-in-law, spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouses' grandson, registered domestic partner, relatives of a registered domestic partner as listed above.

8. A person will not be eligible to serve if the person shares a financial interest as defined in Government Code §87103 with a Board of Supervisors Member.

THIS FORM IS A PUBLIC DOCUMENT

Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE **5.**

Meeting Date: 11/13/2019

Subject: RECOMMENDATION FOR APPOINTMENT TO THE ALCOHOL AND OTHER DRUGS ADVISORY BOARD

Submitted For: Anna Roth, Health Services Director

Department: Health Services

Referral No.:

Referral Name: Advisory Body Recruitment

Presenter: Fatima Matal Sol **Contact:** Fatima Matal Sol (925) 335-3307

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 a requirement that applications for at large/countywide seats be reviewed by a Board of Supervisors committee. At Large seats on the Alcohol and Other Drugs Advisory Board are assigned to FHS for review and recommendation to the Board of Supervisors.

The Alcohol and Other Drugs Advisory Board provides input and recommendations to the Board of Supervisors and the Health Services Department concerning family and community needs regarding prevention and treatment of alcohol and drug related problems. The mission of the Contra Costa County Alcohol and Other Drugs Advisory Board is to assess family and community needs regarding treatment and prevention of alcohol and drug abuse problems. The board reports their findings and recommendations to the Contra Costa Health Services Department, the Board of Supervisors and the communities they serve. The Alcohol and Other Drugs Advisory Board works in collaboration with the Alcohol and Other Drugs Services of Contra Costa Health Services. The board provides input and recommendations as they pertain to alcohol and other drugs prevention, intervention, and treatment services.

Referral Update:

The term of the Member at Large #4 seat expired on June 30, 2019. The Health Services Department advertised the vacancy, received two applications, and recommends the reappointment of Guita Bahramipour to a new term that will expire on June 30, 2022. The advisory board's transmittal letter and copies of candidate applications are attached.

Recommendation(s)/Next Step(s):

RECOMMEND to the Board of Supervisors the reappointment of Guita Bahramipour to the Member at Large #4 seat on the Alcohol and Other Drugs Advisory Board to a new term that will expire on June 30, 2022.

Attachments

AODAB Transmittal Memo

AODAB Roster

Candidate Application_Guita Bahramipour_AODAB

Candidate Application_Madison Gunn_AODAB

Candidate Application_Edward Salaiz_AODAB

Contra Costa County Alcohol and Other Drugs Advisory Board
1220 Morello Avenue, Suite 101
Martinez, CA 94553
(925) 335–3307; fax (925) 335–3318

"The mission of the Contra Costa County Alcohol and Other Drugs Advisory Board is to assess family and community needs regarding prevention and treatment of alcohol and other drug-related problems. Resultant findings and recommendations are forwarded to the Health Services Department and the Board of Supervisors. The Board also serves as an advocate for these findings and recommendations to the communities that we serve."

District I
Antwon Cloird

District 2
Catherine Taughinbaugh

District 3
Cynthia Chavez

District 4
Tom Aswad

District 5
Vacant

At- Large Member
Jonathan Ciampi
Victor Ortiz
Vacant
Vacant
Michael Collins
Vacant

At- Large Alternate
Kevin Orozco
Vacant
Vacant

Date: October 25, 2019

To: Internal Operations Committee, Contra Costa Board of Supervisors

From: Fatima Matal Sol, Staff contact for the Alcohol and Other Drugs Advisory Board

RE: Alcohol and Other Drugs Advisory Board – At Large Appointment

---

The Alcohol and Other Drugs Advisory Board (AODAB), in its continued efforts to recommend board members that are able to articulate the Board's mission as well as represent the diverse community in our county, hereby makes the following reappointment recommendation for the AODAB.

NOMINEE	SEAT	TERM EXPIRATION
Guita Bahramipour **10 Redwing Place** **Moraga, CA, 94556**	**Member-at-Large 4**	**Seat Term expire** **6/30/2022** **Three years**

The aforementioned individual has been an ongoing board member who has requested reappointment. Due to the reorganization of the AODAB structure there is a need for additional At-Large members to support a broader county geographical representation. In accordance to the recruitment policy of the Board of Supervisors a media advisory and a Tweet was released by Health Services Department of 10/1/19. The media advisory is still posted on AODAB's homepage. We received multiple calls and received 2 applications. (Attached) AODS maintains an internal system to monitor countywide geographical and culturally representation.

Should you have any questions, please contact me at:

Phone: 925-335-3307
Email: Fatima.MatalSol@hsd.cccounty.us

Thank you in advance for your kind consideration in this matter.

CCCAODS will provide reasonable accommodations for persons with disabilities planning to attend the meetings who should contact staff at least 24 hours before the meeting at (925) 335-3307.

The Contra Costa County Alcohol and Other Drugs Advisory Board welcomes and encourages public participation at each meeting. Public comments on the agenda or any item of interest within the jurisdiction of the Contra Costa County Alcohol and Other Drugs Advisory Board are restricted to a maximum of three minutes per speaker. Topics not posted on the agenda may be addressed by the general public, however, California Law prohibits a Board or Commission from taking action on matters which are not on the agenda, unless in specific instances as stated under the Brown Act. Any person wishing to address this Board on matters not posted on the agenda should bring their request to the attention of the Chair, Vice Chair or Staff of the Board. Thank you. For more information, contact Fatima Matal Sol (925) 335-3307.

Current AODAB Representation		
Seat	**Name**	**Address**
District I	Antwon Cloird	Richmond, CA, 94804
District II	Catherine Taughinbaugh	Danville, CA, 94526
District III	Cynthia Chavez	Antioch, CA, 94531
District IV	Tom Aswad	Walnut Creek, CA, 94598
District V	Vacant	
At Large - 1	Jonathan Ciampi	San Ramon, CA, 94583
At Large - 2	Victor Ortiz	Walnut Creek, CA, 94598
At Large - 3	Vacant	
At Large - 4	Vacant	
At Large - 5	Michael Collins	Oakley, CA, 94561
At Large - 6	Vacant	
At Large - Alternate 1	Kevin Orozco (R)	Pittsburg, CA, 94565
At Large - Alternate 2	Vacant	
At Large - Alternate 3	Vacant	

Current AODAB Applicants	
Name	**Address**
Logan Campbell	Martinez, CA, 94553
Guita Bahramipour	Moraga, CA, 94556
Talia Moore E.D.D.	El Sobrante, CA, 94803
Madison Gunn	Antioch, CA, 94509
Erika Sheranko	Antioch, CA, 94531

Number of Apointed Members per District of Residence	
District I	1
District II	2
District III	2
District IV	2
District V	1

Number of Applicants per District of Residence	
District I	1
District II	1
District III	2
District IV	0
District V	1

District of Residence
I
II
III
IV
V
II
IV
III
V

District of Residence
V
II
I
III
III

Print Form

Contra Costa County

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Martinez, CA 94553
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BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

First Name: Guita
Last Name: Bahramipour
Home Address - Street:
City: Moraga
Zip Code: 94556
Phone (best number to reach you):
Email:
Resident of Supervisorial District: 2

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

☑ High School Diploma ☐ CA High School Proficiency Certificate ☐ G.E.D. Certificate

Colleges or Universities Attended	Course of Study/Major	Degree Awarded
University of Houston	Fine Arts	■ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Other Training Completed:

Board, Committee or Commission Name: Alcohol and Other Drugs Advisory Board
Seat Name: At-Large

Have you ever attended a meeting of the advisory board for which you are applying?
☐ No ■ Yes If yes, how many? 100+

Please explain why you would like to serve on this particular board, committee, or commission.

I have a desire to learn and serve my community.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

Active member of AODAB member for several years and serve as the Chair of the Community Awareness Committee. Serve as liaison for the Mental Health Commission and the Contra Costa Council on Homelessness.

Serve as a Board Member of Contra Costa Crisis Center (211).

I am including my resume with this application:
Please check one: ☐ Yes ■ No

I would like to be considered for appointment to other advisory bodies for which I may be qualified.
Please check one: ☐ Yes ■ No

THIS FORM IS A PUBLIC DOCUMENT

Are you currently or have you ever been appointed to a Contra Costa County advisory board?

Please check one: ■ Yes ☐ No

List any volunteer and community experience, including any boards on which you have served.

I have been a member of Contra Costa County's Alcohol and other Drugs Advisory Board (AODAB) for approximately 10 years.

Do you have a familial relationship with a member of the Board of Supervisors? (Please refer to the relationships listed below or Resolution no. 2011/55)

Please check one: ☐ Yes ■ No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the county, such as grants, contracts, or other economic relationships?

Please check one: ☐ Yes ■ No

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 publicly accessible. I understand and agree that misstatements and/or ommissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

Signed: **Date:** 10-7-2019

Submit this application to: Clerk of the Board of Supervisors
651 Pine St., Room 106
Martinez, CA 94553

Questions about this application? Contact the Clerk of the Board at (925) 335-1900 or by email at ClerkofTheBoard@cob.cccounty.us

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3. Members of certain 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.

4. Meetings may be held in various locations and some locations may not be accessible by public transportation.

5. Meeting dates and times are subject to change and may occur up to two (2) days per month.

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Print Form

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Costa
County

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Martinez, CA 94553
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BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

First Name Madison
Last Name Gunn
Home Address - Street
City Antioch
Zip Code 94509
Phone (best number to reach you)
Email
Resident of Supervisorial District: 5

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

☑ High School Diploma ☐ CA High School Proficiency Certificate ☐ G.E.D. Certificate

Colleges or Universities Attended	Course of Study/Major	Degree Awarded	
CSU East Bay	Liberal Studies	■ Yes	☐ No
JFK University College of Law	Juris Doctorate	■ Yes	☐ No
		☐ Yes	☐ No

Other Training Completed:

Board, Committee or Commission Name Alcohol & Other Drugs Advisory Board
Seat Name District 5

Have you ever attended a meeting of the advisory board for which you are applying?
■ No ☐ Yes If yes, how many?

Please explain why you would like to serve on this particular board, committee, or commission.

I grew up in the recovery community because of a parent and I still maintain strong ties. I also have a step-son with an addiction problem so alcohol and drug addiction hits close to home for me. I would like to help my community in any way that I can with this problem.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

I don't have any work experience in this field, but I have customer service and people skills and a strong desire to help and educate the community on addiction issues and resources.

I am including my resume with this application:
Please check one: ☐ Yes ■ No

I would like to be considered for appointment to other advisory bodies for which I may be qualified.
Please check one: ■ Yes ☐ No

THIS FORM IS A PUBLIC DOCUMENT

Are you currently or have you ever been appointed to a Contra Costa County advisory board?

Please check one: ☐ Yes ■ No

List any volunteer and community experience, including any boards on which you have served.

Minimal community outreach through church providing meals to the homeless.

Do you have a familial relationship with a member of the Board of Supervisors? (Please refer to the relationships listed below or Resolution no. 2011/55)

Please check one: ☐ Yes ■ No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the county, such as grants, contracts, or other economic relationships?

Please check one: ☐ Yes ■ No

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 publicly accessible. I understand and agree that misstatements and/or ommissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

Signed: _____ **Date:** 10/14/2019

Submit this application to: Clerk of the Board of Supervisors
651 Pine St., Room 106
Martinez, CA 94553

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Application Form

Profile

Edward
First Name

J
Middle Initial

Salaiz
Last Name

Home Address

Suite or Apt

Martinez
City

CA
State

94553
Postal Code

Primary Phone

Email Address

Which supervisorial district do you live in?

- [x] District 5

Education

Select the option that applies to your high school education *

- [x] High School Dipoloma

College/ University A

Name of College Attended

Diablo Valley College

Degree Type / Course of Study / Major

Administration of Justice

Degree Awarded?

- [ ] Yes
- [x] No

College/ University B

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

○ Yes ○ No

College/ University C

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

○ Yes ○ No

Other schools / training completed:

Course Studied

Pre Apprentice Construction

Hours Completed

3 Semesters

Certificate Awarded?

◉ Yes ○ No

Board and Interest

Which Boards would you like to apply for?

Alcohol and Other Drugs Advisory Board: Submitted

Seat Name

Have you ever attended a meeting of the advisory board for which you are applying?

○ Yes ◉ No

If you have attended, how many meetings have you attended?

Please explain why you would like to serve on this particular board, commitee, or commission.

Being Disabled, and in My Early 60's I Have Lots of Time on My Hands and Would Live to Be Of Help Where ever I Can, (if I were not dissabled, I would have been Possibly Patrolling the Streets Helping and Protecting the Community Today) I Have Lived in Contra Costa Most All My Life and Have Seen Many Aspects Of The Street Life and The Good & Bad That Go's With That, As I have Many Years As a Cab Driver working From 5:pn to As Late as 8:am. I Know the Streets, even tho I've Not Worked for Some Years. Along With My Two Years Learning The Many Aspects of Law enforcement, I Have Spent Some time Working with My Doctors Managing My Own Care, & Dealing with The Cans, And Can Not's when Seeking How to Obtain Services, and or medical Supplies. And Utilizing public Transportation For the General Population & ADA Service/s.

Qualifications and Volunteer Experience

I would like to be considered for appointment to other advisory boards for which I may be qualified.

(•) Yes ( ) No

Are you currently or have you ever been appointed to a Contra Costa County advisory board, commission, or committee?

( ) Yes (•) No

List any volunteer or cummunity experience, including any advisory boards on which you have served.

Not Sure If Elections Department Qualify's for this answer. But I Have Been Doing those Since Bushes 2'nd Term. State & National. I Also Attended Training for Contra Costa crisis center, But Was Not Selected To Work the Phones. But Learned a Few Things. Re: Available Services for Homeless etc. I also Have Some experience with Using Charity Orgs, Like Salvation Army, Loves & Fishes, & An Old Friend Is the Creator of the Shower House Ministries In Antioch CA.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

Most Everything Is Stated in the Above Answer. I Have Been Out Of Work (dissabled) For Several Years & Have No Resume.

Upload a Resume

Conflict of Interest and Certification

Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?

( ) Yes (•) No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

○ Yes ◉ No

If Yes, please identify the nature of the relationship:

Please Agree with the Following Statement

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 undersand that all information in this application is publicly accessible. I understand that misstatements and/or omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

☑ I Agree

Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE **6.**

Meeting Date: 11/13/2019

Subject: RECOMMENDATION FOR APPOINTMENTS TO THE COUNCIL ON HOMELESSNESS

Submitted For: Anna Roth, Health Services Director

Department: Health Services

Referral No.:

Referral Name: Advisory Body Recruitment

Presenter: Jaime Jenett, Continuum of Care Planning and Policy Manager

Contact: Jaime Jenett (925) 608-6700

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 a requirement that applications for at large/countywide seats be reviewed by a Board of Supervisors committee. Review of appointments to Countywide and At Large seats on the Council on Homelessness are assigned to the FHS Committee.

Referral Update:

Please see the attached memo from the Council on Homelessness, which details their request to fill the 3 vacancies on the 17-member council. All applications that were considered are also attached for the Committee's review.

Recommendation(s)/Next Step(s):

RECOMMEND to the Board of Supervisors the appointment of Dan Peddycord (Concord) to the Health Care Representative seat to complete the current term expiring on December 31, 2021; and Shawn Ray (San Pablo) to the Public Safety Representative seat and Patrice Guillory (Antioch) to the Reentry Representative seat to complete the current terms expiring on December 31, 2019 and to new two-year terms expiring on December 31, 2021.

Attachments

Council on Homelessness Transmittal Letter_Recommendations for Appointments

Candidate Application_Adams, Roshawn_Homeless

Candidate Application_Broussard Eric_Homeless

Candidate Application_Guillory, Patrice_Homeless

Candidate Application_Peddycord, Dan_Homeless

Candidate Application_Poe, Adam_Homeless
Candidate Application_Ramirez, Leonard_Homeless
Candidate Application_Ray, Shawn_Homeless
Candidate Application_Richards, Avery_Homeless
Candidate Application_Serrano, Kristina_Homeless
Candidate Application_Teshager, Adey_Homeless
Candidate Application_Trowbridge, Linda_Homeless
Candidate Application_Walker, Michelle_Homeless
Candidate Application_Worley, James_Homeless

ANNA M. ROTH, RN, MS, MPH
HEALTH SERVICES DIRECTOR

LAVONNA MARTIN, MPH, MPA
DIRECTOR OF HEALTH, HOUSING & HOMELESS SERVICES

CONTRA COSTA
HEALTH SERVICES

CONTRA COSTA
HEALTH HOUSING &
HOMELESS SERVICES

2400 Bisso Lane, Suite D, 2nd Floor
Concord, California 94520

Ph (925) 608-6700
Fax (925) 608-6741

Date: November 13, 2019
To: Family and Human Services Committee
Supervisor John Gioia, District I, Chair
Supervisor Candace Anderson, District II, Co-Chair
From: Lavonna Martin, Director, Health, Housing and Homeless Services Division
CC: Anna Roth, RN, MS, MPH Health Services Director
Subject: Council on Homelessness Seat Membership Recommendation Process

The Director of Health, Housing and Homeless Services, Lavonna Martin, respectfully requests that the Family and Human Services Committee accepts the recommendation to appoint three (3) individuals for open seats on the Contra Costa Council on Homelessness (aka the Homelessness Advisory Board).

PURPOSE OF COUNCIL ON HOMELESSNESS

The Contra Costa Continuum of Care is governed by the Contra Costa Council on Homelessness (hereinafter referred to as the Council). The Council is appointed by the Contra Costa County Board of Supervisors to assist and provide guidance in the development and implementation of long-range planning and policy formulation of homeless issues in Contra Costa County.
The Contra Costa Council on Homelessness provides a forum for communication and coordination of the County's Strategic Plan to End Homelessness, educate the community on homeless issues, and advocate on federal, state and local policy issues affecting people who are homeless or at-risk of homelessness.

Governance

The Council on Homelessness is appointed by the Board of Supervisors and consists of 17 seats representing homeless or formerly homeless persons, community members, educational/vocational services, health care, housing providers, law enforcement, local government, the faith community, and homeless service providers including the Veterans Administration. All Council members reside in or are employed in Contra Costa County, demonstrate a professional interest in or personal commitment to addressing and alleviating the impact of homelessness, and be able to contribute unique expertise, opinions and viewpoints on homeless issues. Candidates will serve two-year terms.

SUMMARY OF RECRUITMENT EFFORTS/NOMINEES FOR MEMERSHIP

The Council on Homelessness continues to make every effort to fill its vacant seats. These efforts include sending a targeted email solicitation via the Continuum of Care mailing list (800+ contacts that include each Supervisor's office), announcing vacancies at public Council on Homelessness meetings and posting information about the vacancies and application materials on the Council on Homelessness website.

A nominating committee consisting of three seated Council on Homelessness members reviewed applications and supplemental information including optional letters of interest for all seats. The committee used a rubric to evaluate the applicants that included capacity to meet the functions and tasks of the Council on Homelessness as stated in the Council's bylaws and evaluating the diversity of current and potential Council members to ensure that a diverse population contributes to deliberations and decision-making—including consumers and community members—as well as gender, ethnic, cultural, and geographical representation.

Following a close review of applications and interviews with the candidates by a nominating committee, the Council on Homelessness recommends appointing the following three (3) nominees:

1. *Health Care Representative*
   Daniel Peddycord, RN, MPA: HA
   Director of Public Health/Assistant Health Services Director
   Contra Costa Health Services
   Martinez, CA

2. *Public Safety Representative #2*
   Shawn Ray
   Lieutenant
   San Pablo Police Department
   San Pablo

3. *Reentry Services Representative*
   Patrice Guillory
   Reentry Network Manager
   HealthRIGHT 360
   Antioch, CA

The candidates have expressed a sincere interest in serving on the Council and are dedicated to fulfilling the mission and goals as outlines in the Council on Homelessness by-laws.

Based on the above information, the Director of Health, Housing and Homeless Services Division, on behalf of the Council on Homelessness respectfully recommends that the FHS Committee appoint the above listed people to the Council on Homelessness.

Application Form

Profile

Roshawn
First Name

Middle Initial

Adams
Last Name

Home Address

Suite or Apt

vallejo
City

CA
State

94590
Postal Code

Primary Phone

Email Address

Which supervisorial district do you live in?

None Selected

Education

Select the option that applies to your high school education *

- [x] High School Dipoloma

College/ University A

Name of College Attended

Diablo valley College

Degree Type / Course of Study / Major

Addiction studies/ Counseling

Degree Awarded?

- (•) Yes
- ( ) No

College/ University B

Name of College Attended

John F. Kennedy University

Degree Type / Course of Study / Major

Psychology (current attendance)

Degree Awarded?

○ Yes ◉ No

College/ University C

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

○ Yes ○ No

Other schools / training completed:

Course Studied

CCAPP

Hours Completed

Certificate Addiction counseling

Certificate Awarded?

◉ Yes ○ No

Board and Interest

Which Boards would you like to apply for?

Contra Costa Council on Homelessness: Not Submitted

Seat Name

Reentry Services Representative:

Have you ever attended a meeting of the advisory board for which you are applying?

○ Yes ◉ No

If you have attended, how many meetings have you attended?

Please explain why you would like to serve on this particular board, commitee, or commission.

I would like to participate in the advisory board due to my own life experiences, studies, and current direct care in working with this population of individuals. I would further like to develop, strengthen, and extend my career skills with knowledge of all working systems within contra costa county. After successfully going through my own challenges with homelessness, legal, and traumatic events in life I can relate to lots of the challenges and trials in which individuals are faced with. My motivational interviewing skills have proven to encourage many towards choosing a better direction for their lives and future.

Qualifications and Volunteer Experience

I would like to be considered for appointment to other advisory boards for which I may be qualified.

(•) Yes ( ) No

Are you currently or have you ever been appointed to a Contra Costa County advisory board, commission, or committee?

( ) Yes (•) No

List any volunteer or cummunity experience, including any advisory boards on which you have served.

Vallejo Community Action board for health care in Vallejo CA

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

see attachment

New_Resume.docx

Upload a Resume

Conflict of Interest and Certification

Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?

( ) Yes (•) No

If Yes, please identify the nature of the relationship:

N/A

Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

( ) Yes (•) No

If Yes, please identify the nature of the relationship:

N/A

Please Agree with the Following Statement

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 undersand that all information in this application is publicly accessible. I understand that misstatements and/or omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

- [x] I Agree

ROSHAW N ADAMS

Vallejo CA 94590 -

Licenses/Certifications

Certified by California Consortium of Addiction Programs and Professionals Substance Abuse Counselor CADCI Ci10601217

Education

- John F. Kennedy University- 10/2017 to Current (Bachelor of Art - Psychology)
- Diablo Valley College- 9/2013 to 9/2016 (Associate in Science Addiction Studies & Counseling)
- Milwaukee Technical College- 9/1994 to 6/1996 (General Education/ Practical Nursing)

Professional Experience

Contra Costa County (Public Health Department) Substance Abuse Counselor
Concord, CA 10/2017 - Current

Apply current substance use disorder treatment methods to individuals and families. Make referrals to available community resources while providing physiological, sociological and psychological education. Assist with advocacy and linkages to other agencies within the county and beyond. Interview individuals to determine the appropriateness of program services while communicating effectively with people experiencing anxiety, stress and depression. Write, type, and maintain detailed accurate records while evaluating clients. Rehabilitation progress, behaviors, and implement suggested re-directives using Motivational Interviewing and Stages of Change model. Recognized and collaborated with Contra Costa County communications department in implementing two program videos honoring patient center care, community connect program and honored in the Directors Report of Contra Costa County. Received two awards one with the collaboration of substance use disorder team members and The Brightest Star award of community connect program.

House of Acts – Substance Abuse Counselor
Vallejo, CA 04/2015 - Current

Give full active listening and attention to individuals who are experiencing Substance Use disorder and Mental Health disorder symptoms. Accurately keep records according to Drug Medical, stakeholders and the county partners policies, procedures and regulations. Documented reactions to interventions, changes in behaviors, strengths, weaknesses, and suggest alternative solutions to treatment. Encourage through logical reasoning.

Anka Behavioral Health – Program Administrator
Vallejo, CA 12/2013 - 7/2017

Responsibilities include close consultation with Director of Alcohol and Other Drug Services (AOD), Interview, train, supervise, evaluate, and discipline/discharge clinicians and counselors in an intensive outpatient substance abuse, mental health,

and co-occurring disorder treatment program. Responsible for all daily aspects, operations, and functions of program. Responsibilities include annual budgeting and reporting, occasional assistance with renewal grant applications and ensuring that the program adhere to all regulatory requirements while providing the highest quality of care. Regularly monitor timeliness, accuracy and quality of all charts and documentation according to policy and procedures required by partnered stake holders. Received an award for 100% compliance in monthly billing productivity of highest ever reached for a program by ensuring all billable services where accessed and offered. In addition, I received an award for most valued employee. Attend internal and external administrative meetings, coordination and facilitation of staff trainings, staff meetings while implementing most the efficient procedures and protocols

Youth and Family Services/ Mission Solano – Mentor
10/2013 - 04/2016

Responsibilities included visitation, encouragement and empowerment of incarcerated women through Solano County Sheriff's Department. Assist addressing employment barriers and economic independence. Build effective social skills, reinforce participant’s confidence and self-esteem. Advocate and mediate towards reunification back into society and families

SCI Consulting
12/2012 - 12/2014

Confer with customers by telephone in to provide information about services, cancel accounts, or obtain details of complaints and check to ensure that appropriate changes were made to resolve customers problems.

Application Form

Profile

Eric
First Name

A
Middle Initial

Broussard
Last Name

Home Address

Suite or Apt

Brentwood
City

CA
State

94513
Postal Code

Primary Phone

Email Address

Which supervisorial district do you live in?

None Selected

Education

Select the option that applies to your high school education *

- [x] High School Dipoloma

College/ University A

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

- [ ] Yes
- [ ] No

College/ University B

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

○ Yes ○ No

College/ University C

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

○ Yes ○ No

Other schools / training completed:

Course Studied

Hours Completed

Certificate Awarded?

○ Yes ○ No

Board and Interest

Which Boards would you like to apply for?

Contra Costa Council on Homelessness: For Review

Seat Name

Public Safety #2:

Have you ever attended a meeting of the advisory board for which you are applying?

○ Yes ◉ No

If you have attended, how many meetings have you attended?

Please explain why you would like to serve on this particular board, commitee, or commission.

I am a police officer with Contra Costa County College Dist. Police Department, and serve as the Homeless Liaison Officer for our three (3) campuses: Diablo Valley, LMC, and Contra Costa College. This would be a great opportunity to share ideas in our endeavor to improve quality of life issues challenging our growing homeless citizens.

Qualifications and Volunteer Experience

I would like to be considered for appointment to other advisory boards for which I may be qualified.

- [x] Yes
- [ ] No

Are you currently or have you ever been appointed to a Contra Costa County advisory board, commission, or committee?

- [ ] Yes
- [x] No

List any volunteer or cummunity experience, including any advisory boards on which you have served.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

Police Officer, serving as the Homeless Liaison Officer for the Contra Costa County Community College District.

Upload a Resume

Conflict of Interest and Certification

Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?

- [ ] Yes
- [x] No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

- [ ] Yes
- [x] No

If Yes, please identify the nature of the relationship:

Please Agree with the Following Statement

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 undersand that all information in this application is publicly accessible. I understand that misstatements and/or omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

☑ I Agree

Application Form

Profile

Patrice
First Name

Middle Initial

Guillory
Last Name

Home Address

Suite or Apt

Antioch
City

CA
State

94531
Postal Code

Primary Phone

Email Address

Which supervisorial district do you live in?

None Selected

Education

Select the option that applies to your high school education *

- [x] High School Dipoloma

College/ University A

Name of College Attended

Northwestern University

Degree Type / Course of Study / Major

Public Policy & Administration

Degree Awarded?

- [ ] Yes
- [x] No

College/ University B

Name of College Attended

Spelman College

Degree Type / Course of Study / Major

Comparative Women's Studies

Degree Awarded?

◉ Yes ○ No

College/ University C

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

○ Yes ○ No

Other schools / training completed:

Course Studied

Hours Completed

Certificate Awarded?

○ Yes ○ No

Board and Interest

Which Boards would you like to apply for?

Contra Costa Council on Homelessness: Appointed

Seat Name

Reentry Services

Have you ever attended a meeting of the advisory board for which you are applying?

◉ Yes ○ No

If you have attended, how many meetings have you attended?

Please explain why you would like to serve on this particular board, commitee, or commission.

I am a current Board member occupying the Reentry Services seat. I wish to continue in this role and support both the Council and H3's efforts to educate the community about challenges and potential housing solutions for County residents impacted by the criminal justice system. With my knowledge and background in implementing reentry-focused programs in the county that often include opportunities to reduce homelessness and/or prevent homelessness among the reentry population, I believe I'm well-positioned to continue to bring forth a perspective highlighting the unique needs and challenges faced by this particular community. I'm also adept in the policy changes and actions that have been taken by our local system actors, and partnerships and collaborations between criminal justice reform and reentry stakeholders throughout the County to better enhance service delivery for individuals returning home from incarceration.

Qualifications and Volunteer Experience

I would like to be considered for appointment to other advisory boards for which I may be qualified.

○ Yes ○ No

Are you currently or have you ever been appointed to a Contra Costa County advisory board, commission, or committee?

○ Yes ○ No

List any volunteer or cummunity experience, including any advisory boards on which you have served.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

• Managed direct service coordination and communications between contracted service providers as they offer reentry services in Antioch and far East Contra Costa County with a specific emphasis on clients with low-level, drug-related felonies. • Develop local mentoring and community-responsive programs to enhance service navigation as a support mechanism for jail-to-community transitions into the far East Contra Costa region. • Worked collaboratively with County agencies, local CBOs and FBOs, and local law enforcement agencies to implement the County adopted Plan for an East & Central County Networked System of Services for Returning Citizens

PatriceG_RESUME-2.2019.pdf

Upload a Resume

Conflict of Interest and Certification

Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?

○ Yes ◉ No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

◉ Yes ○ No

If Yes, please identify the nature of the relationship:

Employer has contracts with CCC Office of Reentry & Justice and CCHS-Behavioral Health Division.

Please Agree with the Following Statement

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 undersand that all information in this application is publicly accessible. I understand that misstatements and/or omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

☑ I Agree

Patrice L. Guillory

SUMMARY OF QUALIFICATIONS

With over 10 years of comprehensive professional experience in strategic planning, program development and management, community engagement, coalition- and consensus-building, and research and analysis of federal, state, and local policies, I have a broad and extensive background in areas relating to community development, housing, public health, education, and criminal justice and reentry fields. I have excellent interpersonal skills and have experience building collaborative partnerships which allows me to work well across diverse constituencies and agencies.

I demonstrate leadership with an acumen that is results-driven and favorable for engaging both public and non-profit sectors. I am uniquely qualified to effectively and collaboratively manage, motivate and inspire stakeholders as evidenced by my distinctive professional journey. My strong critical thinking, problem solving and decision making abilities, including experience with budget oversight, will make me a great asset to any team.

Education

MASTER OF ARTS, PUBLIC POLICY & ADMINISTRATION | CANDIDATE | NORTHWESTERN UNIVERSITY, EVANSTON, IL

BACHELOR OF ARTS, COMPARATIVE WOMEN'S STUDIES | MAY 2008 | SPELMAN COLLEGE, ATLANTA, GA

Experience

MANAGING DIRECTOR, CONTRA COSTA COUNTY PROGRAMS & SERVICES | HEALTHRIGHT 360 | FEBRUARY 2019 - PRESENT

- Provide oversight, coordination, support, and quality management to the agency's programs and services in the Contra Costa County region.
- In coordination with the V.P. of Community and After Care Services, responsible for implementation of community-based reentry services and criminal justice partnerships with the Contra Costa Health Services-Behavioral Health & Health, Housing and Homeless Services Divisions, the City of Antioch's Police Department, Contra Costa County Probation Department, and the Contra Costa County Office of Reentry and Justice.
- Manage a staff of 14 with expertise in case management, service coordination, project management and administration, peer support and outreach, information coordination, community outreach and volunteer coordination.
- Monitor contract compliance, assurance, and reporting among subcontractors, and establish and maintain program policies and procedures.

NETWORK MANAGER, CONTRA COSTA REENTRY NETWORK | HEALTHRIGHT 360 | NOVEMBER 2016 – JANUARY 2018

- Manage day to day operations of the Contra Costa Reentry Network (a collaborative system of services), including project budget management, assessing reentry service quality and efficiency, and monitoring system and client outcomes.
- Supervise a dedicated direct service and administrative staff, and responsible for coordination of program activities with community-based partners and County agencies.
- Work in coordination with the V.P. of Community and After Care Services to ensure service delivery is in accordance with contract deliverables.

FIELD OPERATIONS COORDINATOR (CONTRACTOR) | CONTRA COSTA COUNTY | AUGUST 2015 - SEPTEMBER 2016

- Managed direct service coordination and communications between contracted service providers as they offer reentry services in Antioch and Far East Contra Costa County with a specific emphasis on clients with low-level, drug-related felonies.
- Develop local mentoring and community-responsive programs to enhance service navigation as a support mechanism for jail-to-community transitions into the Far East Contra Costa region.
- Worked collaboratively with County agencies, the County Reentry Coordinator, the County Administrator's Office, local CBOs and FBOs, and local law enforcement agencies to implement the County adopted Plan for an East & Central County Networked System of Services for Returning Citizens.

PROGRAM MANAGER | CONTRA COSTA HEALTH SERVICES | APRIL 2015 – AUGUST 2015

- Managed strategic planning process of emerging local community health project that promote chronic disease prevention, healthy built environment, and reducing health inequities in east Contra Costa County.
- Managed a multi-sectoral collaborative in partnership with healthcare providers, social service agencies, business leaders, FBOs and CBOs, elected officials and public sector agencies to implement the Healthy and Livable Pittsburg Action Plan.
- Oversaw program budget, grant management duties, and provide technical assistance to local CBOs.

EXTERNAL RELATIONS ASSOCIATE| THE EDUCATION TRUST-WEST | JANUARY 2014 – MARCH 2015

- Sustained and established strategic partnerships with local CBOs across five regions (Bay Area, L.A., San Diego, Inland Empire, and Central Valley).
- Facilitated statewide coalition of 50+ civil rights, education reform, and base-building organizations to influence the state's regulatory process and implementation of the Local Control Funding Formula law.
- Administered statewide education program (FairShare4Kids.org) including monitoring and evaluating program activities and budget expenditures, and creating community resources and training curriculum and videos.
- Provided technical assistance to CBOs regarding their local education advocacy campaigns/initiatives; and represented and presented ETW's work at over 20 public events and meetings.

POLICY RESEARCH ASSISTANT| PROMISE NEIGHBORHOODS INSTITUTE AT POLICYLINK | JUNE 2012 – JANUARY 2014

- Managed the Institute's advocacy campaign for AB 1178 - The California Promise Neighborhoods Initiative — including overseeing consultant deliverables, drafting bill language, and coordinating support among California child advocacy stakeholders.
- Drafted model legislation for establishing state or local level cradle to career program.
- Served as a member of the Federal Policy Team and provided research assistance and analysis of national and state level community revitalization and "place-based" efforts while coordinating the Institute's federal policy advocacy work and network of over 61 Promise Neighborhood grantees.

Boards/Commissions

- Community-Based Organization Representative to the Contra Costa County Community Corrections Partnership (June 2018 - present)
- Member (Reentry Services Representative), Contra Costa County's Council on Homelessness (Continuum of Care governing body) (March 2018 - present)
- Vice Chair of the Community Advisory Board (Chair of Policy and Budget Subcommittee) to the Contra Costa County Community Corrections Partnership (Jan 2016 - Dec 2018)
- Member, Contra Costa County's Reentry System Strategic Planning Steering Committee (July 2017 - June 2018)
- Member, Contra Costa County's Local Advisory Committee to the State of California's Board of State and Community Corrections' Proposition 47 Grant Award (Jan 2017 - present)
- Member, Board of Directors of Urban Habitat (Sept. 2017 - Present)

Application Form

Profile

Daniel
First Name

W
Middle Initial

Peddycord
Last Name

Home Address

Suite or Apt

Concord
City

CA
State

94519
Postal Code

Primary Phone

Email Address

Which supervisorial district do you live in?

- [x] District 4

Education

Select the option that applies to your high school education *

- [x] High School Dipoloma

College/ University A

Name of College Attended

Washington State University

Degree Type / Course of Study / Major

Bachelor in Nursing

Degree Awarded?

- (•) Yes
- ( ) No

College/ University B

Name of College Attended

Portland State University

Degree Type / Course of Study / Major

Master in Public Administration/Health Admin

Degree Awarded?

◉ Yes ○ No

College/ University C

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

○ Yes ○ No

Other schools / training completed:

Course Studied

Hours Completed

Certificate Awarded?

○ Yes ○ No

Board and Interest

Which Boards would you like to apply for?

Contra Costa Council on Homelessness: Submitted

Seat Name

Health Sector

Have you ever attended a meeting of the advisory board for which you are applying?

◉ Yes ○ No

If you have attended, how many meetings have you attended?

1

Please explain why you would like to serve on this particular board, commitee, or commission.

Homelessness is a critical social determinant of health that impacts far too many individuals, families and even youth. In addition I seek to further align efforts across CCHS and with community partners in working with and providing services to persons who are homeless. This includes looking for ways to help coordinate and align efforts between Whole Person Care, Health Care for the Homeless, H3, School Based Health Servcies, and the suite of Maternal Child Health Services.

Qualifications and Volunteer Experience

I would like to be considered for appointment to other advisory boards for which I may be qualified.

○ Yes ◉ No

Are you currently or have you ever been appointed to a Contra Costa County advisory board, commission, or committee?

◉ Yes ○ No

List any volunteer or cummunity experience, including any advisory boards on which you have served.

I currently serve on the Contra Costa Juvenile Justice Coordinating Council and have previously served on numerous boards and commissions. This includes serving on local Health Plan Boards, FQHC Boards, Regional Health Boards, AB 109/Re-entry Commission and local non-profit.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

25+ years of senior/executive level management experience in health and health care. Significant policy experience in the health field, including bringing new policy forward to policy makers for formal consideration/adoption.

DWP_resume_2019_Contra_Costa_.doc

Upload a Resume

Conflict of Interest and Certification

Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?

○ Yes ◉ No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

○ Yes ◉ No

If Yes, please identify the nature of the relationship:

Please Agree with the Following Statement

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 undersand that all information in this application is publicly accessible. I understand that misstatements and/or omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

☑ I Agree

DANIEL W. PEDDYCORD, RN, MPA:HA

An experienced, visionary Health Administrator with strong leadership skills who consistently produces significant and tangible results by understanding and aligning the critical interests of diverse groups in order to build collaborative relationships and inspired work teams.

Summary of professional strengths and experience:

- **Team building & relationship management**
- **Quality & performance improvement**
- **Empowering staff to achieve excellence**
- **Budgeting & capital planning**
- **Project management & implementation**
- **Strategic planning & organizational development**
- **Legislative advocacy & policy development**
- **Vision setting & comprehensive community health planning**
- **Public relations & program marketing**
- **Comprehensive cost & value analysis**
- **Program planning & development**
- **Dashboarding & data for decision-making**
- **Human resources & personnel development**

PROFESSIONAL EXPERIENCE

8/15 – Current **ASSISTANT HEALTH SERVICES DIRECTOR, DIRECTOR of PUBLIC HEALTH**
Contra Costa County Health Services, Martinez, CA
Director of Public Health for Contra Costa County, California with a population of nearly 1.2 million residents. With the recent addition of Whole Person Care, the Department has an annual budget in excess of $84 million and approximately 625 FTE. The department offers a broad and typical array of public health services and programs ranging from the control of reportable diseases to public health nursing and case management, to maternal child and adolescence health programs as well as a suite of HIV services, WIC, CCS and community wellness and prevention that is inclusive of tobacco control and the promotion of physical activity and healthy nutrition. In addition, the department provides an extensive array of direct clinical services to special and/or at-risk populations including homeless health care services, mobile health and dental services, reproductive and STD health services, Medication Assisted Treatment for opioid use disorder, as well as school-based health services at more than 40 K-12 school locations. The department has embraced a focus on the social determinants of health and has developed special programs aimed at educational attainment, foster youth, and pregnant women who are incarcerated. In addition, the department operates the County's Senior Nutrition, Meals on Wheels program, and operates a Public Health Lab. The department also houses a comprehensive suite of linguistic access services on behalf of the entire Contra Costa Health System and supports the Hazardous Materials Ombudsman program.

- **Completed a first ever Strategic Plan for Public Health with an emphasis on system integration across divisions and agencies to address priority health issues.** This effort seeks to leverage and align efforts that touch not only various public health priorities but also reflects on larger health system efforts being addressed under the 1115 Medicaid Waiver, as well as priorities that have surfaced via community health assessments conducted by area hospitals and/or health systems.

- Operate the **Whole Person Care Initiative** for Contra Costa Health Services. This 40 million dollar annual project is aimed at addressing many of the underlying social determinants and factors effecting the over and/or mis-utilization of health care services. Included within the scope of work for this project is the development of an enterprise wide data warehouse comprised of clinical, population, behavioral health, EMS and social service information with the intent of aligning care and case management efforts across multiple divisions. In addition, a sobering center and enhanced housing support services are being developed.

- Led the County's efforts to develop a **Safe Drug Disposal Ordinance**. This policy was formally adopted by the Board of Supervisors in December of 2016. In addition, the PH Division launched a dedicated Medication Assisted Treatment program, called Choosing Change, and has partnered with Emergency Departments, Homeless Health Care, EMS, schools and the Corrections System to develop MAT-related services in those venues.

- Brought forward a comprehensive update and revision of the County's tobacco prevention policies and **smoke free ordinance** to include a **ban on flavored tobacco products, a ban on vaping** and a moratorium on the establishment of any new tobacco retailer in **proximity to youth sensitive areas.**

- Championed the inclusion of a **medical home for foster youth** as part of the PRIME Medicaid Waiver objectives. In addition, facilitated a series of high-level strategy meetings to strengthen an integrated cross agency approach to case managing and monitoring health needs of foster youth, including the use of **psychotropic medication.**

- Regularly address community concerns regarding **environmental incidents involving air and soil toxins and impacts to human health.**

12/08 – 7/15 **DIRECTOR, PUBLIC HEATH**

Santa Clara County Public Health Department, San Jose, CA

Director of Public Health for Santa Clara County, California, with a population of over 1.8 million residents and an annual budget in excess of $92 million. With over 430 employees the department offered a wide array of public health and direct service programs ranging from Communicable Disease control, Tuberculosis control, HIV Prevention, Immunizations, Public Health Preparedness, Public Health Nursing, WIC, and Vital Records. In addition, the Department provided comprehensive Emergency Medical Services (EMS) regulatory oversight, a strong epidemiology, planning and health policy division, and a robust suite of chronic disease and injury prevention programming, including a focus on tobacco, obesity, nutrition and physical activity. The Department also acted as the fiscal and administrative agent for the California Children Services (CCS) program, including the operation of a medical therapy unit for CCS eligible children. The Department participated in the Comprehensive Perinatal Service Program (CPSP) delivering services to high-risk mothers and newborns, and recently launched the Nurse Family Partnership Program (NFP). Added to this were programs in Black Infant Health, Lead Poisoning Prevention, and special services for children in Foster Care. The Department also offered comprehensive Public Health Pharmacy services and operated a Public Health Lab, with Special Agent designation, capable of processing many of the of the most complex clinical and environmental samples.

- **Produced Community Health Profile Reports with the intention of engaging the diverse communities served in this County.** The Department produced a series of Community Health Profiles, including special features on Health Inequity and reports on the health of our Vietnamese and Latino communities. This activity forged and refreshed partnerships with the non-profit and academic community as well as a wide array of clinical care systems and partners, such as the Hospital Council.

- **Developed a 3-year Strategic Plan with an emphasis on high priority health issues and intended to rebuild capacity and financial stability to the local public health system.** This effort included the addition of core infrastructure to enable robust community health assessment, health planning, and policy development. The plan adopts the CDC's "Winnable Battles" concept, as well as the tenants of National Public Health Accreditation. In addition, the plan emphasizes Health Equity and the role that policy plays in shaping the social, economic, and environmental influences on health. Lastly, the plan is also framed around the 18 public health capacities.

- **Developed strong stakeholder support for the concept of a Community Health Agenda** and **Community Health Improvement Plan.** These actions led to the development of a Community Health Improvement Plan that is strategically tied to both the Department's Strategic Plan and the lager Health and Human Services vision and strategic road map.

- **Assembled and supported a core team of staff and mangers to drive a journey towards National Public Health Accreditation.** The Department achieved accreditation in the fall of 2015**.** By engaging and truly listening to staff input we fashioned a highly inspired work team that developed a framework for a culture of quality and performance improvement together with a staff engagement committee and a data for decision making process.

- **Successfully invested in Chronic Disease Prevention and a 'Health In All Policies' approach across all programs and initiatives.** Worked with staff to develop a Health Element in the County General Plan and across 10 city jurisdictions to advance a policy approach to addressing environmental conditions that are conducive to better health. This included tobacco retail licensing, smoke free multi-residential housing, school and workplace nutritional initiatives, clean water-bottle refilling stations along park trails and in urban environments, as well as many other policy and system change initiatives. Even in the wake of a weak economy we were very successful in adding a number of new FTE and initiatives aimed at chronic disease prevention. This, in larger part, is due to an acute focus on the **Return on Investment** gained from this focus area.

- **Conceived and Developed the EpiCenter for Population Health Management and Improvement**. Designed to leverage powerful new health data tools with public health practice, the center intends to drive an alignment of focus and strategy between the healthcare delivery system and the prevention community.

- **Advanced a collaborative partnership with local community agencies, Social Services, Public and Behavioral Health, and local Corrections staff** to develop a comprehensive suite of re-entry supports for the AB-109 corrections population, leading to lower recidivism and more successful reentry into local society.

2/98 – 11/08 **DIRECTOR, PUBLIC HEATH**
Deschutes County Health Department, Bend, OR
Executive Director of Health Services for Deschutes County, Oregon, with a population of 165,000 residents. The Department had an annual budget of $ 7.8 million. With nearly 75 employees, the department offered a wide array of public health services ranging from family planning to immunizations, communicable disease control, chronic disease programs, tobacco prevention, WIC nutritional support, suicide prevention, maternity case management, primary prenatal care, home visiting, disaster planning, environmental health services, vital records, and health information and statistics.

- **Enhanced the clinical and fiscal operations of the department to achieve significant service, program and financial improvement** through vision setting and strategic planning linked to program and service outcome benchmarks, quality indicators, enhanced customer service, community partnerships and resource acquisition. Acquired and implemented the Department's first clinical management software system with a fully integrated Accounts Receivable System.

- **Embraced the concept of community** by fostering strong collaborations and meaningful partnerships with citizen groups, the business community, state and local agencies, schools, hospitals, public officials, and by supporting staff participation in coalitions, boards and advisory committees.

- **Improved the operational efficiency** of the department by **establishing a strategic business plan** designed to enhance service level benchmarks, program outcome measures and financial performance indicators.

- **Improved customer service** by reallocating resources and revising clinic schedules to reduce wait times, reduce no-shows and **by empowering the staff** to embrace a philosophy of "**customer service excellence.**"

- **Developed consensus** for a **7 million dollar construction project** to build a new Health and Human Services Building in Bend, Oregon. This project was completed in early 2001. In addition, 3 satellite clinics were developed in surrounding communities.
    - Community Wellness Center – Redmond, Oregon, opened in 2001
    - School Based Health Center – La Pine Oregon, opened in 2005
    - Teen Health Center – Downtown Bend, Oregon, opened in 2006

- **Improved** community awareness of and **support for public health** by engaging key members of agencies and the public in a collaborative discussion about community health needs and local capacity to address these needs.

- **Developed a local Public Health Advisory Board** to engage the community and local health leaders in shaping and advocating for a strong viable public health system and as a mechanism to bring focus and action to local health issues.

- **Developed a comprehensive community-based health and wellness agenda** for the county by engaging local partners, state and local agencies and private non-profits in a process to prioritize key needs for high risk or socially/medically challenged populations and developed a strategy to enhance the local capacity to address these needs.

- **Enhanced the ability** of the Department to address a wide variety of **Environmental Health Concerns** through staff training, community involvement, the adoption of a National model for Environmental Public Health Tracking (EPHT) and identifying a network of environmental consultants and toxicologists. The department also fostered a close collaboration with the Department of Environmental Quality, developed a network of environmental consultants and toxicologist, and worked closely with private business.

EDUCATION

Master of Public Administration / Health Administration: Portland State University: Portland, Oregon

Bachelor of Science, Nursing: Washington State University: Spokane, Washington

Bachelor of Science, Physical Education: Washington State University: Pullman, Washington

Continuing Professional Education:

- Average 30 CEUs/year, Nursing Education
- Executive Series: Rapid Transformation, Stanford University
- Ethics in Leadership, Santa Clara County
- Incident Command Training ICS - 100, 200, 300,400, 700, FEMA/National Incident Management System
- CQI Training, Juran Group
- Multiple Supervisor Workshop Series
- Project Management, Vancorp, Inc.
- Leading Effective Meetings, Cumulus Group
- Managing Change & Transition, OHSU
- Creative Thinking, Dr. Edward De Bono
- Lean Six Sigma

MEDICAL / LEGAL CONSULTATIONS

4/94 – 4/98 **Medical - Legal Case Review and Consultation**

For attorneys and insurance providers of local and regional Health Care Systems

- Hoffman, Hart & Wagner: Portland, Oregon
- Brisbee & Stockton: Hillsboro, Oregon
- Avera & Avera: Gainesville, Florida
- The St. Paul Fire and Marine Insurance Company: Vancouver, Washington

LICENSURE / CREDENTIALS

- California State Board of Nursing: Registered Nurse License No: 804590 (10/31/2020)
- Oregon State Board of Nursing: Registered Nurse License No. 87-006073 (9/19/2021)
- Washington State Board of Nursing: Registered Nurse License No. 2850083210 (9/19/87)

AFFILIATIONS and MEMBERSHIPS

- County Health Executive Association of California (CHEAC)
- Association of Bay Area Health Officials
- Bay Area Regional Health Inequities Initiative (BARHII)
- American Public Health Association (APHA)
- National Association of City and County Health Officials (NACCHO)

SELECTED COMMITTEES and ACTIVITIES

- Co-Chair BARHII, Bay Area Regional Health Inequity Initiative
- Member, CHEAC Executive Committee.
- Member, CHEAC Legislative Committee.
- Member, Healthy Richmond Steering and Executive Committees
- Member, ACCMA East-Bay Safe Prescribing Coalition.
- Past President: California Health Executives Assoc. of California (CHEAC)
- Past Board Member: Santa Clara Family Health Plan, Governing Authority
- Past Board Member: Corrections System Re-Entry Network Governing Authority
- Past Board Member: Heath Reform Advisory Committee, Santa Clara County
- Past Board Member: Diabetes Society of Santa Clara County
- Past Board Chair: Tri County Rural Health Counsel (501c3) Oregon
- Past Chair: Local Advisory Committee to the Commission on Children and Families
- Past Chair: Legislative Committee of the Conference of Local Health Officials, Oregon
- Past Board Officer: Ochoco Federally Qualified Health Center (501c3), Oregon
- Past Board Officer: Central Oregon Health Collaborative (501c3), Oregon

- Founding Board Member: Volunteers in Medicine Clinic of the Cascades (501c3)
- Past Appointed Member: Governors Task Force on Tobacco Reduction, Oregon
- Past Member: Oregon State Cancer Reduction Advisory Committee
- Past Member: Oregon State Public Health Quality Standards Committee

Application Form

Profile

Poe
First Name

Middle Initial

Adam
Last Name

Home Address

Suite or Apt

Oakland
City

CA
State

94602
Postal Code

Primary Phone

Email Address

Which supervisorial district do you live in?

None Selected

Education

Select the option that applies to your high school education *

- [x] High School Dipoloma

College/ University A

Name of College Attended

Michigan State University (E. Lansing, MI)

Degree Type / Course of Study / Major

B.A. Political Science

Degree Awarded?

- (•) Yes
- ( ) No

College/ University B

Name of College Attended

DePaul University College of Law (Chicago, IL)

Degree Type / Course of Study / Major

Juris Doctorate

Degree Awarded?

◉ Yes ○ No

College/ University C

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

○ Yes ○ No

Other schools / training completed:

Course Studied

Hours Completed

Certificate Awarded?

○ Yes ○ No

Board and Interest

Which Boards would you like to apply for?

Contra Costa Council on Homelessness: Submitted

Seat Name

Reentry

Have you ever attended a meeting of the advisory board for which you are applying?

◉ Yes ○ No

If you have attended, how many meetings have you attended?

3-4x

Please explain why you would like to serve on this particular board, commitee, or commission.

I have been involved in reentry planning and system building in Contra Costa since approximately 2010-2011 as a contributor to the County's reentry strategic plan, the reentry Community Advisory Board (CAB) and as a member of the steering committee of the Reentry Success Center. I am an attorney with 12 years experience representing formerly incarcerated individuals at the intersection of reentry and housing and care deeply about and feel I can contribute my expertise to the Council's important work.

Qualifications and Volunteer Experience

I would like to be considered for appointment to other advisory boards for which I may be qualified.

○ Yes ○ No

Are you currently or have you ever been appointed to a Contra Costa County advisory board, commission, or committee?

○ Yes ◉ No

List any volunteer or cummunity experience, including any advisory boards on which you have served.

Contra Costa Sparkpoint/United Way Steering Commitee (2018) Contra Costa Alliance to End Domestic Violence, Core Planning Team (2018) Reentry Success Center (Richmond, CA), Steering Committee (2017) Contra Costa Community Corrections Partnership Community Advisory Board ("CAB") Contra Costa Youth Justice Initiative ("YJI") Steering Committee (2015)

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

I am currently the managing attorney at Bay Area Legal Aid and our staff of 15 attorneys providing free legal services to low-income individuals in Contra Costa. I started at BayLegal in 2008 as a staff housing attorney, primarily litigating eviction cases in subsidized housing programs. I have represented hundreds of Contra Costa households in court and know well the impacts of gentrification and displacement that have steadily displaced many of our low-income communities of color. In 2011 I started our dedicated reentry practice to serve individuals and families impacted by the criminal justice system. Our attorneys work closely with community partners, probation and health care providers to provide wrap-around legal services to mitigate our clients' barriers to housing and employment, support family connections, ensure access to mental health care and substance abuse treatment, and public benefits programs that provide stability and the opportunity for success. I have expertise in the housing rights of individuals with criminal records and have frequently presented on and litigated fair housing and consumer/credit rights, HUD regulations, "crime-free" and nuisance ordinances and the rights of 290s in navigating Jessica's Law and Megan's law issues while seeking housing. I have been involved in efforts to expand "Fair Chance" housing protections in the City of Richmond, as well as in Oakland and Berkeley . I care immensely about preventing and building paths from homelessness, which I see as the primary barrier to individuals returning from incarceration. I consider myself knowledgeable as to the rights of individuals with criminal records to access low-income housing and fair housing rights and have advocated for dozens of individuals seeking permanent housing. I have also assisted individuals with issues pertaining to traffic court/suspended drivers' licenses, consumer credit issues, family law, employment and professional licensing and criminal records remedies. I am looking to contribute to the Council's work and to help strengthen the system of care for individuals with criminal records and all unhoused persons in Contra Costa.

A_Poe_resume_2018.pdf

Upload a Resume

Conflict of Interest and Certification

Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?

○ Yes ◉ No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

○ Yes ◉ No

If Yes, please identify the nature of the relationship:

Please Agree with the Following Statement

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 undersand that all information in this application is publicly accessible. I understand that misstatements and/or omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

☑ I Agree

ADAM POE

Oakland, CA 94602 ♦ ♦

E-mail:

EXPERIENCE

BAY AREA LEGAL AID, Richmond, CA (2008-Present)

MANAGING ATTORNEY (2018)

- Lead case review for Housing, Reentry, Medical-Legal Partnership, Family Law/IPV practice area, supervise and provide technical and strategic support to 12 attorneys
- Meet with individual attorneys for check-ins to assess capacity, work-flow and professional development
- Coordinate with funders and development staff to negotiate budgets, scope of work and deliverables
- Oversee office budget and operations

REGIONAL REENTRY COORDINATOR (2016)

- Support staff of 6 attorneys and legal services performed under reentry contracts in Alameda, Contra Costa and Santa Clara counties
- Collaborate with county and community-based agencies to design and implement system of care for individuals returning from incarceration
- Assist development staff in tracking and reporting monthly and quarterly deliverables
- Provide technical assistance to local, state and national reentry and housing advocates

REENTRY PROJECT COORDINATOR (2013)

- Conduct pre and post-release client interviews; advise, assist and represent individuals on probation regarding housing rights, public benefits access/retention, consumer law rights and criminal records remedies
- Develop and present series of "Know your Rights" workshops in English and Spanish for individuals on probation and community partners

STAFF ATTORNEY, HOUSING UNIT (2008)

- Defend low-income and disabled tenants in all stages of civil and administrative proceedings including pleadings, negotiations, discovery, trial, appeals and writs of mandate
- Litigate "one strike" public housing evictions and corollary criminal prohibitions in subsidized, tax-credit and Section 8 housing programs
- Review and comment on policy relating to housing authority plans and Admissions and Occupancy Policy ("ACOP").
- Develop, coordinate and conduct outreach in English and Spanish to low-income communities regarding housing rights
- Supervise high-volume housing clinics providing legal assistance to low-income tenants
- Supervise and coordinate law clerks, volunteer attorneys and paralegals

COMMITTEES

- Member, Steering Committee, Contra Costa Sparkpoint/United Way (2018)
- Member, Core Planning Team, Contra Costa Alliance to End Domestic Violence (2018)

- Member, Steering Committee, Richmond Reentry Success Center (2017)
- Member, Community Advisory Board, Contra Costa Community Corrections Partnership, (2017)
- Member, Steering Committee, Contra Costa Youth Justice Initiative ("YJI") (2015)

EDUCATION

- DePaul University College of Law, Juris Doctorate, 2007
- Michigan State University, Bachelor's Degree, 1999

SELECTED SPEAKING ENGAGEMENTS

- Guest Speaker, "*Mitigating Legal Barriers to Permanent Housing*" Contra Costa Council on Homelessness, Antioch, CA (2018)
- Panelist, "*Representing the Pro Bono Client: Advocacy Skills for Administrative Hearings*", presented at Practising Law Institute, San Francisco, CA, September 2018
- Guest Speaker, "*Spotting and Addressing Barriers to Permanent Housing*", presented at Project HomeStretch Housing Navigator workshop, San Leandro, CA, November 2017
- Panelist, "*Finding Housing with a Record or in Reentry*", presented at "Civil Rights for People and Families Impacted by Incarceration", Oakland, CA, January 2017
- Panelist, "*Fair Housing Advocacy and Eviction Defense*", presented at "Re-Envisioning Re-entry" Law Conference, San Jose, CA, October 2016
- Panelist, "*Representing the Pro Bono Client: Advocacy Skills for Administrative Hearings*", presented at Practising Law Institute, San Francisco, CA September 2016
- Panelist, "*Reentry in California – Overcoming Legal Barriers to Community Integration* ", presented at Practising Law Institute, San Francisco, CA, June 2016
- Moderator, "*Reentry Roundtable: Exploring Advocacy Strategies for Reducing Criminal Records Barriers*", presented at Housing Justice Network Conference, Oakland, CA December 2015
- Panelist, "*Cutting Edge of Fair Housing*" presented at Project Sentinel's Fair Housing Symposium, Mountain View, CA, May 2015
- Panelist, "*Basic Negotiation Skills*," presented at Practising Law Institute, San Francisco, CA, January 2015
- Panelist, "*Strategies to Improve Housing Access for Individuals with Criminal Records*," presented at "Seize the Moment" Reentry Law Conference," Riverside, CA, June 13, 2014
- Panelist, "*Busting Down Barriers to Economic Security: New Strategies for Old Problems*," presented at AOC Family Law and Self-Help Conference, San Francisco, CA March 5, 2014
- Panelist, "*Improving Reentry Outcomes Through County Community Partnership*," presented at NLADA, Los Angeles, CA, November 2013

Application Form

Profile

Leonard
First Name

C
Middle Initial

Ramirez
Last Name

Home Address

Suite or Apt

Concord
City

CA
State

94521
Postal Code

Primary Phone

Email Address

Which supervisorial district do you live in?

- [x] District 5

Education

Select the option that applies to your high school education *

- [x] High School Dipoloma

College/ University A

Name of College Attended

Los Medanos College

Degree Type / Course of Study / Major

Psychology

Degree Awarded?

- (•) Yes
- ( ) No

College/ University B

Name of College Attended

CSUEB

Degree Type / Course of Study / Major

Human Development/ Sociology

Degree Awarded?

○ Yes ◉ No

College/ University C

Name of College Attended

Diablo Valley College

Degree Type / Course of Study / Major

A.A

Degree Awarded?

○ Yes ◉ No

Other schools / training completed:

Course Studied

San Diego College

Hours Completed

300

Certificate Awarded?

◉ Yes ○ No

Board and Interest

Which Boards would you like to apply for?

Contra Costa Council on Homelessness: Submitted

Seat Name

Reentry Services Representative

Have you ever attended a meeting of the advisory board for which you are applying?

◉ Yes ○ No

If you have attended, how many meetings have you attended?

One

Please explain why you would like to serve on this particular board, commitee, or commission.

I believe my background lends me a unique perspective on the needs and approaches to delivery of Reentry Service. I have worked with the target service population most of my career. I have demonstrated competency and effectiveness in developing strategies to service care for persons seeking reentry services.

Qualifications and Volunteer Experience

I would like to be considered for appointment to other advisory boards for which I may be qualified.

(•) Yes ( ) No

Are you currently or have you ever been appointed to a Contra Costa County advisory board, commission, or committee?

(•) Yes ( ) No

List any volunteer or cummunity experience, including any advisory boards on which you have served.

Served two years on the County Juvenile Justice Delinquency Prevention Commission.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

I have worked in the County Probation Department for 10 years; served as a consultant and was appointed as a member of the Juvenile Justice Delinquency Prevention Commission. I retired from the SF Sheriff's Department, where I worked in the Detention Alternative Unit and acted as a independent consultant to law enforcement. I worked with the Veterans Affairs serving as a group facilitator and liaison to the County Veterans Justice Court. I currently am contracted with the SF Pre-Trial Diversion Program and teach a Corrections course at Los Medanos College. I am the Founder of the Veterans Accession House, where 80 percent of the residents are on Court Probation.

2018_Resume.docx

Upload a Resume

Conflict of Interest and Certification

Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?

( ) Yes (•) No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

○ Yes ◉ No

If Yes, please identify the nature of the relationship:

Please Agree with the Following Statement

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 undersand that all information in this application is publicly accessible. I understand that misstatements and/or omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

☑ I Agree

LEONARD C. RAMIREZ

Concord CA 94521
Cell:

EMPLOY HIST

Jan 2018 Present **LOS MEDANOS COMMUNITY COLLEGE**
ADJUNCT INSTRUCTOR, ADMINISTRATION OF JUSTICE

Responsible for course development and design for the Administration of Justice courses Department. Courses taught are Introduction to Corrections, and Investigations. Select course textbook create or edit course PowerPoint presentations, present course work, administer tests and assign grades and upload to school web-posting site. Hold office hours and counsel students. Attend faculty and Dean of Administration of Justice Department meetings.

May 2015 Present **SAN FRANCISCO VETERANS AFFAIRS – CWT**
VOCATIONAL REHABILITATION SPECIALIST / GROUP FACILITATOR

Serve as the Community Based Employment Specialist for the Community Based Employment Services program. Receive consults and meet with veterans on a one to one basis to evaluate eligibility for supportive employment services. Conduct Vocational Assessment and work with veterans to design individualized career development plans. Participate in weekly staff meetings for supervision, to present cases and develop veterans' treatment plans. Manage targeted caseloads, aimed at preparing homeless veterans, those with substance use and or chronic mental illness, for the competitive work force. Promotes the development of community employment opportunities. Works closely with VA, community based and State services organizations to assist veterans to competitive employment.

Split duties: Serving as a Group Facilitator for the Veterans Affairs, At Ease - Batterer's Intervention Program (BIP). I am responsible for leading a 52-week program for veterans mandated by the court to attend a BIP training program, designed to address and resolve belief system-based issues of domestic violence. I maintain a liaison relationship with the local Probation Department's Domestic Violence Unit, and County Superior Court, for the purpose of accounting for participants' course attendance and performance. I am responsible for writing participants' evaluations, and progress reports. I screen referrals, review and assess arrest reports to determine suitability, sign contracts, and orient new prospects to the program. Curriculum focuses on theory and causes of conflict in relationships, legal consequences, types of

violence, skills and alternative approaches to managing the emotions of anger, and how to nurture relationships.

Jun 2016
Dec 2017

Served on the Mental Health Intensive Case Management Team as a Peer Specialist. Provide direct monitoring of program participant at their residences through regular visitation. Assist in application of VA entitlement benefits through local VSO offices. Accompany participants to their medical and public appointments. Coordinate the Group and individual outing. Attend weekly staff meetings and write CPRS case notes.

Jun 1994
Feb 2015

SAN FRANCISCO SHERIFF'S DEPARTMENT
DEPUTY SHERIFF, INSTRUCTOR

Assigned to the Sheriff's Custody Division performing direct supervision, and Alternative Program, conducted Electronic Monitoring. Worked in Field Services performing patrol duties at the County General Hospital. Duties included site security, criminal Investigations, arrests and report writing. Served in the Custody Division, Intake and Release Unit. Served on Department's Special Response Team as a tactical team member. I have served on the Sheriff's Warrant Services Team, assisting the SFPD/ DOJ/CDC's Fugitive Recovery Enforcement Teams to execute warrants. Served as a Department's Training Cadre, teaching Arrest Procedures, the Use of Force, Defensive Tactics/ Impact Weapons and the M26 Air Taser.

Oct 2001
Jan 2004

RAM'S CONSULTING
COURSE DESIGNER AND INSTRUCTOR

I served as a private provider to law enforcement agencies teaching officer involved, and general public related domestic violence, stress and conflict resolution, communication skills and relationship building strategies. I am a program analyst, and Master Instructor with the State of California's offices of Peace Officers Standards and Training (POST)/ Standards & Training for Corrections (STC); specializing in instructional systems design, geared to the Specific needs of an interested department requiring course development and instruction. I have held prior course certifications and taught in the areas of Laws of Arrest, the Use of Force, Special Emergency Tactics, Special Team Tactics, The Yawara Stick and Conflict Resolution, Stress in Law Enforcement, Anger Management and a Train the Trainer course on Family Conflict Training for Peer Support in Law Enforcement.

Sept 2000
Dec 2001

LOS MEDANOS COMMUNITY COLLEGE
INSTRUCTOR, PUBLIC SAFETY TRAINING CENTER

Formerly employed on call, assisting in the Basic Police Academy. Co-Taught Defensive Tactics and Impact Weapons Skills. I assisted in the operation of the Use of Force Simulator System for In-Service Officers. I assisted in running the pistol range for students attending the Patrol Operations and

Enforcement Tactics course. I have co-taught courses on domestic violence and conflict resolution to students in the Administration of Justice Department.

Mar 1992 **<u>NABER TECHNICAL ENTERPRISES</u>**
Jun 1994 **CONTRACT CONSULTANT**

Private Consultant and instructor to Bill Naber Enterprises. Co-Taught instructional training courses titled: Training the Facility Trainer, Direct Supervision, Crisis Resolution and Controlling Special Emergencies. These courses were taught to City Jail, County Sheriff and Probation Department personnel. All courses were certified and complied with Standards for Training in Corrections and Peace Officers Standards in Training.

Sept 1984 **<u>CONTRA COSTA COUNTY PROBATION DEPARTMENT</u>**
Jun 1994 **DEPUTY COUSELOR/ INSTRUCTOR**

Served as a lead Probation Counselor supervising the operation of the Juvenile detention admitting unit. Supervised booking and release of custodies. Conducted computerized warrant searches and entered bookings. Monitored building operations through a computerized console system which controlled all interior/exterior doors, cameras intercom systems. Served as a lead counselor in a direct supervision setting. Assigned to the transportation unit making custody pick-ups, and deliveries to court appearances. Served as a department Defensive Tactics and Crisis Management Instructor. I also, served on the Use of Force review board. Assisted in the development of the Department's Use of Force policy.

EDUCATION:
Los Medanos Junior College, AA Degree in Psychology/Certificate Admin of Justice
California State University Hayward, Pending BA in Human Development/ Sociology
San Francisco Police Academy, POST Instructor Certification Course
San Diego Regional Training Center, Master Instructor Development Certificate
Santa Rosa Junior College, POST Police Basic Academy
Santa Rosa Junior College, STC Probation Basic Academy

SPECIALIZED TRAINING:
Robert Presley Institute of Criminal Investigations: Investigator Core Course
Institute of Criminal Investigations: Domestic Violence Training
San Diego Reg. Trng Center: Domestic Violence for Crisis Negotiators
Institute of Criminal Investigations: Domestic Violence Investigations
San Diego Reg Training Center: Domestic Violence Expert Witness
San Diego Reg Training Center: Domestic Violence-Officer Involved
Eslinger & Associates: Sexual Assault and Domestic Violence
San Francisco Police Academy: Instructor Development Trainer
San Diego Reg. Trng Center: Master Instructor Development Prog.
Federal Law Enforcement Training Center: Domestic Violence Instructor Trng.
Veterans Affairs Administration – Motivational Interviewing certification

Veterans Affairs Administration – Whole Health Facilitator
Veterans Affairs Administration - Whole Health Coaching
R.I. International - Peer Support Specialist certification

INSTRUCTOR EXPERIENCE:
Defensive Tactics, San Francisco Sheriff's Department
Use of Force and Arrest Procedures, San Francisco Sheriff's Department
Total Army Instructor Training Program: US Army
Domestic Violence in Law Enforcement: RAMS Consulting
Anger Management, RAMS Consulting
Stress in Law Enforcement, RAMS Consulting
Conflict Resolution Skills, RAMS Consulting
Domestic Violence and Patrol Procedures, Los Medanos College Police Science
Administration of Justice and Corrections, Los Medanos College Police Science

Application Form

Profile

Shawn
First Name

Middle Initial

Ray
Last Name

Home Address

Suite or Apt

San Pablo
City

CA
State

94806
Postal Code

Primary Phone

Email Address

Which supervisorial district do you live in?

- [x] District 2

Education

Select the option that applies to your high school education *

- [x] High School Dipoloma

College/ University A

Name of College Attended

California State University Hayward

Degree Type / Course of Study / Major

Bachelors of Science, Criminal Justice

Degree Awarded?

- (•) Yes
- ( ) No

College/ University B

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

○ Yes ○ No

College/ University C

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

○ Yes ○ No

Other schools / training completed:

Course Studied

Police Academy

Hours Completed

1040

Certificate Awarded?

◉ Yes ○ No

Board and Interest

Which Boards would you like to apply for?

Contra Costa Council on Homelessness: Submitted

Seat Name

Public Safety #2

Have you ever attended a meeting of the advisory board for which you are applying?

○ Yes ◉ No

If you have attended, how many meetings have you attended?

Please explain why you would like to serve on this particular board, commitee, or commission.

As the Watch Commander overseeing the Patrol Division for the San Pablo Police Department we see the impact people experiencing homelessness have on the community and we see the value in serving those experiencing homelessness to better their lives. To properly address homelessness in our community law enforcement must be a part of the solution and have input on the means of serving everyone in our community.

Qualifications and Volunteer Experience

I would like to be considered for appointment to other advisory boards for which I may be qualified.

(•) Yes ( ) No

Are you currently or have you ever been appointed to a Contra Costa County advisory board, commission, or committee?

( ) Yes (•) No

List any volunteer or cummunity experience, including any advisory boards on which you have served.

I am a member of the San Pablo Traffic, Engineering and Safety committee.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

I have been employed as a sworn Police Officer with the San Pablo Police Department for 19 years. My rank is Lieutenant and my current assignment is Division Commander of the Patrol Division. Throughout my career I have initiated several city beautification projects. In many of these projects, serving people experiencing homelessness was part of the project. It became incumbent upon me to determine the needs of the affected people and find resources to address whatever was causing their homelessness. It was through these interactions that I gained insight from people experiencing homelessness, the communities perception of homelessness and the resources available to people experiencing homelessness. Working with outreach organizations such as CORE, Rubicon, the Richmond shelter, the Lao Family Community Center was invaluable in bettering the lives of people experiencing homelessness, but also our community as a whole. As a police representative for the Contra Costa Council on Homelessness I would bring my experience in assisting people experiencing homelessness, the perspective of law enforcement officers that have daily interactions with people experiencing homelessness and a reasonable expectation of what role law enforcement can take in addressing this issue.

Upload a Resume

Conflict of Interest and Certification

Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?

○ Yes ◉ No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

○ Yes ◉ No

If Yes, please identify the nature of the relationship:

Please Agree with the Following Statement

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 undersand that all information in this application is publicly accessible. I understand that misstatements and/or omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

☑ I Agree

Application Form

Profile

Avery
First Name

H
Middle Initial

Richards
Last Name

Home Address

Suite or Apt

El Cerrito
City

CA
State

94530
Postal Code

Primary Phone

Email Address

Which supervisorial district do you live in?

- [x] District 1

Education

Select the option that applies to your high school education *

- [x] High School Dipoloma

College/ University A

Name of College Attended

San Francisco State University

Degree Type / Course of Study / Major

English Literature

Degree Awarded?

- (•) Yes
- ( ) No

College/ University B

Name of College Attended

UC Berkeley Extension

Degree Type / Course of Study / Major

Counseling and Psychology Professions

Degree Awarded?

◉ Yes ○ No

College/ University C

Name of College Attended

UC Berkeley

Degree Type / Course of Study / Major

Master of Public Heath (degree in progress)

Degree Awarded?

○ Yes ◉ No

Other schools / training completed:

Course Studied

Hours Completed

Certificate Awarded?

○ Yes ○ No

Board and Interest

Which Boards would you like to apply for?

Contra Costa Council on Homelessness: Submitted

Seat Name

Heath Care Representative

Have you ever attended a meeting of the advisory board for which you are applying?

○ Yes ◉ No

If you have attended, how many meetings have you attended?

Please explain why you would like to serve on this particular board, commitee, or commission.

I am a formerly homeless individual, who lives in El Cerrito and works with a medical non-profit providing supportive housing services in Alameda and Contra Costa County. I feel that homelessness is a social health issue that is extremely relevant to our local and regional communities. Beyond access to affordable housing, I seek to create solutions to mitigate negative impact and severity of the homeless epidemic we are experiencing in California.

Qualifications and Volunteer Experience

I would like to be considered for appointment to other advisory boards for which I may be qualified.

(•) Yes ( ) No

Are you currently or have you ever been appointed to a Contra Costa County advisory board, commission, or committee?

( ) Yes (•) No

List any volunteer or cummunity experience, including any advisory boards on which you have served.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

I have 8+ years experience working to help homeless individuals and populations in Alameda and San Francisco county, and have a robust understanding of differences and similarities of clinical approach to policy, social determinants, and regional geography of the bay area's homeless epidemic. I understand the qualitative physiological impact, as well as the social dynamics around those experiencing homelessness, including the experience of housed communities where homelessness exists.

Avery_Richards_Resume.pdf

Upload a Resume

Conflict of Interest and Certification

Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?

( ) Yes (•) No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

- (●) Yes
- ( ) No

If Yes, please identify the nature of the relationship:

I work at a data coordination role at Lifelong Medical Care (LMC) in the Supportive Housing Program (SHP) department. LMC has economic relations with Contra Costa County.

Please Agree with the Following Statement

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- [x] I Agree

Avery Hastings Richards

Oakland, Ca.

Profile

Leader with strong background in program policy, program development, and applied technology.

Experience:

RESIDENT SERVICES TEAM LEAD, COMMUNITY HOUSING PARTNERSHIP – 2017-PRESENT

• Deployed Resident Services program model at site migrating to supportive housing.
• Collaborated with agency leadership to support design of specialized Salesforce database.
• Trained and supervised Resident Services staff.

PROGRAM COORDINATOR, COMMUNITY HOUSING PARTNERSHIP – 2015-2017

• Established program structure and operational guidelines to restorative community.
• Partnered with Learning and Evaluation department to develop CRM database service.
• Facilitated liaison activity to represent agency to civic and external partners.

OUTREACH COORDINATOR, SWORDS TO PLOWSHARES – 2015

• Collaborated with program oversight to bridge service gaps in program expansion.
• Conducted intake screening assessment for new participants at local office.
• Developed organizational database to expand reach of program service network.

Education:

UC Berkeley Extension, Berkeley, Ca. - Post-Baccalaureate, Behavioral Science.
San Francisco State University, San Francisco, Ca – Bachelor of Arts, English Literature.
UC Berkeley D-Lab, Berkeley, CA. – Data science workshops.
The Social Saturation Project – UCB Extension.

Skills:

Microsoft Excel, Salesforce CRM, StatCrunch, IBM SPSS

Application Form

Profile

Kristina
First Name

Middle Initial

Serrano
Last Name

Home Address

Suite or Apt

Orinda
City

CA
State

94563
Postal Code

Primary Phone

Email Address

Which supervisorial district do you live in?

- [x] District 2

Education

Select the option that applies to your high school education *

- [x] High School Dipoloma

College/ University A

Name of College Attended

University California Davis

Degree Type / Course of Study / Major

BS Human Development

Degree Awarded?

- (•) Yes
- ( ) No

College/ University B

Name of College Attended

University California Davis

Degree Type / Course of Study / Major

Masters Education/Teaching

Degree Awarded?

(•) Yes ( ) No

College/ University C

Name of College Attended

John F Kennedy

Degree Type / Course of Study / Major

MA Clinical Psychology/

Degree Awarded?

(•) Yes ( ) No

Other schools / training completed:

Course Studied

Addiction Studies Certification/Art Therapy Certification

Hours Completed

Certification completed for both

Certificate Awarded?

(•) Yes ( ) No

Board and Interest

Which Boards would you like to apply for?

Contra Costa Council on Homelessness: Submitted

Seat Name

Council on Homelessness

Have you ever attended a meeting of the advisory board for which you are applying?

( ) Yes (•) No

If you have attended, how many meetings have you attended?

Please explain why you would like to serve on this particular board, commitee, or commission.

As an employee with Contra Costa Health Services and direct service provider and Social Service Supervisor in both Psychiatric Emergency Services and Inpatient Psychiatry at CCRMC, I have a lived appreciation for the complexities our community faces, including homelessness. In my line of work and expertise, I encounter persons daily who are struggling with multiple challenges and roadblocks in their path of recovery and growth. Often those persons we serve are faced with lack of stable housing combined psychiatric crisis and lack of social support. I would like to be a part of an advisory board that works towards active solutions and provides direct support to those we serve.

Qualifications and Volunteer Experience

I would like to be considered for appointment to other advisory boards for which I may be qualified.

(•) Yes ( ) No

Are you currently or have you ever been appointed to a Contra Costa County advisory board, commission, or committee?

( ) Yes (•) No

List any volunteer or cummunity experience, including any advisory boards on which you have served.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

Please see attachment.

Kristina_Serranomanagerres.doc

Upload a Resume

Conflict of Interest and Certification

Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?

( ) Yes (•) No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

( ) Yes (•) No

If Yes, please identify the nature of the relationship:

Please Agree with the Following Statement

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- [x] I Agree

Kristina Serrano **Orinda, CA 94563**

Summary

Licensed mental health clinician particularly talented in the areas of acute and persistent mental health service delivery with diverse populations in public health settings. Experience in inpatient, outpatient and forensic settings with over seventeen years of practical experience. Well-organized and dependable with excellent leadership skills.

Highlights of Qualifications

- Mental Health Program Supervisor
- PES State licensing recertification project manager
- Forensic treatment provider
- CIT presenter
- Program development
- Change Agent Fellow
- Safety Improvement Project
- Staff development
- Clinical Supervision
- Medi-Cal regulations
- Rapid Improvement projects
- IHI quality and safety certified
- Policy review and development
- Mental Health Law, LPS, involuntary holds and probable cause hearings
- 5150 Summit presenter
- Progressive Discipline
- Model for Improvement

Experience

Mental Health Program Supervisor 9/2015-Present
Contra Costa Regional Medical Center Martinez, California

Responsible for day to day supervision and general direction of psychiatric social services in hospital based setting including 24-hour psychiatric emergency and inpatient psychiatric unit. Fulfill all administrative, fiscal, supervisory and community relations responsibilities required for delivering patient and family centered care within a diverse public health care system. Develop and implement standardization of social service documentation in electronic medical record. Monitor productivity, audit medical and DOJ records, and State regulatory compliance for fiscal responsibility. Adherence to State Core Measures, coordination of Short Doyle funding for inpatient hospitalizations with contract providers, train and orient social service staff. Oversight and management of clerical staff including implementation of ShareCare billing system. Change agent Fellowship graduate with emphasis on patient safety and quality improvement. Participate in Psychiatric Leadership. Liaison with outpatient Behavioral Health and community mental health services including Children's, Forensic and Transition team services. Implement improvement projects. Provide clinical supervision. Generate reports, analyze data and present information under the direction of Mental Health Program Chief.

Mental Health Clinical Specialist 8/2011-9/2015
Contra Costa Regional Medical Center Martinez, California

Executed social and therapeutic services for adults in an acute psychiatric hospital setting including completing psychosocial assessments, LPS conservatorship and long term placement applications, facilitated family psychoeducation and therapeutic groups. Worked with interdisciplinary team to deliver care to patients with severe and persistent mental illness. Performed social services duties in psychiatric emergency department as needed including providing services psychosocial assessments to minors and older adults. Code Gray and Behavioral Health Care Partnership participant. Provided on-call relief in Psychiatric Emergency setting.

Mental Health Clinician/Sites Coordinator 9/2006-3/2011
Sharper Future, Inc. San Francisco, California

Provide comprehensive individual, group and family substance abuse and mental health clinical treatment services with a forensic population including dual diagnosis/triple diagnosis assessments and intake evaluations; sex offender treatment, DSM-IVTR diagnosis and treatment plan development. Provided staff training and supervision to enhance staff development. Successfully managed two clinical sites with over 100 patients, including monitoring of clinical productivity, completion of monthly service utilization reports, scheduling, meeting federal and state standards of treatment, coordination of treatment services with federal probation officers and federal pretrial services, collaboration with community based resources, housing and prevocational development. Consistently recognized by management for providing superior collaboration and timely written evaluations. Consistently received positive feedback from clients, Federal Probation Officers and Contract Supervisors on performance reviews.

Mental Health and Addictions Specialist 2/2002-9/2006
Weyland Consultation Services, Inc. Walnut Creek, California

Comprehensive substance abuse and mental health treatment service provider. Facilitated individual, group, couple and family therapy in clinical setting. Collaborated with psychiatric providers and community based resources to ensure the delivery of high-quality and effective treatment services. Promoted individualized treatment planning, relapse prevention and recovery skills for dually diagnosed clients. Provided pre-vocational and housing assistance/case management services. Enhanced company reputation by consistently receiving excellent audit reviews of charting, client services and written documentations. Organized and facilitated luncheon education series and performed case presentations and didactic services

Day Program Coordinator 5/2001-8/2002
Bonita House, Inc. Oakland, California

Development and coordination of inpatient Day Program services for adults with severe and persistent mental illness and co-existing substance abuse/dependency. Implemented and facilitated Seeking Safety Curriculum and Expressive Art Therapy program. Developed and coordinated Expressive Arts Therapy event which included community outreach and recognition from city officials and management. Provided on-going crisis intervention, individual and group treatment, 5150 hospitalization, community outreach, monitoring state licensing requirements, maintaining client charts, drug screening, medication monitoring, and coordination and facilitation of didactic and clinical process content. Facilitated family education group. Supervision of day program staff and relief staff. Collaborated with various county and private treatment facilities in order to ensure comprehensive care for clients.

Dual Diagnosis Counselor I/II 4/1999-5/2001
Bonita House, Inc. Oakland, California

Facilitation of therapeutic treatment groups and individual therapy within an inpatient psychosocial rehabilitation model. Worked with inpatient consumers to develop individualized treatment plans and transition goals. Conducted intake assessments, case presentations, and chart documentation. Facilitated family education group, expressive arts therapy and didactic recovery based therapeutic process groups. Worked collaboratively with psychiatric providers, community resources and managed health care providers. Worked directly with consumers to develop personalized WRAP as well as improve daily living skills, communication skills and develop pro-social coping tools to improve management of psychiatric symptoms.

School Based Counselor 8/1997-6/1998
New Connections, Inc. Concord, California

Performed mental health intake and assessments with adolescents in school based which resulted in providing didactic class room presentations regarding substance abuse, gang awareness, self-esteem and team building. Provided brief individual mental health counseling. Facilitated weekly co-ed team building and conflict resolution student group which resulted in improving students' ability to problem solve and utilize assertive communication tools. Provided family therapy services for families involved with CPS.

Education/Professional Development

Change Agent Fellow, Contra Costa Health Services, 2017
Art of Managing and Supervising People, Contra Costa Risk Management, 2017
Quality and Safety Certificate, Institute of Healthcare Improvement, 2017
M.A. Clinical Psychology, John F. Kennedy University, 1999
Addiction Studies and Expressive Arts Therapy Certification, John F. Kennedy University, 1999
M.A. Education: Multiple Subject Teaching Credential, University of California-Davis, 1991
B.S. Human Development, University of California-Davis, 1990

References

References available upon request.

Application Form

Profile

Adey
First Name

Middle Initial

Teshager
Last Name

Home Address

Suite or Apt

San Pablo
City

CA
State

94806
Postal Code

Primary Phone

Email Address

Which supervisorial district do you live in?

- [x] District 1

Education

Select the option that applies to your high school education *

- [x] G.E.D. Certificate

College/ University A

Name of College Attended

Adey Teshager

Degree Type / Course of Study / Major

Fidm

Degree Awarded?

- ○ Yes
- ◉ No

College/ University B

Name of College Attended

Contra Costa college

Degree Type / Course of Study / Major

General

Degree Awarded?

○ Yes ◉ No

College/ University C

Name of College Attended

Merritt, college

Degree Type / Course of Study / Major

General

Degree Awarded?

○ Yes ◉ No

Other schools / training completed:

Course Studied

Alpha program

Hours Completed

8 weeks

Certificate Awarded?

◉ Yes ○ No

Board and Interest

Which Boards would you like to apply for?

Contra Costa Council on Homelessness: Submitted

Seat Name

Have you ever attended a meeting of the advisory board for which you are applying?

○ Yes ◉ No

If you have attended, how many meetings have you attended?

Please explain why you would like to serve on this particular board, commitee, or commission.

To better serve my community and having experienced homeless ness I have insight on the issues

Qualifications and Volunteer Experience

I would like to be considered for appointment to other advisory boards for which I may be qualified.

○ Yes ◉ No

Are you currently or have you ever been appointed to a Contra Costa County advisory board, commission, or committee?

○ Yes ◉ No

List any volunteer or cummunity experience, including any advisory boards on which you have served.

Cab

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

Currently in the Richard Boyd fellowship

Upload a Resume

Conflict of Interest and Certification

Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?

○ Yes ◉ No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

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If Yes, please identify the nature of the relationship:

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☑ I Agree

Application Form

Profile

Linda
First Name

P
Middle Initial

Trowbridge
Last Name

Center for Elders' Independence
Home Address

Suite or Apt

Oakland
City

CA
State

94612
Postal Code

Primary Phone

Email Address

Which supervisorial district do you live in?

None Selected

Education

Select the option that applies to your high school education *

- [x] High School Dipoloma

College/ University A

Name of College Attended

San Francisco State University

Degree Type / Course of Study / Major

MBA, Business Information and Computing Systems

Degree Awarded?

- (•) Yes
- ( ) No

College/ University B

Name of College Attended

University of Colorado, Boulder

Degree Type / Course of Study / Major

BA, Economics

Degree Awarded?

◉ Yes ○ No

College/ University C

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

○ Yes ○ No

Other schools / training completed:

Course Studied

Hours Completed

Certificate Awarded?

○ Yes ○ No

Board and Interest

Which Boards would you like to apply for?

Contra Costa Council on Homelessness: For Review

Seat Name

Have you ever attended a meeting of the advisory board for which you are applying?

◉ Yes ○ No

If you have attended, how many meetings have you attended?

Please explain why you would like to serve on this particular board, commitee, or commission.

I feel strongly these types of services need to be available to a broader population including financing mechanisms similar to other countries that enable individuals to remain housed in their communities.

Qualifications and Volunteer Experience

I would like to be considered for appointment to other advisory boards for which I may be qualified.

(•) Yes ( ) No

Are you currently or have you ever been appointed to a Contra Costa County advisory board, commission, or committee?

( ) Yes (•) No

List any volunteer or cummunity experience, including any advisory boards on which you have served.

On Lok Inc (Secretary, Treasurer, Vice Chairperson) On Lok Senior Health Services, Chairperson Boy Scout Committee Chair, Eagle Advisor (37 Eagle Scouts) ABL Organization CalPACE Chairperson

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

I am a Health Care Executive with more than 30 years of experience in managing population health, acute care facilities, Medical Groups, Community and Home Based Services as well as Medical Groups and all services for long term care in the continuum. I have worked with large health systems including Kaiser Permanente, Dignity, St. Joseph's of Orange, and Providence Health Systems. I have served on multiple boards including On Lok a PACE provider and originator of the PACE model and total integrated systems. For the past six years I have served as the CEO of Center for Elders' Independence a PACE system serving Alameda and Contra Costa Counties. In addition we are a HCBS waiver agency for the same counties. For the past 5 years I have served in the role of Chair for the California PACE association. My goal is to provide seamless care that includes appropriate determinants of health as well as medical interventions for all those in need, but especially vulnerable populations. I have significant experience in the areas where I have shown interest in the work groups. For the past 15 years my focus has been the continuum including long term care and supports as well as finding ways to fund these services. I served on the board of ON LOK for 17 years and have led CEI a PACE program for the past 6 years.

Resume_LPT.pdf

Upload a Resume

Conflict of Interest and Certification

Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?

( ) Yes (•) No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

○ Yes ◉ No

If Yes, please identify the nature of the relationship:

Please Agree with the Following Statement

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☑ I Agree

LINDA P TROWBRIDGE

Piedmont, CA 94611

SUMMARY

Senior Health Care Executive with extensive experience in Strategy and Operations for the largest National and Regional Health Care Systems, including Hospitals, Continuum, Health Plan, Physician Groups and Managed Care. **Creative Change Agent** in the Health Care field with a record of designing new organizational structures and models of care to improve efficiency, save costs, raise quality and meet the desires and needs of those served. **Committed Leader** with the ability to create and communicate a passionate vision and align varied stakeholders including union leaders, front line staff, physicians, and outside partners to realize excellence and achieve organizational goals.

PROFESSIONAL EXPERIENCE

HEALTH MANAGEMENT ASSOCIATES, INC. **2012**

Principal (4/2012- 12-2012), Independent Subcontractor (12/2012-current)

Served as part of a multidisciplinary team providing support for the transformation of a newly formed health system including a public/private partnership that is rationalizing service for acute care and related service to form an integrated system. Performed due diligence for a multi-billion dollar health plan acquisition. Provided consultation with teams for Health Plans submitting applications to serve dual eligible members. Provided consultation on roles for community based health care providers in home care, long-term care and other related services, including giving in person presentations and seminars. Provided consultation on the intersection of affordable housing and health care, created a business case (in the Bay Area); and supported national meetings for a large housing association. Led an environmental scan of capital needs for safety net providers for a new formed Social Impact Lending Organization. Provided leadership and content expertise in creating the HMA Accountable Care Institute and Practice Innovation center. Was active as part of a team in responding to and winning engagements through request for proposals and other business development activities.

KAISER PERMANENTE Northern CA **2004-2011**

Executive Director of the Continuum for Northern California

Chosen to lead a major reorganization of the Continuum and Resource Management services in a newly created position with expanded responsibilities for Northern California. Accountable for establishing strategic, financial and operational direction and performance for services managed through the Continuum and for efficiencies in the hospitals. Responsibilities spanned national, regional and local committees such as Kaiser Permanente Aging Network as well as developing new models of care and continually improving quality while meeting existing and new regulations. Managed a $2.2 Billion dollar budget and led a team of 2,000 to serve 10,000 patients per day at 21 Medical centers, 19 Home Health and Hospice agencies and hundreds of outside contracted providers. Accountable for access to services, quality and contract oversight including services in contracted settings, i.e. hospitals, clinics, dialysis centers, skilled nursing, internal operations Home Care and Hospice, Case Management, Palliative Care and Health Plan operations.

- Increased patient volume in Home Health and Hospice by 20% and in Skilled Nursing by 20% as well as implementing new services, improving quality and satisfaction while maintaining a flat budget of $2.2 Billion dollars.

- Built highly performing team of 15 direct reports through motivation, coaching, recruitment and promotion that consistently met goals for quality and expense reduction. Achieved strong reputation for breeding leaders, while maintaining very low turnover rates.
- Launched evidence based/industry first Palliative Care and Advance Care programs in hospital and clinic settings by obtaining funding from leadership, bringing labor on board and creating new roles within clinical disciplines.
- Co-Sponsored the largest readmission/transition diagnostic project in the nation. Project included reengineering processes and designing system based rather than disease focused programs. Resulted in reduced readmissions and higher patient satisfaction and has elicited requests for national presentations and a paper submission to Medical Care (Official publication section for Medical Care for National Public Health Association).
- Developed and implemented a vision for improving Resource Management functions across Northern California. Drove cultural change, based on a strong business case, ultimately achieving 17% improvement in Patient Day Rates and improved quality of care by traditional measures and by member satisfaction.
- Worked with labor partners to create hospital and clinic efficiencies by consolidating six Hubs for ordering DME and Ambulance services. Established new claims processing functions for SNF, DME, Ambulance, Home Health and Hospice.
- Realigned existing resources to build new infrastructure to support after hours operations in Skilled Nursing, Home Health and Hospice, reducing patient returns to Hospital and Emergency Department for care.
- Wrote business case and gained executive support for $17Million dollars for hiring and on boarding additional Home Health staff to meet rapidly growing demands and regulatory requirements. Implemented project, outstripping original business case estimates for new members served and offsetting costs.
- Successfully designed and hard-wired in routine practices that met new regulatory requirements from DMHC, CMS, DPH, Joint Commission and NCQA and also improved efficiencies, met the needs of members and met the regulations routinely without additional staff being added to facilitate a survey.
- As Special Needs Plan Director, collaborated with MD partners to create and implement a new model of care that met drastically shifting regulations within a six-month time window as measured by HEDIS and Medicare Stars, preserving $40 Million dollars in revenue while reducing hospital utilization. Model will be expanded to other populations.

KAISER PERMANENTE Northern CA **2001-2004**

Continuing Care Leader for the North East Bay (2001 – 2004)

Scope of responsibilities as listed above for the North East Bay (Diablo and Napa Solano). In the NEB served 600,000 members, with a budget of $310 million and approximately 500 employees reporting through the Continuum. In Home Health and Hospice, our agencies served approximately 600 Home Health patients per day and 200 Hospice patients per day. In Skilled Nursing Facilities, we cared for an average of 200 skilled patients per day and 1,500 custodial patients. Accountable for Strategic Planning and Resource Management in the Hospital.

- Completed the year under budget by 2-10% annually
- Led a team in writing and presenting the Business Case for the Antioch and Vacaville Hospitals, ultimately gaining board approval to build new hospitals in Antioch and Vacaville creating capacity to serve up 300 more people per day at Kaiser Permanente hospitals, meeting the Health Plan promise and commitment and improving financial performance.
- Mentored, created and leveraged a Highly Performing Team in the areas of service, employee pride and operational outcomes and appropriate use of resources. Achieved low turnover rates,

had several team members promoted within the organization and achieved outstanding operational results hitting all goals.

- Reduced outside claims' volume through improved reporting, strategies to address admission patterns, length of stay and appropriate case management as well as physicians' support.
- Improved Hospital Utilization year over year improving member satisfaction, creating needed capacity in the hospital and continuum settings, and improving financial performance.
- Successfully supported my team to pass NCQA at a level of "Excellence, "as well as JCAHO and multiple DHS and CMS surveys in Home Health.
- Represented Kaiser Hospitals and Health Plans on the MediCal partnership Health Plan in Solano County, the Trauma Steering Committee for Napa and Solano Counties and the Economic Advisory Committee for the City of Walnut Creek.

ST. JOSEPH HEALTH SYSTEM Northern CA 1998-2000
Regional V.P., Strategic Planning and Business Development, CEO St. Joseph Home Care
Reported to the COO of the most profitable health care system in CA ($2.4 Billion dollars in assets). Managed all regional functions for Northern CA, including business development, Managed Care, marketing, strategic planning and other operations. Region included six hospitals, seven Home Health agencies and several medical groups.

- Won formal recognition for consolidating seven home care corporations ($20M revenue, 110,000 visits into a single entity reducing prior year $4M losses to $1M in year one as part of three-year plan for profitability.
- Nominated for award by staff for positive treatment of all 500 employees affected by merger, simultaneous work process redesign and introduction of performance based compensation system.
- Led efforts to create a new partnership with major academic center to jointly build and operate a Neonatal Intensive Care Unit targeted to generate $2M per year.
- Co-led one of the first major scenario planning processes in the health care industry that changed decision-making system wide on critical long-term capital and strategic investment, with organizational impacts of up to 30 years.
- Created and implemented strategic and turn around plans for two hospitals which reduced losses by $10M year one, as part of a three year plan for profitability.

KAISER PERMANENTE Oakland, CA 1996-1998
Project Manager New Ventures Group
Directed all phases in creating revenue generating business ventures, policy development, revenue and expense allocation, legal and regulatory matters, recruitment, marketing and managing start up operations.

- Created Laser Vision Correction Program in multiple sites generating $1M in new revenue.
- Generated partnership opportunities for two large laboratories to serve new markets, utilize excess capacity and reduce operating costs for their internal customers.

ST FRANCIS HOSPITAL/ST MARYS MEDICAL CENTER, CHW, S.F. 1992-1996
Vice President Managed Care and Physician Organizations, CHW (1994-1996)
Director, Marketing and Planning Services Saint Francis Hospital & Medical Groups (1992-1994)
Hired to identify and work with the Board of Directors to find/negotiate with a partner, resulting in a merger of the hospital and associated Medical Groups while the organization was in a position of strength with outstanding profits and capital. Directed business development, strategic planning and marketing, legislative and public affairs, key corporate and government contracts, managed care,

medical group and senior program operations for existing and new service industry organizations ($2Billion dollars in assets) that were created through mergers.

- Formally recognized for instituting managed care best practices for business acquisition, contract management and operational systems for a statewide health care system.
- Built a case for Board approval to pursue a merger with one of the largest California health care systems, while in a position of strength and profitability, which created one of the first financially successful mergers in the industry.
- Negotiated a merger that linked a single provider with large health care system, resulting in unprecedented terms including maintenance of a local board with reserve powers and unencumbered capital assets.
- Led three professional service organizations from pre-merger through post-merger integration, avoiding insolvency.
- Created new corporate identity and marketing program, maintaining market share while reducing marketing staff and expenditures by 70%.
- Led the Board of a San Francisco health care provider to adopt a new structure immediately improving its ethnic diversity, winning commendations from the San Francisco Human Rights Commission and maintenance of key contracts with the city.
- Developed innovative partnerships with competitors in three areas, avoiding loss of the business and preserving annual revenue of $3M.

SUMMIT MEDICAL CENTER & PROVIDENCE HOSPITAL Oakland, CA 1983-1992
Director of Contracting & Strategic Planning (Winter 1991-1992) Summit
Director of Marketing & Public Relations (1983-1992) Providence
Led new venture activities, as member of a 4-person senior management group, including opening 90,000 square foot professional office building, with immediately profitable occupancy levels.

- Developed partnership with key competitor, still in place 10 years later, reducing operating costs by using excess capacity, and facilitating acquisition of equipment with a one year ROI.
- Co- led re-design service structure to enhance customer satisfaction and financial viability, shifting a facility to outpatient use within hours of the "deal closing".
- Created the first managed care department and functions, including acquisition of new business, pricing, marketing, balanced revenue sources and generating a profit while most of the industry was losing money.
- Led several business ventures including obstetrics, outpatient surgery & freestanding health clinics.
- Co- led founding a public policy group of competitors that pooled money and staff to create a perinatal program serving women and children.
- Oversaw crisis management efforts as chief spokesperson for major East Bay health care provider, which resulted in uniformly positive political and media relationships & coverage.

EDUCATION

MBA, Business Information and Computing Systems, San Francisco State, S.F., CA
BA, Economics, University of Colorado, Boulder, Colorado

PROFESSIONAL EDUCATION

Advanced Leadership Program Kaiser Permanente University of North Carolina
Managed Care Leadership Program Northwestern University
Formal Performance Improvement Models

BOARDS AND COMMUNITY INVOLVEMENT (Current and Past)

On Lok Inc. (Secretary, Treasurer, Vice Chairman)
On Lok Senior Health Services – Chairman
Boy Scout Committee Chair, Eagle Advisor (37 Eagle Scouts)
Girls Scout Troop Leader
Board of Elders, College Avenue Presbyterian Church (Finance Committee Chairperson)
Lake School Board – Treasurer

Application Form

Profile

Michelle
First Name

Middle Initial

Walker
Last Name

Home Address

Suite or Apt

richmond
City

CA
State

94804
Postal Code

Primary Phone

Email Address

Which supervisorial district do you live in?

- [x] District 1

Education

Select the option that applies to your high school education *

- [x] G.E.D. Certificate

College/ University A

Name of College Attended

Michelle Walker

Degree Type / Course of Study / Major

Degree Awarded?

- ○ Yes
- ◉ No

College/ University B

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

○ Yes ◉ No

College/ University C

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

○ Yes ◉ No

Other schools / training completed:

Course Studied

Rubicon

Hours Completed

2yrs

Certificate Awarded?

◉ Yes ○ No

Board and Interest

Which Boards would you like to apply for?

Contra Costa Council on Homelessness: Submitted
Commission for Women: Submitted
Housing Authority - BOS Appointees: Submitted

Seat Name

Have you ever attended a meeting of the advisory board for which you are applying?

○ Yes ◉ No

If you have attended, how many meetings have you attended?

Please explain why you would like to serve on this particular board, commitee, or commission.

Homeless council for reentry To help my community thrive

Qualifications and Volunteer Experience

I would like to be considered for appointment to other advisory boards for which I may be qualified.

○ Yes ◉ No

Are you currently or have you ever been appointed to a Contra Costa County advisory board, commission, or committee?

○ Yes ◉ No

List any volunteer or cummunity experience, including any advisory boards on which you have served.

Fellow in the Richard Boyd fellowship Feed the homeless at grip Mom's against Violence Alpha program

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

I am currently homeless

Upload a Resume

Conflict of Interest and Certification

Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?

○ Yes ◉ No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

○ Yes ◉ No

If Yes, please identify the nature of the relationship:

Please Agree with the Following Statement

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 undersand that all information in this application is publicly accessible. I understand that misstatements and/or omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

- [x] I Agree

Application Form

Profile

James
First Name

Middle Initial

Worley
Last Name

Home Address

Suite or Apt

Danville
City

CA
State

94526
Postal Code

Primary Phone

Email Address

Which supervisorial district do you live in?

- [x] District 2

Education

Select the option that applies to your high school education *

- [x] G.E.D. Certificate

College/ University A

Name of College Attended

Franciscan University

Degree Type / Course of Study / Major

BS/Business Admin

Degree Awarded?

- (•) Yes
- ( ) No

College/ University B

Name of College Attended

Cal State East Bay

Degree Type / Course of Study / Major

Home Inspection

Degree Awarded?

○ Yes ◉ No

College/ University C

Name of College Attended

DVC

Degree Type / Course of Study / Major

Degree Awarded?

○ Yes ◉ No

Other schools / training completed:

Course Studied

Pittsburgh Appraisal Institute

Hours Completed

75

Certificate Awarded?

◉ Yes ○ No

Board and Interest

Which Boards would you like to apply for?

Contra Costa Council on Homelessness: Submitted

Seat Name

Have you ever attended a meeting of the advisory board for which you are applying?

◉ Yes ○ No

If you have attended, how many meetings have you attended?

3

Please explain why you would like to serve on this particular board, commitee, or commission.

I would like the opportunity to network and share ideas to confront the homelessness and reentry issues here in Contra Costa County.

Qualifications and Volunteer Experience

I would like to be considered for appointment to other advisory boards for which I may be qualified.

(•) Yes ( ) No

Are you currently or have you ever been appointed to a Contra Costa County advisory board, commission, or committee?

( ) Yes (•) No

List any volunteer or cummunity experience, including any advisory boards on which you have served.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

I have 12 years of experience in the non profit field, specifically concerning homelessness and related issues. Of those 12 years 4 of these years have been spent in the reentry field.

James_Worley_Resume_2019.docx

Upload a Resume

Conflict of Interest and Certification

Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?

( ) Yes (•) No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

( ) Yes (•) No

If Yes, please identify the nature of the relationship:

Please Agree with the Following Statement

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 undersand that all information in this application is publicly accessible. I understand that misstatements and/or omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

☑ I Agree

James Worley

4526

Objective: I am seeking a position with a firm that will continually challenge my knowledge and engage me with a constant flow of project based work. My prior work has always involved a high degree of troubleshooting to accompany any processes we engage in. I greatly enjoy working with people and an ideal work environment includes a close knit team working on projects with a technical focus.

Work Experience:

Shelter, inc Concord, CA **April 2019 – Present**

Program Director

This position develops and manages multiple housing, employment and services programs designed to increase residential stability for individuals and families experiencing or at risk of homelessness who meet program eligibility requirements.

- Manage programs and staff to achieve all program and contractual deliverables.
- Develop and maintain policies/procedures manual for assigned programs.
- Participate in obtaining funds and or grants, including writing of grants.
- Develop, implement and manage overall budgets for programs.
- Manage service-related expenditures and overall approved program budget according to established policies/procedures.
- Manage public and private contracts related to program(s), develop and accomplish applicable scope(s) of work and serve as point-of-contact for funders. Assist with grant applications and contract negotiations. Research, identify, and coordinate within agency to obtain new funding, support, and partnerships.
- Conduct periodic case reviews with case managers to monitor applicant’s needs assessment, eligibility confirmation processes, monitor progress, and fine-tune intervention strategies and techniques.
- Continually evaluate the overall quality and effectiveness of program design and services; recommend adjustments to improve outcomes and contractual obligations; prepare for and present program reviews
- Provide top quality external and internal customer service with an emphasis on responsiveness, confidentiality, consistency, and non-discrimination.
- Establish and develop initiatives, partnerships, services, and programs.
- Establish and monitor caseloads and work activities of direct reports to ensure service delivery and contract outcomes.
- Actively engage in staff development through agency performance management process, ongoing feedback (including regular One-on-Ones), and identification of training opportunities.
- Quickly identify and address performance-related concerns, following agency policies and procedures. Ensure staff knowledge of, and adherence to, all applicable laws and regulations, professional standards, and agency Code of Conduct.
- Promote internal collaboration through service coordination meetings, committees, and leadership initiatives to ensure agency outcomes, effective services, good communication,

James Worley

4526

кplace safety and overall staff development.

Abode Services, Fremont, CA **Dec 07 – April 2019**

Housing Specialist - for County Referred Residential Housing

- Supervise the provision of housing services for various housing
- Supervise housing specialists, case managers, compliance specialists and data specialists.
- Assign point person on housing staff for each referred household, and monitor overall case load assignments to ensure evenness and manageability.
- Maintain a small case load of participants of RAP and TBRA participants - conduct housing search and location, inspections, and other housing.
- Conduct landlord outreach and engagement.
- Troubleshoot housing issues and challenges.
- Ensure timely completion of annual HQS inspections, income certifications, exit documentation, and any other necessary housing paperwork by coordinating closely with case management partners.
- Track housing placements and other important data points, provide reports as needed.
- Create legal documentation for both client and landlord based disputes

Decision One Mortgage (HSBC Division), Modesto, CA **May 05 – Nov 07**

Residential Home Loan Underwriter

- Fully reviewed residential loans in accordance with underwriting guidelines
- Computed debt-to-income and loan-to-value ratios for each loan
- Reviewed credit reports and property appraisals to complete loan packages

National Real Estate Information Services, Pittsburgh PA **Feb 03 – Nov 04**

Residential Review Appraiser

- Reviewed Field Appraiser property appraisals for accuracy and relevance
- Verify adherence to company quality standards and metrics
- Investigated and resolved any questions or problems with appraisals

Education:

Franciscan University, Steubenville OH

Bachelors of Science; Business Administration

James Worley

4526

Certifications and Continuing Education:

- “Build it Green” - Green Building Certification
- CSUEB – Home Inspector Certification Program
- Pittsburgh Realtors Institute: Real Estate Appraisal
- Certified Home Inspector
- Certified Green Building Professional
- Certified HUD HQS Inspector

Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE **7.**

Meeting Date: 11/13/2019

Subject: RECOMMENDATION FOR APPOINTMENT TO THE WORKFORCE DEVELOPMENT BOARD

Submitted For: Kathy Gallagher, Employment & Human Services Director

Department: Employment & Human Services

Referral No.: N/A

Referral Name: Appointments to Advisory Bodies

Presenter: Rochelle Martin Soriano **Contact:** Rochelle Soriano 925-671-4535

Referral History:

On December 13, 2011, The Board of Supervisors adopted Resolution No. 2011/498 adopting policy governing appointments to independent boards, committees, and commissions, and special districts. Included in this resolution was a requirement that independent bodies initially conducting interviews for At Large/Countywide seats provide appointment recommendations to a Board Committee for further review. The FHS Committee screens nominations for appointment to countywide seats of the Workforce Development Board.

The Workforce Development Board implements federal requirements for programs to address the education, skills, and employment needs for a skilled workforce, and that lead to an increase in the skills and earnings of Contra Costa residents.

On March 14, 2016, the Family and Human Services Committee (FHS) accepted the Employment and Human Services Department's recommendation to decertify the then-current Workforce Investment Act local Board and re-certify a new board structure in compliance with the new Workforce Innovation and Opportunity Act (WIOA). FHS approved these recommendations, and the Board did the same at its March 29, 2016 meeting.

Under new standards in WIOA (2016) and as adopted by the Board on March 29, 2016, the new Workforce Development Board structure is: a total of 23 required seats and 2 "optional seats", consisting of: 13 Business representatives, 5 Workforce representatives, and 5 Education and Training representatives as follows: (1) Adult Education/Literacy; (2) Higher Education; (3) Economic & Community Devl; (4) Wagner Peyser representative; (5) Vocational Rehabilitation. Also two additional/ "optional" seats that may be filled from any of the 3 categories above.

Referral Update:

The Workforce Development Board (WDB) currently has 21 filled seats and 4 vacancies. Please see attached memo recommending Joshua Anjar (of Martinez) to Workforce #2 seat and their letter of nomination from Contra Costa Labor Council. Also attached is the appointee's application and the WDB's current roster with attendance records.

Recommendation(s)/Next Step(s):

RECOMMEND to the Board of Supervisors the appointment of Joshua Anjar to the Workforce #2 seat on the Workforce Development Board to a term ending June 30, 2020, as recommended by the Employment and Human Services Department and approved by the Workforce Development Board Executive Committee.

Fiscal Impact (if any):

There is no fiscal impact.

Attachments

WDB Transmittal Memo

J. Anjar Application

WDB Attendance Roster

Contra Costa County Labor Council Nomination Letter

DONNA VAN WERT
EXECUTIVE DIRECTOR

MEMORANDUM

DATE: November 1, 2019
TO: Family and Human Services Committee
CC: Enid Mendoza, CAO Sr. Deputy County Administrator
FROM: Donna Van Wert, Executive Director
SUBJECT: **Appointment to Workforce Development Board**

This memorandum requests the Family and Human Services Committee recommend to the Contra Costa County Board of Supervisors the appointment of the following candidates to the new WIOA compliant Workforce Development Board of Contra Costa County.

Background:

Local board structure and size:

Compared to predecessor legislation, the Workforce Innovation and Opportunity Act (WIOA) substantially changes Local Board composition by reducing local workforce development board size while maintaining a business and industry majority and ensuring representation from labor and employment and training organizations.

The Executive Committee of the local WIOA board met January 21, 2016 and approved a recommended WIOA Board configuration, subsequently approved by the Board of Supervisors on March 29, 2016. To meet the categorical membership percentages, the WDB recommended a board of twenty-five (25) members. This option represents the minimum required local board size under WIOA plus an additional six (6) optional representatives in the following enumerated categories: 1) business; 2) workforce; 3) education and training.

Category – Representatives of Business (WIOA Section 107(b)(2)(A))

- Thirteen (13) representatives (52%)

Category – Representatives of Workforce (WIOA Section 107(b)(2)(A))

- Five (5) representatives (20%)

Category – Representatives of Education and Training (WIOA Section 107(b)(2)(C))

- One (1) Adult Education/Literacy Representative (WIOA title II)
- One (1) Higher Education Representative
- One (1) Economic and Community Development Representative
- One (1) Wagner Peyser Representative
- One (1) Vocational Rehabilitation Representative

Two (2) additional seats from the above categories, including constituencies referenced in Attachment III of Training Employment & Guidance Letter (TEGL) 27-14.

WORKFORCE DEVELOPMENT BOARD OF CONTRA COSTA COUNTY
4071 Port Chicago Highway • Suite 250 • Concord, CA 94520
Tel. (925) 671-4560 • Fax (925) 228-0238
Website: www.wdbcc.com

Recommendation:

a) Recommend approval of local board candidates for the vacant Workforce & Labor Seat #2- to the new WIOA-compliant board *(Attached application & board roster)*

- Interview Date – August 22, 2019
- Joshua Anijar - Approved on October 15, 2019 at the Executive Committee Meeting
- No other candidate competed for the vacant Workforce & Labor Seat # 2

NEW APPOINTMENT

Seat	Last Name	First Name	Address & District #	Term of Expiration	District (Resident)
Workforce & Labor Seat # 2	Anijar	Joshua	[redacted] Martinez, CA 94553 District # 5	6/30/2023	District #5

Thank you

DVW/rms
attachment

Contra Costa County Boards & Commissions

Submit Date: Jun 13, 2019

Application Form

Profile

Joshua
First Name

A
Middle Initial

Anijar
Last Name

[redacted]
Home Address

Suite or Apt

[redacted]
City

[redacted]
State

[redacted]
Postal Code

[redacted]
Primary Phone

[redacted]
Email Address

Which supervisorial district do you live in?

- [x] District 5

Education

Select the option that applies to your high school education *

- [x] High School Dipoloma

College/ University A

Arizona State University
Name of College Attended

Political Science
Degree Type / Course of Study / Major

Degree Awarded?

- (•) Yes
- ( ) No

College/ University B

University of Massachusetts, Amherst
Name of College Attended

M.S. Labor Studies
Degree Type / Course of Study / Major

Degree Awarded?

◉ Yes ○ No

College/ University C

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

○ Yes ○ No

Other schools / training completed:

Course Studied

Hours Completed

Certificate Awarded?

○ Yes ○ No

Board and Interest

Which Boards would you like to apply for?

Workforce Development Board: Submitted

Central Labor Council Seat

Seat Name

Have you ever attended a meeting of the advisory board for which you are applying?

◉ Yes ○ No

1

If you have attended, how many meetings have you attended?

Please explain why you would like to serve on this particular board, commitee, or commission.

I have replaced Margret as the Executive Director of the Contra Costa Central Labor Council.

Qualifications and Volunteer Experience

I would like to be considered for appointment to other advisory boards for which I may be qualified.

- [x] Yes
- [ ] No

Are you currently or have you ever been appointed to a Contra Costa County advisory board, commission, or committee?

- [ ] Yes
- [x] No

List any volunteer or cummunity experience, including any advisory boards on which you have served.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

I have worked for the AFL-CIO in different capacities since 2006. I am the executive officer of the Labor Federation representing Contra Costa County.

Upload a Resume

Conflict of Interest and Certification

Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?

- [ ] Yes
- [x] No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

- [ ] Yes
- [x] No

If Yes, please identify the nature of the relationship:

Please Agree with the Following Statement

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 undersand that all information in this application is publicly accessible. I understand that misstatements and/or omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

☑ I Agree

BOARD MEMBERS ATTENDANCE RECORDS
PY 2018-2019

Name	Seat #	Appointment Date	Term End Date	Total Number meetings attended (Full Board Mtg. PY July 2018-June 2019)	Total Number of Absences
Michael McGill	1	3/29/2016	6/30/2020	4	0
Joshua Aldrich	2	10/1/2018	6/30/2022	1	3
Vacant	3		6/30/20XX		
Terry Curley	4	3/29/2016	6/30/2020	4	0
Bhupen B. Amin	5	3/29/2016	6/30/2020	4	0
Jose Carrascal	6	3/29/2016	6/30/2020	3	1
Jason Cox	7	3/29/2016	6/30/2020	2	2
Ashley Georgian	8	3/29/2016	6/30/2020	3	1
Robert Muller	9	7/11/2017	6/30/2023	4	0
Robert Rivera	10	3/29/2016	6/30/2020	3	1
Justin Steele	11	3/29/2016	6/30/2020	3	1
Romina Gonzalez	12	3/29/2016	6/30/2023	4	0
Melissa Johnson-Scranton	13	3/13/2018	6/30/2020	4	0

Name	Seat #	Appointment Date	Term End Date	Total Number meetings attended (Full Board Mtg. PY July 2018- - June 2019)	Total Number of Absences
Thomas Hansen	1	10/17/2017	6/30/2021	3	1
Vacant	2		6/30/20XX		
Steve Older	3	3/29/2016	6/30/2020	4	0
Vacant	4		6/30/20XX		
Vacant	5		6/30/20XX		

Name	Seat #	Appointment Date	Term End Date	Total Number meetings attended (Full Board Mtg. PY July 2018-June 2019)	Total Number of Absences
G. Vittoria Abbate	1	10/17/2017	6/30/2021	3	1
Fred Wood	2	3/12/2019	6/30/2023	3	1

Name	Seat #	Appointment Date	Term End Date	Total Number meetings attended (Full Board Mtg. PY July 2018- June 2019)	Total Number of Absences
Kristin Connelly	1	3/29/2016	6/30/2020	3	1
Richard Johnson	2	3/29/2016	6/30/2020	4	0
Carol Asch	3	3/29/2016	6/30/2020	3	1

Name	Seat #	Appointment Date	Term End Date	Total Number meetings attended (Full Board Mtg. PY July 2018-June 2019)	Total Number of Absences
Yolanda Vega	1	3/29/2016	6/30/2020	4	0
John Montagh	2	6/6/2017	6/30/2021	3	1

	BUSINESS
	WORKFORCE & LABOR
	EDUCATION AND TRAINING
	GOVERNMENTAL AND ECONOMIC AND COMMUNITY DEVELOPMENT
	FLEX ADDITIONAL MEMBERS
	PENDING APPROVAL/CONFIRMATION
	VACANT SEAT

Term length: 48 months
WDBCCC Bylaws
ARTICLE X - TERMINATIONS

B. Failure to attend three consecutive regularly scheduled Full WDBCCC/ and or committee meetings, excessive excused absences from regularly scheduled WDBCCC and/or committee meetings, or failure to resign when he /she ceases to be representative of the group from which he/she was selected. Said conduct shall automatically be reviewed by the WDBCCC Executive Committee, which in turn shall present a recommendation to the WDBCCC . A majority vote of the WDBCCC membership is needed to affirm the recommendation.

Central Labor Council Contra Costa County AFL-CIO

Executive Officers

Steve Older, *IAMAW President*

Kevin Van Buskirk, *SMART Vice-President*

Dan Jameyson, *SEIU Secretary-Treasurer*

Bambi Marien, *UFCW Sergeant-at-Arms*

Executive Board

Rebecca Band, *IBEW*

Brian Fealy, *IAMAW*

Sue Guest, *IFPTE*

Gabriel Haaland, *SEIU*

Felix Huerta, *IUOE*

Tim Jefferies, *IBB*

Anita Johnson, *CTA*

Doug Jones, *SEIU*

Tom Lawson, *UA*

Michael Nye, *CARA*

Nadine Peyrucain, *AFSCME*

Tracy Scott, *USW*

Rachel Shoemake, *IBEW*

Vince Wells, *IAFF*

Jonathan Wright, *IFPTE*

Council Staff

Josh Anijar
Executive Director

Jervon Graves
Community Organizer

July 9th, 2019

Supervisor John Gioia, Chair;
Supervisor Federal Glover;
Supervisor Karen Mitchoff;
Supervisor Diane Burgis;
Supervisor Candace Andersen;
Contra Costa County Board of Supervisors
651 Pine Street, Room 106
Martinez, California 94553-1292

Dear Chairman Gioia and Supervisors,

The Contra Costa Labor Council, AFL-CIO nominates Joshua Anijar, Executive Director of the Contra Costa Labor Council, AFL-CIO to replace Margaret Hanlon-Gradie on the County's Workforce Development Board.

If you or your staff would like to discuss this issue, you may contact me at [redacted].

We look forward to being an active partner with you and the local board to promote and implement a high road workforce development agenda that focuses on quality jobs, accountability, innovation, and shared prosperity.

Sincerely,

[redacted]

Steve Older
President
Contra Costa Labor Council, AFL-CIO

CC: Donna Van Wert, Executive Director. Workforce Development Board of Contra Costa
Bill Whitney, Contra Costa Building Trades
John Brauer, California Labor Federation Workforce and Economic Development

Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE **8.**

Meeting Date: 11/13/2019

Subject: Draft 2020-2025 Consolidated Plan Priorities for Affordable Housing and Economic Opportunities for Low-Income Persons

Submitted For: John Kopchik, Director, Conservation & Development Department

Department: Conservation & Development

Referral No.:

Referral Name:

Presenter: Gabriel Lemus **Contact:** Gabriel Lemus (925) 674-7882

Referral History:

The Contra Costa County Consortium, a partnership of four cities (Antioch, Concord, Pittsburg, and Walnut Creek) and Contra Costa County, receives funds each year from the federal government for housing and community development activities. To receive federal funds, the Consortium must submit a strategic plan – the Consolidated Plan – every five years to the U.S. Department of Housing and Urban Development (HUD) that identifies local needs and how these needs will be addressed.

Referral Update:

Please see attached report and recommendations for the 2020-2025 Consolidated Plan priorities as recommended by the Conservation and Development Department as follows:

1) Affordable Housing (New unit Development and Rehabilitation of existing units);
2) Homelessness (Providing Housing and Services);
3) Non-Housing Community Development (Public Services, Infrastructure/Public Facilities, Economic Development); and
4) Administration (Administration of the various Federal Programs)

The Board of Supervisors must consider these priorities at a public meeting. This action is tentatively scheduled for November 19, 2019.

Recommendation(s)/Next Step(s):

1. APPROVE recommendations for the 2020-2025 Consolidated Plan priorities as recommended by staff or amended by the Committee.

2. DIRECT the Department of Conservation and Development to prepare a staff report on the Committee's recommendations, for consideration by the Board of Supervisors on November 19, 2019 as a "Consent" item.

Fiscal Impact (if any):

County receipt of Community Development Block Grant Program, the HOME Investment Partnerships Act Program, the Emergency Solutions Grant Program; and the Housing Opportunities for Persons with AIDS Program are conditioned upon submittal to HUD of a strategic plan every five years.

Attachments

Draft 2020-2025 Consolidated Plan Priorities for Federal Housing Program Funding

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CONTRA COSTA COUNTY
DEPARTMENT OF CONSERVATION AND DEVELOPMENT
30 Muir Road
Martinez, CA 94553
(925) 674-7882

MEMORANDUM

DATE: November 13, 2019

TO: Family and Human Services Committee
Supervisor Candace Andersen, Chair
Supervisor John Gioia, Vice Chair

FROM: Gabriel Lemus, CDBG Program Manager
By: Kristin Sherk, Senior Planner

SUBJECT: **Draft 2020-2025 Consolidated Plan Priorities**

RECOMMENDATIONS

1. **APPROVE** recommendations for the 2020-2025 Consolidated Plan priorities as recommended by staff or amended by the Committee.

2. **DIRECT** the Department of Conservation and Development to prepare a staff report on the Committee's recommendations. The staff report will be submitted and considered by the Board of Supervisors on November 19, 2019 as a "Consent" item.

BACKGROUND

2020-2025 Consolidated Plan Priorities: The Contra Costa County Consortium, a partnership of four cities (Antioch, Concord, Pittsburg, and Walnut Creek) and Contra Costa County, receives funds each year from the federal government for housing and community development activities[1]. To receive federal funds, the Consortium must submit a strategic plan – the

1 The Federal Programs are the Community Development Block Grant (CDBG) Program, the HOME Investment Partnerships Act (HOME) Program, the Emergency Solutions Grant (ESG) Program; and the Housing Opportunities for Persons with AIDS (HOPWA) Program.

Consolidated Plan – every five years to the U.S. Department of Housing and Urban Development (HUD) that identifies local needs and how these needs will be addressed. The Consolidated Plan must also demonstrate how the Consortium will meet national goals set by the U.S. Congress to develop viable communities by providing decent housing, a suitable living environment, and economic opportunities, principally for persons of extremely-low, very-low, and low income.

The preparation of the FY 2020-2025 Consolidated Plan began with holding three public community meetings and two service provider (housing and non-housing) group meetings during the months of March through June 2019. Individuals and representatives of various public agencies, community organizations, and service providers throughout the County were invited to attend these meetings. These meetings covered various topics, including but not limited to:

- Affordable housing;
- Persons with disabilities;
- Single parents/female-headed households;
- Homelessness;
- Economic Development (business assistance and job creation/retention);
- Seniors; and
- Youth and Families

The Consortium also solicited input from community organizations, public agencies, and the general public through an on-line survey that was accessible beginning in the month of March through the end of July 2019. A hard copy of the survey is attached (Attachment A). Consortium staff and a housing data consultant compiled and analyzed the survey data to come to the following observations:

1. Services to homeless populations or to those at imminent risk of homelessness ranked high as a priority for continued CDBG support.
2. Affordable Housing activities are also a high priority. Of the eligible activities for affordable housing, the following were the highest ranking; 1) housing for "Special Needs Populations" (especially seniors/elderly), 2) preservation of existing affordable housing, 3) rehabilitation assistance to existing housing, and 4) emergency repairs for low-income homeowners.
3. Job Development/Creation and Pollution/Property Cleanup ranked the highest of the Economic Development services.
4. General Infrastructure and Public Facilities Improvements are also a priority with the following rankings; 1) improvements and/or construction of streets and sidewalks, 2) senior centers, 3) youth/neighborhood centers, 4) park and recreational centers, and 5) childcare centers ranking the highest.

Although the Consolidated Plan is still underway, County CDBG staff substantially completed the Needs Assessment section. Taking in to consideration the information collected from individual consultations, community meetings, focus group meetings and the survey

information, County CDBG staff proposes to continue the four main priorities for the next five-year period, as follows:

1) Affordable Housing (New unit Development and Rehabilitation of existing units);
2) Homelessness (Providing Housing and Services);
3) Non-Housing Community Development (Public Services, Infrastructure/Public Facilities, Economic Development); and
4) Administration (Administration of the various Federal Programs).

Public Hearing and Transmittal of Recommendations: The Committee's recommendations on the Consolidated Plan priorities will be forwarded to the full Board of Supervisors prior to the public hearing that is scheduled for November 19, 2019. The final Consolidated Plan will be brought to the Committee in April 2020 along with the CDBG funding recommendations for FY 2020/21.

Attachment: Community Needs Survey

CC: John Kopchik, Director – Department of Conservation and Development

Survey of Needs for Development of the 2020-25 Contra Costa Consortium Consolidated Plan

Help create the future of YOUR community!

The Cities of Antioch, Concord, Pittsburg, Walnut Creek, and the County of Contra Costa (on behalf of all the other towns and cities in Contra Costa) receive federal Community Development Block Grant (CDBG), Home Investment Partnership Program (HOME), Emergency Solutions Grant (ESG) and Housing Opportunities for Persons with HIV/AIDS (HOPWA) funding every year. Over a five- year period, these funds are expected to total over $60 million!!

These federal funds, administered by the Department of Housing and Urban Development (HUD) can be used to build new affordable rental housing, provide first-time homebuyer assistance, rehabilitate existing housing, rehabilitate homes for lower income and senior households, build new supportive housing for people with special needs, improve or construct public facilities including community centers and parks, improve infrastructure (streets, sidewalks, etc.) in lower income neighborhoods, provide employment training and training to small business owners, and provide a wide variety of services for lower income families and individuals, and homeless persons, and SO MUCH MORE!

Every five years, YOU, your friends, your neighbors, and your community have the opportunity to help identify your community's greatest needs, and determine how these funds are spent to help address those needs. This survey will take approximately 15 minutes, so please be prepared to give it your thoughtful consideration. THANK YOU for caring about your community by providing feedback to help direct the funding of federal programs over the next five years.

NOTICE: Reasonable accommodation or other assistance and/or support services needed to complete this survey may be provided upon request. Please call 925-779-7037 to request reasonable accommodations.

Let's get started with some basic questions:

1. **How did you hear about this survey?** *Check all that apply*

   ☐ Newspaper ☐ Website ☐ Email ☐ Word of mouth ☐ Other_____

2. **Have you ever heard of CDBG, HOME, ESG or HOPWA before?** *Check one* ☐ Yes ☐ No

3. **Please tell us about yourself** *(check all that apply)*:

   ☐ I'm a resident of a city, town or neighborhood in Contra Costa County
   ☐ I work for a nonprofit agency, including affordable housing developers
   ☐ I work in business
   ☐ I work for local government
   ☐ I am a current consumer or client of affordable housing or social services
   ☐ I am a former consumer or client of affordable housing or social services

4. **In which age group are you?** ☐ Under 18 ☐ 18-24 ☐ 25-61 ☐ 62+

5. What city(s) or town(s) are you going to be making comments on today? *Select one only:*

☐ **Antioch** ☐ **Concord** ☐ **Pittsburg** ☐ **Walnut Creek** ☐ **Urban County** (all other communities)

6. If you selected Urban County above, PLEASE check the specific cities, towns, or communities that you will be commenting on. *Check as many as apply.*

☐ Alamo	☐ Danville	☐ Martinez	☐ Port Costa
☐ Bay Point	☐ Discovery Bay	☐ Moraga	☐ Pleasant Hill
☐ Bethel Island	☐ El Cerrito	☐ North Richmond	☐ Richmond
☐ Brentwood	☐ El Sobrante	☐ Oakley	☐ Rodeo
☐ Byron	☐ Hercules	☐ Orinda	☐ San Pablo
☐ Clayton	☐ Knightsen	☐ Pacheco	☐ San Ramon
☐ Crockett	☐ Lafayette	☐ Pinole	☐ Other_____

7. Please share what type of household you live in:

☐ Single person household	☐ Single parent household	☐ Couple
☐ Family with minor children	☐ Unaccompanied youth (14-24)	☐ Currently homeless
☐ Related adults living together	☐ Unrelated adults living together	☐ Formerly homeless
☐ Disabled household	☐ Senior (age 62+) household	☐ Other _____

Thank you for that introduction – this information will help us ensure that the data you provide helps to improve YOUR city or area of concern.

Homelessness in Contra Costa

Let's begin the survey by getting your view of what people who are experiencing homelessness or those who are at risk of homelessness in your community may need.

8. What level of need is there for HOUSING and SERVICES for homeless individuals in your community? ☐ No Need ☐ Low ☐ Medium ☐ High

9. First we'll focus on the HOUSING options for persons who are homeless, and level of need you see in your community. Please rate the need for the following:

Emergency Shelters for:

Men: ☐No Need ☐Low ☐Medium ☐High

Women: ☐No Need ☐Low ☐Medium ☐High

Families: ☐No Need ☐Low ☐Medium ☐High

Couples only: ☐No Need ☐Low ☐Medium ☐High

Unaccompanied Youth under age 18
☐No Need ☐Low ☐Medium ☐High

Transitional age youth (age 18-24):
☐No Need ☐Low ☐Medium ☐High

Permanent Rental Support Plus Services
(that help them stay housed, live independently)
☐No Need ☐Low ☐Medium ☐High

Other Housing Options (without services):
☐No Need ☐Low ☐Medium ☐High

Transitional Housing (up to 2 yrs) for:

Victims of domestic violence:
☐No Need ☐Low ☐Medium ☐High

Transition age youth (age 18-24):
☐No Need ☐Low ☐Medium ☐High

Persons re-entering community from institutions like prison, jail, hospitals, mental facilities
☐No Need ☐Low ☐Medium ☐High

Persons completing drug treatment programs
☐ No Need ☐ Low ☐Medium ☐High

Board & Care: ☐No Need ☐Low ☐Medium ☐High

Other Housing Needs for Homeless

_____

10. Now please rate the need for SERVICES to help people experiencing homelessness:

More outreach to streets & encampments
☐No Need ☐Low ☐Medium ☐High

More multi-service centers/programs
☐No Need ☐Low ☐Medium ☐High

Life skills training
☐No Need ☐Low ☐Medium ☐High

Job training
☐No Need ☐Low ☐Medium ☐High

Alcohol & drug addiction treatment
☐No Need ☐Low ☐Medium ☐High

Mental health services
☐No Need ☐Low ☐Medium ☐High

Physical health services
☐No Need ☐Low ☐Medium ☐High

Education services
☐No Need ☐Low ☐Medium ☐High

Childcare services
☐No Need ☐Low ☐Medium ☐High

Legal services
☐No Need ☐Low ☐Medium ☐High

Food services
☐No Need ☐Low ☐Medium ☐High

Money management
☐No Need ☐Low ☐Medium ☐High

Eviction prevention counseling
☐No Need ☐Low ☐Medium ☐High

Diversion services
(financial & services assistance to help divert people from emergency shelter)
☐No Need ☐Low ☐Medium ☐High

Prevention services (financial & service assistance for people AT RISK of homelessness)
☐No Need ☐Low ☐Medium ☐High

Other:_____

11. What do you see as barriers for people experiencing homelessness who are trying to access housing and services?

Transportation
☐No Need ☐Low ☐Medium ☐High

No telephone
☐No Need ☐Low ☐Medium ☐High

People don't know who to call
☐No Need ☐Low ☐Medium ☐High

Lack of housing in my community
☐No Need ☐Low ☐Medium ☐High

The eligibility criteria can be too narrow
☐No Need ☐Low ☐Medium ☐High

Agencies lack sufficient capacity/ resources
☐No Need ☐Low ☐Medium ☐High

Lack of services in my community
☐No Need ☐Low ☐Medium ☐High

Fear of arrest
☐No Need ☐Low ☐Medium ☐High

Fear of deportation
☐No Need ☐Low ☐Medium ☐High

Other barriers
_____

If you would like to know more about efforts in Contra Costa County to serve people experiencing homelessness, please visit the County Homeless Program's website at http://cchealth.org/homeless.

Services for Lower Income Persons

Now let's talk about *other* groups of people in your community and the services that they may need. In this question, we will **NOT** be talking about people experiencing homelessness, homeless housing, or homeless services, which were discussed in the previous section. We will also **NOT** discuss Economic Development efforts and Housing, which are coming up soon!

12. Please rate the need for SERVICES in your community in these categories:

GENERAL

Crisis intervention/emergency services: ☐No Need ☐Low ☐Medium ☐High

Information & referral (connecting people with resources):
☐No Need ☐Low ☐Medium ☐High

Food & Hunger (like food banks and feeding programs): ☐No Need ☐Low ☐Medium ☐High

Credit Counseling: ☐No Need ☐Low ☐Medium ☐High

Foreclosure counseling: ☐No Need ☐Low ☐Medium ☐High

Crime awareness/prevention: ☐No Need ☐Low ☐Medium ☐High

Landlord and tenant counseling: ☐No Need ☐Low ☐Medium ☐High

Fair Housing counseling, advocacy, legal representation (to combat discrimination**):**
☐No Need ☐Low ☐Medium ☐High

SENIORS

Legal services: ☐No Need ☐Low ☐Medium ☐High

Senior grocery & food programs: ☐No Need ☐Low ☐Medium ☐High

Senior Center-based programs/services: ☐No Need ☐Low ☐Medium ☐High

Adult Day health care (disabled seniors): ☐No Need ☐Low ☐Medium ☐High

Care management and assessment: ☐No Need ☐Low ☐Medium ☐High

Transportation: ☐No Need ☐Low ☐Medium ☐High

Wellness calls and home visits: ☐No Need ☐Low ☐Medium ☐High

YOUTH FROM LOWER INCOME FAMILIES

Recreation, sports, classes, camps, arts: ☐No Need ☐Low ☐Medium ☐High

After School Programs , Recreation: ☐No Need ☐Low ☐Medium ☐High

After School Programs, Educational (like tutoring): ☐No Need ☐Low ☐Medium ☐High

Child Care: ☐No Need ☐Low ☐Medium ☐High

Transportation: ☐No Need ☐Low ☐Medium ☐High

Mental health and support services: ☐No Need ☐Low ☐Medium ☐High

ABUSED AND NEGLECTED YOUTH

Services for sexually assaulted children: ☐No Need ☐Low ☐Medium ☐High

Services for child victims of domestic violence: ☐No Need ☐Low ☐Medium ☐High

Services for foster youth/wards of the court: ☐No Need ☐Low ☐Medium ☐High

Services for at-risk youth/gang prevention: ☐No Need ☐Low ☐Medium ☐High

PERSONS WITH DISABILITIES INCLUDING HIV/AIDS

Independent living skills training/aids: ☐No Need ☐Low ☐Medium ☐High

Outreach/information & referral/socialization: ☐No Need ☐Low ☐Medium ☐High

Adult day health care for non-seniors with disabilities: ☐No Need ☐Low ☐Medium ☐High

Advocacy/investigation in nursing homes and care facilities: ☐No Need ☐Low ☐Medium ☐High

VICTIMS OF DOMESTIC VIOLENCE

Emergency shelter: ☐No Need ☐Low ☐Medium ☐High

Transitional housing: ☐No Need ☐Low ☐Medium ☐High

Counseling & services:☐No Need ☐Low ☐Medium ☐High

Other:_____

MIGRANT FARM WORKERS

Job training and support services: ☐No Need ☐Low ☐Medium ☐High

English literacy training: ☐No Need ☐Low ☐Medium ☐High

ILLITERATE ADULTS

(teaching adults to read)

☐No Need ☐Low ☐Medium ☐High

HEALTH- related services:

Mental Health services: ☐No Need ☐Low ☐Medium ☐High

Alcohol addiction services: ☐No Need ☐Low ☐Medium ☐High

Drug abuse services: ☐No Need ☐Low ☐Medium ☐High

HIV/AIDs services: ☐No Need ☐Low ☐Medium ☐High

Healthy homes testing & remediation (lead-based paint, carbon monoxide, etc.)
☐No Need ☐Low ☐Medium ☐High

Public Facilities & Infrastructure

13. **Moving on to PUBLIC FACILITIES, tell us about the needs of your community for the following, either because you don't have one and need it, or because it needs renovation or improvements:**

Senior Center: ☐No Need ☐Low ☐Medium ☐High

Youth Center: ☐No Need ☐Low ☐Medium ☐High

Child Care Centers/Preschool Daycare: ☐No Need ☐Low ☐Medium ☐High

Community Centers: ☐No Need ☐Low ☐Medium ☐High

Parks and Recreation Facilities: ☐No Need ☐Low ☐Medium ☐High

Library: ☐No Need ☐Low ☐Medium ☐High

Nonprofit facilities: ☐No Need ☐Low ☐Medium ☐High

Facilities for persons with Disabilities: ☐No Need ☐Low ☐Medium ☐High

Improve the accessibility to public facilities for disabled: ☐No Need ☐Low ☐Medium ☐High

Other Public Facility Improvements: ☐No Need ☐Low ☐Medium ☐High

Other/Comments: _____

14. **Now let's talk briefly about the PUBLIC INFRASTRUCTURE, which is so often overlooked but is an important part of what makes a community feel safe, secure, and an attractive place to visit. Please rate the needs you have for the following:**

Street improvements: ☐No Need ☐Low ☐Medium ☐High

Street Lighting: ☐No Need ☐Low ☐Medium ☐High

Sidewalk improvements: ☐No Need ☐Low ☐Medium ☐High

Flood control/drainage/water improvements, etc.: ☐No Need ☐Low ☐Medium ☐High

Curb cuts for disabled, strollers, etc.: ☐No Need ☐Low ☐Medium ☐High

Beautification/enhanced public space: ☐No Need ☐Low ☐Medium ☐High

Historic preservation: ☐No Need ☐Low ☐Medium ☐High

Attractive downtown business district: ☐No Need ☐Low ☐Medium ☐High

Accessibility/Safety for disabled: ☐No Need ☐Low ☐Medium ☐High

Other: _____

Housing

In this section, let us know about needs for housing for persons with special needs, affordable rental housing, and the homeownership needs of lower income residents. *Please rate the need for:*

15. Housing for Persons with Special Needs

Seniors/Elderly: ☐No Need ☐Low ☐Medium ☐High

Frail Elderly: ☐No Need ☐Low ☐Medium ☐High

Persons with HIV/AIDS: ☐No Need ☐Low ☐Medium ☐High

Victims of domestic violence: ☐No Need ☐Low ☐Medium ☐High

Large households (5 or more persons): ☐No Need ☐Low ☐Medium ☐High

Single parent households: ☐No Need ☐Low ☐Medium ☐High

Persons with alcohol or other drug addictions: ☐No Need ☐Low ☐Medium ☐High

Persons with mental illness: ☐No Need ☐Low ☐Medium ☐High

Persons with developmental disabilities: ☐No Need ☐Low ☐Medium ☐High

Persons with significant physical disabilities: ☐No Need ☐Low ☐Medium ☐High

Persons who are homeless: ☐No Need ☐Low ☐Medium ☐High

16. Affordable Rental Housing

Rehabilitation of existing housing developments: ☐No Need ☐Low ☐Medium ☐High

Preservation of existing affordable rental housing: ☐No Need ☐Low ☐Medium ☐High

Lead-based paint screening & abatement of rentals: ☐No Need ☐Low ☐Medium ☐High

Energy efficiency improvements: ☐No Need ☐Low ☐Medium ☐High

Construction of new affordable rental housing: ☐No Need ☐Low ☐Medium ☐High

New construction near mass transit: ☐No Need ☐Low ☐Medium ☐High

New construction of work-force housing: ☐No Need ☐Low ☐Medium ☐High

One-time rental assistance for struggling renters: ☐No Need ☐Low ☐Medium ☐High

17. Help for lower income homeowners. *Please rate the need for:*

Foreclosure counseling: ☐No Need ☐Low ☐Medium ☐High

Home purchase counseling: ☐No Need ☐Low ☐Medium ☐High

First time homebuyer financial assistance: ☐No Need ☐Low ☐Medium ☐High

Modifications for persons with disabilities: ☐No Need ☐Low ☐Medium ☐High

Emergency repairs for lower income homeowners: ☐No Need ☐Low ☐Medium ☐High

Rehabilitation assistance for lower income homeowners: ☐No Need ☐Low ☐Medium ☐High

Energy efficiency improvements: ☐No Need ☐Low ☐Medium ☐High

Lead-based paint screening and abatement: ☐No Need ☐Low ☐Medium ☐High

New construction of below market rate homes: ☐No Need ☐Low ☐Medium ☐High

Other housing needs: _____

Economic Development

Finally, let's discuss your thoughts on the needs of businesses and employees.

18. Here is a list of common types of Economic Development activities. Please check all the needs that you see in your community.

Job training with placement services and follow-up: ☐No Need ☐Low ☐Medium ☐High
Technical assistance to small businesses: ☐No Need ☐Low ☐Medium ☐High
Training for small business owners/start-ups: ☐No Need ☐Low ☐Medium ☐High
Job development and creation: ☐No Need ☐Low ☐Medium ☐High
Banking/lending for commercial development: ☐No Need ☐Low ☐Medium ☐High
Retail development: ☐No Need ☐Low ☐Medium ☐High
Small business loans: ☐No Need ☐Low ☐Medium ☐High
Storefront improvements in low income areas: ☐No Need ☐Low ☐Medium ☐High
Pollution/property cleanup: ☐No Need ☐Low ☐Medium ☐High
Other economic development needs: _____

19. Any final thoughts or comments you would like to leave us with? _____

_____

_____

That's it – you are done! Thank you SO much for the time you have spent in completing this survey. If you would like to receive the results of survey, want to be included in future notices regarding the development of the 2020-25 Consolidated Plan, and/or want to receive a copy of the completed plan, include your email here:

_____
Email Address

Please mail your survey to City of Antioch, below, or drop off at any of these locations:

City of Antioch Community Development Dept. c/o **Teri House** 200 H St. Antioch, CA 94509	**City of Concord** Community & Economic Development Dept. c/o **Brenda Kain** 1950 Parkside Dr. Concord, CA 94519	**City of Pittsburg** Community Access Dept. c/o **Melaine Venenciano** 65 Civic Ave. Pittsburg, CA 94565
City of Walnut Creek Community & Economic Development Dept. c/o **Cara Bautista-Rao** 1666 N. Main St., Flr 2 Walnut Creek, CA 94596	**Contra Costa County** Dept. of Conservation & Development c/o **Kristin Sherk** 30 Muir Rd. Martinez, CA 94553	**Contra Costa Health, Housing & Homeless Services** c/o **Jaime Jenett** 2400 Bisso Lane, Suite D, 2nd Floor Concord, CA 94520

Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE **9.**

Meeting Date: 11/13/2019
Subject: Healthcare for the Homeless Annual Update
Submitted For: Anna Roth, Health Services Director
Department: Health Services
Referral No.: FHS #5
Referral Name: Continuum of Care/Healthcare for the Homeless
Presenter: Joseph Mega, Health Care for the Homeless Medical Director; Rachael Birch, Project Director
Contact: Rachael Birch (925) 608-5123

Referral History:

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

At the last report to the FHS Committee one year ago, Dr. Joseph Mega, presented the staff report on health care services for the homeless, including opioid addiction treatment, and the number of clients and encounters with clients. The data showed that homeless Medi-Cal patients were more than twice as likely to have a chronic health condition and drastically more likely to visit hospital emergency than general Medi-Cal patients. Dr. Mega highlighted the gap in services for elderly people with conditions such as dementia, incontinence, and mental illness, citing that such conditions are often barriers to private board and care placement. He suggested that County-operated board and care might fill that gap and for less cost than long term County Hospital stays.

Supervisor Andersen had asked Dr. Mega what research had been done on county-run skilled nursing programs and if the County would realistically take on that service within the Health Care budget? She suggested that it might be more cost effective to contract out for these services. She asked about what other counties might be doing in this area and what, if any, contractors they use

and how they fund the program. Dr. Mega had commented that only preliminary discussions had occurred but he would work to develop a proposal.

Referral Update:

The attached presentation includes program updates from the last report. It also highlights the increasing needs of the rapidly growing senior homeless population and provides an update on the increase in Medication Assisted Treatment for homeless patients with Opioid Use Disorder.

Recommendation(s)/Next Step(s):

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

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

3. Direct staff to continue to report on an annual basis to the FHS Committee regarding health status of the homeless population in Contra Costa County by the Health Care for the Homeless Program.

Fiscal Impact (if any):

No fiscal impact.

Attachments

Healthcare for the Homeless Powerpoint

Health Care for the Homeless Annual Report

November 2019

CONTRA COSTA
HEALTH SERVICES

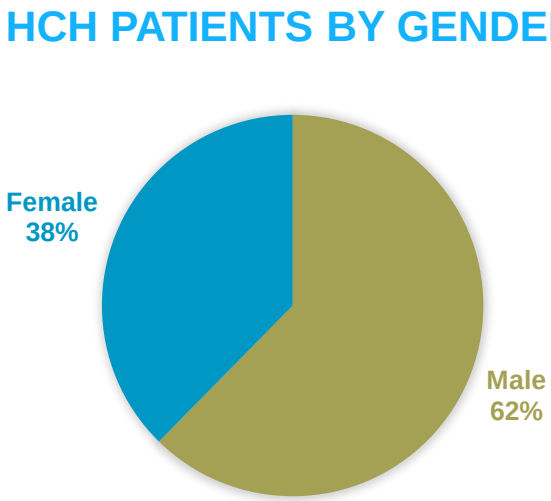
Health Care for the Homeless

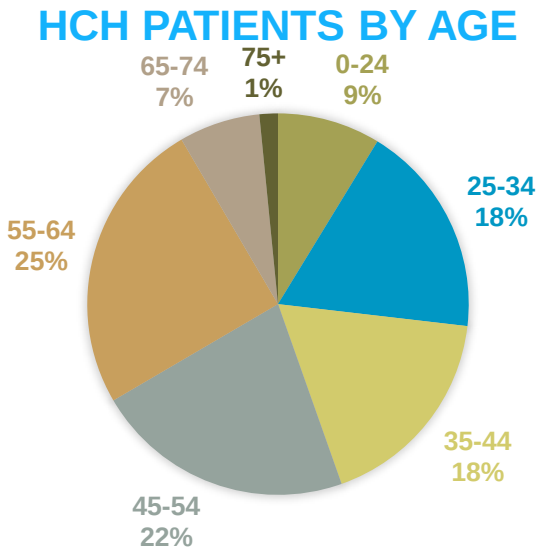
Mission: to improve the health of the homeless population in Contra Costa County by increasing access to health care with a team-oriented approach that focuses on harm reduction and integration of behavioral and medical services.

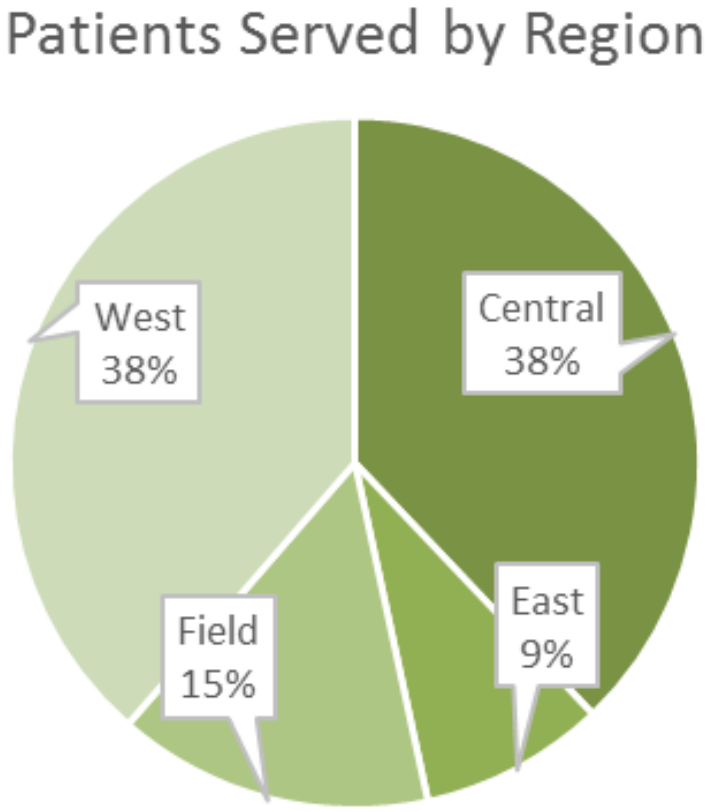
CONTRA COSTA HEALTH SERVICE

Health Care for the Homeless FY18/19

- 2,500 unique patient visits
- 8,343 total visits







CONTRA COSTA HEALTH SERVICE

HCH Services

Primary Medical Care

Behavioral Health

Dental

Medical Respite

Transportation

Substance Use Disorder Treatment

CCRMC Consult Services

Health Education

Benefit Enrollment

CONTRA COSTA HEALTH SERVICE

Service Models

Ambulatory Clinics

West County Health Center – San Pablo

Miller Wellness Center - Martinez

CONTRA COSTA HEALTH SERVICE

Street Outreach Team

- Chronic disease management
- Addiction treatment
- Narcan dispensing
- Wound care
- Ultrasound
- HIV, Hep C, syphilis testing
- STI screening/treatment
- BH services/linkages
- Medications
- Linkage to services
- Calfresh application assistance

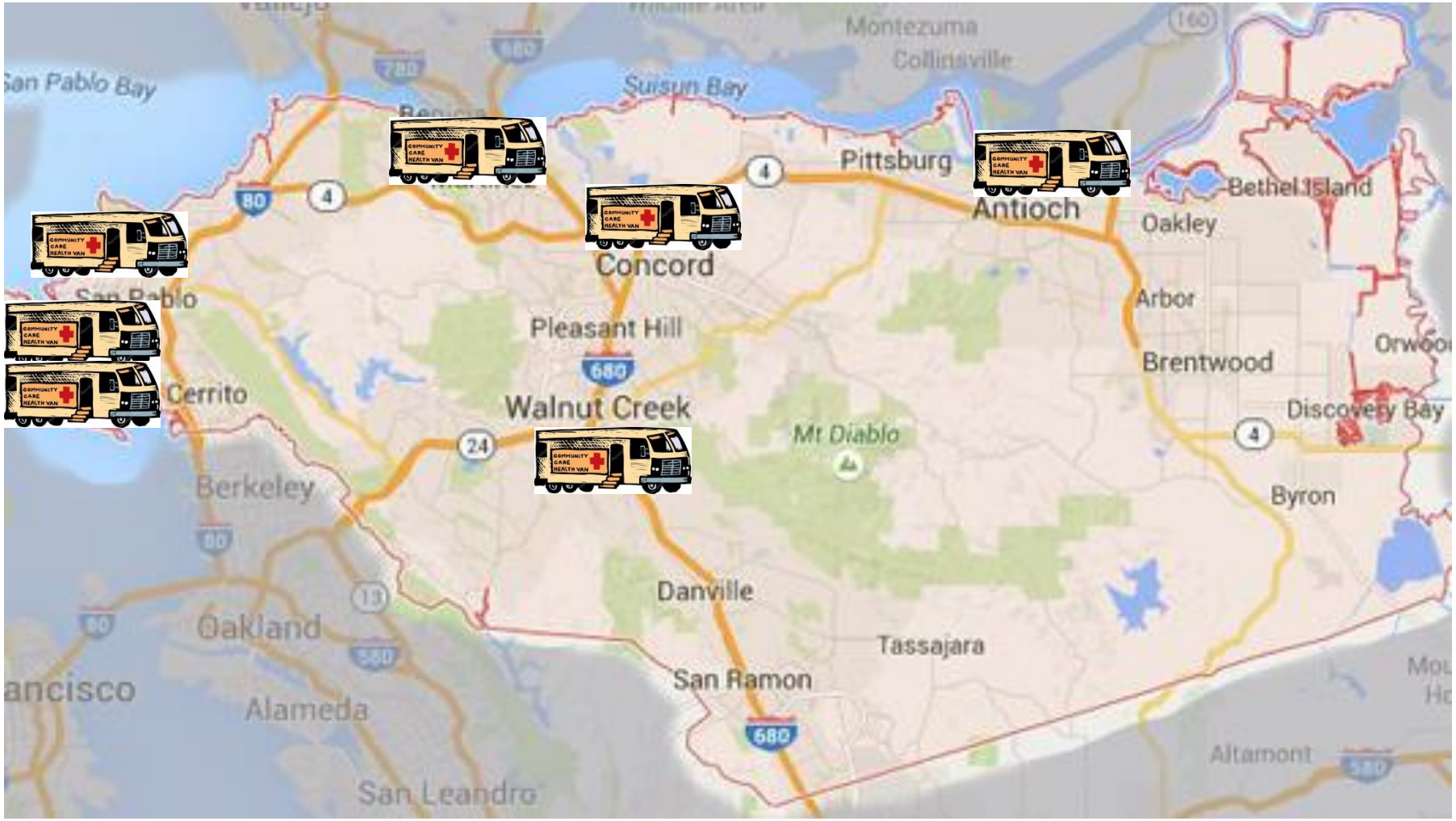
CONTRA COSTA
HEALTH SERVICES

“Mobile” Clinics

Fixed (one location) vans on regular days across Contra Costa County

CONTRA COSTA HEALTH SERVICE

Mobile Van Sites



CONTRA COSTA HEALTH SERVICE

Shelter Based Care

Concord Shelter

Brookside Shelter- San Pablo

CONTRA COSTA HEALTH SERVICE

Philip Dorn Medical Respite Shelter

- 26 Bed Shelter
- Targets the medically vulnerable needing recuperative medical services and long term treatment
- Referrals from hospitals, Skilled Nursing, Street team
- On site Federally Qualified Health Center M-F
- M-F nursing services

CONTRA COSTA
HEALTH SERVICE

2018-2019 HCH PROGRAM UPDATES

1. Dental Van
2. Homeless Mentally Ill Outreach and Treatment (HMIOT)
3. Fulton Shipyard
4. New HRSA funding for expansion of SUD/MH Treatment
5. Diabetes Management Recognition

CONTRA COSTA HEALTH SERVICES

CONTRA COSTA HEALTH SERVICE

It Takes a Village…

- Collaboration with Martinez PD, City of Martinez, Bay Church Shower program
- Community Connect
- “Coco Leads Plus”- HR360, Forensics, Antioch PD, BH
- CORE
- Homeless Mentally Ill Outreach and Treatment (HMIOT)
  - Health Housing and Homelessness, CORE, Behavioral Health
- Data exchange – HMIS/ccLink

CONTRA COSTA HEALTH SERVICE

CHOOSING CHANGE PROGRAM

Medication Assisted Treatment (MAT)
for Opioid Addiction

- **FY 2018-2019, we had 749 patients enrolled in the program, 46% of them were homeless or at risk of homelessness.**

- We currently have Choosing Change clinics in 6 CCHS Health Centers.

CONTRA COSTA
HEALTH SERVICES

CONTRA COSTA
HEALTH SERVICES

HCH Street MAT for Opioid Addiction

- From Jan 2018 to June 2019:
  - 89 patients received a buprenorphine (Suboxone) prescription
  - 76 (85%) filled that initial prescription
  - 63 (71%) filled multiple prescriptions
  - Patients averaged 100 total prescription days
  - Several patients have remained in treatment since first prescription
- Of patients lost to care, 51.8% ultimately returned for follow up
- One documented overdose
- NO DEATHS
- New Public Health Nurse started July 2019 to help coordinate follow up

CONTRA COSTA HEALTH SERVICE

Recent Health Trends and Our Solutions

- Communicable Diseases
  - Dramatic increase in Syphilis Cases in CoCo County
  - Low Barrier Hepatitis C Treatment
- Substance Use
  - Street MAT, Narcan, Education
  - Choosing Change
- Diabetes
  - Community Health Worker Case Management
- Preventative Care Screenings
  - Self-Pap Collection Pilot

CONTRA COSTA HEALTH SERVICE

Recent Health Trends

- 21% increase in all patients seen since 2016/2017
- **47% increase in 60+ population**
  - New to homelessness
  - Different health issues, needs in senior population

CONTRA COSTA HEALTH SERVICE

Mrs. Smith

CONTRA COSTA
HEALTH SERVICE

Challenges

CONTRA COSTA
HEALTH SERVICE

Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE **10.**

Meeting Date: 11/13/2019
Subject: Continuum of Care Plan for the Homeless
Submitted For: Anna Roth, Health Services Director
Department: Health Services
Referral No.: FHS #5
Referral Name: Continuum of Care Plan/Healthcare for the Homeless
Presenter: Jaime Jenett, Continuum of Care Planning and Policy Manager **Contact:** Lavonna Martin (925) 608-6700; Jaime Jenett (925) 608-6716

Referral History:

In November 2014, the Board approved "Forging Ahead Towards Preventing and Ending Homelessness: An Update to Contra Costa's 2004 Strategic Plan", that renewed the County's 2004 plan with the latest data, best practices, and community feedback and reaffirmed the County's commitment to the Housing First approach. As such, "Forging Ahead" establishes this guiding principle:

"Homelessness is first a housing issue, and necessary supports and services are critical to help people remain housed. Our system must be nimble and flexible enough to respond through shared responsibility, accountability, and transparency of the community."

The Strategic Plan Update identifies two goals: 1) Decrease the length of time people experience homelessness by focusing on providing **Permanent Housing and Services** and; 2) Decrease the percentage of people who become homeless by providing **Prevention** activities. To achieve these goals, three strategies emerged:

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

The Homeless Program of the Health, Housing and Homeless Services Division partners with the Homeless Advisory Board and Continuum of Care to develop and carry out an annual action plan that identifies the objectives and benchmarks related to each of the goals and strategies of Forging Ahead. Further, the Homeless Program incorporates the strategic plan goals into its own delivery system of comprehensive services, interim housing and permanent supportive housing as well as

contracting with community agencies to provide additional homeless services and housing with the goal of ending homelessness in our community.

At the previous report to FHS one year ago, Jaime Jenett, HSD Continuum of Care Planning and Policy Manager, presented a data summary of the 2018 Point In Time Count of the homeless population and described the Built for Zero Campaign and the recent addition of warming centers, which targeted veterans and the chronically homeless. Supervisor Gioia asked for a status of the Richmond housing site and expressed frustration over the lack of progress. He requested of staff that future statistical reports detail the number of people who actually received permanent housing. Supervisor Andersen praised the work of staff and suggested the 211 resource as a way to connect the homeless to needed services. She also suggested having the Youth Action Council work on engaging more youth.

Referral Update:

Please see the attached Homeless Continuum of Care Report for 2018 and supporting documents.

Recommendation(s)/Next Step(s):

1. Accept this report from the Health Services Department; and
2. Forward this report to the Board of Supervisors for acceptance; and,
3. Direct Staff to continue to report on an annual basis to the FHS Committee regarding progress of the effort to end homelessness and the activities of Contra Costa Council on Homelessness.

Attachments

HSD Homelesss Continuum of Care Annual Report

Homeless Continuum of Care Annual Report 2018

Contra Costa Homeless Services System Map

Homeless Services Race & Ethnicity Assessment

ANNA M. ROTH, RN, MS, MPH
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TO: Family and Human Services Committee, Contra Costa County Board of Supervisors
FROM: Lavonna Martin, MPH, MPA, Health, Housing, and Homeless Services (H3) Director
RE: Annual Report on the Homelessness Continuum of Care
DATE: November 13, 2019

RECOMMENDATIONS

1. Accept this report from the Health Services Department; and
2. Forward this report to the Board of Supervisors for acceptance; and,
3. Direct Staff to continue to report on an annual basis to the FHS Committee regarding progress of the effort to end homelessness and the activities of Contra Costa Council on Homelessness.

BACKGROUND

Health, Housing and Homeless Services (H3) Division, in collaboration with the Council on Homelessness determines the most effective strategies for the Contra Costa Continuum of Care to ensure that homelessness is a uncommon, short lived and non-recurring experience for people in Contra Costa.

Overview of Data

Annual Service data shows that in 2018, 1,091 people accessed prevention services, 6,924 people accessed crisis response services and 899 people utilized supportive housing programs. Trends between 2014 and 2018 show increases in adults with disabling conditions, single adults and adults age 62 and older utilizing homeless services and a decrease in transition aged youth (18-24), families and veterans utilizing homeless services. Of those surveyed in the 2019 Point in Time Count, the majority of people experiencing homelessness reported losing their housing in East County and, on the night of the count, the majority of people reported they slept in Central County.

Outcomes and Accomplishments

- Our Continuum of Care has seen a 32% increase in funding from the department of Housing and Urban Development (HUD) over last three years.
- In 2018, 1,450 households exited to permanent housing and 97% of households in permanent supportive housing maintained their housing.
- In addition, our community's crisis response system added 60 additional beds/cots in FY 18/19 and added more than 40 mainstream Housing Choice Vouchers.
- Based on 2018 average monthly in-flow and out-flow, the system of care only gained an additional 36 individuals per year overall. H3's Coordinated Outreach Referral and Engagement (CORE) outreach program won the 2019 Challenge Award from the California State Association of Counties (CSAC) for diverting 53 tons of trash from Contra Costa waterways by working with encampampments in those areas.

Right-sizing the System of Care

In the last year, the CoC has also been focused on assessing the entire homeless system of care to identify the system's strengths and opportunities to better meet the growing and changing needs of persons experiencing homelessness in Contra Costa. First, Contra Costa's Continuum of Care (CoC) expanded a number of services available to people experiencing homelessness. Second, the CoC identified and implemented the most effective and efficient uses of new resources coming from the state. Third, utilizing state sponsored technical assistance,

our CoC has developed a System Map that provides data-based guidance and strategies for understanding our system resources and methods for right sizing it to suit the community's needs.

The system mapping process resulted in a number of key findings, which include:

- Contra Costa has approximately 50% of the permanent housing resources needed to meet the average need per year. To fill that gap, about 2,900 more permanent housing interventions per year are needed.
- The average length of time from first accessing homeless services until being housed has increased from 15 months to 17 months in one year and 28% of persons experiencing increased lengths of time homeless are chronically homeless.
- 5,800 households experience literal homelessness in Contra Costa annually and 58% of those households are living unsheltered.
- 17% of households who exit permanent housing return to the system within two years.

Additionally, the system map provided multiple strategies to support building and maintaining resources for the system. Per the System Map, the CoC should:

- add temporary shelter beds;
- continue scaling Rapid Resolution services to route persons in need to alternate safe housing destinations;
- increase the amount of Permanent Supportive Housing;
- reduce inflow by redirecting individuals to stable resources outside of the homeless system of care;
- reduce length of time homeless by increasing temporary bed turnover rates at shelters and reducing wait times for other resources available through the community queue; and
- maximize use of resources based on an enhanced prioritization method that targets those with the highest vulnerability and length of time homeless.

<u>New and Pending Opportunities</u>

Funding

There are a number of state funding opportunities for homelessness related services and projects on the horizon including:

- California's Homeless Housing Assistance and Prevention (HHAP) funding competition (to be announced Fall 2019)
- California's Housing for a Healthy California (HFCA) funding (awards pending)
- California's No Place Like Home (NPLH) Round 2 funding competition (to be announced)
- California's California Emergency Solutions and Housing (CESH) (Rounds 1 and 2 awarded) local project selection process
- California's Emergency Solutions Grant (ESG) annual funding competition
- Department of Housing & Urban Development (HUD) annual CoC funding competition ("CoC NOFA")

As the CoC's lead agency, Administrative Entity, and Collaborative Applicant, H3 will facilitate the application and disbursement process for these funds based on identified system and program needs, recommendations and direction from the Council on Homelessness, and with input from community partners and stakeholders.

Capacity & System Building

H3 has been building capacity in the CoC by taking full advantage of state sponsored one-time technical assistance offered in 2019 and opportunities for technical assistance provided by the Kaiser Community Foundation. H3 used technical assistance to support the growth of the system, implement best practices, launch an equity initiative, improve the system's ability to measure and monitor program and system performance and regulatory compliance, and to support H3 and Council on Homelessness data-based decision making.

Specifically, that technical assistance was used to:

- Integrate Rapid Rehousing into the Coordinated Entry System, per phase III of the coordinated entry system rollout and the CoC's Strategic Plan to End Homelessness
- Develop a dynamic prioritization process to maximize system resources
- Implement Housing First principles, including monitoring for compliance to ensure barrier free access to housing for consumers
- Launch of an Equity Initiative led by expert consultants to provide the CoC with an extensive assessment and system-wide education and implementation of equitable practices and values (across multiple intersections, such as race/ethnicity, health, ability, and other characteristics)
- Enhancement and development of System and Project Performance Metrics
- HMIS system buildout to accommodate new and expanded projects, new providers, and enhanced performance metrics and monitoring capability

H3 is also increasing staffing to keep pace with the demands of the growing system and support planning for the future of the system. The new staffing includes a Research, Data and Evaluation Manager, a Systems, Strategy and Planning Administrator and a Coordinated Entry Specialist.

Program Development

Upcoming Program and Service improvements include:

- expanding diversion/rapid resolution services;
- Central County CARE Center capital improvement and expansion;
- added $650,000 to the Housing Security Fund;
- new CORE teams for youth;
- new Rapid Rehousing program for TAY;
- new site for Trinity CARE Center; and
- a Safe Park program in Walnut Creek

Attachments

1. Contra Costa County Homelessness Continuum of Care 2018 Annual Report
2. Contra Costa Homeless Service System Map
3. System Map Summary
4. Race & Ethnicity Equity Assessment

Contra Costa County
Homeless Continuum of Care
2018 Annual Report

CONTRA COSTA HEALTH SERVICES
HEALTH, HOUSING & HOMELESS SERVICES

CONTRA COSTA
HEALTH HOUSING & HOMELESS
A Division of Contra Costa Health Services

August 2019

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Contra Costa Homeless Continuum of Care (CoC)
2018 Annual Report - Summary

2018 Service Data and 2019 PIT Data

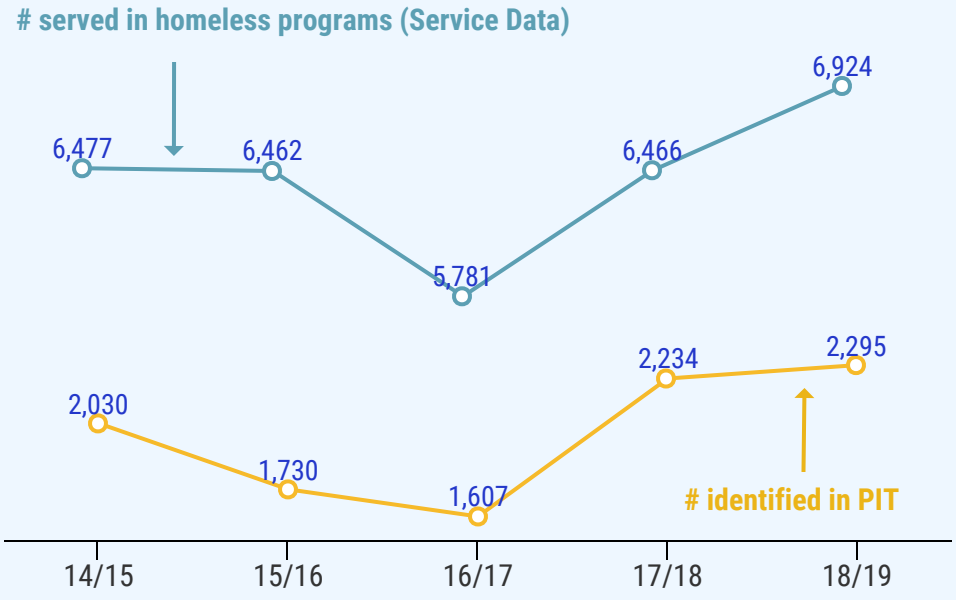
The 2018 CoC Annual Report compiles data from the Point in Time (PIT) count, Service data from Homeless Management Information System (HMIS), and consumer surveys and interviews. Using these data sources allows the CoC to identify significant successes and inform future programming. In 2018 the CoC experienced increases in:

- Resources
- People served
- People housed
- Income earned
- Vulnerable populations served
- Community partnerships

The 2019 Point in Time Count was conducted in January 2019, immediately after the 2018 calendar year ended, making the annual PIT count a valuable indicator of program impacts or community trends that took place during the previous calendar year.

Five-Year Trends in PIT and Service Data

The 5-year trend in the number of people identified in PIT and number of people served in the CoC reflect a decrease in 2016 when outreach and service centers were lost due to organizational changes in the CoC. As these crisis services were restored across the county in 2017, the number of people served and identified increased significantly. Service data below reflects calendar year and PIT counts are conducted every year in January.



Sub-Populations Trends

Some sub-populations have experienced increases in the CoC, others have had decreases over the past five years.

- Adults w/ disabilities: 22% ↑
- Single adults: 26% ↑
- Seniors (62+): 97% ↑
- Veterans: 11% ↓
- Families: 16% ↓
- Transition Age Youth: 25% ↓

2019 PIT Count

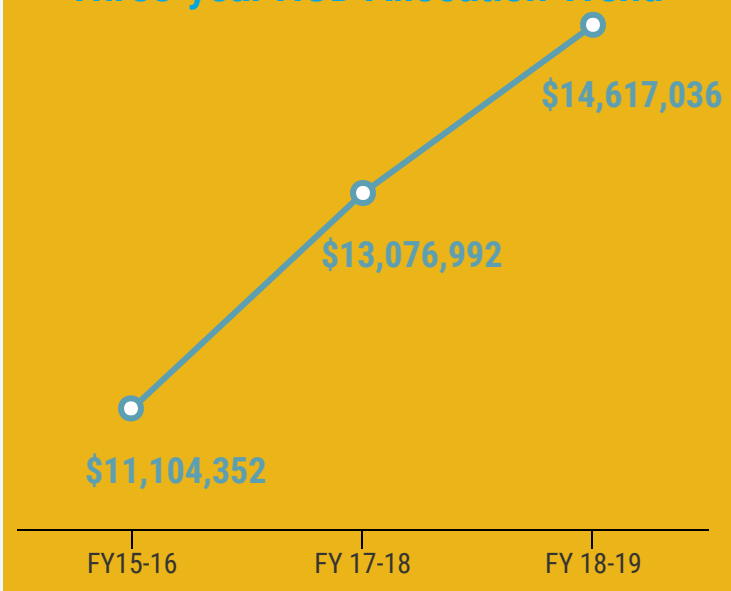
668 sheltered individuals:
62 families, 476 single adults

1,627 unsheltered individuals:
37 families, 1,499 single adults

114 veterans
191 children in families
129 transition age youth (18-24)
165 seniors (62+)

CONTRA COSTA HEALTH HOUSING & HOMELESS
A Division of Contra Costa Health Services

Three-year HUD Allocation Trend



32% increase in HUD funding over three years

CoC Monthly In-flow and Out-flow

Service Data helps identify how many people are served each month, including how many are enrolling into the system (in-flow) and how many exit (out-flow).

2,450 Average Served per Month

415 Average Monthly In-flow > **412** Average Monthly Out-flow

+36 Based on 2018 average monthly in-flow and out-flow, the system of care would gain an additional 36 individuals per year

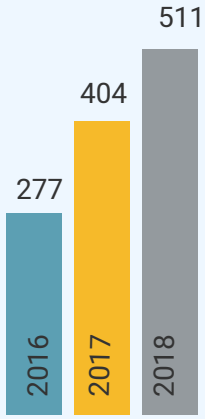
2018 Outcomes and Performance Measures

2019 Point in Time Count -- City Count Representation

97% **retention rate** in Permanent Supportive Housing programs

58% of CORE **outreach consumers had a positive outcome** (entered shelter, warming center and/or SUD treatment)

Avg # Days Homeless prior to Permanent Housing



Exits to Permanent Housing

In 2018, 58% of persons served in temporary and rapid rehousing exited to permanent housing

Contra Costa County Homeless Continuum of Care

Contra Costa County's Health, Housing & Homeless Services Division prepares annual reports for the County's Homeless Continuum of Care (CoC). The report summarizes program utilization and outcomes for consumers accessing services in the CoC. This summary incorporates data from four key sources: Service data, Point in Time count data, consumer surveys and interviews, and County Office of Education data.

Health, Housing & Homeless Services (H3)

Health, Housing, and Homeless Services (H3) is the administrator for the Contra Costa Homeless Continuum of Care (CoC), a collaborative of local agencies that addresses housing and homelessness in the county. As the administrator, H3 provides strategic direction, coordination of funding, and programmatic oversight of CoC programs. H3 generated this comprehensive annual report to provide information about the CoC and the people who are served. As the CoC lead agency, H3 is responsible for:

- advancing partnerships with service providers, community leaders, and stakeholders;
- building capacity with local and federal resources;
- implementing and managing CoC initiatives;
- administering the Coordinated Entry System (CES);
- maintaining the Homeless Management Information System (HMIS);
- coordinating CoC funding and programmatic oversight; and,
- measuring and reporting outcomes through HUD Performance Measures and evaluation efforts.

Homeless Continuum of Care

In 1997, the United States Department of Housing and Urban Development (HUD) required that communities seeking HUD homeless funding apply as a collaborative of local agencies, called a Homeless Continuum of Care (CoC). A CoC is designed to 1) promote community-wide planning and strategic use of resources to address homelessness; 2) improve coordination and integration with mainstream resources and other programs serving people experiencing homelessness; 3) improve data collection and performance measurement; and, 4) allow each community to tailor their programs to the particular strengths and challenges in assisting homeless individuals and families within that area.

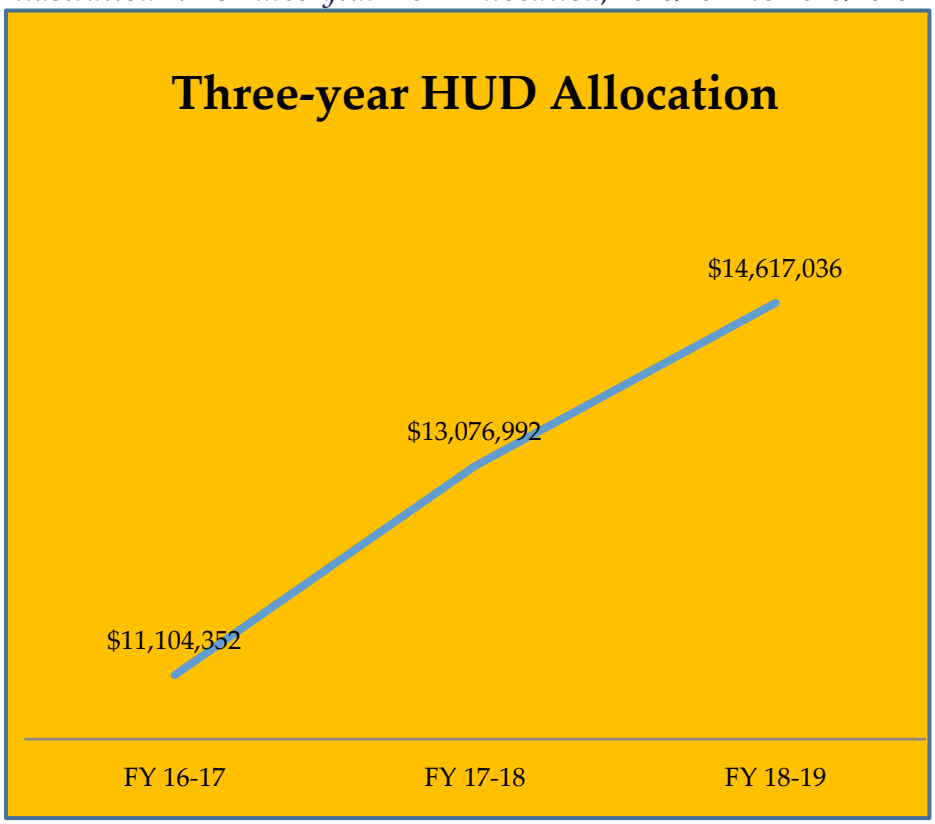
Contra Costa County's CoC is comprised of multiple partners, including service providers, members of the faith community, businesses, private and public funders, community members, education systems, and law enforcement, who are working collaboratively to end homelessness. The Council provides

guidance for the development and implementation of long-range planning and policy decisions regarding homeless issues in the county. The CoC is governed by the Council on Homelessness (Council), a group of volunteer members appointed by the Contra Costa County Board of Supervisors. Council members' professional and personal backgrounds reflect the wide range of CoC service providers, and geographic and demographic diversity of the county.

Three-year HUD Funding Trend

HUD is the largest funding provider of Contra Costa's CoC. Annual HUD funding allocations reflect the need of a given community and their outcomes on HUD Annual Performance Measures. In the last three years, Contra Costa County has received an increase in HUD funds. These funds have resulted in additional Permanent Supportive Housing units, Rapid Rehousing slots, and infrastructure to develop the Coordinated Entry System across the county.

Illustration 1: H3 Three-year HUD Allocation, 2016/2017 to 2018/2019



32% increase in HUD funding over three years.

Contra Costa Data Sources

The CoC uses a variety of data sources to describe the community. In this report, both quantitative and qualitative data is presented to provide a more accurate reflection of the homeless community.

This report focuses primarily on literally homeless consumers who utilized homeless services in the CoC. However, to describe other populations who are housing insecure, do not utilize homeless services, and/or do not meet the strict definition of homelessness as defined by HUD, this report also includes Service data for those using prevention programming and permanent housing programs. Other data sources that capture at-risk but not literally homeless are also incorporated to paint a more comprehensive picture of people in this community struggling with housing needs.

Contra Costa County uses the following data sources to identify needs, guide programming, describe the community, and identify successes:

- Service data
- Annual Point in Time count data
- Qualitative data from Consumer Surveys and Interviews
- County Office of Education data
- Coroner's Office data

Service Data

All HUD-funded CoCs are required to maintain a Homeless Management Information System (HMIS) to produce an unduplicated count of persons accessing and utilizing CoC services (such as prevention services, programs for those with a housing crisis, and previously homeless consumers who are now in Permanent Supportive Housing programs). This Service data collected in HMIS allows the CoC to analyze patterns of service use and measure program impacts and outcomes. CoC partners in Contra Costa County enter data in HMIS for all consumers accessing homeless programming upon enrollment and continue to track program utilization and exit destinations.

HUD System Performance Measures

Service data is used to track HUD-mandated Annual Performance Measures. The McKinney-Vento Homeless Assistance Act requires that communities receiving HUD funding collect data for their HUD System Performance Measures, submitted every fiscal year of funding. These Performance Measures determine system-wide successes and needs, focusing on income and housing outcomes for consumers. System Performance Measures inform annual HUD CoC-funding allocations.

By Name Lists

Service data is also used to create lists of consumers' names on a monthly basis (By Name Lists) for the CoC and for various sub-populations. By Name Lists track the number of people in a

given subpopulation utilizing the system of care each month and the in-flow and out-flow into the system of care.

In-flow includes people who are new to the system of care (have not been entered into HMIS in the previous two years) or who have returned after becoming inactive or after being housed. Out-flow includes those who were housed or simply "disappear" because they moved out of county or stopped using CoC services.

Annual Point in Time (PIT) Count

HUD requires that communities who are receiving federal funds for CoC Homeless Grants conduct an annual count of all sheltered people in the last week of January, and a biennial count for unsheltered individuals. The Point in Time (PIT) count only identifies those consumers who are literally homeless per the HUD definition (in shelters, in rapid rehousing, or sleeping in uninhabitable locations).

During PIT counts, communities must identify people experiencing homelessness, demographics including age, race and ethnicity, and household configuration. Communities must also identify whether a person is chronically homeless (as defined by experiencing long-term or repeated episodes of homelessness and presence of a disability).

PIT counts are just one of many important tools to help establish the dimensions of the problem of homelessness and help policymakers and program administrators track progress toward the goal of ending homelessness. PIT counts have been conducted since 2005 allowing for almost 15 years of tracking. Collecting data on homelessness and monitoring progress can inform public opinion, increase public awareness, and identify effective resources to meet challenges with reducing homelessness. PIT data also informs the HUD funding allocation to CoCs across the United States.

PIT PERSPECTIVE

"Rather than understand that the PIT count represents only a portion of the homeless population, many interpret the count as a comprehensive depiction of the crisis and rely on it to inform policy design and implementation decisions. This can lead to policies that fail to address the homeless crisis or may even exacerbate it."

National Law Center on Homelessness and Poverty

At the local level, PIT counts help communities plan services and programs to appropriately address local needs, measure progress in decreasing homelessness, and identify strengths and gaps in a community's current homelessness assistance system[1].

[1] National Law Center on Homelessness and Poverty, DON'T COUNT ON IT: How the HUD Point-in-Time Count Underestimates the Homeless Crisis in America, 2017, https://nlchp.org/wp-content/uploads/2018/10/HUD-PIT-report2017.pdf

PIT Methodology

Although HUD only requires biennial unsheltered PIT counts, Contra Costa County conducts the count every year to support planning and policy decisions for the CoC. The PIT count is collected the last week in January each year, immediately after the calendar year, making the annual count a valuable indicator of program impacts or community trends that took place during the previous year. Therefore 2019 PIT data is incorporated into this 2018 calendar year annual report.

Contra Costa County has utilized the same data collection methods since 2016, which are approved by the CoC Board Members. The sheltered count was obtained via HMIS data for all shelter sites. Data for the unsheltered population was collected with a community-wide canvas by CORE Outreach, almost 100 volunteers, and partnering agency staff. A detailed description of PIT methodology is provided in Appendix A.

Consumer Surveys and Interviews

There are multiple opportunities to obtain qualitative feedback and input from consumers throughout the year. Bringing consumer voices to the center of the CoC's work is crucial in how the system of care works to continuously improve to meet the community's needs.

CORE Outreach Interviews

Coordinated Outreach, Referral, and Engagement (CORE) Outreach teams conducted consumer interviews in April 2018 with 137 consumers across the county. This qualitative data allows for more in-depth dialogue about the backgrounds and struggles many people face when living on the streets. These surveys also help the CoC understand which sub-populations within the community access specific crisis and housing placement services.

Youth and Family Needs Assessment

Families and youth are often considered the "hidden homeless," because they are less likely to access traditional homeless services and thus become identified as homeless consumers. Families and youth might "double-up" or "couch-surf" as an alternative to utilizing shelters or sleeping in uninhabitable locations. In an effort to identify the needs of youth and families who are unstably housed, H3 worked with community agencies and service providers to conduct interviews of families, youth in families, and unaccompanied youth. This summary includes both literally homeless as well as those who are unstably housed, providing a unique glimpse into the at-risk population that is not captured via CoC Service data or PIT data. During 2018, surveys were conducted on Transition Age Youth (TAY, 18-24 years of age) and families, capturing data for 320 minors, 184 TAY, and 120 adult parents in a variety of living arrangements.

Photovoice

Call for Change is a photovoice project that debuted in November 2018 during Homeless Awareness Month. This project featured nearly 20 photographic works of art, created by Contra Costa residents living without housing.

Photovoice offered a unique glimpse into the daily lives of its creators. The gallery of powerful images and messages of hope are displayed throughout this report.

Homelessness in Contra Costa County

Nearly 2,300 people were identified through the PIT count as literally homeless, but almost 7,000 consumers in need of housing services were identified throughout the year in CoC services. PIT data collection captures about 1/3 of the number of people served by the CoC during the calendar year. This highlights one reason the PIT count may not be the best indicator of need in the community.

However, both PIT and Service data demonstrated a modest increase in the number of homeless people identified throughout the county. Five-year trend data is presented in greater detail later in this report.

Illustration 2: 2018 Service Data and 2019 PIT Data Overview

2018 Service Data

6,924 people accessing homeless services in 2018

5,246 adult-only households and **600** families

An additional **899** people were served in Permanent Supportive Housing and **1,091** were served by prevention programs

2019 PIT Data

2,295 people identified in 2019 PIT count

668 sheltered individuals (62 families and 476 adults)

1,627 unsheltered individuals (37 families, 1,499 single adults)

- The 2019 PIT count reflects a **3% increase** in persons experiencing homelessness on any given night in January since 2018.
- 2018 Service data reflects a **7% increase** in persons utilizing homeless services since 2017.

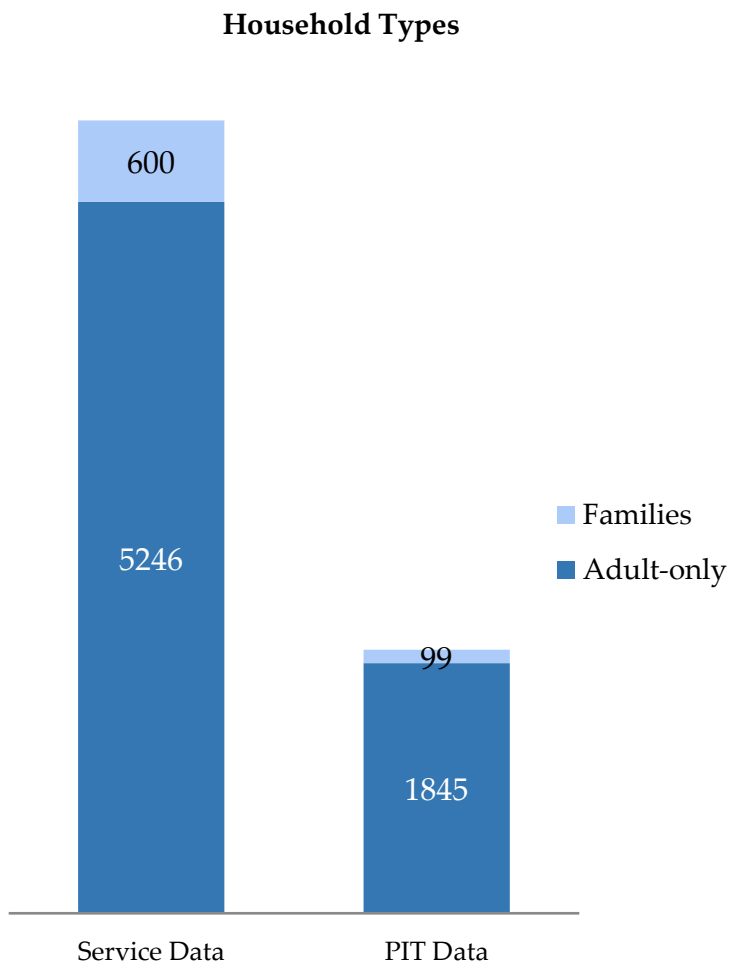
Demographic Data

The 6,924 people who engaged in homeless services in the county in 2018 represent a wide variety of demographic groups. In an effort to better understand the demographic make-up of those experiencing homelessness, details about household type, age, race, ethnicity, Veteran status, chronicity, disability status, and exposure to interpersonal violence are provided below.

Household Types

Most people experiencing literal homelessness (per the HUD definition) are single adults. Service data shows that 10% (n=600) of the households served were families with minor children, whereas 5% of the PIT data comprised of families (n=99). This discrepancy in family representation in PIT and Service data is due to the "snapshot" nature of PIT, which can under-represent certain sub-populations. Families are generally more difficult to identify via a general census or count of homeless individuals.

Illustration 3: Household Types (2018 Service Data and 2019 PIT Data)



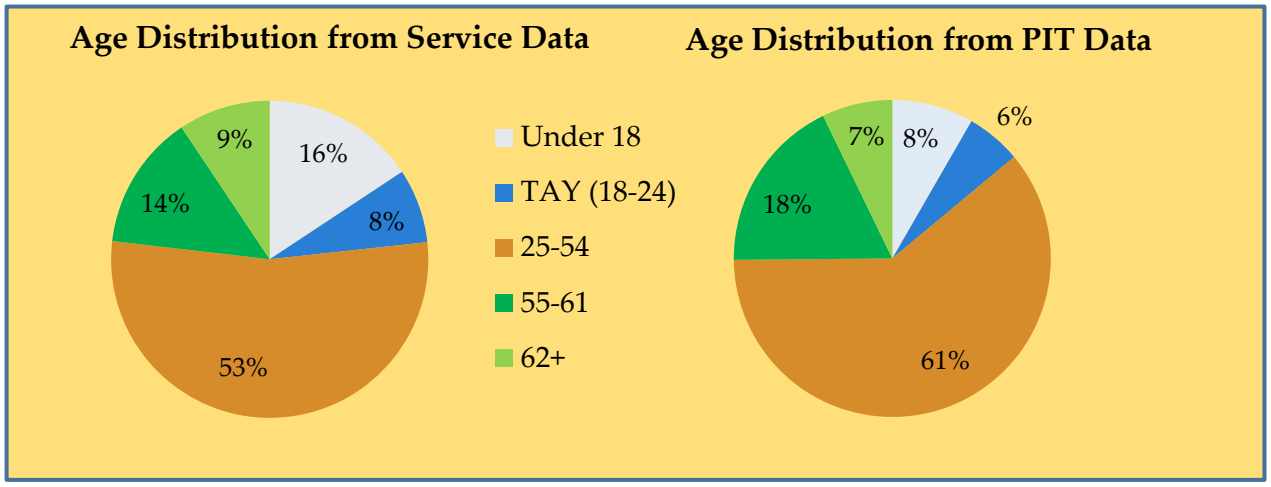
More families are identified as needing homeless related services each year in CoC than are identified during the Point in Time counts.

Age

Adults between the ages of 25 and 54 made up just over half of the consumers who accessed homeless programming during 2018 (as illustrated in Service data tables below), but constituted 2/3 of those identified in the 2019 PIT count. The comparison of Service data and PIT data shows slight variation in demographics between the two data sources, with a higher percentage of adults 25 to 54 identified in the PIT count.

Illustration 4: Age Distribution (2018 Service Data and 2019 PIT Data)

Age Group	Age Range	2018 Service Data	2019 PIT Data
Children in Families	<18	1,103	191
Transition Age Youth (TAY)	18-24	532	129
Adults	25-54	3,762	1,398
Emerging Seniors	55-61	968	412
Seniors	62+	659	165



The homeless system of care captures only persons who are using services provided by the CoC, which is comprised of mostly homeless services for those who have no permanent location to sleep. The County Office of Education collects data on students accessing homeless services under the McKinney Vento Homeless Assistance Act. Due to confidentially for the both CoC consumers and for those using school programs, it is not possible to de-duplicate and determine which of these students also used CoC programs.

	Sleeping arrangement	# of students
County Office of Education, McKinney Vento Assistance Act, January 2018	Unsheltered	95
	Sheltered	330
	Doubled-up	1,809

Race and Ethnicity

Race and ethnicity data are collected for all consumers accessing homeless services. Race and ethnicity are reported as separate categories, per HUD data collection requirements. More information about the utilization of housing and homeless programs and outcomes by race and ethnicity is provided later in this report.

Illustration 5: Race in Contra Costa County CoC (2018 Service Data)

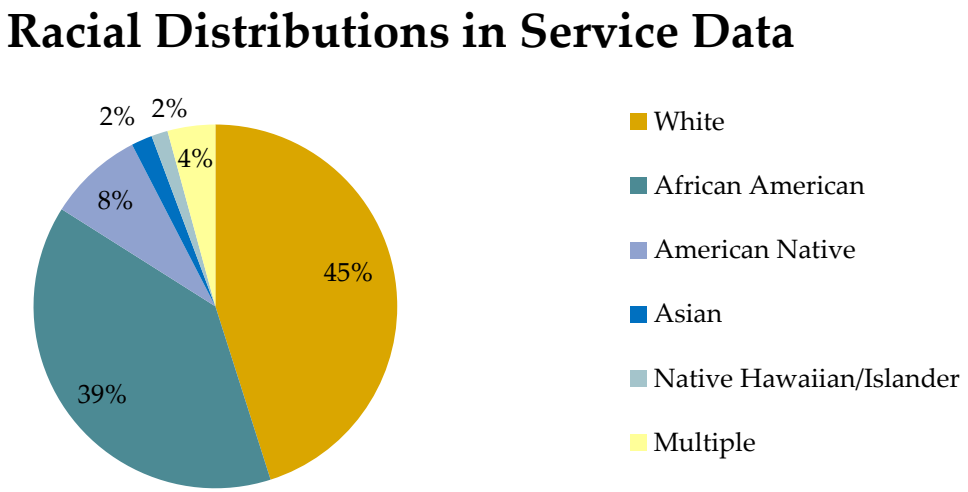
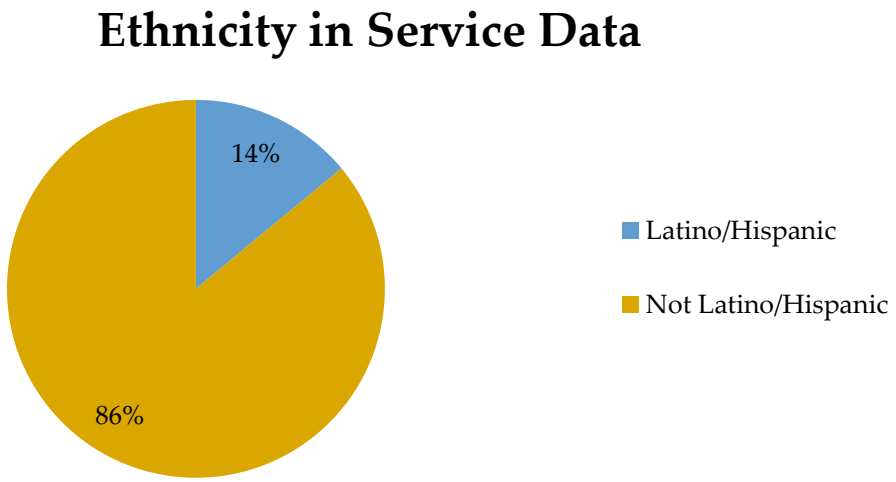


Illustration 6: Ethnicity in Contra Costa County CoC (2018 Service Data)

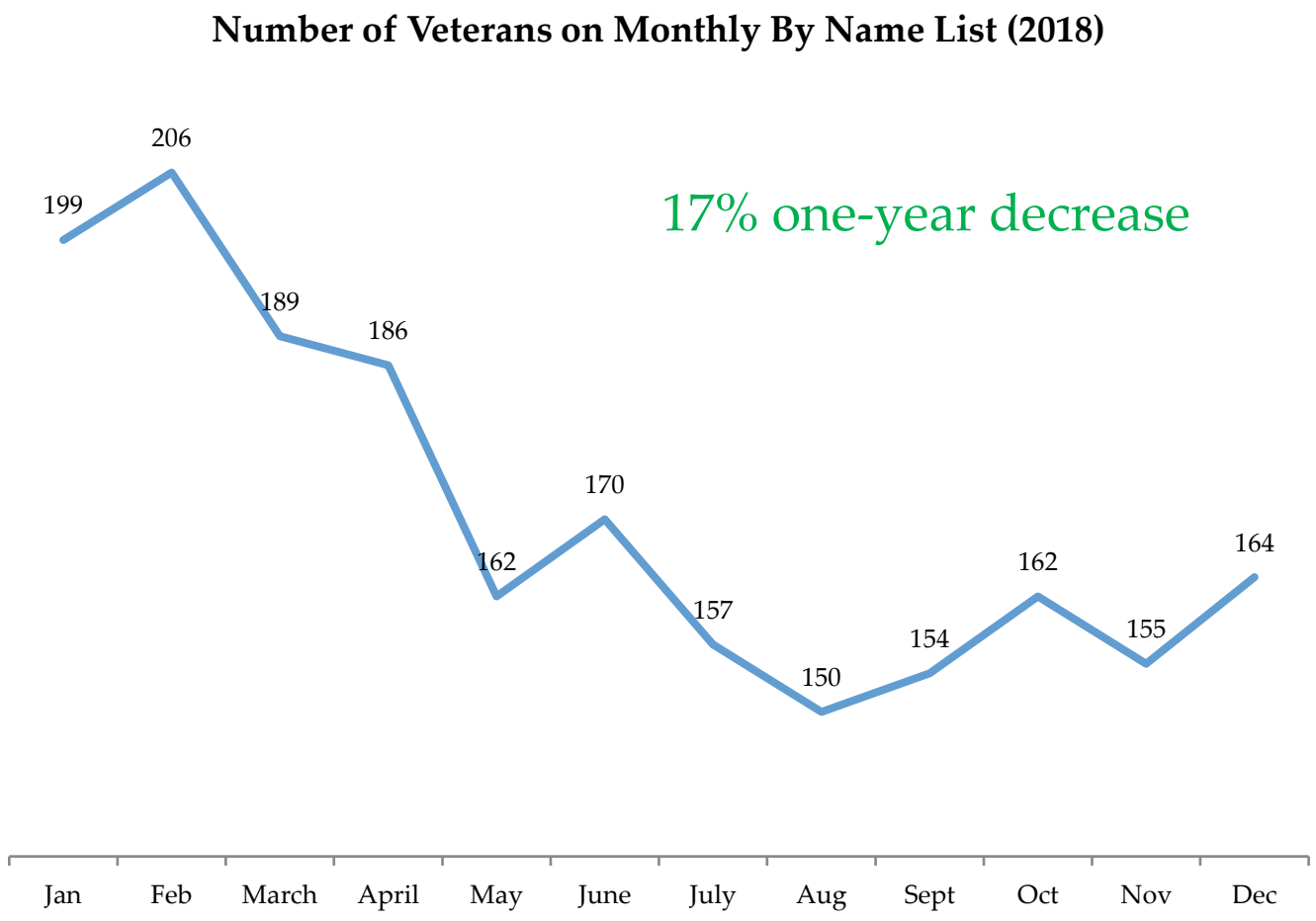


Veterans

The PIT count identified 114 Veterans and Service data identified 496 Veterans served in homeless programming during 2018. Thirty-six percent of Veterans served in the CoC are chronically homeless.

Contra Costa County tracks in-flow and out-flow of Veterans on a monthly basis using a By Name List. This list captures all Veterans who have used a homeless service during the three months prior to the report period and who have not had a program exit (this captures all "active" consumers). During 2018, the number of Veterans identified on the monthly By Name List decreased 17% from 199 Veterans in January to 164 in December. The Veteran population utilizing CoC services has decreased during 2018 due to more robust case management using the By Name List and dedicated permanent supportive housing for Veterans.

Illustration 7: Veteran By Name List (2018 Service Data)



Chronically Homeless

Chronically homeless consumers are generally the most difficult to move from the streets and back into housing. Chronic consumers are those experiencing homelessness for at least a year, or repeatedly over the last three years, while also struggling with a disabling condition such as serious mental illness, substance use disorder, or a physical or cognitive disability.

HUD Definition of Chronic Homelessness:

Homeless >12 consecutive months + disability

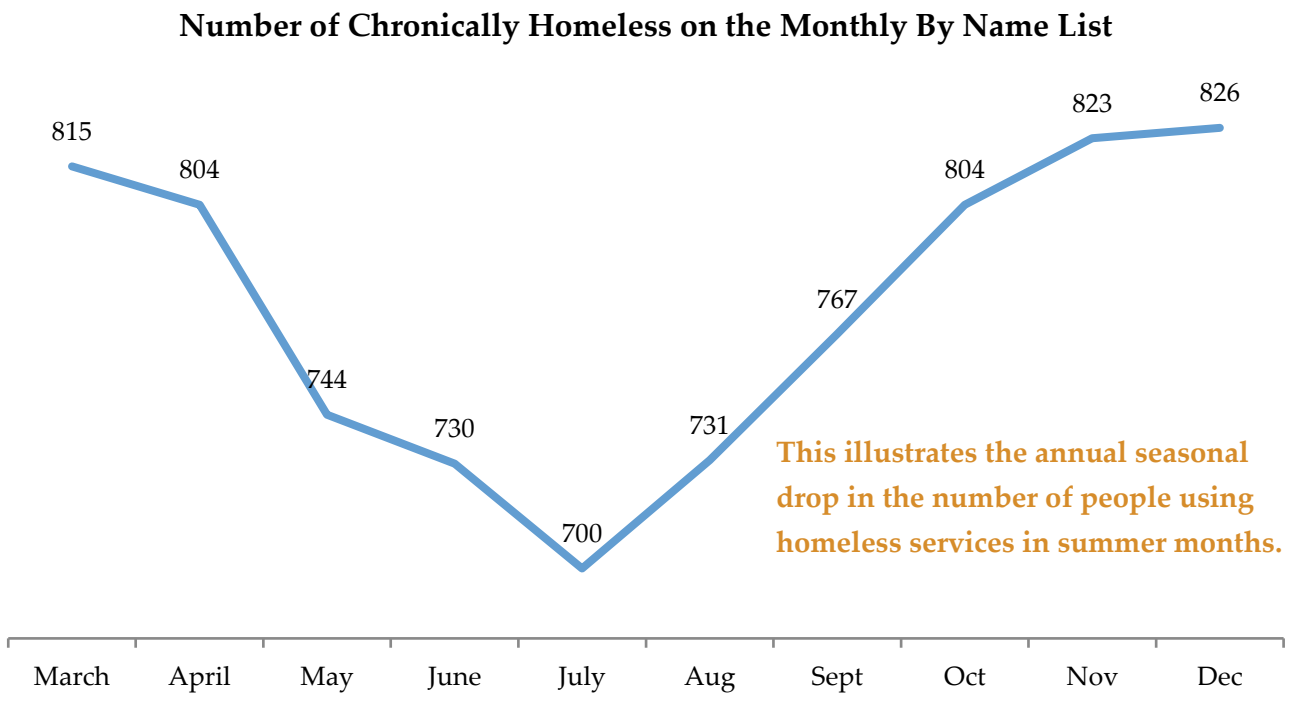
OR

Homeless >3 episodes in last 3 years + disability

Almost 1/3 (n=1,800 households) of adults in the homeless system of care are chronically homeless. PIT data is a less reliable indicator of chronic homelessness because it is based on self-report during data collection; consumers are more likely to report characteristics of chronic homelessness to service providers because of their rapport with staff and because staff have been trained to seek information using best practices for trauma-informed care. Only 27% of PIT respondents reported both a disability and experiencing homelessness for at least a year.

The county began tracking chronicity in a By Name List in March of 2018, allowing for ten months of analysis. Below, the trend line illustrates a decrease in the number of chronically homeless consumers during the summer of 2018 and an increase in the fall and winter months. Monthly in-flow of chronically homeless individuals ranged from 104 in November to 159 in March. This large in-flow and low housing placements results in an increasing number of chronically homeless consumers on the monthly Chronic By Name List.

Illustration 8: Chronically Homeless By Name List (2018 Service Data)

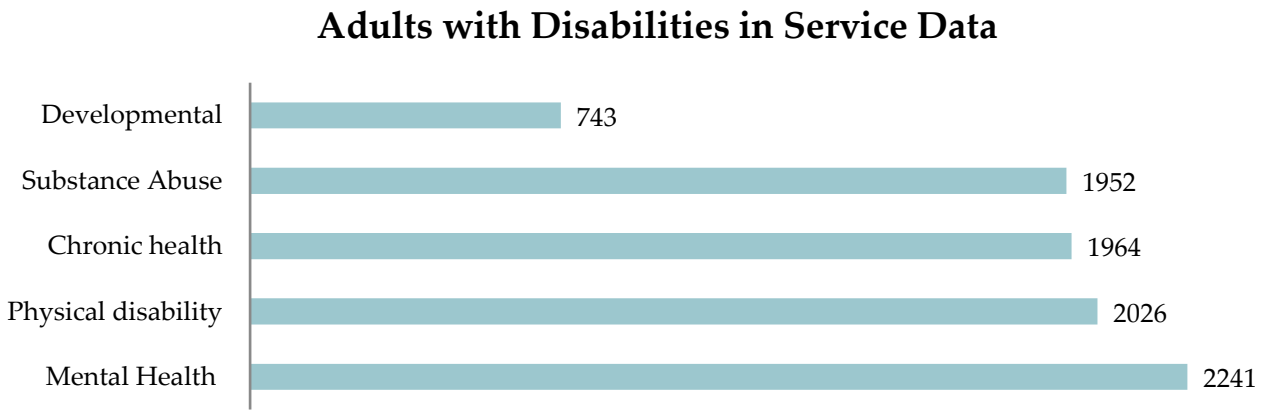


Many of the chronically homeless consumers became homeless in their youth; eight percent of CORE consumers who were interviewed reported becoming homeless as minors. The length of time respondents experienced homelessness ranged from two weeks to 28 years.

People with Disabilities

Two out of three adults who received homeless services in 2018 self-reported having a disability.

Illustration 9: Adults with Disabilities (2018 Service Data)



Almost half (46%) of the TAY respondents in the Youth and Family Needs Assessment reported having a disability.

Over ¼ of CORE interviewees reported that substance abuse, and 20% reported that an illness or health condition led to their homelessness.

Interpersonal Violence

Over 1,000 adults served in the CoC had experienced interpersonal violence in the twelve months prior to enrolling into homeless programming; 43% of these reported fleeing domestic violence at the time they enrolled into a homeless service. While the CoC has a domestic violence shelter, the majority of consumers who report interpersonal violence did not access those services.

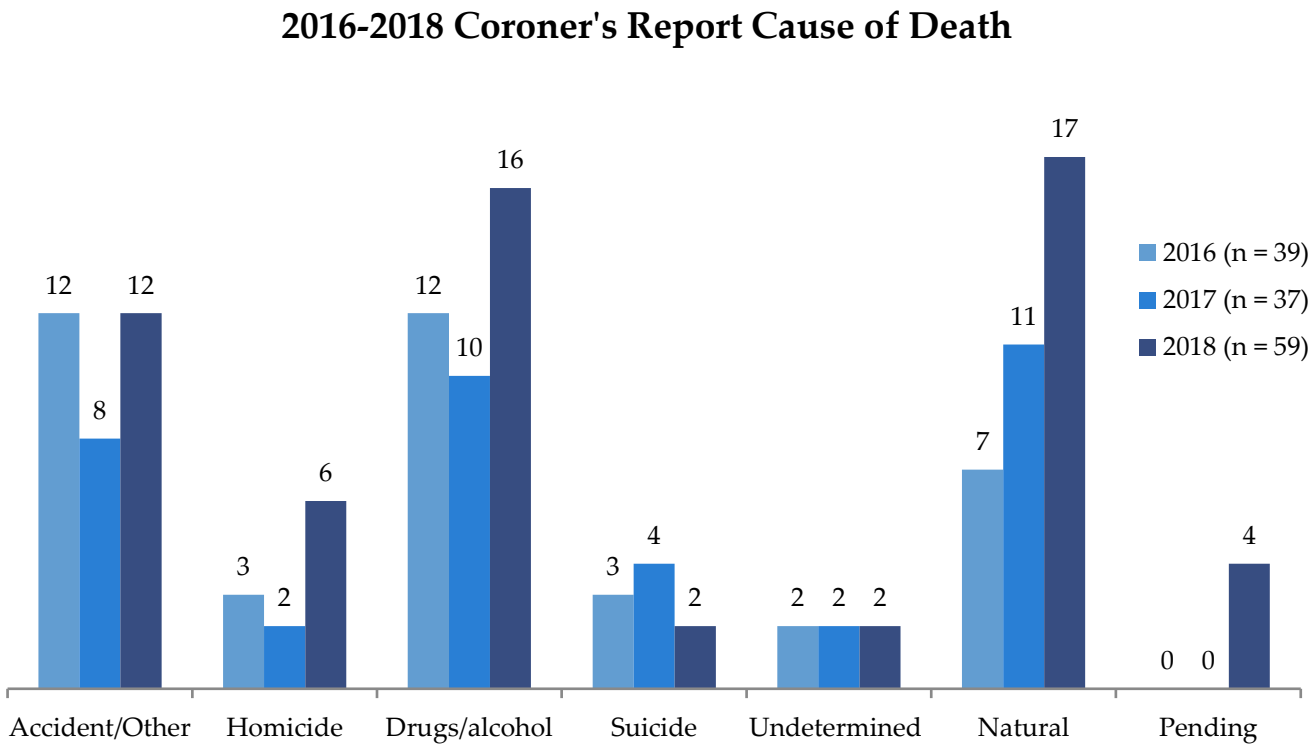
Victims of domestic violence are more likely to access general-population services, including emergency shelters, CARE Centers, and CORE Outreach; just over half of the CORE consumers who were interviewed reported having experienced emotional abuse in their lifetime; 41% reported physical abuse; and 25% reported sexual abuse.

Coroner's Data

Data from the Coroner's offer helps the CoC understand whether people are dying while living on the streets and the causes of those deaths. The Coroner's Division is notified when someone passes away in a location without medical staff to report the cause of death.

The Coroner reported 59 people from the homeless community who passed away during calendar year 2018. This reflects a 34% increase in the number of homeless deaths reported by the Coroner since 2016.

Illustration 10: 2016-2018 Coroner's Report on Cause of Death in the Homeless Community

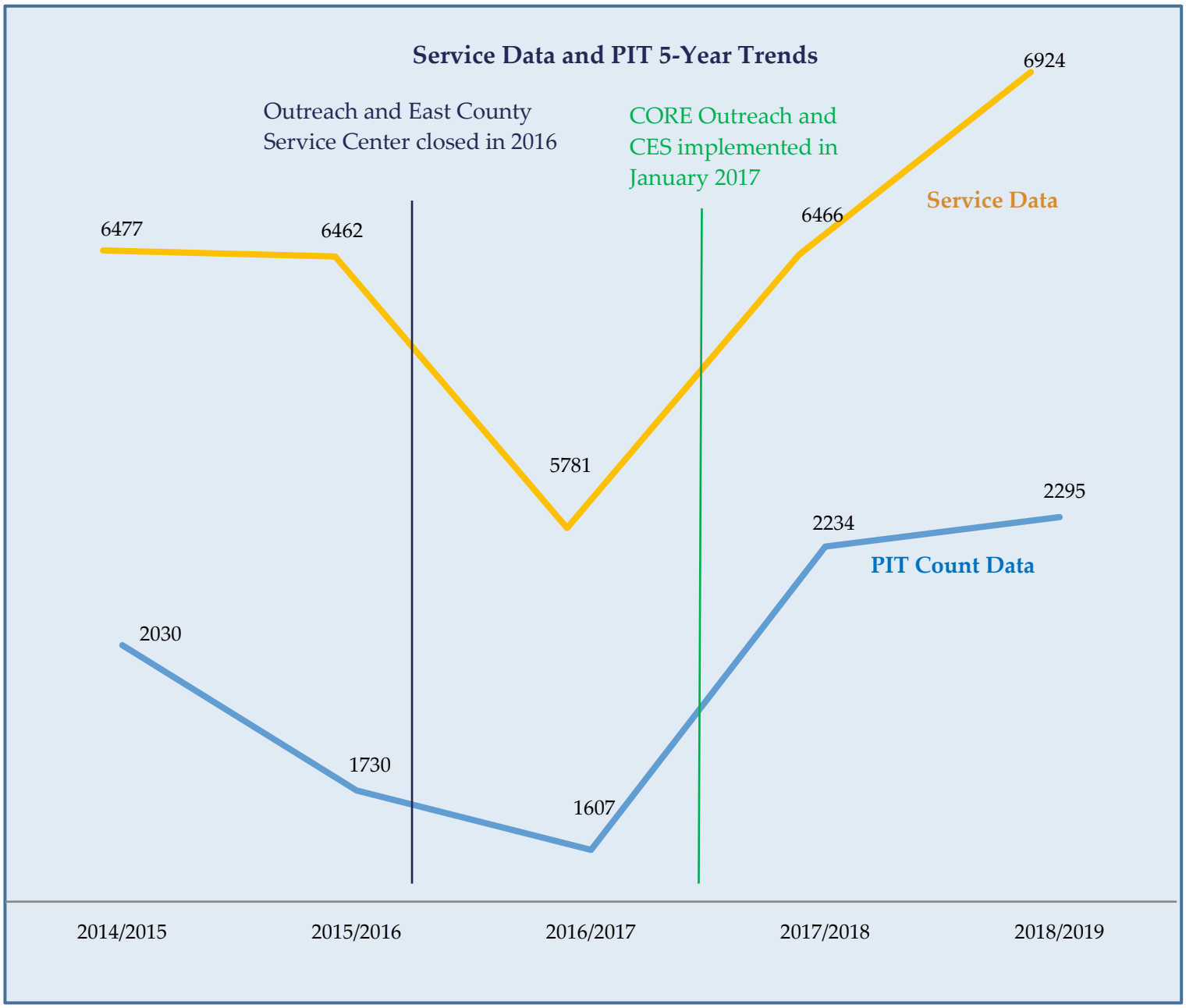


The Coroner's Homeless Report has identified a decrease in suicides over the past year and an increase in deaths from homicide, drugs/alcohol, and natural causes between 2017 and 2018.

TRENDS IN POPULATION SERVED

The five-year trends in data demonstrate consumer identification and utilization of services when available. Substantial decreases were identified in 2016 Service data and 2017 PIT data when outreach and service centers were closed due to organizational changes in the CoC. As these crisis services were restored across the county in 2017 and the CES was rolled-out, the number of people served and identified in 2017 Service data and 2018 PIT increased. The Service data below summarizes calendar year and PIT counts are conducted in January following each calendar year (reflecting trends from previous calendar years).

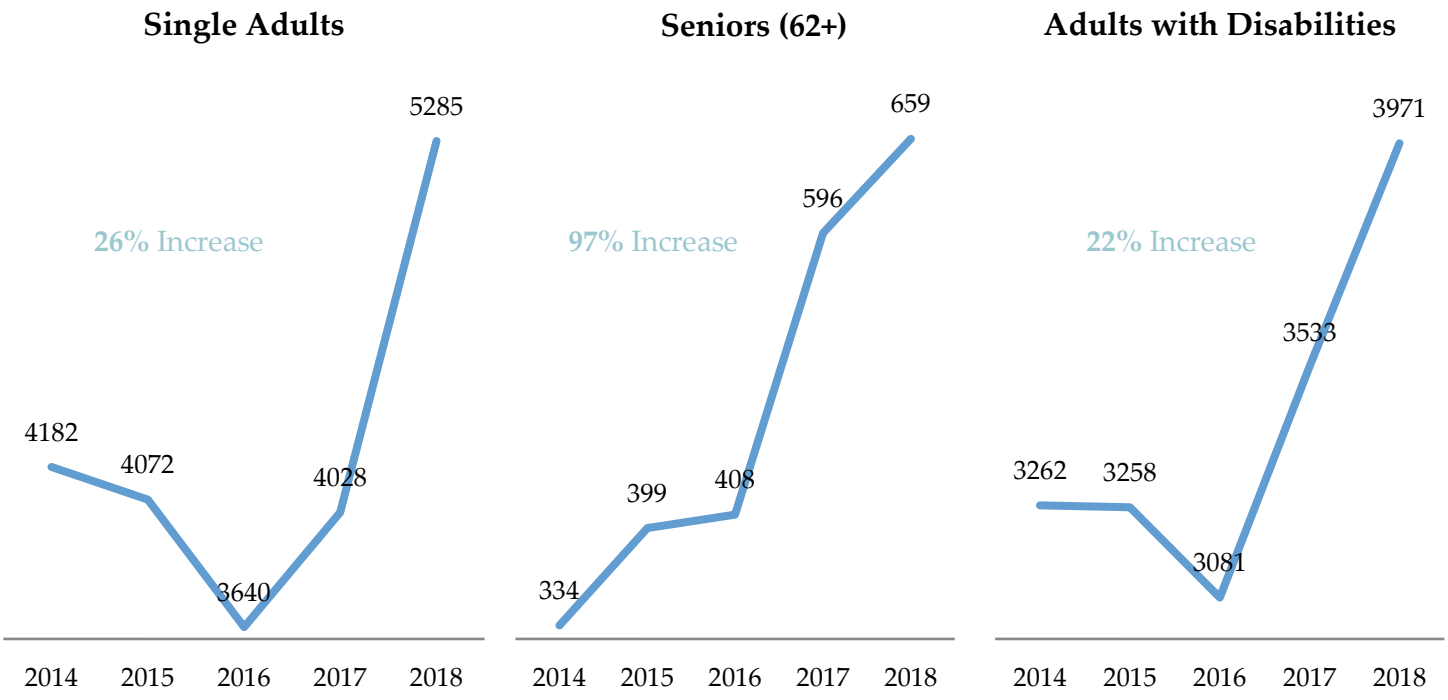
Illustration 11: Trends in Homeless Consumers Identified (2014-2018 Service Data & 2015-2019 PIT Data)



The increase in people entering the system of care is also a reflection of the strong partnerships with other county agencies including Public Health, Behavioral Health, Employment and Human Services, and the criminal justice system. These partnerships improve access to services for certain sub-populations, including some of the most vulnerable populations facing roadblocks when obtaining housing.

In 2016 when the CoC lacked outreach and an East County CARE Center, there were significant decreases in access to services. With the implementation of CORE outreach teams in 2017, more people gained access to services resulting in an increase in the numbers of persons represented in the service data.

Illustration 12: Sub-Populations with Increases Over Time (2014-2018 Service Data)



Many consumers in these sub-populations feel there are limited options for them, as depicted in their interviews:

> **"There is no place I can go. Everything is full or I don't qualify. [I am] feeling frustrated."**
>
> ***-CORE Consumer***

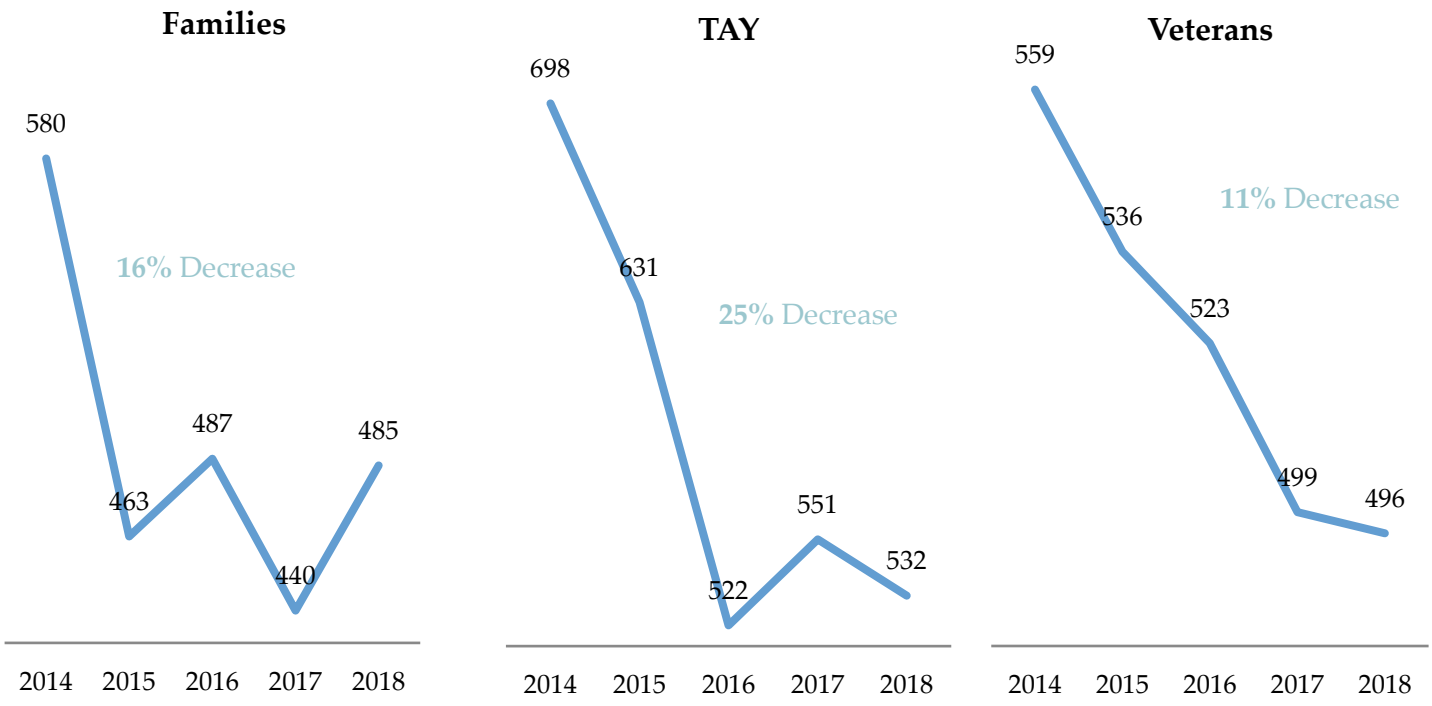
> **"There are all of these different shelters for everyone else—domestic violence victims, women with children, pregnant youth. There are only two things for youth and they're full because they're small…It's like you need a kid to get into a shelter."**
>
> ***-TAY Consumer***

Decreases in sub-populations can be a sign of programmatic impacts or simply a reflection of the way certain consumers do, or do not, use CoC services. Three sub-populations experienced a decrease in CoC utilization in recent years. As mentioned previously, the CoC has implemented better system-wide case management and has dedicated Permanent Supportive Housing units to Veterans.

There were decreases in families and TAY engaging with the system. It is likely that many are choosing to stay doubled up instead of entering the homelessness system of care.

Illustration 13: Sub-Populations with Decreases Over Time (2014-2018 Service Data)

Sub-Populations with 5-year Decreases in Numbers (Service Data)



Being housed boosted my self-esteem and has given me the motivation to go back to school so I can provide for my family.
-Ashley

Transition Age Youth who are doubled-up and/or couch-surfing report experiencing stress and anxiety about their precarious housing situation.

"I stay with a family or friend so I don't have to go to a shelter."

-TAY Consumer

"Your friends kind of get tired if you're at their house all the time. Once two weeks pass, you go. You gotta move around so that people aren't just like 'ok, stop showing up at my house.'"

-TAY Consumer

"That sucks to check into a shelter for just one day; sleep there, get some rest and then restart the whole thing over again. [It's better] to stay at someone's house for two weeks."

-TAY Consumer

"I work two jobs and go to school. I live with working people yet [losing] housing is still a fear."

-TAY Consumer

The Youth and Family Needs Assessment identified that many TAY became homeless before hitting adulthood. **More than 2/3 of TAY respondents reported living in foster care at one point during their childhood**, and many felt that having a poor transition plan from foster care contributed to their homelessness as young adults.

Illustration 14: Monthly CoC In-Flow and Out-Flow (2018 Service Data)

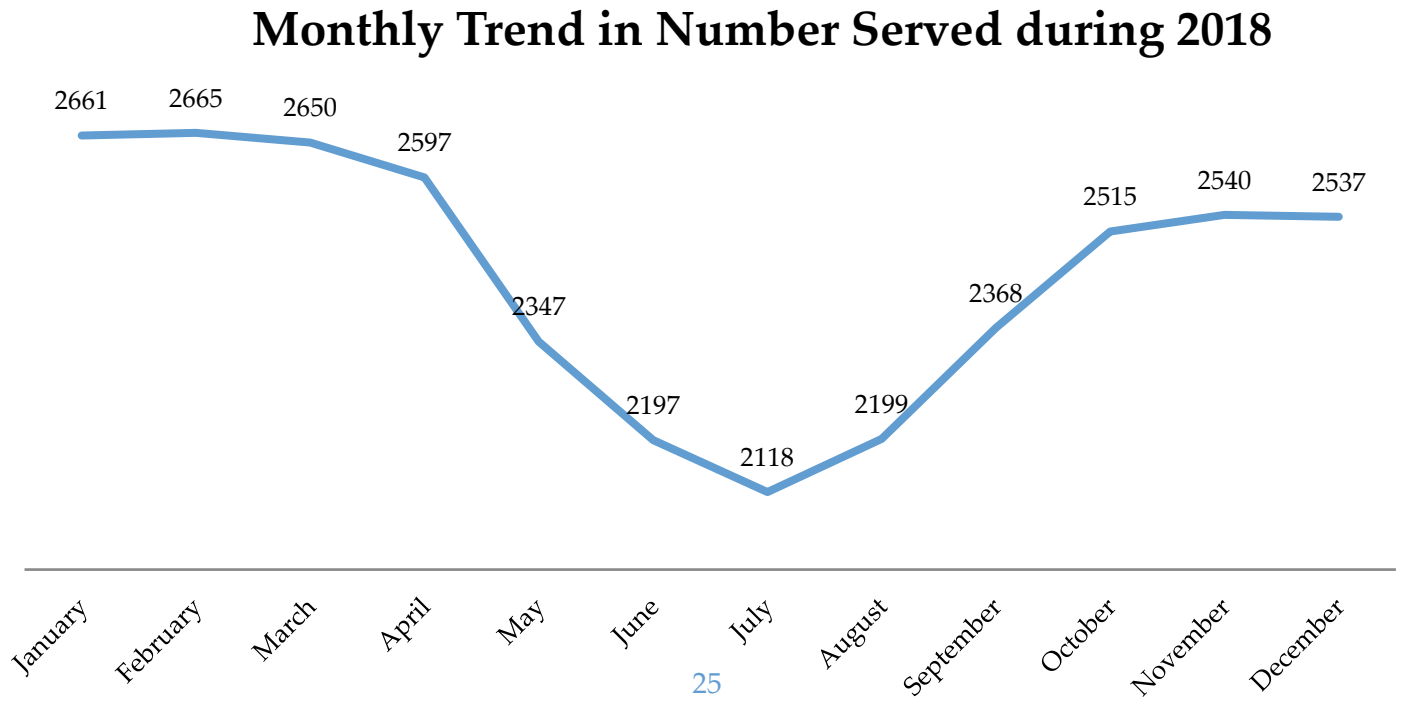
It is important to understand the ways in which people utilize the system of care at a given time, as well as monthly in-flow (the number entering) and out-flow (the number of people leaving the system of care). The average monthly in-flow of consumers was three less than out-flow, resulting in a decrease over the year from 2,661 to 2,537 on the By Name List. However, as demonstrated below, the trend shifts may be seasonal with people accessing services in colder and wetter months.

2018 Monthly CoC-wide In-Flow and Out-Flow

415 average monthly in-flow > **412** average monthly out-flow

+36 Based on 2018 average monthly in-flow and out-flow, the system of care would gain an additional 36 individuals per year

Illustration 15: Average Number of People Served in CoC per Month (2018 Service Data)



Coordinated Entry System

Contra Costa County adopted a Coordinated Entry System (CES) which allows service providers to efficiently and effectively connect people to interventions which aim to rapidly resolve their housing crisis. CES aims to help the sub-set of consumers with fewer roadblocks and fewer vulnerabilities obtain housing with short-term supports while connecting the highest needs, and most vulnerable persons in the community to the limited housing and supportive services.

CES is comprised of a variety of programs to serve those at-risk of homelessness, currently homeless, and formerly homeless people now housed in permanent supportive housing. The goal of CES it to move people from access points, and for those with higher needs, to housing services. Each type of service is described below:

Emergency Shelters provide temporary shelter for people that have no safe and healthy sleeping arrangements. Consumers generally come from uninhabitable locations (encampments, streets, or vehicles), are fleeing domestic violence, or lost temporary housing.

CARE (and CARE-capable) Centers provide basic health and hygiene services, housing navigation, and financial and benefits programs.

Transitional Housing in Contra Costa County's CoC provides short-term housing for Transition Age Youth to get them off the streets and into more stable living environments until permanent housing can be established.

Rapid Rehousing programs provide short-term financial assistance and services to help those who are experiencing homelessness to get quickly re-housed and stabilized.

Permanent Supportive Housing links long-term, safe, affordable, community-based housing with flexible, voluntary support services to help the individual or family stay housed and healthy.

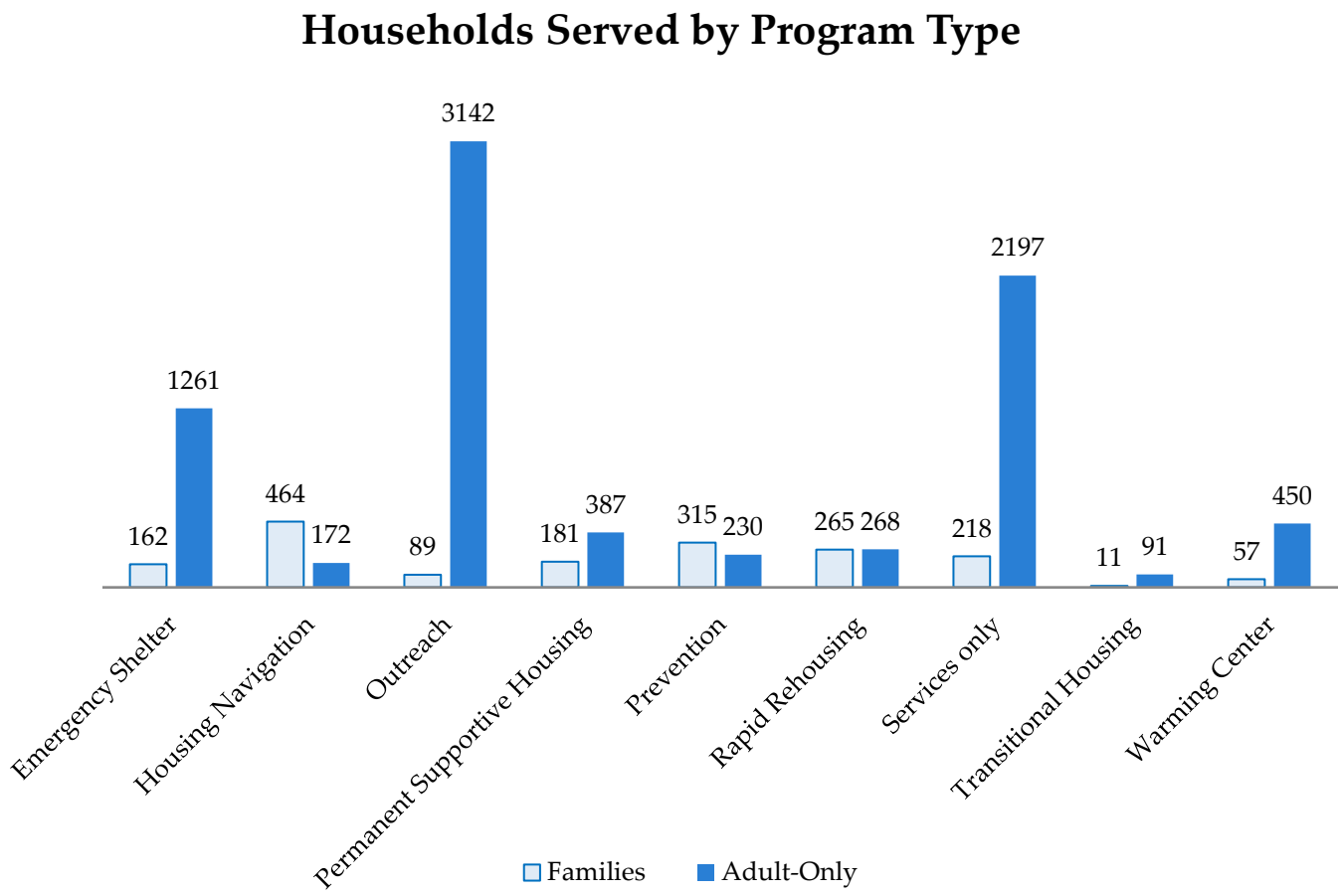
CORE Street Outreach provides basic hygiene supplies, food, and water, and referrals for health, housing, and benefits.

Warming Center is a night-by-night shelter for the most vulnerable individuals identified by CORE Outreach.

Prevention Programs are designed to help families and individuals stay in their homes and avoid entering homelessness by providing one-time financial assistance, legal aid, or landlord engagement.

Families and adult-only households tend to use different program types, with families using fewer crisis services, such as outreach and CARE Centers, and instead using housing services such as Rapid Rehousing and Permanent Supportive Housing. Families are also more likely to use prevention services than single adults.

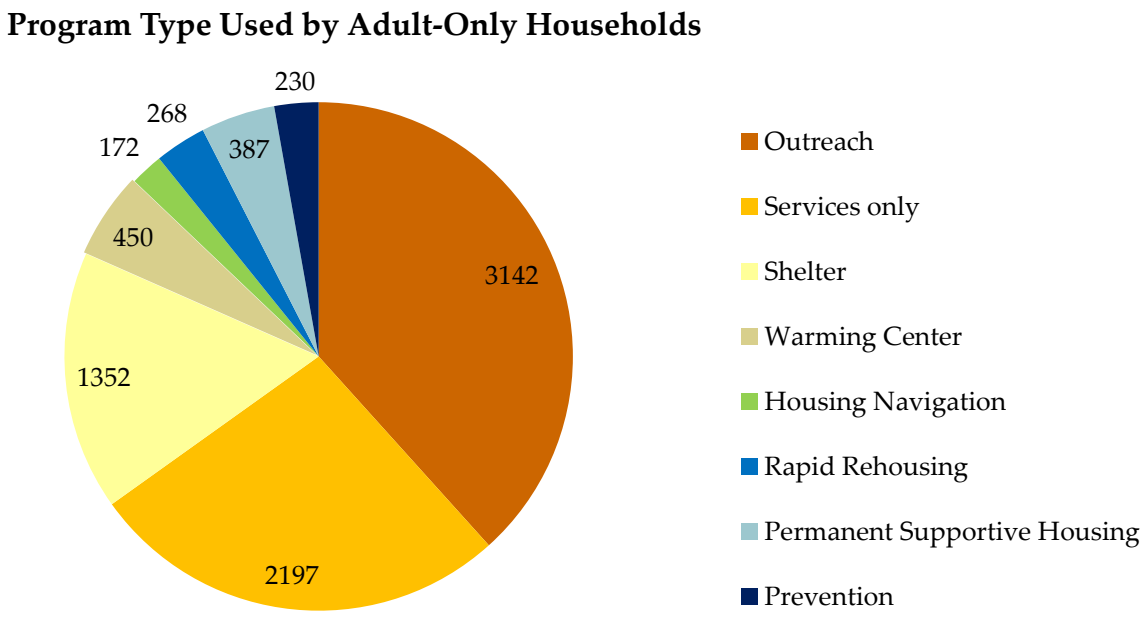
Illustration 16: Households Served by Program Type (2018 Service Data)

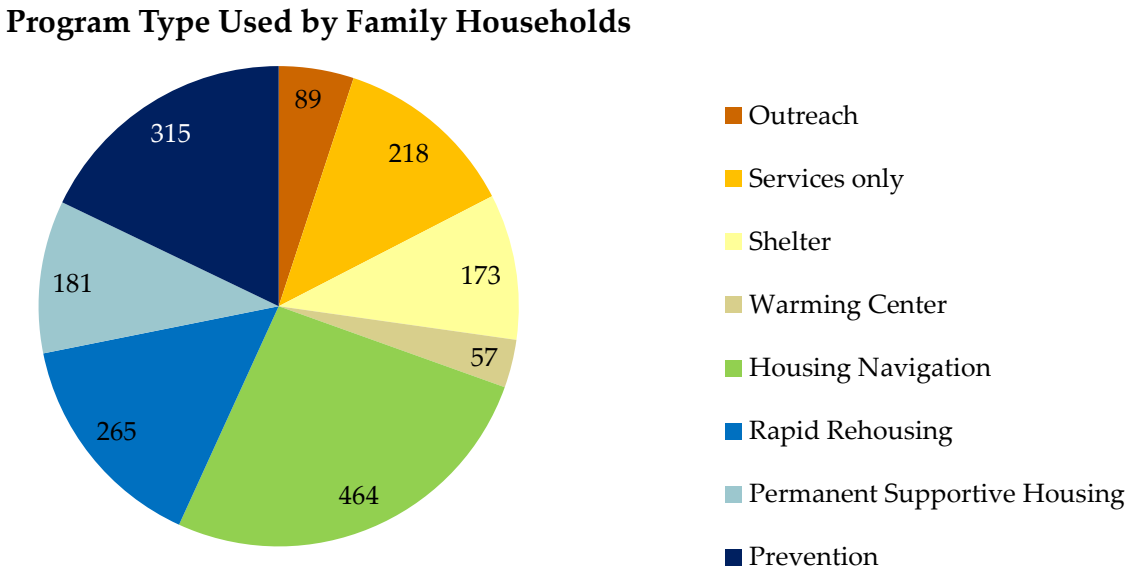


Families are more likely to utilize housing placement services such as Housing Navigation and Rapid Rehousing compared to single adults.

The charts below illustrate that the majority of adult-only households use crisis services (outreach, shelters, and service-only sites, illustrated in orange and yellow colors in the graphics below) and very little housing or prevention services (blue and green, respectively). Most families use housing and prevention and fewer use crisis services.

Illustration 17: Program Utilization by Household Type (2018 Service Data)

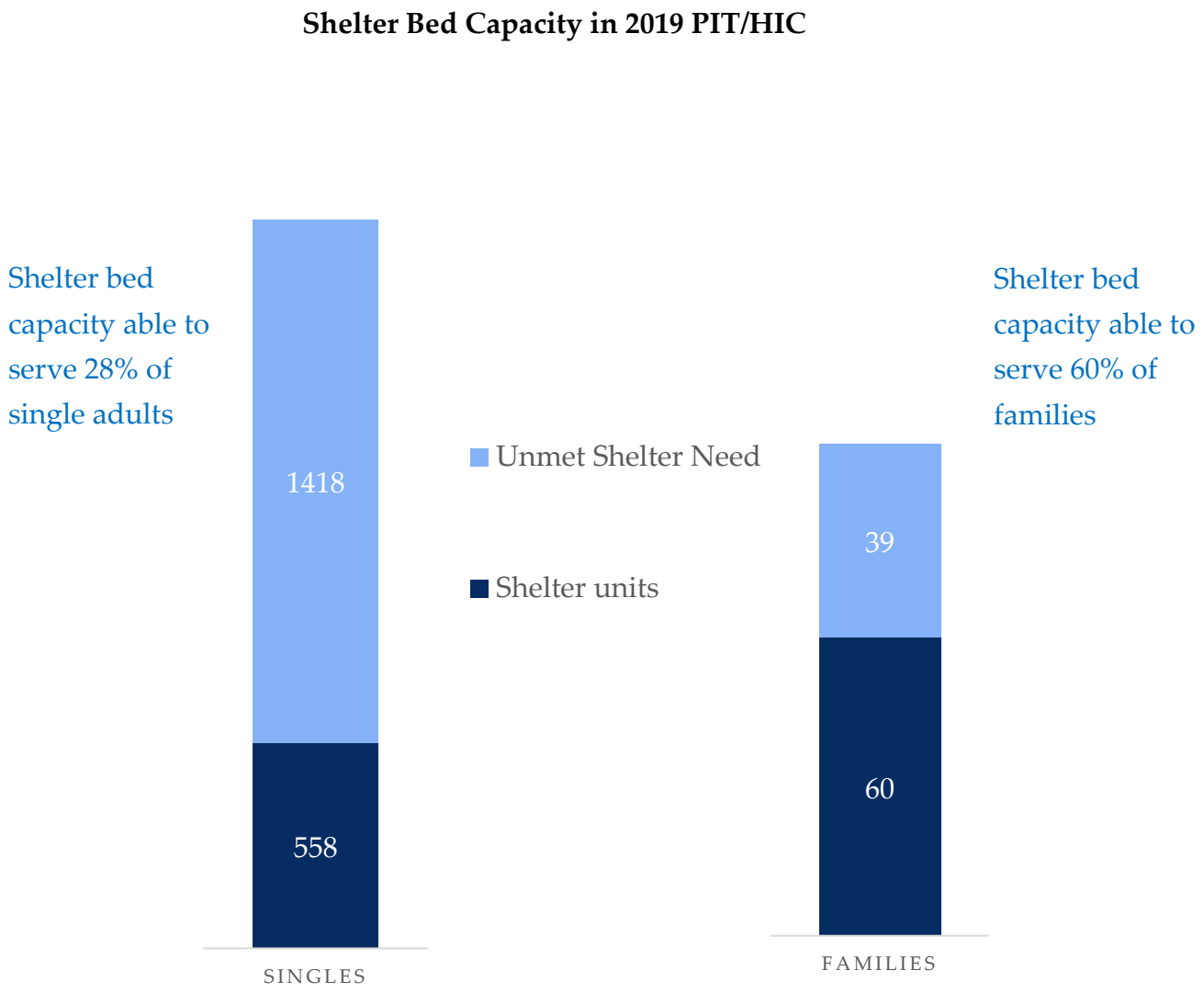




Emergency Shelter Capacity

During the PIT count the county identifies all of the shelter beds available for single adults and families to assess the CoC's capacity to serve the unsheltered population. The shelter bed count is called the Housing Inventory Count (HIC) and is conducted the same night as the PIT count.

Illustration 18: Shelter Bed Capacity (2019 PIT/HIC Data)



Capacity of permanent housing is more challenging to identify than temporary housing capacity because many housing opportunities are outside of the system of care. Permanent Supportive Housing in the CoC is a small portion of the housing opportunities for those in housing crisis. The Housing Inventory Count, conducted the same night of the PIT count, identified 291 Permanent Supportive Housing for single adults and 557 units for families.

Service Impact and Outcomes

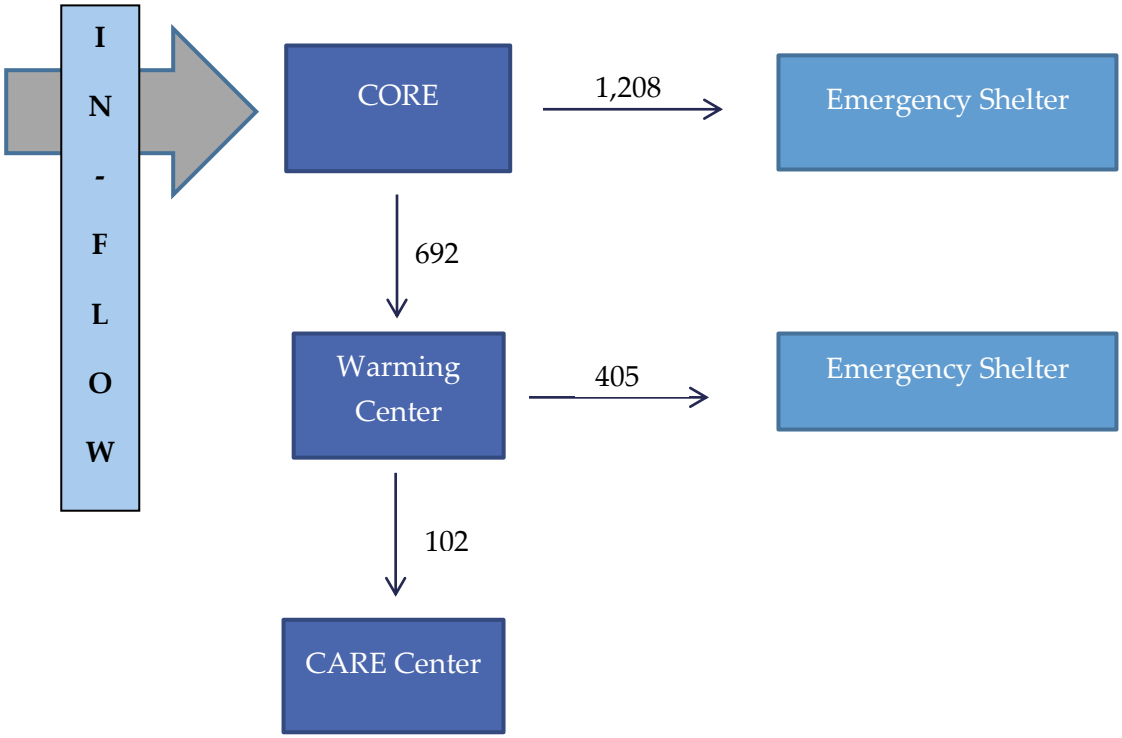
Contra Costa County uses a CES to ensure fair access to limited housing resources in the CoC and the larger community. The purpose of CES is to provide the right support, the right amount, and at the right time given consumers' needs and degree of crisis. Access points are designed to triage consumers to identify immediate needs, avert crisis, and refer them to necessary resources.

Successful housing outcomes require moving people from CoC access points (CORE Outreach and CARE Centers) to shelters and/or housing programs (Rapid Rehousing and Permanent Supportive Housing) or to their own unsubsidized housing.

Access Points

Consumers enter the CoC by calling 211, walking into a CARE Center, or engaging with CORE Outreach. Currently, consumers may access Rapid Rehousing directly without entering CES. However this will change in 2019 with the next phase of CES implementation and service prioritization. "CES Flow" from CORE and CARE can be described as someone entering the system of care via CORE Outreach or CARE Centers and later enrolling in other programs. The number of consumers who entered the system of care through CORE and then accessed a service point that provides housing navigation and/or case management, such as shelters and CARE Centers, is represented below.

Illustration 19: Flow from CES Access Points



There was a one-year 12% increase from 2017 to 2018 in the number of people served in emergency shelters, and many shelters have been serving over capacity. Length of stay at shelters increased slightly when CES was first implemented because CORE Outreach began referring people with more severe needs to emergency shelters. In 2018, however, there was a 10% percent decrease in the average number of bed-nights utilized.

Illustration 20: Emergency Shelter Utilization (2016-2018 Service Data)

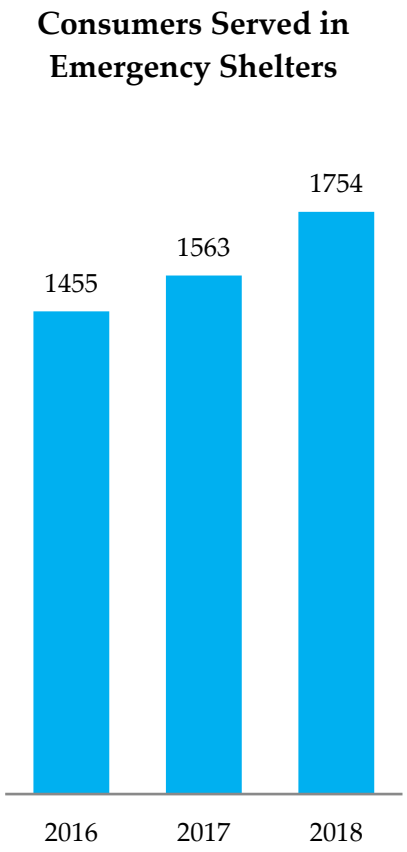
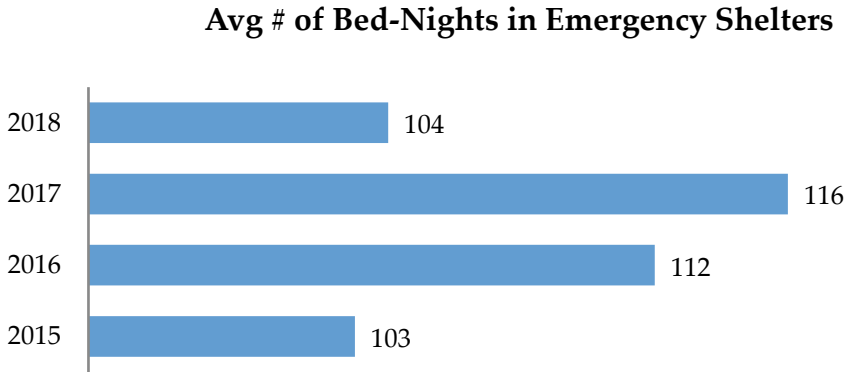


Illustration 21: Shelter Bed-Nights (2015-2018 Service Data)



As an access point, CORE Outreach also partners with Public Works to assist in waterway clean up. This partnership stemmed out of a concern that encampments were polluting waterways. CORE teams provided 1,811 trash bags which resulted in 53 tons of trashed picked up by consumers along waterways. Some of the CORE consumers reported feeling a sense of community engagement by helping to clean up their encampment areas.

Performance Measures Summary

Annual Performance Measures focus on the outcomes for consumers who access the system of care and are required and monitored by HUD. The high-level findings of the 2018 Performance Measures is summarized below:

Since the implementation of CES, Contra Costa County experienced an increase in the number of people accessing the CoC, specifically the more vulnerable populations including chronically homeless, seniors, and people with disabilities. This increase contributed to more people being identified in the PIT counts (Measure Three) and a longer length of time persons experienced homelessness (Measure One).

However, the number of people who exited to housing increased as well (Measure Two). Earned income for both system-stayers and system-leavers increased (Measure Four). Little to no difference was found in the number of consumers using shelter or housing programs who were newly homeless (Measure Five). During the last three years, there has been a high proportion of consumers who were hitting the system of care for the first time.

There were far more successful exits from outreach (Measure Seven) because there were far more people served and the greater linkages between CORE Outreach and emergency shelter programs. Housing retention rates in permanent supportive housing remained above 96% the last three years (Measure Seven).

Performance Measures

Annual Performance Measures focus on the outcomes for consumers who access the system of care. HUD pulls data each year from every CoC's Homeless Management Information System (HMIS) Database to generate Systems Performance Measures results. These measures are used to track progress across all HUD-funded programs and to determine funding for each CoC for the following year. The Performance Measures are run for Fiscal Years, October 1 to September 30.

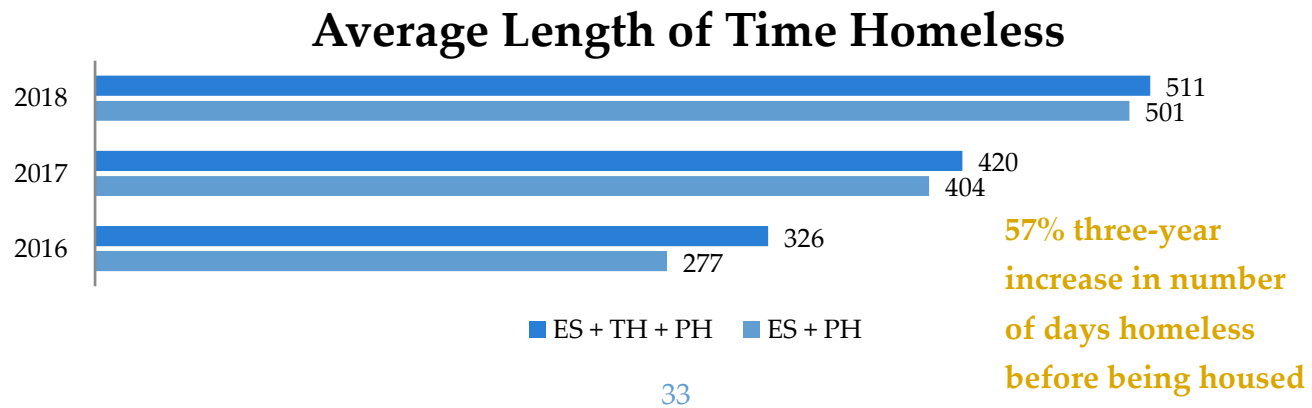
HUD has developed the following seven system-level performance measures to help communities gauge their progress in preventing and ending homelessness:

1. Length of time persons remain homeless;
2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness;
3. Number of homeless persons;
4. Jobs and income growth for homeless persons in CoC;
5. Number of persons who become homeless for the first time;
6. Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition for CoC Program-funded projects; and,
7. Successful housing placement.

Measure 1-Length of time persons remain homeless

HUD measures episodes of homelessness to determine how long people remain homeless before obtaining housing. The length of time homeless counts the number of bed nights a consumer is utilizing Emergency Shelters, Transitional Housing, and Permanent Housing projects and begins from the time consumers enter the CES to the time to their housing move-in date. This measure is only assessed for those who ***exit*** to permanent housing during the report period from an emergency shelter, transitional housing, or a rapid rehousing program (this measurement does not include consumers using only CES access points). The average length of time homeless has increased 57% since 2016, from 326 days in 2016 to 511 days in 2018.

Illustration 22: Performance Measure—Length of Time Homeless (2018 Service Data)

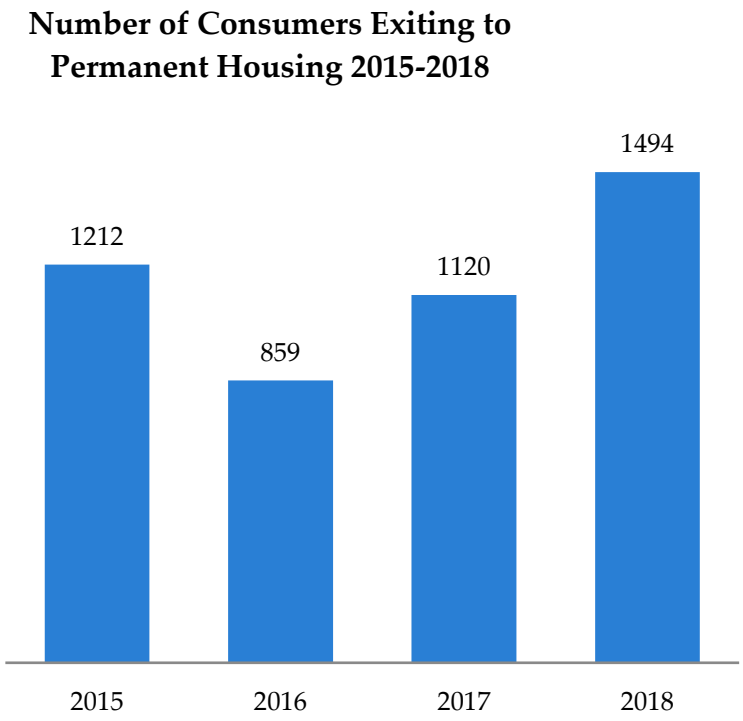


Coordinated Entry's emphasis on prioritization of the most vulnerable persons and increased CORE Outreach efforts have created greater access for the most vulnerable population. These consumers are older, have more disabilities, and little or no income, making housing placements more challenging. This shift in population served is demonstrated in the demographics portion of this report.

Measure 2-Exits to permanent housing and return to homelessness

Performance Measure Two assesses two objectives: 1) the number of people exiting CES to a permanent housing program 24 months prior to the report period (housing rates), and 2) how many of those who exited to permanent housing re-entered homeless programs during the report period (recidivism).

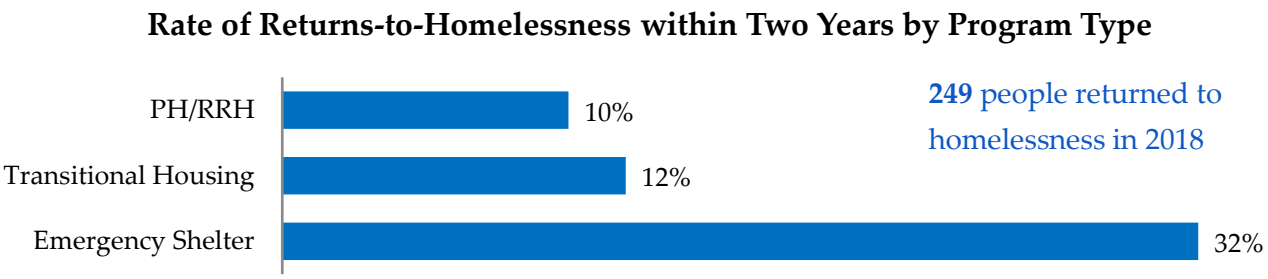
Illustration 23: Performance Measure--Exits to Permanent Housing (2015-2018 Service Data)



The increase in exits during the previous 24 months is likely due to an increase in the number of people utilizing services and an increase in housing opportunities through Rapid Rehousing programs.

The graphic below illustrates the Rate of Returns to Homelessness, or how many people entered any homeless program in the CoC during 2018 who had exited from a homeless project within the previous 24 months. In 2018, 17% of consumers who exited to permanent housing in prior 24 months returned to homelessness (279 people); 41% of those consumers return within six months, and two-thirds returned to homelessness within one year.

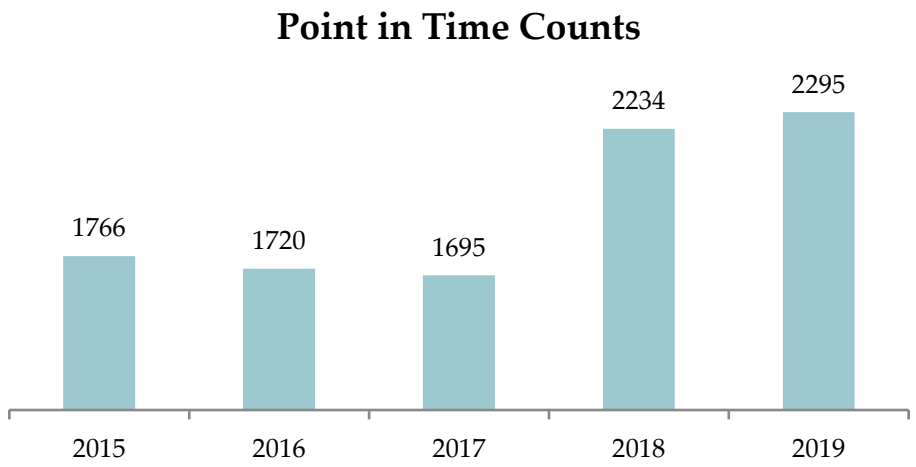
Illustration 24: Performance Measure--Returns to Homelessness (2018 Service Data)



Measure 3- Number of people identified in Point in Time Count

This measurement is pulled from the HUD PIT reports conducted annually. Contra Costa County conducts both sheltered and unsheltered counts every year.

Illustration 25: Performance Measure-PIT Counts (2015-2019 PIT Data)



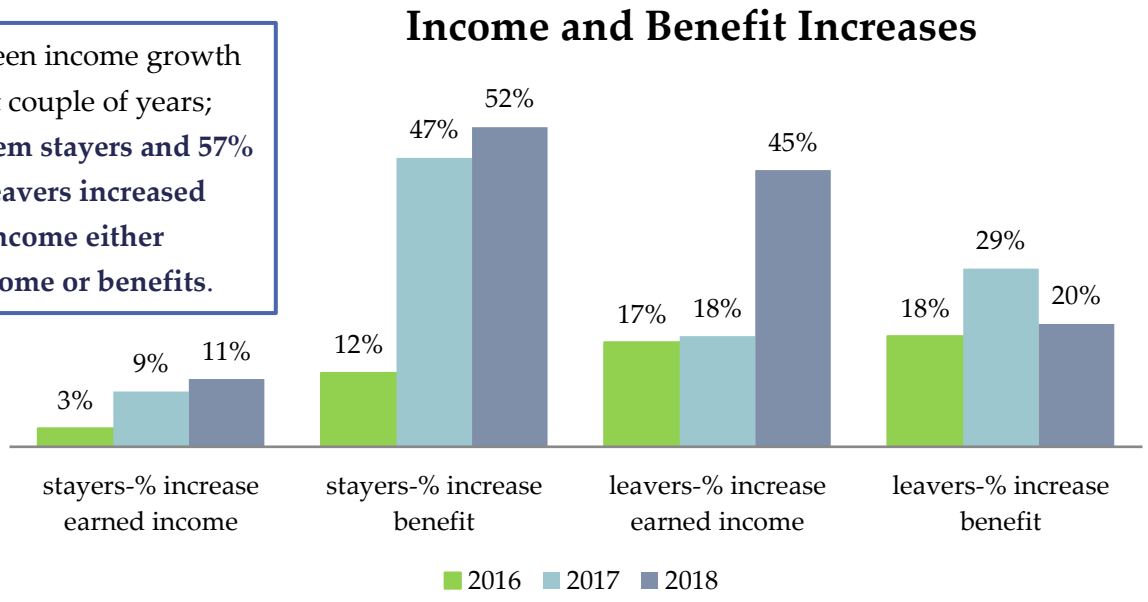
PIT count increased by 33% after CORE Outreach was initiated in 2017. Integration of CORE Outreach in PIT data collection has improved unsheltered data collection methods.

Measure 4-Jobs and income growth

This measurement assesses income growth through employment or benefits for consumers who stay in the system (did not exit to housing during the report period) as well as those who exit to housing during the report period.

Illustration 26: Performance Measure—Income Increases (2016-2018 Service Data)

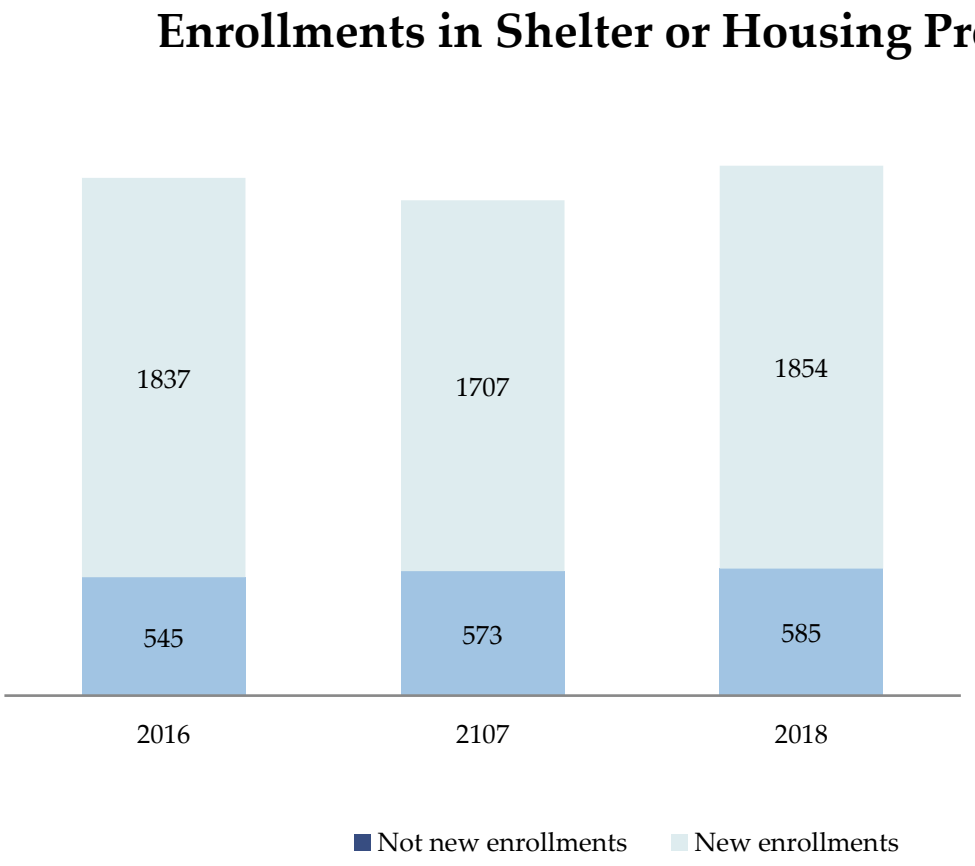
There has been income growth over the last couple of years; **60% of system stayers and 57% of system leavers increased their total income either through income or benefits**.



Measure 5-People experiencing homelessness for first time

People who had their first enrollment in HMIS within the last 24 months into emergency shelter, transitional housing, rapid rehousing or permanent supportive housing during the report period are considered newly homeless (although they may have been homeless and simply new to these programs). This measurement does not include new enrollments into CORE Outreach or CARE Centers. The percentage of new enrollments was consistent over the last three years (77% were new enrollments in 2016; 75% in 2017; and 76% in 2018).

Illustration 27: Performance Measure-New Enrollments in HMIS (2016-2018 Service Data)

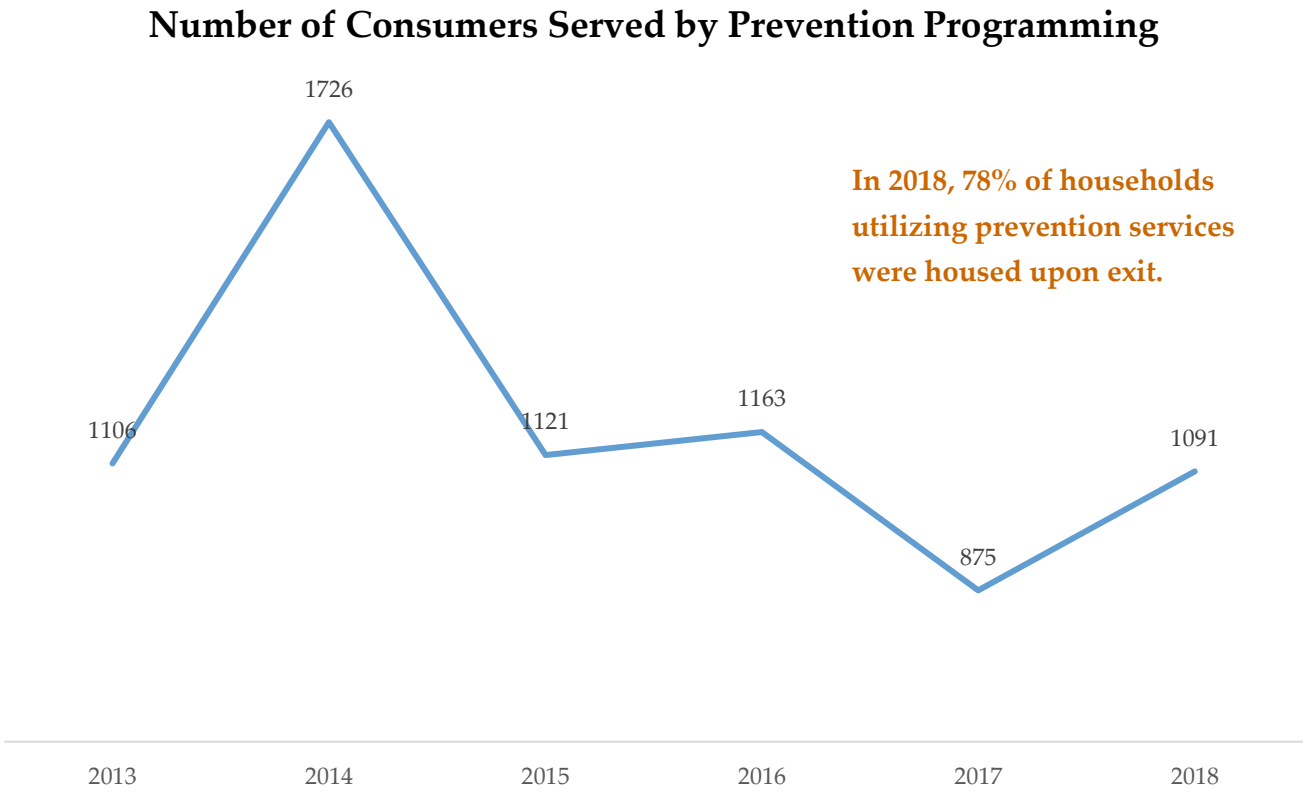


76% percent of people using shelters or permanent housing programs are new to the CoC.

Measure 6-Homeless prevention service utilization

Performance Measure Six was not required or analyzed for the 2108 Fiscal Year by HUD. Measure Six assesses whether consumers who utilized Prevention Programs 12 months prior to the report period returned back to the homeless system of care as literally homeless. The CoC does not currently track longer-term outcomes for those utilizing prevention services. However, Service data reflects the number of people utilizing prevention programs and their exit destinations.

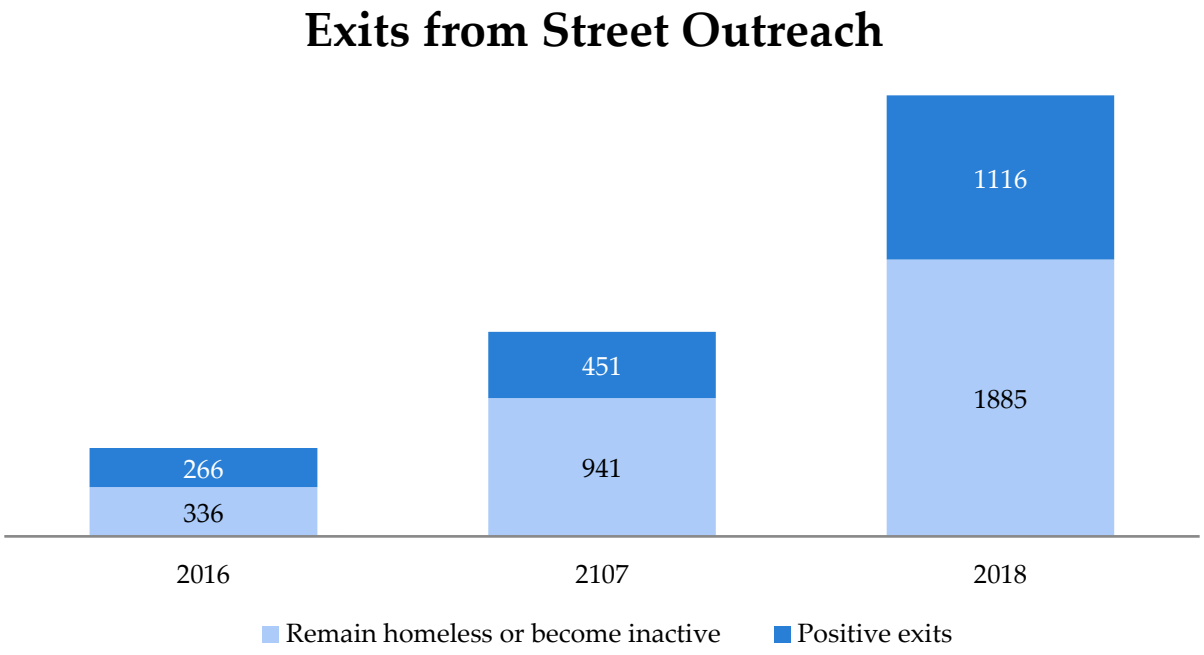
Illustration 28: Number of Consumers Served by Prevention Programming (2013-2018 Service Data)



Measure 7-Successful placements and retention of permanent housing

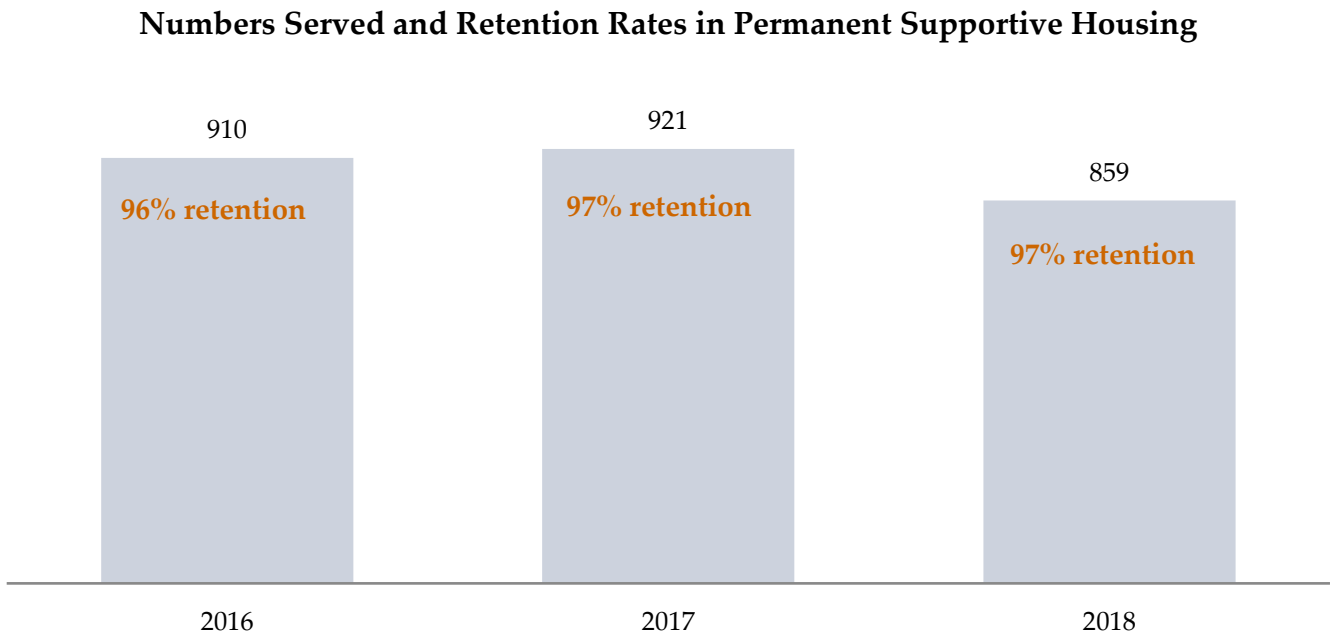
Successful or positive placements from Outreach include emergency shelters, transitional housing, Rapid Rehousing or temporary stay with family or friends. Many people simply "disappear" from services (become inactive). The CoC lost outreach programming in 2016 and implemented new services in 2017, thus the large increase in people served during the last two years.

Illustration 29: Performance Measure-Successful Placements from Outreach (2016-2018 Service Data)



Housing retention rates are determined by the proportion of consumers in permanent supportive housing who remain in their homes for at least a year or exit to other types of permanent housing.

Illustration 30: Performance Measure-Housing Retention Rates in PSH (2018 Service Data)

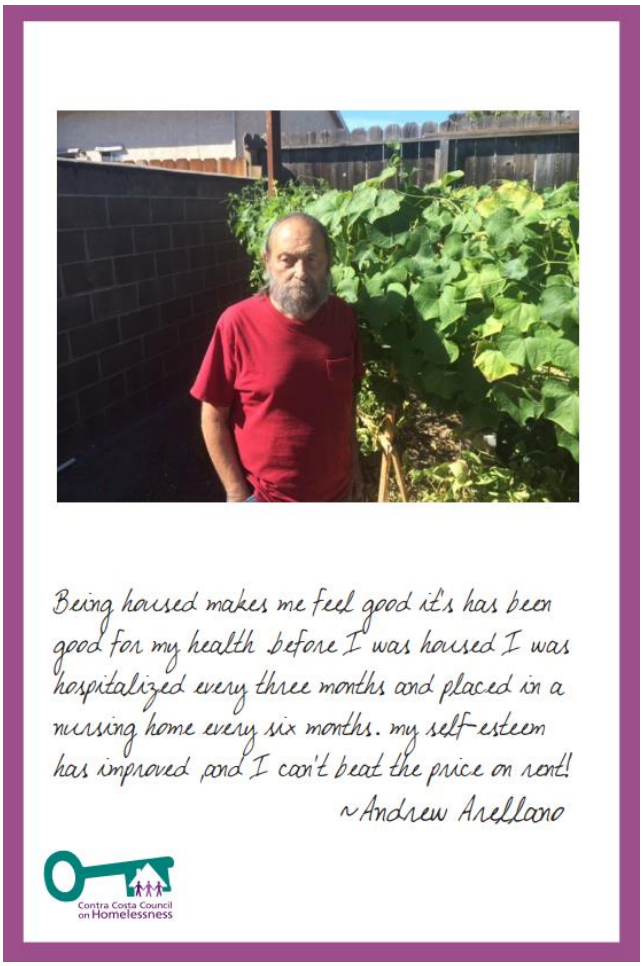


Photovoice

In preparation for Homeless Awareness Month in 2018, H3 conducted a Photovoice project to bring together photos and messages from people experiencing homelessness in Contra Costa County. Participants took photos of themselves, their possessions, their dwellings, or nature and provided quotes or context about the meaning of the photos. The art opens a window into the daily lives of its creators, as they work to secure housing, or on to the housing they have.

"I have cried a lot of tears over the years, but in this last year, I've had more wins than I can possibly imagine. True resiliency!"
-Roxie

Participants were identified through programming with the following agencies: Health, Housing & Homeless Services Emergency Shelters, Shelter Inc. Permanent Supportive Housing Programs, and Trinity CARE Center. The final images are displayed in the H3 offices.



I have a big heart. People realize I AM A HUMAN BEING.

~Polly

My favorite memory is when I first met Jesus Christ. Most of my life I was a mess, always in and out of prison, not only physically but spiritually lost. Not anymore! Praise God, through my Christ, I am a new man.

~Thomas

Contra Costa Council on Homelessness

People need to understand the real issues of homelessness. We are no different from them. If it wasn't for the grace of God, they could be right where we are.

~Bob

Contra Costa Council on Homelessness

"Sleeping in a tent was one of the hardest things I ever had to do, but I made it look fabulous and overcame it.
-Roxie

Homelessness Across the County

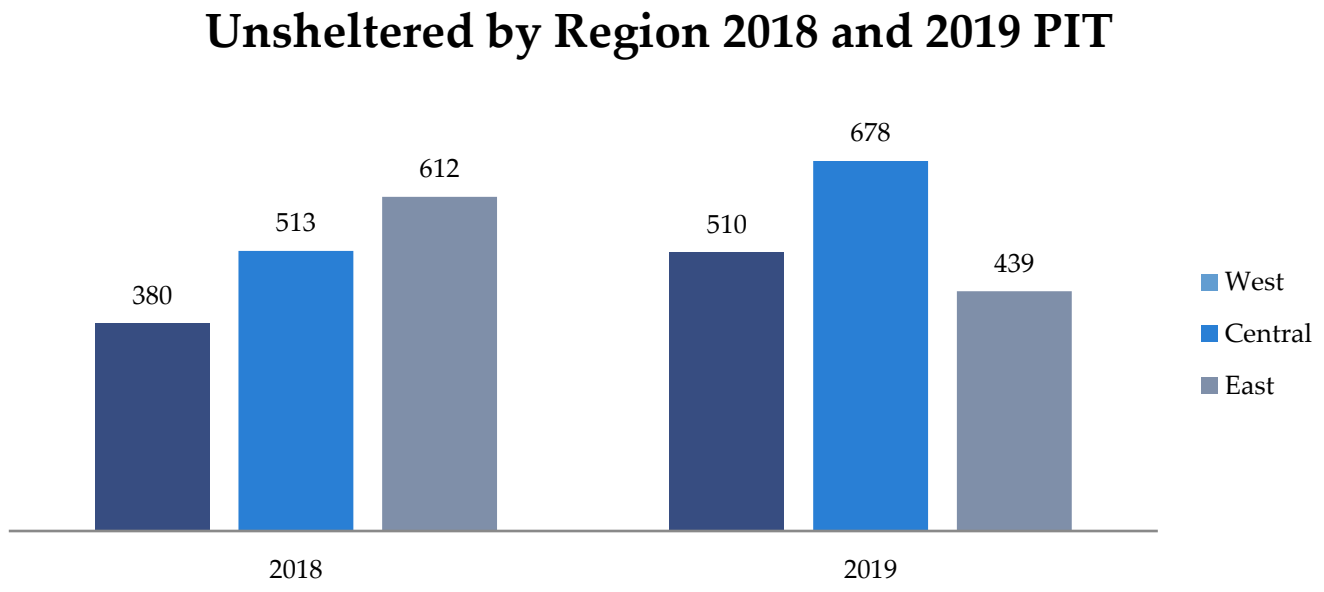
Every community in the county is affected by homelessness. People lose housing from every city, and some people stay in those cities while others "move around" closer to shelters and services. Service data collects information about where people lost housing, and PIT data identifies where unsheltered people sleep and live after becoming homeless.

Illustration 31: City and Region Where Unsheltered Slept Night of PIT (2018-2019 PIT Data)

2018 and 2019 Point in Time Count City Data

West County			Central County			East County		
	2018	2019		2018	2019		2018	2019
Crockett	0	12	Concord	252	350	Antioch	350	226
El Cerrito	14	8	Lafayette	0	3	Bay Point	61	57
El Sobrante	10	16	Martinez	117	156	Bethel Island	7	1
Hercules	2	1	Pacheco	16	10	Brentwood	35	14
Pinole	0	3	Pleasant Hill	85	59	Oakley	49	13
N. Richmond	24	38	San Ramon	1	1	Pittsburg	110	128
Richmond	270	333	Walnut Creek	42	99			
Rodeo	14	41						
San Pablo	46	58						
TOTAL	380	510	TOTAL	513	678	TOTAL	612	439

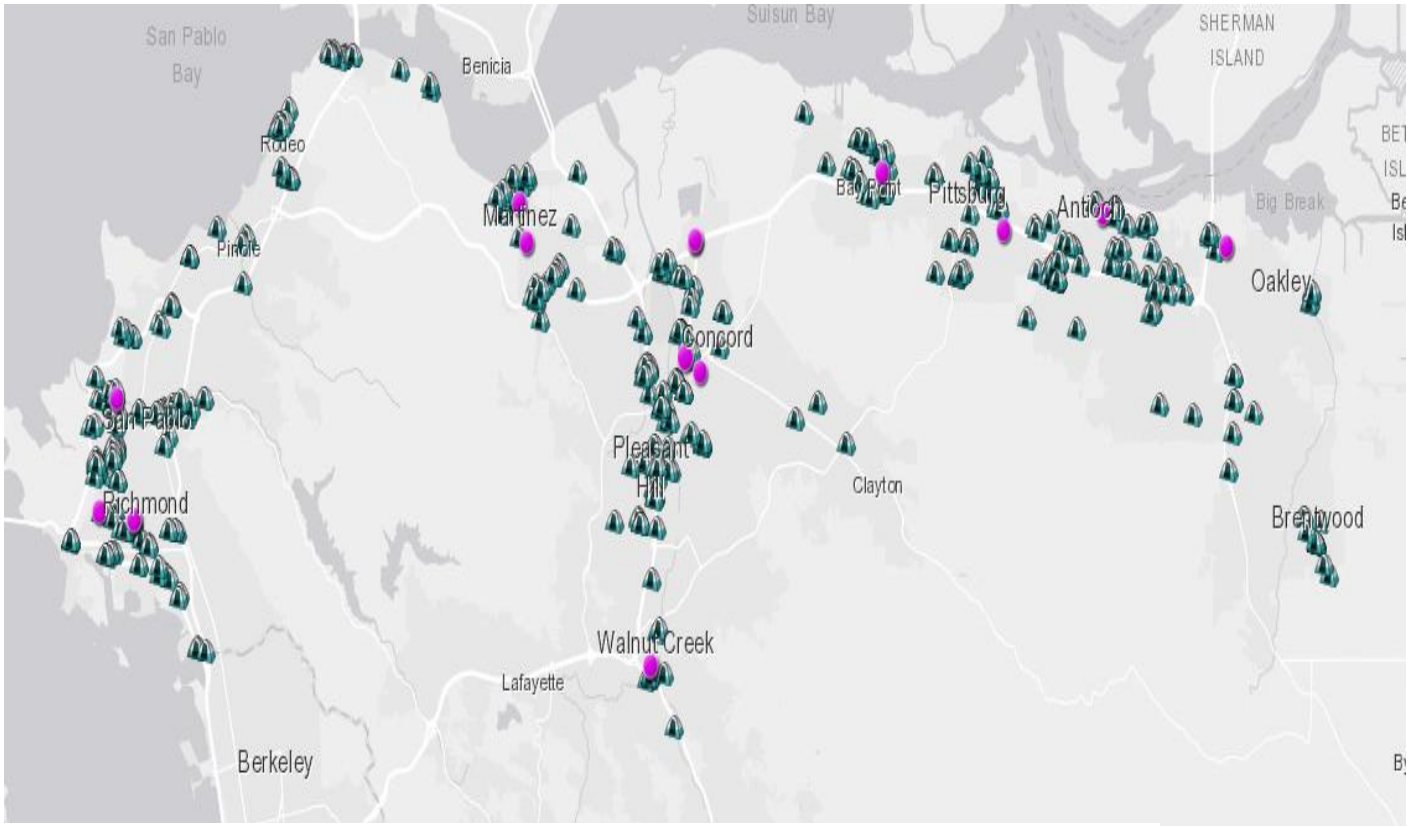
Illustration 32: PIT Numbers by Region (2018-2019 PIT Data)



Locations where people were surveyed for the PIT count were tracked via GPS on ArcGIS and are presented in the map below. The purple markers indicate where CoC providers and community agencies provide services to low income and homeless community members (including soup kitchens, shelters, and CARE Centers). The green symbols represent at least one encampment (there may have been more than one at each location).

Illustration 33: PIT Unsheltered Map (2019 PIT Encampment Map Data)

2019 Point In Time Count Map of Encampments and Service Sites

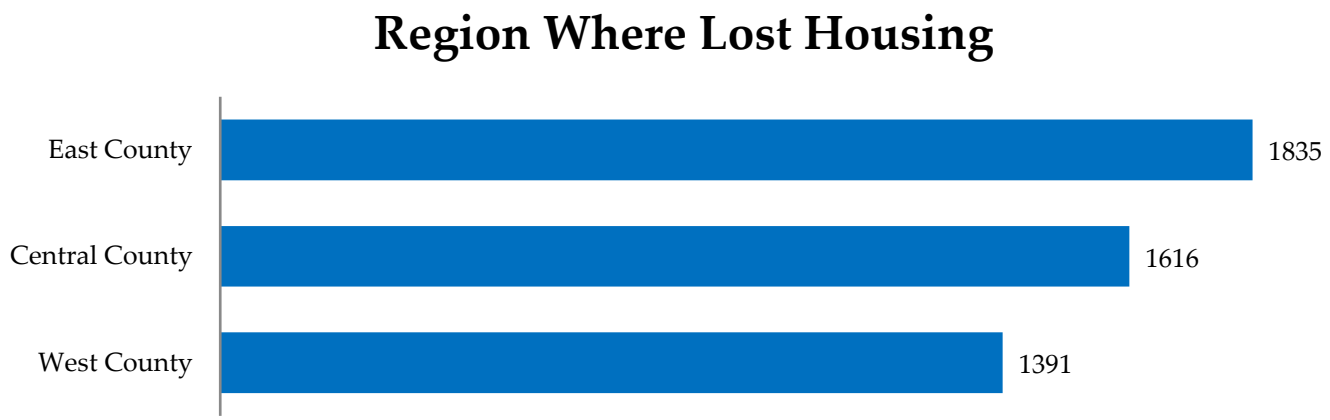


* Green symbols are encampment areas; pink symbols are service sites

Service Data-Where Lost Housing

PIT data captures a subset of those who lose housing in Contra Costa County. Service data is more comprehensive as it identifies all consumers utilizing the homeless system of care. The data below identifies where people self-report their lost housing upon most recently entering a homeless program in Contra Costa.

Illustration 34: PIT—Region of Unsheltered (2018 Service Data)



The number of people who lost their housing in each Contra Costa city is provided in the table below. The PIT count identified an additional 1,437 people who lost housing outside of the county.

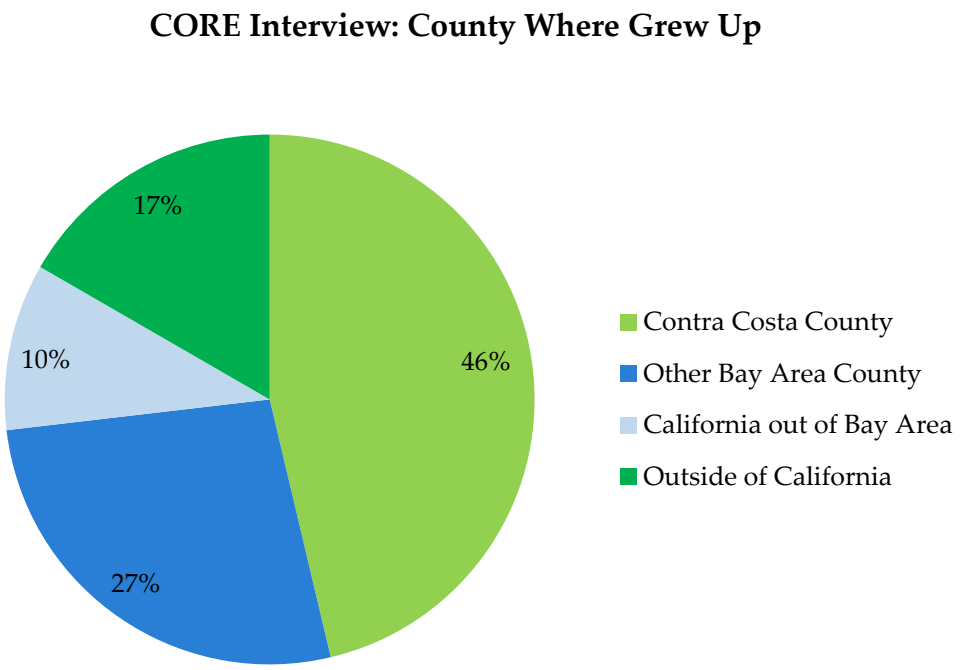
Illustration 35: Service Data—City Lost Housing (2018 Service Data)

City Where Lost Housing (from Service Data)

West County		Central County		East County	
Crockett	17	Alamo	12	Antioch	964
El Cerrito	19	Blackhawk	1	Bay Point	204
El Sobrante	56	Clayton	1	Bethel Island	18
Hercules	25	Concord	882	Brentwood	90
Pinole	30	Danville	17	Clyde	8
N. Richmond	55	Lafayette	25	Discovery Bay	11
Richmond	1,119	Martinez	292	Oakley	97
Rodeo	57	Clayton	13	Pittsburg	443
San Pablo	13	Orinda	7		
		Pacheco	26		
		Pleasant Hill	115		
		San Ramon	27		
		Walnut Creek	198		
TOTAL	1,391	TOTAL	1,616	TOTAL	1,835

CORE respondents were also asked where they grew up. Almost 80% were from the Bay Area, and 46% were from Contra Costa County. Almost 70% of respondents lived in Contra Costa County for at least 20 years.

Illustration 36: CORE Interview—Where Consumers "Grew Up" (2018 CORE Surveys)

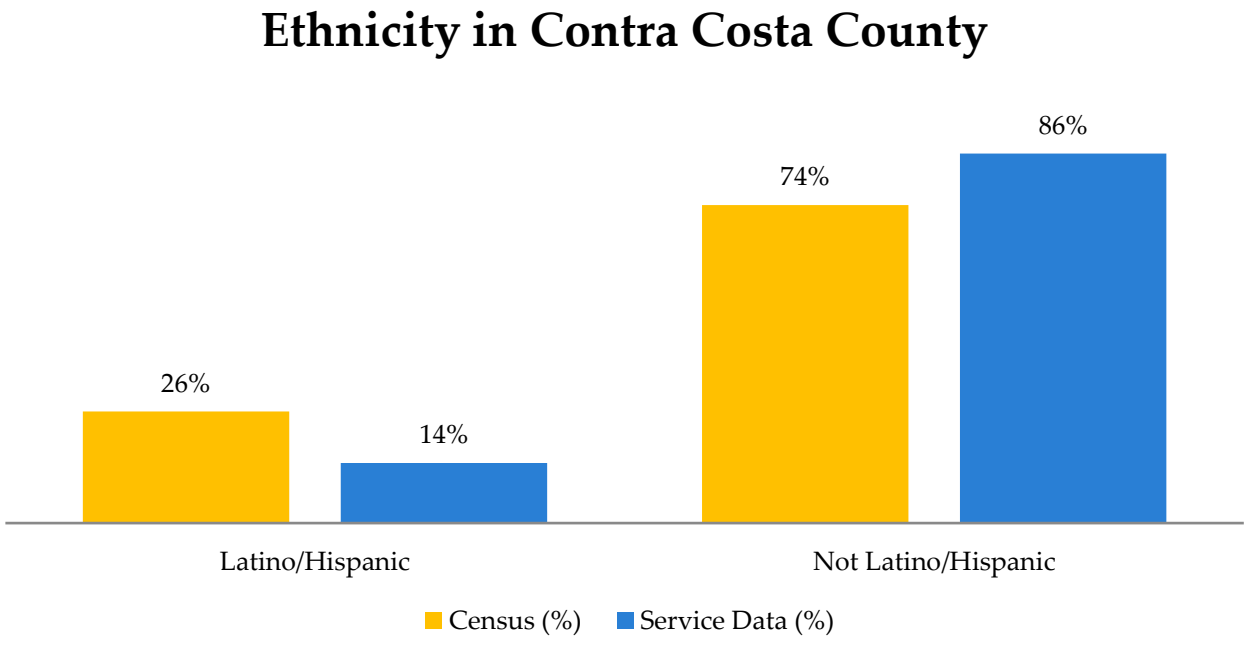


Racial Equity Assessment

As part of our forthcoming Equity Initiative, Contra Costa began a racial equity assessment. The assessment is based in part on data from HUD's CoC Analysis Tool, which draws on PIT and American Community Survey data to assist with identifying areas of racial and ethnic disparities among certain populations in the county and our system of care. The data allows us to compare racial distributions between persons experiencing homelessness and persons experiencing poverty. In doing so, we may identify racial disparities in homelessness and system utilization that poverty alone cannot account for.

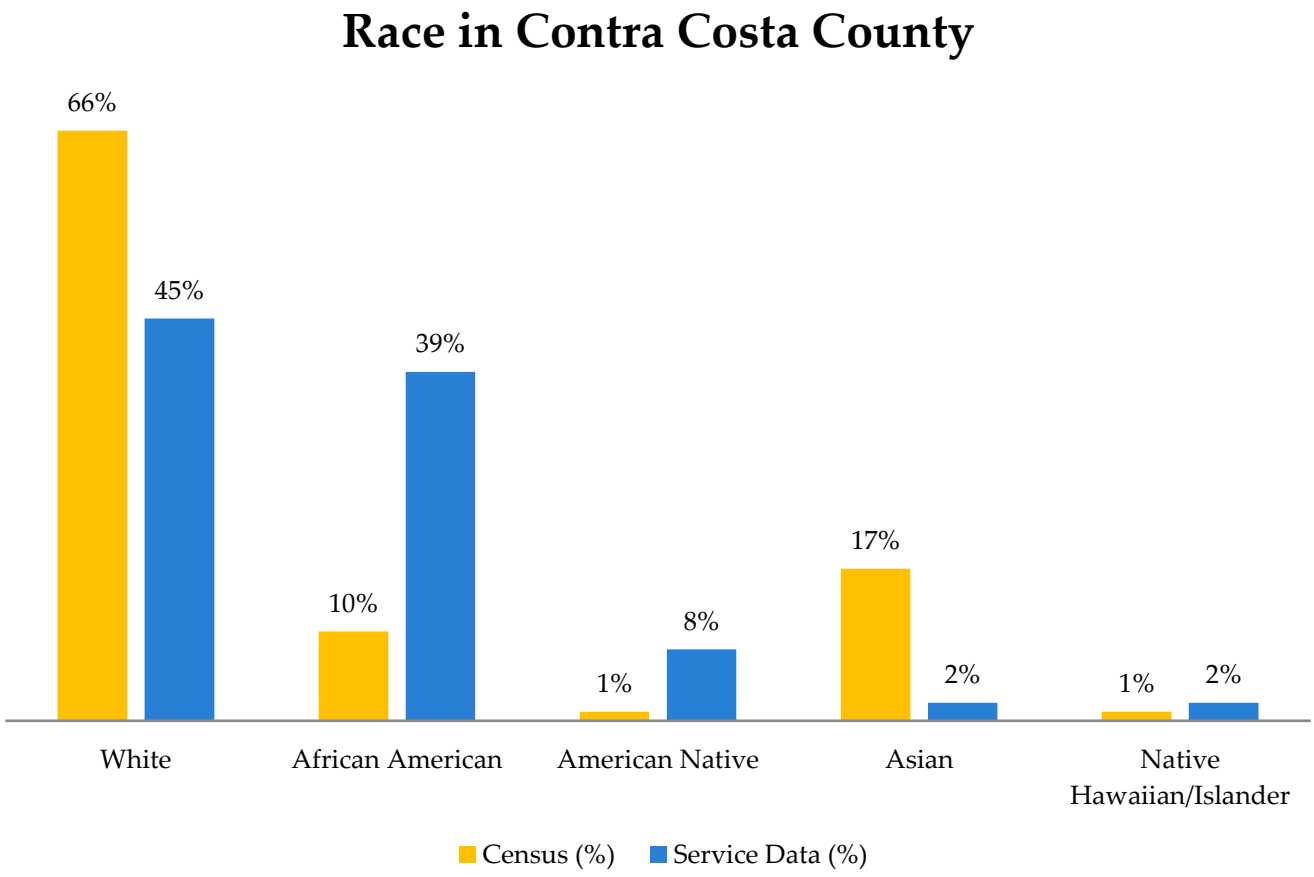
The graphic below illustrates that while African American's constitute only 10% of the county population based on census data, they represent 39% of persons using homeless services in the County. Similarly, American Indians represent only 1% of the county population, but comprise 8% of consumers using homeless services. This data also indicates that White and Asian consumers are underrepresented in the homeless system of care relative to census data. The data below represents both racial and ethnicity (Hispanic and Non-Hispanic only) categories as HUD (and other federal and state agencies) defines those groups and proscribes for data collection. Race and ethnicity data are based on self-report.

Illustration 37: Ethnicity for Census Population and Homeless Population (Contra Costa County Census Data[2], 2018 Service Data)



[2] QuickFacts, United States Census Bureau, Contra Costa County Population Estimates July 1, 2018, https://www.census.gov/quickfacts/contracostacountycalifornia

Illustration 38: Race for Census Population and Homeless Population (Contra Costa County Census Data[3], 2018 Service Data)



Race by Household Type

On the surface, the data appears to indicate that African Americans are more likely to use homeless services than other racial and ethnic groups. The data also appears to indicate that African American families are served at higher rates than other racial and ethnic groups. However, household data can be misleading as it reflects only the race of the head of household, which for multiracial or multi-ethnic households means that the race or ethnicity of the remaining household or family members is not accounted for. Without deeper analysis, this may artificially skew the demographic results and how the system responds to the needs of the households and the individuals within the household. The "Other" category in the graphics below include the communities that make up less than 5% of the CoC; individuals who report multiples races (4%), Asian (2%), and Native Hawaiian/Pacific Islander (2%).

[3] QuickFacts, United States Census Bureau, Contra Costa County Population Estimates July 1, 2018, https://www.census.gov/quickfacts/contracostacountycalifornia

Illustration 39: CoC Ethnicity by Household Type (2018 Service Data)

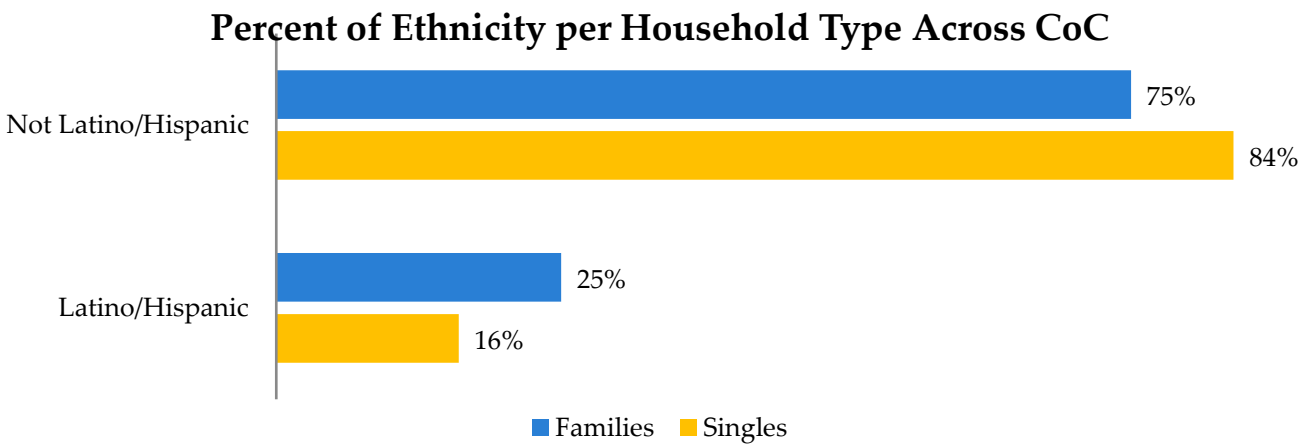
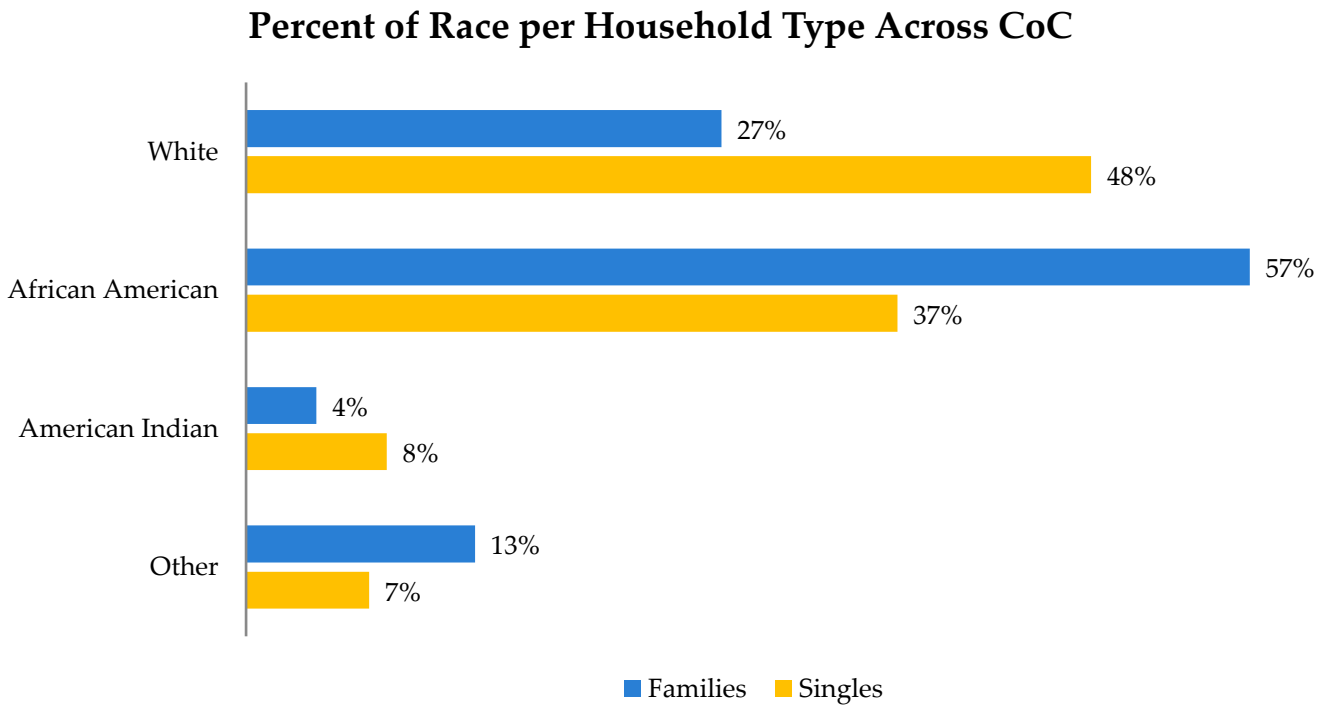
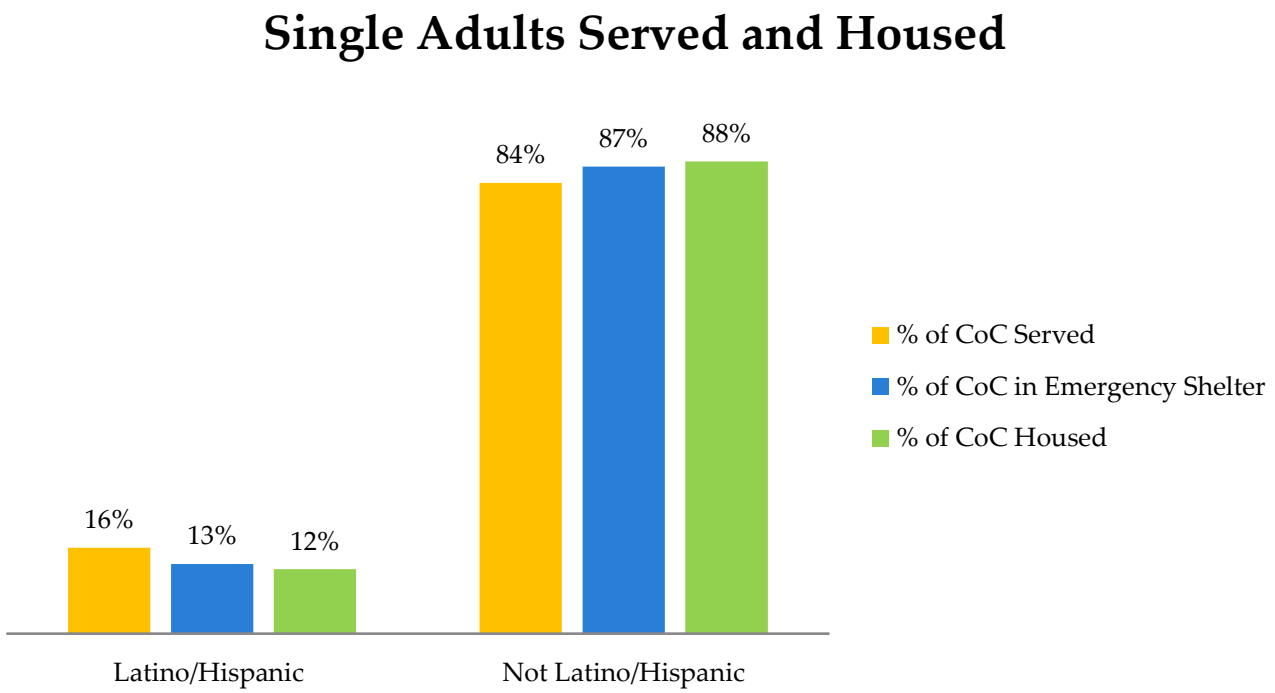


Illustration 40: CoC Race by Household Type (2018 Service Data)



The two graphics below illustrate the rates at which adult only households and family households access services and obtain housing by race. This data illustrates that there are notable disparities in the rates of homelessness across race and ethnicity. However, single adults in the system of care are served and housed proportionally to the rates at which they enter the system. The data, which does not yet account for multiracial or multiethnic households, also appears to indicate that households comprised of families are also served and housed proportionally to the rate at which they enter the system.

Illustration 41: CoC Representation, Shelter Utilization, and Housed Rates by Ethnicity and Household Type (2018 Service Data)



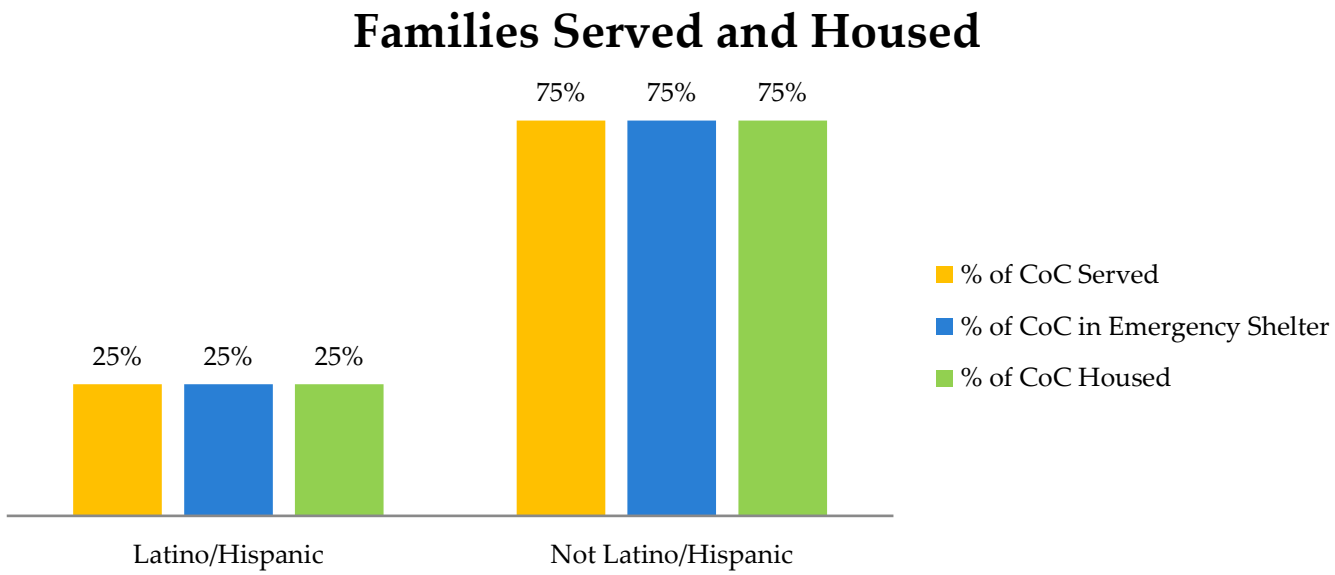
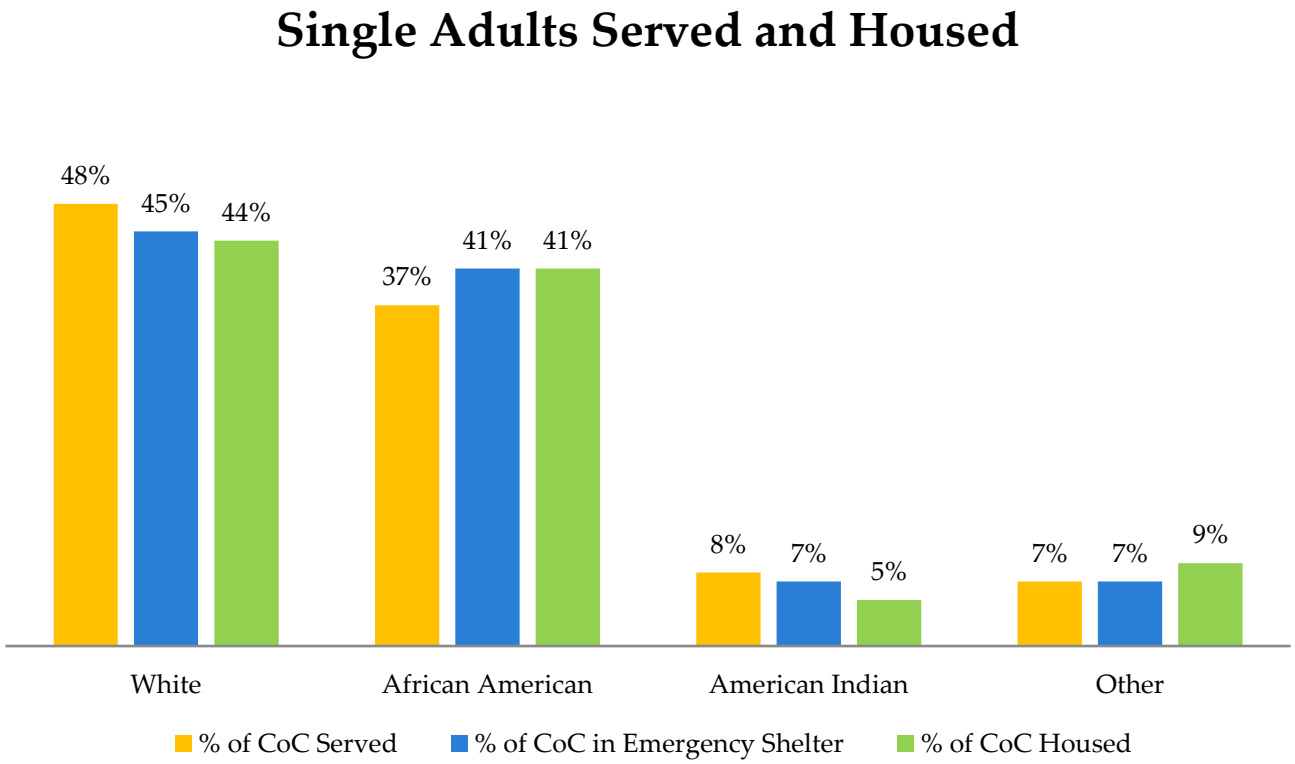
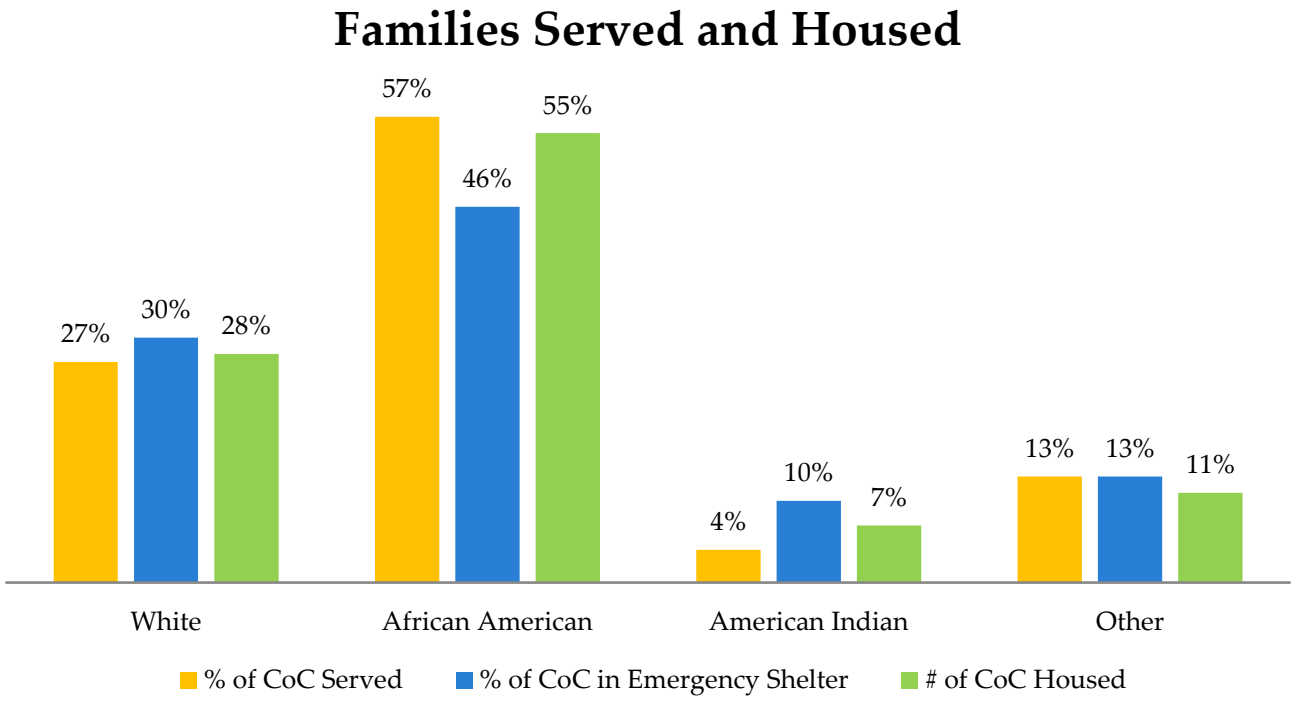


Illustration 42: CoC Representation, Shelter Utilization, and Housed Rates by Race and Household Type (2018 Service Data)





Appendix A

2019 Point in Time Methodology

Per the California Department of Conservation and Development, Contra Costa County is 716 square miles with a population estimated at 1.1 million. This broad geography requires significant resources and a concerted strategy to conduct an annual count of sheltered (persons residing in emergency shelters and transitional housing) and unsheltered (persons sleeping outside or in other places not meant for human habitation) persons experiencing homelessness.

Every year, during the last week of January, Contra Costa County conducts a comprehensive count of the local population experiencing homelessness. The PIT count captures an annual snapshot of the prevalence of homelessness in the community and collects information on sheltered and unsheltered persons experiencing homelessness. This information is required to be collected and reported to the U.S. Department of Housing and Urban Development ("HUD") every two years. However, Contra Costa's CoC conducts the PIT count annually.

This information is used by HUD to make determinations about federal funding allocations for the provision of housing and services for individuals and families experiencing homelessness. At the local level, annual PIT counts help Contra Costa plan services and programs to appropriately address local needs measure progress in decreasing homelessness and identify strengths and gaps in the community's current homelessness response system.

Methodology

The 2019 PIT was a community effort built on best practices, tested strategies, and the traditional street count model. Contra Costa utilizes various best practices, a growing body of local partnerships, and multiple modalities that exist as part of its high functioning system of care in its annual data collection efforts.

The process begins with a substantive planning process to ensure the success and integrity of the count. Multiple local government and community organizations collaborated on outreach, recruitment, training, logistics, safety, coordination, best practices, problem solving, and the methodology.

The PIT methodology generally has been the same since 2016 but with some enhancements. The 2019 Count followed an established, HUD-approved methodology. The PIT count was conducted over two nights by a large team over a very short period of time (i.e., "blitz count") resulting in an observation-based count and survey of persons experiencing homelessness. This was the second year the community significantly expanded its partnerships for this purpose and used new technology to enhance its ability to comprehensively count across its broad geography. This has allowed for increased accuracy and identification of sheltered and unsheltered persons experiencing homelessness.

Data on sheltered individuals is obtained via the CoC's Homeless Management Information System (HMIS). This year (2019) was the first year Contra Costa had full HMIS coverage for the PIT sheltered count. Meaning, this year every shelter in the CoC, including those who are not active participants in the County's Coordinated Entry System, entered data about the persons sheltered by their programs into HMIS. This allowed for significant improvement in the accuracy and thoroughness of the sheltered count.

Data for the unsheltered population was collected using a community-wide canvas by the street outreach teams, almost 100 volunteers, multiple partners, local government officials, and collaborating government agency staff (ranging from the Public Defender's Office to the local benefits offices among others).

Surveys for unsheltered consumers were included in the analysis when names were provided. This ensured effective de-duplication and allowed the CoC to limit observations to only those collected during the first 12-hour period of data collection to ensure people were not counted, surveyed, or entered into HMIS multiple times. This approach was tested in 2018 and refined for broader use in 2019.

This year the street outreach teams deployed ArcGIS maps and Homeless Service Locator applications to monitor the results of the PIT count observations. This allowed for the creation of "heat maps" for use in pinpointing the location and size of homeless encampments—a significant part of the CoC's unsheltered population. Additionally, the tools allowed for mapping the location of system resources, such as emergency shelters and day centers that provide critical services and supports, to locations where people experiencing homelessness were identified, such as encampments and along waterways. This technology is used regularly by the CoC's street outreach teams to support identification of the need and scope of services across the geography. By integrating this tool and data into the CoC's annual PIT counts, Contra Costa is now able to leverage the HUD model surveys (also using similar technology), which reflect best practices and input from leading survey and methodology experts.

Additionally, in 2019 the CoC leveraged its partnerships with the County Office of Education and local colleges to enhance its PIT count coverage of youth and families that are typically "hidden." This data was further complimented by the Youth and Family Needs Assessment conducted over the same period. This "hidden" population of youth and families are often difficult to identify and locate because they do not access typical services that identify persons experiencing homelessness. Instead, families and youth may live "doubled up" or "couch surf" as an alternative to utilizing shelters or sleeping in uninhabitable locations. The Youth and Family Needs Assessment sought to identify the needs of youth and families that are unstably housed and experiencing homelessness by working with various local government and community-based organizations and service providers to conduct interviews of families, minors in family households, and unaccompanied youth. The CoC's Youth Action Council (YAC) spearheaded this effort, including providing input on survey questions and methodology and participating in the administration of the assessment.

CONTRA COSTA
HOMELESS SERVICE SYSTEM

Meeting the Need

5,800 HH experience literal homelessness annually

26% leave to permanent housing (1450 HH)

There are PH resources to meet about **50%** of the need/year*

The average length of time homeless increased from **15 to 17 months** in one year (2017-2018). **28% are chronically homeless.**

At least **2,900 more PH interventions** are needed to meet the need in a year

*Assumes common rate of 25% self-resolve

EMERGENCY SHELTER
573 BEDS- 84% UTILIZATION RATE

Individual, Family, Youth and Veteran Beds

Serve 1700 people/year

Average LOS - 4 months

58% of exits --> Permanent Housing

ES

AT RISK OF HOMELESSNESS
The top reasons for homelessness for people homeless for the first time include:

1. Low income
2. Job loss
3. Asked to leave

START HERE

211 - Basic needs information & referral

PREVENTION & RAPID RESOLUTION
In 2018: 90% of HH who exited prevention went to a permanent housing destination (455 HH).

COORDINATED ENTRY (CE) FRONT DOOR
ACCESS POINTS 211 OR PROVIDER STAFF FROM:

211 Phone; CARE Centers; CORE Team

CE

OUTREACH
CORE Team

DENIED SHELTER ENTRY OR EXITED
Under the influence of drugs/alcohol
Other non-compliance

UNSHELTERED/LITERALLY HOMELESS
About 5,800 households experience literal homelessness in Contra Costa in a year.

51% (2,978 HH) experience unsheltered homelessness

The top reasons for homelessness among people who have previous homeless episodes include:

1. Low income
2. Job loss
3. Substance Use

ALTERNATIVE TO SHELTER OPTIONS
Warming Centers
Capacity: 70 cots/night

CE WAIT TIME
1,400 people assessed for CE; avg wait-time: 11+ mos.

Of those assessed on the current queue:

40%: High Vulnerability
48%: Medium Vulnerability
12%: Low/No Vulnerability

RRH CAPACITY
Meets 47% of the need of people waiting in CE (1,400 HH)

RAPID RE-HOUSING
CES

Family Units, Individual Units
DV Units, Vets

Projected to serve 656 HH annually

Avg Financial Assistance: $6,000/HH

PH

TRANSITIONAL HOUSING 136 BEDS
84% utilization rate

Family Units, Youth, DV, Individual Units, Veteran

97 people exited/yr; 70% went to permanent housing destinations

TH

PSH CAPACITY
About 36 PSH units open/year, which houses about 5% of the chronic population on the current chronic by name list (800 HH).

Average wait time for those referred is 10 months.

PERMANENT SUPPORTIVE HOUSING - 494 BEDS
CES

Family Units, Youth, Individual Units, Veterans, Chronic

PH

BRIDGE HOUSING
New bridge and transitional housing-rapid re-housing (TH/RRH) beds coming on-line in the next year

17% WHO EXIT PH
return to homelessness within 2 years

X

MARKET RATE HOUSING
About 1/3 of people served in all programs, including HP and RRH, transitioned to market rate or other affordable housing as a permanent destination

REGULATED AFFORDABLE HOUSING & NATURALLY OCCURRING AFFORDABLE HOUSING
3.7% rental vacancy rate

LEGEND

Populations:
- Family
- Individual
- Youth
- Veteran
- Domestic Violence Provider

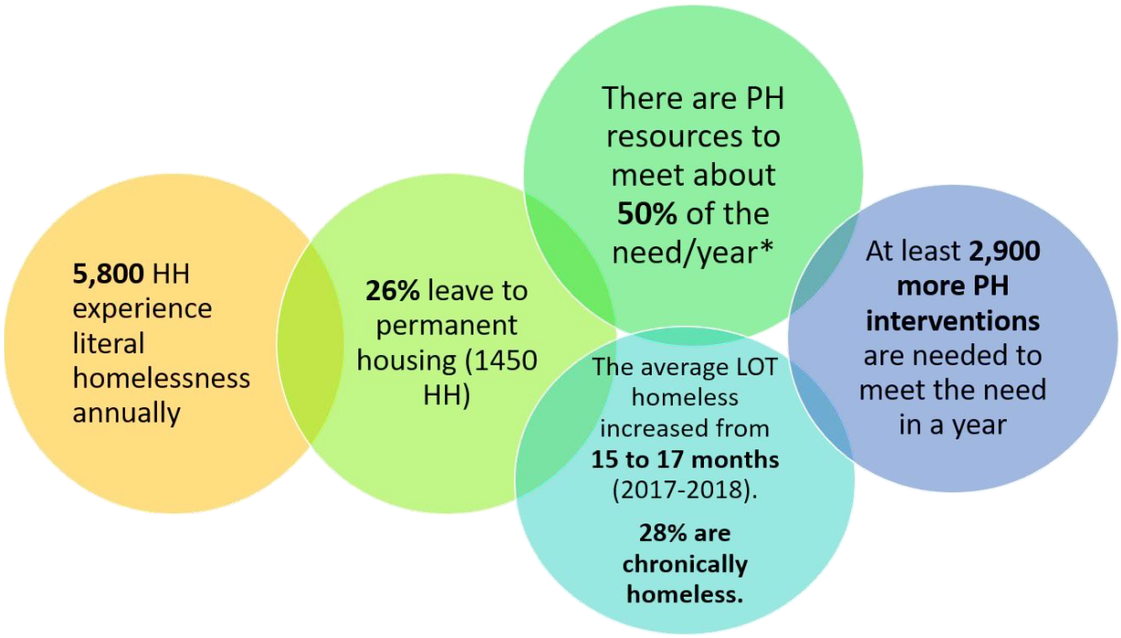
Housing Types:
- PH Permanent Housing
- TH Transitional Housing
- ES Emergency Shelter
- CE Coordinated Entry

Acronyms:
- HH: Households
- LOS: Length of Stay
- LOT: Length of Time
- PH: Permanent housing destination

Data Sources: 2019 System Performance Measure Report, 2018 Point in Time Count, and HMIS reports run between 10/17-9/18.
Coordinated Entry data reflected is in real-time and reflects the current state between 1/2018-8/2019.
Note on vulnerability of score scale: High vulnerability = 10-20 scores; medium vulnerability = 5-9 scores; low-no vulnerability = 0-4 scores

Understanding What It Takes

Using the System Map to right-size Contra Costa's homeless system of care



Bring resources into the system

Add Shelter Beds

Providing temporary shelter for every unsheltered person requires 400 more shelter beds.

Scale Rapid Resolution Services

Increase efforts to route the 400+ individuals/mo that enter the system of care to alternate safe housing destinations.

Increase Permanent Supportive Housing

In order to offer every chronically homeless person housing, we would need approximately 1700 more PSH units.

Maximize current resources

Reduce Inflow

Whenever possible, re-direct individuals to other stable housing resources outside the homeless system of care

Reduce Length of Time Homeless

Reduce wait times for persons in the community queue for resources and increase bed turnover rates at shelters.

Enhance Prioritization Strategies

Maximize use of all housing resources based on highest vulnerability and length of time homeless.

Race & Ethnicity Equity Assessment:

Review of consumer's 2018 demographic and service utilization data by race and ethnicity across the Continuum of Care.

Published September 2019

Summary

Who: Individuals in the homeless system of care who are at-risk of homelessness, literally homeless, and/or receiving housing services within the Continuum of Care (CoC).

What: Race and ethnicity service data from the Homeless Management Information System (HMIS), United States Census Bureau, and 2019 Point in Time Count.

When: Consumers who were actively utilizing services during calendar year 2018.

Where: Contra Costa County, California.

Why: The findings of this report will support a better understanding of differences in demographics, service utilization, and outcomes by race and ethnicity to improve equitable opportunities within the coordinated entry system (CES).

2018 Notable Findings:

⇒ **Census vs CoC**: Fewer Hispanic/Latinx (19%) were in the homeless system of care, compared to the general Hispanic/Latinx population in the County (26%). Forty percent of consumers were African American; 4x higher than the overall population in the County (10%).

⇒ **Age**: Many racial/ethnic differences can be found within select age groups. More than a 1/3 of Native Islanders and persons of multiple races were minors; there were no notable differences among transition age youth; more than half of Asians, American Indians, Whites and Hispanic/Latinx, were adults ages 25-54; and Asians and Whites had the greatest proportion of seniors 62 and older (11% each).

⇒ **Chronicity**: Native Islander/Hawaiians (10%) experienced the lowest rates of chronic homelessness (homeless for at least 12 months and self-reported disability); more than 1 in 4 White consumers experienced chronic homelessness.

⇒ **Domestic Violence**: Asians (24%), American Indians (21%), and Whites (21%) reported experiencing higher rates of domestic violence compared to all consumers (17%).

⇒ **Mental Health**: White consumers had the highest rates of a self-reported mental health disability (36%) and Native Islander/Hawaiian had the lowest rates (13%).

⇒ **Program Utilization**: Service utilization varied by program type and race. African Americans were the highest utilizers of prevention and rapid resolution (50%), emergency shelter (50%), transitional housing (40%), and rapid-rehousing (53%). Whites were the highest utilizers of outreach (46%), CARE Center (40%), and permanent supportive housing (41%).

⇒ **Positive Housing Exits:** Nearly half of all African Americans (47%) and persons of multiple races (48%) exited to housing in 2018.

Race & Ethnicity Equity Assessment: 2018

This assessment is intended to identify areas where there may be racial and ethnic disparities among certain populations who access the County's Homeless Continuum of Care (CoC). The findings of this assessment will allow for the comparison of racial and ethnic distributions within demographics, service utilization, and outcomes to improve our knowledge of disparities within the homeless system and to prompt action and policy decisions to address inequities.

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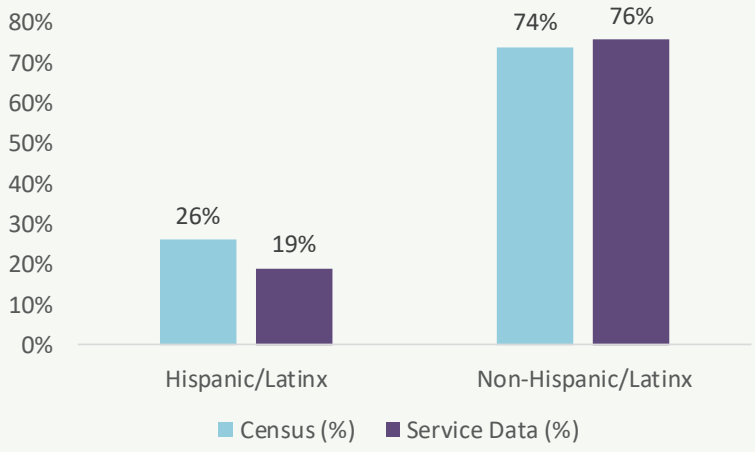
Comparing Consumers in the CoC to the Contra Costa County Population

Figure 1. Comparison of Census Ethnicity Population Estimates to the Individual CoC Consumers[1,2]

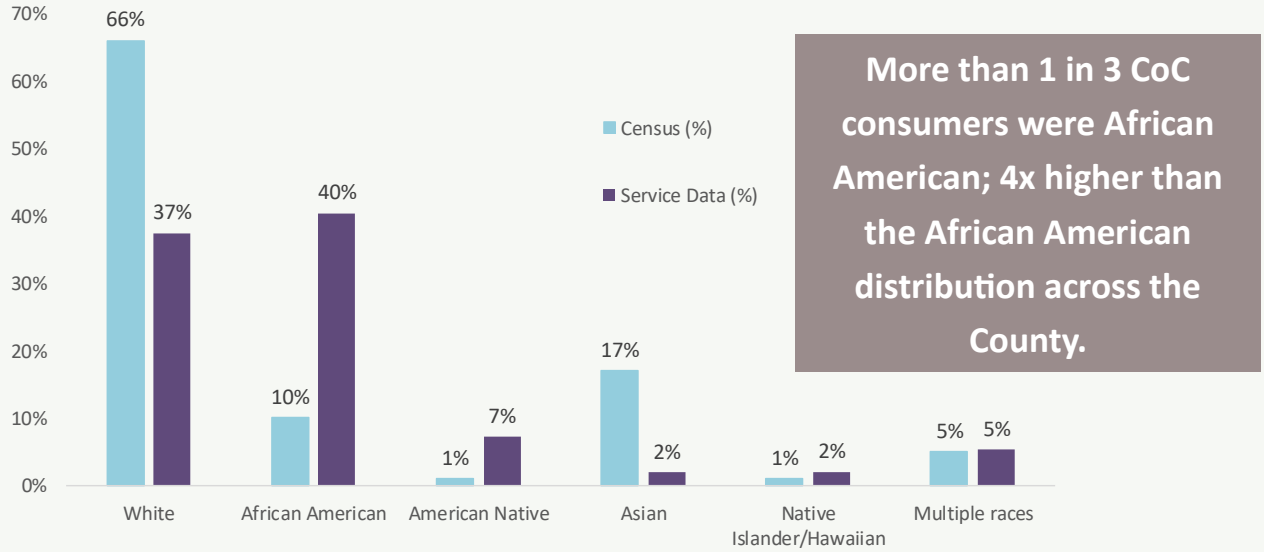


Note: Missing ethnicity service data not shown. Numbers may not sum to 100.

In 2018, 26% of Contra Costa County residents were of the Hispanic/Latinx cultural and racial identity, and 74% were non-Hispanic/Latinx. Nineteen percent of all CoC consumers identified as Hispanic/Latinx (Figure 1) in 2018. In general, there were fewer Hispanic/Latinx consumers in the homeless system of care compared to the Hispanic/Latinx composition throughout the County.

There were also differences in racial composition across the population in the County compared to consumers in the CoC (Figure 2). About 45% of CoC consumers were White, compared with 66% White in the County. While African Americans accounted for 10% of the County population, 40% of all consumers utilizing CoC services were African American. A higher percent of Native Americans in the CoC (8%) were served compared to Native Americans in the County (1%), and served a lower percent of the Asian population (2%) compared to Asians in the County (17%).

Figure 2. Comparison of Census Race Population Estimates to the Individual CoC Consumers[2]



Note: Racial distributions in Figure 2 includes both Hispanic/Latinx and non-Hispanic/Latinx ethnicities. Missing race service data is not included; numbers may not sum to 100.

Consumer's Self-Identified Race by Ethnicity

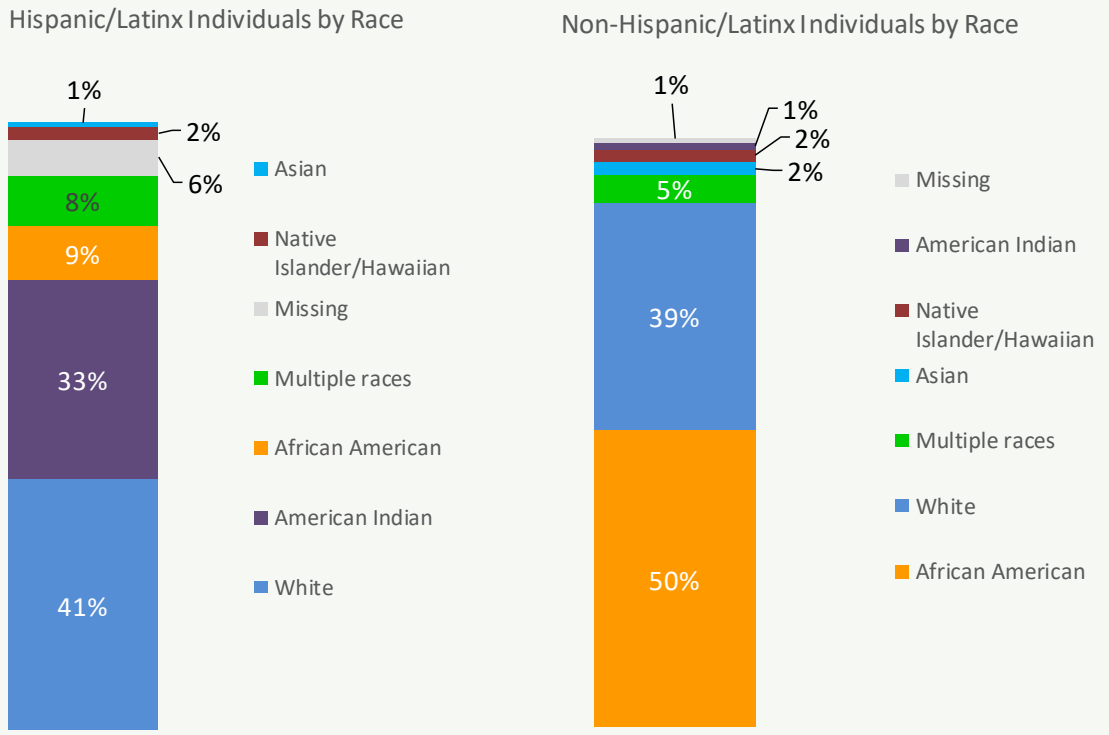
Table 1. Counts of Hispanic/Latinx and Non-Hispanic/Latinx by Race

	Hispanic/Latinx	Not H/L	Missing	**Total**
African American	139	3,152	32	3,323
White	648	2,424	7	3,079
American Indian	513	79	1	593
Multiple races	131	297	1	429
Native Islander/Hawaiian	34	129	0	163
Asian	9	141	1	151
Missing	93	40	357	490
Total	1,474	6,262	399	8,228

Table 1 above displays the number of individual consumers in the CoC, broken down by ethnicity and race, and Figure 3 shows the proportion of each race among Hispanic/Latinx and non-Hispanic/Latinx.

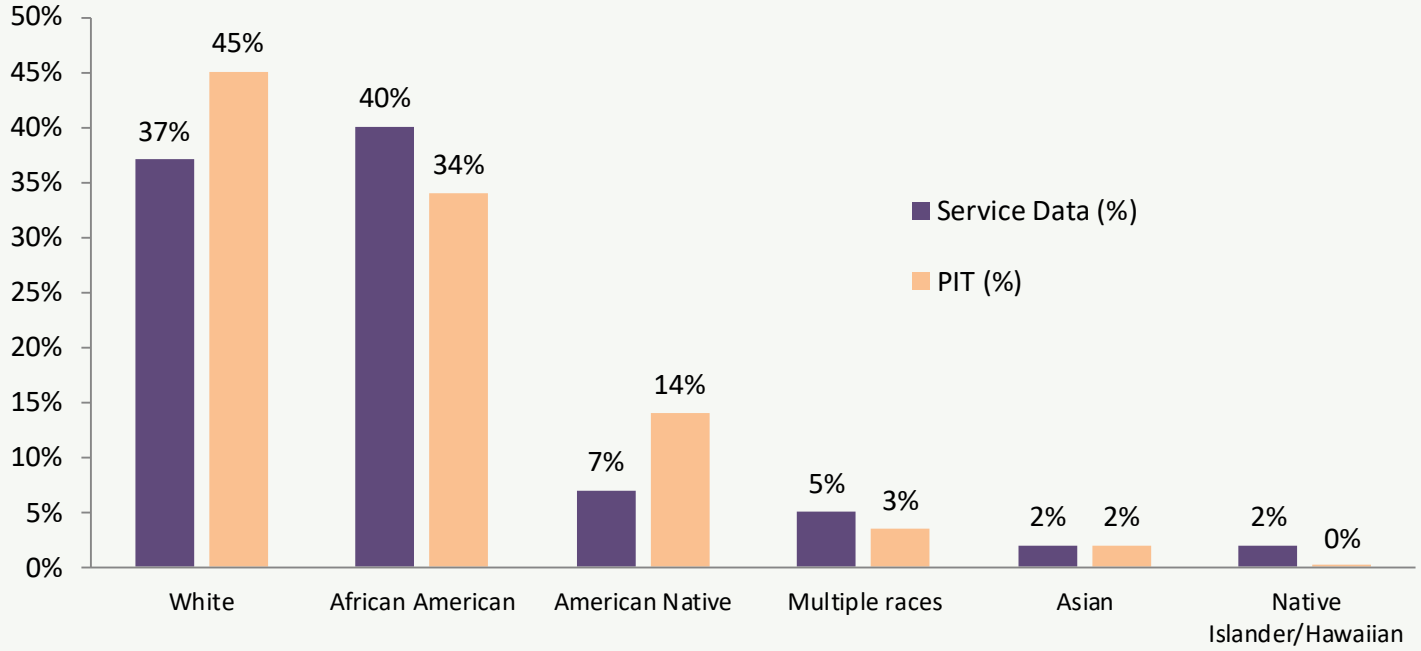
- Among Hispanic/Latinx, 41% were White, 33% American Indian, and 9% African American.
- Among Non-Hispanic/Latinx, 50% were African American, followed by 39% White and 5% of multiple races.

Figure 3. Individual Consumer Race by Ethnicity, Hispanic/Latinx compared to Non-Hispanic/Latinx[2]



Service Data vs. Point In Time (PIT) Count

Figure 4. Racial Distributions in 2018 Service Data[2] Compared to *2019 PIT Data*[3]



Note: Racial distributions in Figure 4 include both Hispanic/Latinx and non-Hispanic/Latinx ethnicities. Missing race service data is not included; numbers may not sum to 100.

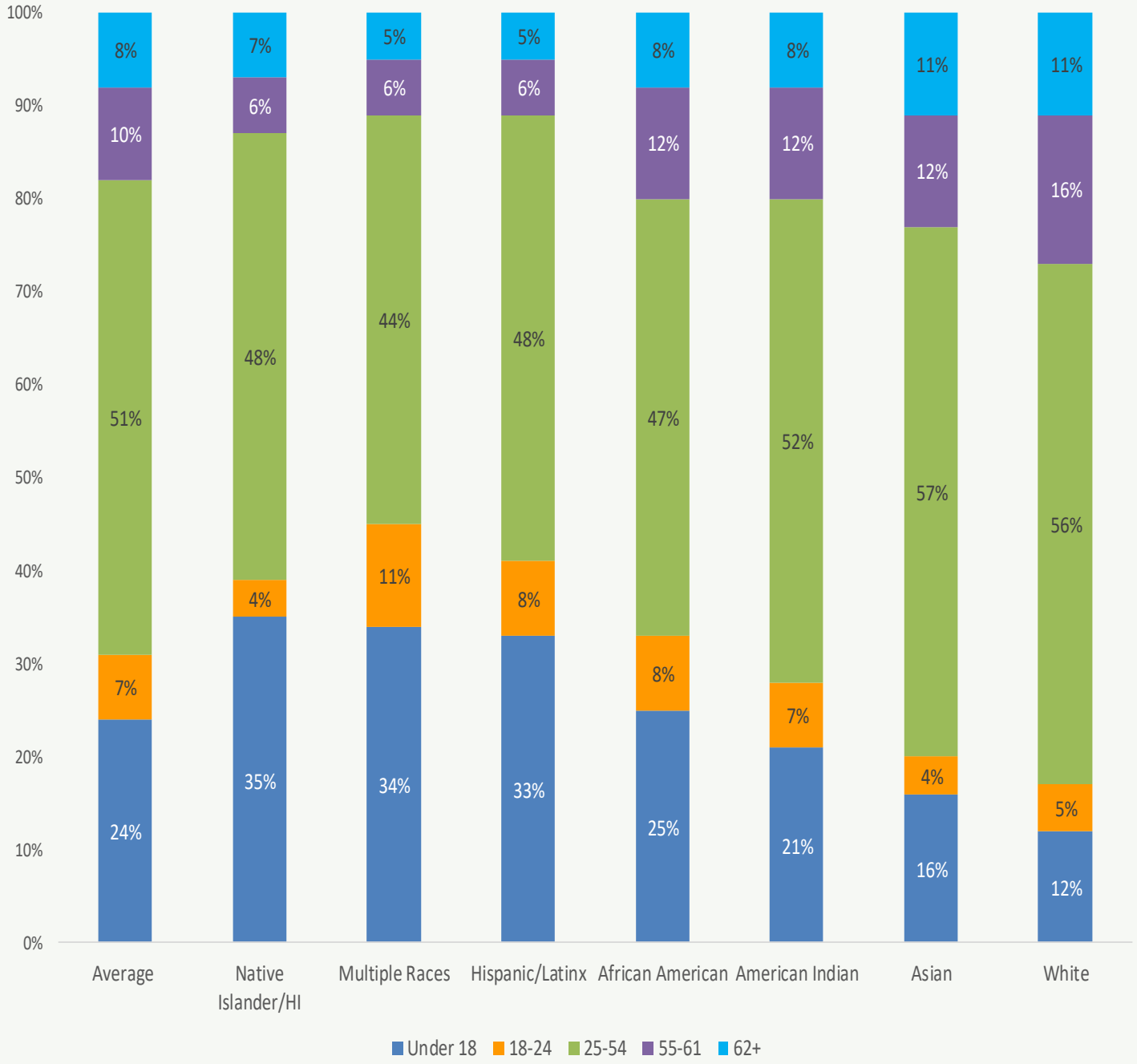
Few differences in race also exist between Service data and the Point in Time (PIT) count data (Figure 4). A lower percent of African Americans were identified in the PIT (34%) compared to Service data (40%). A higher percent of Whites (45%) and American Natives (14%) were identified in the PIT. There were no notable differences in ethnicity (data not shown).[3]

Race & Ethnicity by Select Age Groups

Figure 5 on the following page shows age groups broken down over five categories:

- **Under 18:** 1 out of 3 persons identifying as Native Islanders (35%), multiple races (34%), and Hispanic/Latinx (33%) were minors, far more than Asians (16%) and Whites (12%).
- **18 to 24 years (Transition Age Youth; TAY):** 11% of persons identifying as multiple races were TAY, although there were mostly an even distribution of races and ethnicities among TAY.
- **25-54 years**: Over half of Asians (57%), Whites (56%), and American Indians (52%) were adults.
- **55-61 years**: Whites had the highest proportion of older adults ages 55-61 (16%). Six percent of persons identifying as Multiple Races, Native Islanders, and Hispanic/Latinx were 55-61.
- **62+:** Whites (11%) had the greatest proportion of seniors 62+, while persons identifying as multiple races (5%) and Hispanic/Latinx (5%) had the lowest.

Figure 5. Individual Consumer Race and Ethnicity by Select Age Groups[2]



**Note: Figure 5 includes both race and ethnicity distributions; race distributions represent non-Hispanic/Latinx by race. Therefore, the categories are not mutually exclusive. For more information about race by ethnicity breakdown, see page 5.*

Select Sub-populations

Race and ethnicity were analyzed within sub populations to identify vulnerable characteristics.

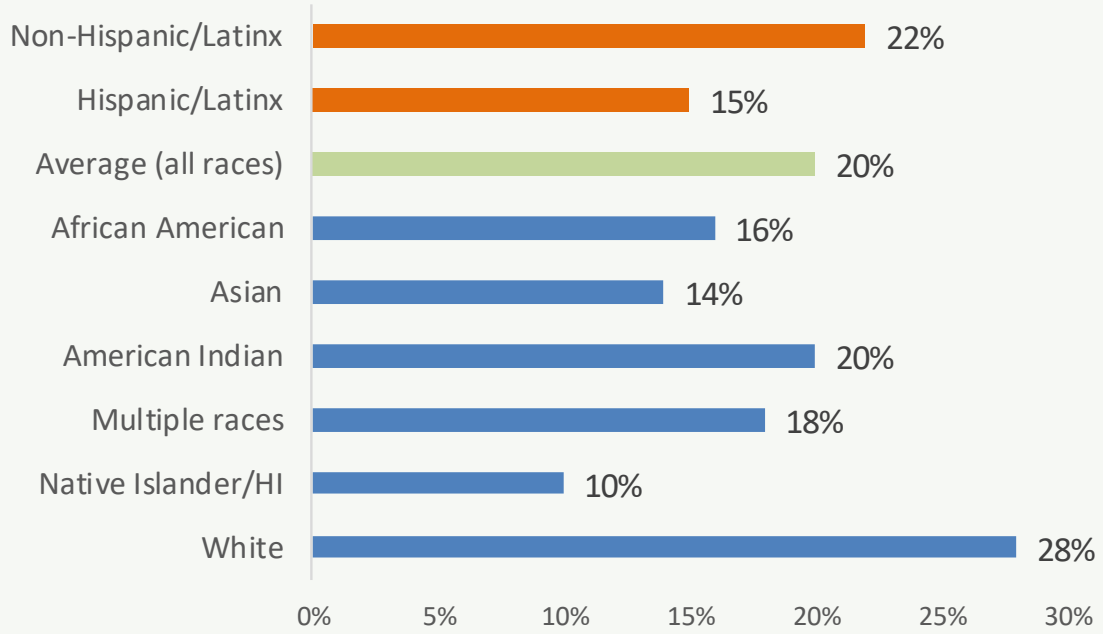
Chronic Homeless

The U.S. Department of Housing and Urban Development (HUD) defines a chronically homeless individual as someone who has experienced homelessness for at least a year—or who has experienced repeated episodes of homelessness in the last three years—and also has a disabling condition that prevents them from maintaining work or housing.[4] On average, in 2018 approximately 1 in 5 of all CoC consumers experienced chronic homelessness (Figure 6). A higher proportion of Whites experienced chronic homelessness (28%) and Native Islander/ Hawaiians (10%) experienced the lowest rates of chronic homelessness.

Native Islander/Hawaiians experienced the lowest rates of chronic homelessness.

More than 1 in 4 White CoC consumers experienced chronic homelessness.

Figure 6. Chronic Homelessness by Race & Ethnicity[2]

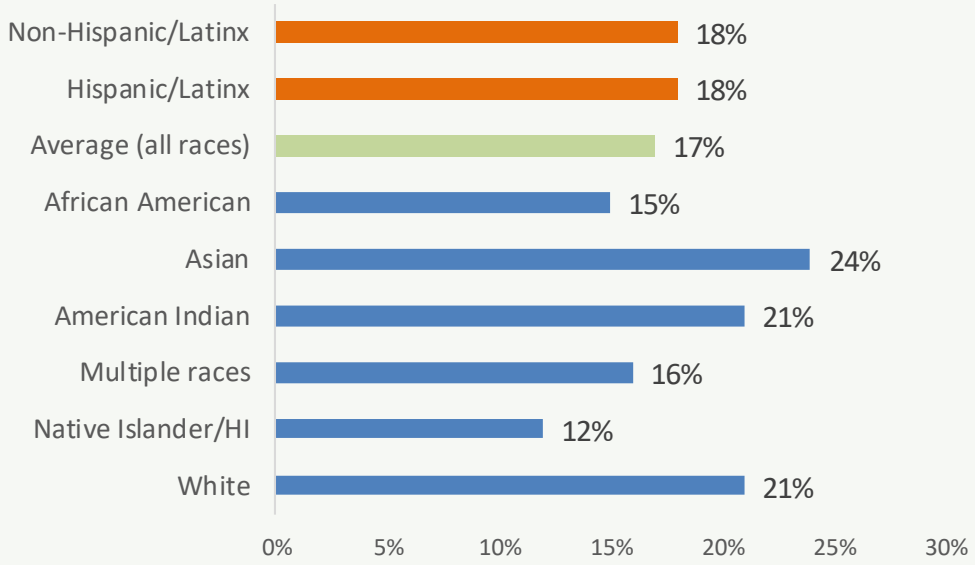


**Note: Figure 6 includes both race and ethnicity distributions and race distributions represent non-Hispanic/Latinx by race. Therefore, the categories are not mutually exclusive. For more information about race by ethnicity breakdown, see page 5.*

Domestic Violence

On average, 17% of CoC consumers have experienced domestic violence (DV) at some point in their lifetime (Figure 7). Nearly 1 in 4 (24%) Asians, and 1 in 5 American Indians (21%), and Whites (21%) reported experiencing DV.

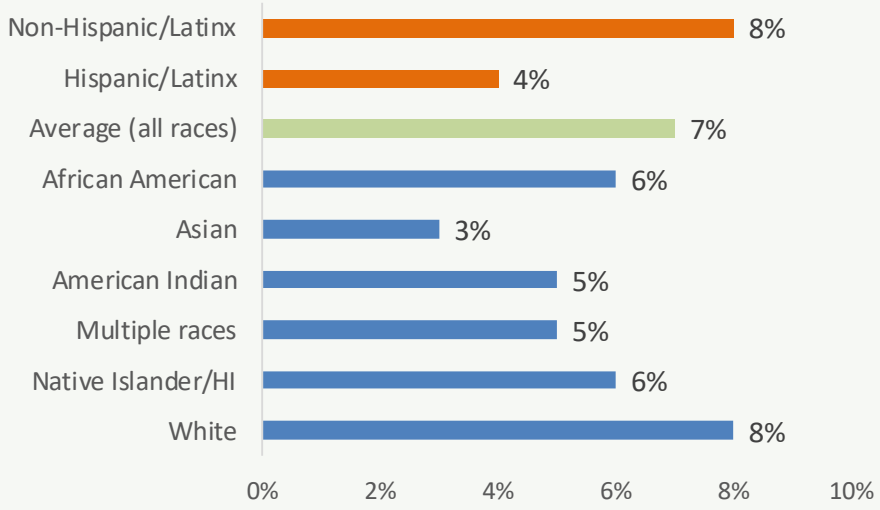
Figure 7. Domestic Violence by Race & Ethnicity



Veterans

In 2018, veterans made up approximately 7% of all CoC consumers (Figure 8). Asian consumers had the lowest percent of Veterans by race (3%). Overall, the few differences in Veterans by various race and ethnicities were not notable.

Figure 8. Veterans by Race & Ethnicity

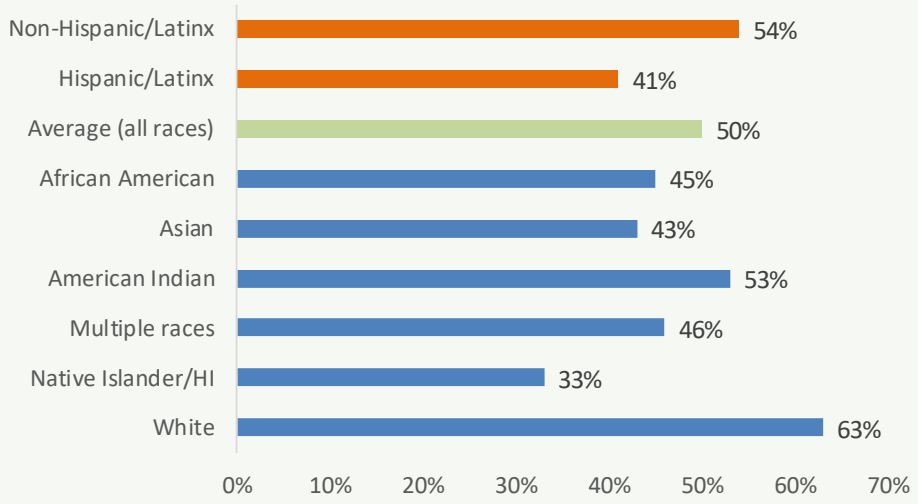


**Note: The above figures include both race and ethnicity distributions and race distributions represent non-Hispanic/Latinos by race. Therefore, the categories are not mutually exclusive. For more information about race by ethnicity breakdown, see page 5.*

Disability Status

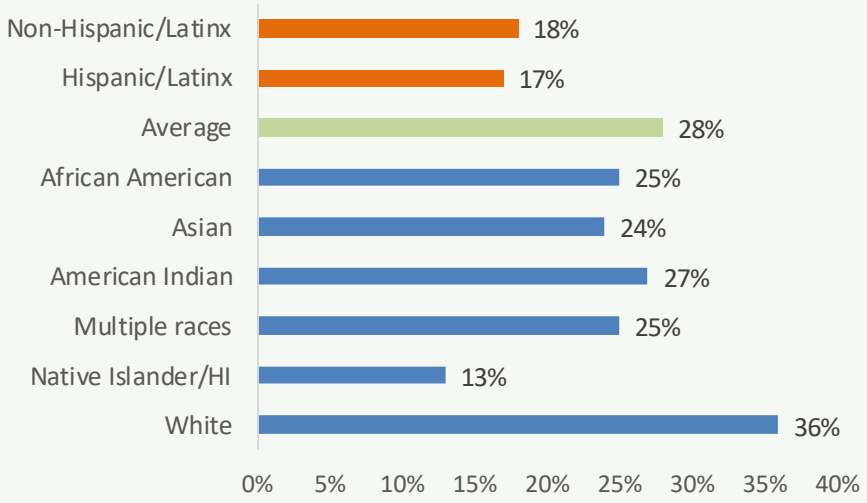
Half (50%) of all CoC consumers reported experiencing at least one disability (mental health, physical health, developmental, substance use, and/or chronic health) (Figure 9). White consumers had the highest rates of disability (63%) and Native Islander/Hawaiian had the lowest (33%).

Figure 9. CoC Consumers with any Self-Reported Disability by Race & Ethnicity[2]



Mental health disabilities in particular are important to identify and understand, as they impact the types of services, referrals, and care CoC consumers need. More than 1 in 4 CoC consumers reported experiencing a mental health disability overall (Figure 10). Similar to the patterns seen for any disability, White consumers had the highest rates of a mental health disability (36%) and Native Islander/Hawaiian had the lowest (13%).

Figure 10. CoC Consumers with a Self-Reported Mental Health Disability by Race & Ethnicity[2]



**Note: The above figures include both race and ethnicity distributions and race distributions represent non-Hispanic/Latinx by race. Therefore, the categories are not mutually exclusive. For more information about race by ethnicity breakdown, see page 5.*

Program Utilization

There are a variety of programs to serve persons at risk of and currently experiencing homelessness, and for persons who previously experienced homelessness in permanent housing. The goal of CES is to move people from access points, and for those with higher needs, to housing services. Each type of service is described below:

Prevention/Rapid Resolution Programs are designed to help families and individuals stay in their homes and avoid entering homelessness by providing one-time financial assistance, legal aid, or landlord engagement.

CORE Street Outreach provides basic hygiene supplies, food, and water, and referrals for health, care coordination, housing, and benefits.

Emergency Shelters provide temporary shelter for people that have no safe and healthy sleeping arrangements.

CARE (and CARE-capable) Centers provide basic health and hygiene services, housing navigation, and financial and benefits programs.

Transitional Housing provides short-term housing for consumers to get them off the streets and into more stable living environments until permanent housing can be established.

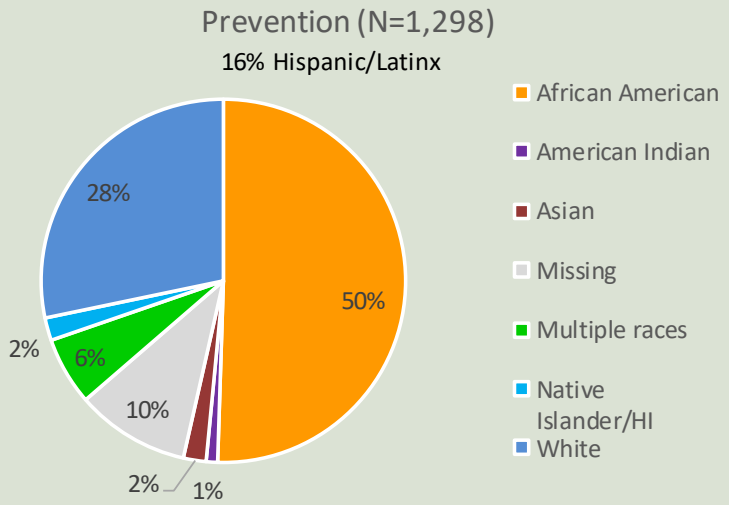
Rapid Rehousing/Permanent Housing programs provide short-term financial assistance and services to help those who are experiencing homelessness to get quickly re-housed and stabilized.

Permanent Supportive Housing links long-term, safe, affordable, community-based housing with flexible, voluntary support services to help the individual or family stay housed and healthy.

Figure 11. Prevention/Rapid Resolution Utilization by Race & Ethnicity[2]

Prevention/Rapid Resolution

Half of prevention/rapid resolution program consumers were African American (50%), followed by White (28%) consumers, and Multiple races (6%) (Figure 11).

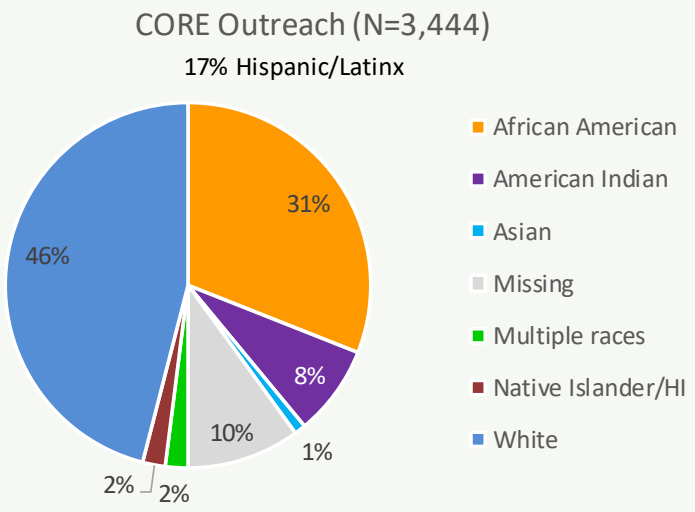


Note: Racial distributions above figure includes both Hispanic/Latinx and non-Hispanic/Latinx ethnicities. Missing race service data is not included; numbers may not sum to 100.

Outreach Services (CORE)

The majority of outreach services were utilized by Whites (46%), followed by African Americans (31%), and American Indians (8%) (Figure 12).

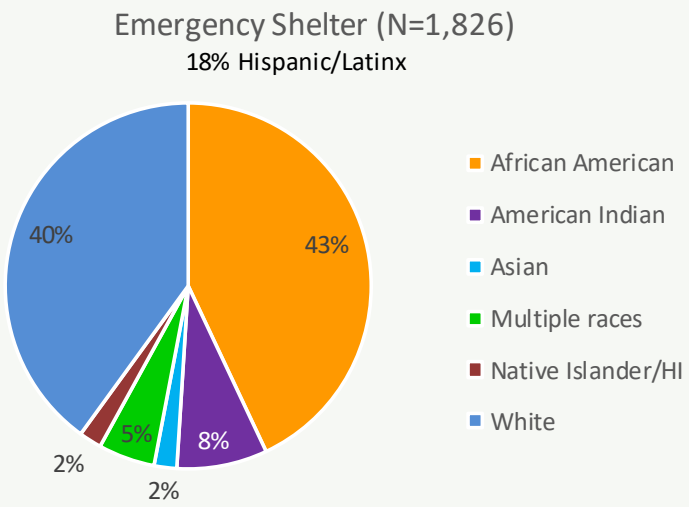
Figure 12. Outreach (CORE) Utilization by Race & Ethnicity[2]



Emergency Shelters

Forty-three percent of emergency shelter consumers were African American, followed by White (40%), and American Indians (8%) (Figure 13).

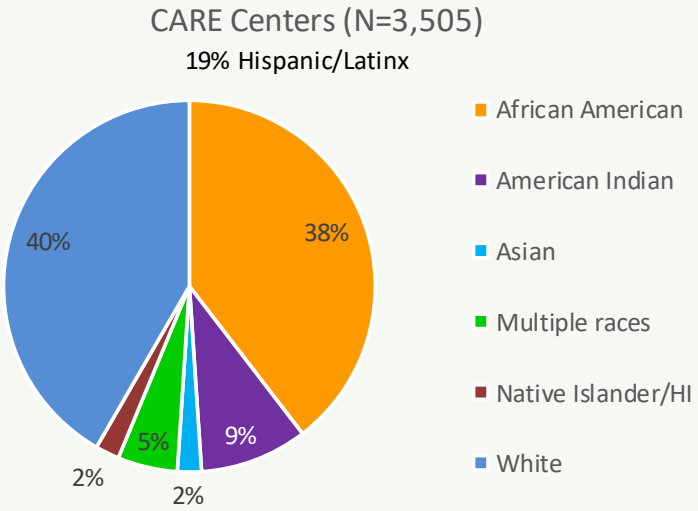
Figure 13. Emergency Shelter Utilization by Race & Ethnicity[2]



CARE Centers

CARE Center services are the most utilized service within the CoC. The majority of CARE Center utilization was among White (40%) and African American (38%) consumers, followed by American Indians (9%) (Figure 14).

Figure 14. CARE Center Utilization by Race & Ethnicity[2]

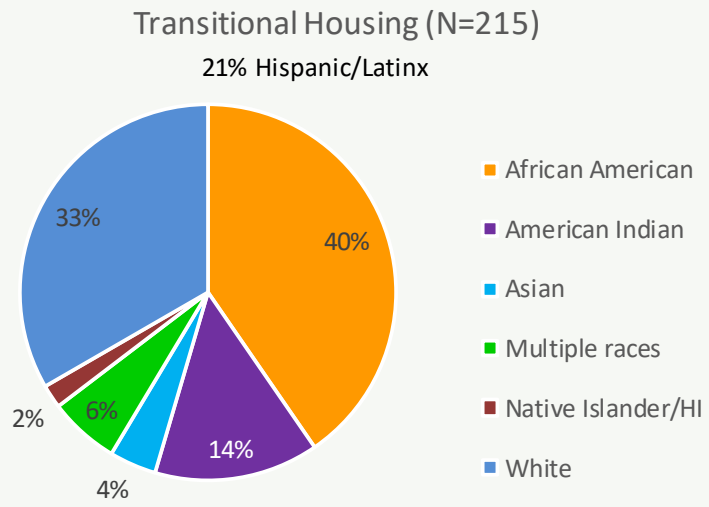


Note: Racial distributions above figures include both Hispanic/ Latinx and non-Hispanic/Latinx ethnicities. Missing race service data is not included; numbers may not sum to 100.

Transitional Housing

Forty percent of transitional housing consumers are African American, followed by White (33%) and American Indian (14%) (Figure 15).

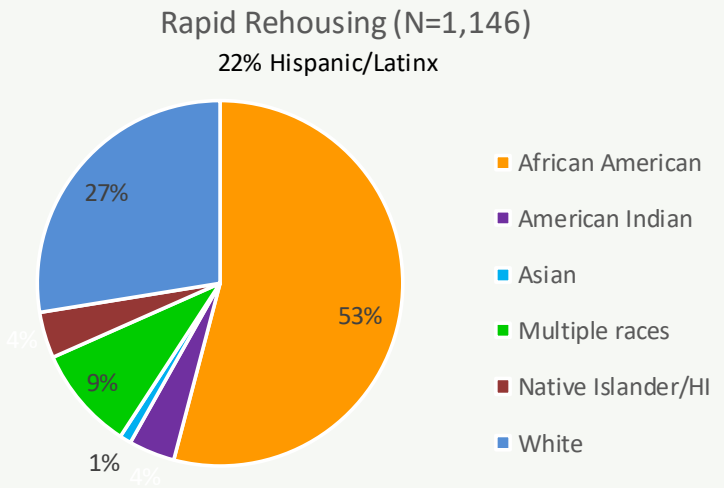
Figure 15. Transitional Housing Utilization by Race &



Rapid Rehousing/Permanent Housing

More than half of Rapid-Rehousing/Permanent Housing consumers were African American (53%), more than 1 in 4 consumers were White (27%), and nearly 1 in 10 consumers were of Multiple Races (9%) (Figure 16).

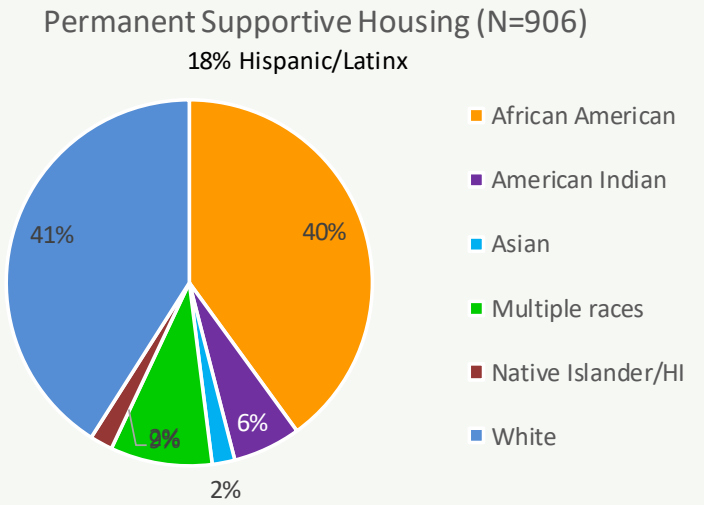
Figure 16. Rapid Rehousing Utilization by Race & Ethnicity[2]



Permanent Supportive Housing

White (41%) and African American (40%) consumers had approximately the same utilization of Permanent Supportive Housing services (Figure 17).

Figure 17. Permanent Supportive Housing Utilization by Race & Ethnicity[2]



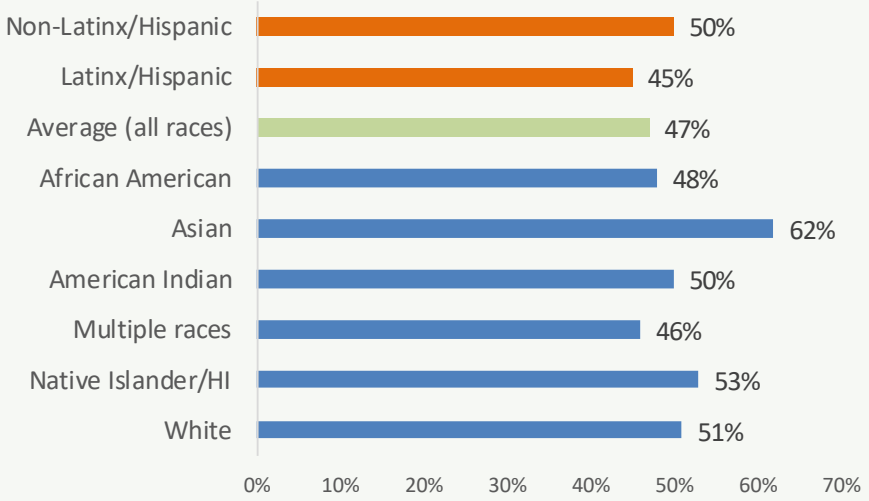
Note: Racial distributions above figures include both Hispanic/Latinx and non-Hispanic/Latinx ethnicities. Missing race service data is not included; numbers may not sum to 100.

In-Flow and Out-Flow

In 2018, nearly half (47%) of all consumers experienced homelessness for 12 months or less (Figure 18). Asian consumers experienced the highest rates of new homelessness (62%). Across races and ethnicities, there were minor differences in the rates of new homelessness.

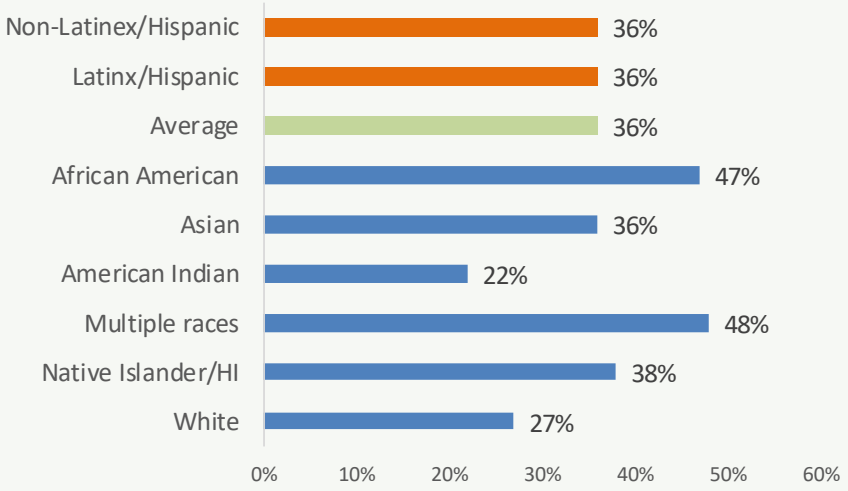
A little more than one-third (36%) of all consumers utilizing services in 2018 exited to housing (Figure 19). African Americans (47%) and multiple races (48%) had higher rates of exits to housing compared to all other races. American Indians (22%) and Whites (27%) had the lowest rates of housing on exit.

Figure 18. Twelve Months of Homelessness or Less by Race & Ethnicity[2]



Nearly half of all African Americans (47%) and persons of Multiple races (48%) who utilized services exited to housing in 2018.

Figure 19. Housed on Exit by Race & Ethnicity[2]



**Note: The above figures include both race and ethnicity distributions and race distributions represent non-Hispanic/Latinos by race. Therefore, the categories are not mutually exclusive. For more information about race by ethnicity breakdown, see page 5.*

Data Sources

1. QuickFacts, United States Census Bureau, Contra Costa County Population Estimates July 1, 2018, https://www.census.gov/quickfacts/contracostacountycalifornia . Retrieved on 9/18/2019.
2. Homeless Management Information System (HMIS) Service Data, Contra Costa County, 2018.
3. Point in Time (PIT) Count, Contra Costa County, January 2019.
4. The U.S. Department of Housing and Urban Development (HUD). Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH): Defining "Chronically Homeless" Final Rule. https://www.hudexchange.info/resource/4847/hearth-defining-chronically-homeless-final-rule/. Retrieved on 9/18/2019.

Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE **11.**

Meeting Date: 11/13/2019

Subject: SNAP/CalFresh (Food Stamp) Program Follow-up Report

Submitted For: Kathy Gallagher, Employment & Human Services Director

Department: Employment & Human Services

Referral No.: FHS #103

Referral Name: SNAP/CalFresh (Food Stamp) Program

Presenter: Kathy Gallagher **Contact:** Rebecca Darnell, Director, Workforce Svcs Bureau

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Referral History:

The SNAP Program was originally referred to the Family and Human Services Committee by the Board or Supervisors on February 15, 2011. This program was formerly known as Food Stamps and is currently known as the Federal Supplemental Nutrition Assistance Program (SNAP). In California, the name of the program is CalFresh.

EHSD has presented periodic status reports to the FHS related to concerns about extended wait times for benefits and the anticipated impact of the expansion of CalFresh benefits to SSI (Supplemental Security Income/Supplementary Payments) recipients effective June 1, 2019. FHS received status reports on September 24 and December 3, 2018; and on April 22, June 10, July 29, and September 23, 2019. EHSD also presented a status report directly to the Board of Supervisors on July 9, 2019.

In September 2019, Kathy Gallagher and Rebecca Darnell updated the FHS Committee. Kathy reported that CalFresh applications were beginning to level off at about 2,700 per month as compared to 2,200 per month prior to the SSI expansion.

Kathy also advised that effective September 1, the current waiver for Contra Costa County from the Able Bodied Adults Without Dependents (ABAWD) 90-day limit for CalFresh benefits was terminated. The termination of this waiver is somewhat mitigated by individual exemptions that are allotted to each state based on annual caseload. The County has adopted the State's criteria for granting the exemptions and has elected to approve exemptions for all individuals who have exhausted their 90-days of benefits. The exemptions will maintain benefits for these individuals until April 2020 or until such time that employment is found for them.

Rebecca reported that the Food Bank and other community organizations such as Opportunity Junction have partnered with EHSD to assist clients in navigating the application process to receive new or expanded benefits or ABAWD exemptions.

Caitlyn Sly alleged that EHSD was unwisely discouraging clients from using the "Get CalFresh.org" website to apply for benefits.

Mariana Moore commented that EHSD should not celebrate the leveling off of new CalFresh applications. She stated that the significant unmet need warrants further outreach. She requested data from EHSD on the number of recipients who qualified for only a $15 benefit vs. those who qualified for more once the Medi-Cal exemption was verified. She felt that telegraphing a low expectation for additional benefits had discouraged participation.

Colleen Kauth complained that EHSD had not responded to her letter sent in June/July, to which Kathy Gallagher responded that she was in consultation with County Counsel. Ms. Kauth stated that while 90% compliance is the threshold to avoid DHS fines, 100% compliance is required by law.

Vice Chair Gioia wrapped up the discussion by asking EHSD to provide better estimates of potential benefits to people to encourage greater participation.

The Committee accepted the report and Vice Chair Gioia asked that the Bay Area Legal Aid's concerns be referred for discussion by the Board in its next closed session. He also directed EHSD to report back to the Committee in November with a written outreach plan involving community partners and with a current staffing model and proposed staffing model should there be new federal funding allocations.

Referral Update:

Please see attached report from EHS Director Kathy Gallagher providing an update on the department's implementation of the CalFresh benefits expansion, the department's CalFresh Outreach Plan, and staffing needs.

Recommendation(s)/Next Step(s):

ACCEPT status report from the Employment and Human Services Department on the department's implementation of the CalFresh benefits expansion, and its CalFresh Outreach Plan and staffing needs.

Attachments

CalFresh Status Update, Outreach Plan, and Staffing Needs

CalFresh Outreach Plan

November 13, 2019

Report to Family and Human Services Committee *(Revised)*

Kathy Gallagher
Employment and Human Services Director

Family and Human Services Committee Report
CalFresh Outreach Plan

CONTRA COSTA COUNTY
EMPLOYMENT & HUMAN SERVICES

OVERVIEW

The CalFresh program, federally known as the Supplemental Nutrition Assistance Program (SNAP), is for people with low income who meet federal eligibility rules and want to expand their budget to put healthy and nutritious food on the table. The program issues monthly electronic benefits that are used to buy most foods at many markets and grocery stores.

In Contra Costa County, the Employment and Human Services Department (EHSD) administers the CalFresh program, serving about 33,000 households and 62,000 individuals monthly. In addition, CalFresh puts almost $8 million into the local economy each month. As indicated by the U.S. Department of Agriculture, research shows that every $1 provided in CalFresh benefits generates $1.79 in economic activity. This economic stimulus – totaling about $14.3 million a month in Contra Costa County last year – is almost exclusively Federal and State funded and provides an important boost to our local economy.

EHSD is committed to expanding and supporting participation in CalFresh for all who are eligible. In this report, we identify a number of steps we are advancing in order to bolster enrollment of CalFresh-eligible members in our community.

- Finalize Enrollment of Newly Eligible SSI/IHSS Population (CalFresh Expansion)
- Escalate Efforts to Maximize Dual Enrollment (Medi-Cal/CalFresh)
- Deepen Community Partnerships to Extend Reach and Increase Application Assistance
- Leverage Upcoming Opportunities from New Legislation

THE CALFRESH LANDSCAPE IN CALIFORNIA

For as beneficial as supplemental nutrition assistance is known to be, California has a low overall participation rate as a state (ranking 5th lowest in the country). In addition, participation is disproportionately spread among the regions and counties of the state, as measured by the California Department of Social Services (CDSS) Participation Rate Index (PRI).

Contra Costa County is situated in one of the lower PRI areas of the state, which include the Bay Area and Los Angeles. Based on CDSS data, seven of the nine Bay Area counties have participation rates lower than the state average. On the other hand, counties in the San Joaquin Valley and Inland Empire regions have disproportionately higher participation rates.

Although CDSS does not feature a map of PRI by county on their Web site, they have produced a map of Dual Enrollment (Medi-Cal recipients enrolled CalFresh) by county (attached). This shows a similar pattern to the PRI distribution; that is: relatively lower dual enrollment in the Bay Area and Los Angeles, relatively higher in the San Joaquin and Inland Empire regions.

There does not appear to be an accepted consensus on the factors causing these disparities. CDSS has been encouraged to review the accuracy of its Participation Rate Index (PRI), and we understand they are in the process of doing so now. If there are, indeed, elements of the formula that are not accurate or not equally relevant across the state, we hope they will be adjusted.

CONTRA COSTA COUNTY

We will welcome potential adjustments to the participation rate formula that may help us better understand how we are serving our community and, especially, how we can zero in on specific gaps.

However, we already know:

- The CalFresh participation rate in Contra Costa County is below where we want it to be.
- "Dual Enrollment" in Medi-Cal and CalFresh warrants improvement.
- There are tools that we can use – some tried and true and some newly available – to continue to reach and enroll more CalFresh-eligible members of our community.

Contra Costa County EHSD has engaged in efforts to increase CalFresh participation rates on an ongoing basis, mostly notably in collaboration with the CalFresh Partnership during the past several years. In addition, the Food Bank of Contra Costa & Solano used grant funding to support a number of mailings in 2018 to Medi-Cal clients without CalFresh. We have also tested sending letters and texts to existing CalFresh recipients, reminding them of their renewal dates to reduce disenrollment or "churn."

From the various CalFresh initiatives and pilots, we have learned:

- Mailings to Medi-Cal clients who were not enrolled in CalFresh resulted in positive response rates that averaged about 7%.
- There was a 6.2% improvement in CalFresh application success rates when a printed information sheet (packet wrapper) was wrapped around the set of papers given to an applicant when they walked into an EHSD service center to apply.
- Letters sent to CalFresh recipients as reminders to complete their renewals resulted in a 3.8% improvement in approval rates over the group that did not receive the letters. It is believed that the plain-language letters helped people better understand what was required of them for renewing their benefits, thereby reducing churn.

These experiences are consistent with findings reported by the SF-Marin Food Bank and the Alliance to Transform CalFresh, which have documented CalFresh enrollment strategies and results from several California counties, along with selected national research findings.

RESEARCH FINDINGS: INFORMATION, FOLLOW-UP AND ASSISTANCE

The Alliance to Transform CalFresh (ATC) is composed of leading non-profit organizations that have come together to advance the goal of moving California from a 66% participation rate in CalFresh to an 80% participation rate, with no county below 70% by the end of 2019. Founding members include the California Association of Food Banks, California Family Resource Association, California Food Policy Advocates

(CFPA), Los Angeles Regional Food Bank, SF-Marin Food Bank, Western Center on Law and Poverty, and the Catholic Charities of California.[1]

In June 2017, the SF-Marin Food Bank, in partnership with the Alliance to Transform CalFresh and CFPA, prepared a paper entitled *Increasing CalFresh Participation through Medi-Cal In-Reach: Data & Practical Strategies*. A follow-up report was published by the Alliance to Transform CalFresh in February 2019, *Enrolling Medi-Cal Participants in CalFresh: What Works? Lessons from County-Level Experimentation in California and National Research*. A number of initiatives described in the papers have been tested in Contra Costa County, and there are additional ideas to try.

In the February 2019 ATC report, mailings, information and reminders continued to be noted as effective elements of the outreach mix. However, additional emphasis was placed on providing personal assistance to CalFresh applicants as a way to increase the enrollment rate. This was especially true for seniors, who are under-represented in SNAP nationally and in Contra Costa (CalFresh) as well.

The Transform CalFresh paper describes an experiment conducted in Pennsylvania in which 30,000 seniors enrolled in Medicaid were randomly assigned to one of three equally sized groups. One group received no intervention; one received information only (a letter and follow up postcard); and the third group received the outreach materials with a phone number to call to apply for SNAP. If they called the number, they received application assistance by phone.

Case Study: Outreach to Medicaid Seniors in Pennsylvania

SNAP Enrollment Rates

- ***No Intervention*** ***6%***
- ***Letter and Postcard Mailings*** ***11%***
- ***Letter, Postcard and Application Assistance*** ***18%***

From "Enrolling Medi-Cal Participants in CalFresh: What Works?" Also see Footnote 2.

The control group (with no intervention) enrolled in SNAP at a 6% rate. Approximately 30% of those who received either type of outreach material called the number provided, but application and enrollment rates were twice as high when assistance was provided. For those who received information only in the mail, the enrollment rate was 11%; the "information plus assistance" group enrolled at a rate of 18%.[2]

In this case, the research which shows that households who received information about SNAP along with application assistance enrolled at a rate three times higher than those who received neither information nor assistance.[3]

[1] Alliance to Transform CalFresh Web Site

[2] *Finkelstein, A and Notowidigdo, M. Take-up and Targeting: Experimental Evidence from SNAP, May 2018. https://bdtrust.org/wp-content/uploads/2018/07/FN_maintext_May_18_2018-3.pdf*

[3] Alliance to Transform CalFresh, *Enrolling Medi-Cal Participants in CalFresh: What Works?* February 2019

OUTREACH PLAN

Based on research and our own experience, we aim to increase and retain CalFresh participation by focusing on the following initiatives in the year ahead.

1. Finalize Enrollment of the Newly Eligible CalFresh Expansion Population

Our most immediate opportunity to increase CalFresh participation is to continue to enroll the SSI population that became eligible under CalFresh Expansion in June 2019. To date, we have enrolled about 5,000 of these individuals.

Approximately 4,700 In Home Supportive Services (IHSS) recipients are potentially eligible but not receiving CalFresh benefits. Once EHSD's new SSI Division (Aging & Adult Services Bureau) is fully staffed in November 2019, mailers will be sent to IHSS recipients, providing information on how to apply for CalFresh. For those who do not respond to the flyers, Social Workers will provide information about how to apply for CalFresh at their reassessment appointments. We expect that about 80% of these will successfully apply and become enrolled, or about 3,760 more individuals.

2. Escalate Efforts to Maximize Dual Enrollment (Medi-Cal/CalFresh)

The top priority in our general outreach effort is to foster Dual Enrollment of individuals who are eligible for both Medi-Cal and CalFresh. This is sometimes called "in-reach," as the concept is to cultivate CalFresh enrollment by eligible individuals and families who are already in the county system as Medi-Cal recipients (or applicants) but are not participating in CalFresh.

Priority Target: Dual Enrollment

Currently in Contra Costa County, there are approximately 61,000 individuals (about 43,000 households) enrolled in Medi-Cal through the ACA Expansion who are not also enrolled in CalFresh. While not all of these people will be eligible for CalFresh, they represent a large target group with whom we have existing relationships and many natural touch points.

Currently in Contra Costa County, there are approximately 61,000 individuals (about 43,000 households) enrolled in Medi-Cal through the ACA Expansion who are not also enrolled in CalFresh. While not all of these people will be eligible for CalFresh, they represent a large target group with whom we have existing relationships and many natural touch points.

We have identified a number of possibilities for CalFresh outreach to Medi-Cal applicants and Medi-Cal recipients. These include:

- Outreach and follow up to ACA Expansion Medi-Cal population not enrolled in CalFresh: mail, phone, e-mail, text and social media
- Identify under-represented demographic sub-groups to target, and develop new messages and materials tailored to them.

- Use texting and other social media for lead generation and recertification reminders.
- Provide EHSD staff with training and scripts to "cross-sell" CalFresh to the Medi-Cal population, including how to handle objections or concerns.
- Enhance and expand staff training to create a more effective eligibility process, including one-touch case management.

In addition to cultivating new enrollment, we will also focus on maintaining the participants we have, by reducing churn. To this end, for the past couple of years, we have been sending reminder texts for intake appointments, annual renewal/recertifications (RRRs) and semi-annual reports (SAR-7s). However, individuals must opt-in to receive emails and texts from us, and currently well under half of our Medi-Cal and CalFresh enrollees have provided the permission we need. In an effort to expand our electronic reach, EHSD executed a major mailing this month (November 2019) to Medi-Cal and CalFresh recipients, encouraging them to opt-in for text and e-mail notices.

In another recent effort to apply technology toward making the CalFresh application process easier for customers, InContact software has been uploaded for all EHSD intake staff so they can complete the entire CalFresh application over the phone.

Connect CalFresh to Medi-Cal at Every Touch Point

"Medi-Cal applicants should encounter frequent messages that applying for CalFresh is a good idea – online, in person at the county office, by mail or by phone." (Alliance to Transform CalFresh)

Ideas for Contra Costa County:

- ***Posters, flyers and videos in EHSD lobbies***
- ***EHSD staff and partner staffs (Health Services, Community Clinics CBOs and IHSS Public Authority) will be trained to ask if Medi-Cal customers would like to apply for CalFresh.***
- ***More assisters in EHSD district offices and CBO locations***
- ***EHSD staff will follow up with Medi-Cal applicants to encourage applications to CalFresh***
- ***Packet wrappers for new applicants and for renewals that explain process***
- ***Mailings, phone and text follow-up to Medi-Cal recipients and applicants***

Messaging will be tailored to specific audiences.

3. Deepen Community Partnerships to Extend Reach and Provide Assistance Services

Even with further involvement of EHSD staff in CalFresh enrollment and retention – and possibly additional EHSD staff – we will continue to rely on strong community partnerships to enhance our efforts in informing, following up and assisting applicants in enrolling in CalFresh. Activities may include:

- Train additional CBO staffs as Application Assisters, as we have with the Food Bank
- Strengthen coordination with the Health Services Department and Community Clinics
- Get the word out at Congregate Meal locations for seniors and provide CalFresh information for Meals on Wheels drivers to deliver
- Cultivate stronger relationships with business community organizations that serve populations we are targeting
- Participate in community-sponsored outreach and education events
- Coordinate with Workforce Development Board and America's Job Center to make sure Medi-Cal and CalFresh resources are featured, with flyers and links on on-site computers

4. Leverage New Legislation

Two new bills recently signed into law in California are aimed at reducing barriers and increasing access to CalFresh: AB 612 and AB 1377. They will require involvement by EHSD but should also provide support in the effort to increase CalFresh participation.

AB 612

Intended to help reduce food insecurity for students by removing legal barriers and logistical obstacles to California community colleges participating in the CalFresh Restaurant Meals Program and increasing student access to food aid.

New Legislation

Two new bills going into effect in 2020 are aimed at reducing barriers and increasing access to CalFresh.

- ***AB 612***
  Community Colleges
- ***AB 1377***
  Free and Reduced Lunch Students

AB 1377

Requires the State Department of Education, the State Department of Health Care Services, and the State Department of Social Services to work together with specified stakeholders to develop a proposed statewide process for using data collected for purposes of the CalFresh program, Medi-Cal, and free and reduced-price school meal programs, and the electronic benefits transfer system to increase enrollment in the CalFresh program.

ESTABLISH REALISTIC EXPECTATIONS AND GOALS

It is important to keep in mind that there are no overnight solutions to CalFresh enrollment growth. In the California county examples cited in the SF-Marin and Transform CalFresh papers, and from our own experience, *net* enrollments from mailings and other outreach efforts often range from 2% - 5%. As an example, *CalMatters* recently reported that Los Angeles County spent two years (2017-2019) in targeted outreach, with a goal of adding 70,000 new CalFresh enrollees during the period. They implemented a variety of recognized methods, with a result of 3,000 additional households at the end of their project.[4]

Establish Realistic Expectations

Under today's Program Reach Index measurement, Contra Costa would need to add more than 20,000 new CalFresh enrollees to reach 75% PRI.

It will take data-driven experimentation, application of learnings, and continuous improvement to identify the best methods to reach our goals.

[4] "Getting Food Stamps to Poor Californians is Surprisingly Difficult", CalMatters, September 3, 2019

As an order of magnitude, Contra Costa County would need to add more than 20,000 new CalFresh enrollees to reach a PRI of 75% as of today. Our goal will be to increase CalFresh participation and reduce churn as rapidly as possible by constantly evaluating the effectiveness of different methods we will implement and re-tooling accordingly. However, it will likely take a significant period of dedicated effort and continuous improvement to achieve our goal.

STAFFING AND FUNDING NEEDS

In order to implement the plan elements outlined above, we request consideration of additional staff to supplement our current capacity. To begin, we have identified the following position requests for the current fiscal year.

- Social Service Program Assistants (SSPAs)
  - 2 SSPAs for integrated program support through "4 Our Families"

    The SSPA helps identify how community members' needs may be met with a multi-program approach, and specializes in helping families enroll in appropriate programs. SSPAs can also support outreach by attending community-sponsored events, visiting Congregate Meal sites and coordinating EHSD efforts with community-trusted partners.

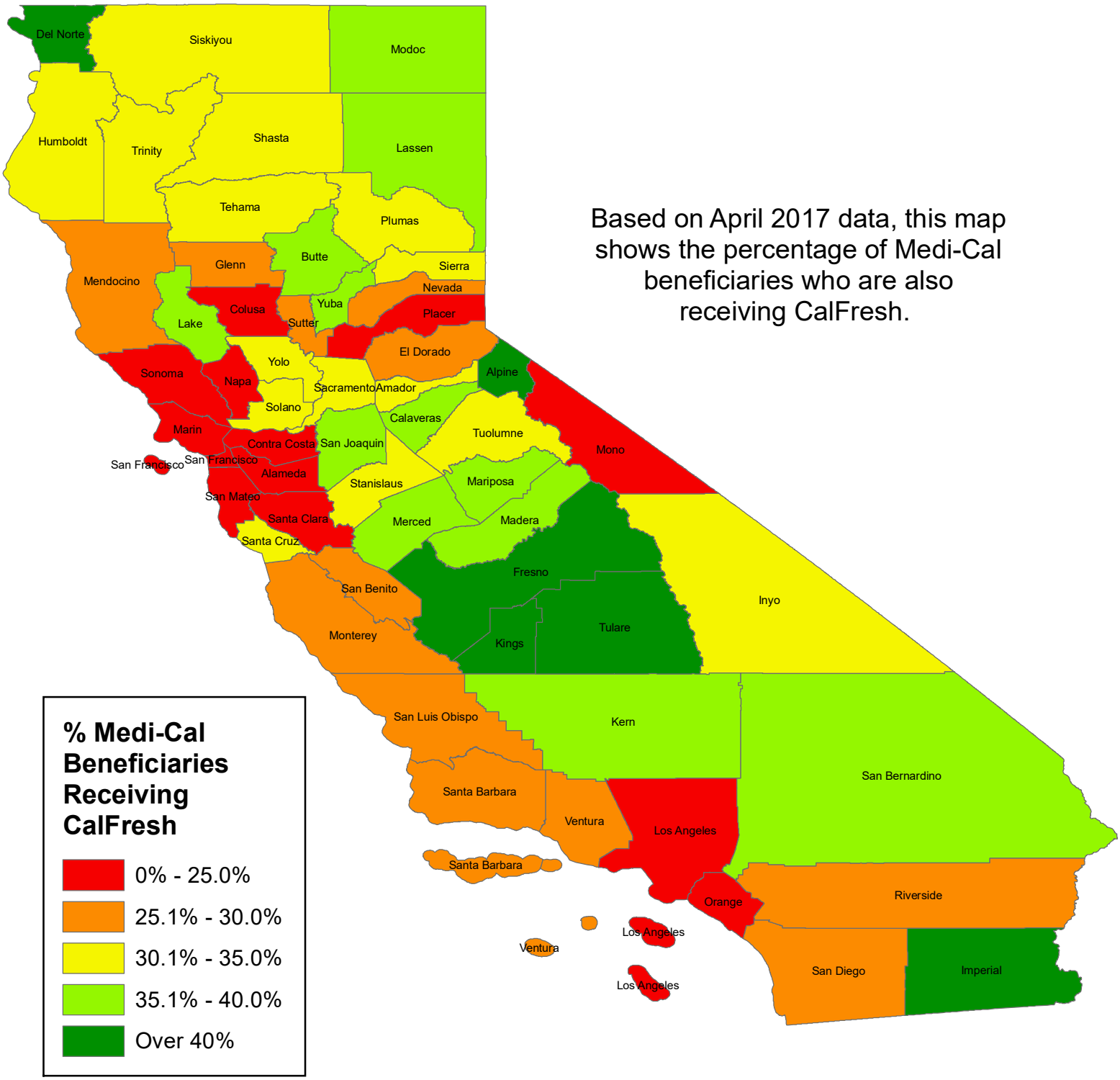
- CalFresh/Medi-Cal Data Analyst
  - 1 CalFresh/Medi-Cal data analyst

    The data analyst will support demographic mapping and targeting for outreach, track and perform ongoing evaluation of outreach efforts so that we can continuously improve for increased success. The analyst will also work with CDSS and other county representatives to assure accuracy of participation measurements and to engage in the rollout of activities related to implementation of new legislation.

    In addition, the data analyst will work on CalOAR, CalAIM and other initiatives that will involve more performance measures.

While the state provides some CalFresh outreach, there is no federal funding available. Outreach efforts by EHSD can go into our claim, but the county will need to assume a higher share as there will be no federal match. However, it is important to note that the return on investment to increasing CalFresh enrollment – in addition to serving the individuals and families – is the federal match that comes to EHSD and the economic activity resulting from benefit dollars spent in our community.

CalFresh and Medi-Cal Participation by County
Percentage of Medi-Cal Beneficiaries Receiving CalFresh



Based on April 2017 data, this map shows the percentage of Medi-Cal beneficiaries who are also receiving CalFresh.

Source: California Medi-Cal Eligibility System - Percent of Medi-Cal Recipients Receiving CalFresh Benefits with Selected Program Aid Codes

CDSS Research Services Branch