



Agenda

FAMILY & HUMAN SERVICES COMMITTEE

July 26, 2021
9:00 A.M.

VIRTUAL MEETING

The Public may observe and participate in the Virtual Zoom Meeting by
using this link:

<https://cccounv-us.zoom.us/j/82744421238?pwd=cElkckE3NEl4aGxYT05BbzErUUhsUT09>

Meeting ID: 827 4442 1238

Or by dialing (888) 278-0254 (US Toll Free)

Conference Code: 985922

Supervisor Candace Andersen, Chair
Supervisor Diane Burgis, 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 June 28, 2021 Family & Human Services Committee meeting.
4. RECOMMEND to the Board of Supervisors the reappointment of Joan D'Onofrio and the appointment of Naina Shastri to seats on the Arts and Culture Commission for terms expiring June 30, 2025, as recommended by the Arts and Culture Commission.
5. RECOMMEND to the Board of Supervisors the appointments of Douglas R. Lezameta, Lauren D. Johnson, Steve Older, and Traci Young to seats on the Workforce Development Board for terms expiring June 30, 2025, as recommended by the Workforce Development Board.
6. CONSIDER endorsing and supporting the Stand Down on the Delta event for homeless veterans to be held September 10-13, 2021 at the Contra Costa County Fairgrounds in Antioch. (J.R. Wilson, Board Chairman of Stand Down on the Delta)

7. CONSIDER accepting a report on the County's Assisted Outpatient Treatment Program, and directing staff to forward this report and future annual reports to the Board of Supervisor for acceptance. (Marie Scannell, Contra Costa Behavioral Health Services Mental Health Program Manager and Gina Martinez, Resource Development Associates)
8. CONSIDER accepting a report on child and adolescent mental health services, Mental Health School Services Act grant programs, and forwarding to the Board of Supervisors for their information. (Gerold Loenicker, Mental Health Program Chief)
9. CONSIDER accepting or modifying the proposed revisions to the 2021 Family and Human Services Committee work plan. (Enid Mendoza, Sr. Deputy County Administrator)
10. The next meeting is currently scheduled for September 27, 2021.
11. 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 1025 Escobar St., 4th Floor, Martinez, 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:

Dennis Bozanich, Committee Staff
Phone (925) 655-2050, Fax (925) 655-2066
Dennis.Bozanich@cao.cccounty.us



Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

3.

Meeting Date: 07/26/2021
Subject: RECORD OF ACTION FOR THE PREVIOUS FHS MEETING
Submitted For: Monica Nino, County Administrator
Department: County Administrator
Referral No.: NA
Referral Name: NA
Presenter: Enid Mendoza **Contact:** Enid Mendoza, (925)
655-2051

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 June 28, 2021 Family & Human Services Committee meeting.

Recommendation(s)/Next Step(s):

RECEIVE and APPROVE the draft Record of Action for the June 28, 2021 Family & Human Services Committee meeting.

Fiscal Impact (if any):

There is no fiscal impact.

Attachments

DRAFT Record of Action for June FHS Meeting

DRAFT



FAMILY AND HUMAN SERVICES COMMITTEE

RECORD OF ACTION FOR
June 28, 2021

Supervisor Candace Andersen, Chair
Supervisor Diane Burgis, Vice Chair

Present: Candace Andersen, Chair
Diane Burgis, Vice Chair

1. Introductions

Committee meeting was called to order at 9:00A.M.

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 public comment.

3. RECEIVE and APPROVE the draft Record of Action for the September 28, 2020 Family & Human Services Committee Meeting.

No public comment. Record of Action was approved unanimously as presented.

4. CONSIDER each of the following advisory board appointments, re-appointments or vacancy declarations for possible recommendation to the Board of Supervisors.

- a. Board of Supervisor may consider reappointing Thomas Hansen to the Workforce & Labor Seat # 1 and appointing Timothy Jeffries to Workforce & Labor Seat # 3 of the local Workforce Development Board (WDB) both for terms that expires on June 30, 2025.

No public comment. Submission to the Board of Supervisors on the consent agenda was approved unanimously.

- b. RECOMMEND that the Board of Supervisors appoint Ms. Rhoda Butler to Member At-Large Seat #3 of the Contra Costa Advisory Council on Aging (ACOA) for a term expiring on September 30, 2021, as recommended by the Council.

No public comment. Submission to the Board of Supervisors on the consent agenda was approved unanimously.

5. ACCEPT report from the Employment and Human Services Department on efforts to intervene in and prevent human trafficking and the commercial sexual exploitation of children, and on the operation of Children & Family Justice Centers.

No public comment. Motion to accept the report and direct staff to submit the report to

the Board of Supervisors on the consent agenda. Approved unanimously.

6. ACCEPT this report from the Employment and Human Services Department on youth services and the Independent Living Skills Program (ILSP); and continue to support the Children and Family Services Bureau and its efforts to serve foster youth in the ILSP program.

No public comment. Motion to accept the report and direct staff to submit the report to the Board of Supervisors on the consent agenda. Approved unanimously.

7. The next meeting is currently scheduled for July 26, 2021.

Committee directed staff to work to combine July and August meetings on July 26, 2021.

8. Adjourn

Meeting was adjourned at 9:54 A.M.

For Additional Information Contact:

Dennis Bozanich, Committee Staff
Phone (925) 655-2050
Dennis.Bozanich@cao.cccounty.us



Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

4.

Meeting Date: 07/26/2021
Subject: Appointments to the Arts and Culture Commission
Submitted For: Monica Nino, County Administrator
Department: County Administrator
Referral No.: N/A
Referral Name: Appointments to Advisory Bodies
Presenter: Dennis Bozanich **Contact:** Dennis Bozanich,
925-655-2050

Referral History:

On January 7, 2020, the Board of Supervisors (BOS) adopted Resolution No. 2020/1 adopting policy governing appointments to boards, committees, and commissions that are advisory to the BOS. Section III.A. of this resolution states that when an advisory body conducts interviews for at-large/countywide seats, the body's recommendation will be provided to a Board committee for further review, along with all applications received for the applicable seat(s). In all cases, the Board Committee decides which applicants to nominate for full Board action.

Referral Update:

The Arts and Culture Commission advises the Board of Supervisors in matters and issues relevant to Arts and Culture, to advance the arts in a way that promotes communication, education, appreciation and collaboration throughout Contra Costa County; to preserve, celebrate, and share the arts and culture of the many diverse ethnic groups who live in Contra Costa County; to create partnerships with business and government; to increase communications and understanding between all citizens through art. Most importantly, the Commission will promote arts and culture as a vital element in the quality of life for all of the citizens of Contra Costa County.

The Arts and Culture Commission is composed by one representative from each of the five supervisorial districts, four at-large representatives and one alternate, for a total of ten seats. Appointments are for a four-year period with terms expiring on June 30 of alternating odd-numbered years.

At the Commission's June 7, 2021 meeting, commissioners voted to recommend the reappointment of Joan D'Onofrio to the At Large 3 seat with a term ending June 30, 2025. At the same meeting, commissioners also voted to recommend the appointment of Naina Shastri to the Alternate seat with a term ending June 30, 2025. There were no other applicants to consider for the existing at-large seat vacancies.

For additional commission seat information, please see the attached *AC5 Roster - July 2021*, pending this Committee's action. The remaining vacancy is a District V seat.

Recommendation(s)/Next Step(s):

RECOMMEND to the Board of Supervisors the reappointment of Joan D'Onofrio to the At Large 3 seat on the Arts and Culture Commission with a term ending June 30, 2025 and the appointment of Naina Shastri to the Alternate seat on the Arts and Culture Commission with a term ending June 30, 2025, as recommended by the Arts and Culture Commission.

Fiscal Impact (if any):

There is no fiscal impact.

Attachments

Application - D'Onofrio

Application - Shastri

AC5 Roster - July 2021



Contra
Costa
County



Print Form

Please return completed applications to:

Clerk of the Board of Supervisors

1025 Escobar Street, 1st Floor

Martinez, CA 94553

or email to: ClerkofTheBoard@cob.cccounty.us

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

First Name

Joan

Last Name

D'Onofrio

Home Address - Street

City

Concord

Zip Code

94518

Phone (best number to reach you)

Email

Resident of Supervisorial District:

3

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	
Pratt Institute	BFA	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
NY University	Publishing Certification	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other Training Completed:

Board, Committee or Commission Name

Arts & Cultural Commission of Contra Costa County

Seat Name

at large 3

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

☐ No

☒ Yes

If yes, how many?

approximately 20

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

I just completed the About Face program as the chair, and I want to continue my service on this commission. Consider this my re-application.

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

I am a retired art director, production manager, and managing editor with Oxford University Press, NY and EMC Publishing St Paul, MN. I am presently the president of my own 501 c3 non profit arts foundation, and producer of an award-winning newsletter with my local Rotary Club. I am also a graphic designer, illustrator, and painter. [I am enclosing my resume.]

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

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 omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

Signed:

[Redacted Signature]

Date:

[Redacted Date]

Submit this application to: ClerkofTheBoard@cob.cccounty.us **OR** Clerk of the Board of Supervisors
1025 Escobar Street, 1st Floor
Martinez, CA 94553

Questions about this application? Contact the Clerk of the Board at (925) 655-2000 or by email at ClerkofTheBoard@cob.cccounty.us

Important Information

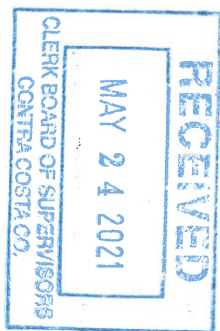
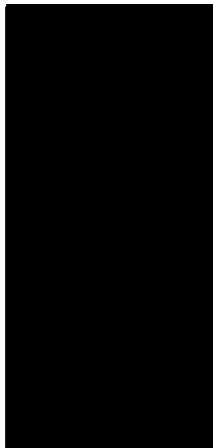
1. This application and any attachments you provide to it is a public document and is subject to the California Public Records Act (CA Government Code §6250-6270).
2. All members of appointed bodies are required to take the advisory body training provided by Contra Costa County.
3. Members of certain 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.

Résumé
JOAN D'ONOFRIO

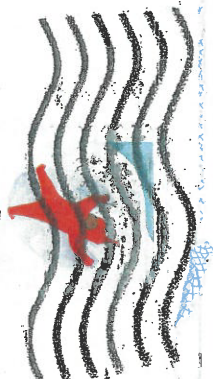
[REDACTED]
Concord, CA 94518
[REDACTED]

EMPLOYMENT HISTORY AND COMMUNITY SERVICE ASSIGNMENTS

- 2018 to present** **ARTS & CULTURAL COMMISSION OF CONTRA COSTA COUNTY** Martinez, CA
Commissioner
Appointed to the Commission by the California Arts Council and Board of Supervisors to promote, grow, and advance the arts in Contra Costa County by growing, promoting, educating, and preserving diverse cultural expression
- 2018 to present** **H&R BLOCK, INC.** Walnut Creek, Lafayette, Clayton, Pleasant Hill, CA
Customer Service Professional / Office Marketing Coordinator
Service clients in accordance with company guidelines and policies, ensure seamless client satisfaction, coordinate tax preparers' skill-levels with client needs, assist marketing manager with program preparations, and implement local marketing programs
- 2012 to present** **MICHELANGELO D'ONOFRIO ARTS FOUNDATION** Concord, CA
Founder & President
Established a 501 c3 nonprofit charitable foundation devoted to presenting monetary awards and scholarships to students in K-12 public schools who demonstrate outstanding talents in the visual and the digital arts throughout the world
- 2017 – 2018** **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
2016 – 2017 **Member of the Civil Grand Jury**
Served two one-year terms as a juror for the Contra Costa County Civil Grand Jury
- 2014 to present** **ROTARY INTERNATIONAL** Concord CA
Newsletter Editor & Rotarian of the Year 2020
Serve as newsletter editor for the Rotary Club of Clayton Valley/Concord and won the "2020 Best Newsletter of the Year" and Rotarian of the Year award
- 2002 – 2008** **CURVES FOR WOMEN** Piedmont, Walnut Creek, Alamo, Danville, CA
Franchise Owner
Owned four Curves fitness clubs; trained and managed over 35 staff hires; managed day-to-day operations; conducted classes on fitness, nutrition, and diet; worked one-on-one with members that ranged in age from 18 to 87; published a book of club member anecdotes; grew membership from 200 to 6,000; created all marketing and advertising promotions; and served on the East Bay Curves' Co-op Board
- 1989 – 2002** **EMC PUBLISHING, INC.** St Paul, MN
Art Director / Production Manager / Marketing Design Coordinator
Implemented and executed the creative process of all printed materials and ancillary products; managed in-house staff; supervised free-lance designers; contracted with off-site design services that specialized in educational books, electronic packaging products; business training and basic skills publications
- 1973 - 1989** **OCEANA PUBLICATIONS, INC. (Oxford University Press)** New York, NY
Vice President / Managing Editor / Production Manager / Purchasing Agent / Art Director/ International Project Coordinator / Technical Writer
Responsible for all aspects of legal text publishing; managed the editorial, art, production, and marketing departments; developed departmental budgets; founded and implemented student internship programs; headed team-driven employee incentive programs; produced New York University's Annual Law Review publication; organized conventions and seminars in London, Rome, and Beijing
- Education** **PRATT INSTITUTE** BFA Brooklyn, NY
NEW YORK UNIVERSITY Publication Certification New York, NY



OAKLAND CA 945
22 MAY 2021 PM 6 L



Forever USA

*Clerk of the Board of Supervisors
1025 Webster St 1st Floor
Martinez CA 94553*

94553-122325



Application Form

Profile

Naina Shastri
First Name Middle Initial Last Name

Home Address Suite or Apt
San Ramon CA 94582
City State Postal Code

Primary Phone

Email Address

Which supervisorial district do you live in?

☒ District 2

Education

Select the option that applies to your high school education *

☒ High School Diploma

College/ University A

Name of College Attended

CSU Hayward

Degree Type / Course of Study / Major

Masters Certification in Biotechnology

Degree Awarded?

☒ Yes ☐ No

College/ University B

Name of College Attended

University of Mysore, India

Degree Type / Course of Study / Major

Masters in Biotechnology

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?

Arts & Culture Commission: Submitted

Seat Name

Alternate

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, committee, or commission.

Being a member of the Arts Advisory Committee of San Ramon City for the past 4yrs, I have been involved in promoting varied art forms and social causes in the community. As a practitioner, performer, and educator of Indian Classical Dance and an active member of the Indian Diaspora, I bring a different perspective and I believe that I will be a valuable addition and asset to the Commission.

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 community experience, including any advisory boards on which you have served.

I have been reappointed to the San Ramon City's Arts Advisory Committee and am currently serving this term as the Vice Chair of the Committee.
https://www.sanramon.ca.gov/our_city/boards_committees_commissions/arts_advisory_committee
Member of the Planning committee for San Ramon City's "Culture in the Community" event, 2020
Launched "Kaleidoscope San Ramon"; An initiative to bring unique collaborative, multimedia, multicultural performances to the San Ramon Valley community; www.namahaarts.org I am part of the San Ramon Social Justice Collective (SRSJC) and the San Ramon Valley Diversity Coalition (SRVDC) I have also been working closely with the San Ramon Arts Foundation and San Ramon Valley Unified School District members on some of their programs. Organized Fundraisers through performing arts events, for other nonprofit organizations like SEWA, Rewire etc.

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

Member of San Ramon City's Arts Advisory Committee (http://www.sanramon.ca.gov/our_city/boards_committees_commissions/arts_advisory_committee) Founder/Director of Namaha Foundation for the Arts, www.namahaarts.org (a 510c3 nonprofit org) Founder/Artistic Director of Ushanjali School of Dance, www.ushanjali.com Member of the Entertainment Committee, Tri Valley Kannada Sangha Member of the San Ramon Valley Diversity Coalition's Culture and Celebration committee.

[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

Naina Shastri

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

Naina Shastri

Artistic Director,
Ushanjali School of Dance,
San Ramon

Website: www.ushanjali.com ;
www.nahamaarts.org

Facebook: <https://www.facebook.com/ushananjali2008/>
<https://www.facebook.com/namahafoundation/>

LinkedIn: Naina Shastri

Instagram: @nainashastri, @ushanjalischoolofdance

Twitter: @NainaShastri @ushajalischoolofdance

I am a Bharatanatyam Dancer, Performer, Choreographer, Educator and Researcher.

Key Performances

- Mbongui Square Festival, 2018, 2019
- Performed for “Women’s Day” event by SAVE (Safe Alternatives for Violent Environments); 2018, 2020
- San Francisco International Movement Arts Festival 2018, 2019
- San Francisco International Arts Festival, SFIAF (Divine Conversations); 2018
- West Wave Dance Festival, SAFEhouse Arts, SF (Nocturnes); 2017
- APAture 2016, Kearny Street Workshop; 2016
- Articulate Festival, Mysore
- Sai Nrithyotsava, Bengaluru, India
- Mysore Dasara Festival, Mysore
- Every Friday Youth Performance, Yavanika, Bengaluru

Achievements

- I was selected as a RAW resident artist at SAFEhouse for the Arts, San Francisco.
- I was an Artist-in-Residence at the Oakland Asian Cultural Center, Oakland, CA.
- I was selected to present my original work “Morning Raga” at the APAture Festival, 2016 organized by Kearny Street Workshop
- Awarded “Acharya Devobhava” title by Sri Datta Sai Temple, San Ramon for services provided to community as a Guru/teacher
- Recognized by the Shiva Vishnu Temple, for services provided as a Guru/Teacher
- I have completed my “Vidwat” (Master’s level) examinations in “Bharatanatyam” from the Secondary Board of Examinations, Karnataka, India
- I am a qualified Examiner at the Akila Bharatiya Gandharva Vishwa Vidyalaya, India and USA. I am invited to conduct the practical exams here in the Bay Area for all levels.
- My school and I have been featured in NBC Bay Area’s program Asian Pacific America with Robert Handa.
- I have also been invited as a judge to many competitions of Classical Indian Dances in the Bay Area

Community Service:

- Member of San Ramon City’s Arts Advisory Committee – Recently reappointed for a 3rd term. Also appointed as the Vice Chair of the Committee.
(http://www.sanramon.ca.gov/our_city/boards_committees_commissions/arts_advisory_committee)
- Founder/Director of Namaha Foundation for the Arts, www.namahaarts.org
A 501c3 nonprofit org.
 1. We conduct an annual Dance and Music Festival, “*Karnataka Composers Day*”
 2. A Monthly Solo Indian Dance performance series, *Naipunya Dance Festival* every 2nd Saturday of the Month. This provides a platform and opportunities for upcoming soloists.

3. Launched, “*Kaleidoscope San Ramon*” on August 2nd, 2020; An initiative to bring Artists from all genres of Arts, Ethnicities and Genders for a collaborative and harmonious expression of experiences.
 4. Video Podcasts with eminent artists, educators and research scholars.
 5. We regularly host performers and organize performances to commemorate special days (eg. *International Women’s Day, Mother’s Day, International Dance Day*)
- Member of the San Ramon Social Justice Collective (SRSJC)
 - Member of the San Ramon Valley Diversity Coalition (SRVDC) and serving on its Culture and Celebrations committee.
 - Member of the Entertainment Committee, Tri Valley Kannada Sangha
 - Ex-Board Member; Asian Pacific Islander American Public Affairs (APAPA)
 - Cofounder: Kalasangha - East Bay Artists Exchange
 - Assisting the City Staff in planning, organizing and executing Multicultural events like “Culture in the Community”
 - Organized Dance Festival to help raise funds for “Women Empowerment” projects of SEWA International USA, Bay Area
 - Involved with local, San Ramon based grassroots organization Rewire Community in an artistic capacity, choreographing and performing for their events on Women oriented topics.

Educator and Teacher:

Founder/Artistic Director of Ushanjali School of Dance, www.ushanjali.com

As the Artistic Director of Ushanjali School of Dance I teach Indian Classical Dance at 3 locations (San Ramon, Pleasanton and Berkeley), currently training over 100 students. My students regularly perform at various dance festivals, City and Community organized cultural events throughout the Bay Area. The senior students are trained to present their “*Rangapraveshas*” (*Debut Solo Performance*), an intensive program where the dancers present Solo for over 2 hours with Live Orchestra accompaniment. Students are trained in both the Practical and Theoretical aspects of the dance and appear for formal Dance Exams in Bharatanatyam conducted by the Akila Bharatiya Gandharva Maha Vidyalaya, India.

We have presented Lecture/Demonstrations at Libraries around San Ramon, Pleasanton and Pinole, for Girls Scouts group at a local school, International Day performances at Schools around San Ramon and Danville.

Some events and venues our School participates regularly are:

- Arudra Natyanjali, Shiva Vishnu Temple, Livermore
- Navarathri performance, Santana Dharma Kendra, San Jose
- Shivarathri Celebrations, Concord Temple, Concord
- Stockton Diwali Celebration, Indian Association of San Joaquin, Stockton
- Culture in the Community, San Ramon's annual multicultural program
- Art and Wind Festival, San Ramon
- Diwali performance, Children's Discovery Museum, San Jose
- Selected students present special Ritual Offering of Dance to the Deities at Shiva Vishnu Temple, Livermore and Sri Datta Sai Temple, San Ramon during Mahashivarathri, Ramanavami and Navarathri festivals.

Every year, I present all my students during our Annual Showcase performance. Students present to family and friends the dances or lessons they have been taught and practiced through the year.

Collaborations

- I have been regularly presenting a collaborative work with Visual Artist, Salma Arastu called "In Search of Eternal Love – from Meera to Rumi", exploring poetry by Persian Mystic Mevlana Rumi and Indian Bhakti Saint Meera Bai through Indian Classical Dance, recitation, music and multimedia.
- Worked with and trained ladies from the organization Rewire Community a grassroots organization involved with social justice issues and women's wellness, to present "Girls and Goddesses" for Mbongui Square Festival, 2019.
- Regularly present productions for our local Tri Valley Kannada Sangha, training 30 to 40 children and adult members of the organization for our annual event, Kannada Rajyothsava.
- Choreographed and presented a combined dance with 4 other Indian Classical Dance forms (Kuchipudi, Andhranatiyam, Odissi and Kathak) for "Shivapadam – International Dance Program".
<https://www.youtube.com/watch?v=HyF6emiu4cQ&t=106s> (from 1.45.01 to 1.53.58)

Academic Background

- I have a Master's degree in Biotechnology from the University of Mysore.
- A Masters Certification in Biotechnology from CSU Hayward.
- I have worked in the Biotech Industry(Discoverx) and later at the Research Laboratory, Lawrence Berkeley National Lab; Emeryville.

I currently reside in San Ramon, California with my husband and two children.

2021 Arts and Culture Commission Roster				
Seat	Name	District	Term start	Term end
District 1	Silvia Ledezma	1	7/1/17	6/30/25
District 2	Beverly Kumar	2	7/1/19	6/30/23
District 3	Grant Taylor	3	3/30/21	6/30/23
District 4	Elizabeth Wood	4	10/1/13	6/30/23
District 5	OPEN	5		
At-Large 1	Y'Anad Burrell	1	2/12/13	6/30/23
At-Large 2	Ben Miyaji	5	12/8/20	6/30/23
At-Large 3	Joan D'Onofrio*	4	8/10/21	6/30/25
At-Large 4	Lanita Mims	3	11/6/18	6/30/25
Alternate	Naina Shastri*	2	8/10/21	6/30/25
Youth Advisor	Carolyn Considine	2	2/2/21	6/30/22
*Subject to this committee's action				



Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

5.

Meeting Date: 07/26/2021
Subject: Appointments to the Workforce Development Board
Submitted For: Monica Nino, County Administrator
Department: County Administrator
Referral No.: NA
Referral Name: Advisory Board Appointment
Presenter: Enid Mendoza **Contact:** Enid Mendoza, (925) 655-2051

Referral History:

On January 7, 2020, the Board of Supervisors (BOS) adopted Resolution No. 2020/1 adopting policy governing appointments to boards, committees, and commissions that are advisory to the BOS. Section III.A. of this resolution states that when an advisory body conducts interviews for at-large/countywide seats, the body's recommendation will be provided to a Board committee for further review, along with all applications received for the applicable seat(s). In all cases, the Board Committee decides which applicants to nominate for full Board action.

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 Development; (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:

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.

- 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.

The Workforce Development Board Executive Committee, approved on July 14, 2021 the recommended appointments below. No other candidates competed for the seats.

Please see the attached memo and applications for additional information.

Recommendation(s)/Next Step(s):

RECOMMEND to the Board of Supervisors the appointments of Douglas R. Lezameta to the Business Seat #5, Lauren D. Johnson to the Business Seat #6, Steve Older to the Workforce & Labor Seat #4, and Traci Young to the Workforce & Labor Seat #5 of the Workforce Development Board with terms expiring June 30, 2025.

Fiscal Impact (if any):

There is no fiscal impact.

Attachments

WDB Appointment Recommendation Memo

Lezameta Application - Redacted

Johnson Application - Redacted

Older Application - Redacted

Young Application - Redacted

WDB Roster



MEMORANDUM

DATE: July 20, 2021
TO: Family and Human Services Committee
CC: Dennis Bozanich, CAO Sr. Deputy County Administrator
Enid Mendoza, CAO Sr. Deputy County Administrator
FROM: Tamia Brown, 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.

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.

Recommendation:

- a) Recommend approval of local board candidate for the vacant board seats. *(Attached application and board roster) - Approved on July 14, 2021 at the Executive Committee Meeting*

- **Douglas R. Lezameta** – Business Seat # 5
- **Lauren D. Johnson** – Business Seat #6
- **Steve Older** – Workforce & Labor Seat #4
- **Traci Young** - Workforce & Labor Seat #5

***No other candidate competed for the Business Seat #5 & #6 and for Workforce Labor Seat #4 & #5. ***

NEW APPOINTMENT

Seat	Last Name	First Name	Address & District #	Term Start Date	Term of Expiration	District (Resident)
Business Seat #5	Lezameta	Douglas R.	Martinez, CA District #4	8/1/2021	6/30/2025	District #4
Business Seat # 6	Johnson	Lauren D.	Martinez, CA District #5	8/1/2021	6/30/2025	District #5
Workforce & Labor Seat # 4	Older	Steve	Concord, CA District #4	8/1/2021	6/30/2025	District #4
Workforce & Labor Seat #5	Young	Traci	Martinez, CA District #5	8/1/2021	6/30/2025	District #5

Thank you

/rms
attachment

Application Form

Profile

Douglas

First Name

R

Middle Initial

Lezameta

Last Name



Home Address



Suite or Apt

Concord

City

CA

State



Postal Code



Primary Phone



Email Address

Which supervisorial district do you live in?☒ District 4

Education**Select the option that applies to your high school education ***☒ High School Diploma

College/ University A**Name of College Attended**

Universidad Ricardo Palma

Degree Type / Course of Study / Major

Civil Engenieering

Degree Awarded?☐ Yes ☒ No

College/ University B**Name of College Attended**

John Logie Baird

Degree Type / Course of Study / Major

Mass Communication

Degree Awarded?

☒ Yes ☐ No

College/ University C

Name of College Attended

ESAN

Degree Type / Course of Study / Major

Business

Degree Awarded?

☒ Yes ☐ No

Other schools / training completed:

Course Studied

Entrepreneurship

Hours Completed

160

Certificate Awarded?

☒ Yes ☐ No

Board and Interest

Which Boards would you like to apply for?

Workforce Development Board: Submitted

Seat Name

Douglas Lezameta

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?

Douglas R Lezameta

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

I would like to represent the Hispanic Community by serving in this board, I believe that I can be the bridge between the resources and plans available and bring it to our community in Contra Costa

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 community 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)

Currently I am serving was a President of The Hispanic Chamber of Commerce of Contra Costa County and in priors years I served as a board member, I have a deep understating of what our Hispanic Community needs and how to reach out to them to deliver the information and help they need.

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 am the President of The Hispanic Chamber of Commerce and The Workforce Development Board of Contra Costa County is a member of our organization

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

□ Douglas Lezameta

████████████████████ Concord California
████████████████████
████████████████████

Summary of Qualifications

- Accomplished, seasoned Professional with proven success in operations management to achieve the organizational mission.
- Superior communication skills, easily interacts with executives, physicians, regulatory agencies, patients, vendors and staff.
- Skilled in creatively promoting new programs and products.
- Effective working both independently and as part of a team. Committed to ideals of excellence.
- Energetic and organized. Able to efficiently handle the demands of multiple projects in detail.

Experience

Founder (Jul 2012 –Now)

Fusion Latina Network (Concord, California)

Founder of a new form of communication based on the Internet , developed a Social Media and Mass Communication Strategy that makes Radio Fusion Latina an important option for The Hispanic Community in the Bay Area. Awarded Business of the Year 2014 By The East Bay Leadership Council. Lead a team of 10 talented personalities that works on the station.

Director at Large (Jan 2015 –Now)

Contra Costa Hispanic Chambers of Commerce (Walnut Creek California)

Responsible for Marketing and Communication strategies to increase the value proposition for the Hispanic Chambers of Commerce membership.

Business Advisor (Jul 2012 –March 2013)

SBDC (San Jose California)

Provided advice to Business owners on Marketing, Social Media and HR.

Host and Producer (Set 2009 –Feb 2010)

En Buenas Manos KIQI 1010 AM (San Francisco California)

Host and Producer of Spanish Talk Show in the Bay Area conducting interviews, reporting news highlights, and interviewing professionals that provide information relevant for the community.

Host and Director (Feb 2010 –May 2012)

Casas e Hipotecas KIQI 1010 AM (San Francisco California)

Host and Director of a Real Estate Show, conducting interviews, scheduling guests, and proposing topics for the show.

Skills

- ☐ Social Media.
- ☐ Computer Skills.
- ☐ Mass Communications.
- ☐ Media Buying.
- ☐ Blogging.
- ☐ Video Editing.
- ☐ Camera Operation.

☐ On-Camera Experience.

☐ Fluent English – Spanish.

Education

John F Kennedy University.

IEL – Leadership.

John Logie Baird (Lima –Peru).

B.S in Journalism and Mass Communications.

ESAN (Lima- Peru).

Customer Service.

Application Form

Profile

Lauren

First Name

D

Middle Initial

Johnson

Last Name

Home Address

Suite or Apt

Martinez

City

CA

State

Postal Code

Primary Phone

Email Address

Which supervisorial district do you live in?☒ District 5

Education**Select the option that applies to your high school education ***☒ High School Diploma**College/ University A****Name of College Attended**

USC Law School

Degree Type / Course of Study / Major

Juris Doctorate

Degree Awarded?☒ Yes ☐ No**College/ University B****Name of College Attended**

U.C. Berkeley

Degree Type / Course of Study / Major

History and Political Science

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?

Economic Opportunity Council: Submitted

Contra Costa Commission for Women and Girls: Submitted

Workforce Development 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, committee, or commission.

I am concerned about the growing income inequalities in Contra Costa County. According to the United Way Bay Area, the top-income families in Contra Costa County earn almost 15.6 times more than low-income families. Moreover, Contra Costa has the highest rate of uninsured children of any Bay Area county. Lastly, the COVID-19 pandemic has led to increased unemployment and homelessness in low-income communities. I want to serve as a member of either the Contra Costa Commission for Women and Girls, the Economic Opportunity Council, or the Workforce Development Board because I am interested in improving and creating economic and employment opportunities for underserved communities 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 community experience, including any advisory boards on which you have served.

I have served as a board member of Heaven's Door Cancer Foundation. I have volunteered and worked as a grant writer for A Safe Place, a domestic violence agency in Oakland, CA. I have also been a member of the Junior League of San Francisco and the Buena Vista Auxiliary/Diablo Valley Assistance League.

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

I am qualified for an appointment to an advisory board because I am committed to improving social and economic outcomes for underserved and vulnerable populations. I believe the critical thinking, verbal and writing skills I have developed as an attorney will assist me as a board member. I am also a team player who believes in the open discussion of ideas and opinions.

[Lauren Johnson Resume CCC.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

Lauren D. Johnson

Attorney

Committed and results-oriented lawyer specializing in employment law, business and commercial law, product liability and personal injury. Highly skilled in oral argument and legal research, leading to successful litigation of cases. Expertise in mediation, arbitration and settlement negotiation.

Contact

Address

Martinez, CA, 94553

Phone

[REDACTED]

E-mail

[REDACTED]

Skills

Corporate and business legal issues

Case analysis

Legal writing

Dispute arbitration

Litigation

Settlement Negotiation

Case management

Work History

2015-06 -

Current

Founder

Law Office Of Lauren D. Johnson, San Pablo & Martinez, CA

- Experienced litigator specializing in employment law, business and commercial law, product liability, and personal injury litigation.
- Provide legal counseling, consultation, and litigation services to employers, businesses, and non-profit organizations.
- Represent employees and employers in various employment matters involving wrongful termination, wage and hour disputes, harassment, discrimination, and retaliation.
- Represent clients during mediations, arbitrations, and settlement negotiations.
- Oversee law firm's day-to-day administrative operations, provide guidance to support staff and enforce compliance with state, federal and local regulations.

2016-10 -

2020-07

Of Counsel Attorney

Tenax Law Group, P.C., Richmond, CA

- Developed strategies to resolve cases in client's best interest.
- Analyzed probable outcomes of cases using knowledge of legal precedents.
- Managed high-volume caseload in most populous and demanding circuit.
- Conducted legal research and conferred with

colleagues with develop strategies and arguments in preparation for presentation of cases.



Education

J.D.: Law

USC Law School - Los Angeles, CA

Bachelor of Arts: History And Political Science

U.C. Berkeley - Berkeley, CA



Affiliations

Contra Costa County Bar Association

Solano County Bar Association

Black Women Lawyers Association of Northern California

Application Form

Profile

Steve

First Name

Older

Last Name

Home Address

Suite or Apt

Concord

City

CA

State

Postal Code

Primary Phone

Email Address

Which supervisorial district do you live in?☒ District 4

Education**Select the option that applies to your high school education ***☒ High School Diploma**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

Automotive Technology

Hours Completed

Certificate Awarded?

☒ Yes ☐ No

Board and Interest

Which Boards would you like to apply for?

Workforce Development Board: Submitted

Seat Name

Labor

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?

30+

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

I m a former member of the board and would like to return. My work as a Machinists Union Representative and Apprenticeship chair are directly tied to workforce issues.

Steve Older

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 community experience, including any advisory boards on which you have served.

Workforce Development, Concord Citizens Advisory Committee on the Weapons Station Renewal.

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

I am Chairman and trustee of the Machinists Union Apprenticeship Committee, as well as Area Director of Machinists Local 1173 in Concord and President of the Contra Costa Central Labor Council.

[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

Traci Young
First Name Middle Initial Last Name

[Redacted] [Redacted]
Home Address Suite or Apt

Oakland CA [Redacted]
City State Postal Code

[Redacted]
Primary Phone

[Redacted]
Email Address

Which supervisorial district do you live in?

☒ District 5

Education

Select the option that applies to your high school education *

☒ G.E.D. Certificate

College/ University A

Name of College Attended

UC Berkeley Ext.

Degree Type / Course of Study / Major

Behavioral Health/Substance Abuse Disorders

Degree Awarded?

☐ Yes ☒ No

College/ University B

Name of College Attended

Laney College

Degree Type / Course of Study / Major

Business

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

Cosmetology

Hours Completed

1600

Certificate Awarded?

☒ Yes ☐ No

Board and Interest

Which Boards would you like to apply for?

Workforce Development Board: Submitted

Seat Name

Cental Labor Council of Contra Costa

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, committee, or commission.

As a Labor representative being part of the board would allow the strengthening of partnerships with other agencies to address workforce issues, local policies the align with the the local workforce and support economic vitality in the region.

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 community experience, including any advisory boards on which you have served.

Current: CLC Racial Justice Committee, Chairperson Reimagining Public Safety Contra Costa Campaign, Affiliate City Council of Emeryville, Stand-in City Council Person Former: Economic Revitalization Action Team, Member Health Works East Bay Advisory Board, Board Seat Emeryville Economic Development Committee, Member

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

I have extensive experience managing programs and personnel providing comprehensive career and employment services to disenfranchised populations. A proven record of success leading projects from concept to completion, building equitable relationships, cross-sector leadership, and building equitable Workforce initiatives. Committed to serving and advocating for inclusion, equity, and economic justice.
KEY COMPETENCIES

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

Traci Young

Accomplished Program Manager with extensive experience managing programs and personnel providing comprehensive career and employment services to disenfranchised populations. A proven record of success leading projects from concept to completion, building equitable relationships, cross-sector leadership, and coaching individuals to success. Committed to serving and advocating for inclusion, equity, and justice for all.

KEY COMPETENCIES

Policy Development
Re-Entry Services
Strategic Planning

Equity, Inclusion, Diversity
Social Responsive Impact
Program Administration

Economic Revitalization
Workforce Development
Community Organizing

PROFESSIONAL EXPERIENCE:

Contra Costa Labor Council, Martinez, CA

2020-Present

Community Services Director, Labor Liaison to UWBA

- Cultivate strategic partnerships with community allies and implement jointly developed programs around the issues of income, education, health and safety
- Conduct a program of community services for union members, their families, and working communities
- Develop community mapping tools to identify strategic community partners, analyze existing relationships and identify opportunities to build relationships with key community allies
- Deliver a variety of training curricula to develop union members' leadership skills, including non-profit board training, advocacy for the common good and other programs as needed.

Rise Together, Oakland, CA

2019-2020

Fair Chance Hiring Impact Manager

- Developed strategic plans and performed tasks including community organizing, committee headship, and led various activities that provided context advocating for policy reform
- Created strategies to increase employer engagement and knowledge fair chance hiring practices
- Executed strategic plans and performed tasks such as writing policy documents and committee memos that summarized activities and provided context advocating for system improvements
- Organized Ban the Box trainings for formerly incarcerated individuals and employers
- Identified service providers to act as an informed referral agency, clearing houses of information and legal services for individuals with conviction histories seeking resources

Rubicon Programs, Richmond, CA

2011-2019

Workforce Services Manager, 2013-2016

- Led career development planning consistent with programs' mission of providing training, education, and skill-building opportunities meeting proficiency demands of local employers
- Worked in collaboration with Alameda and Contra Costa County agencies to leverage resources and funds for education and training opportunities for populations facing barriers to employment
- Managed career services staff and operations to ensure efficient and effective programming
- Assessed fiscal budgets, allocated spending, oversaw program costs, compliance, and reporting
- Used data management systems to establish, timelines, outcomes and generate reports
- Developed and maintained business relationships with local businesses and hiring managers and business strategies that increased business engagement and employment placements
- Recruited, interviewed, extended employment offers, and communication of onboarding processes with internal program managers to insure seamless integration of new staff

Rubicon Programs Cont.

Lead Career Specialist, 2011-2013

- Created leads matching clients' qualifications with job requirements, and employer specifications
- Consistently placed clients in employment, while meeting and exceeding monthly placement goals
- Developed resources for and conducted vocational, employment, and educational workshops
- Led various recruiting strategies, delivering well-qualified applicants to employers
- Worked with participants providing coaching to support education and career goals

Computer Technologies Program, Berkeley, CA

2010-2011

Business & Employment Development Manager

- Performed assessments, case management, and provided progress reports
- Provided career coaching for people with disabilities and other underserved populations
- Assisted clients with career development, resume composition, and interview techniques
- Developed partnerships with business owners, agencies, and corporate companies
- Supported graduates in securing educationally related employment via outreach and advocacy

Peralta Parent Teacher Group, Oakland, CA

2006-2010

Enrichment Program Community Liaison

- Oversaw and provided leadership to school volunteers working towards enrichment expansion
- Developed and secured partnerships and support of Oakland Unified School District Leaders
- Consulted with school district leaders, private agency directors, and families, for service evaluations
- Successfully developed new after-school enrichment program combining state and private funding
- Advocated for mental health counseling to be offered to enrolled students

EDUCATION & TRAINING:

Behavioral Health & Substance Abuse Counseling, UC Berkeley Extension
Business Administration & Theater Arts, Peralta Colleges
Motivational Interviewing, School of Social Welfare
Trauma-Informed Care, Teaching Institute of Learning
Coaching for Transformation, Leadership That Works
Assault Crisis Train the Trainer, Pro-Act Inc

AFFILIATIONS:

Current:

CLC Racial Justice Committee, Chairperson
Reimagining Public Safety Contra Costa Campaign, Affiliate
City Council of Emeryville, Stand-in City Council Person

Former:

Economic Revitalization Action Team, Member
Health Works East Bay Advisory Board, Board Seat
Emeryville Economic Development Committee, Member



BOARD MEMBERS
PUBLIC ROSTER

Name	Seat #	Appointment Date	District # (Resident)	Term Start Date	Term End Date	Title	Entity	District # (Employment)	Committee
Michael McGill	1	6/23/2020	District #2	7/1/2020	6/30/2024	Chairperson/Engineer	MMS Design Associates	District #2	EXEC/YOUTH
Joshua Aldrich	2	10/9/2018	District #3	10/1/2018	6/30/2022	CEO	Del Sol NRG. Inc.	District #3	BED
Yolanda Vega	3	6/23/2020	District #2	7/1/2020	6/30/2024	Principal	Peak Performance Corporate Training	District #2	EXEC
Terry Curley	4	10/9/2018	District #2	10/1/2018	6/30/2022	Executive Vice President	United Business Bank	District #4	EXEC/BED
Douglas R. Lezameta (Exec. Cmte. Approved Appointment 07.14.21)	5		District #4		6/30/2025	Founder	Fusion Latina Network	Disttict #4	
Lauren D. Johnson (Exec. Cmte. Approved Appointment 07.14.21)	6		District #5		6/30/2025	Founder	Law Office of Lauren D. Johnson	District #5	
Stacey Marshall	7	6/23/2020	District #1	7/1/2020	6/30/2024	Manager Human Resources	American Sugar Refining, Inc.	District #5	BED
Carolina Herrera	8	7/14/2020	District #4	7/1/2020	6/30/2024	Manager, Community & Government Relations	Kaiser Permanente	District #4	BED
Robert Muller	9	3/12/2019	District #5	3/1/2019	6/30/2023	Learning Manager	PBF Energy	District #5	YOUTH
Laura Trevino	10	7/14/2020	District #5	7/1/2020	6/30/2024	Business Profile Account Manager	Coast Personal Services	District #5	YOUTH
Stephanie Rivera	11	7/14/2020	District #4	7/1/2020	6/30/2024	Director, Community Health Improvement	John Muir Health	District #4	BED
Monica Magee	12	8/11/2020	District #5	7/1/2020	6/30/2024	Director of Marketing	Bishop Ranch	District #2	BED
Corry Kennedy	13	7/14/2020	District #4	7/1/2020	6/30/2024	Human Resource Manager	Chevron	District #2	BED
Name	Seat #	Appointment Date	District # (Resident)		Term End Date	Title	Entity		
Thomas Hansen (Exec.Cmte. Approved Re-appointment 06.15.2021)	1		District #5		6/30/2025	Business Manager	IBEW Local 302	District #5	EXEC
Joshua Anijar	2	12/10/2019	District #X	12/1/2019	6/30/2023	Executive Director	Centra Labor Council Contra Costa County	District #5	EXEC
Timothy Jefferies (Exec. Cmte. Approved Appointment 06.15.2021)	3		District #5		6/30/2025		BM Local 549	District #5	
Steve Older (Exec. Cmte. Approved Appointment 07.14.2021)	4		District #4		6/30/2025	Area Director	Local 1173 Concord	District #4	
Traci Young (Exec. Cmte. Approved Appointment 07.14.2021)	5		District #5		6/30/2025	Community Services Director, Labor Liaison UWBA	Contra Costa Labor Council	District #5	
Name	Seat #	Appointment Date	District # (Resident)		Term End Date	Title	Entity		
VACANT	1		District #X		6/30/20XX			District #X	
Kelly Schelin	2	7/14/2020	District #5	7/1/2020	6/30/2024	Associate Vice Chancellor, Educational Services	Contra Costa College	District #1	BED
Name	Seat #	Appointment Date	District # (Resident)		Term End Date	Title	Entity		
Carol Asch	1	6/23/2020	District #X	7/1/2020	6/30/2024	Rehabilitation Act of 1973/District Administrator	California Department of Rehabilitation	District #4	YOUTH
Richard Johnson	2	6/23/2020	District #4	7/1/2020	6/30/2024	Employment Service/Employment Prog.Manager II	California Employment Development Department	District #4	BED
Kwame Reed	3	6/23/2020	District #X	7/1/2020	6/30/2024	Economic Development Director	City of Antioch	District #3	EXEC/BED
Name	Seat #	Appointment Date	District # (Resident)		Term End Date	Title	Entity		
Leslay Choy	1	7/14/2020	District #1	7/1/2020	6/30/2024	Executive Director	San Pablo Economic Development	District #1	BED
DeVonn Powers	2	12/8/2020	District #X	12/1/2020	6/30/2024	Founder Chief Exec.Officer	Humanity Way, Inc.	District #X	

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

COMMITTEE	
Exec	EXECUTIVE COMMITTEE
BED	BUSINESS ECONOMIC & DEV.
Youth	YOUTH COMMITTEE
N/A	NOT ASSIGNED



Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

6.

Meeting Date: 07/26/2021
Subject: Stand Down on the Delta for Homeless Veterans
Submitted For: Nathan Johnson, Veterans Services Officer
Department: Veterans Services
Referral No.: 56
Referral Name: East Bay Stand Down for Homeless Veterans
Presenter: Nathan Johnson, J.R. Wilson **Contact:** Nathan Johnson, (925)
13-1478

Referral History:

On November 6, 2001, the Board of Supervisors referred to the Family and Human Services Committee the review of the plans and preparations for the East Bay Stand Down for Homeless Veterans. The East Bay Stand Down is a biennial event on even numbered years, and the Family and Human Services Committee considered the report from the Veterans Service Office every two years.

In September of 2015, the Delta Veterans Group held its first "Stand Down on the Delta" event, which was a four-day, three-night event where Veterans were provided full medical treatments, court and legal services, DMV, Chaplain services, housing, addiction and mental health counseling, employment and other community services. The Veterans Service Officer presented information on the first Stand Down on the Delta at the July 20, 2015 Family and Human Services Committee (FHS) meeting. Since this stand down was expected to continue as a biennial event every odd numbered years, FHS Referral No. 56 East Bay Stand Down for Homeless Veterans was expanded to include annual informational reports alternating between the East Bay Stand Down and the Stand Down on the Delta events.

Referral Update:

Due to COVID-19 community impacts, the 2020 Stand Down event was rescheduled and no report was provided to F&HS last year.

The upcoming Stand Down on the Delta event will be held September 10-13, 2021 at the Contra Costa County Fairgrounds in Antioch. Please see the attached memo and informational brochure regarding the Stand Down on the Delta event.

The Delta Veterans Group invites all to view an informational video of the 2019 Stand Down on the Delta event, narrated by U.S. Army Veteran David Boatwright. Mr. Boatwright was a previous Stand Down participant and now volunteers in the homeless Veteran community helping

others find their path to success. The video can be viewed at:
<https://www.youtube.com/watch?v=Ur05KCRk6Ww>

Recommendation(s)/Next Step(s):

ENDORSE and SUPPORT the Stand Down on the Delta event for homeless veterans to be held September 10-13, 2021 at the Contra Costa County Fairgrounds in Antioch and forward to the Board of Supervisors for their endorsement and support.

Fiscal Impact (if any):

There is no fiscal impact.

Attachments

Stand Down on the Delta-Tri-Fold



Q&A continued

If I am a Wheelchair Bound Veteran, will I receive transportation to the Stand Down on the Delta?

Yes, you must obtain a blue bus pass during your pre-registration for Stand Down on the Delta for one of these three pick up sites.

San Francisco VA Medical Center:
4150 Clement St, San Francisco, CA 94121
Wheelchair Bound Veterans Pick Up
Must be pre-registered with a blue bus pass

Oakland VA Outpatient Clinic:
2221 M.L.K. Jr Way, Oakland, CA 94612
Wheelchair Bound Veterans Pick Up
Must be pre-registered with a blue bus pass

Martinez VA Outpatient Clinic:
150 Muir Road, Martinez, CA
Wheelchair Bound Veterans Pick Up
Must be pre-registered with a blue bus pass

Transportation for Wheelchair Bound Veterans is provided by the Department of Veteran Affairs.

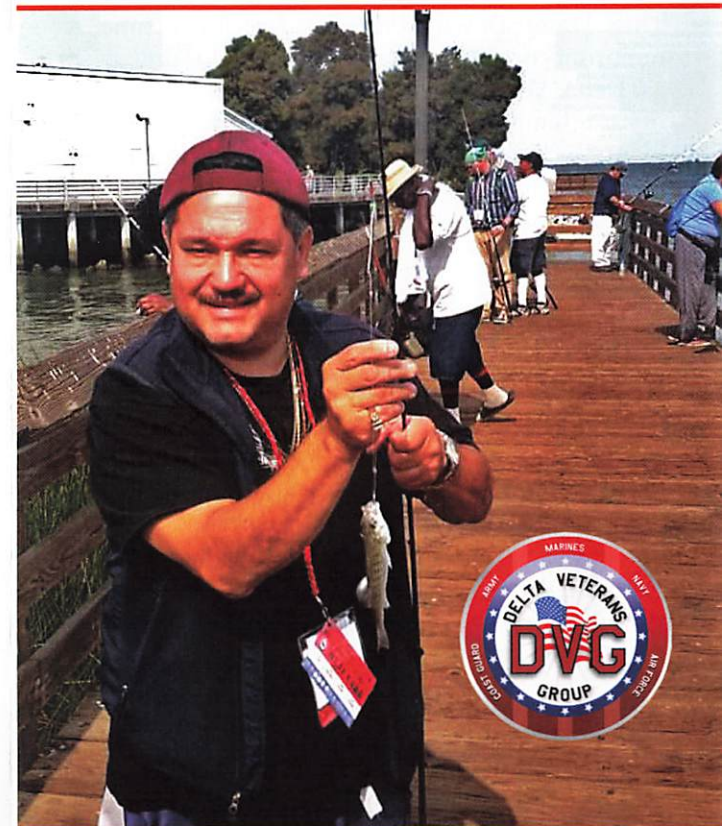
Who can I contact with questions that come up after I register (ie: "I just found out my kids will be with me that weekend, can I add them to my registration?", "Can I bring my girlfriend?")

Alex Alexander @ AlexA@shelterinc.org
Cell: 415-519-9983 Fax: 925-335-9815



Stand Down On The Delta

Participant's Guide



2021

Bay Area Homeless Veterans

Overview

DVG is again undertaking the challenge of bringing Contra Costa Counties Homeless Veterans "Stand Down on the Delta 2021" September 10-13, 2021. This event will be held at the Contra Costa County Fairgrounds in Antioch, CA.

This Stand Down comes at a critical time as nonprofit organizations, serving Veterans, (such as Delta Veterans Group) come together as part of an attempt to end veteran homelessness. DVG's biennial "Stand Down on the Delta" is a key vehicle to provide tools and resources to facilitate this goal.

Q&A

Do I need to be COVID 19 Vaccinated?

Yes. To ensure the safety and health of all our participants and volunteers, we are requesting that all participants be vaccinated for COVID 19. The Veterans Administration will provide the resources to obtain your vaccinations **prior to the Stand Down**. If vaccinations are needed, arrangements should be made when you pre-register for the Stand Down.

If I want to attend court, what is required?

You must complete the COURT section of the pre-registration form. The cutoff date to register for the COURT is 25 August 2021.

Contra Costa County Court will be held on Friday afternoon, September 10th, 2021.

Alameda County Court will be held on Saturday, September 11th, 2021.

How do I get to the Stand Down on the Delta?

Transportation will be provided to the Stand Down and back to your pickup site by buses. The pickup sites are the pre-registration sites. When pre-registering, be sure to request a bus pass as you will need this to get on the bus.

Can I provide my own transportation?

There are a limited number of parking spaces for participants. Once inside the Stand Down gates you will not have access to your vehicle, there are no "in" and "out" privileges. Please be advised, there is no security in the parking area and DVG is not responsible for any damage or theft in the parking area. The entrance to the participant parking is at the "O" street entrance and you must cross the freedom bridge by noon on Friday, September 10th, 2021.

What items can I bring / not bring?

Please bring two sets of clothing (clothing will be handed out to you at Stand Down on the Delta) just in case we do not have your size readily available. Please bring identification if you have an I.D. (This will help you obtain certain services faster)

NO WEAPONS, DRUGS, or ALCOHOL!

How will my medications be stored/handled?

Medications will be checked for Prescription and I.D. during the medical triage process at Stand Down on the Delta. If you have Medication that needs to be refrigerated, Stand Down on the Delta has refrigeration that will be secured and available for your medication storage needs.

If I have a job interview and can't stay for the whole weekend, can I still come for the day?

No, there are NO ins and outs.

Will showers be available?

Yes, showers will be available!

Are pets allowed, including service animals, and what is their care and transportation plan?

PET STAND DOWN: Stand down on the Delta will be accommodating Veterans with pets. While the Veterans are given a respite from the street, their pets will receive medical care, food and socializing. Pet care will be provided on-site during the Stand Down event. Participants will have daily access to their pets once inside the Stand Down encampment during visiting hours/walking times as needed for Comfort, all in controlled areas. Veterans that need bus transportation to Stand Down and have a Pet must be directed to and given a bus pass for one of the three (3) "pet pick up" locations (S.F. Downtown Clinic, Oakland VA OPC, or Martinez VA OPC). Veterans with pets must be "pre-registered". Veterans must provide us with the number and type of animal (dog/cat) that will participate. Under "type" on the Eligibility Form please put (a) animal name, (b) species, (c) estimated weight, and (d) breed. All pets must be registered prior to the Stand Down to reserve a space on the pet shuttles that will travel with each bus as needed. At check-in in Antioch, all Veterans will briefly reunite with their pet and be asked about vaccinations and any medical conditions.

What is the plan for CPAP machines?

If you have CPAP/Bi PAP machine please alert the Stand Down Medical team during the Triage process. You will be assigned to the Medical Special needs tent.

Will I be able to charge my motor scooters/wheel-chairs and cell phone during the Stand Down?

- Electrical Charging stations will be available just for charging Motorized Chairs and Scooters.

- Electrical phone charging stations will be spread throughout the encampment for your use.



Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

7.

Meeting Date: 07/26/2021

Subject: Behavioral Health Services Cumulative Evaluation Report on Contra Costa's Assisted Outpatient Treatment Program

Submitted For: Monica Nino, County Administrator

Department: County Administrator

Referral No.: 107

Referral Name: Assisted Outpatient Treatment Program

Presenter: Marie Scannell, Mental Health
Program Manager

Contact: Enid Mendoza, (925)
655-2051

Referral History:

The Assisted Outpatient Treatment Demonstration Project Act (AB 1421), known as Laura's Law, was signed into California law in 2002. Laura's Law is named after a 19 year-old woman who worked at a Nevada County mental health clinic. She was one of three individuals who died after a shooting by a psychotic individual who had not engaged in treatment. AB 1421 allows court-ordered intensive outpatient treatment called Assisted Outpatient Treatment (AOT) for a clearly defined set of individuals that must meet specific criteria. AB 1421 also specifies which individuals may request the County Mental Health Director to file a petition with the superior court for a hearing to determine if a person should be court-ordered to receive the services specified under the law. The County Mental Health Director or his licensed designee is required to perform a clinical investigation and, if the request is confirmed, file a petition to the court for AOT. If the court finds that the individual meets the statutory criteria, the recipient will be provided intensive community treatment services and supervision by a multidisciplinary team of mental health professionals with staff-to-client ratios of not more than 1 to 10. Treatment is to be client-directed and employ psychosocial rehabilitation and recovery principles. The law specifies various rights of the recipient as well as due process hearing rights. If a person refuses treatment under AOT, treatment cannot be forced. The court orders a meeting with the treatment team to gain cooperation and can authorize a 72-hour hospitalization to gain cooperation. A Laura's Law petition does not allow for involuntary medication. AB 1421 requires that a county Board of Supervisors adopt Laura's Law by resolution to authorize the legislation within that county. AB 1421 also requires the Board of Supervisors to make a finding that no voluntary mental health program serving adults or children would be reduced as a result of implementation.

At its June 3, 2013 meeting, the Legislation Committee requested that this matter be referred to the Family and Human Services Committee (FHS) for consideration of whether to develop a program in the Behavioral Health Division of the Health Services Department that would implement assisted outpatient treatment options here in Contra Costa County.

On July 9, 2013, the Board of Supervisors referred the matter to FHS for consideration. FHS received reports on the implementation of Laura's Law on October 16, 2013 and March 10, 2014, and on February 3, 2015, the Board of Supervisors adopted Resolution No. 2015/9 to direct the implementation of Assisted Outpatient Treatment (Laura's Law) for a three-year period and directed the Health Services Department (HSD) to develop a program design with stakeholder participation. The Board further authorized the Health Services Director to execute a contract with Resource Development Associates, Inc. to provide consultation and technical assistance with regard to the evaluation of the County's Assisted Outpatient Treatment (AOT) Program for persons with serious mental illness who demonstrate resistance to voluntarily participating in behavioral health treatment.

In February 2016, Laura's Law was implemented and the Department provided FHS with status reports on September 12 and December 12, 2016, and May 22 and September 25, 2017, at which FHS received and discussed the AOT Program reports for fiscal year 2016-17 as provided by the Health Service Department and Resource Development Associates. Contra Costa Behavioral Health Services was directed to coordinate with the Health, Housing and Homeless Services Division and develop a plan to maximize enrollment in Assertive Community Treatment (ACT) of persons who are eligible for the AOT Program and are homeless or at risk of homelessness. Mental Health Systems is the contract agency providing Assertive Community Treatment to fidelity.

On October 17, 2017 the Board of Supervisors accepted the Plan for Maximum Enrollment of Persons Eligible for the AOT Program, as well as the July, 2016 through June 30, 2017 evaluation report from Resource Development Associates. On November 2, 2018 Resource Development Associates presented their Cumulative Evaluation Report to the Assisted Outpatient Treatment Workgroup and interested stakeholders for discussion and input regarding recommendations and next steps.

In September 2021, AB 1976 was approved by the Legislature and signed by Governor Newsom. This statute eliminates the sunset date for AOT programs, and requires the implementation of AOT programs for all counties that have not already implemented Laura's Law effective July 1, 2021. This has converted AOT programs from an opt-in to an opt-out County program. The statute also expands the list of individuals allowed to petition the county behavioral health department for AOT services to include a superior court judge.

The change in legislation has not impacted the County's AOT program, which exceeds the requirements set forth in the legislation.

Referral Update:

The attached report and presentation from Resource Development Associates covers the 2019-2020 fiscal year. It also provides data included in the annual update required by the California Department of Health Care Services.

If the Committee does not have concerns with the report, the Behavioral Health Division of the Health Services Department is requesting to terminate this FHS referral moving forward and instead direct the Department to provide an annual update to the Board of Supervisors no later than September of each year.

Recommendation(s)/Next Step(s):

CONSIDER accepting the cumulative evaluation report from the Health Services Department on the implementation of Laura's Law – Assisted Outpatient Treatment (AOT) program during the period July 2019 through June 2020, and directing the Department to forward these reports annually and directly to the Board of Supervisors for their information.

Fiscal Impact (if any):

Funds are budgeted for the CCBHS portion of the AOT Program for FY 2021-22, and MHSA revenue is expected to sustain the CCBHS portion of the program costs for the fiscal years 2022-23.

Attachments

FY 2019-20 Assisted Outpatient Treatment Program Report

FY 2019-20 Assisted Outpatient Treatment Program Presentation

Contra Costa County Assisted Outpatient Treatment (AOT)

Annual Evaluation Report

Reporting Period: July 1, 2019 - June 30, 2020



Prepared by:

Resource Development Associates

July 2021



Table of Contents

Introduction.....	4
Background Information	6
Contra Costa County's AOT Program Model.....	7
Organization of the Report	8
Methodology	9
Data Measures and Sources.....	9
Data Analysis	11
Limitations and Considerations	12
Findings	13
Pre-ACT Enrollment Findings	13
ACT Enrollment Findings	18
Summary of Findings	30
Appendices	32

Table of Figures

Figure 1. Contra Costa County AOT Program Stages	7
Figure 2. MHS Outreach and Engagement Attempts (N = 821)	17
Figure 3. Referral to ACT Enrollment Summary	18
Figure 4. Primary Diagnosis (N = 90)	19
Figure 5. Employment 12 months before ACT (N = 90)	20
Figure 6. Employment at ACT Enrollment (N = 90)	20
Figure 7. Intensity of ACT Contacts per Week (N = 89)	22
Figure 8. Frequency of ACT Contacts per Week (N = 89)	22
Figure 9. Consumers' Housing Status before and during ACT (N = 86)	25

Table of Tables

Table 1. Data Sources and Elements.....	9
Table 2. DHCS Reporting Requirements and Corresponding Data Sources.....	10
Table 3. Summary of Requestor Type (N = 117)	13
Table 4. Outcome of CCBHS Investigations for Consumers Referred in FY 2019-20 (N = 117)	14
Table 5. MHS Service Summary (N = 107)	16
Table 6. AOT Consumer Demographics (N = 90).....	19
Table 7. Sources of Financial Support for ACT Consumers (N = 90)	20
Table 8. ACT Service Engagement (N = 89)	21
Table 9. Consumers' Crisis Episodes before and during ACT (N = 89)	23
Table 10. Consumers' Psychiatric Hospitalizations before and during ACT (N = 89).....	24
Table 11. Consumers' Jail Bookings before and during ACT (N = 89)	24
Table 12. Self Sufficiency Matrix Scores (N = 36).....	26
Table 13. Changes in Consumers' Frequency of Substance Use (N = 26)	27

Acronyms and Definitions

AB 1421	Assembly Bill 1421 (also known as “Laura’s Law”) authorized the provision of Assisted Outpatient Treatment (AOT).
AB 1976	Assembly Bill 1976 was passed to make Laura’s Law a permanent piece of legislation in California (making AOT an opt-out program starting July 2021).
AOT	Assisted Outpatient Treatment was designed to interrupt the repetitive cycle of hospitalization, incarceration, and homelessness for people with serious mental illness who have been unable and/or unwilling to engage in voluntary services.
ACT	Assertive Community Treatment is the evidence-based behavioral health service provided to AOT and voluntary consumers in Contra Costa County. Consumers eligible for AOT are referred to an ACT program that serves only AOT-referred consumers. Consumers may enroll in services voluntarily (<i>without</i> AOT court involvement) or through a settlement agreement or court order (<i>with</i> AOT court involvement).
NIDA ASSIST	National Institute on Drug Abuse’s Alcohol, Smoking and Substance Involvement Screening Test assesses an ACT consumer’s use of substances over the last three months.
CCBHS	Contra Costa County Behavioral Health Services provides behavioral health services to AOT consumers through an ACT program operated by Mental Health Services (MHS). The AOT program is a collaborative partnership between CCBHS, the Superior Court, County Counsel, the Public Defender, and MHS.
COVID-19 SIP	Coronavirus Disease 19 Shelter in Place orders began in California on March 19, 2020 and closed all non-essential businesses.
DHCS	California Department of Health Care Services oversees AOT programs across the state by collecting consumer data and evaluating AOT consumer outcomes.
FMH	CCBHS Forensic Mental Health receives AOT referrals, conducts the referral investigation, and connects referred individuals to the ACT program or other mental health services.
FY 2019-20	The California Fiscal Year 2019-2020 ran from July 1, 2019 to June 30, 2020.
KET	ACT Key Event Tracking is completed when an ACT consumer experiences a life change in the following areas residential (includes hospitalization and incarceration), education, employment, sources of financial support, legal issues/designations, emergency intervention, health status, and substance abuse.
MacArthur Tool	MacArthur Abbreviated Community Violence Instrument assesses an ACT consumer’s history of violence and victimization in the past month.

MHS	Mental Health Systems is the ACT contracted provider organization in Contra Costa County. MHS also conducts the initial outreach and engagement to individuals referred from FMH.
N, n	N refers to the total population included in each analysis, while n refers to the sample size, or subset of the population.
PAF	ACT Partnership Assessment Form is completed at admission to the ACT program to collect current and historical consumer information. Baseline data about a consumer's residential (includes hospitalization and incarceration), education, employment, sources of financial support, legal issues/designations, emergency intervention, health status, and substance abuse status are reported in the PAF.
RDA	Resource Development Associates was contracted by the County to assess the implementation of the County's AOT program.
SSM	The Self Sufficiency Matrix is an instrument used to assess consumers' social functioning and independent living.

Introduction

Background Information

In 2002, the California legislature passed Assembly Bill (AB) 1421 (also known as “Laura’s Law”), which authorized the provision of Assisted Outpatient Treatment (AOT) in counties that adopt a resolution for its implementation. AOT is designed to interrupt the repetitive cycle of hospitalization, incarceration, and homelessness for people with serious mental illness who have been unable and/or unwilling to engage in voluntary services. AOT uses an expanded referral and outreach process that may include civil court involvement, whereby a judge may order participation in outpatient treatment. The California Welfare and Institutions Code¹ defines the target population, intended goals, and specific suite of services required to be available for AOT consumers in California (see Appendix I).

On February 3, 2015, the Contra Costa County Board of Supervisors adopted a resolution to authorize the implementation of AOT. Currently, Contra Costa County Behavioral Health Services (CCBHS) provides behavioral health services to AOT consumers through an Assertive Community Treatment (ACT) team operated by Mental Health Systems (MHS), a contracted provider organization. Contra Costa’s AOT program represents a collaborative partnership between CCBHS, the Superior Court, County Counsel, the Public Defender, and MHS. Community mental health stakeholders and advocates have remained involved in providing feedback and supporting the program to meet its intended objectives. The County’s AOT program became operational on February 1, 2016 and accepted its first consumer in March 2016.

ACT is an evidence-based service delivery model for people with serious mental illness who are at-risk of or would otherwise be served in institutional settings or experience homelessness. ACT has the strongest evidence base of any mental health practice for people with serious mental illness and, when implemented to fidelity, ACT produces reliable results for consumers. Such results include decreased negative outcomes (e.g., hospitalization, incarceration, and homelessness) and improved psychosocial outcomes (e.g., improved life skills and increased involvement in meaningful activities).

AB 1976 and Changes to AOT Laws

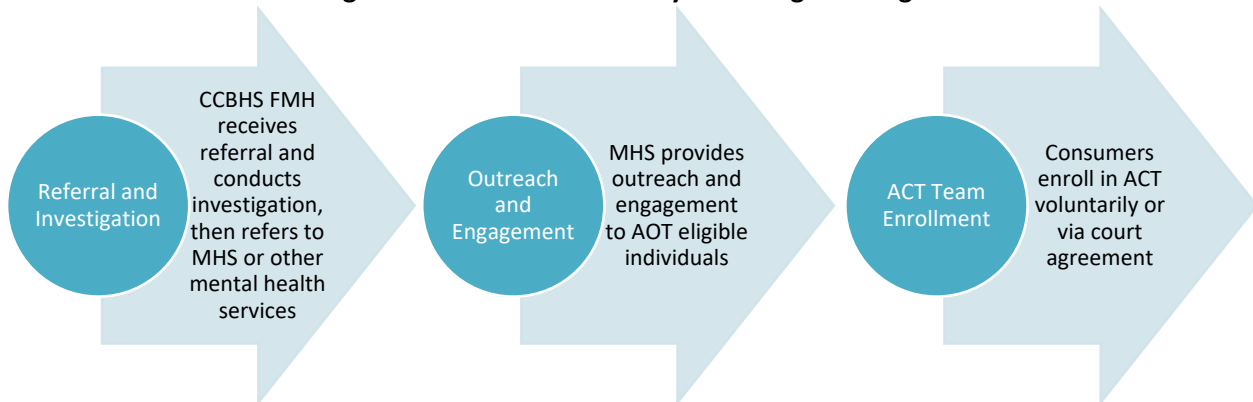
In September 2020, Assembly Bill 1976 (AB 1976) was passed to make Laura’s Law a permanent piece of legislation in California. Moreover, AB 1976 changes AOT from an opt-in program to an opt-out program starting July 1, 2021. California counties are now required to implement AOT unless they publicly explain their reasons for opting out of program participation. The bill also adds judges to the list of individuals who can refer an individual for AOT. Beyond the addition of judges to the accepted referral list, AB 1976 does not affect existing AOT programs in any other ways.

¹ Welfare and Institutions Code, Section 5346

Contra Costa County's AOT Program Model

Contra Costa County has designed an AOT program model that responds to the needs of its communities and exceeds the requirements set forth in the legislation. The Contra Costa County AOT program includes a Care Team comprised of CCBHS Forensic Mental Health (FMH) and MHS staff. Figure 1 below depicts the County's AOT program stages from pre-enrollment (Referral and Investigation; Outreach and Engagement) through enrollment.

Figure 1. Contra Costa County AOT Program Stages



AOT Process

As originally designed, the first stage of engagement with Contra Costa County's AOT program is through a telephone call referral whereby any "qualified requestor" can make an AOT referral.² Within 48 hours, a CCBHS mental health clinician connects with the requestor to gather additional information on the referral and then reaches out to the referred individual to begin determining if they meet AOT eligibility criteria (see Appendix I).

If the person initially appears to meet eligibility criteria, a CCBHS investigator from the FMH staff facilitates a face-to-face meeting with the consumer and/or support networks to gather information; attempts to engage the consumer; and develops an initial care plan. If the consumer continues to meet all nine eligibility criteria, FMH investigators share the consumer's information with the MHS team. MHS then conducts outreach and engagement activities with the consumer to encourage their participation in ACT. If at any time the consumer accepts voluntary services and continues to meet eligibility criteria MHS begins the ACT enrollment process. If the person does not meet all nine AOT eligibility criteria but is in need of mental health services, FMH staff work to connect them to the appropriate type and level of behavioral health services. Such service linkages include connections to:

- ❖ Full Service Partnerships;
- ❖ Clinical case management and/or medication management;

² Qualified requestors include: An adult who lives with the individual; Parent, spouse, adult sibling, or adult child of the individual; Director of an institution or facility where the individual resides; Director of the hospital where the person is hospitalized; Treating or supervising mental health provider; Probation, parole, or peace officer.

- ❖ Private providers or Kaiser;
- ❖ Medical care; and
- ❖ Alcohol and other drug services.

However, if after a period of outreach and engagement, the consumer does not accept voluntary services and continues to meet eligibility criteria, the County mental health director or designee may choose to complete a declaration and request that County Counsel file a petition with the court. Utilizing a collaborative court model that combines judicial supervision with community mental health treatment and other support services, Contra Costa County then holds one to two court hearings. At the first hearing, the consumer has the option to enter into a voluntary settlement agreement with the court to participate in AOT.

If the consumer continues to refuse AOT and is unwilling to enter into a voluntary settlement agreement, then he/she may be court ordered into AOT for a period of no longer than six months at the second court hearing. After six months, if the judge deems that the person continues to meet AOT criteria, they may authorize an additional six-month period of mandated participation. Consumers may also choose to voluntarily continue with services. At every stage of this process, CCBHS' FMH and MHS staff continue to offer the individual opportunities to engage voluntarily in services. Conversely, the AOT Care Team may recommend a 72-hour 5150 hold if the consumer meets existing criteria and is resistant to services.

Organization of the Report

The following report of Contra Costa County's AOT program implementation and outcomes is broken into four sections, highlighted below:

- ❖ Methodology
- ❖ Pre-ACT Enrollment Findings
- ❖ ACT Enrollment Findings
- ❖ Summary of Findings

The *Methodology* section provides a brief description of the data sources and analysis techniques used to address the required DHCS outcomes. This is followed by a discussion of findings from our evaluation of Contra Costa County's processes for AOT referral, investigation, and outreach and engagement in the *Pre-ACT Enrollment Findings* section. The *ACT Enrollment Findings* section then describes the consumer profile in Contra Costa County, as well as consumers' service engagement and outcomes during ACT enrollment. Finally, the *Summary of Findings* section highlights key findings from the County's AOT implementation during fiscal year 2019-2020.

Methodology

RDA worked closely with CCBHS and MHS to assess the implementation of the County's AOT program, as well as the extent to which individuals receiving AOT services during fiscal year 2019-2020 (FY 2019-20) experienced: 1) decreases in hospitalization, incarceration, and homelessness; and 2) improvements in psychosocial outcomes such as social functioning and independent living skills. This evaluation is intended to include information to meet regulatory DHCS requirements. In order to report on these requirements for consumers receiving AOT services during FY 2019-20, the following consumers were included in the analysis:

- ❖ **Evaluation Period:** July 1, 2019 through June 30, 2020
- ❖ **Consumers Included:** Any consumer who was referred to FMH, found to be AOT eligible, and received ACT services during the evaluation period
- ❖ **Consumers Excluded:** Any consumer who was referred to FMH and closed to the AOT process before the end of the evaluation period

Data Measures and Sources

RDA worked with CCBHS and MHS staff to obtain the data necessary to address the DHCS reporting requirements for the FY 2019-20 from several data sources. Table 1 presents the County departments or agencies that provided data for this evaluation, as well as the data sources and elements captured by each data source. Appendix II provides additional information on each data source.

Table 1. Data Sources and Elements

County Agency/ Department	Data Source	Data Element
Contra Costa County Behavioral Health Care Services	CCBHS FMH AOT Request Log	<ul style="list-style-type: none"> • Individuals referred • Qualified requestor information
	CCBHS FMH AOT Investigation Tracking Log	<ul style="list-style-type: none"> • CCBHS investigation attempts
	Contra Costa County PSP and ShareCare Billing Systems	<ul style="list-style-type: none"> • Behavioral health service episodes and encounters, including hospitalizations and crisis episodes • Consumer diagnoses and demographics
	Contra Costa County Epic Electronic Health Record	<ul style="list-style-type: none"> • Booking and release dates
Mental Health Systems	MHS ACT Client List	<ul style="list-style-type: none"> • ACT consumers • Substance abuse diagnoses • Vocational service participation
	MHS Outreach and Engagement Log	<ul style="list-style-type: none"> • Outreach and engagement encounters

County Agency/ Department	Data Source	Data Element
	PAF and KET in Microsoft Access Database	<ul style="list-style-type: none"> • Residential status, including homelessness • Employment • Education • Financial support
	MHS Outcomes Spreadsheet	<ul style="list-style-type: none"> • Social Functioning • Independent Living • Recovery • Substance Use • Violence and Victimization • Consumer and Family Satisfaction

In order to ensure the reporting process met the requirements stated in Section 5348 of the Welfare and Institutions Code, RDA mapped the data source onto each reporting requirement (see Table 2). In 2020, the DHCS changed their reporting requirements and developed the AOT Survey Tool. Therefore, in addition to this report, RDA will also use the AOT Survey Tool to report on the County's AOT program to the DHCS. This report will continue to be used by Contra Costa County to support programmatic improvement and community discussions.

Table 2. DHCS Reporting Requirements and Corresponding Data Sources

DHCS Reporting Requirement	Data Source
The number of persons served by the program	CCBHS FMH AOT Request Log, CCBHS FMH AOT Investigation Tracking Log, MHS ACT Client List
The extent to which enforcement mechanisms are used by the program, when applicable	CCBHS Care Team (FMH and MHS teams) Communications
The number of persons in the program who maintain contact with the treatment system	Contra Costa PSP and ShareCare Billing Systems
Adherence/engagement to prescribed treatment by persons in the program	Contra Costa PSP and ShareCare Billing Systems
Substance abuse by persons in the program	MHS ACT Client List
Type, intensity, and frequency of treatment of persons in the program	Contra Costa PSP and ShareCare Billing Systems
The days of hospitalization of persons in the program that have been reduced or avoided	Contra Costa PSP and ShareCare Billing Systems
The number of persons in the program with contacts with local law enforcement, and the extent to which local and state incarceration of persons in the program has been reduced or avoided	Contra Costa County Epic Electronic Health Record
The number of persons in the program able to maintain housing	Partnership Assessment Form (PAF) and Key Event Tracking (KET)
The number of persons in the program participating in employment services programs, including competitive employment	MHS ACT Client List, PAF and KET

DHCS Reporting Requirement	Data Source
Social functioning of persons in the program	Self Sufficiency Matrix (SSM)
Skills in independent living of persons in the program	Self Sufficiency Matrix (SSM)
Victimization of persons in the program	MacArthur Abbreviated Community Violence Instrument ³
Violent behavior of persons in the program	MacArthur Abbreviated Community Violence Instrument ³
Frequency of substance use of the persons in the program	National Institute on Drug Abuse (NIDA) Quick Screen and Modified Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)
Satisfaction with program services both by those receiving them and by their families, when relevant	MHS Consumer Satisfaction Surveys

Data Analysis

RDA matched consumers across the disparate data sources described above and used descriptive statistics (e.g., frequencies, mean, and median) for all analyses, including pre- and post-enrollment outcome analyses.⁴ As the Contra Costa County's AOT program has been active since February 2016, some consumers have had the opportunity to engage in the program, close, and re-enroll. In order to accurately capture the variation in their experiences, RDA made the following analytic choices regarding consumers with multiple enrollments:

- ❖ **Service Participation:** Consumers' multiple enrollments were treated as unique enrollments to determine the intensity and frequency of their service experiences.
- ❖ **Consumer Outcomes:** The date of consumers' first ACT enrollment was used to distinguish pre- and post-enrollment consumer outcomes for individuals with multiple enrollments. This means that for all consumers, outcomes (e.g., hospitalization) that occurred after a first enrollment were treated as post-enrollment outcomes.

To compare pre- and during-enrollment outcomes (i.e., hospitalizations, crisis episodes, and criminal justice involvement), RDA analyzed the rate (per 180 days) at which consumers experienced hospitalization, crisis, and incarceration outcomes prior to and after enrolling in ACT. To calculate rates of occurrence prior to a consumers' enrollment, RDA used each consumer's data for the year (365 days) prior to their program enrollment date. During enrollment, the rate of occurrence was determined with respect to the number of days a consumer was enrolled in the ACT program, which varied by consumer.⁵

³ Due to limited response rates, the MacArthur Instrument is not included in this report. MHS has changes their assessment processes to increase use of this assessment, which will be included again in future years.

⁴ Frequencies and percentages are presented throughout this report. In some cases, totals may not sum to 100% due to rounding.

⁵ Consumer enrollment ranged from less than a month to over four years.

RDA did not conduct this standardization with any self-reported data. Additionally, when conducting the service participation analyses and consumer hospitalization, crisis, and incarceration outcomes analyses, RDA removed consumers who had less than 30 days of enrollment data.

Limitations and Considerations

As is the case with all “real-world” evaluations, there are important limitations to consider when reading this report. One consideration is that only 90 consumers participated in the AOT treatment program during FY 2019-20. While this number is in alignment with the County’s expectations for program participation, the relatively small number of individuals enrolled in FY 2019-20 can lead to significant shifts in the data based on the experiences of few individuals. This is particularly true when assessing the proportion of individuals who experienced crisis, hospitalization, and criminal justice involvement. Thus, findings should be interpreted with caution.

For RDA’s comparison of consumers’ pre-enrollment and during enrollment experiences, it is important to note that there is variability in the amount of data available for consumers’ enrollment periods. The DHCS now requires counties to assess 12 months of pre-enrollment data for consumers.⁶ On average, consumers were enrolled for 23 months.⁷ However, consumers’ enrollment periods vary from less than a month to over four years. To account for differences in the amount of enrollment data available across all clients, RDA standardized its reported outcomes measures in this report to rates per 180 days for all crisis, hospitalization, and booking findings.

Additionally, a number of the analyses presented rely on self-reported data (e.g., PAF, KET, SSM, and MacArthur Tool). Self-reported data often have reliability and validity issues, as consumers may not be able to recall experiences or be willing to share them for fear of stigmatization or negative consequences. RDA reports on all ACT consumers with available data for a given analysis, which can result in differences in the number of consumers included across findings presented in this report. To clarify the number of consumers included in each analysis, RDA highlights the Ns reported on across each set of findings.

Finally, it is important to note that a global pandemic and subsequent public health orders to shut down all non-essential business took place during this reporting period. CCBHS kept all mental health clinics open during this period and was able to continue providing the AOT program through a mix of in person and telehealth services. However, as with all organizations and individuals, the transition to the new requirements and remote work was challenging. In particular, the County faced staffing shortages due to turnover and the pandemic-related hiring freeze. As the County’s Care Team had to increase its time and energy on providing services and supporting consumers during this time, consistently tracking data became a difficult activity to maintain; therefore, there are greater instances of missing or unknown data in this report.

⁶ RDA’s analysis assumes all AOT consumers lived in Contra Costa County for the year prior to their enrollment. This assumption aligns with available pre-enrollment data.

⁷ Consumers enrolled for less than a month were excluded from these analyses.

Findings

Pre-ACT Enrollment Findings

In FY 2019-20, Contra Costa County received 117 referrals to AOT for 111 unique individuals. The following sections report on Contra Costa County's processes for AOT referral, investigation, and outreach and engagement, and highlight key findings across each area.

Referral for AOT

The majority of AOT referrals (60%) continue to come from consumers' family members.

As Table 3 demonstrates, 95% of all referrals to AOT were made by family members, mental health providers, or law enforcement officials. Family members made over half (60%) of the 117 referrals to AOT, while mental health providers and law enforcement officials made 30% and 5% of referrals to AOT, respectively. An additional 5% of referrals came from a legal guardian or financial protector or an unknown requestor.⁸

Table 3. Summary of Requestor Type (N = 117)

Requestor	Percent of Total Referrals (N = 117)
Parent, spouse, adult sibling, or adult child	60% (n = 70)
Treating or supervising mental health provider	30% (n = 35)
Probation, parole, or peace officer	5% (n = 6)
Legal guardian/protector	1% (n = 1)
Other/Unknown	4% (n = 5)

Care Team

Contra Costa County's Care Team consists of CCBHS' FMH and MHS staff. CCBHS FMH receives all AOT referrals and conducts an investigation for each individual referred in order to determine AOT eligibility (see Appendix I). CCBHS FMH refers AOT-eligible consumers to MHS staff, who conduct outreach and engagement to enroll consumers in ACT services.

Investigation

After CCBHS receives an AOT referral, the FMH team conducts an investigation to determine if the individual meets the eligibility criteria for the AOT program. In addition to consulting prior hospitalization and mental health treatment records for the individual and gathering information from the qualified requestor, the FMH investigation team also attempts to contact the referred individual in the field.

⁸ For five referrals, the relationship of the requestor was classified as other or unknown.

Approximately 22% (n = 26) of consumers were identified as eligible for AOT and referred to MHS for outreach and engagement.

As shown in Table 4, FMH received and investigated 117 referrals for AOT in FY 2019-20. Of those referrals, almost one-fourth (22%, n = 26) were referred to MHS for outreach and engagement and potential enrollment in ACT. FMH connected or re-connected 17 (15%) consumers to a mental health provider, while 13 (11%) consumers were still under investigation at the end of the reporting period.

Table 4. Outcome of CCBHS Investigations for Consumers Referred in FY 2019-20 (N = 117)

Investigation Outcome	Referred Consumers	% of Referred Consumers
Referred to MHS	25	21%
Engaged or Re-Engaged with a Provider	20 ⁹	17%
Ongoing Investigation	13	11%
Investigated and Closed	59	50%

Over half of individuals (50%, n = 59) referred to AOT were investigated and closed. Of those, 38 consumers determined to be ineligible, the majority either did not meet all nine eligibility requirements (36%, n = 21) or were unable to be located (25%, n = 15).¹⁰ An additional 9 consumers (15%) were closed for one of the following reasons:

- ❖ They were unable to be assessed for eligibility (i.e., moved out of County, extended incarceration, or extended hospitalization); or
- ❖ The qualified requestor could not be reached.

CCBHS FMH worked to connect individuals who were ineligible for AOT to the appropriate level of mental health treatment and provided resources and education for family members of these individuals.

The resources provided by the investigation team included system navigation support (information on how to access services with consumers' private insurance), referrals to alcohol and other drug treatment services-outpatient, residential treatment services, out of county resources (access line, mental health services, etc.), community resources (e.g., Putnam Club), miscellaneous resources (SSI, warming centers, general assistance, etc.), and sober living environments. Of the 117 referrals received in FY 2019-20, 55% (n = 64) corresponded to homeless consumers.¹¹ The investigation team offered housing resources to all AOT referred individuals who reported unstable housing, regardless of their investigation outcome. However, FMH faced challenges contacting consumers and connecting them with services due to COVID-19's impact on the capacity of housing resources (i.e., shelters) and the discharge and release of a large number of individuals from hospitals and justice system facilities. The County's investigation team

⁹ FMH referred three consumers to MHS that were already receiving ACT services. These consumers were recoded as "Engaged or Re-engaged with a Provider."

¹⁰ For 14 referrals (24%), the reason for closing the investigation was unknown.

¹¹ The investigation team referred eleven of these consumers (17%) to MHS and engaged or re-engaged four individuals (6%) with a provider. FMH investigated and closed 77% of the 64 referrals (n = 49) because consumers were unable to be located (n = 18), did not meet the eligibility criteria (n = 9), or were unable to be assessed and/or the qualified requestor could not be reached (n = 12). Ten of these 49 closed referrals corresponding to homeless consumers had an unknown reason for closing the investigation.

continued to be persistent in their efforts to locate consumers, determine consumers' eligibility for AOT, and connect eligible consumers to MHS.

In order to capture the complete efforts of the FMH team, RDA included all investigation data for consumers who were under investigation during FY 2019-20. Therefore, if a consumer's eligibility investigation began in late FY 2018-19 and carried over into FY 2019-20, RDA included all of that consumer's investigation data. On average, CCBHS FMH's investigation team made about nine contact attempts to reach each individual referred to AOT. The average duration of the investigation attempts was 31 minutes. The investigation team worked to meet consumers "where they're at," as evidenced by the variety of locations where investigation contacts occurred. Due to the impact of COVID-19 on data collection, the investigation team was not able to retrieve location information for 24% of investigation attempts (n=250). The following percentages were calculated excluding the attempts with unknown location.

Investigation teams attempted to connect with consumers in the field 12% (n = 100) of the time. They also met consumers at the investigation team's office (6%, n = 50), as well as consumers' homes (4%, n = 34); 9% of encounters occurred at correctional facilities, emergency rooms, psychiatric and healthcare facilities, residential centers, or jails. Approximately three quarters (70%, n = 570) of investigation encounters occurred either over the phone or in a county office. About one-fifth (20%, n = 114) of these phone or office contacts represent the initial two contact attempts made by the FMH investigation team.

Outreach and Engagement

If the CCBHS FMH team determines that a consumer is eligible for AOT, the consumer is connected with MHS. The MHS team then conducts outreach and engagement activities with those individuals and their family to engage the individual in AOT services. As per the County's AOT program design, MHS is charged with providing opportunities for the consumer to participate on a voluntary basis. If, after a period of outreach and engagement, the person remains unable and/or unwilling to voluntarily enroll in ACT and continues to meet AOT eligibility criteria, MHS may refer the individual back to FMH to file a petition to compel court ordered participation.

MHS' multidisciplinary team provided intensive outreach and engagement to consumers in a variety of settings.

During FY 2019-20, MHS served 107 consumers in some capacity, either providing outreach and engagement or ACT services. Some consumers only received outreach and engagement services in FY 2019-20, while others also enrolled in ACT at some point during the fiscal year. As shown in Table 5, 30 consumers received outreach and engagement services in FY 2019-20. Of those who received outreach and engagement services in FY 2019-20, 17 enrolled in ACT. Another 73 consumers received outreach and engagement prior to FY 2019-20 and remained enrolled in ACT during FY 2019-20.

MHS made an intentional effort to engage consumers in ACT services quickly over the past year. Previously, there was a mandatory wait time of five meetings so that a consumer could get to know the

team before they were enrolled in ACT. However, the MHS team found that consumers tended to become less engaged and interested in the program during this introductory period, so this wait time was removed. In addition, MHS stated that the AOT Supervisor has been very successful in connecting with consumers the same day they are referred. The combination of connecting with consumers as soon as a referral is received and enrolling them in ACT as soon as they agree has resulted in AOT consumers receiving services expeditiously. There has been a clear decrease in the number of outreach attempts made by MHS over the course of the County's AOT program. During FY2017-18, MHS made an average of 9.6 outreach attempts for each consumer. This decreased to 5.26 outreach attempts in FY2018-19 and 4.76 outreach attempts in FY 2019-20.¹²

In order to capture the total effort of MHS's team, RDA included all outreach and engagement efforts for ACT-enrolled consumers who were enrolled in FY 2019-20 in the following analyses. In other words, for all consumers who were part of the ACT program in FY 2019-20 but received outreach and engagement services during previous fiscal years, RDA included their outreach and engagement data in this analysis. As shown in Table 5, 17 of the 34 (50%) consumers who received outreach and engagement during this time period subsequently enrolled in ACT services, and an additional 2 consumers (6%) were still in the outreach and engagement process as of June 30, 2020.

Table 5. MHS Service Summary (N = 107)¹³

Consumer Status	Number of Consumers	% of Consumers
Received Outreach in FY 2019-20	34	32%
<i>Outreach is Ongoing</i>	<i>2</i>	
<i>Outreach Closed</i>	<i>15</i>	
<i>Enrolled in ACT</i>	<i>17</i>	
Received Outreach in 2018/19 or before; ACT services in FY 2019-20	73	68%

MHS provided outreach and engagement services to consumers and their support networks. MHS made 825 outreach attempts with the consumers either enrolled in AOT or referred to MHS for AOT in FY 2019-20. The ACT team conducted the majority (64%, n = 526) of its consumer outreach attempts in-person. Less than one-fifth (18%, n = 164) of their outreach efforts were with consumers' family members or other community service providers (see Figure 2).¹⁴

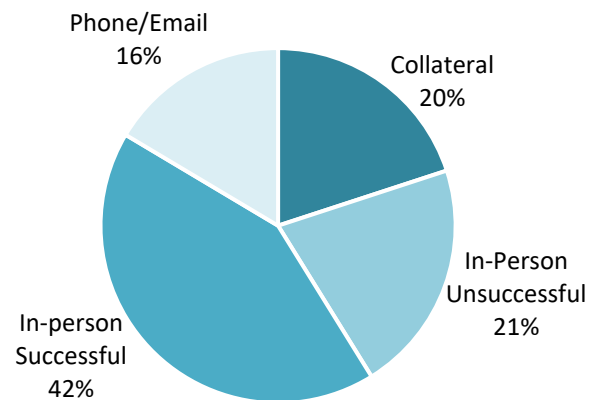
¹² In some cases, this decrease may be due to previous engagement with MHS (e.g., previous AOT referral) or missing data.

¹³ Seven referrals listed as "Referred to MHS" by FMH were missing MHS outreach information and are not included in this table.

¹⁴ MHS outreach attempts without a location listed and no time associated with the service were coded as phone/email. Four in-person encounters were missing information on the outcome of the outreach, successful or not successful, so they are not included in this figure.

MHS relies on a multidisciplinary team to conduct outreach and engagement. Thirty-nine percent (39%, n = 324) of outreach attempts were by a peer partner and 40% (n = 330) were made by a supervisor/lead. Alcohol and drug specialists, case managers, nurses, psychiatrists, and housing support specialists also made outreach attempts during the evaluation period. As with the County's investigation team, MHS persisted in their efforts to meet consumers "where they're at." Over one-fifth of attempts (21%, n = 190) occurred at a consumer's home, while approximately over one-third of (38%, n = 310) attempts occurred in the community or the MHS office. The ACT team also attempted to connect with consumers at a hospital or crisis stabilization facility, other community service provider locations, and criminal justice sites, such as jails.

Figure 2. MHS Outreach and Engagement Attempts (N = 821)



Referral to Enrollment Summary

The average length of time from AOT referral to enrollment was 119 days for ACT consumers during FY 2019-20.

Contra Costa County designed an AOT program model that sought to engage and enroll consumers in the ACT program within 120 days of referral. Collectively, it took the Care Team approximately 119 days on average (median of 85 days) to conduct investigation, outreach and engagement, and enrollment of consumers (N = 74).¹⁵ The length of time from referral to enrollment was slightly less, 111 days (median of 43 days), for consumers who began the ACT program in FY 2019-20 (n = 15).¹⁶

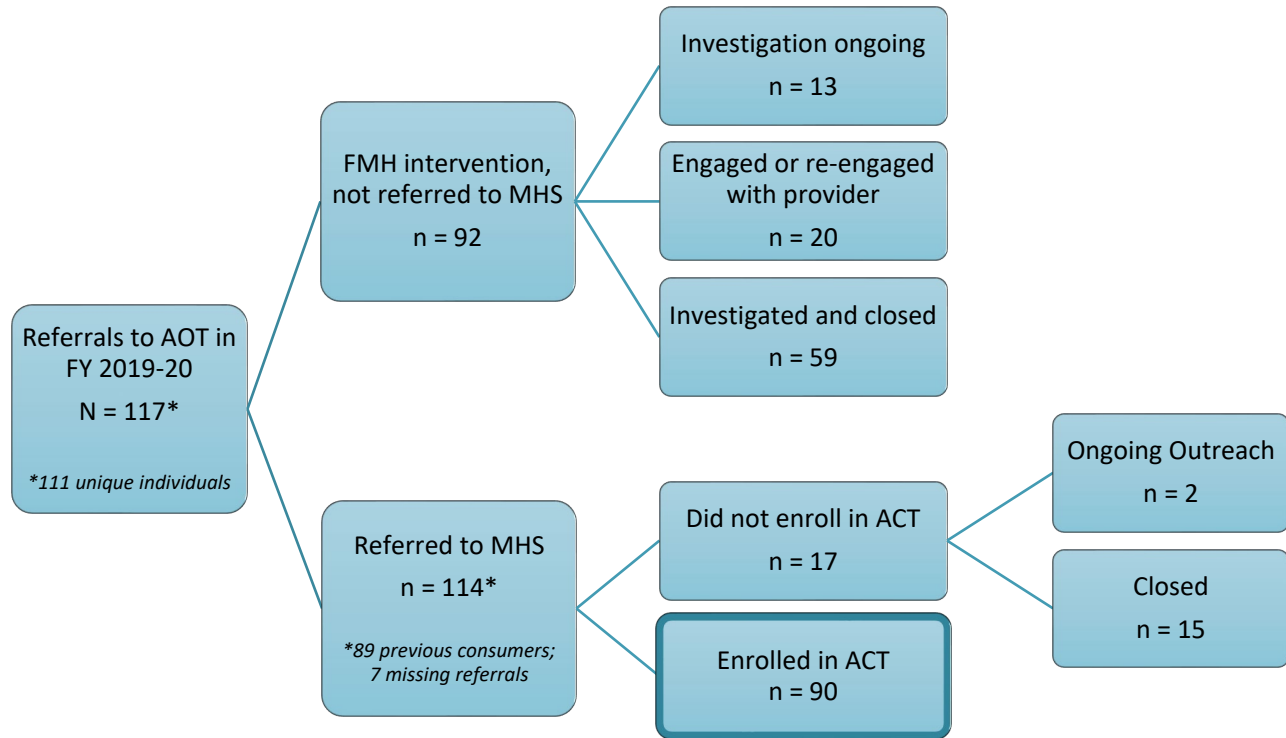
Figure 3 summarizes the outcomes of all referrals to AOT following the Care Team's investigation, outreach, and engagement efforts. During FY 2019-20, 90 consumers were enrolled in ACT. Of those consumers, 14% (n = 13) were enrolled with court involvement during the reporting period and the remaining consumers were enrolled voluntarily (n = 77). Most consumers with AOT court involvement reached voluntary settlement agreements (77%, n = 10).

Most consumers (86%, n = 77) were enrolled in ACT voluntarily.

¹⁵ For FY 2019-20 ACT consumers, RDA was able to link 74 consumers to their AOT referral request. There were 16 consumers who were unable to be linked to an AOT referral request.

¹⁶ RDA was unable to link two consumers who enrolled in FY 2019-20 to their AOT referral request.

Figure 3. Referral to ACT Enrollment Summary¹⁷



ACT Enrollment Findings

During FY 2019-20, the MHS team served 90 consumers through the ACT program. The following section provides information on the profile of these consumers as well as their service engagement and outcomes during enrollment.

Consumer Profile

Contra Costa County is reaching the identified target population.

Demographic Information

As shown in Table 6, 38% (n = 34) of all consumers enrolled in ACT services during FY 2019-20 were female. The majority of consumers identified as White/Caucasian (58%, n = 52), while 17% (n = 15) identified as Black/African American, 10% (n = 9) identified as Hispanic, and 8% (n = 7) identified as Asian. An additional 4% (n = 4) of consumers identified as some “Other” race and 3% (n = 3) did not report their race/ethnicity. Most consumers (68%, n = 61) were between the ages of 26 and 49 years old.

¹⁷ FMH referred three consumers that were already receiving ACT services. These consumers were included in the “Engaged or re-engaged with provider” group. The “Referred to MHS” category (n = 114), includes seven referrals with missing MHS outreach information and 89 referrals that correspond to consumers who were referred or already enrolled in ACT before FY 2019-20. Two consumers originally classified by FMH as “Investigated and Closed” did receive MHS outreach services during FY 2019-20 but did not enroll in ACT.

Table 6. AOT Consumer Demographics (N = 90)

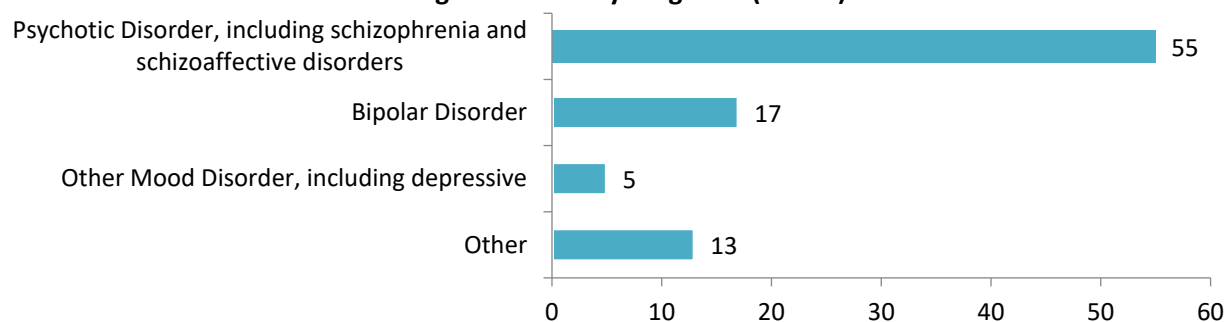
Category	Percent of Consumers	Number of Consumers
Gender		
Female	38%	34
Male	62%	56
Race/Ethnicity		
White	58%	52
Black/African American	17%	15
Hispanic or Latino	10%	9
Asian/Pacific Islander	8%	7
Other	4%	4
Unknown/Not reported	3%	3
Age		
18 – 25	16%	14
26 – 49	68%	61
50+	17%	15

The community has noted that language is a service barrier for individuals who do not speak English as their primary language. The County's AOT Care Team is actively working to increase their language capacity to better support all those who would benefit from AOT services. In addition, they are conducting targeted outreach to communities underrepresented in the AOT program. For example, MHS and FMH are working with National Alliance of Mental Illness Contra Costa County and will be attending meetings with a focus on engaging the Asian and Pacific Islander community.

Diagnosis and Substance Use

Consumers enrolled in ACT are reflective of the intended AOT population of individuals with serious mental illness (see Figure 4). The majority of consumers (61%, n = 55) had a primary diagnosis of a psychotic disorder, including schizophrenia and schizoaffective disorders. Another 19% (n = 17) had a primary diagnosis of bipolar disorder.¹⁸ Eighty-one percent of consumers (81%, n = 73) had co-occurring substance use disorders.

Figure 4. Primary Diagnosis (N = 90)



¹⁸ Five consumers had another mood disorder diagnosis, including depressive, while thirteen consumers had a different primary diagnosis. These diagnoses include autistic disorder, delusional disorder, obsessive compulsive disorder, anxiety disorder, and disorders related to stimulant use/dependence.

Employment and Financial Support

Partnership Assessment Form (PAF) data, which provides information regarding consumers' employment and financial support at the time of enrollment, were available for the 90 ACT consumers. Of those 90 consumers, 80% (n = 72) were unemployed at some point in the 12 months prior to enrolling in ACT (see Figure 5). As shown in Figure 6, 83% (n = 75) of consumers were unemployed at the time of their enrollment.

Figure 5. Employment 12 months before ACT (N = 90)

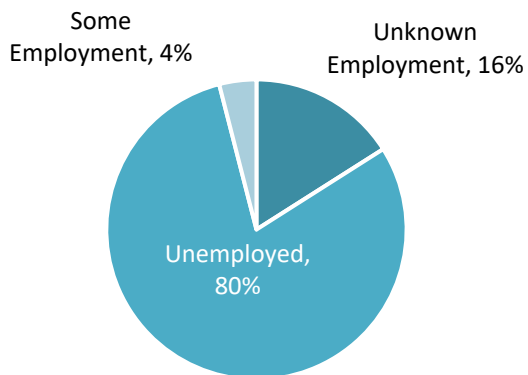
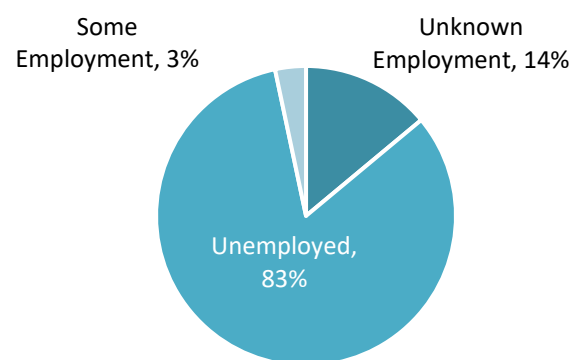


Figure 6. Employment at ACT Enrollment (N = 90)



For the 90 consumers, Table 7 depicts their different sources of financial support and income in the 12 months prior to enrollment, as well as at the time of enrollment. The "Other" category includes retirement/Social Security income, tribal benefits, wages or savings, housing subsidy, and food stamps. The majority of consumers received Supplemental Security Income/State Supplementary Payment or Social Security Disability Income prior to (62%, n = 56) and at the time of (60%, n = 54) enrollment. Approximately 13% (n = 12) of consumers reported having no financial support or income prior to enrollment, while 16% (n = 14) of consumers reported having no financial support at the time of enrollment.

Table 7. Sources of Financial Support for ACT Consumers (N = 90)¹⁹

Source of Financial Support	Received in the 12 Months Prior to Enrollment	Receiving at Enrollment
Supplemental Security or Disability Income	62%	60%
Support from family or friends	22%	23%
No Financial Support	13%	16%
Other	3%	1%
Unknown²⁰	8%	7%

¹⁹ Total percentages are greater than 100 because some consumers had more than one source of support.

²⁰ Consumers financial support is reported as unknown if no financial information was included on their PAF.

Service Participation

The following sections describe the type, intensity, and frequency of service participation, as well as adherence to treatment. Of the consumers enrolled in ACT during FY 2019-20, one consumer was enrolled for less than one month. Therefore, the following analyses include service data for 89 out of 90 consumers who received MHS services in FY 2019-20.

Type, Intensity, and Frequency of Treatment

The multidisciplinary ACT team provides wrap-around behavioral health services to consumers.

ACT consumers in Contra Costa County received services from a multidisciplinary ACT team who provide wrap-around behavioral health services. When implemented to fidelity, ACT produces reliable results including decreased negative outcomes, (e.g., hospitalization, incarceration, and homelessness) and improved psychosocial outcomes.

FY 2019-20 consumers were enrolled and receiving ACT services for an average of 23 months (median of 21 months), which is about 1.9 years. ACT consumer enrollment varied widely from less than a month to over four years. In FY 2019-20, on average, consumers received 1.95 service encounters per week for a total average of 1.68 hours of services per week (see Table 8).

Table 8. ACT Service Engagement (N = 89)

	Average	Range
Length of ACT Enrollment	684 days	94 – 1,551 days
Frequency of ACT Service Encounters	1.95 contacts per week	<1 – 8.69 contacts per week
Intensity of ACT Services	1.68 hours of contact per week	<1 – 7.24 hours of contact per week

Given the impact of COVID-19 and the statewide wide shelter in place (SIP) orders, service engagement was analyzed for the periods before and after March 19, 2020.²¹ Rather than seeing a decline in engagement, the frequency of ACT service encounters during FY 2019-20 increased from an average of 1.84 contacts per week (prior to COVID-19 SIP orders) to 2.33 contacts per week (after COVID-19 SIP orders began). It appears that COVID-19 and SIP did not decrease ACT service engagement for most consumers. But, as the length of time for data analysis for before SIP (July 1, 2019 – March 18, 2020) is much greater than for after SIP (March 19, 2020 – June 30, 2020), these findings should be interpreted with caution.

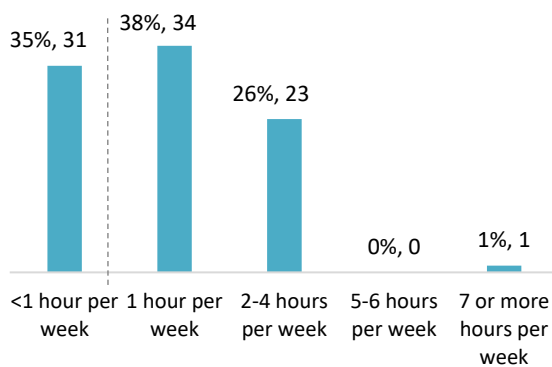
²¹ March 19, 2020 was the date the California shelter in place order was issued.

Treatment Adherence

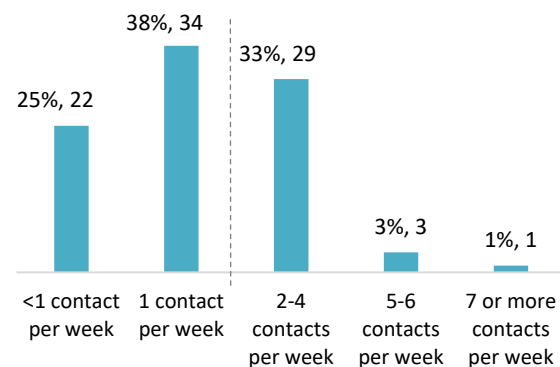
Over one-third of consumers were adherent with services.

Consumers were considered “treatment adherent” if they received at least one hour of engagement with their ACT team at least two times per week. About 37% of consumers included in the service analysis (n = 33) met this standard of adherence (see Figure 7 and Figure 8). There were an additional 25 consumers who, on average, met the standard of intensity, at least an hour per week, but met with the ACT team less than two times per week. Thirty-one ACT consumers (35%) received less than one hour of face-to-face services per week and met with the ACT team fewer than two times per week, on average.

**Figure 7. Intensity of ACT Contacts per Week
(N = 89)**



**Figure 8. Frequency of ACT Contacts per Week
(N = 89)**



As noted, service engagement and treatment adherence did not decrease during SIP orders. Prior to the closure of most in person services, about 36% of consumers were adherent compared to 51% of consumers during the SIP orders. Again, the length of time for data analysis for before SIP (July 1, 2019 – March 18, 2020) is greater than for after SIP (March 19, 2020 – June 30, 2020), so the increases in service engagement and treatment adherence may be impacted by the difference in amount of data points prior to and after SIP began.

ACT Consumer Outcomes

The following sections provide a summary of consumers’ experiences with psychiatric hospitalizations, crisis episodes, criminal justice involvement, and homelessness before and during ACT enrollment. When appropriate, these outcomes are standardized to rates per 180 days in order to account for variance in length of enrollment and pre-enrollment data. One consumer served during FY 2019-20 was enrolled for less a month and was not included in the following outcomes analyses. In addition to this one consumer, significant outliers were not included in some of the calculations. Significant outliers are those consumers who had greater than four standard deviations from the mean number of hospitalizations, crisis episodes, or jail bookings for all consumers.²² To calculate rates of occurrence prior to a consumers’ enrollment, RDA used consumer data for the year prior to their program enrollment date with each consumer having

²² Outliers were also identified for length of stay analyses by following the same criteria – 4 standard deviations above the mean.

365 pre-enrollment days. During enrollment, the rate of occurrence was determined by the number of days a consumer was enrolled in the ACT program.

Crisis Episodes, Psychiatric Hospitalization, and Incarceration

The County's PSP Billing System was used to identify consumers' crisis and hospital episodes in the 12 months prior to and during ACT enrollment through June 30, 2019. The County's new billing system, ShareCare, was used to identify consumers' crisis and hospital episodes during FY 2019-20. The Epic Electronic Health Record System was used to identify consumers' jail bookings, both prior to and during ACT enrollment.

The number of consumers experiencing crisis episodes, psychiatric hospitalization, and incarceration decreased during ACT.

The number of consumers experiencing a crisis episode decreased during ACT, as did the rate of their crisis experiences. Almost all consumers (79%, n = 70) experienced at least one crisis episode in the year before ACT enrollment with episodes lasting an average of just over one day.²³ Fewer consumers had a crisis episode during ACT (53%, n = 47). Among those who did have crisis episodes, they experienced approximately the same rate of crisis episodes every six months prior to and during ACT enrollment. The average length of crisis episodes remained stable prior to and during ACT enrollment (see Table 9).^{24,25}

Table 9. Consumers' Crisis Episodes before and during ACT (N = 89)

Crisis Episodes		
	Before ACT enrollment	During ACT enrollment
Number of Consumers	n = 70	n = 47
Number of Crisis Episodes	1.9 episodes per 180 days	2.04 episodes per 180 days
Average Length of Stay	1.19 days	1.18 days

Similar to those experiencing crisis episodes, the number of consumers who experienced a psychiatric hospitalization decreased during ACT. Approximately 35% (n = 31) of consumers were hospitalized in the 12 months before ACT, compared to 18% of consumers (n = 16) who experienced a hospitalization during ACT. Those with at least one hospitalization before ACT experienced approximately 1.12 hospitalizations every 180 days, lasting an average of 12.5 days each.²⁶ Consumers were hospitalized fewer times (0.39 hospitalizations per 180 days) while enrolled in ACT, and the average hospitalization was 10 days while enrolled in ACT (see Table 10).

²³ Two consumers had more than six episodes per 180 days before ACT enrollment, which was at least four standard deviations above the average. The standardized number of crisis episodes before enrollment, when including the outliers, was 2.4.

²⁴ Before ACT enrollment, five crisis episodes lasted more than three days, which was at least four standard deviations longer than the average episode length. The average length of stay, when including the outlier episodes, was 1.24 days.

²⁵ During ACT enrollment, three crisis episodes lasted longer than three days which was at least four standard deviations longer than the average episode length. The average length of stay, when including the outlier episodes, was 1.21 days.

²⁶ Two hospitalization episodes lasted 258 and 269 days, respectively, which was at least four standard deviations longer than the average episode length. The average length of stay, when including the outlier episodes, was 20 days.

Table 10. Consumers' Psychiatric Hospitalizations before and during ACT (N = 89)

Psychiatric Hospitalizations		
	Before ACT enrollment	During ACT enrollment
Number of Consumers	n = 31	n = 16
Number of Hospitalizations	1.12 hospitalizations per 180 days	0.39 hospitalization per 180 days
Average Length of Stay	12.5 days	10.04 days

Approximately 34% (n = 31) of ACT consumers were arrested and booked into County jail at least once in the year prior to ACT enrollment. On average, these individuals were arrested and booked into County jail approximately 1.12 times per 180 days and were in jail for an average of 12.5 days for each jail booking prior to enrollment.²⁷ During ACT participation, however, less than one-fifth of consumers (18%, n = 16) were arrested and booked into County jail.²⁸ Among those who did have jail bookings, on average, they were arrested and booked fewer times during ACT enrollment and the average length of their incarcerations was 5.95 days, approximately two days shorter than the average jail stay prior to ACT enrollment (see Table 11).²⁹

Table 11. Consumers' Jail Bookings before and during ACT (N = 89)

Bookings and Incarcerations		
	Before ACT enrollment	During ACT enrollment
Number of Consumers	n = 34	n = 18
Number of Bookings	1.18 bookings per 180 days	0.91 bookings per 180 days
Average Length of Incarceration	8.22 days	5.95 days

Housing

The Care Team offers housing support to all ACT consumers with unstable housing at any point during enrollment. This support may include housing resources or referrals, housing through MHS, transportation to shelters, or other assistance. In some cases, ACT consumers do not accept this support, but the Care Team continued to be persistent in their efforts to locate stable housing for consumers.

Over 84% of consumers were in stable housing at the conclusion of the evaluation period.

Housing information was available for 86 ACT consumers.³⁰ At enrollment, 76% (n = 65) of consumers were in stable housing.³¹ RDA compared consumers' baseline housing status to their last known residence in FY 2019-20 to explore changes in consumers' housing status during ACT enrollment. Housing information was taken from consumers' Partnership Assessment Form (PAF) at intake and the subsequent

²⁷ Three jail bookings lasted 238, 270, and 283 days, respectively, which was at least four standard deviations longer than the average episode length. The average length of stay, when including the outlier episodes, was 17.5 days.

²⁸ One consumer had 17 bookings per 180 days before ACT enrollment, which was at least four standard deviations above the average. The standardized number of jail bookings before enrollment, when including the outlier, was 1.76.

²⁹ Two jail bookings lasted 162 and 107 days, respectively, which was at least four standard deviations longer than the average episode length. The average length of stay, when including the outlier episodes, was 8.5 days.

³⁰ Housing status was unknown or unavailable for four consumers.

³¹ RDA used the Department of Housing and Urban Development (HUD) definition of stable housing to determine which categories from the PAF and KET forms should be considered "housed."

Key Event Tracking (KET) form that were used to note changes in a consumer's status. As shown in Figure 9, 12% (n = 10) of consumers obtained housing while enrolled in ACT, while around three-quarters (72%, n = 62) maintained the stable housing they had before ACT enrollment.

Figure 9. Consumers' Housing Status before and during ACT (N = 86)

Consumers who obtained housing	Consumers who maintained housing	Consumers who were not stably housed
<ul style="list-style-type: none"> • 12% of consumers were not housed before ACT but obtained housing while enrolled 	<ul style="list-style-type: none"> • 72% of consumers were housed before ACT and continued to maintain housing while enrolled 	<ul style="list-style-type: none"> • 3% of consumers were housed before ACT but did not maintain housing during ACT • 13% of consumers were not housed before or during ACT enrollment

The remaining 16% of consumers (n = 14) were unstably housed at the end of their ACT enrollment or the end of the reporting period. Most of these consumers (79%, n = 11) were still enrolled in the ACT program at the end of the reporting period (June 30, 2020). Less than five of these consumers had voluntary settlement agreements. Of the unstably housed consumers, eleven (79%) were unhoused prior to the ACT program and did not gain housing during their ACT enrollment.³² Three of these consumers experienced intermittent stable housing during their ACT enrollment while the other eight consumers did not report any stable housing. Three unstably housed ACT consumers (21%) had stable housing at admission, but lost their housing during enrollment. Most of these consumers reported a history of homelessness prior to AOT enrollment.

Employment Service Engagement

ACT enrollment provides consumers with support for their employment and education.

All ACT consumers have access to vocational services provided by the ACT team. During the evaluation period, half of ACT consumers (n = 45, 50%) accessed these services, as noted by MHS staff. Employment services included: support developing résumés, searching for job openings, preparing for interviews, and submitting applications. The ACT team also worked with consumers to identify their vocational goals and discuss how employment can lead to independent living for consumers. Employment and education status of consumers was taken from PAF forms, at enrollment, and KET forms, during enrollment. The number of consumers with some form of employment (either part- or full-time, or volunteer work) increased during ACT enrollment. Three ACT consumers had some employment at enrollment and five consumers gained competitive employment³³ at some point during ACT in FY 2019-20. An additional two ACT consumers attended school or completed a degree in FY 2019-20, one of whom also held competitive employment during ACT enrollment.

³² There were no KETs reported for six of these consumers indicating their housing status did not change during ACT enrollment.

³³ Competitive employment is defined as "Paid employment in the community in a position that is also open to individuals without a disability".

Social Functioning and Independent Living

When implemented to fidelity, ACT programs can enhance consumers' abilities to function independently and participate in activities of daily living. Throughout consumers' enrollment in ACT, the MHS team administered the Self Sufficiency Matrix (SSM) to assess consumers' social functioning and independent living on a quarterly basis. The SSM consists of 18 domains scored on a scale of one ("in crisis") to five ("thriving").

ACT consumers experienced increases in their self-sufficiency while enrolled in ACT.

The MHS team assessed consumers at intake, every 90 days, and upon discharge. Intake data were available for 36 consumers enrolled in ACT during FY 2019-20, 24 of whom also had at least one reassessment. Table 12 reports the average scores for consumers at intake, as well as at 3, 6, 12, and 18 months after enrollment.³⁴

Table 12. Self Sufficiency Matrix Scores³⁵ (N = 36)

Domain	Intake Average Score	3-month Average Score	6-month Average Score	12-month Average Score	18-month Average Score	24-month Average Score
Housing	3.00	3.41	3.30	3.74	3.14	3.81
Employment	1.03	1.03	1.19	1.32	1.15	1.29
Income	1.67	2.24	1.83	2.42	2.36	2.41
Food	2.40	2.65	3.13	3.22	2.79	2.78
Child Care	4.50	4.00	4.00	4.00	4.25	n/a
Children's Education	4.75	5.00	5.00	5.00	5.00	3.00
Adult Education	3.64	3.41	3.74	3.65	2.75	3.30
Health Care Coverage	3.97	4.18	3.81	4.07	3.68	4.49
Life Skills	2.58	2.94	3.51	3.11	2.89	2.89
Family/Social Relations	2.72	4.65	2.76	2.98	2.79	2.48
Mobility	2.89	2.88	3.47	3.37	3.11	3.01
Community Involvement	2.22	2.94	2.63	3.01	2.54	2.83
Parenting Skills	2.25	2.00	3.25	3.33	3.00	3.67
Legal	4.06	3.50	3.85	4.43	4.17	4.77
Mental Health	2.17	1.68	2.29	2.47	2.21	2.57
Substance Abuse	3.06	3.24	3.30	3.98	3.18	3.33
Safety	3.58	3.82	3.92	4.16	4.07	4.26
Disabilities	2.75	2.59	3.05	3.17	2.57	2.58
Total Score	43.43	46.50	48.17	51.80	45.93	47.95
	n = 36	n = 17	n = 26	n = 23	n = 14	n = 16

³⁴ In some cases, consumers had multiple SSM assessments during a reporting period. For these cases, RDA averaged the assessments for each consumer prior to looking at the averages across consumers.

³⁵ "n/a" indicates where no scores were given for that SSM domain.

Consumers' average scores across domains at each SSM administration were higher than the average scores at intake.

Substance Use

The MHS team assessed consumers' frequency of substance use with the Quick Screen and Modified Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) developed by the National Institute on Drug Abuse (NIDA). This instrument has the objectives of identifying drug use, educating consumers about the adverse consequences of drug use, enhancing medical care by increasing awareness of the potential impact of drug use, and improving linkages between consumers and specialty drug and alcohol treatment services. Starting in January 2019, the MHS team administered the assessment every six months to enrolled ACT participants.

The NIDA tool measures drug use frequency in the months before the assessment. It also collects information on individuals' urge to use, the impact of drug use (health, social, legal, and financial), friends' and family members' concerns, individual drug use expectations, and attempts to control drug use. The frequency of monthly drug use is measured on a 0-6 scale (0: Never, 2: Once/Twice, 3: Monthly, 4: Weekly, and 6: Daily).

Overall, ACT consumers reported a decrease in their frequency of substance use.

Twenty-nine percent of ACT consumers (n = 26) reported having used a substance in the three months before their initial or follow-up assessments. Twenty consumers reported using cannabis to some frequency at both their initial and follow-up assessments. In addition, 14 and 15 consumers reported using methamphetamines at their initial and follow-up assessments, respectively. Fewer than three consumers reported using other substances including cocaine, stimulants, inhalants, sedatives, hallucinogens, and street and prescription opioids in each of the assessments. Table 13 displays consumers' change in frequency of substance from their initial assessment to their follow-up assessment.

Table 13. Changes in Consumers' Frequency of Substance Use (N = 26)

	Number of Consumers		
	Decrease	No Change	Increase
All Substances (n=26)	14	8	4
Cannabis (n=20)	7	7	6
Methamphetamine (n=15)	5	7	3

There was an average decrease in consumer's frequency of use across all substances. This decrease was mainly driven by consumers' shift from daily to weekly use. Of the 20 consumers who reported using cannabis at their first assessment, eight consumers reported daily use. Half of them (n = 4) reported a decrease in their cannabis use, from daily to weekly, at the follow-up assessment. Similarly, of the 14 consumers who reported using methamphetamine at intake, five reported daily use, and three of them (60%) reported shifting from daily to weekly use. One consumer who did not report the use of methamphetamine at their initial assessment, reported using the substance at the follow-up assessment.

Violent Behavior and Victimization

Consumers who meet the eligibility requirements for AOT often have perpetrated violence towards others and/or experienced violence and victimization. The team administered the MacArthur Abbreviated Community Violence Instrument (MacArthur tool) at intake, every 180 days, and at discharge to determine if consumers were either perpetrators of violence and/or victims of violence. The assessment asks consumers about the following types of violence:

- ❖ Throwing things at someone
- ❖ Pushing, grabbing, or shoving someone
- ❖ Slapping someone
- ❖ Kicking, biting, or choking someone
- ❖ Hitting someone with a fist or object, or beating someone up
- ❖ Forcing someone to have sex against their will
- ❖ Threatening someone with a gun, knife, or other lethal weapon
- ❖ Using a knife on or firing a gun at someone

Consumers were asked if they had either perpetrated and/or been victims of each type of violence in the prior month.

The MacArthur tool includes 17 questions that assess the frequency of violence, victimization or perpetration of assaultive behavior by consumers during the last month. Victimization and violent behaviors include behaviors that cause physical or emotional harm to themselves or others. These behaviors can range from verbal abuse to physical harm to self, others, or property.

Given the sensitive nature of these questions, historically only a small number of consumers have agreed to take this assessment. During FY 2019-20, no consumers agreed to complete the MacArthur tool, so findings regarding consumer violence and victimization are not included in this year's analysis. The MHS ACT team has implemented new processes and additional guidance for the use of the MacArthur tool to increase response rates for the next AOT evaluation reporting period.

Consumer and Family Satisfaction

Understanding consumers' and their families' satisfaction with ACT services is an important way to ensure ACT services are meeting the needs and expectations of the individuals the program serves. MHS' client and family satisfaction survey tools were used to assess consumer's and family member's satisfaction with ACT services.

Overall, ACT consumers and family members are very satisfied with the services received while enrolled in ACT.

In FY 2019-20, MHS collected program satisfaction surveys from 22 consumers. Consumers were asked to rate their overall satisfaction with the services they received from MHS on a scale of 1 to 5, 5 being the

most positive.³⁶ Twenty-two consumers responded to this question with an average score of 4.22. The program also collected satisfaction surveys from 16 family members. Fifteen of the family members rated their satisfaction with MHS services with an average score of 4.13. In addition, 75% of family members (n = 9) reported they saw improvements in their loved one's wellness during the ACT program.³⁷

The consumer survey also asked participants about their use and satisfaction with telehealth services during the COVID-19 pandemic; thirteen of the consumers responded to this question. Seventy percent of respondents (n = 9) considered their experience with these services as "moderately successful." The remaining four consumers rated their experience as "extremely successful." For consumers who took this survey, there was significant support for telehealth services provided by the ACT program during the COVID-19 pandemic.

AOT Enforcement Mechanisms

During FY 2019-20, the County used enforcement mechanisms for some AOT consumers.

The primary enforcement mechanism occurs when AOT consumers (e.g., consumers who have a voluntary settlement agreement or AOT court order) refuse to engage and a judge orders the consumer to meet with the treatment team. The enforcement mechanism of a court order to meet with the treatment team was used for six consumers in Contra Costa County's AOT program during FY 2019-20. The AOT team can also issue a mental health evaluation order at a designated facility for a consumer who does not meet 5150 criteria established in the Welfare and Institutions Code. The AOT Care Team issued a mental health evaluation order during FY 2019-20 for less than five AOT consumers.

³⁶ The client survey tool originally measured satisfaction with a scale that included the values of "Very Good", "Good", "Acceptable", "Poor", and "Very Poor". This instrument was also responded by four family members. To maintain the comparability of results with evaluations from previous years and include these family responses in the analysis of the satisfaction of family members, RDA recoded the question and created a scale of 1 to 5, with 5 being the most positive.

³⁷ There were 12 family members who answered this question.

Summary of Findings

This FY 2019-20 AOT Evaluation Report to Contra Costa County was written in recognition of the collaborative efforts of those involved in the implementation of the AOT program in Contra Costa County. The following discussion summarizes implementation activities and consumer accomplishments during FY 2019-20.

The County's AOT Care Team collaborated to connect referred individuals to the appropriate level of mental health services, including Assertive Community Treatment.

In FY 2019-20, the County received 117 referrals for AOT. At the conclusion of the fiscal year, 11% (n = 13) were still being investigated for AOT eligibility. Of those referrals that were closed (n = 104), 17 consumers (15%) were ineligible for AOT and connected to another provider that the consumer worked with in the past or a new mental health provider. This indicates that the AOT program in Contra Costa County also provides opportunities for consumers who are not eligible for AOT to access mental health services. Twenty-six consumers (22%) were referred to MHS in FY 2019-20 for outreach and engagement services, with 13 consumers ultimately enrolled in ACT and two consumers still receiving outreach and engagement at the end of the evaluation period.

A higher percent of consumers were investigated and closed during FY 2019-20. About half of AOT referrals were closed; the majority of those either did not meet all nine AOT eligibility criteria, could not be located, or the qualified requestor was unavailable or withdrew the request. While the investigation team provides resources to all individuals referred to AOT, or their qualified requestor, there were a greater number of individuals whose engagement with services was unable to be tracked. This may reflect changing circumstances due to the global pandemic, which impacted the Care Team's ability to reach consumers and led to reduced service capacity across the County.

Outreach and engagement resulted in consumers being enrolled into the ACT program quickly.

The MHS team was successful in enrolling referred consumers in the ACT program after only a few engagements. During FY 2019-20, the MHS team conducted an average of 4.76 outreach attempts per consumer, which was a decrease compared to previous years. This shift was due to a change in the MHS engagement process, which eliminated a mandatory introductory period, and increased success in engaging with consumers referred from FMH, often on the same day the team received the referral.

Despite the impacts of the COVID-19 pandemic, consumers increased their engagement with ACT services.

During FY 2019-20, almost 40% of consumers (n = 33) received two or more of services per week and met with the ACT team for at least an hour per week, on average. Interestingly, ACT consumers' service engagement increased following the COVID-19 shelter in place orders in California. The County Care Team was able to remain open and continue to provide services (both in person and virtual) to consumers. All

consumers who responded to the satisfaction survey described the ACT services offered during the pandemic as “moderately successful” or “very successful.”

The majority of ACT consumers experienced benefits from participating in the AOT program.

Consumers experienced a range of benefits from their participation in ACT. For the following outcomes, there was a reduction in the number of consumers who experienced these negative outcomes during their ACT enrollment compared to before their ACT enrollment:

- ❖ Crisis episodes,
- ❖ Psychiatric hospitalizations,
- ❖ Arrests and incarcerations,
- ❖ Housing and Homelessness, and
- ❖ Employment and Education.

Additionally, ACT consumers’ average total scores on their Self-Sufficiency Matrix (SSM) reassessments were higher than their average scores at intake, suggesting that consumers are improving in their social functioning and independent living skills through program participation. Lastly, consumers and family members expressed satisfaction with ACT services while enrolled in ACT. In survey responses, consumers rated their level of satisfaction very high (4.22 and 4.13 on average on a scale of 1 - 5).

Appendices

Appendix I. AOT Eligibility Requirements³⁸

In order to be eligible, the person must be referred by a qualified requestor and meet the defined criteria:

- ❖ The person is 18 years of age or older.
- ❖ The person is suffering from a mental illness.
- ❖ There has been a clinical determination that the person is unlikely to survive safely in the community without supervision.
- ❖ The person has a history of lack of compliance with treatment for his or her mental illness, in that at least one of the following is true:
 - a. At least 2 hospitalizations within the last 36 months, including mental health services in a forensic environment.
 - b. One or more acts of serious and violent behavior toward himself or herself or another, or threats, or attempts to cause serious physical harm to himself or herself or another within the last 48 months.
- ❖ The person has been offered an opportunity to participate in a treatment plan by the director of the local mental health department, or his or her designee, provided the treatment plan includes all of the services described in Section 5348, and the person continues to fail to engage in treatment.
- ❖ The person's condition is substantially deteriorating.
- ❖ Participation in the assisted outpatient treatment program would be the least restrictive placement necessary to ensure the person's recovery and stability.
- ❖ In view of the person's treatment history and current behavior, the person is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to himself or herself, or to others, as defined in Section 5150.
- ❖ It is likely that the person will benefit from assisted outpatient treatment.

³⁸ Welfare and Institutions Code, Section 5346

Appendix II. Description of Evaluation Data Sources

CCBHS AOT Request Log: This spreadsheet includes the date of each AOT referral, as well as the demographic characteristics of each individual referred to AOT and the disposition of each referral upon CCBHS' last contact with the individual referred (e.g., unqualified requestor, open AOT investigation, voluntarily accept MHS services, court involved MHS participation). These data were used to identify the total number of referrals to the County's AOT program during FY 2019-20.

CCBHS FMH AOT Investigation Tracking Log: CCBHS staff converted their Blue Notes (i.e., field notes from successful outreach events) into a spreadsheet to track the date, location, and length of each CCBHS Investigation Team outreach encounter. These data were used to assess the average frequency and length (i.e., days and encounters) of investigation attempts provided by the CCBHS Investigation Team per referral.

MHS Outreach and Engagement Log: This spreadsheet tracks the date and outcome of each MHS outreach encounter, including information on who provided outreach (e.g., family partner, peer partner, clinician) to whom (consumer or collateral contact such as friend, family, or physician), and the location and length of each outreach encounter. Data from this source were used to calculate the average number of outreach encounters the MHS team provided each consumer, as well as the average length of each outreach encounter, the location (e.g., community, secure setting, telephone) of outreach attempts, and the average number of days of outreach provided for each referral.

MHS ACT Client List: MHS provided a list of the consumers enrolled in the ACT program during FY 2019-20. Additionally, this dataset contained information on whether a consumer was enrolled voluntarily or through court involvement, such as settlement agreement. MHS also noted in this dataset whether a consumer had a co-occurring substance use disorder and if that consumer participated in MHS vocational services.

Contra Costa County PSP and ShareCare Billing Systems: These data track all services provided to ACT participants, as well as diagnoses. PSP and ShareCare service claims data were used to identify the clinical diagnoses of ACT participants at enrollment, as well as the types of services consumers received pre- and during-ACT enrollment (e.g., outpatient, inpatient, residential, and crises), the average frequency with which consumers received ACT services, and the average duration of each service encounter.

Contra Costa County Epic Electronic Health Record System: These data included consumers' booking dates and release dates for the year prior to ACT-enrollment and the time during ACT enrollment through the end of FY 2019-20. This information was used to examine consumers' arrests and jail stays before and during ACT.

MHS Partnership Assessment Form (PAF) and Key Event Tracking (KET) Datasets: Though the PAF and KET are entered into the Data Collection and Reporting system, data queries were unreliable and inconsistent; therefore, MHS staff entered PAF and KET data manually into a Microsoft Access database.

These data were used in this report to generate consumer profile measures and self-reported changes in outcome measures such as homelessness before and during ACT services.





MHS Outcomes Files: These files include assessment data for several clinical assessments MHS conducts on ACT participants. For the purposes of this evaluation, the Self Sufficiency Matrix (SSM) was used to assess consumers' social functioning and independent living. In addition, the data from consumers' National Institute on Drug Abuse Quick Screen and Modified ASSIST tool was used to identify consumers' substance use. MHS also provide the results of their annual consumer and family surveys, which were used to determine consumer's and families' satisfaction with the ACT program.



Contra Costa County Assisted Outpatient Treatment Program FY 2019-2020 – Annual Evaluation Report

July 2021

Agenda

-  Overview
-  Pre-AOT Enrollment
-  AOT Enrollment
-  Discussion

Overview

FY 2019-20 Evaluation Report

Purpose of FY 2019-20 Report:

- Meet state-mandated reporting requirements for AOT programs.
- Support continuous quality improvement process to support the AOT program to meet its intended goals.

● Evaluation Activities:

- Secondary data collection and analyses on pre-AOT and AOT enrollment

● Evaluation Period:

- July 1, 2019 - June 30, 2020

DHCS Reporting Requirements

- ✓ The number of persons served by the program
- ✓ The extent to which enforcement mechanisms are used by the program
- ✓ The number of persons in the program who maintain contact with the treatment system
- ✓ Adherence/engagement to prescribed treatment by persons in the program
- ✓ Type, intensity, and frequency of treatment of persons in the program
- ✓ Substance abuse by persons in the program
- ✓ The number of persons in the program with contacts with local law enforcement, and the extent to which local and state incarceration of persons in the program has been reduced or avoided
- ✓ The days of hospitalization of persons in the program that have been reduced or avoided
- ✓ The number of persons in the program able to maintain housing
- ✓ The number of persons in the program participating in employment services programs, including competitive employment
- ✓ Social functioning of persons in the program
- ✓ Skills in independent living of persons in the program
- ✓ Victimization of persons in the program
- ✓ Violent behavior of persons in the program
- ✓ Satisfaction with program services both by those receiving them and by their families, when relevant

Data Sources and Considerations

Data Sources

CCBHS

- Referral and investigation data
- Service utilization data for all specialty mental health services provided or paid for by CCBHS
- Jail booking data

MHS

- Outreach and engagement contacts
- ACT client list
- PAF, KET, and assessments

Considerations

- Variability in lengths of consumers enrollment
- Housing and employment data are self-reported
- COVID-19 impacted agencies data collection processes

Pre-AOT Enrollment

Referrals to AOT

The majority of AOT referrals continue to come from consumers' family members and mental health providers.

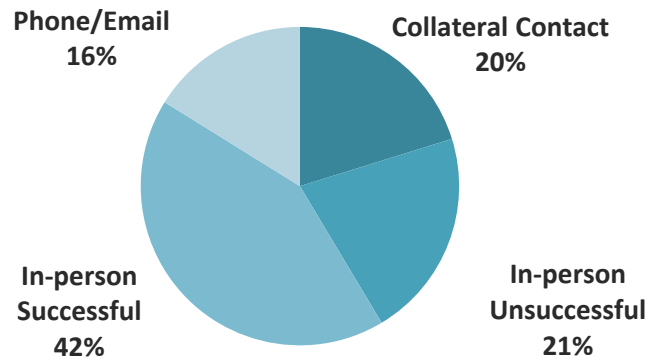
Requestor	Percent of Total Referrals (N = 117)
Parent, spouse, adult sibling, or adult child	60% (n = 70)
Treating or supervising mental health provider	30% (n = 35)
Probation, parole, or peace officer	5% (n = 6)
Legal guardian/Protector	1% (n = 1)
Other/Unknown	4% (n = 5)

The Care Team

All individuals referred to AOT were provided resources or were connected to services, either through ACT or another provider.

Investigation Outcome	Referred Consumers
Referred to MHS	21% (n = 25)
Engaged or Re-Engaged with a Provider	17% (n = 20*)
Investigated and Closed	50% (n = 59)
Ongoing Investigation	11% (n = 13)

In FY 2019-20, MHS provided outreach and engagement for 76 consumers. Most outreach attempts were in-person and successful.*



On average, it took 119 days from initial referral to ACT enrollment.

* FMH referred three consumers to MHS that were already receiving ACT services. These consumers were recoded as "Engaged or Re-engaged with a Provider."

AOT Enrollment

Consumer Profile (N=90)

Category	%
Gender	
Female	38%
Male	62%
Race/Ethnicity	
White	58%
Black/African American	17%
Hispanic or Latino	10%
Asian/Pacific Islander	8%
Other	4%
Unknown/Not reported	3%
Age	
18 – 25	16%
26 – 49	68%
50+	17%

Diagnosis

- Most consumers (86%) had a serious mental illness, including schizophrenia and schizoaffective disorders, and depressive and bipolar disorders
- Approximately 81% of consumers had co-occurring substance use disorders

Housing

- 76% were in stable housing at enrollment

Employment & Finances

- 80% were unemployed at enrollment
- 60% received supplemental security or disability income at enrollment

The majority of consumers (86%, n = 77) enrolled in ACT without a court order.

Active Service Participation (N=89) *

ACT Services

- Avg. length of enrollment:
684 days (1.9 years)
- Avg. number of service encounters:
1.95 contacts per week
- Avg. intensity of services:
1.68 hours of contacts per week

Treatment Adherence

- 37% consumers were adherent to treatment plan
- 28% consumers met the standard for intensity but not frequency of service

Consumers were considered “treatment adherent” if they received at least one hour of engagement with their ACT team at least two times per week.

* Of the consumers enrolled in ACT during FY 2019-20, one consumer was enrolled for less than one month.

Crisis Episodes & Psychiatric Hospitalizations (N=89) *

The number of consumers experiencing crisis episodes and psychiatric hospitalization decreased during AOT enrollment as did their average number hospitalizations.

Crisis Episodes

	Before ACT enrollment	During ACT enrollment
Number of Consumers	n = 70	n = 47
Number of Crisis Episodes	1.9 episodes per 180 days	2.04 episodes per 180 days
Average Length of Stay	1.19 days	1.18 days

Psychiatric Hospitalizations

	Before ACT enrollment	During ACT enrollment
Number of Consumers	n = 31	n = 16
Number of Hospitalizations	1.12 hospitalizations per 180 days	0.39 hospitalization per 180 days
Average Length of Stay	12.5 days	10.04 days

* One consumer served during FY 2019-20 was enrolled for less a month and was not included in the outcomes analyses. In addition to this consumer, significant outliers were not included in some of the calculations. Significant outliers are those consumers who had greater than four standard deviations from the mean number of hospitalization, crisis episodes, or jail bookings for all consumers.

Criminal Justice Involvement (N=89) *

The number of consumers experiencing criminal justice involvement and the average number of bookings decreased during AOT enrollment.

Jail Bookings & Incarcerations		
	Before ACT enrollment	During ACT enrollment
Number of Consumers	n = 34	n = 18
Number of Crisis Episodes	1.18 episodes per 180 days	0.91 episodes per 180 days
Average Length of Stay	8.22 days	5.95 days

* One consumer served during FY 2019-20 was enrolled for less a month and was not included in the outcomes analyses. In addition to this consumer, significant outliers were not included in some of the calculations. Significant outliers are those consumers who had greater than four standard deviations from the mean number of hospitalization, crisis episodes, or jail bookings for all consumers.

Housing and Employment

Housing Status (N=86)*

- 84% of ACT consumers maintained or obtained housing during ACT enrollment
- 16% continue to struggle with housing

Employment Services (N=90)

- 45 ACT consumers (50%) engaged in employment services
- Services include résumé support, job search, interview preparation, and submitting applications

The Care Team offers housing support to all ACT consumers with unstable housing at any point during enrollment.

* Housing status was unknown or unavailable for four consumers.

Discussion

- The County's AOT Care Team collaborated to connect referred individuals to the appropriate level of mental health services, including ACT.
- Outreach and engagement resulted in consumers being enrolled into the ACT program quickly.
- Despite the impacts of the COVID-19 pandemic, consumers increased their engagement with ACT services.
- The majority of ACT consumers experienced benefits from participating in the AOT program.

Thank you!

Gina Martinez, gmartinez@rdaconsulting.com

Cesángari López-Martínez, clopezmartinez@rdaconsulting.com

Kevin Wu, kwu@rdaconsulting.com



Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

8.

Meeting Date: 07/26/2021

Subject: Child and Adolescent Mental Health Services Update

Submitted For: Monica Nino, County Administrator

Department: County Administrator

Referral No.: 115

Referral Name: Child & Adolescent Mental Health Services

Presenter: Gerold Loenicker, Child and Adolescent
Services Program Chief

Contact: Enid Mendoza, (925)
655-2051

Referral History:

On October 30, 2017 the Family and Human Services Committee (FHS) accepted the report from the Health Services Department addressing various mental health service issues and concerns raised by the FHS, the Board of Supervisors, the Mental Health Commission's White Paper, the Civil Grand Jury, and members of the public. These issues and concerns centered upon the difficulty in accessing mental health care, particularly for children and youth experiencing serious emotional disturbances. Indicative to this lack of access was the 1) increase in Psychiatric Emergency Services visits, 2) long wait times to access care, and 3) shortage of clinical staff, especially psychiatrists. The Health Services Department report addressed these issues and concerns, and reported upon the initiatives and progress made to date.

The FHS asked the Department to provide an update to the Mental Health Commission in six months, and to the FHS annually thereafter. The last status report made to FHS was on September 23, 2019.

Referral Update:

The County's Behavioral Health Division, in partnership with the Contra Costa Health Plan and County Office of Education has been awarded a four-year \$6 million Mental Health Student Services Act (MHSSA) grant to support school-based mental health services starting in September 2021.

The attached reports provide updates on the MHSSA and school-based behavioral health program expansion efforts and partnerships for the Wellness in Schools Program (WISP).

Recommendation(s)/Next Step(s):

ACCEPT the report from the Behavioral Health Division of the Health Services Department on the MHSSA and school-based behavioral health program expansion efforts to support the mental health needs of children and adolescents, and forward to the Board of Supervisor for their information.

Fiscal Impact (if any):

There is no fiscal impact.

Attachments

Mental Health Student Sservice Act Grant Overview

School-based Mental Health Presentation

Contra Costa County Behavioral Health Services (BHS), in partnership with the County Office of Education (COE), was awarded a four-year, \$6 million MHSSA grant to support school-based mental health services starting in September 2021.

Mental Health Student Services Act

The Mental Health Student Services Act (MHSSA) was passed in 2019 to establish partnerships between County Behavioral Health Departments and County Offices of Education or other local educational entities. Through the MHSSA, the Mental Health Services Oversight and Accountability Commission has awarded grants to support these partnerships and expand mental health services to students across the State of California.

Contra Costa County MHSSA Grant

In Contra Costa County, this grant will be used to support the Wellness in Schools Program (WISP). The WISP seeks to provide all students in the County with access to needed behavioral health services and supports in a timely manner. The mission of the WISP is to:

1. **Build capacity of the County's schools** to identify and address student behavioral health;
2. Establish a more uniform **awareness of the range of existing behavioral health services** and supports available to students and their families/caregivers in the County;
3. Create increased **understanding of how to access those** services and supports;
4. Foster **an appreciation for the importance of mental health wellness** and a community that welcomes seeking mental health help; and
5. **Increase communication and collaboration** between BHS, the COE, and school districts.

The WISP will accomplish this through a tiered mix of services that leverages and expands upon existing school-based behavioral health services. The \$6 million grant will allow for broad support to schools over the next 4 four years that would benefit all students, as well as more targeted support to high-need and underserved school districts and to parents/caregivers of students identified with moderate or acute behavioral health concerns.

	Tier 1: Baseline Preventative Behavioral Health Training & Technical Assistance	Tier 2: Moderate Parent/ Caregiver & Student Support	Tier 3: Intensive Parent/ Caregiver Support
Target Recipients	100% of students and their families	Students identified with moderate behavioral health concerns and their families	Students identified with acute behavioral health concerns and their families
Mechanisms	<ul style="list-style-type: none"> Teacher and staff training Mental health awareness communications Technical assistance to schools for Wellness Centers and establishing screening mechanism 	<ul style="list-style-type: none"> Scale up existing PEI-funded parent/caregiver support program Establish student mental health support groups Parent Champions provide navigation support in each school district 	<ul style="list-style-type: none"> One-on-one navigation support for parents/ caregivers Expand existing PEI- and MediCal-funded direct mental health services in high-need or underserved school districts
Goal	Increase capacity of teachers and staff across all County school districts to identify and escalate behavioral health concerns	Equip parents/caregivers to proactively address emerging behavioral health concerns before they increase in severity	Ensure that families successfully access needed behavioral health services and supports

WISP Implementation and Oversight

- ❖ **Governance Group:** This group will convene regularly to review progress, troubleshoot emerging issues, and identify opportunities for quality improvement. Comprised of the WISP Manager and representatives from BHS and COE.
- ❖ **School-Based Mental Health Collaborative:** This collaborative will regularly convene and serve as a key venue for capacity building and establishing linkages between the County's school system and a variety of behavioral health providers. Comprised of representatives from the COE, BHS, the County's school districts, CBOs, and others.
- ❖ **Youth Mental Health Coalition:** This coalition will periodically convene to provide input on WISP activities and help to identify current and emerging issues related to mental health among their peers. Comprised of student representatives.
- ❖ **WISP Manager:** New position that will oversee the planning, implementation, evaluation, and CQI of all the County's WISP activities. This individual will report on program progress; facilitate the School-Based Mental Health Collaborative and Youth Mental Health Coalition; and supervise the WISP Liaisons, Foster and Homeless Youth Navigator, and the Parent Champions.
- ❖ **WISP Liaisons:** Four individuals will be hired for each region in the County (North, South, East, West) to provide technical assistance and support to the districts in their region. These individuals will serve as a resource for Parent Champions and District Liaisons, support stigma reduction and 211 awareness, provide one-on-one navigation support to parents/caregivers of students identified with acute behavioral health concerns in their region, and provide technical assistance to schools seeking to establish, expand, or improve their Wellness Centers and establish a mental health screening mechanism.
- ❖ **Foster and Homeless Youth Navigator:** A new position established by COE who will provide one-on-one navigation support to parents/caregivers of foster and homeless youth identified with acute behavioral health concerns across the County.
- ❖ **District Liaisons:** Each school district will identify a liaison to support the WISP. District Liaisons will deliver trainings to school staff on a range of behavioral health and wellness-related topics and work closely with the WISP Manager and WISP Liaisons to communicate their district's needs and resources.
- ❖ **Parent Champions:** Through lived experience of navigating the children and youth behavioral health system, champions will provide peer support to parents/caregivers of students with behavioral health needs as they work to identify and access behavioral health services and supports.

Grant Timeline

The MHSSA grant will begin in September 2021 with funding continuing through August 2025. The WISP will be implemented in a phased approach beginning with Tier 1 services in all school districts and Tier 2 services in high-need districts. All districts are expected to be receiving all WISP services by the end of 2022. The County plans to continue funding the WISP once the MHSSA grant has concluded.





Child & Adolescent Behavioral Health

School-based Mental Health

Our Schools

- **18 School Districts**
- **298 Schools within the County**
- **4 SELPAs**
- **Behavioral Health Services developed partnerships with individual school districts**
- **Behavioral Health Services, Office of Education & CCHP are exploring ways to partner and collaborate**

Contra Costa County



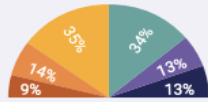
The Opportunity Gap for Children Across Contra Costa County

While many kids in Contra Costa County are thriving, others lack basic health, education, and financial supports they need for well-being and long-term success. Since countywide statistics can mask such issues, regional data is useful for highlighting disparities and targeting resources. It's especially critical to provide supports to those who are born into structural inequities such as kids of color, children living in poverty, kids in foster care, and dual-language learners. The statistics below show that some children in the county have far fewer opportunities to succeed than others.¹

Demographic Overview²

Black
Asian
Latino
White
Other³
2+ Races

Contra Costa 260,950 kids



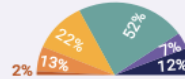
West 54,938 kids

Hercules, San Pablo, Richmond



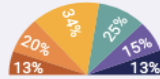
Central 108,819 kids

Concord, San Ramon, Walnut Creek



East 96,431 kids

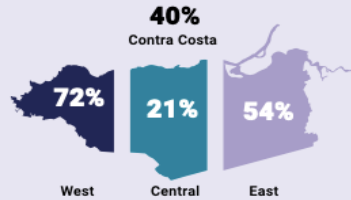
Pittsburg, Antioch, Brentwood



Child poverty varies widely across the county.⁴

Low-income students

Students who are eligible for free & reduced-price meals, with family annual income under \$46,500.⁵



Without additional supports, poverty can limit kids' opportunities.⁶

Childhood poverty is linked to:



Too many kids are entering school with tooth decay, especially in West and East county.

Percent of kindergarteners with reported tooth decay.⁷

18% Contra Costa
25% West
13% Central
25% East

Children with untreated oral health problems are at risk for:



#CloseTheGapCCC

Children
Now

LESHER
FOUNDATION

CCEP
CONTRA COSTA COUNTY EDUCATION PARTNERSHIP

FIRST5
CONTRA COSTA

Children are more likely to suffer from uncontrolled asthma when it is difficult to access preventive health care.

This means that more kids visit the emergency room for chronic asthma. Poor air quality and other factors also contribute to childhood asthma.

Average number of children's ER Visits for asthma, 2009-16 per 10,000⁸

82 Contra Costa
126 West
49 Central
107 East

Children with regular health care are more likely to:



do better in school and miss fewer days



graduate from high school and go to college



earn more money as adults

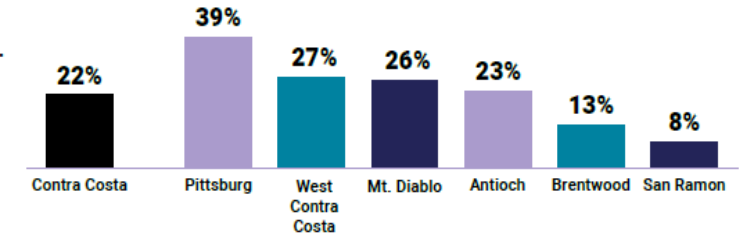


have fewer emergency room and hospital visits as adults

Too many kindergarteners are not ready for school, particularly in some districts.

Children who are behind when they start kindergarten may fall further and further behind (e.g., see 3rd grade reading, below).⁹

Percent of children **not** ready to start school.¹⁰



Too many 3rd-graders are reading below grade level, especially in West and East County.



3rd-grade reading is linked to 9th-grade outcomes, high school graduation, and college enrollment rates. This indicator offers an opportunity for targeted interventions with at-risk students while they are still in elementary school.

The percent of 3rd-graders reading **below** grade level reflects large regional disparities.¹¹

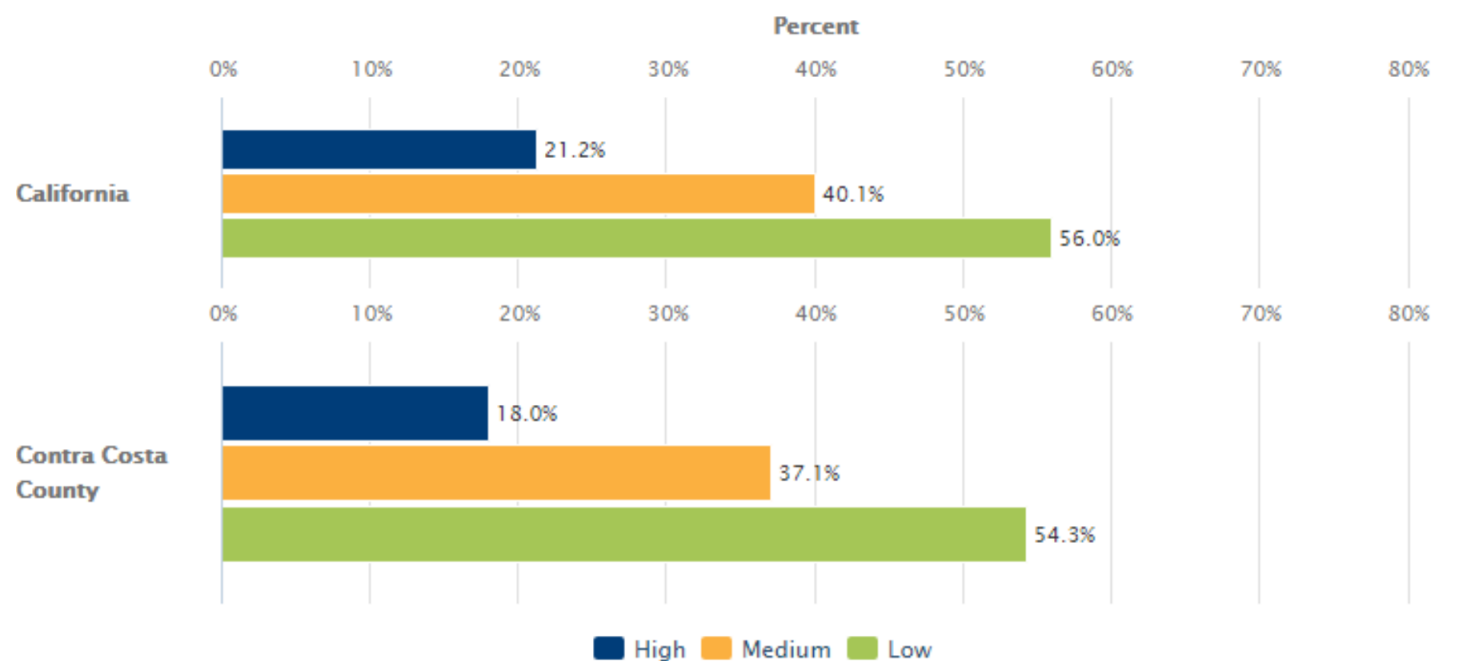
29% Contra Costa
46% West
21% Central
35% East

Economically disadvantaged 3rd-graders are **3x** more likely than non-disadvantaged 3rd-graders to read below grade level.

Racial disparities are enormous. Black (49%), Latino (43%), & Pacific Islander (38%) 3rd-graders are **2-3x more likely** to read below grade level than their White (16%) peers across the county.

Depression-Related Feelings, by Level of School Connectedness: 2017-2019

(Level of School Connectedness: All; Student Response: Yes)



Definition: Estimated percentage of public school students in grades 7, 9, 11, and non-traditional programs who, in the previous year, felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities, by level of school connectedness (e.g., in 2017-2019, 56% of California students in grades 7, 9, 11, and non-traditional programs with low levels of school connectedness had depression-related feelings in the previous year).

Data Source: [As cited on kidsdata.org](#), WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Dept. of Education (Aug. 2020).

Depression-Related Feelings, by Race/Ethnicity: 2017-2019

(Race/Ethnicity: **All**; Student Response: **All**)

California	Percent	
Race/Ethnicity	Yes	No
African American/Black	28.6%	71.4%
American Indian/Alaska Native	33.6%	66.4%
Asian	31.2%	68.8%
Hispanic/Latino	34.4%	65.6%
Native Hawaiian/Pacific Islander	34.1%	65.9%
White	31.6%	68.4%
Multiracial	36.4%	63.6%
Other	29.7%	70.3%

Contra Costa County	Percent	
Race/Ethnicity	Yes	No
African American/Black	27.4%	72.6%
American Indian/Alaska Native	25.3%	74.7%
Asian	28.6%	71.4%
Hispanic/Latino	32.1%	67.9%
Native Hawaiian/Pacific Islander	35.6%	64.4%
White	26.3%	73.7%
Multiracial	32.4%	67.6%
Other	22.1%	77.9%

Definition: Estimated percentage of public school students in grades 7, 9, 11, and non-traditional programs who, in the previous year, felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities, by race/ethnicity (e.g., in 2017-2019, 34.4% of Hispanic/Latino students in grades 7, 9, 11, and non-traditional programs in California had depression-related feelings in the previous year).

Data Source: [As cited on kidsdata.org](#), WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Dept. of Education (Aug. 2020).

Depression-Related Feelings, by Sexual Orientation: 2017-2019 (Sexual Orientation: **All**; Student Response: **All**)

California	Percent	
Sexual Orientation	Yes	No
Gay / Lesbian / Bisexual	67.3%	32.7%
Straight	29.1%	70.9%
Not Sure	49.9%	50.1%

Contra Costa County	Percent	
Sexual Orientation	Yes	No
Gay / Lesbian / Bisexual	63.5%	36.5%
Straight	25.2%	74.8%
Not Sure	42.3%	57.7%

Definition: Estimated percentage of public school students in grades 7, 9, 11, and non-traditional programs who, in the previous year, felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities, by sexual orientation (e.g., in 2017-2019, 67.3% of gay, lesbian, and bisexual students in grades 7, 9, 11, and non-traditional programs in California had depression-related feelings in the previous year).

Data Source: [As cited on kidsdata.org](#), WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Dept. of Education (Aug. 2020).

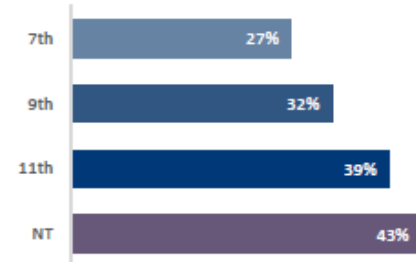
2019-2020

California Healthy Kids Survey Results Highlights

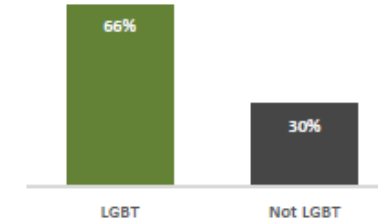
Contra Costa

Mental Health

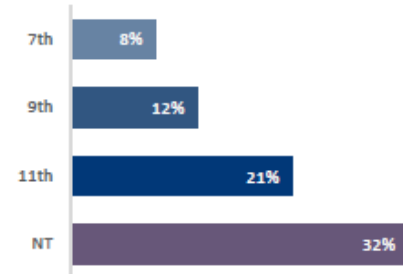
% of students who reported
*chronic sadness or hopeless
feelings* in the last 12 months



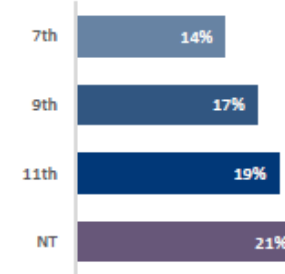
% of **LGBT** students who
reported *chronic sadness or
hopeless feelings* in last 12
months



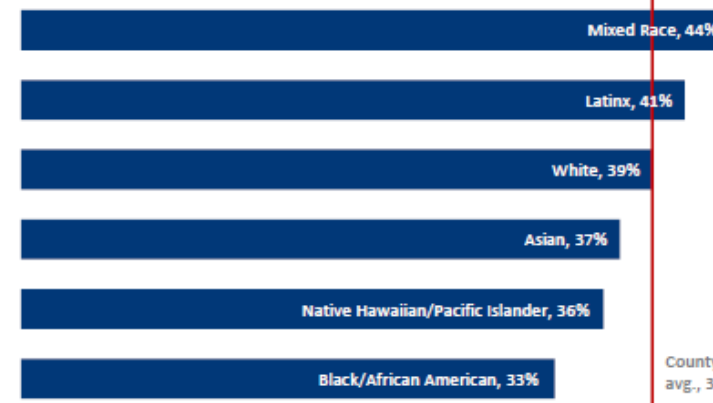
% of students who reported *being
absent from school* for feeling
sad, hopeless, anxious, stressed,
angry, or not feeling safe at school



% of students who reported
*seriously considering
attempting suicide*



% of **11th grade** students who reported chronic sadness or
hopeless feelings by Race/Ethnicity



County 11th grade
avg., 39%

Overview of existing services

BHS Children's contracts with nine organizational providers to deliver on-site mental health services at 70 schools

Bay Area Community Resources
Community Health for Asian Americans
Familias Unidas
Seneca
Fred Finch
West Contra Costa USD
Mt Diablo USD
Lincoln Child Center
La Cheim
James Morehouse

Overview (continued)

- **MHSA/Prevention & Early Intervention Services**
 - Awareness and Mental Health Education
 - Support Groups
- **Public Health school-based physical health & mental health services**

Mental Health Student Services Act (MHSSA) Grant

- **With the 2019/2020 budget bill Governor signed SB75/MHSSA (\$80 Mio)**
- **Purpose: to establish mental health partnerships between county behavioral health departments, school districts, charter schools and county offices of education.**

Contra Costa MHSSA Application

Application established a collaborative between

- **County Behavioral Health**
- **Contra Costa Office of Education**
- **All 18 school districts**

- **Budget bill of 2021/2022 allocated additional funds to MHSSA (\$205 Mio)**
- **Second round of awards in June 2021 included Contra Costa**
- **6 Mio over 4 years**
- **Start date of September 2021**

Program Goals

- Prevent mental illness from becoming severe and disabling
- Improve timely access to services for the underserved
- Outreach to families, employers, primary care providers, and others to recognize early signs of potentially severe and disabling mental illnesses
- Reduce the stigma associated with mental illness
- Reduce discrimination against those with mental illness
- Prevent negative outcomes in the targeted population

Wellness in Schools Program (WISP)

Tiered approach

- **Tier 1: Prevention**
- **Tier 2: Parent/student support**
- **Tier 3: Intensive caregiver/student support**

	Tier 1: Baseline Preventative Behavioral Health Training & Technical Assistance	Tier 2: Moderate Parent/Caregiver & Student Support	Tier 3: Intensive Parent/Caregiver Support
Target Recipients	100% of students and their families	Students identified with moderate behavioral health concerns and their families	Students identified with acute behavioral health concerns and their families
Mechanisms	<ul style="list-style-type: none"> Teacher and staff training Mental health awareness communications Technical assistance to schools for Wellness Centers and establishing screening mechanism 	<ul style="list-style-type: none"> Scale up existing PEI-funded parent/caregiver support program Establish student mental health support groups Parent Champions provide navigation support in each school district 	<ul style="list-style-type: none"> One-on-one navigation support for parents/caregivers Expand existing PEI- and MediCal-funded direct mental health services in high-need or underserved school districts
Goal	Increase capacity of teachers and staff across all County school districts to identify and escalate behavioral health concerns	Equip parents/caregivers to proactively address emerging behavioral health concerns before they increase in severity	Ensure that families successfully access needed behavioral health services and supports

WISP (continued-1)

- **1 WISP Program Manager and 4 WISP Liaisons (one for each region, under the umbrella of Office of Education)**
- **Expertise to navigate both, education and health systems**
- **Collaborate with district liaisons to deliver mental health awareness trainings**
- **Provide technical assistance to establish, expand, improve wellness centers**
- **Establish mechanisms for screening of risk factors for trauma and other mental health conditions**
- **Expand Prevention & Early Intervention contracts to expand parent education and support groups in schools**
- **Train and mentor parent champions for parent support**
- **Foster and Homeless Youth Navigator**
- **Expand school-based mental health contracts for direct services**

WISP (continued-2)

- **Governing Group**
- **School Based Mental Health Collaborative**
- **Youth Mental Health Coalition**

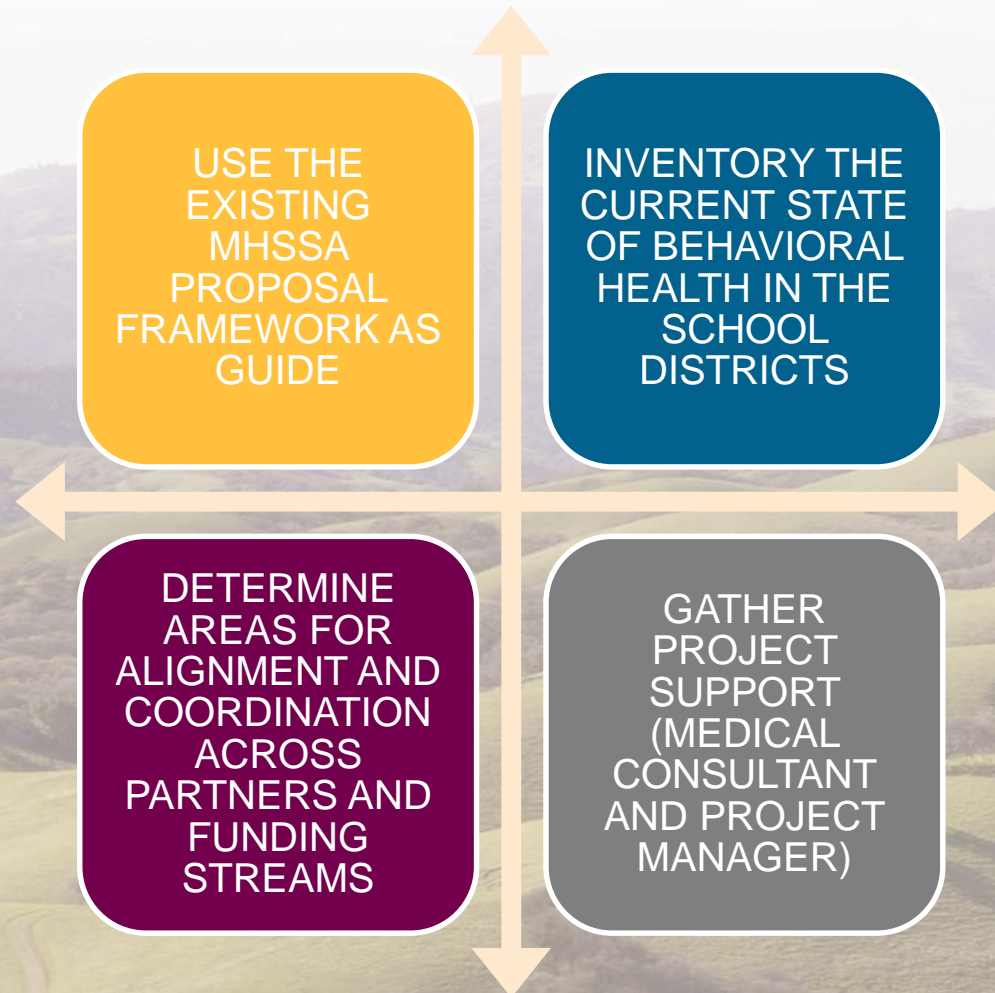
School-Linked Incentive Program Funds

- **550 Mio over 2 years**
- **Adds Contra Costa Health Plan (CCHP) as a key partner to the collaborative**
- **Leverage and build on MHSSA grant implementation planning**

School-Linked Incentive Program Funds (2)

- **Initiative aims to transform the Behavioral Health system into an innovative ecosystem that focuses on children and youth under age 25**
- **Fosters school linked partnerships between community, Behavioral Health Services and Managed Care Plans**
- **MCPs are required to implement interventions that expand access to preventive, early intervention and BH services for children K-12**
- **Development of evidence-based BH program for success**
- **State-wide fee schedules for school linked services from DHCS**

Building the Framework for School Based Behavioral Health





Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

9.

Meeting Date: 07/26/2021
Subject: 2021 Family and Human Services Committee Workplan
Submitted For: Monica Nino, County Administrator
Department: County Administrator
Referral No.: NA
Referral Name: NA
Presenter: Enid Mendoza **Contact:** Enid Mendoza, (925) 655-2051

Referral History:

The Board of Supervisors made the following referrals to the Family and Human Services Committee. Of the following referrals, only *Clarifying the Role of FACT (#120)* will not be continued for 2021:

REF #SUBJECT

- | | | |
|----|-----|---|
| 1 | 5 | Continuum of Care Plan for the Homeless / Healthcare for the Homeless – Semi-Annual Update |
| 2 | 20 | Public Service Portion of the Community Development Block Grant |
| 3 | 25 | Child Care Planning/Development Council Membership |
| 4 | 44 | Challenges for EHSD (Combined with Referral #19 on Welfare Reform) (Includes Continuum of Care Reform (Foster Care) Report) |
| 5 | 45 | Adult Protective Services and Challenges for Aged & Disability Populations |
| 6 | 56 | East Bay Stand Down for Homeless Veterans |
| 7 | 78 | Community Services Bureau/Head Start Oversight |
| 8 | 81 | Local Child Care & Development Planning Council Activities |
| 9 | 82 | Secondhand Smoke Ordinance |
| 10 | 92 | Local Planning Council - Countywide Child Care Plan |
| 11 | 93 | Youth Services Report - (Includes Independent Living Skills Program Report) |
| 12 | 101 | FACT Committee At-Large Appointments |
| 13 | 103 | SNAP/CalFresh (Food Stamp) Program |
| 14 | 107 | Laura's Law |

- 15 109 Workforce Innovation and Opportunity Act
- 16 110 Innovative Community Partnerships (Includes Whole Family Services Report)
- 17 111 Family Justice Center & Commercially Sexually Exploited Children
- 18 112 Policy Options to Protect Youth from Tobacco Influences in the Retail Environment
- 19 114 Impacts of Technology on Access to Public Benefits
- 20 116 Public Mental Health Care System

- 22 118 Mental Health Services Act Funding

- 24 120 Clarifying the Role of the Family and Children's Trust (FACT) Committee.

The Committee members have selected the fourth Monday of each month at 9:00 a.m. as the standing meeting date and time for 2021.

Referral Update:

Attached for the Committee's review are the proposed 2021 referral work plan schedule revisions, which include the cancellation of the August 23rd meeting as recommended by the Committee at the June 28th meeting.

Recommendation(s)/Next Step(s):

APPROVE the revised 2021 Committee work plan, or provide direction to staff regarding any changes thereto.

Fiscal Impact (if any):

There is no fiscal impact.

Attachments

Proposed Update - 2021 FHS Committee Work Plan

2021 Family and Human Services Committee Workplan

Revised July 2021

Key: Meeting Held

Meeting Details	Agenda Items
January 25, 2021 9:00 - 10:15 Virtual Meeting Items due by 5:00PM 1/15/2021	
	Review of FHS Committee Annual Workplan for 2021
	Appointment Recommendations as needed
February 22, 2021 Meeting cancelled	
March 22, 2021 9:00 - 10:15 Virtual Meeting Items due by 5:00PM 3/12/2021	
	Public Service Recommendations of the County's FY 2020-21 CDBG and ESG Action Plan (#20)
	Cultural Plan Prospectus (#121)
	Appointment Recommendations as needed
April 26, 2021 Meeting cancelled	
	Mental Health Awareness Month - May
May 24, 2021 9:00 - 10:15 Virtual Meeting Items due by 5:00PM 5/14/2021	
	Workforce Investment Act Update (#109)
	SNAP/CalFresh Update (#103)
	Appointment Recommendations as needed
June 28, 2021 9:00 - 10:15 Virtual Meeting Items due by 5:00PM 6/18/2021	
	Youth Services Report - (Includes Independent Living Skills Program Report) (#93)
	Family Justice Center & Commercially Sexually Exploited Children (#111)
	Appointment Recommendations as needed
July 26, 2021 9:00 - 10:15 Location TBD Items due by 5:00PM 7/16/2021	
	Child & Adolescent Mental Health / Public Mental Health Care System (#115/116)
	AOT - Assisted Outpatient Treatment (Laura's Law) (#107)
	Veteran's Stand Down Report (#56)
	Review updated FHS Committee Annual Workplan for 2021
	Appointment Recommendations as needed

August 23, 2021 Meeting cancelled	Healthy Aging Month - September
September 27, 2021 9:00 - 10:15 Location TBD Items due by 5:00PM 9/17/2021	Head Start Awareness Month - October
	Community Services Bureau/Head Start Oversight with staffing report (#78)
	Challenges for EHSD (#44) - Includes Continuum of Care Reform Report
	Council on Homelessness Report (Quarterly)
	Appointment Recommendations as needed
October 25, 2021 9:00 - 10:15 Location TBD Items due by 5:00PM 10/15/2021	Great American Smoke Out - 3rd Thursday in November
	Policy Options for protecting Youth from Tobacco Influences in the retail environment (#112)
	Secondhand Smoke Ordinance (#82)
	Continuum of Care Plan for the Homeless (Health, Housing and Homeless Services) (#5)
	Healthcare for the Homeless (#5)
	Appointment Recommendations as needed
November 22, 2021 9:00 - 10:15 Location TBD Items due by 5:00PM 11/12/2021	World AIDS Day - December 1
	HIV Prevention Needle Exchange Program (#61) - Consent Item
	Innovative Community Services (#110)
	Adult Protective Services and Challenges for Aged & Disability Populations including status of the Aging Master Plan (#45)
	Appointment Recommendations as needed
December 27, 2021 Meeting cancelled	