

CALENDAR FOR THE BOARD OF SUPERVISORS
CONTRA COSTA COUNTY
AND FOR SPECIAL DISTRICTS, AGENCIES, AND AUTHORITIES GOVERNED BY THE BOARD
**BOARD CHAMBERS ROOM 107, ADMINISTRATION BUILDING, 651 PINE STREET
MARTINEZ, CALIFORNIA 94553-1229**

CANDACE ANDERSEN, *CHAIR*, 2ND DISTRICT

DIANE BURGIS, *VICE CHAIR*, 3RD DISTRICT

JOHN GIOIA, 1ST DISTRICT

KAREN MITCHOFF, 4TH DISTRICT

FEDERAL D. GLOVER, 5TH DISTRICT

DAVID J. TWA, CLERK OF THE BOARD AND COUNTY ADMINISTRATOR, (925) 335-1900

To slow the spread of COVID-19, the Health Officer's Shelter Order of March 16, 2020, prevents public gatherings ([Health Officer Order](#)). In lieu of a public gathering, the Board of Supervisors meeting will be accessible via television and live-streaming to all members of the public as permitted by the Governor's Executive Order 29-20. Board meetings are televised live on Comcast Cable 27, ATT/U-Verse Channel 99, and WAVE Channel 32, and can be seen live online at www.contracosta.ca.gov.

PERSONS WHO WISH TO ADDRESS THE BOARD DURING PUBLIC COMMENT OR WITH RESPECT TO AN ITEM THAT IS ON THE AGENDA MAY SUBMIT PUBLIC COMMENTS TO publiccomment@cob.cccounty.us EITHER BEFORE OR DURING THE MEETING.

All comments submitted before the conclusion of the meeting will be included in the record of the meeting. When feasible, the Clerk of the Board also will read the comments into the record at the meeting, subject to a two minute time limit per comment.

The Board Chair may reduce or eliminate the amount of time allotted to read comments at the beginning of each item or public comment period depending on the number of comments and the business of the day. Your patience is appreciated.

A lunch break or closed session may be called at the discretion of the Board Chair.

Staff reports related to open session items on the agenda are also accessible on line at www.co.contra-costa.ca.us.

**SPECIAL MEETING
AGENDA
March 24, 2020**

9:30 A.M. Convene, call to order and opening ceremonies.

CONSIDER CONSENT ITEMS (Items listed as C.1 through C.2 on the following agenda) – Items are subject to removal from Consent Calendar by request of any Supervisor or on request for discussion by a member of the public. **Items removed from the Consent Calendar today will be continued to the next Board of Supervisors meeting.**

D.1 Public Comment (2 minutes)

D.2 UPDATE on COVID-19 and Guidelines for Board of Supervisors and Commission Meetings consistent with the new social distancing guidelines. *(Anna M. Roth, Director of Health Services)*

D.3 PRESENTATION on homeless issues in Contra Costa County. *(Lavonna Martin, Director of Health, Housing and Homeless Services)*

D.4 PRESENTATION on Psychiatric Emergency Services (PES) and Children/Youth. *(Suzanne Tavano and Jaspreet Benepal, Health Services)*

CONSENT ITEMS

C.1 RATIFY the order of the County Administrator closing all County libraries until further notice, effective March 16, 2020, in an effort to slow the spread of COVID-19 and preserve critical health care capacity across the region.

C.2 ADOPT Resolution No. 2020/110 to revise Section IV.40. of Management Benefits Resolution No. 2019/507, making certain health services classes eligible for On-Call Duty and Call Back Time, as recommended by the Director of Health Services.

ADJOURN

GENERAL INFORMATION

The Board meets in all its capacities pursuant to Ordinance Code Section 24-2.402, including as the Housing Authority and the Successor Agency to the Redevelopment Agency. Persons who wish to address the Board should complete the form provided for that purpose and furnish a copy of any written statement to the Clerk.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the Clerk of the Board to a majority of the members of the Board of Supervisors less than 96 hours prior to that meeting are available for public inspection at 651 Pine Street, First Floor, Room 106, Martinez, CA 94553, during normal business hours.

All matters listed under CONSENT ITEMS are considered by the Board to be routine and will be enacted by one motion. There will be no separate discussion of these items unless requested by a member of the Board or a member of the public prior to the time the Board votes on the motion to adopt.

Persons who wish to speak on matters set for PUBLIC HEARINGS will be heard when the Chair calls for comments from those persons who are in support thereof or in opposition thereto. After persons have spoken, the hearing is closed and the matter is subject to discussion and action by the Board. Comments on matters listed on the agenda or otherwise within the purview of the Board of Supervisors can be submitted to the office of the Clerk of the Board via mail: Board of Supervisors, 651 Pine Street Room 106, Martinez, CA 94553; by fax: 925-335-1913.

The County will provide reasonable accommodations for persons with disabilities planning to attend Board meetings who contact the Clerk of the Board at least 24 hours before the meeting, at (925) 335-1900; TDD (925) 335-1915. An assistive listening device is available from the Clerk, Room 106.

Copies of recordings of all or portions of a Board meeting may be purchased from the Clerk of the Board. Please telephone the Office of the Clerk of the Board, (925) 335-1900, to make the necessary arrangements.

Forms are available to anyone desiring to submit an inspirational thought nomination for inclusion on the Board Agenda. Forms may be obtained at the Office of the County Administrator or Office of the Clerk of the Board, 651 Pine Street, Martinez, California.

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www.co.contra-costa.ca.us

Glossary of Acronyms, Abbreviations, and other Terms (in alphabetical order):

Contra Costa County has a policy of making limited use of acronyms, abbreviations, and industry-specific language in its Board of Supervisors meetings and written materials. Following is a list of commonly used language that may appear in oral presentations and written materials associated with Board meetings:

AB Assembly Bill

ABAG Association of Bay Area Governments

ACA Assembly Constitutional Amendment

ADA Americans with Disabilities Act of 1990

AFSCME American Federation of State County and Municipal Employees

AICP American Institute of Certified Planners

AIDS Acquired Immunodeficiency Syndrome

ALUC Airport Land Use Commission

AOD Alcohol and Other Drugs

ARRA American Recovery & Reinvestment Act of 2009

BAAQMD Bay Area Air Quality Management District

BART Bay Area Rapid Transit District

BayRICS Bay Area Regional Interoperable Communications System

BCDC Bay Conservation & Development Commission
BGO Better Government Ordinance
BOS Board of Supervisors
CALTRANS California Department of Transportation
CalWIN California Works Information Network
CalWORKS California Work Opportunity and Responsibility to Kids
CAER Community Awareness Emergency Response
CAO County Administrative Officer or Office
CCE Community Choice Energy
CCCPCFD (ConFire) Contra Costa County Fire Protection District
CCHP Contra Costa Health Plan
CCTA Contra Costa Transportation Authority
CCRMC Contra Costa Regional Medical Center
CCWD Contra Costa Water District
CDBG Community Development Block Grant
CFDA Catalog of Federal Domestic Assistance
CEQA California Environmental Quality Act
CIO Chief Information Officer
COLA Cost of living adjustment
ConFire (CCCPCFD) Contra Costa County Fire Protection District
CPA Certified Public Accountant
CPI Consumer Price Index
CSA County Service Area
CSAC California State Association of Counties
CTC California Transportation Commission
dba doing business as
DSRIP Delivery System Reform Incentive Program
EBMUD East Bay Municipal Utility District
ECCPCFD East Contra Costa Fire Protection District
EIR Environmental Impact Report
EIS Environmental Impact Statement
EMCC Emergency Medical Care Committee
EMS Emergency Medical Services
EPSDT Early State Periodic Screening, Diagnosis and Treatment Program (Mental Health)
et al. et alii (and others)
FAA Federal Aviation Administration
FEMA Federal Emergency Management Agency
F&HS Family and Human Services Committee
First 5 First Five Children and Families Commission (Proposition 10)
FTE Full Time Equivalent
FY Fiscal Year
GHAD Geologic Hazard Abatement District
GIS Geographic Information System
HCD (State Dept of) Housing & Community Development
HHS (State Dept of) Health and Human Services
HIPAA Health Insurance Portability and Accountability Act
HIV Human Immunodeficiency Syndrome
HOME Federal block grant to State and local governments designed exclusively to create

affordable housing for low-income households
HOPWA Housing Opportunities for Persons with AIDS Program
HOV High Occupancy Vehicle
HR Human Resources
HUD United States Department of Housing and Urban Development
IHSS In-Home Supportive Services
Inc. Incorporated
IOC Internal Operations Committee
ISO Industrial Safety Ordinance
JPA Joint (exercise of) Powers Authority or Agreement
Lamorinda Lafayette-Moraga-Orinda Area
LAFCo Local Agency Formation Commission
LLC Limited Liability Company
LLP Limited Liability Partnership
Local 1 Public Employees Union Local 1
LVN Licensed Vocational Nurse
MAC Municipal Advisory Council
MBE Minority Business Enterprise
M.D. Medical Doctor
M.F.T. Marriage and Family Therapist
MIS Management Information System
MOE Maintenance of Effort
MOU Memorandum of Understanding
MTC Metropolitan Transportation Commission
NACo National Association of Counties
NEPA National Environmental Policy Act
OB-GYN Obstetrics and Gynecology
O.D. Doctor of Optometry
OES-EOC Office of Emergency Services-Emergency Operations Center
OPEB Other Post Employment Benefits
OSHA Occupational Safety and Health Administration
PACE Property Assessed Clean Energy
PARS Public Agencies Retirement Services
PEPRA Public Employees Pension Reform Act
Psy.D. Doctor of Psychology
RDA Redevelopment Agency
RFI Request For Information
RFP Request For Proposal
RFQ Request For Qualifications
RN Registered Nurse
SB Senate Bill
SBE Small Business Enterprise
SEIU Service Employees International Union
SUASI Super Urban Area Security Initiative
SWAT Southwest Area Transportation Committee
TRANSPAC Transportation Partnership & Cooperation (Central)
TRANSPLAN Transportation Planning Committee (East County)
TRE or **TTE** Trustee

TWIC Transportation, Water and Infrastructure Committee

UASI Urban Area Security Initiative

VA Department of Veterans Affairs

vs. versus (against)

WAN Wide Area Network

WBE Women Business Enterprise

WCCTAC West Contra Costa Transportation Advisory Committee



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: March 24, 2020

Subject: Update on COVID 19 and Guidelines for Board of Supervisors and Commission Meetings

RECOMMENDATION(S):

Update on COVID-19 and Guidelines for Board of Supervisors and Commission Meetings consistent with the new social distancing guidelines.

FISCAL IMPACT:

Administrative report with no specific fiscal impact.

BACKGROUND:

The Health Services Department has established a new website dedicated to COVID-19, including daily updates. The site is located at: <https://www.coronavirus.cchealth.org/>

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **03/24/2020** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: March 24, 2020

Contact: Anna M. Roth, Health
Director (925) 957-5403

, County Administrator and Clerk of the Board of Supervisors

By: , Deputy

cc: All County Departments (via CAO)



**Contra
Costa
County**

To: Board of Supervisors
From: David Twa, County Administrator
Date: March 24, 2020

Subject: Presentation on Homeless Issues

RECOMMENDATION(S):

Presentation on Contra Costa's homeless issues.

FISCAL IMPACT:

No fiscal impact.

BACKGROUND:

Contra Costa's homeless issues.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **03/24/2020** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: March 24, 2020

Contact: Lavonna Martin (925)
608-6700

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

By: , Deputy

cc: Anna Roth, Director of Health Services



**Contra
Costa
County**

To: Board of Supervisors
From: David Twa, County Administrator
Date: March 24, 2020

Subject: Presentation on Psychiatric Emergency Services (PES) and Children/Youth

RECOMMENDATION(S):

Presentation on Psychiatric Emergency Services (PES) and Children/Youth.

FISCAL IMPACT:

No fiscal impact.

BACKGROUND:

Presentation on Psychiatric Emergency Services (PES) and Children/Youth.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **03/24/2020** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

**VOTE OF
SUPERVISORS**

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: March 24, 2020

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

Contact: Jaspreet
Benapal

By: , Deputy

cc: Anna Roth, Director of Health Services

ATTACHMENTS

PES Remodel
Report

**CONTRA COSTA REGIONAL MEDICAL CENTER
PSYCHIATRIC EMERGENCY SERVICES (PES)
REMODEL PROJECT**

OBJECTIVE: The objectives of this project include 1) separation of children (ages 7 through 12 years) and adolescents (ages 13 through 17 years) from adult patients; 2) provision of a larger dedicated space more conducive to a therapeutic environment to better support youth and their families; 3) addition of a confidential triage space at the entrance to PES, and 4) expansion of treatment space for adults.

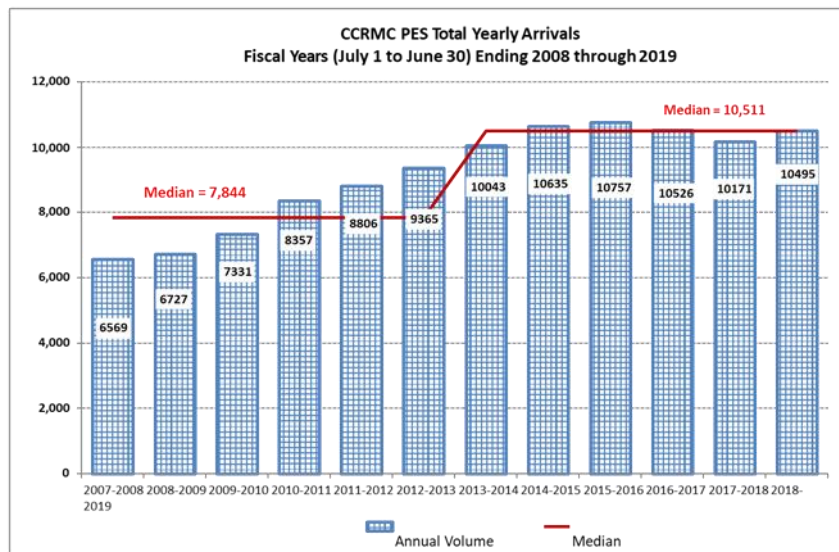
BACKGROUND:

Psychiatric Emergency Service (PES) is the only Crisis Stabilization Unit (CSU) in Contra Costa County. It is located at the Contra Costa Regional Medical Center (CCRMC) in Martinez, California. It is the only CSU in Contra Costa County certified by the State Department of Health Care Services to receive persons on involuntary treatment holds pursuant to Article 1, Section 5150 of the California Welfare and Institutions Code.

Treatment functions include assessment of mental health conditions, triage for appropriate level of care, stabilization of a crisis, and referral to appropriate outpatient services or, when indicated, psychiatric hospitalization. The basis for initiating and sustaining involuntary treatment include imminent danger to self, danger to others or grave disability due to a mental health condition. While the majority of clients come to PES on a 5150 hold, a significant number seek these services on a voluntary basis.

The Crisis stabilization unit, a covered Medi-Cal benefit, is open to the community and provides services regardless of insurance type or coverage. It is important to emphasize that crisis stabilization is intended to have a duration of no longer than 23 hours and 59 minutes. PES is not an inpatient unit and instead is a Specialty Mental Health outpatient program. It is noteworthy that some commercial insurance plans do not reimburse for crisis stabilization services, others partially reimburse, and Medi-Cal reimburses only up to 20 hours of the 24-hour maximum stay. It is a common misunderstanding in the community that services are to be provided for the full 72-hour duration of a 5150 WIC hold.

Utilization of PES increased significantly each year from FY 2008-2009 to FY 2014-15 then plateaued with annual visits of about 10,000+. Reasons contributing to the increases include the closure of inpatient psychiatric units in the greater Bay Area (which also has resulted in longer lengths of stay in PES while an inpatient bed is sought), county population growth, changes in social determinants of health such as poverty and homelessness, significant prevalence of methamphetamine use with induced psychosis, and, very significant absence of adequate outpatient resources for persons with commercial insurance.



Yearly Patients

Options:

Discussion

To address the assorted needs, several options were examined using input from clinicians, family community advocates, and current best practices.

Initial consideration was given to a) creating a separate stand-alone CSU for youth off campus, b) located within the George and Cynthia Miller Wellness Center (MWC), or c) in the inpatient unit within CCRMC. Off campus locations would require proximity to a medical facility, capacity to receive ambulances 24 hours/7 days a week, and community support for siting a high intensity treatment center and therefore ruled out.

Utilization of an inpatient unit would require significant and costly retrofitting in order to meet more recent building requirements and significant uncertainty about approval by DHCS to convert an inpatient unit to an outpatient clinic. Even for temporary use of this type, DHCS declined to consider approval prior to completion of physical plant modifications. But even if eventually approved for outpatient services, using an interior inpatient unit would require delivery of individuals in acute distress, often highly disorganized, dis-regulated, and agitated and restrained on a gurney through the corridors of the hospital. This would provide far less privacy to clients and potentially disrupt other patient care areas.

However, apart from the above considerations, utilization data did not support a free-standing CSU for youth. It became evident that utilization of PES by youth was very seasonal (particularly low census during summer months) and that throughout the year there were significant periods of time when no youth were present on the unit. Given the 24/7 hours of

operation required of PES, the costs of staffing and operating a unit that was not consistently used would be prohibitive.

Moving the entire PES, serving both youth and adults, to a new and separate location introduced the same barriers as when considering one just for youth: locating an acceptable property, establishing an intensive treatment program with 24/7 ambulance traffic, and being in close physical proximity of a health facility. Additionally, costs of a new building would be significant.

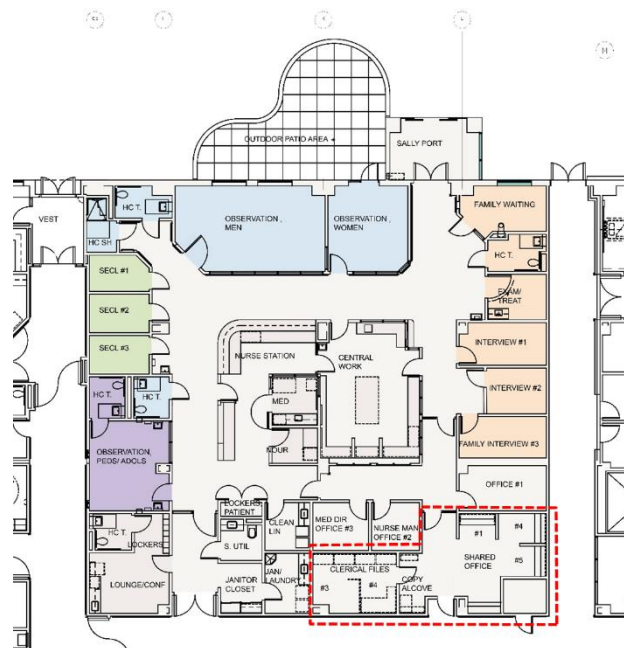
Redesign of the existing PES is considered more feasible than other of the options. Three conceptual models for redesign evolved over a several year period and recently were presented at different community forums. Each of these options would create a separate and distinct treatment center for youth, result a greater square footage of PES with expanded capacity for both youth and adults, and accomplish other stated objectives.

Whichever option might be selected will require some period of disruption in PES operations due to noise, worker traffic, presence of tools, etc. Alternatives would need to be considered to maintain a safe and secure area for clients while construction is in progress.

Below are conceptual, not to scale, floor plans showing the current state and the three options which were examined. Further details will be addressed when a selection is made and during the preparation and review of architectural drawings.

In each option presented, additional security may be needed within the PES during construction.

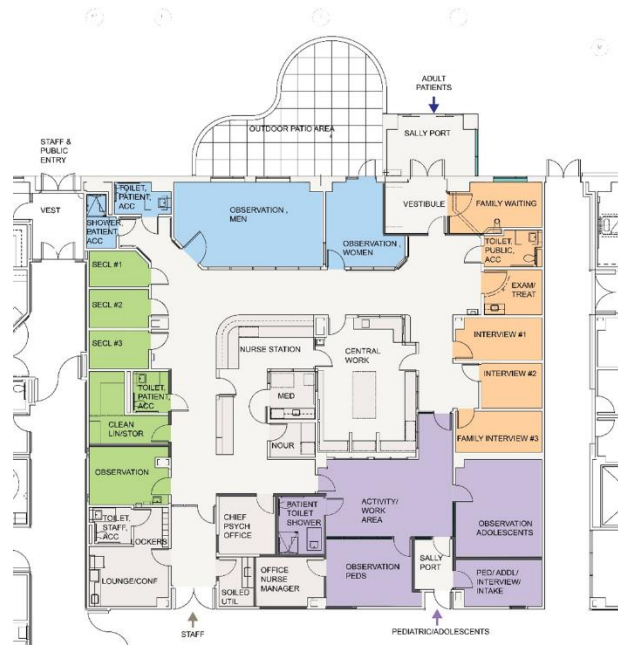
Current Floor Plan



Current Floor Plan

The PES is “land-locked” with limited expansion opportunities. On the right in this picture is the Intensive Care Unit (ICU) and Critical Care Unit (CCU). On the left is the Emergency Department; neither of which can be feasibly relocated. The only practical solution for expansion within this space is to relocate non direct-care administrative space, identified within the red dotted line, to another location,

Option 1



Option 1 moves the youth into the relocated administrative space, creating a dedicated unit, with locked doors, away from the adult patients. This option also creates a dedicated entry and uses the hallway between the PES and ICU/CCU with a dedicated exterior door. Option 1 also creates a vestibule inside the PES where the handoff can occur for a patient on a gurney from EMS to the CCRMC staff. Currently this handoff is done directly inside the PES, in potential earshot of other patients. Once the youth space is constructed, the current youth observation area will be renovated into an additional adult observation area.

Some operational problems exist with this option, as well as Options 2 and 3. While not ideal, these can be addressed by phasing construction.

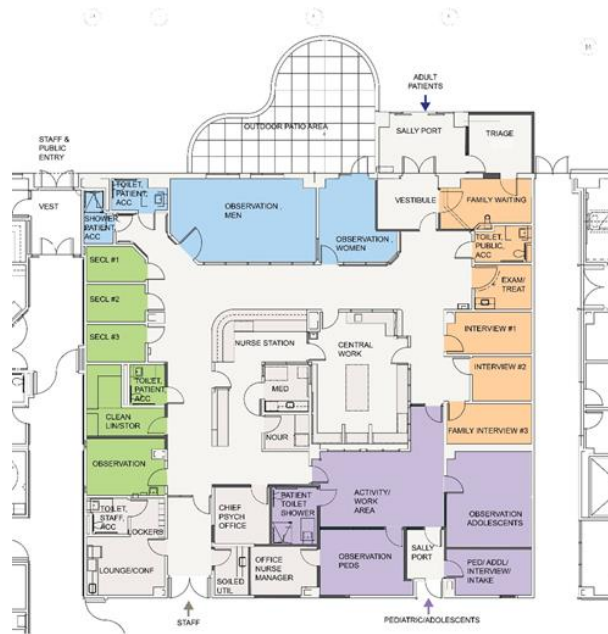
Phase I. Creating the vestibule will present an operational impact on patients entering through the sally port. If phasing construction and changing workflows are not feasible, we will need to close the unit for a period of time or go on diversion. Once the vestibule is completed normal entry can resume.

Phase II would build out the youth space and once complete the youth would be relocated with a dedicated, separate entrance.

Phase III would be the renovation of the current youth observation space into an additional adult observation area.

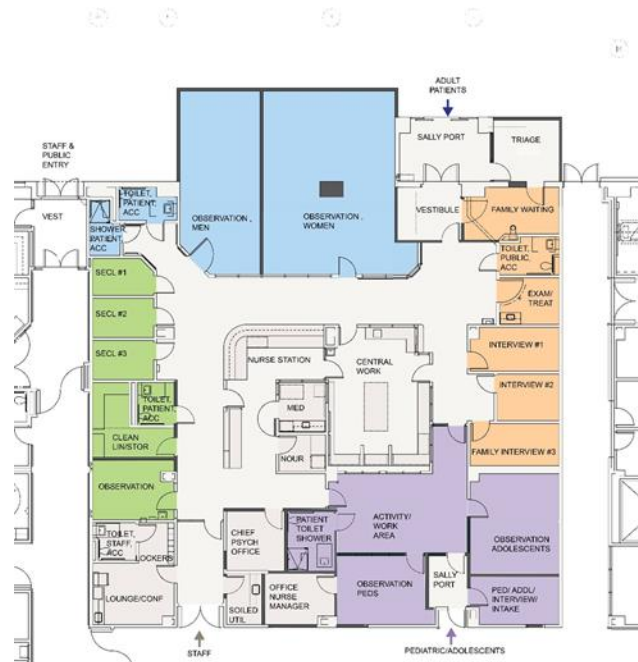
This is the cheapest option but does not address the need for additional pre-entrance triage space, nor for a meaningfully larger adult space.

Option 2



This option builds on Option 1 and creates a private triage space outside the PES. Today, patients presenting must stand in the covered vestibule outside the entrance to PES. Often, ambulatory patients are arriving there with other patients awaiting triage along with arriving ambulances and vehicle exhaust, thus creating a space that is not private, unwelcoming, and unhealthy. The triage area creates a private, confidential, space for ambulatory patients coming to the PES to be triaged and evaluated. If this option were selected, the triage area could be built while the vestibule is closed.

Option 3



This option presents the same operational issues outlined above in addition to enlarging the men and women observation space into the current, and little used, outdoor patio. If this option were selected the construction phasing addressed earlier would be the same.

To keep the PES operational, a wall would be constructed inside the observation area to allow for exterior construction. The entire dorm would not be usable for a short period when the expansion is attached to the existing building. During this time, current adult patients will need to be transferred to another facility and arriving adult patients will need to be diverted to other facilities. This will require BHS to ensure options are available in the community.

TIMELINE

Below is an estimated timeline for each option, which has been prepared by a professional construction estimating company in San Francisco. The exact timeline will be developed in coordination with the selected architect. The timeline may vary depending on the construction activity in the Bay Area. Incentives may be built into the construction contract for a sooner completion.

	Option 1	Option 2	Option 3
Design	3-4 months	4-5 months	4-5 months
OSHPD and Permitting	6-8 months	7-9 months	7-9 months
Construction	10-12 months	12-15 months	14-16 months
Total Months	19-24 months	23-29 months	25-30 months

PROJECT COST

Below are cost estimates developed in December 2019. Actual costs may be different depending on Bay Area costs of labor and materials.

	Current Sq Ft	Added Sq Ft	Total Sq Ft	Construction Cost	Project Mgt Cost ¹	Security Cost ²	Total Cost	\$/Sq Ft	
	5,370								
Option 1		2,101	7,471	\$2,296,783	\$1,148,392	\$282,560	\$3,727,735	\$1,774	
Option 2		2,265	7,635	\$3,092,272	\$1,546,136	\$282,560	\$4,920,968	\$2,173	
Option 3		3,499	8,869	\$5,366,607	\$2,683,304	\$282,560	\$8,332,471	\$2,381	
Notes:	1. All options use 50% of construction cost for project management cost								
	2. All options add Security (1 Deputy 10 hours/day, M-F, during 16 months of construction)								

FUNDING

The project will be financed with a ten to twenty-year bond issuance (review pending). Debt service will likely be a combination of grant and/or Mental Health Services Act (MHSA) funds (validation pending).

RECOMMENDATION:

The recommended solution is Option 2, with the provision there is additional inpatient availability for youth and/or adult patients within the County or neighboring counties.

In the absence of additional inpatient beds option 3 would be the recommendation to move forward with.

Whichever option is selected, there will be several significant challenges which will need to be addressed

- Patient volume must be closely managed. There is a high possibility of needing to close or minimize the number of adult and/or youth patients in PES during this time
- Due to noise and construction activities, which may negatively affect our patients, there is a distinct possibility that we may need to go on diversion, or to close completely for a period
 - Creating a vestibule will present an operational impact on patients entering through the sally port. If phasing construction and changing workflows are not feasible, we will need to close the unit for a period or go on diversion.
 - In Option 3, enlarging the observation rooms and constructing a temporary interior wall present significant challenges when the wall is taken down and the enlarged rooms are connected to the building. At that time current adult patients will need to be transferred and new adult patients will need to be diverted to other facilities. This will require BHS to ensure options are available in the community.
- The contractor must closely monitor tools and equipment within the PES
- CCRMC and Behavioral Health Division (BHS) will work closely together to ensure minimal disruption to services. BHS needs to ensure there is mutual regional cooperation agreement
- There will be a need for increased administrative, clinical, and security staff during this time
- Last minute changes may need to be made to operational processes, construction phasing, labor availability, construction cost, timelines, and security requirements, which will need to be immediately addressed
- Construction will present issues which are not planned for that will require immediate decisions regarding construction and operational issues
- Staff will need to be flexible and accommodate short notice changes
- There will be inconveniences to departments outside the PES



**Contra
Costa
County**

To: Board of Supervisors
From: David Twa, County Administrator
Date: March 24, 2020

Subject: RATIFY the Order of the County Administrator Closing All Branches of the County Library Until Further Notice

RECOMMENDATION(S):

RATIFY the order of the County Administrator closing all County libraries until further notice, effective March 16, 2020, in an effort to slow the spread of COVID-19 and preserve critical health care capacity across the region.

FISCAL IMPACT:

None.

BACKGROUND:

The County Administrator (CAO) is the administrator of emergency services and is in charge of the County's emergency organization. Under the emergency powers granted to the CAO under Article 42-2.8 of County Ordinance Code, on March 15, 2020, the CAO ordered the closure of all County libraries until further notice, effective March 16, 2020. This action was taken in an effort to slow the spread of COVID-19 and preserve critical health care capacity across the region.

On March 16, 2020, the County Health Officer issued a shelter in place order to all residents, subject to specified exceptions. On March 17, 2020, the American Library Association

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **03/24/2020** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: March 24, 2020

Contact: Lisa Driscoll (925)
335-1035

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

By: , Deputy

cc: Melinda Cervantes, County Librarian

BACKGROUND: (CONT'D)

released its statement containing a strong recommendation that leaders and governing bodies evaluate the closure of libraries and only reopen when guidance from public health officials indicate the risk from COVID-19 has significantly subsided.

This ratification supports the County Administrator's decision and order to close all County libraries due to COVID-19 until further notice and action.

CONSEQUENCE OF NEGATIVE ACTION:

Allowing the County libraries to remain open during this emergency situation would present health risks to library staff and patrons.



**Contra
Costa
County**

To: Board of Supervisors
From: David Twa, County Administrator
Date: March 24, 2020

Subject: Revision to Management Benefits Resolution No. 2019/507

RECOMMENDATION(S):

ADOPT Resolution No. 2020/110 to revise Section IV.40. of Management Benefits Resolution No. 2019/507, adding the following health services classifications to those eligible for On-Call Duty and Call Back Time:

- CCRMC Chief Executive Officer-Exempt (VCB2),
- Chief Medical Officer-Exempt (VPS4),
- Chief Nursing Officer-Exempt (VWD2),
- Medical Director (VCA2), and
- Assistant to the Health Services Director/PIO (VSC1).

FISCAL IMPACT:

Dependent upon time on call and called back. Costs may be eligible for COVID-19 reimbursement.

BACKGROUND:

In recognition of the extremely long hours worked by employees in these classifications, the recommendation is made to make them eligible for on-call duty and call back pay described in Section IV.40 of the Management Resolution.

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **03/24/2020** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: March 24, 2020

Contact: Lisa Driscoll, County Finance
Director (925) 335-1023

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

By: , Deputy

cc: Dianne Dinsmore, Human Resources Director, Robert Campbell, Auditor-Controller, Anna Roth, Director of Health Services

CONSEQUENCE OF NEGATIVE ACTION:

Uncertain.

ATTACHMENTS

Resolution 2020/110

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA
and for Special Districts, Agencies and Authorities Governed by the Board

Adopted this Resolution on 03/24/2020 by the following vote:

AYE:
NO:
ABSENT:
ABSTAIN:
RECUSE:



Resolution No. 2020/110

In The Matter Of: Revising Section IV.40 of Management Benefits Resolution No. 2019/507.

The Contra Costa County Board of Supervisors acting in its capacity as the Governing Board of the County of Contra Costa **RESOLVES THAT:**

Effective immediately, Section IV.40. of Management Benefits Resolution No. 2019/507, is revised to add the following health services classifications to those eligible for On-Call Duty and Call Back Time:

- CCRMC Chief Executive Officer-Exempt (VCB2),
- Chief Medical Officer-Exempt (VPS4),
- Chief Nursing Officer-Exempt (VWD2),
- Medical Director (VCA2), and
- Assistant to the Health Services Director/PIO (VSC1).

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

Contact: Lisa Driscoll, County Finance Director (925) 335-1023

ATTESTED: March 24, 2020

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

By: , Deputy

cc: Dianne Dinsmore, Human Resources Director, Robert Campbell, Auditor-Controller, Anna Roth, Director of Health Services