



Agenda

FAMILY & HUMAN SERVICES COMMITTEE

October 24, 2022
9:00 A.M.

To slow the spread of COVID-19, in lieu of a public gathering, the meeting will be accessible via Zoom to all members of the public as permitted by Government Code section 54953(e).

<https://cccounty-us.zoom.us/j/6976096783?pwd=M0RwNm1kTWf6SGIPbkE5T3E2RWRDUT09>
Meeting ID 697 609 6783
Password 885522

To Join by Phone
Dial: 888-278-0254
Conference Code: 382517

Supervisor Diane Burgis, Chair
Supervisor Candace Andersen, 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 Record of Action for the September 26, 2022 Family and Human Services Committee (FHS) meeting. *(Danielle Fokkema, Sr. Deputy County Administrator)*
4. RECOMMEND to the Board of Supervisors the appointment of Toni Panetta to the Member at Large seat #7 and Andrew Hayden to the Member at Large seat #8 on the Managed Care Commission, with a term expiring October 31, 2025, as recommended by the Commission. *(Wendy Mascitto, Senior Program Manager)*
5. ACCEPT the Needle Exchange Update report from the Public Health and Alcohol and Other Drugs (AOD) divisions and DIRECT staff to forward the report to the Board of Supervisors for their information, as recommended by the Health Services Director. *(Jessica Osorio, Director of HIV/AIDS and STD Program; Fátima Matal Sol, AOD Program Chief; and Obiel Leyva, Prevention Manager)*
6. ACCEPT report on the Employment and Human Services Department's (EHSD) Innovative Community Partnerships and DIRECT staff to forward the report to the Board of Supervisors for their information, as recommended by the EHSD Director. *(Marla Stuart, EHSD Director and Tamina Alon, Interim Assistant Director Policy & Planning)*
7. The next meeting is currently scheduled for November 28, 2022.
8. Adjourn

The Family & Human Services Committee will provide reasonable accommodations for persons with disabilities planning to attend Family & Human Services Committee meetings. Contact the staff person listed below at least 72 hours before the meeting.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Family & Human Services Committee less than 96 hours prior to that meeting are available for public inspection at 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:

Danielle Fokkema, Committee Staff
Phone (925) 655-2047, Fax (925) 655-2066
danielle.fokkema@cao.cccounty.us



Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

3.

Meeting Date: 10/24/2022

Subject: Record of Action

Submitted For: FAMILY & HUMAN SERVICES COMMITTEE,

Department: County Administrator

Referral No.: N/A

Referral Name: N/A

Presenter: Danielle Fokkema, Sr. Deputy County Administrator

Contact: Danielle Fokkema, (925) 655-2047

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 record of action for the September 26, 2022 Family and Human Services Committee meeting.

Recommendation(s)/Next Step(s):

RECEIVE and APPROVE the Record of Action for the September 26, 2022 Family and Human Services Committee meeting.

Fiscal Impact (if any):

There is no fiscal impact for this action.

Attachments

DRAFT Record of Action FHS 9-26-22

DRAFT



FAMILY AND HUMAN SERVICES COMMITTEE

RECORD OF ACTION FOR
September 26, 2022

Supervisor Diane Burgis, Chair
Supervisor Candace Andersen, Vice Chair

Present: Diane Burgis, Chair
Candace Andersen, Vice Chair

1. Introductions
Chair Burgis called the meeting to order at 9:00 a.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 one requested to speak during the general public comment period.

3. RECEIVE and APPROVE the Record of Action for the July 25, 2022 Family and Human Services Committee meeting.

The Committee approved the record of action for the July 25, 2022 meeting as presented.

AYE: Chair Diane Burgis
Vice Chair Candace Andersen

4. RECOMMEND to the Board of Supervisors the appointment of Adey Teshager to the At-Large 6 Seat on the Contra Costa Commission for Women and Girls for a term expiring February 28, 2026, as recommended by the Commission.

The Committee approved the appointment for Board of Supervisors approval as recommended.

AYE: Chair Diane Burgis
Vice Chair Candace Andersen

5. RECOMMEND to the Board of Supervisors the reappointment of the following individuals to At-Large seats on the Contra Costa Advisory Council on Aging (ACOA) with terms expiring on September 30, 2024:

At-Large Seat #1: Penny Reed;
At-Large Seat #2: Shirley Krohn;
At-Large Seat #4: Sara Shafiabady;
At-Large Seat #5: Deborah Card;
At-Large Seat #6: Steve Lipson;
At-Large Seat #10: Terri Tobey;

At-Large Seat #12: Nuru Neemwuchalla;
At-Large Seat #15: Mary Bruns;
At-Large Seat #17: Kevin Donovan;
At-Large Seat #18: Michael Wener;
At-Large Seat #20: Sharon "Sam" Sakai-Miller

The Committee approved the reappointments for Board of Supervisors approval as recommended.

AYE: Chair Diane Burgis
Vice Chair Candace Andersen

6. ACCEPT the Homeless Continuum of Care 2022 Quarter 2 report from the Health Services Department, Health, Housing and Homeless Services division and the Council on Homelessness, and forward to the Board of Supervisors for their information.

Jaime Jenett and Jo Bruno presented the report to the Committee. The Committee advised staff to follow up with Eric Angstadt, regarding the capital facilities master plan, particularly relating to the Youth Centers planned for East and West County to support their recommendation for service delivery partnerships with other County agencies. Chair Burgis recommended department staff continue discussions, including with Board members, on continuing community and Countywide collaborations for homeless services.

Public comment was received by one caller.

AYE: Chair Diane Burgis
Vice Chair Candace Andersen

7. ACCEPT the report from the Employment and Human Services Department that provides an update on the oversight and activities of the Community Services Bureau's Head Start Programs, and FORWARD it to the Board of Supervisors for discussion.

Nic Bryant, newly appointed Employment and Human Services Department (EHSD) Community Services Bureau (CSB) Director, introduced himself to the Committee and participants. Dr. Marla Stuart, presented the report to the Committee.

The recommendations to 1) identify the EHSD Director as the Head Start Executive Director, 2) delegate the EHSD Director to hire the Head Start Management Team, and 3) accept monthly updates at the Family and Human Services Committee were presented. The Committee requested clarification on the recommended delegation to hire Head Start management staff, and whether any future changes would be needed to the staff classifications. Dr. Stuart clarified, that no further changes would be required. Dr. Stuart also clarified that the year of '2024' as stated on slide 23 of the presentation, should read '2023'. The minutes will reflect the correct date.

The Committee accepted the report and recommendations as presented, including forwarding the report for discussion at the October 11, 2022 Board of Supervisors meeting.

Public comment was received by one caller.

AYE: Chair Diane Burgis
Vice Chair Candace Andersen

8. The next meeting is currently scheduled for October 24, 2022.
9. Adjourn

Chair Burgis adjourned the meeting at 9:52 a.m.

For Additional Information Contact:

Danielle Fokkema, Committee Staff
Phone (925) 655-2047, Fax (925) 655-2066
Danielle.Fokkema@cao.cccounty.us



Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

4.

<u>Meeting Date:</u>	10/24/2022	
<u>Subject:</u>	Appointments to the Managed Care Commission	
<u>Submitted For:</u>	FAMILY & HUMAN SERVICES COMMITTEE,	
<u>Department:</u>	County Administrator	
<u>Referral No.:</u>	N/A	
<u>Referral Name:</u>	Appointment to Advisory Bodies	
<u>Presenter:</u>	Wendy Mascitto, (925) 608-7848	<u>Contact:</u> Danielle Fokkema, (925) 655-2047

Referral History:

On January 7, 2020, the Board of Supervisors adopted Resolution No. 2020/1 adopting policy amendments governing appointments to boards, committees, and commissions that are advisory to the Board of Supervisors. Included in this resolution was a requirement that applications for at large/countywide seats be reviewed by a Board of Supervisors committee.

The Managed Care Commission (MCC) is the principal advisory board to the Contra Costa Health Plan (CCHP), a health maintenance organization. The role of the MCC is to assure the attainment of CCHP's goals, including to be responsive to the health insurance needs of the people of Contra Costa County and to encourage the promotion and awareness of CCHP to the general public, particularly those most medically vulnerable. The Managed Care Commission has 15 regular voting members. Persons who are involved as contractors with Contra Costa Health Plan (CCHP) cannot be members of the Managed Care Commission (MCC), nor can Health Department employees.

The Commission is made up of the following membership:

- No less than one (1) Medi-Cal Subscriber, and
- One (1) Medicare Subscriber
- One (1) Commercial Subscriber
- One (1) person sensitive to medically indigent health care need
- One (1) physician, non-contracting
- One (1) other provider, non-contracting
- No less than nine (9) at-large members, non-contracting
- The Director of Health Services is an ex-officio, non-voting member
- The Chief Executive Officer of CCHP is an ex-officio, non-voting member
- The Board of Supervisors function as ex-officio, non-voting members.

Currently the MCC has seven vacancies, which are in the Member At-Large 7, Member At-Large 8, Member At-Large 9, Medi-Cal Subscriber Medicare Subscriber, person sensitive to medically indigent health care need, and Physician non-contracting seats.

Referral Update:

On June 15, 2022, the MCC reviewed applications and voted to approve the recommendations of Toni Panetta's appointment to the At-Large 7 seat and Andrew Hayden to the At-Large 8 seat on the Commission, with a term expiring October 31, 2025. Approval of this action will support decreasing Commission vacancies, resulting in 5 remaining vacancies.

Recommendation(s)/Next Step(s):

RECOMMEND to the Board of Supervisors the following appointments to the Managed Care Commission:

Toni Panetta – Member at Large seat #7, with a term expiring October 31, 2025

Andrew Hayden – Member at Large seat #8, with a term expiring October 31, 2025

Fiscal Impact (if any):

There is no fiscal impact.

Attachments

Haydon, Andrew Application Redacted

Panetta, Toni Application Redacted

MCC Roster Oct 2022

Application Form

Profile

Andrew

First Name

L

Middle Initial

Haydon

Last Name

[Redacted]

Home Address

Suite or Apt

Pacheco

City

CA

State

94553

Postal Code

[Redacted]

Primary Phone

[Redacted]

Email Address

[District Locator Tool](#)

Resident of Supervisorial District:

District 5

University of the Pacific, Thomas J. Long School of Pharmacy

Employer

Associate Professor, and Director of Professional Programs

Job Title

Length of Employment

2 years

Do you work in Contra Costa County?

Yes No

If Yes, in which District do you work?

How long have you lived or worked in Contra Costa County?

I have lived in Contra Costa County for 8+ years

Are you a veteran of the U.S. Armed Forces?

Yes No

Board and Interest

Which Boards would you like to apply for?

Managed Care Commission: Submitted

Seat Name

Any

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

Yes No

If Yes, how many meetings have you attended?

10

Education

Select the option that applies to your high school education *

High School Diploma

College/ University A

Name of College Attended

University of the Pacific

Degree Type / Course of Study / Major

Pharm.D.

Degree Awarded?

Yes No

College/ University B

Name of College Attended

California State University, Chico

Degree Type / Course of Study / Major

B.S. Biological Sciences

Degree Awarded?

Yes No

College/ University C

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

Yes No

Other Trainings & Occupational Licenses

Other Training A

Certificate Awarded for Training?

Yes No

Other Training B

Certificate Awarded for Training?

Yes No

Occupational Licenses Completed:

Licensed CA Pharmacist - expires 2024

Qualifications and Volunteer Experience

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

As a resident of Contra Costa County, it's vitally important to me that the county health plan provide high-quality services to our residents, especially the most vulnerable ones. Having served as Pharmacy Director for CCHP for 5+ years, the mission of the health plan is still close to my heart despite the fact that I no longer have the privilege of working in my previous position. Joining the commission will allow me to give back to my community and will also assist the county in reaching the goals of the MCC.

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

Please see attached resume. My experience as Pharmacy Director for CCHP gives me a unique understanding of the Managed Care landscape in California. In addition, my experiences in the military and other areas of medicine and education make me qualified to provide an opinion on the quality of care being provided to the citizens of Contra Costa County. I have a strong understanding of Managed Care policy, I have a desire to ensure health care equity in the community in which I live, and I think I would bring a skill set to the commission that may not have been present otherwise.

[Upload a Resume](#)

Would you like to be considered for appointment to other advisory bodies for which you may be qualified?

Yes No

Do you have any obligations that might affect your attendance at scheduled meetings?

Yes No

If Yes, please explain:

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

Yes No

If Yes, please list the Contra Costa County advisory board(s) on which you are currently serving:

If Yes, please also list the Contra Costa County advisory board(s) on which you have previously served:

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

Conflict of Interest and Certification

Do you have a familial or financial relationship with a member of the Board of Supervisors? (Please refer to the relationships listed under the "Important Information" section below or Resolution No. 2021/234)

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?

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 understand 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

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 2021/234, a person will not be eligible for appointment if he/she is related to a Board of Supervisors' member in any of the following relationships:
 - (1) Mother, father, son, and daughter;
 - (2) Brother, sister, grandmother, grandfather, grandson, and granddaughter;
 - (3) Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
 - (4) Registered domestic partner, pursuant to California Family Code section 297;
 - (5) The relatives, as defined in 1 and 2 above, for a registered domestic partner;
 - (6) Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.

Andrew Haydon

OBJECTIVE

Licensed pharmacist with outstanding interpersonal skills and leadership experience in the field of managed care pharmacy seeks a rewarding position that will allow me to contribute towards improving the overall health of the served population.

EDUCATION

University of the Pacific,
Thomas J. Long School of Pharmacy and Health Sciences Stockton, CA
Doctor of Pharmacy, May 2012.

California State University Chico Chico, CA
Bachelors of Science degree, Biology. Minor in Chemistry. May 2002.

EXPERIENCE

2020 – present University of the Pacific, Thomas J. Long School of Pharmacy – Stockton CA
Associate Clinical Professor & Director of Professional Programs

Responsibilities: In collaboration with the Associate Dean of Professional Programs, oversees the overall coordination of the experiential curriculum within the Doctor of Pharmacy program and supervises the administrative staff in the Office of Professional Programs. In addition to teaching responsibilities, carries administrative duties to support the Advanced Pharmacy Practice Experience (APPE) Regional Coordinators and the Introductory Pharmacy Practice Experience (IPPE) Experiential Coordinators, including clinical site development, administration of student placement in regions, assuring student eligibility to start IPPEs/APPEs, and oversees the overall coordination of IPPE and APPE activities.

Courses taught: PRAC 131 (Managed Care Elective), PHAR 332 (Case-based Practice 3), PHAR 551 (Community II IPPE), PHAR 321 (Health Care Delivery Systems & Pharmacoeconomics), PRAC 142 (Introduction to the Medicare Benefit & MTM), PRAC 131 (Managed Care P&T Competition elective), and PHAR 631 (APPE Preparedness).

Key committee involvement: Curriculum Committee and Top Drugs List Committee.

2015 – 2020 Contra Costa Health Plan – Martinez CA
Pharmacy Director

Responsibilities: Managed all aspects of pharmacy operations for Contra Costa Health Plan, covering over 200,000 lives in managed Medicaid and commercial product lines, with an annual operational outpatient drug budget of \$85 million, managed and oversaw \$30 million annual 340B drug discount program on behalf of Contra Costa County's public hospital and community clinics, maintained and published Medicaid and commercial formularies across multiple delivery channels, reviewed pharmacy prior authorization requests, created prior authorization criteria, provided pharmacy subject matter expertise on a variety of health plan committees and workgroups, provided oversight and management of PBM, managed contracts, performance, and relationships with vendors, participated in vendor contract negotiations, performed detailed analysis of pharmaceutical utilization trends and forecast budget, modeled financial impact of current pharmacy issues on health plan's business performance, synthesized data into actionable insights and presented findings to health plan leadership, lead pharmacy department continuous quality improvement initiatives, co-chaired the health plan pharmacy & therapeutics committee, developed and improved upon pharmacy benefit performance reporting tools (such as PMPM spend, PA statistics, specialty drug utilization, detailed opiate analytics, etc.), maintained operational compliance with NCQA, DHCS, and DMHC standards, and served as the primary point of contact for provider education related to health plan initiatives and formulary improvement.

2014 – 2015 CA Dept. of Corrections & Dept. of Veterans Affairs – Vacaville/Oakland CA
Clinical Pharmacist

Responsibilities: Authorized and processed inpatient and outpatient orders within major state and federal medical treatment facilities, managed pharmacotherapy including oral medications, injectable drugs, IV admixtures and TPN, monitored clozapine/REMS therapy under the direction of overseeing physician.

2012 – 2015 Myers Medical Pharmacy – Ukiah, CA
Staff/Compounding Pharmacist

Responsibilities: verified prescriptions, supervised technicians and ancillary staff, managed pharmacy workflow including retail, compounded and hospice medication orders, monitored clozapine therapy, and provided travel medication and immunizations under the direction of an overseeing physician.

2010 – 2012 Safeway Pharmacy – Stockton and Lafayette, CA
Intern Pharmacist

Responsibilities: processed prescriptions, consulted patients on prescription and over the counter medications, and assisted in management/supervision of technicians and clerks.

2008 – 2010 CVS Pharmacy – Petaluma/Stockton, CA
Pharmacy Technician/Intern Pharmacist

Responsibilities: processed prescriptions, maintained pharmacy stock levels, billed and reconciled third party insurance, and communicated with physicians and office staff regarding therapy.

2005 – 2008 Merck & Co. Inc. Pharmaceuticals – Northern CA
Professional Representative

Responsibilities: managed over 250 physician accounts, supplied pharmaceutical samples for patient use, updated providers regarding product development, managed adverse drug event reporting, and sponsored clinician education programs.

2004 – 2005 MTI College - Sacramento, CA
Medical Assisting Program Instructor

Responsibilities: created and implemented medical curriculum for medical assistant candidates, and taught courses in medical terminology, anatomy/physiology, and laboratory and clinical assisting.

CERTIFICATIONS/LICENSURE

CA Pharmacist, expires 2024

APhA Immunizations Certificate, obtained 2009

APhA Advanced Preceptor Training Certificate, obtained 2016.

APhA Pharmacy-Based Travel Health Services Certificate, obtained 2021.

Professional Compounding Centers of America (PCCA) Core compounding Course, completed 2012.

AHA Basic Life Support (BLS) for Providers, expires 2023.

MILITARY DUTY

2002 – 2016 United States Air Force Reserve - Travis AFB, CA
Medic

Responsibilities: Patient care in all aspects of military medicine including wound care, phlebotomy, electrocardiography, medication administration, airway management, intravenous fluid therapy, emergency medical treatment, intensive care, and immunizations. Assignments have included tours in: Iraq, Afghanistan, and various locations within the United States.

PROFESSIONAL REFERENCES

Available upon request

Application Form

Profile

Toni _____ Panetta _____
First Name Middle Initial Last Name

_____ Suite or Apt _____
Home Address

_____ CA _____
City State Postal Code

Mobile: _____
Primary Phone

_____ Email Address

[District Locator Tool](#)

Resident of Supervisorial District:

District 2

National Service Office of Nurse- Family Partnership & Child First _____ Government Affairs Manager _____
Employer Job Title

Length of Employment

4.25

Do you work in Contra Costa County?

Yes No

If Yes, in which District do you work?

2

How long have you lived or worked in Contra Costa County?

4 years

Are you a veteran of the U.S. Armed Forces?

Yes No

Board and Interest

Which Boards would you like to apply for?

Managed Care Commission: Submitted

Seat Name

At-large vacancy

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

Yes No

If Yes, how many meetings have you attended?

N/A

Education

Select the option that applies to your high school education *

High School Diploma

College/ University A

Name of College Attended

Whitter College

Degree Type / Course of Study / Major

Degree Awarded?

Yes No

College/ University B

Name of College Attended

University of Denver Korbel School for International Studies

Degree Type / Course of Study / Major

Degree Awarded?

Yes No

College/ University C

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

Yes No

Other Trainings & Occupational Licenses

Other Training A

Certificate Awarded for Training?

Yes No

Other Training B

Certificate Awarded for Training?

Yes No

Occupational Licenses Completed:

Qualifications and Volunteer Experience

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

I'm excited to apply for an at-large position on the County's Managed Care Commission at a critical time in Contra Costa Health Plan's delivery of services to Plan members. When I relocated to Contra Costa County in 2018 from Colorado, I stepped away from community engagement in both formal roles (a mayoral appointee of the Denver Women's Commission) and advisory capacities to advance health equity. Since settling into Contra Costa, first as a resident of Walnut Creek and now Moraga, I've learned the critical role that county agencies, including county-operated health plans, play as providers of care coordination and comprehensive safety-net health services. With the implementation of CalAIM and the County receipt of State approval to transition from a two-plan county to a single-plan county, CCHP has substantial responsibility for ensuring high-quality, accessible, and comprehensive care is available to all eligible Medi-Cal members. This presents CCHP with a critical opportunity to build on the successful implementation of Whole Person Care pilot by providing Enhanced Care Management to eligible CCHP members who are among the most vulnerable in our communities. In partnership with Contra Costa Health Services, CCHP can be a leader in advancing robust, prevention-oriented population health management strategies to mitigate social determinants of health that disproportionately affect CCHP members.

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

As detailed in the submitted resume, I would bring more than 15 years in health care policy and health care financing strategies to serve marginalized communities, with the goal of mitigating disparities in health outcomes. Most recently, my role as Government Affairs Manager with the National Service Office for Nurse-Family Partnership and Child First has allowed me to learn about multiple states' approaches to improving maternal and child health outcomes for Medicaid-enrolled and Medicaid-eligible populations. Specific to California, I am familiar with expectations DHCS has laid out for managed care plans through CalAIM, as well as comprehensive transformation for children's behavioral health care that is underway. I currently also serve on a Medicaid maternal mental health advisory commission for Arizona, through which we explore strategies to increase access to and use of comprehensive behavioral health services to address perinatal or postpartum mood and anxiety disorders and substance misuse among pregnant and postpartum women.

Upload a Resume

Would you like to be considered for appointment to other advisory bodies for which you may be qualified?

Yes No

Do you have any obligations that might affect your attendance at scheduled meetings?

Yes No

If Yes, please explain:

I work standard business hours, but have ability to flex schedule around Managed Care Commission meeting times

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

Yes No

If Yes, please list the Contra Costa County advisory board(s) on which you are currently serving:

If Yes, please also list the Contra Costa County advisory board(s) on which you have previously served:

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

-- Non-Profit Organization Representative, Arizona Health Care Cost Containment System (AHCCCS) Maternal Mental Health Advisory Committee -- Commissioner, Denver Women's Commission (mayoral appointment) -- Board Member, Women's Lobby of Colorado -- Young Professional Board, Project C.U.R.E. -- American mentor to Filipino young professionals, Young Southeast Asia Leaders Initiative -- International leadership programs in Azerbaijan, El Salvador, Guatemala, Morocco, Jordan, the Philippines and Saudi Arabia

Conflict of Interest and Certification

Do you have a familial or financial relationship with a member of the Board of Supervisors?
(Please refer to the relationships listed under the "Important Information" section below or
Resolution No. 2021/234)

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?

Yes No

If Yes, please identify the nature of the relationship:

I do not. However, Contra Costa Health holds a licensing & affiliation contract with my employer to deliver the evidence-based Nurse-Family Partnership (NFP) early childhood home visiting program to first-time low-income expectant mothers and their infants. Contra Costa Health pays an annual affiliation/licensing fee. I am not involved in decision-making about continuation of the contract or fees. I have a working relationship with Contra Costa Health employees who administer the County's NFP program. As Government Affairs Manager for the National Service Office of Nurse-Family Partnership and Child First, I educate staff about federal and state funding streams authorized to sustain and expand delivery of NFP services. This includes as a subject matter expert for the 1) California Home Visiting Program whose federal and state funding as administered through the CA Dept of Public Health; 2) CalWORKs Home Visiting Program whose funding is administered through the CA Dept of Social Services; 3) Family First Prevention Services Act Prevention funds administered through the CA Dept of Social Services.

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 understand 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

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 - (2) Brother, sister, grandmother, grandfather, grandson, and granddaughter;
 - (3) Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
 - (4) Registered domestic partner, pursuant to California Family Code section 297;
 - (5) The relatives, as defined in 1 and 2 above, for a registered domestic partner;
 - (6) Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.

Toni Panetta, M.A.

Moraga, CA

SENIOR POLICY ADVOCATE - HEALTH

Accomplished and passionate professional with deep background in health policy, safety-net delivery and financing systems, program management, and collaborative workstyle to engage internal and community partners. Demonstrated achievements in health policy; legislative, regulatory, and fiscal authorizations; government affairs; community relations; and staff development. Adept in organizational leadership, executive stakeholder relations, and driving impact programming.

AREAS OF EXPERTISE

Health Policy Analysis | Fostering Collaboration Among Diverse Stakeholders | Program Management
Legislative Relations | Coalition Building | Public Speaking | Budget Management
Non-Profit Operations | Connecting People and Resources to Drive Change

PROFESSIONAL HISTORY

Government Affairs Manager

January 2018 – present

National Service Office of Nurse-Family Partnership (NFP) and Child First

- Co-Chair, NFP Maternal Mortality and Maternal Morbidity Taskforce
- Member, NFP Research & Publications Committee
- Non-Profit Organization Representative, Arizona Health Care Cost Containment System (AHCCCS) Maternal Mental Health Advisory Committee

*Develop & implement multi-state, multi-county government affairs strategies to: **secure \$70.4M in public funding to serve 7,400 at-risk families in Arizona, California, Nevada & Tennessee; drive growth by diversifying public funding authorized to support program delivery; & position organization as a thought leader to reduce disparities in maternal & infant health, reduce child abuse, & improve families' economic stability***

- **Increased public funding by \$12.9M annually for NFP programs, and a combined \$111.5M for the field** of evidence-based maternal, infant and early childhood home visiting
- **Prevented loss of \$7M annually in Medicaid reimbursement** during state's 1115 Medicaid waiver renewal process by coordinating advocacy efforts with county health executive officers and county maternal & child adolescent health directors
- **Sustained \$14.7M annually** in federal Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) grants for NFP by strengthening relationships with state agency administrators in Arizona, California & Nevada
- Engaged state agency directors and state agency program staff who administer **Medicaid, TANF, Family First Prevention Services Act Part 1, and Title V programs**; state legislators; county health officials; and other executive stakeholders; to integrate evidence-based home visiting services into states' strategies to improve maternal & infant health, prevent child abuse, & reduce poverty
- Supervised contract lobbyists, coached grassroots advocates, cultivated networks of local community leaders, maintained relationships with Congressional district offices, arranged site visits, and represented NFP on various coalitions to influence legislative and administrative decisionmakers
- Directed cross-departmental coordination to achieve organization growth goals

Director of Mission Programs

August 2013 – December 2017

Susan G. Komen Colorado

Managed foundation's grant-making, public policy, regional coalition, and community needs assessment efforts

- **Developed and implemented state and federal public policy plans**, including direct lobbying; managing volunteer advocacy program; staffing public policy advisory committee; and legislative analysis of Medicaid expansion, payment reform, coordinated care models, essential health benefits in commercial insurance plans, and other health reform policies
- **Facilitated 8 regional coalitions** across 22 counties to increase collaboration between health care systems, mitigate barriers to care for at-risk populations, and reduce likelihood of patients falling out of the continuum of care

- **Developed and managed process to solicit, evaluate, and award \$1M-\$2M in annual grants** to disproportionate-share hospitals, federally qualified health centers, and community-based organizations to reduce disparities in breast cancer outcomes

Consultant

May – September 2013

Coordinated event logistics; implemented multi-model fundraising plan that raised 250% of revenue goal; and developed and directed implementation of online communications and fundraising strategy for new organization

GIVE DENVER Director

December 2012-March 2013

Denver Human Services

Created the first budget, multi-modal fund-raising plan, and comprehensive strategic communication plan to increase monetary and in-kind donations, public awareness, and volunteer engagement for \$250,000+ program

Political Director

August 2006-November 2012

NARAL Pro-Choice Colorado/NARAL Pro-Choice Colorado Foundation

Coordinated public policy, political and communications activities for state-level non-profit organizations

- Developed and implemented organization’s public policy program, including serving as organization’s lobbyist on state reproductive health laws and regulations, establishing and staffing the organization’s first policy advisory committee, and creating analytical matrix to recommend allocation of resources on legislation of interest to the organization
- Used SWOT analysis to develop short-, intermediate-, and long-term strategic plans for public policy, community organizing, public education/research, and political action programs for 501(c)(3) and 501(c)(4) non-profit organizations
- Informed strategic direction and implementation of organization’s multi-year, grant-funded \$1.5+ million program to provide health education services and change state laws regarding contraceptive access and insurance coverage for maternal health care
- Secured more than \$200,000 through grants from private foundations, managed general- and restricted-fund-allocated grants, wrote grant reports, and maintained relationships with program officers

Managing Editor

June 1998-July 2004

California Association of Realtors®

Los Angeles, CA

Managed editorial production of trade association’s award-winning monthly, semi-annual, and annual publications, which had combined annual operating budgets of more than \$2 million

- Managed vendor contracts and developed and managed annual budget
- Doubled circulation size and frequency of semi-annual publication, resulting in increased advertising revenue, national recognition, and awards for excellence in business-to-business publishing
- Developed and managed production of comprehensive, company-wide marketing kit

EDUCATION & PROFESSIONAL DEVELOPMENT

M.A., International Studies, Josef Korbel School of International Studies at the University of Denver

B.A., English Language & Literature (Magna cum Laude), Whittier College

Fellow, United Nations Alliance of Civilizations

Progressive Leadership & Advocacy Network Institute

National Women’s Law Center

Alumna, International Exchange Program, American Council of Young Political Leaders

Colorado Institute for Leadership Training

COMMUNITY INVOLVEMENT

- American mentor to Filipino young professionals, Young Southeast Asia Leaders Initiative
- International leadership programs in Azerbaijan, El Salvador, Guatemala, Morocco, Jordan, the Philippines and Saudi Arabia
- Commissioner, Denver Women’s Commission
- Women’s Lobby of Colorado Board
- Project C.U.R.E. Young Professional Board



MCC ROSTER

<p>Member at Large #1</p> <p>Bruce Gorman</p> <p>8/31/2024</p>	<p>Member at Large #7</p> <p>VACANT</p>	<p>Rep Medically Indigent Health Care Needs</p> <p>VACANT</p>
<p>Member at Large #2</p> <p>Rebecca Brossa</p> <p>8/31/2024</p>	<p>Member at Large #8</p> <p>VACANT</p>	<p>Physician, non-contracting</p> <p>VACANT</p>
<p>Member at Large #3</p> <p>Wendy Mailer</p> <p>8/31/2024</p>	<p>Member at Large #9</p> <p>VACANT</p>	<p>Other Provider, non- contracting</p> <p>Clifton Louie</p> <p>8/31/2024</p>
<p>Member at Large #4</p> <p>Barbara Hockett</p> <p>8/31/2024</p>	<p>Medi-Cal Subscriber</p> <p>VACANT</p>	<p>Director of Health Services</p> <p>Anna Roth</p> <p>Ex-Officio</p>
<p>Member at Large #5</p> <p>Marshall Riddle</p> <p>8/31/2024</p>	<p>Medicare Subscriber</p> <p>VACANT</p>	<p>CEO of CCHP</p> <p>Sharon Mackey</p> <p>Ex-Officio</p>
<p>Member at Large #6</p> <p>Pier Angeli Linsangan</p> <p>8/31/24</p>	<p>Commercial Subscriber</p> <p>Susan Frederick</p> <p>8/31/2024</p>	<p>Board of Supervisors</p> <p>Gayle Israel</p> <p>Ex-Officio</p>



Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

5.

Meeting Date: 10/24/2022
Subject: HIV Prevention Needle Exchange Program Update
Submitted For: Anna Roth, Health Services Director
Department: Health Services
Referral No.: 61
Referral Name: HIV Prevention Needle Exchange Program
Presenter: Jessica Osorio, Fátima Matal Sol, and Obiel Leyva **Contact:** Enid Mendoza, (925) 655-2051

Referral History:

The HIV Prevention/Needle Exchange program was referred to the Family and Human Services Committee (FHS) in October 2002. The issue was discussed four times during 2003 and was subsequently closed. The referral was then re-opened on January 4, 2005 for annual reports to FHS.

During the December 18, 2014 FHS meeting, Health Services Department staff were directed to begin reporting to FHS biennially regarding Referral #61 - HIV Prevention/Needle Exchange Program and to submit a report directly to the Board of Supervisor in the intervening years. Additionally, in December 14, 2015, FHS received a report on the program and recognized the incidents of HIV and AIDS had significantly decreased. Therefore, FHS felt that a biennial report to the Committee was sufficient. The Committee also advised staff to return to them at any time should the exposure data significantly change.

The Family and Human Services Committee last received the 2021 annual report on this program at their February 28, 2022 meeting. The report as presented to FHS was forwarded to the Board of Supervisors for their information and approved at their September 13, 2022 meeting.

Referral Update:

Please see the attached staff report for an update on needle exchange services provided in Contra Costa County during the period of January 1, 2021 and June 30, 2022.

Recommendation(s)/Next Step(s):

ACCEPT the Needle Exchange Update report from the Public Health Division of the Health Services Department and DIRECT staff to forward the report to the Board of Supervisors for their information.

Fiscal Impact (if any):

There is no fiscal impact.

Attachments

Needle Exchange Program Update

RECOMMENDATIONS

- 1) Accept this report on needle exchange as part of the comprehensive prevention program to reduce transmission of HIV in Contra Costa County.
- 2) Direct the Health Services Department to continue supporting and monitoring sterile needle exchange services utilizing a modified “needs-based” distribution exchange model with built-in incentives to return used needles.

GLOSSARY

Terms currently used to discuss needle exchange services include:

- Sterile needle/syringe *instead* of clean needle/syringe.
- Used needle/syringe *instead* of dirty needle/syringe.
- People who inject drugs (PWID) *instead* of Injection Drug Users (IDUs).
- One-for-one exchange model* involves exchanging one sterile needle/syringe for a used one; the individual cannot get any additional needles/syringes.
- Needs-based exchange model is less restrictive and allows individuals to receive as many needles/syringes as they self-report using in each day, without regard to the number of needles and syringes returned. This model increases opportunity for PWID to always have a sterile needle on hand.

SUMMARY

In 2006, the Contra Costa Board of Supervisors:

- Terminated the local State of Emergency first declared on December 14, 1999.
- Authorized the Health Services Department to administer a clean needle and syringe exchange project pursuant to Health and Safety Code section 121349 et seq; and
- Directed the Health Services Director to annually report to the Board on the status of the clean needle and syringe exchange project.

This report satisfies State regulatory requirements to maintain needle exchange services in Contra Costa and covers the period of January 1, 2021, to June 30, 2022.

As of June 2022, 2,869 individuals are living with HIV or AIDS in Contra Costa. Between 2020 and 2022, the percentage of people living with HIV and identifying injection drug use (IDU) as the mode of transmission has dropped from 6.7% of all those living with HIV to 6.4%. In addition, the percentage of those newly infected with HIV in 2021/2022 identifying IDU as the mode of transmission was 1.3%, a decrease from 2018 (2.7%) and 2019 (2.1%). This speaks in large part to the importance of the County’s accessible, weekly needle exchange services.

In Contra Costa County, needle exchange services are provided through a contract with the HIV Education and Prevention Project of Alameda County (HEPPAC). The Health Department provides an annual amount of \$97,000 from County General Funds to support the weekly operation of needle exchange services in West and East County. In addition, harm reduction services including needle exchange are offered in Martinez at Waterfront Park by the Martinez Harm Reduction Collective (MHRC), a volunteer group that acts as a secondary exchanger with HEPPAC. Please note, the funds from Contra Costa's contract with HEPPAC do not support MHRC; HEPPAC utilizes funds from other sources to provide them with technical assistance and harm reduction supplies.

The availability of needle exchange as part of a comprehensive continuum of services for PWID continues to be a necessary public health measure to reduce transmission of blood borne diseases in Contra Costa.

BACKGROUND ON ACCESS TO STERILE NEEDLES TO REDUCE TRANSMISSION

The California Department of Public Health (CDPH) reports that of the 139,703 people who were living with HIV/AIDS in California in 2020, 5.5% identified their risk for HIV as solely as IDU.¹ Further, the CDPH Office of Viral Hepatitis reports that transmission of hepatitis C is primarily through sharing needles, syringes, or other drug injection equipment. Lack of access to new, sterile injection equipment is one of the primary risk factors that may lead to sharing hypodermic needles and syringes, which puts PWID at elevated risk for HIV, HCV, and Hepatitis B infections.²

Needle exchange has been an essential component of Contra Costa's strategy to reduce the transmission of HIV attributed to IDU since 1999, when the program operated under the Board's declaration of a State of Emergency to authorize needle exchange services. Health and Safety Code Section 121349.3 removed the requirement for a Declaration of Emergency and current regulations now require only that needle exchange information be provided at an open meeting of the authorizing body every two years.

From 2005-2010, Contra Costa participated in a statewide Disease Prevention Demonstration Project (DPDP) to assess the potential to reduce transmission of HIV by increasing access to sterile needles and syringes. The project evaluation showed lower injection-related risks among people who inject drugs in counties with syringe exchange programs. Additionally, evaluators of the pilot project found lower levels of unsafe discard of used syringes, no increase in the rate of accidental needle-stick injuries to law enforcement, and no increase in rates of drug use or drug-related crime.³

¹ <https://www.cdph.ca.gov/>

https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California_HIV_Surveillance_Report2020_ADA.pdf

² <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/2018-Chronic-HCV-Surveillance-Report-Exec-Summary.pdf>

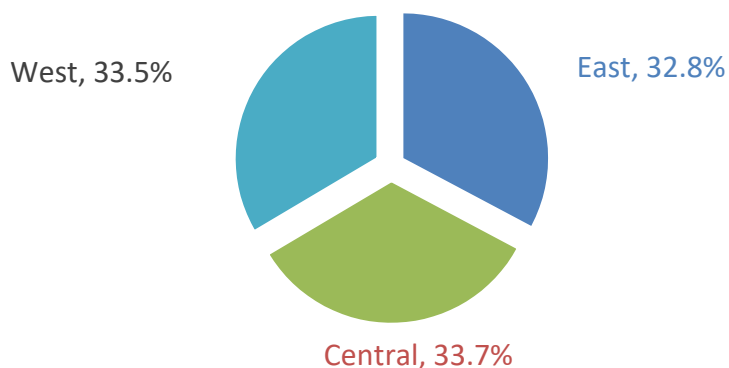
³ The full report of the evaluation can be accessed on the California Department of Public Health, Office of AIDS website <http://www.cdph.ca.gov/programs/Documents/SB1159StateReportFinal.pdf> -

As a result of the success of the DPDP, 2011 legislation expanded syringe access through pharmacies throughout the state. Assembly Bill (AB) 1743 (Ting, Chapter 331, Statutes of 2014) further expanded access in January 2015 by allowing customers to purchase and possess an unlimited number of syringes. Participating pharmacies must provide counseling and offer information on safe disposal.

REDUCING TRANSMISSION OF DISEASE

As of June 30, 2022, there were 2,869 individuals reported living with HIV (PLHIV) in Contra Costa. Roughly 33.7% reside in Central County, 33.5% in West County, and 32.8% in East County.⁴ Of all PLHIV in Contra Costa, 323 individuals (11.3%) identify injection drug use or injection drug use among men who have sex with other men as their mode of HIV transmission.⁵ Among new HIV infections in Contra Costa County, most new cases are still attributed to male-to-male sexual contact (MMSC). Of the total newly diagnosed HIV cases (153) between January 1, 2021, and June 30, 2022, 94 (61.4%) were attributed to MMSC. Since 2018 the total number of new diagnoses attributable to injection drug alone use has decreased from 2.7% to 1.3%.

Chart 1: Distribution of all PLWH by Region in Contra Costa as of 6/30/2022



MATERNAL TRANSMISSION

It often takes two or three months for an accurate diagnosis of HIV or AIDS in a newborn since a positive test at birth may reflect maternal antibodies and not HIV infection. Children with HIV have usual childhood infections more often and more severely than uninfected children and can also be susceptible to the same opportunistic infections as adults with HIV.

Of the 2,869 individuals living with HIV or AIDS in Contra Costa County in 2022, 26 are pediatric cases: the majority are now adults and 3 are children 12 years of age or younger. Identification and treatment of HIV-positive women in prenatal care is nearly universal, but we continue to encounter women who do not seek prenatal care prior to delivery. As an example, in February 2022, Contra Costa had one new case of

⁴ Data Use Agreement (DUA) Q2 2022

⁵ Data from 2022 Data Use Agreement (DUA) Data, Q2 2022.

maternally transmitted HIV. A comprehensive case review completed by our HIV Surveillance Coordinator and the Outbreak and Investigation Unit of the Office of AIDS found that the prenatal care was accessed late (24 weeks) in pregnancy, through multiple providers, and two outside LHJs. Seroconversion occurred shortly before delivery, which was one month after the initial prenatal visit and initial negative HIV test. System changes were proposed, including increased collaboration between LHJs and increased testing of high-risk pregnant individuals, and there have been no new subsequent maternal transmission cases reported. Mother and baby are both virally suppressed at this time.

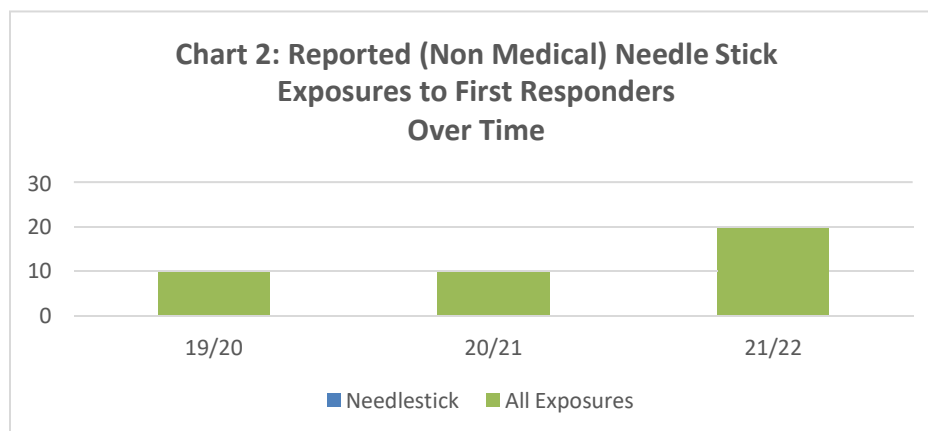
HEPATITIS C

Hepatitis C infection (HCV) is largely attributed to the use of contaminated needles. Chronic HCV can lead to scarring of the liver, cirrhosis, liver failure and/or liver cancer. Across California the number of chronic Hepatitis C carriers continues to be unreliable due to variation in reporting capacities, changes in patient residences, and the high volume of duplicated positive lab tests. Consequently, Contra Costa's Acute Communicable Disease (ACD) program reviews only a fraction of the reports and only follows extremely acute infections and those with a higher likelihood of yielding opportunities for contact intervention and transmission interruption.

EXPOSURE IMPACT ON LAW ENFORCEMENT AND FIRST RESPONDERS

Occupational exposure to needle stick injuries (Chart 2) for first responders remains low. The Communicable Disease Control Program is responsible for communicating the source person's results with Occupational Health, but they do not advise on treatment or follow up. Communicable Disease Control remains available for consult as requested and printed materials are also available on the Syringe Exchange website: <https://cchealth.org/hiv/syringe-exchange.php>

There were ten reported exposures in FY 20/21 and twenty in FY 21/22 among law enforcement and first responders, but none were from needle sticks:



NEEDLE EXCHANGE SERVICES: JANUARY 1, 2021- JUNE 30, 2022

All data below is supplied by Contra Costa’s needle exchange contractor, HIV Education Prevention Project of Alameda County (HEPPAC). HEPPAC has provided services in Contra Costa since 2013.

Needle exchange services in the region rely on a combination of county general funds and other funding secured by the contractor through foundations and other organizations. HEPPAC’s budget funds portions of several staff salaries, including Community Health Promoters, a clerk, and the Harm Reduction Services Manager. The budget also funds supplies. HEPPAC’s service delivery and reporting continue to improve.

Impact of COVID-19 Pandemic: Needle exchange is an essential service, so HEPPAC stayed open during COVID-19 related lockdowns. Fewer individuals came to the syringe exchange sites but the drop in the number of individuals served and total number of syringes distributed was minimal. In the January 2021—June 2022 reporting period, two COVID-19 variants (Delta and Omicron) affected the number of weekly clients accessing harm reduction services at HEPPAC needle exchange sites in West and East Contra Costa County. However, with the increase in vaccination rates across the county, HEPPAC was able to serve more individuals in FYs 20/21 and 21/22 as compared to the beginning of the COVID-19 pandemic. Table 1 shows an increase of 10% in this reporting period from FY 19/20. At the beginning of the COVID-19 pandemic, HEPPAC had to reconfigure their service delivery process. Before the pandemic, clients would line up to receive services; clients are now served using a “taco truck” method with one window to collect used syringes and take the client’s order and another window to give the client their syringes and other requested paraphernalia.

Clients are asked to wear a mask and maintain social distancing. In FY 19/20, HEPPAC submitted a Social Distancing Protocol which was reviewed and approved by county staff and continues to be followed.

Table 1: Race/Ethnicity Totals Over Time (Needle Exchange Program)

Race/Ethnicity Totals Over Time			
	FY 19/20	FY 20/21	FY 21/22
African American	376	734	689
White	1,720	1,668	1,709
Latino/Hispanic	342	319	299
Native American	9	3	6
Asian/Pacific Islander	11	4	8
Other	25	15	5
Total	2,483	2,743	2,716

In this reporting period, West County residents exchanged a total of 20,884 used needles, which is higher than the previous two fiscal years. In East County, a similar increase was observed—East County residents exchanged a total of 152,990 used needles, which was also higher than the previous two fiscal years. These increases may be due to the easing up of COVID-19 restrictions. The upward trend is also evident when looking at needle exchange rates based on race and ethnicity for African Americans. In this reporting period, an average of 711 African American individuals per fiscal year were served at needle exchange sites as compared to 376 in FY 19/20.

However, for White clients, the opposite is true. A total of 1,720 White clients were served in FY 19/20 as compared to an average of 1,675 White clients in the two fiscal years included in this report (see Table 1).

However, for reasons outlined here and later in this report, the number of used needles exchanged by African American clients (n=18,617) remained much lower than the amount by White clients (n=208,620). There is a notable difference in exchange behaviors: White clients report exchanging needles for secondary users at a much higher rate than do African American clients. In addition, the volume of White clients continues to grow in East County. Overall, the data reported by HEPPAC shows a continued shift toward increased utilization at the East Contra Costa site

West County Harm Reduction Services:

In FYs 20/21 and 21/22, HEPPAC reported an increase in the number of clients using harm reduction services in West Contra Costa County. This increase is due in large part to HEPPAC's increased outreach efforts in the region, which included the work of the HEPPAC Community Health Promoters (CHPs) who scouted new areas throughout Richmond (roving sites) to increase visibility and identify areas requesting harm reduction services. Despite these efforts, most of these individuals are still primarily accessing harm reduction supplies other than syringes (safer smoking supplies, condoms, Narcan, etc.). This is evident in the huge increase in the number of African American clients, specifically in West County, from FY 19/20 to FYs 20/21 and 21/22 and the low number of needles exchanged by this population. One reported observation from HEPPAC is that African Americans tend to take other harm reduction supplies (i.e., condoms, hygiene/wound care, safer smoking supplies, etc.) instead of sterile needles. Another reason reported is that the physical site where services were being offered needs to be reevaluated to serve a higher percentage of African Americans who inject drugs. HEPPAC reports an increase in smoking as the modality of drug use rather than injecting, and this is another reason for the increase in African American clientele at harm reduction services. In this reporting period, HEPPAC also increased its efforts to create more access to Medically Assisted Treatment (MAT) during Syringe Services Program (SSP) sites in East and West County with specific focus on increasing visibility in Richmond. The agency received a grant from the Sierra Health Foundation to increase PWID access to MAT at SSPs. With this funding, HEPPAC can hire Substance Use Navigators (SUNs) to assist in this effort by setting up Harm Reduction SSPs at sites that the County does not have the capacity to support.

East County Harm Reduction Services:

In East County the situation is different: Bay Point sites yield the highest volume of syringe exchanges in Contra Costa County. The average client utilizing harm reduction services in East County continues to be a White male between the ages of 40-49. As demonstrated in Table 1, the percentage of clients who identify as White has remained stable over the past three fiscal years, and that population continues to be most needle exchange clients in the current fiscal year as well.

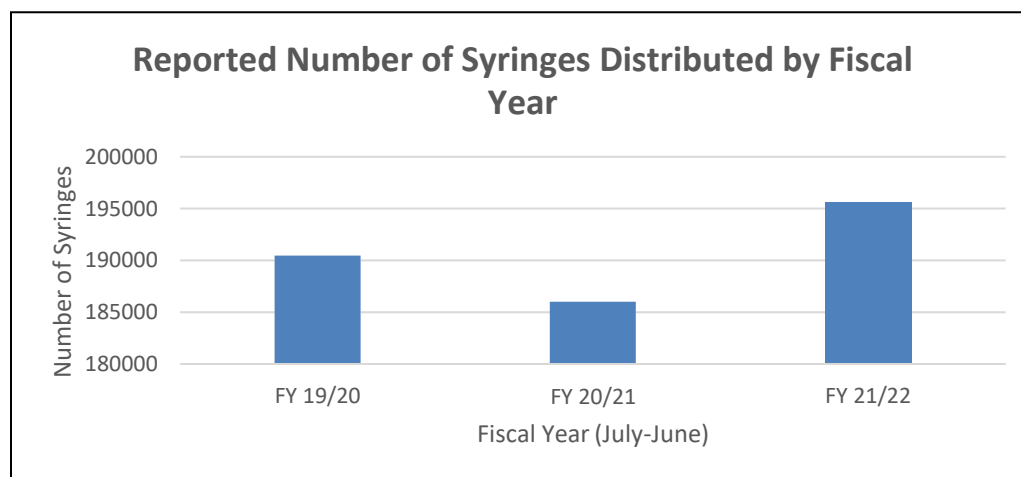
New Trends Reported Among PWID:

HEPPAC staff continue to report an increase in the number of countywide participants reporting use of prescription opioid pills that are crushed and modified for injection. This trend is reflective of national trends and may be a contributing factor in accidental overdose deaths.

Another reported trend in drug using behavior during this reporting period is that many former PWID are turning more to smoking as opposed to injecting their new drug of choice: fentanyl. A study conducted by researchers from California and Washington state, published in 2021 in the journal *Drug and Alcohol Dependence*, found that many people who use drugs in San Francisco have been reducing their injection of heroin and other drugs and smoking more fentanyl instead.⁶ Study participants reported that smoking fentanyl, compared to injecting tar heroin and other opioids, helped them experience better highs, better health, reduced stigma, and improved quality of life.

This trend speaks to the importance of continuing to offer safer smoking supplies at syringe exchange sites to reduce the risk of reuse/sharing and thus transmission of blood borne diseases such as HIV and Hepatitis C.

Chart 3: Reported Number of Syringes Distributed by Fiscal Year



⁶ Transition from injecting opioids to smoking fentanyl in San Francisco, California *Drug and Alcohol Dependence* Volume 227, 1 October 2021, 109003.

In FYs 20/21 and 21/22, HEPPAC continued to provide effective harm reduction services including syringe exchange and overdose prevention services for East and West Contra Costa County residents. These services include collection and disposal of used syringes, distribution of biohazard containers for disposal and future collection, one-on-one education, and intervention with clients to promote the use of clean syringes, provide clean syringes and other tools for safer use focused on PWIDs. In addition, the agency provides overdose prevention kits with Narcan to those that are at risk of overdose and their peers/family members that may need to administer the Narcan. Due to the increase in fentanyl in almost all the illicit street drugs, all drug users are at risk. HEPPAC continues to distribute fentanyl test strips at all sites to prevent overdose deaths among PWIDs. The permanent sites in East and West Contra Costa County are in the middle of overdose “hot spots” where harm reduction services are most needed.

Referrals to Health and Social Services

Another sign of rebounding from the COVID-19 pandemic was seen in the number of referrals made in FY 20/21 and FY 21/22 as compared to the previous year. HEPPAC reported a marked increase in health and social services referrals from 2,889 in FY 19/20 to an average of 3,153 per year in this reporting period. HEPPAC maintains strong linkages to health care providers, substance use treatment services, collaborative partnerships with other community agencies, and other resources.

HEPPAC has an established relationship with the Contra Costa Health Care for the Homeless (HCH) program and provides them with harm reduction materials to distribute to clients, particularly at the Antioch Fulton Shipyard site.

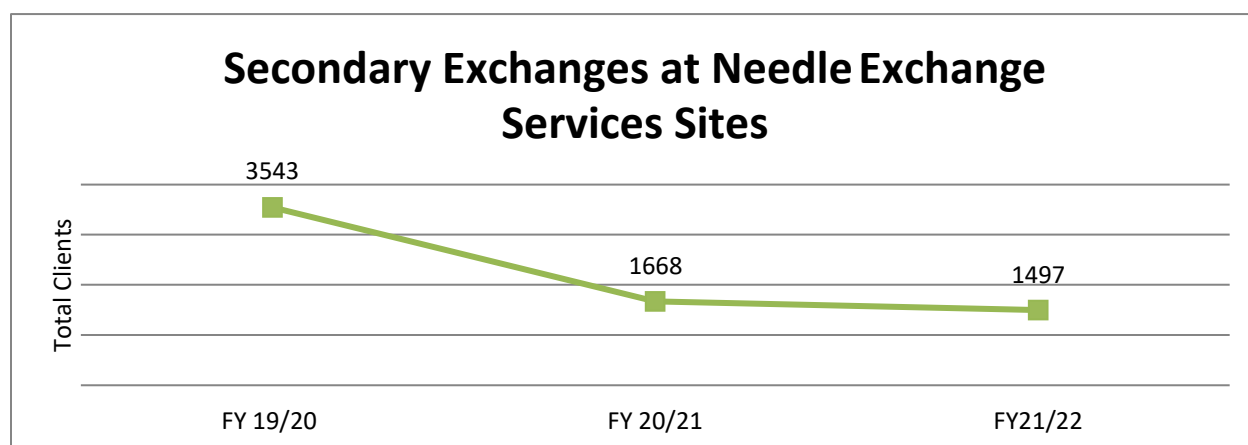
Syringe Disposal

One important and often overlooked aspect of syringe exchange services programs is the actual disposal of used (formerly known as “dirty”) needles. HEPPAC’s modified needs-based model assures that disposal of used needles occurs every week. Agency staff measure the number of used needles they dispose of after every exchange by the size of the biohazard container they bring back to incinerate. HEPPAC uses containers that hold increments of 10, 50, 100, 250, 300, 1,200 and 5,000 used syringes. They also provide these containers to clients to take home and bring back full to exchange. If clients bring used needles in other containers, HEPPAC staff estimates based on the size compared to the biohazard containers. The collection and disposal of used needles occurs on a weekly basis and helps ensure that shared community spaces (i.e., playgrounds, parks, etc.) are free of used needles that may create a public health risk for county residents.

Secondary Exchangers

In Contra Costa County, there are individuals who access harm reduction services for themselves as well as on behalf of others. These individuals are called “secondary exchangers”. Secondary exchangers report the estimated number of individuals for whom they exchange syringes, summarized in Chart 4. The overall volume of secondary exchange has decreased over the past three fiscal years, which could be the result of the COVID-19 pandemic. The number of secondary exchangers by race and region continues to be the same with White clients in East County accounting for most secondary exchangers reported. Because secondary exchangers attend needle exchange more than once in a year their numbers are duplicated. The number of clients they exchange for is self-reported.

Chart 4: Secondary Exchanges at Needle Exchange Services



One key group of secondary exchangers with HEPPAC are the volunteers that make up the Martinez Harm Reduction Collective (MHRC). This is a group made up of Martinez residents that came together in 2019 to start harm reduction services in Martinez. In this reporting period, HEPPAC continued to provide technical assistance to MHRC in the form of training and supplies, including Narcan kits. In return, MHRC submits quarterly client service data to HEPPAC. MHRC provided weekly harm reduction services to an average of 35 residents per week at the Waterfront Park in the Martinez marina area.

Challenges and Response

In early May 2022, Health Services Alcohol and Other Drugs Program (AODS) received a formal complaint from a Martinez resident regarding used syringes/needles on the ground in Waterfront Park. The AODS Director reached out to the Health Services Public Health HIV Program who has a contract with HEPPAC for syringe exchange. The HIV Program contacted HEPPAC to clarify the syringe collection process being utilized by MHRC. HEPPAC confirmed that MHRC volunteers collect used syringes from clients at their weekly exchange site in Waterfront Park as well as provide clients with large sharps containers to keep the used needles and transport them back to the exchange site. In addition, MHRC volunteers reported that they educate every client to not discard used syringes on the ground and instead direct clients to the closest community site for disposal, either the sharps containers in the Waterfront Park’s bathrooms or the Mountainview Sanitation District in Martinez. The HIV Program Manager also spoke with a Supervisor at Martinez Public Works who confirmed that his staff has been finding and cleaning

up used syringes/needles in the Waterfront Park since he has been working there, almost twenty years. However, he did report that there has been a higher volume of used syringes in the last four years and that the sharps containers in the park bathrooms get full and need to be emptied every two weeks by Public Works as part of their regular maintenance of the park facilities.

While the investigation into the complaint about used needles was ongoing, the Interim Chief of Police for Martinez asked to meet with Health Services Public Health representatives to discuss concerns over used syringes/needles on the ground in Waterfront Park. Representatives from both AODS and Public Health met with the Interim Chief and provided him with data about the harm reduction services in Waterfront Park. The Interim Chief also inquired about how the services initially began and raised some questions about legal authority which were referred to County Counsel.

Dr. Ori Tzvieli, Public Health Director, requested that HEPPAC pause syringe exchange services in Martinez Waterfront Park while the Health Department and County Counsel review the legal questions as well as the contract with HEPPAC. MHRC was told that they can continue providing referrals, safer sex materials, and Narcan to their clients, but the group decided to pause all activities until advised otherwise. Clients in need of harm reduction services in Martinez are being referred to the Richmond or Bay Point sites, where HEPPAC staff can provide them with harm reduction services. The full impact of this pause on harm reduction activities in Martinez is unknown at the time of this report.

Future Endeavors

In response to the service disruption in Martinez, Health Services may decide to amend the contract with HEPPAC to include Central County as a service area for harm reduction services to be able to identify additional or alternate locations. If this is the case, the Public Health HIV Program will bring a resolution to a future FHS Committee meeting to describe any financial, legal, or logistical issues to increase HEPPAC's capacity to serve Central County clients.

Distribution Model Change

During this reporting period, the model used in Contra Costa for syringe exchange was changed from a one-to-one model to a modified needs-based model per approval of the Board of Supervisors. To increase the return rate (the rate of returned used needles compared to new, sterile needles given out), HEPPAC proposed incentives for clients to bring back used needles. As a modified version of this model, HEPPAC offers various incentives for clients to bring back their used needles (i.e., giving them verbal praise, additional bio buckets, and when available, a \$5 voucher for a Subway sandwich). HEPPAC staff report that verbal praise is the most useful strategy, since they let clients know how important their efforts are in keeping used syringes from littering shared, public spaces. HEPPAC staff also place a cap on the number of sterile needles and syringes to be received by each client based on their historical use. For example, if a client states that they need 25 needles per day and is given 350 needles for a two-week period, but at their next exchange encounter they report needing two or three times more needles, they will only receive their usual allotment of 350 needles. This example only applies to individuals exchanging for themselves and does not apply to secondary exchangers. HEPPAC staff have demonstrated their ability to get to know their clients and their use habits, as well as documenting previous exchanges. This information also helps HEPPAC determine the cap for each client. Given HEPPAC's rapport with clients and in-depth knowledge of their use, creating and enforcing a cap has not been problematic for their staff.

In the third quarter of the first fiscal year of this report, HEPPAC began to report the total number of new, sterile syringes given out and the total number of used syringes collected. According to the California State Office of AIDS, the average return rate for used syringes statewide is 60%. Contra Costa County's HIV Prevention Program negotiated a return rate of 70% for HEPPAC in Contra Costa. The 70% return rate has been difficult for HEPPAC to achieve in the reporting period, and HEPPAC reported a return rate of 56%. HEPPAC has shifted focus on utilizing the incentives described above to get more clients to bring in their used needles. In addition, HEPPAC has increased the distribution and size of biohazard containers so that clients can bring back larger amounts of used needles. This is additionally important for clients that come monthly to the exchange sites since larger sharps containers can keep more used needles from being discarded in shared community settings.

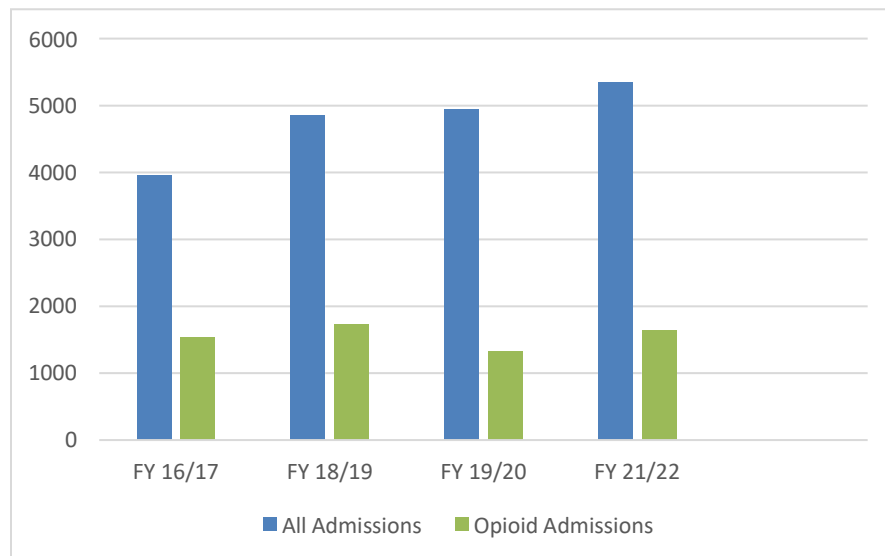
HEPPAC continues to distribute overdose prevention kits (naloxone) to individuals most likely to experience or witness opioid overdoses. Before a kit is given, the client receives education on how to use the kit. In FYs 20/21 and 21/22, HEPPAC provided overdose education and prevention kits to a total of 1,217 clients (equivalent to 2,542 doses of Narcan). This represents a 61% increase from FY 19/20. Late in FY 21/22 there was a national shortage of nasal Narcan which affected HEPPAC's ability to distribute Narcan at a high capacity as compared to previous quarters. HEPPAC does provide intramuscular Narcan, however, clients prefer to have the nasal Narcan in the event of an overdose because it is easier and faster to use.

Overall, HEPPAC is performing well and will continue to provide services in both East and West Contra Costa on a weekly basis. The Public Health program will continue to monitor and respond to the situation in Waterfront Park and is working diligently to restore harm reduction services in Martinez.

ALCOHOL AND OTHER DRUG SERVICES (AODS)

Admissions to AODS services (Chart 5) in this reporting period were up by 22.6% from FY 18/19. The increased enrollment is attributed to several factors, including an expansion of methadone treatment services due to increased admissions for opioid abuse treatment and increased access due to the Affordable Care Act. Admissions are not necessarily unduplicated individuals – one person may enter treatment multiple times during the year depending on the availability of treatment slots.

Chart 5: All AODS Admissions and Opioid-Related Admissions*

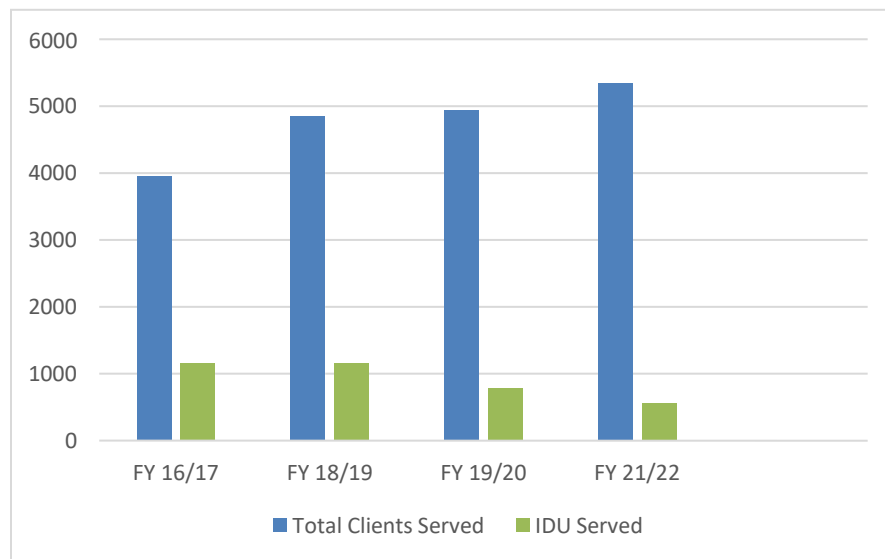


**Note: FYs vary slightly due to differences in reporting periods prior to COVID-19. FY 16/17 refers to July 2016-June 2017; 17/18 data was not able to be pulled because it was in another system; 19/20 refers to July 2019-December 2020; 21/22 refers to January 2021—June 2022. In the next reporting period, we will resume reporting on single year FYs from July-June.*

Of the 5,337 admissions this reporting period (Jan 2021—June 2022), roughly 15.1% identified injection drug use behavior (Chart 6). The proportion of injection drug users to the overall population in AODS services has noticeably decreased compared to previous years: FY 16/17 (28%), FY 18/19 (24%), FY 19/20 (16%), FY 21/22 (10.4%).

This trend may be attributed to the changing behaviors and the prevalence of fentanyl as detailed above.

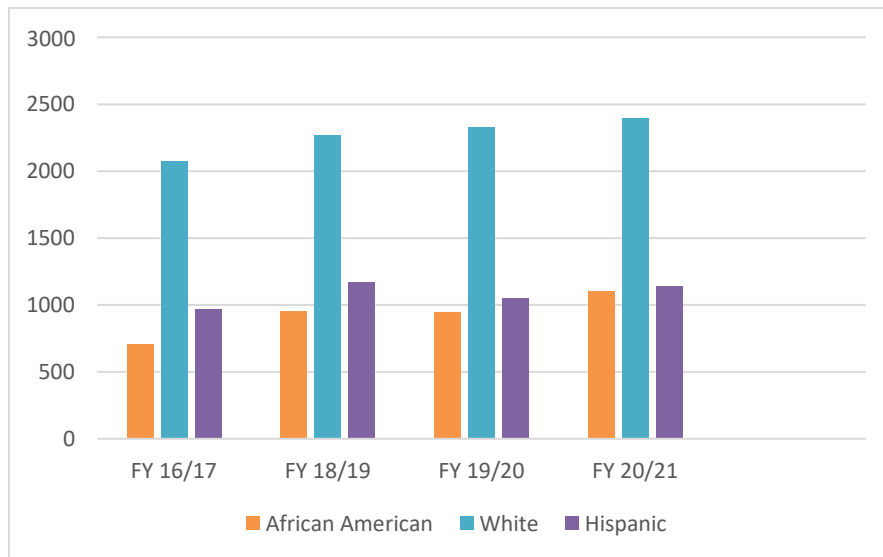
Chart 6: Total Clients Served and IDUs as a Proportion of all AOD Services*



**Note: FYs vary slightly due to differences in reporting periods prior to COVID-19. FY 16/17 refers to July 2016-June 2017; 17/18 data was not able to be pulled because it was in another system; 19/20 refers to July 2019-December 2020; 21/22 refers to January 2021—June 2022. In the next reporting period, we will resume reporting on single year FYs from July-June.*

As seen in Chart 7, the overall percentage of African Americans enrolled in services has remained similar to previous years, representing 22% of those served in 2018/19, 19% in FY 19/20, and 21% in 2021/22. The percentage of Hispanics enrolled in services has decreased slightly, going from roughly 27% of those served in past years to 21% in 2021/22. Normally over half of service enrollees, White participants also decreased to 45% in 2021/22.

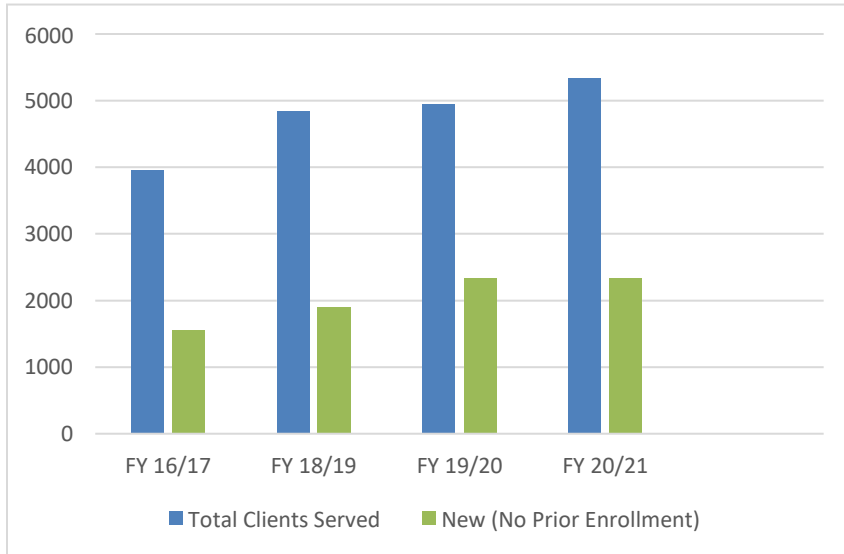
Chart 7: Enrollment in AODS Sites over Time by Primary Race/Ethnicity*



**Note: FYs vary slightly due to differences in reporting periods prior to COVID-19. FY 16/17 refers to July 2016-June 2017; 17/18 data was not able to be pulled because it was in another system; 19/20 refers to July 2019-December 2020; 21/22 refers to January 2021—June 2022. In the next reporting period, we will resume reporting on single year FYs from July-June.*

Nearly 44% of those served in FY 21/22 (Chart 8) are new enrollees, a slight decrease from 19/20, which was 47%.

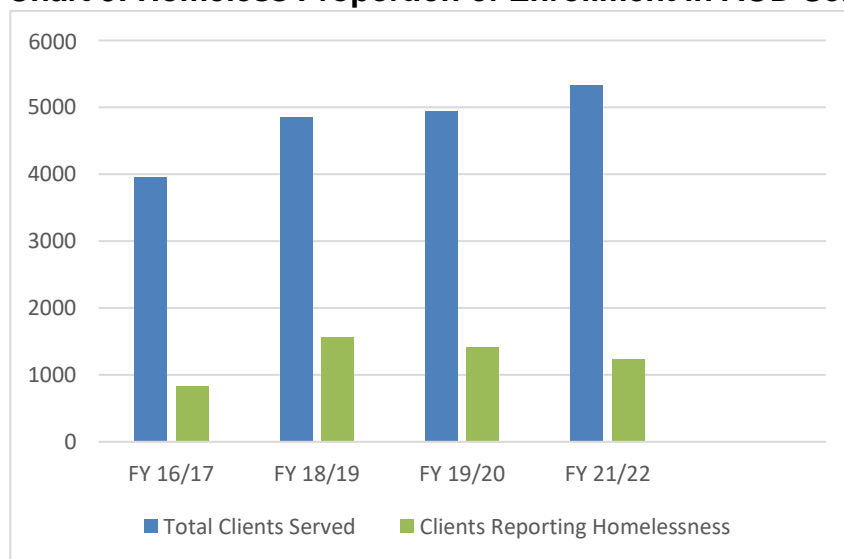
Chart 8: New Enrollees in AODS Services*



**Note: FYs vary slightly due to differences in reporting periods prior to COVID-19. FY 16/17 refers to July 2016-June 2017; 17/18 data was not able to be pulled because it was in another system; 19/20 refers to July 2019-December 2020; 21/22 refers to January 2021—June 2022. In the next reporting period, we will resume reporting on single year FYs from July-June*

Chart 9 shows a decrease in enrollees who reported being homeless at the time-of- service initiation. In FY 2018/19, 32% of total clients enrolled reported being homeless, in 19/20 it was 29%, and in 21/22 it was 23%.

Chart 9: Homeless Proportion of Enrollment in AOD Services*



**Note: FYs vary slightly due to differences in reporting periods prior to COVID-19. FY 16/17 refers to July 2016-June 2017; 17/18 data was not able to be pulled because it was in another system; 19/20 refers to July 2019-December 2020; 21/22 refers to January 2021—June 2022. In the next reporting period, we will resume reporting on single year FYs from July-June.*

AODS Program Highlights

During this reporting period, AODS expanded its services network by adding two new Narcotic Treatment Programs (NTP) to provide Medication Assisted Treatment (MAT) for Opioid Use Disorders: BAART Clinic in Concord and Harmonic Solutions in Walnut Creek. The BAART Concord Clinic and Antioch Clinic also provide HIV/HCV screening for clients as needed, and clients in need of treatment and other services receive on-site care and warm handoffs to the HIV/AIDS and STD Program.

Beginning in April 2022, AODS fully integrated substance abuse counselors with the Medical Team in Detention Facilities to provide SUD treatment in the jail and linkages to SUD treatment post release. This effort also focuses on continuity of care post release to facilitate re-entry through recovery support services.

AODS currently has two *Nuevos Comienzos* (New Beginnings) groups for Spanish speaking clients in need of lower-level SUD treatment. *Nuevos Comienzos* is an effort to address health inequities and the low utilization rate of SUD treatment in the Spanish speaking population.

AODS is also part of the larger community of harm reduction services in Contra Costa. They coordinate with the East Bay Harm Reduction coalition by distributing Narcan at needle exchange sites and engage clients into SUD treatment. AODS provides training and distribution of Naloxone across all Recovery Residences, also known as Sober Living Environments (SLE).

OTHER PREVENTION ACTIVITIES FOR INJECTION DRUG USE

Opioid Agonist Therapy

As abuse of prescription opioids rises and as more individuals inject drugs like heroin, the risk of increased blood borne illnesses such as HIV and Hepatitis C also increases. Their investigation of HIV prevention programs for injection drug users revealed that opioid agonist therapy (OAT) options, most commonly methadone and buprenorphine maintenance therapies, are the most cost effective. OAT options can also be highly effective in helping people stop injecting drugs over time and combining prevention efforts such as needle-syringe exchanges, OAT, Pre-Exposure Prophylaxis (PrEP), and prevention and testing with high-risk negatives have higher rates of success than standalone interventions.⁷⁸

Contra Costa's **Choosing Change (CHOCH)** initiative provides effective treatment for people who want to stop using opioids such as heroin, prescription painkillers like oxycodone, and similar drugs. The program provides buprenorphine medication combined with a group visit, recovery-focused therapy. Highlights from CHOCH during this reporting period include:

- Currently offering 14 clinics associated with 6 health centers throughout Contra Costa County (see CHOCH Table 2 below)
- Sublocade (long-acting) injectable form of buprenorphine now available weekly at the Miller Wellness Center in Martinez
- Groups are currently being held via telehealth Zoom, with demonstrated success in engaging patients through this model of care
- CHOCH referrals can be placed directly by CCHS system providers within ccLink or through the AODS Access line
- For patients needing more intensive treatment, CHOCH can assist in connecting to inpatient and outpatient services
- Substance Use Navigators stationed at CCRMC are associated with CHOCH and connect patients seen in the ED to program services

⁸ <https://med.stanford.edu/news/all-news/2017/05/study-identifies-cost-effective-ways-to-combat-hiv-risk.htm>

Tables 2-4: Choosing Change Patient Demographics

Table 2: Patients Served by Primary Clinic

Patients Served by Primary Clinic		
Clinic	Count of Patients	Percentage of Patients
Antioch Health Center	75	7%
Brentwood Health Center	60	6%
Concord Health Center	371	36%
George and Cynthia Miller Wellness Center	235	23%
Pittsburg Health Center	198	19%
West County Health Center	82	8%
Total	1021	100%

Table 3: Patients by Race

Patients by Race		
Race	Patient Count	Percentage of Patients
American Indian/Alaska Native	8	1%
Asian	20	2%
Black/African American	139	14%
Hawaiian/Pacific Islander	5	0%
White/Caucasian	626	62%
More than One Race	30	3%
Other Race	174	17%
Declined/Unknown	19	2%
Total	1021	100%

Table 4: Patients with HIV

Patients with HIV		
HIV Diagnosis	Patient Count	Percentage of Patients
Yes	7	1%
No	1014	99%
Total	1021	100%

Alameda & Contra Costa County Integrated HIV Prevention & Care Plan

Contra Costa County HIV/AIDS & STD program staff and Consortium members assisted in the development of the regional 2017 - 2021 Alameda & Contra Costa County Integrated HIV Prevention & Care Plan. Although the plan has not yet been updated for the next five years, it is referenced to evaluate care and prevention efforts in both counties. Key prevention components of the plan that focus on PWID include:

1. Through a collaboration involving the Oakland Transitional Grant Area (OTGA) Planning Council, the Contra Costa HIV Consortium, and the two county health departments, develop an **End of AIDS Action Plan** for the Oakland TGA that outlines steps to implement a collaborative, multidisciplinary campaign to end HIV in the two-county region, including ending new HIV infections, ending HIV-related deaths, and ending HIV related stigma.
2. Continually collect and report data on new HIV diagnoses in the OTGA, including breakdowns by ethnicity, gender, transmission category, and age.
3. Conduct ongoing needs assessments to identify emerging issues related to HIV infection and access to HIV education, testing, and other resources.
4. Deliver targeted, sustained, and evidence-based HIV prevention interventions that are appropriate for high-risk populations.
5. Support the development of expanded, tailored, HIV-related stigma reduction campaigns in English and Spanish that are aimed at specific, high-risk subpopulations and are developed in collaboration with consumers; that address stigma related to HIV, homophobia, and HIV risk behaviors; that incorporate cutting-edge social media approaches; and that contain sex-positive messages.
6. Utilize targeted social marketing, media, mobilization and condom distribution programs in English and Spanish to raise and sustain awareness of HIV risk.
7. Ensure widespread, accessible, and well-publicized syringe distribution and syringe exchange services.

The Integrated HIV Prevention & Care Plan targets the highest risk populations including men who have sex with other men and injection drug users, for HIV prevention and care services. Needle exchange remains an integral component of the plan. In Contra Costa County, we anticipate continuing the use of County General Funds for needle exchange services to support the downward trend in HIV infections attributed to injection drug use. The current plan can be found on the Public Health website at <http://cchealth.org/aids>.

Data-to-Care Programs

Data-to-Care is a public health strategy that aims to use HIV and STD surveillance data to identify HIV-diagnosed individuals and those at highest risk for HIV not in care, link them to care. In this reporting period, the HIV/AIDS & STD Program continued to offer two data-to-care interventions that prioritize high-risk individuals: 1) targeted outreach to individuals who have been recently diagnosed with an STD, including individuals who are co-infected with HIV and STDs, and 2) a PrEP Navigation Program for county residents.

PrEP (pre-exposure prophylaxis) is the use of anti-retroviral medication to prevent acquisition of HIV infection. It is used by HIV-negative persons who are at high risk of being exposed to HIV. At

present, there are currently three medications with US Food and Drug Administration (FDA) approved indication for PrEP that are either taken as a daily pill or by an injection and are both highly effective at protecting individuals from HIV. Both indications are approved for both adults and adolescents ages 12 and over who weigh at least 35 kilograms (77 pounds).

Truvada® and Descovy® for PrEP

At present, there are two medications with an FDA-approved indication for daily use PrEP: tenofovir disoproxil fumarate-emtricitabine, which is available as a fixed-dose combination in a tablet called Truvada® and emtricitabine & tenofovir alafenamide tenofovir, which is available in a fixed-dose combination in a tablet called Descovy®. When taken daily, studies have shown that both Truvada® and Descovy® reduce the risk of getting HIV from sex by about 99% and by at least 74% among people who inject drugs.⁹ Both medications are also commonly used in the treatment of HIV. The main difference is that Descovy® for PrEP is recommended to prevent HIV for people at risk through sex, **excluding people at risk through receptive vaginal sex**. Descovy® has not yet been studied for HIV prevention for receptive vaginal sex, so it may not be appropriate for some people.

Injectable PrEP

On December 20, 2021, the FDA approved one injectable pre-exposure prophylaxis (PrEP) medication: cabotegravir (CAB) 600 mg (brand name Apretude®). CAB is a single antiretroviral drug given as an intramuscular injection every 2 months to prevent HIV. CAB is approved for cisgender men, transgender women, and cisgender women. CAB injections may be a good option for PrEP for people who:

- Have problems taking oral PrEP as prescribed.
- Prefer getting a shot every 2 months instead of taking oral PrEP.
- Have serious kidney disease that prevents use of oral PrEP medications.

CAB is FDA approved as an intramuscular injection in the buttocks initiated as a first injection followed by a second injection 1 month after the first and then continued with an injection every 2 months thereafter. A 4-week lead-in period of 30 mg daily oral CAB prior to the first injection is optional for patients who are worried about side effects.

All forms of PrEP should be considered as part of a **comprehensive prevention plan** that includes adherence, risk reduction counseling, HIV prevention education and provision of condoms and requires follow-up with a provider to assess for HIV and STI testing at regular intervals

The Line List targeted outreach intervention consists of generating lists that are pulled from State and County surveillance systems. These line lists are focused on three high- risk populations: MSMs recently diagnosed with one or more STD, women of color (African American and Latinas) recently diagnosed with one or more STD, and individuals co-infected with HIV and STD(s). Trained Disease Intervention Technicians (DITs) call the individuals on the line lists and offer risk reduction services, partner services, and, in the case of people who do not have HIV, Pre-Exposure Prophylaxis (PrEP) navigation services. In this reporting period, DITs provided risk reduction services to a total of 624 individuals (594 HIV negative and 30 PLHIV).

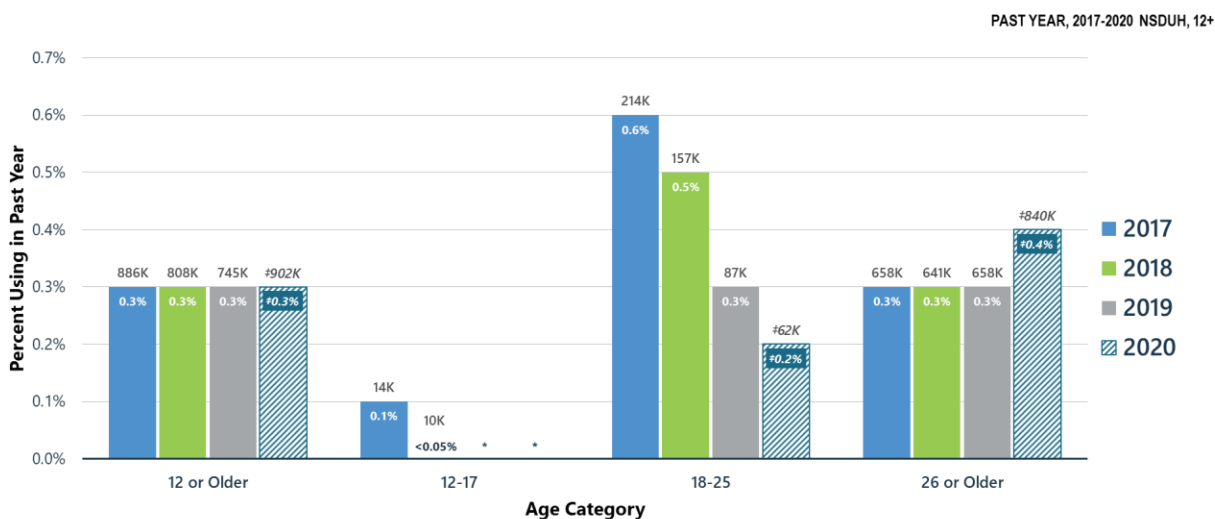
⁹ <https://www.cdc.gov/hiv/basics/prep.html>

OPIOID OVERDOSE

Opioids are medications that relieve pain. They reduce the intensity of pain signals reaching the brain, diminishing the effects of a painful stimulus. Medications that fall within this class include hydrocodone (e.g., Vicodin), oxycodone (e.g., OxyContin, Percocet), morphine (e.g., Kadian, Avinza), codeine, and related drugs. Hydrocodone products are the most prescribed for a variety of painful conditions, including dental and injury-related pain. Morphine is often used before and after surgical procedures to alleviate severe pain. Codeine is often prescribed for mild pain. In addition to their pain-relieving properties, some of these drugs—codeine and diphenoxylate (Lomotil) for example—can be used to relieve coughs or severe diarrhea.

Heroin is an opioid drug that is synthesized from morphine. In 2020, 902,000 Americans reported using heroin in the past year, a number that has been on the rise since 2007. The greatest increase in heroin use has been seen in young adults 18- 25.¹⁰

Chart 10: Past Heroin Use among People Aged 12 or Older (2017—2020)



* Estimate not shown due to low precision.

† Estimates on the 2020 bars are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed. See the 2020 National Survey on Drug Use and Health: Methodological Summary and Definitions for details.

¹⁰ <https://www.drugabuse.gov/publications/research-reports/heroin/scope-heroin-use-in-united-states>

Data from 2011 showed that nearly 80% of Americans using heroin report misusing prescription opioids first, and it is estimated that about 23% of individuals who use heroin become dependent on it.¹¹ Prescription opioid pain medications such as Oxycontin and Vicodin can have effects similar to heroin when taken in doses or in ways other than prescribed, and they are currently **among** the most commonly abused drugs in the United States.

The California Department of Health reported 5,502 opioid-related overdose deaths in 2020 and 6,843 in 2021, this marks a steady rise since 2018 when 2,428 were reported.¹² In Contra Costa County, there were 144 opioid deaths in 2020 and 180 in 2021,¹³ which is a marked increase from the 84 opioid overdose deaths reported in 2018.¹⁴ All regions of the county have experienced fatal overdoses, emergency department visits, and hospitalizations due to opioid overdose.

Recognizing the life-saving effects of the opioid-overdose reversal drug naloxone, Senate Bill (SB) 833 (Chapter 30, Statutes of 2016) established a new Naloxone Grant Program within the California Department of Public Health (CDPH).¹⁵ The goal of the program was to reduce fatal overdoses by increasing access to naloxone nasal spray called Narcan.

In 2017-2019, the HIV/AIDS and STD Program administered the Naloxone Grant Program by distributing the county's 1,642 State-allotted doses to local community agencies with existing naloxone distribution systems and those working with individuals most likely to experience or witness opioid overdoses.

After this successful pilot program, the California Department of Health Care Services began providing free naloxone directly to organizations and entities.

DISPOSAL

Contra Costa Environmental Health (CCEH) administers the Medical Waste Management Program for Contra Costa County and is the local enforcement and regulatory agency for Medical Waste Generators. CCEH issues permits and registers generators of medical waste, responds to complaints of abandoned medical waste on public property, and implements the Medical Waste Management Act (Part 14, C. 1-11 of the California Health and Safety Code). The agency web site maintains a list of frequently asked questions (FAQs) on syringe and needle disposal, a list of disposal sites in Contra Costa, several pamphlets describing the proper disposal of syringes and other medical waste, as well as links to state and other resources. Additional information can be found at <https://cchealth.org/eh/medical-waste/faq.php> and <https://safeneedledisposal.org/search-results/>.

¹¹ <http://www.drugabuse.gov/publications/drugfacts/heroin>

¹² <https://skylab.cdph.ca.gov/ODdash/?tab=Home>

¹³ 2021 data is preliminary and may increase slightly.

¹⁴ https://pdop.shinyapps.io/ODdash_v1/

¹⁵ <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/NaloxoneGrantProgram.aspx>

The Public Health HIV/AIDS and STD program has received one complaint from a community member regarding discarded syringes on the ground this year as reported earlier.

<p>Contra Costa Regional Medical Center Sheriff's Substation - New 2500 Alhambra Ave., Martinez</p>	<p>Accepts all household pharmaceutical waste Open to all residents</p>	<p>Monday - Friday 8 a.m. – 5 p.m.</p>
<p>CCC Sheriff's Field Operations Building - New 1980 Muir Road, Martinez</p>	<p>Accepts all household pharmaceutical waste Open to all residents</p>	<p>Monday - Friday 8 a.m. – 5 p.m.</p>
<p>Walnut Creek City Hall - New 1666 North main Street, Walnut Creek</p>	<p>Accepts all household pharmaceutical waste Open to all residents</p>	<p>Monday - Friday 8 a.m. – 5 p.m.</p>
<p>West County Household Hazardous Waste Facility 101 Pittsburg Ave., Richmond</p>	<p>Accepts non-controlled household pharmaceutical waste Open to West County residents only</p>	<p>Thursday, Friday, and First Saturday of every month 9 a.m. - 4 p.m. (Closed 12 - 12:30 p.m. for lunch)</p>
<p>Delta Household Hazardous Waste Collection Facility 2500 Pittsburg - Antioch Highway, Pittsburg</p>	<p>Accepts non-controlled household pharmaceutical waste. Open to East County residents only</p>	<p>Thursday, Friday, and Saturday 9 a.m. - 4 p.m.</p>

CONCLUSIONS:

1. **Access to new, sterile syringes/needles has made a difference** in Contra Costa and remains an important component of the overall strategy to reduce transmission of blood borne diseases.
2. **Law enforcement exposure** to potential blood borne pathogens via needle stick injury has not increased with the implementation of needle exchange and pharmacy sales. Materials for Law Enforcement to document potential exposure and request assistance are available on the website.
3. **Needle exchange is a critical component and essential service** of Contra Costa's HIV prevention strategy and should remain in effect until further notice. Needle exchange is also the primary strategy that addresses Contra Costa's opioid epidemic by increasing naloxone access and linking people to substance use treatment programs.



Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

6.

Meeting Date: 10/24/2022

Subject: Rapid Response and Innovative Partnerships

Submitted For: FAMILY & HUMAN SERVICES COMMITTEE,

Department: County Administrator

Referral No.: 110

Referral Name: Innovative Community Services

Presenter: Marla Stuart, EHSD Director, and Tamina Alon, Interim Assistant
Director Policy & Planning

Contact: Danielle Fokkema, (925)
655-2047

Referral History:

On January 6, 2015 the Board of Supervisors referred oversight and receipt of updates on the Employment and Human Services Department's (EHSD) Innovative Community Partnerships to the Family and Human Services Committee (FHS). On June 7, 2016, the Board approved expanding FHS Referral No. 110 "Innovative Community Partnerships" to include the subject of Whole Family Services. This change was necessary to incorporate a major EHSD initiative, which refocuses client-facing benefit eligibility to assess the status and needs of the "whole family" while they are also determining benefit eligibility. Key to the new initiative is working with community partners to form a network of family resource centers in current place-based centers such as SIT (Service Integration Team) and SparkPoint sites, Family Justice Centers, First 5 centers, et al.

On November 23, 2020, the Family and Human Services Committee received the most recent annual report on Innovative Community Partnerships.

Referral Update:

Attached is a status report and presentation on EHSD's Innovative Community Partnerships program.

Recommendation(s)/Next Step(s):

ACCEPT the attached report on the Employment and Human Services Department's Innovative Community Partnerships.

Fiscal Impact (if any):

There is no fiscal impact; the report is informational only.

Attachments

Rapid Response and Innovative Partnerships Presentation

CONTRA COSTA COUNTY

EMPLOYMENT & HUMAN SERVICES

Building Brighter Futures Together

Marla Stuart, MSW, PhD

Director, Employment and Human Services Department

mstuart@ehsd.cccounty.us

COVID Rapid Response & Innovative Partnerships

Presentation to the Family and Human Services Committee – October 24, 2022

Table of Contents

- Social Services Rapid Response
- New Innovative Partnerships

Building Brighter Futures Together

COVID Response Designed for Partnership



Building Brighter Futures Together

Social Service Rapid Response Team (SSRRT)

The Social Services Rapid Response Team (SSRRT): 4 Our Families Navigators responded to the need for service coordination between EHSD and community partners during the COVID pandemic.

Active: March 2020 to March 2022.

Highlights

2,300

Number of families referred to SSRRT

5,000

Number of service connections provided to families

94%

Percent of families receiving at least one service requested

89%

Percent of families receiving all services they requested



Most SSRRT referrals come from **self-referrals (33%)**, **Contra Costa Health Services (20%)**, **Family Justice Centers (20%)**, **STAND! (5%)**, and the **Crisis Center / 211 (5%)**.



The most-requested services are **CalFresh and Food (30%)**, **Medi-Cal (15%)**, and **Rent/Shelter/Housing (14%)**. Customers request **two service referrals on average**.



Nearly **1 out of 5 individuals or families served self-identify as undocumented**; this group has fewer options for assistance.

Children's Well Being Task Force

EHSD partnered with CocoKids, the Office of Education, First 5 Contra Costa, the Local Planning Council, and Contra Costa Health Services to provide **Emergency Child Care**.

Active: March 17, 2020 to June 5, 2020.

Highlights

872 Number of requests for emergency childcare made to CocoKids

565 Number of children of essential workers that participated in the program

405 Number of state-funded emergency childcare subsidies issued to essential worker families



Food and Nutrition Task Force

EHSD collaborated with Contra Costa Health Services, Meals on Wheels, Food Bank of Contra Costa/Solano and numerous other community organizations to provide robust and consistent support to Contra Costa residents dealing with food insecurity.

Active: May 2020 to March 2021

Highlights

140,000 Number of restaurant-prepared meals delivered to vulnerable older adults through Great Plates Delivered

36,000+ Number of meals delivered through Senior Nutrition Program contracts



Equitable Economic Recovery Task Force

EHSD's Workforce Development Board partnered with Contra Costa Economic Partnership (CCEP), 20+ local businesses, community leaders, and displaced workers to support job creation, identify and promote policies to retain local employers, and expand training and employment connections for those disproportionately impacted by pandemic-related layoffs.

Active: July 2020 and June 2021

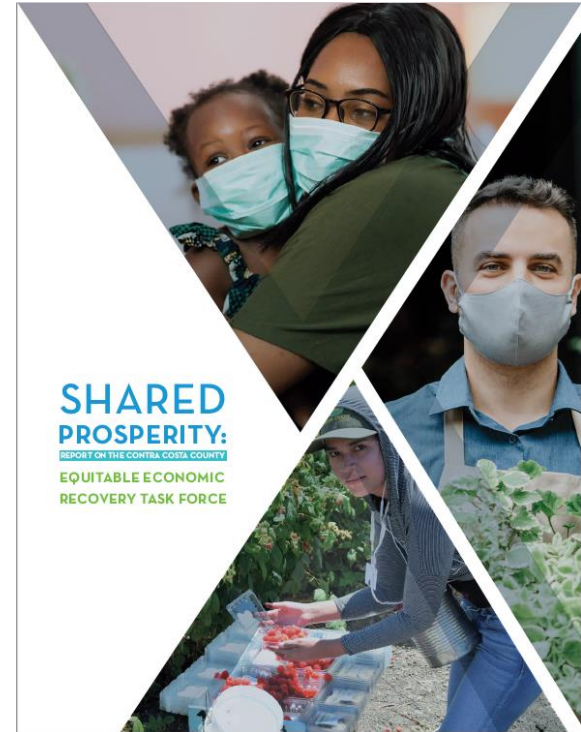
Highlights

1,750

Number of engagements with businesses and individuals through the Workforce Development Board's *#BounceBackContraCosta* initiative

10

Actionable Recommendations were made to the Contra Costa Board of Supervisors



Family Violence Prevention Task Force

EHSD's Alliance to End Abuse partnered with Contra Costa Public Health, Child Abuse Prevention Council, First 5 Contra Costa, and the Family Justice Center to move forward interpersonal violence prevention goals and strategies outlined in *Contra Costa County's Call to Action: Preventing Interpersonal Violence*

Active: March 2020 to December 2020

Highlights

30+

Number of partnered agencies that engaged in the Task Force



Measure X

CONTRA COSTA COUNTY

EMPLOYMENT & HUMAN SERVICES

Refugee Assistance

- Contract with Jewish Family Community Services approved by the Board of Supervisors October 4, 2022 for \$979,800, sent to contractor for signature October 10, 2022.
- Up to \$5,000 will be provided per each participant receiving services.
- Scope of work includes direct assistance, community-based services, case management and legal services.
- Monthly progress reports will include the number of refugees served and related expenses.



Children's Services

- Three areas of need are being targeted to provide additional support for young children and the professionals who serve them.
 - **0-5 Children with Disabilities:** Supports children with disabilities as needed to be independent and included in society.
 - MOU in process
 - **0-5 Child Care:** Reduces the shortage of childcare slots.
 - RFI in development
 - **Child Care Retention and Incentive:** Supports an immediate retention strategy to help keep the workforce afloat until a more permanent solution is found.
 - RFI in development.



Youth Centers

RFI for Youth Center Planning Management closed 9/20/22; 2 responses received.

Next steps:

- Reader Rater Evaluation Period week of 10/17/22
- Reader/Rater Evaluation Discussion 10/27/22
- Estimated Recommendation of Award/s 11/9/22
- Estimated Contract Negotiation/Development 12/22
- Estimated Date for BOS Contract Approval 1/25/23
- Estimated Process End Date 1/31/23
- Estimated Contract Start Date 2/1/23
- Estimated Report to BOS w/Program Plan 2/15/2023
- Estimated Release of RFP for Second Phase 1/1/2024



Master Plan on Aging

RFP issued and vendor selected.

- Working on finalizing the contract with Collaborative Consulting, Inc. for \$195,000 to include the following services:
 - Gather data and conduct an ecosystem mapping of agencies, services, coalitions, and efforts in Contra Costa County to support older persons, adults with disabilities, and family caregivers.
 - Facilitate countywide planning meetings with community stakeholders.
 - Develop the Contra Costa Local Playbook, and actionable plan for implementing Governor Newsom's Master Plan for Aging locally.
- Community event in support of local Master Plan on Aging November 17, 2022 at Pleasant Hill Community Center.

