

## FAMILY AND HUMAN SERVICES COMMITTEE

RECORD OF ACTION FOR  
OCTOBER 7, 2019

Supervisor Candace Andersen, Chair  
Supervisor John Gioia, Vice Chair

Present: Chair Candace Andersen  
Vice Chair John Gioia

Staff Present: Julie DiMaggio Enea, Sr. Deputy County Administrator

Attendees: Emilse Ramirez, BHS; Alicia Silva, BHS; Don McClelland, BHS; Marie Scannell, BHS; Jan Cobaleda-Kegler, BHS; Alicia Austin-Townsend, MHS; Kristine Suchan, MHS; Cedrita Claiborne, CCMS; Rynn Schumacher, CCMS; Matt White, BHS; Warren Hayes, HSD Behavioral Health Services; Laura Otis-Miles, MHS; Anthony Macias, EHSD/AAS; Chris Wikler, District IV Supv Representative; Debbie Toth, Choice in Aging; Dan Peddycord, CCHS; Jill Ray, BOS District II Representative; Douglas Dunn, MH Commission

### 1. Introductions

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

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

*No one requested to speak during the public comment period.*

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

*Approved as recommended.*

AYE: Chair Candace Andersen, Vice Chair John Gioia  
Passed

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

*Approved as recommended.*

AYE: Chair Candace Andersen, Vice Chair John Gioia

Passed

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

*Approved as recommended.*

AYE: Chair Candace Andersen, Vice Chair John Gioia

Passed

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

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

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

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

AYE: Chair Candace Andersen, Vice Chair John Gioia

Passed

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

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

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

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

AYE: Chair Candace Andersen, Vice Chair John Gioia

Passed

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

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

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

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

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

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

AYE: Chair Candace Andersen, Vice Chair John Gioia

Passed

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

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

For Additional Information Contact:

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



# Contra Costa County Board of Supervisors

## Subcommittee Report

### FAMILY AND HUMAN SERVICES COMMITTEE

3.

**Meeting Date:** 10/07/2019

**Subject:** RECORD OF ACTION FOR THE SEPTEMBER 23, 2019 FHS  
MEETING

**Submitted For:** David Twa, County Administrator

**Department:** County Administrator

**Referral No.:** N/A

**Referral Name:** N/A

**Presenter:** Julie DiMaggio Enea

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

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#### **Referral History:**

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

#### **Referral Update:**

Attached is the draft Record of Action for the September 23, 2019 Family & Human Services Committee meeting.

#### **Recommendation(s)/Next Step(s):**

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

#### **Fiscal Impact (if any):**

None.

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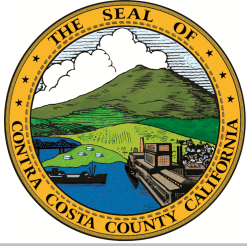
#### **Attachments**

Draft FHS Record of Action for September 23, 2019

#### **Minutes Attachments**

*No file(s) attached.*

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## FAMILY AND HUMAN SERVICES COMMITTEE

RECORD OF ACTION FOR  
SEPTEMBER 23, 2019

Supervisor Candace Andersen, Chair  
Supervisor John Gioia, Vice Chair

Present: Chair Candace Andersen  
Vice Chair John Gioia

Staff Present: Julie DiMaggio Enea, Sr. Deputy County Administrator

Attendees: Rebecca Darnell, EHSD; Warren Hayes, HSD Behavioral Health Services; Leslie May, MH Commission; Colleen Kauth, Bay Area Legal Aid; Luis Tenorio, Bay Area Legal Aid; Suzanne Tavano, HSD Behavioral Health Services; Carolyn Foudy, EHSD; Colleen Isenberg, District IV Supervisor's Office; Douglas Dunn, MH Commission; Kathi McLaughlin, CPAW; Kathy Gallagher, EHS Director; Rich Wengal, Youth Homes; David Bergesen, COFY, Inc.; Susanna Marshland, Fred Finch Youth Center; Leticia Galyean, Seneca Family of Agencies; Antionette Harris, Uplift Family Services; David Geiger, Human Services Alliance of CCC; Jay Berlin, Alternative Family Services; Pete Caldwekk, We Care Services; Jill Ray, BOS District II Representative; Barbara Serwin, MH Commission; Mariana Moore, Ensuring Opportunity; Tracy Murray, EHSD

DRAFT

### 1. Introductions

*Chair Andersen convened the meeting at 10:32 a.m. and invited attendees to introduce themselves.*

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

*No one offered testimony during the public comment period.*

### 3. RECEIVE and APPROVE the draft Record of Action for the July 29, 2019 Family & Human Services Committee meeting.

*The Record of Action for the July 29, 2019 meeting was approved as presented.*

AYE: Chair Candace Andersen, Vice Chair John Gioia  
Passed

### 4. ACCEPT the joint update report from Behavioral Health Services and the Mental Health Commission on the public mental health care system, child and teen psychiatric services.

*Behavioral Health Director Suzanne Tavano summarized the staff report, advising that under Managed Care, the County must meet certain State compliance standards. She reported that the County has met the standards for the required number of providers but fell slightly short of the standard for timeliness in consultations and medication. She noted that there had been incremental improvement, with non-psychiatry wait times meeting the 10-day standard and psychiatry wait times close to meeting the 15-day standard. She highlighted the expansion of tele-psychiatry as one of the strategies used by the department to reduce wait times.*

*Suzanne discussed how the department has analyzed the flow of people through the behavioral health system and determined that housing is a serious bottleneck and should be the focus of current attention. Behavioral Health works closely with the County's Homeless (H3) program to smooth the transition of people from hospital to locked facility to community housing settings. She noted that funding and regulatory silos hinder these efforts. She observed that the lack of adequate step-down programs result in lengthier hospital stays than are strictly necessary.*

*Vice Chair Gioia noted that H3 has been working with the City of San Pablo to leverage HUD funding to construct 60-70 units of housing with supportive services in San Pablo. He praised the City of San Pablo for its strong collaboration with the County on the housing project, a library, a fire station, a WIC (Women, Infants and Children) site, and the West County Health Center.*

*Suzanne commented that the County's open-door policy to psychiatric emergency services (PES) is generous when compared to other counties, noting that the majority of counties do not have crisis stabilization units (CSUs) as does Contra Costa County. She noted that the average daily population at PES is 40, which is a challenge in that limited space. She remarked on the push and pull between PES beds and hospital beds, and the way cost reimbursement influences that relationship.*

*She reported visiting adult and children CSUs and thought that the Willow Rock CSU (Alameda Co.) might be a good model to implement in this county if separate space for a children's facility could be identified. She noted how traumatizing it can be for a child to witness a W&I 5150 (psychiatric emergency) event.*

*She concluded by stating that the County and its community contractors struggle to find qualified providers due to lack of competitive salaries.*

*Barbara Serwin spoke on behalf of the Mental Health Commission, praising the new Behavioral Health leadership and their fresh approach to solving old problems. She appreciates the division of responsibilities among the new leadership. She is of the opinion that PES redesign should be the priority, citing the findings in a 2019 grand jury report. She reported that the MH Commission will reach out to community partners to collate best practice concepts and bring those to the FHS Committee for consideration.*

*Douglas Dunn provided a handout (attached) that discusses the impacts of a shortage of step-down programs and housing for persons discharged from locked facilities. He claimed that the County's locked facility budget was balanced only by a*



*temporary savings in other programs. He recommended that the County support the repeal of the Medi-Cal reimbursement exclusion.*

*Chair Andersen was not present during the testimony of the following public speakers, who each spoke about the need of community-based mental health services providers for additional funding, and their struggles to maintain staffing and services with uncompetitive salaries: Dan Geiger, Rich Wengal, David Bergeson, Susanna Marshland, Leticia Galyean, Antoinette Harris, Pete Caldwell, and Jay Berlin.*

*Vice Chair Gioia assured the speakers that the Board of Supervisors is aware of their predicament and, earlier this year, authorized the formation of a work group to study the problem. He advised that Health Services Director Anna Roth will contact the agencies soon. He observed that Contra Costa County has a lower tax base than neighboring counties and also lacks a local sales tax that many other counties enjoy. He advised that the Board's Finance Committee is studying a proposal for a local sales tax initiative and, should it be pursued, will need the help of community partners to raise awareness of the need.*

*Suzanne added that HSD has already begun gathering salary data from the County's community contractors and has also engaged an outside consultant to assist with the study effort.*

*Leslie May suggested that the community partners recruit at college campuses.*

*The Committee accepted the report and directed staff to forward it to the Board of Supervisors on Consent for their information. The Committee directed HSD to report back in one year.*

AYE: Chair Candace Andersen, Vice Chair John Gioia

Passed

5. ACCEPT status report on the Employment and Human Services Department's providing an update on CalFresh and the department's implementation of the CalFresh benefits expansion.

*Kathy Gallagher and Rebecca Darnell presented the CalFresh annual update and SSI expansion reports. Kathy reported that CalFresh applications are beginning to level off at about 2,700 per month as compared to 2,200 per month prior to the SSI expansion.*

*Kathy also advised that effective September 1, the current waiver for Contra Costa County from the Able Bodied Adults Without Dependents (ABAWD) 90-day limit for CalFresh benefits was terminated. The termination of this waiver is somewhat mitigated by individual exemptions that are allotted to each state based on annual caseload. The County has adopted the State's criteria for granting the exemptions and has elected to approve exemptions for all individuals who have exhausted their 90-days of benefits. The exemptions will maintain benefits for these individuals until April 2020 or until such time that employment is found for them.*



*Rebecca reported that the Food Bank and other community organizations such as Opportunity Junction have partnered with EHSD to assist clients in navigating the application process to receive new or expanded benefits or ABAWD exemptions.*

*Caitlyn Sly alleged that EHSD was unwisely discouraging clients from using the "Get CalFresh.org" website to apply for benefits.*

*Mariana Moore commented that EHSD should not celebrate the leveling off of new CalFresh applications. She stated that the significant unmet need warrants further outreach. She requested data from EHSD on the number of recipients who qualified for only a \$15 benefit vs. those who qualified for more once the Medi-Cal exemption was verified. She felt that telegraphing a low expectation for additional benefits had discouraged participation.*

*Colleen Kauth complained that EHSD had not responded to her letter sent in June/July, to which Kathy Gallagher responded that she was in consultation with County Counsel. Ms. Kauth stated that while 90% compliance is the threshold to avoid DHS fines, 100% compliance is required by law.*

*Vice Chair Gioia wrapped up the discussion by asking EHSD to provide better estimates of potential benefits to people to encourage greater participation.*

*The Committee accepted the report and Vice Chair Gioia asked that the Bay Area Legal Aid's concerns be referred for discussion by the Board in its next closed session. He also directed EHSD to report back to the Committee in November with a written outreach plan involving community partners and with a current staffing model and proposed staffing model should there be new federal funding allocations.*

AYE: Chair Candace Andersen, Vice Chair John Gioia

Passed

6. The October 28, 2019 meeting of the Family and Human Services Committee has been canceled. A special meeting has been scheduled for October 7, 2019 at 1:00 p.m. in Room B001, County Finance Building, 625 Court Street, Martinez.
7. Adjourn

*Vice Chair Gioia adjourned the meeting at 12:25 p.m.*



# Contra Costa County Board of Supervisors

## Subcommittee Report

### FAMILY AND HUMAN SERVICES COMMITTEE

4.

**Meeting Date:** 10/07/2019  
**Subject:** Appointment to the Arts and Culture Commission  
**Submitted For:** David Twa, County Administrator  
**Department:** County Administrator  
**Referral No.:** N/A  
**Referral Name:** N/A  
**Presenter:** Julia Taylor **Contact:** Julia Taylor, 925.335.1043

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#### **Referral History:**

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

#### **Referral Update:**

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

The Arts and Culture Commission (AC5) is composed by one representative from each of the five supervisorial districts, four at-large representatives and one alternate, for a total of ten seats. Appointments are for a four-year period with terms expiring on June 30 of alternating odd numbered years. The current roster is listed in the attached memo. There are currently no vacant seats. At their July meeting, AC5 voted to nominate Y'Anad Burrell to the At Large 1 seat, for which the term expired on June 30, 2019.

#### **Recommendation(s)/Next Step(s):**

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

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#### **Attachments**

Y. Burrell Appointment Memo

Y. Burrell Application

**Minutes Attachments**

*No file(s) attached.*

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## ARTS AND CULTURE COMMISSION OF CONTRA COSTA COUNTY

651 PINE STREET, 10<sup>TH</sup> FLOOR, MARTINEZ, CA 94553  
STAFF@AC5.CCCOUNTY.US (925) 646-2278 **AC5.ORG**

July 25, 2019

Family and Human Services Committee

### **Appointment Recommendation** for Arts and Culture Commission of Contra Costa County

Please consider the appointment of:

**Ms. Y'Anad Burrell**

Richmond, District 1 Al-Large #1 Seat

This appointment will fill the Al-Large #1 Seat

#### Current Commission Seats:

Commissioner <b>Silvia Ledezma</b>	Richmond, District I
Commissioner <b>Beverly Kumar</b>	Danville, District II
Commissioner <b>Petural Shelton</b>	Danville, District III
Commissioner <b>Elizabeth Wood</b>	Concord, District IV
Commissioner <b>Teresa Snook O'Riva</b>	Rodeo, District V
Commissioner <b>Y'Anad Burrell</b>	Richmond, At-Large I
Commissioner <b>LaMar Anderson</b>	Concord, At-Large II
Commissioner <b>Joan D'Onofrio</b>	Concord, At-Large III
Commissioner <b>Lanita Mims</b>	Antioch, At-Large IV
Commissioner <b>Pearl Parmelee Cabrera</b>	Alternate

After reviewing five applications and careful consideration of issues relevant to Arts and Culture in Contra Costa County, including advancing the arts in a way that fosters creativity within the community and celebrates our diverse cultural expression, the Commission recommends **Y'Anad Burrell** to fill the At-Large #1 Seat.

Working with the current AC5 Commissioners, this new Commissioner will promote the Arts and culture as a vital element in the quality of life for all of the citizens of Contra Costa County.

Recruitment efforts including two months of posting on the CCTV Bulletin board, news releases sent to many news outlets, posting on Supervisors newsletter, emails sent on Constant Contact and posting on the AC5 website.

Also considered were applications from Carolyn Considine , Lafayette; Ben Miyaji, Pittsburg; Martha Newman, Kensington and Charmion Patton, Richmond.

Sincerely,

Roger Renn, AC5 Managing Director



Contra  
Costa  
County

Please return completed applications to:

Clerk of the Board of Supervisors

651 Pine St., Room 106

Martinez, CA 94553

or email to: ClerkofTheBoard@cob.cccounty.us

**BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION**

First Name

Y'ANAD

Last Name

BURRELL

Home Address - Street

[REDACTED]

City

RICHMOND

Zip Code

[REDACTED]

Phone (best number to reach you)

[REDACTED]

Email

[REDACTED]

Resident of Supervisorial District:

1

**EDUCATION**

Check appropriate box if you possess one of the following:

☒ High School Diploma

☐ CA High School Proficiency Certificate

☐ G.E.D. Certificate

Colleges or Universities Attended

Course of Study/Major

Degree Awarded

SAN FRANCISCO STATE UNIVERSITY	ACCOUNTING	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GOLDEN GATE UNIVERSITY	PUBLIC ADMINISTRATION	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GOLDEN GATE UNIVERSITY	HEALTHCARE MANAGEMENT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Other Training Completed:

PARALEGAL CERTIFICATE, FUNDRAISING CERTIFICATE

Board, Committee or Commission Name

ARTS & CULTURE COMMISSION CONTRA COSTA COUNTY

Seat Name

AT-LARGE

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

☐ No

☒ Yes

If yes, how many?

Served for 7 years as AC5 Commissioner

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

I have served on this commission for the last 7 years and would like to continue that endeavor. At our June 3rd Commission meeting I was voted in as Chair of the Commission and very honored for the opportunity.

I joined this commission out of my passion and interest for diversity, inclusion and equity in the arts sector. Here is a partial list of my activities over the years: (1) Introducing the Art of Living Black to AC5 where the group now participates regularly in Art Passage event; (2) represented AC5 on Create CA Committees; (3) participated as a Judge on several youth art competitions in the county; (4) Participated as a grant reviewer with the California Arts Council; (5) I Chair the AC5 Communications Committee and co-lead the rebranding of the AC5 logo; and (6) we are currently in the process of developing a plan to develop a new county-wide Cultural Plan, as the last one was done over 15 years ago.

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

I have more than 15 years in the arts and culture spaces from producing art/fashion events to being an advocate for diversity in the arts. I served for 7 years on the Leadership Vanguard Committee for the Museum of the African Diaspora (MoAD) in San Francisco as well.

I am including my resume with this application:

Please check one:

☐ Yes

☒ No

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

Please check one:

☐ Yes

☒ No

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

Please check one: ☒ Yes ☐ No

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

Healthy Richmond, Access to Quality Healthcare Committee  
Board Member, PEERS (Community Mental Health)  
PRSA National, Diversity & Inclusion Committee (Public Relations Society of America)  
Past Vice President/SF Bay Area | California Diversity Council  
Past President, Public Relations Society of America (PRSA), SF Chapter (2016)  
Former Vanguard Advisory Council Member, Museum of the African Diaspora (2010 – 2017)

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

Please check one: ☐ Yes ☒ No

If Yes, please identify the nature of the relationship:

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

Please check one: ☐ Yes ☒ No

If Yes, please identify the nature of the relationship:

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

**Signed:** Y'Anad Burrell

**Date:** 6/10/19

**Submit this application to:**

Clerk of the Board of Supervisors  
651 Pine St., Room 106  
Martinez, CA 94553

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

**Important Information**

1. This application and any attachments you provide to it is a public document and is subject to the California Public Records Act (CA Government Code §6250-6270).
2. All members of appointed bodies are required to take the advisory body training provided by Contra Costa County.
3. Members of certain boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
4. Meetings may be held in various locations and some locations may not be accessible by public transportation.
5. Meeting dates and times are subject to change and may occur up to two (2) days per month.
6. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.
7. As indicated in Board Resolution 2011/55, a person will not be eligible for appointment if he/she is related to a Board of Supervisors member in any of the following relationships: mother, father, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, great-granddaughter, first-cousin, husband, wife, father-in-law, mother-in-law, daughter-in-law, stepson, stepdaughter, sister-in-law, brother-in-law, spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouses' grandson, registered domestic partner, relatives of a registered domestic partner as listed above.
8. A person will not be eligible to serve if the person shares a financial interest as defined in Government Code §87103 with a Board of Supervisors Member.



# Contra Costa County Board of Supervisors

## Subcommittee Report

### FAMILY AND HUMAN SERVICES COMMITTEE

5.

**Meeting Date:** 10/07/2019  
**Subject:** Appointment to the Advisory Council on Aging  
**Submitted For:** Kathy Gallagher, Employment & Human Services Director  
**Department:** Employment & Human Services  
**Referral No.:** N/A  
**Referral Name:** N/A  
**Presenter:** Anthony Macias                      **Contact:** Anthony Macias,  
925.602.4175

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#### **Referral History:**

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

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

The Advisory Council on Aging consists of 40 members serving 2 year staggered terms, each ending on September 30. The Council consists of representatives of the target population and the general public, including older low-income and military persons; at least one-half of the membership must be made up of actual consumers of services under the Area Plan. The Council includes: 19 representatives recommended from each Local Committee on Aging, 1 representative from the Nutrition Project Council, 1 Retired Senior Volunteer Program, and 19 Members at-Large.

#### **Referral Update:**

There are currently 29 seats filled on the Advisory Council on Aging and 11 vacancies. These vacant seats include: Local Committee Oakley, Local Committee San Pablo, Local Committee Lafayette, Local Committee Moraga, Local Committee San Ramon, Local Committee Martinez, Local Committee Pinole, Local Committee Pittsburg, and Member-At-Large seats 3, 8, and 9. This recommended appointment will bring the membership to 31, leaving 9 seats vacant.

#### **Recommendation(s)/Next Step(s):**



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

**Fiscal Impact (if any):**

There is no fiscal impact.

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**Attachments**

K. Thompson Application

K. Thompson Appointment Memo

G. Richards Application

G. Richards Appointment Memo

**Minutes Attachments**

*No file(s) attached.*

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Contra  
Costa  
County

For Office Use Only

Date Received:

For Reviewers Use Only:

Accepted Rejected

## BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

**MAIL OR DELIVER TO:**

Contra Costa County

CLERK OF THE BOARD

651 Pine Street, Rm. 106

Martinez, California 94553-1292

**PLEASE TYPE OR PRINT IN INK**

(Each Position Requires a Separate Application)

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

Advisory Council on Aging

At Large Vacancy

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. **Name:** Thompson Kathie  
(Last Name) (First Name) (Middle Name)
2. **Address:** [REDACTED] CA 94598  
(No.) (Street) (Apt.) (City) (State) (Zip Code)
3. **Phones:** [REDACTED]  
(Home No.) (Work No.) (Cell No.)
4. **Email Address:** [REDACTED]

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

High School Diploma ☒ G.E.D. Certificate ☐ California High School Proficiency Certificate ☐

Give Highest Grade or Educational Level Achieved 12

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) John Brown University	General	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>		4		
B)		Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>				
C)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			
Regional Occupational Program						

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

<p>A) Dates (Month, Day, Year)</p> <p>From To</p> <p>04/05 12/15</p> <p>Total: Yrs. Mos.</p> <p>10 11</p> <p>Hrs. per week 40 . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Practice Manager</p> <p>Employer's Name and Address</p> <p>Andrew D. Marshall, DDS Lynne D. Martz, DDS 2067 Ygnacio Valley Rd. Walnut Creek, CA 94598</p>	<p>Duties Performed</p> <p>Front Office Operations including phones, scheduling, billing, A/R, insurance, financial coordination, marketing, community interface</p>
<p>B) Dates (Month, Day, Year)</p> <p>From To</p> <p>07/03 03/05</p> <p>Total: Yrs. Mos.</p> <p>1 8</p> <p>Hrs. per week 40 . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Practice Manager</p> <p>Employer's Name and Address</p> <p>Transcendentist 3030 Ashby Ave., Ste 101 Berkeley, CA 94705</p>	<p>Duties Performed</p> <p>Front Office Operations including phones, scheduling, Accounts Payable/Receivable and inventory, marketing, community interface</p>
<p>C) Dates (Month, Day, Year)</p> <p>From To</p> <p>03/02 07/03</p> <p>Total: Yrs. Mos.</p> <p>1 4</p> <p>Hrs. per week 40 . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Practice Manager</p> <p>Employer's Name and Address</p> <p>Bio-Energy Testing Center no longer in operation</p>	<p>Duties Performed</p> <p>Chosen to help establish a pilot anti-aging, health and fitness center.</p>
<p>D) Dates (Month, Day, Year)</p> <p>From To</p> <p><input type="text"/> <input type="text"/></p> <p>Total: Yrs. Mos.</p> <p><input type="text"/> <input type="text"/></p> <p>Hrs. per week <input type="text"/> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p><input type="text"/></p> <p>Employer's Name and Address</p> <p><input type="text"/></p>	<p>Duties Performed</p> <p><input type="text"/></p>

7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☐ District Supervisor ☒ Other

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

If Yes, please identify the nature of the relationship:

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

If Yes, please identify the nature of the relationship:

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

Sign Name: Kathie Thompson Date: 6/13/18

### Important Information

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

Contra Costa County California  
**Employment & Human Services**

Kathy Gallagher, Director

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

**MEMORANDUM**

DATE: 06/27/2019

TO: Family and Human Services Committee

CC: Tracy Murray, Deputy Director, Aging and Adult Services

FROM: Anthony Macias, Staff Representative for the Advisory Council on Aging

SUBJECT: Advisory Council on Aging – Appointment Requested

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The Contra Costa Area Agency on Aging (AAA) recommends for immediate appointment to the Contra Costa Advisory Council on Aging (ACOA) the following applicant: Ms. Kathie Thompson for Member at Large (MAL) Seat # 3. The MAL #3 seat is undesignated and has remained vacant since 03/26/2019, with term ending 9/30/2019.

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

Ms. Thompson submitted an application for ACOA membership dated 06/13/2018 that is provided as a separate attachment. An interview with Ms. Thompson and the ACOA Membership Committee was held on 08/15/2018. Ms. Thompson was then selected to be placed on the wait list for the next available opening of an MAL seat. When MAL#3 seat was vacated on 04/09/2019, Ms. Thompson was recommended to the ACOA Executive Committee for approval to fill this seat. At the 06/5/2019 Executive Committee meeting. Ms. Thompson was approved unanimously by this committee to fill MAL#3 seat. The members of the ACOA voted unanimously to approve Ms. Tobey's appointment recommendation at their 06/17/2019 meeting.

Thank You



Contra  
Costa  
County

For Office Use Only  
Date Received:  
APR 05 2019  
CLERK BOARD OF SUPERVISORS  
CONTRA COSTA COUNTY

For Reviewers Use Only:  
Accepted Rejected

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

MAIL OR DELIVER TO:

Contra Costa County  
CLERK OF THE BOARD  
651 Pine Street, Rm. 106  
Martinez, California 94553-1292

PLEASE TYPE OR PRINT IN INK

(Each Position Requires a Separate Application)

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

ADVISORY COUNCIL ON AGING

MAL

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: RICHARDS, GERALD THOMAS  
(Last Name) (First Name) (Middle Name)

2. Address: [REDACTED] CA [REDACTED]  
(No.) (Street) (Apt.) (City) (State) (Zip Code)

3. Phones: N/A N/A [REDACTED]  
(Home No.) (Work No.) (Cell No.)

4. Email Address: [REDACTED]

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

High School Diploma ☒ G.E.D. Certificate ☐ California High School Proficiency Certificate ☐

Give Highest Grade or Educational Level Achieved: Doctor of Jurisprudence

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Lafayette College, Easton, PA	Industrial Engineering	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BS	6/1957
B) Purdue University, West Lafayette, IN	Engineering Science	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MSE	6/1963
C) Golden Gate University School of Law, San Francis	Law	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JD	5/1976
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>				

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

<p>A) Dates (Month, Day, Year)</p> <p>From <u>1/18/19</u> To <u>Present</u></p> <p>Total: Yrs. <u>    </u> Mos. <u>    </u></p> <p>Hrs. per week <u>1 Hr</u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title</p> <p>Ask the Attorney</p> <p>Employer's Name and Address</p> <p>Well Connected Call-ins For Covia a 505(c)(3) nonprofit, formerly Epecospal Senior Services</p>	<p>Duties Performed</p> <p>Call a central number and take legal questions from callers to answer for one hour per week'</p>
<p>B) Dates (Month, Day, Year)</p> <p>From <u>9/18/18</u> To <u>present</u></p> <p>Total: Yrs. <u>    </u> Mos. <u>    </u></p> <p>Hrs. per week <u>2 hr</u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title</p> <p>Consulting Attorney</p> <p>Employer's Name and Address</p> <p>Contra Costa Senior Legal Services, Concord, CA</p>	<p>Duties Performed</p> <p>Consult with up to four clients each meeting at the San Pablo Senior Center</p>
<p>C) Dates (Month, Day, Year)</p> <p>From <u>3/2005</u> To <u>12/31/16</u></p> <p>Total: Yrs. <u>11 Years</u> Mos. <u>    </u></p> <p>Hrs. per week <u>    </u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title</p> <p>Various</p> <p>Employer's Name and Address</p> <p>Contra Costa County Advisory Council on Aging</p>	<p>Duties Performed</p> <p>Work Group Chair, All the Offices at least once, 1st Vice Chair four times and President four times.</p>
<p>D) Dates (Month, Day, Year)</p> <p>From <u>1/1/98</u> To <u>8/31/15</u></p> <p>Total: Yrs. <u>    </u> Mos. <u>    </u></p> <p>Hrs. per week <u>4</u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title</p> <p>Consulting Attorney</p> <p>Employer's Name and Address</p> <p>Contra Costa Senior Legal Services, Richmond, CA &amp; Concord, CA</p>	<p>Duties Performed</p> <p>Consult with up to four clients each meeting at a different Senior Center each week for 3 weeks per month.</p>



7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☐ District Supervisor ☒ Other Susan Fredreck

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

If Yes, please identify the nature of the relationship:

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

If Yes, please identify the nature of the relationship:

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

Sign Name: 

Date: 3/26/2018

#### Important Information

1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
2. Send the completed paper application to the Office of the Clerk of the Board at: **651 Pine Street, Room 106, Martinez, CA 94553.**
3. A résumé or other relevant information may be submitted with this application.
4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
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7. Meeting dates and times are subject to change and may occur up to two days per month.
8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

Kathy Gallagher, Director

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

**MEMORANDUM**

DATE: 09/05/2019

TO: Family and Human Services Committee

CC: Tracy Murray, Director Aging and Adult Services

FROM: Anthony Macias, Staff Representative for the Advisory Council on Aging

SUBJECT: Advisory Council on Aging – Appointment Requested

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The Contra Costa Area Agency on Aging (AAA) recommends for immediate appointment to the Contra Costa Advisory Council on Aging (ACOA) the following applicant: Mr. Gerald Richards for Member at Large Seat # 9. The MAL #9 seat is undesignated and has remained vacant since May 15, 2019.

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

Mr. Richards was a prior member of the ACOA. A re-interview was determined to be unnecessary to fill MAL #9 on the ACOA with term ending 9/30/2021. Mr. Richards submitted an application for ACOA membership dated 03/26/2019 that is provided as a separate attachment. At the time of his ACOA Membership Committee selection to fill one of the At Large vacancies there were no other applicants; the ACOA voted to approve Mr. Richards's appointment recommendation at their 08/21/19 meeting.

Thank You



# Contra Costa County Board of Supervisors

## Subcommittee Report

### FAMILY AND HUMAN SERVICES COMMITTEE

6.

**Meeting Date:** 10/07/2019

**Subject:** Secondhand Smoke Ordinance

**Submitted For:** Anna Roth, Health Services Director

**Department:** Health Services

**Referral No.:** FHS #82

**Referral Name:** Secondhand Smoke Ordinance

**Presenter:** Daniel Peddycord, Public Health  
Director

**Contact:** Jen Grand-Lejano (925)  
313-6216

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#### **Referral History:**

At the November 13, 2017 Family and Human Services Committee meeting, Public Health presented its annual report on the implementation of the County's Secondhand Smoke ordinance with a recommendation that the Committee consider a proposed ordinance to strengthen the current smoking protections to prohibit smoking inside dwelling units of multi-unit housing, including condos and townhomes. The Committee accepted the report and recommendations, requested that language be added to extend smoking restrictions to guest rooms of hotels and motels, and directed staff to forward those recommendations to the Board of Supervisors for discussion and approval.

The ordinance, titled Smoke-free Multi Unit Residences, was adopted by the Board of Supervisors on March 13, 2018 with implementation to begin for new and renewing leases on July 1, 2018, and for continuing leases and owner-occupied units on July 1, 2019. At the request of the Board of Supervisors, Contra Costa Public Health staff provided reports in March 2018 on preliminary implementation of the ordinances with a follow up report to the Family and Human Services Committee being made in October of 2018, at which FHS asked Public Health staff to send a letter to each City Manager inviting them to model their own city ordinances after the County's ordinance.

#### **Referral Update:**

Please see the attached report from the Public Health Division of the Health Services Department with an update, since the October 2018 report, on the implementation of the Secondhand Smoke Protections Ordinance.

**Recommendation(s)/Next Step(s):**

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

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

**Fiscal Impact (if any):**

There is no fiscal impact.

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**Attachments**

Annual Report on Implementation of Secondhand Smoke Protections Ordinance

Letter to Landlords re Smokefree MUH

Letter Accompanying Actual License

**Minutes Attachments**

*No file(s) attached.*

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To : Family and Human Services Committee, Contra Costa Board of Supervisors  
From: Daniel Peddycord, RN, MPA/HA, Director, Public Health  
Re: Annual Report on Implementation of Secondhand Smoke Protections Ordinance  
Date: 10/07/19

### **I. Summary**

The Smoke-free Multi Unit Residences ordinance was adopted by the Board of Supervisors on March 13, 2018 with implementation to begin for new and renewing leases on July 1, 2018, and for continuing leases and owner-occupied units on July 1, 2019. A brief report specific to implementation of the new Smoke-free Multi-Unit Residences ordinance is presented, including information on the continued implementation of the broader Smoke-free Secondhand Protections Ordinance.

### **II. Secondhand Smoke Ordinance Background**

The Board continues to respond to community needs by strengthening the County's secondhand smoke protections in October 2009, October 2010, April 2013, June 2014, July 2017, and March 2018. Additional policies have been adopted to address community complaints regarding drifting smoke within multiunit housing within county limits. These amendments to the county code included expanding secondhand smoke protections to make all County-owned properties 100% smoke-free, inclusion of electronic smoking devices in the definition of "secondhand smoke", and 100% smoke-free multi-unit housing including condos, townhomes, and guest rooms of hotels and motels.

### **III. Implementation of Smoke-free Multi-Unit Housing Residences since the October 2018 report to Board of Supervisors**

The Smokefree Multi-Unit Residences ordinance is implemented through the Public Health Department's Tobacco Prevention Program (TPP).

The Public Health staff worked with the Business License Office to include information about the newly adopted smoke-free multi-unit residence ordinance in the annual mailing to all business owners. In May 2019, the Business License Office mailed annual business renewal reminder letters and the County's Secondhand Smoke Protections brochure to all owners of multi-unit residences of 4 or more dwelling units who currently have a Contra Costa business license. The mailing directed owners to the TPP Secondhand Smoke website to highlight the laws and provide resources to landlords, including signage and template language to add to their lease agreements. Since the County's secondhand smoke protections defines multi-unit housing as a dwelling with 2 or more units, Public Health staff also sent notification letters to all multi-unit housing owners who own 2 or more units. The mailing directed owners to the TPP Secondhand Smoke website to highlight the newly adopted laws, resources they can use, and an electronic form that verifies their compliance to the ordinance. This compliance form allows Public Health staff to streamline the correspondence with landlords to ensure that all multi-unit owners and property managers have received information about the new laws and implemented new requirements such as updating all leases to include required smoke-free language and meeting required signage posting requirements.



Of the 5,028 educational letters sent to multiunit housing landlords and managers, we received 487 responses to the policy verification survey. The data was collected through an online form and exported into an Excel spreadsheet for analysis. Almost all of the respondents (97%) reported being compliant with the following component: disclosing the policy for handling smoking complaints in effect at the multi-unit housing residence and providing a copy of that policy to each tenant along with every new lease or rental agreement for the occupancy of a unit in a multi-unit housing residence. Of the 15 respondents (3%) who reported not being in compliance, most of them explained that they owned units that they lived in or said that this policy should be the responsibility of the Home Owners Association (HOA).

Public Health staff created an online link for the public to report secondhand smoke complaints and request information. This link is available on the TPP Secondhand Smoke website to facilitate a more streamlined complaint process, and standardize information received through complaints, such as the location within the unincorporated areas of the County and the type of smoke reported (e.g., cannabis, vape, or combustible tobacco).

Lastly, Public Health staff conducted outreach and education efforts to the community that included a social media campaign to raise awareness about the health risks of secondhand smoke, the policies in place to protect residents, and how to make a complaint about drifting smoke in multi-unit residences.

#### **IV. Enforcement of Smoke-free Multi-Unit Housing Residences**

With a focus on providing education to residents, landlords, owners, property managers and operates, Public Health staff prioritizes compliance over punishment for violations. However, in the instances where enforcement is needed, Public Health staff has established a uniformed process for the smoke-free multi-unit residence ordinance. The following steps have been developed by Public Health staff in partnership with Contra Costa County Counsel.

1. Staff will document secondhand smoke complaint and verify jurisdiction within the unincorporated areas of county limits.
2. Staff will communicate with property owners via phone and informal email letter to landlord/tenant in violation making them aware of the compliant and what is needed to be compliant.
3. Staff will grant a 30-day period to the property owner to make arrangements in order to be in compliance.
4. Staff will conduct visits to review and determine if issues concerning signage, lease addendum, or other complaints on smoking within the property have been addressed and the property is in compliant.
5. Should there be times if the issue persists without prior communication for delay, staff will administer formal notice of violation letter in the mail.
6. Should there be continued non-compliance; the staff will issue formal infraction citation(s) with invoice with associated fine amount until the property remedies smoking violations.
7. Staff will determine if violations are addressed and property is in compliance.

#### **V. Next Steps for Compliance**

Public Health staff with members of the Tobacco Prevention Coalition will be conducting "no smoking" signage observations in November 2019. The observations will be for the most common size multi-unit residence buildings in two of the largest low-income communities within the unincorporated Contra Costa County, Bay Point and El Sobrante. Public Health staff will determine and the compliance through



observations of smoke-free signage and presence (or lack thereof) of ashtrays within several buildings. Each property observed will be documented with photo documentation, survey results, letters to landlords, tenants, and compliance violations.

Public Health staff will continue to implement an educational approach to address any non-compliance, including working with owners/managers to assure that requirements of owners/managers under the ordinance are met, and providing technical assistance. If the owner/manager has implemented the required lease terms and signage, staff will also correspond with the tenant to educate the tenant on the law.

## **V. Technical Assistance to Contra Costa Cities**

Public Health Staff responds to drifting smoke complaints from residents throughout the County. Outside of the Unincorporated County, the majority of secondhand smoke complaints received are from Concord, Walnut Creek, and Martinez. Staff continues to provide resources and information to public who file complaints, as well as forward the complaint to the appropriate contact in those cities when possible.

Staff continue to respond to requests from Contra Costa cities and have provided technical assistance to the cities of San Pablo, Hercules, Clayton, Concord, Antioch, and Pittsburg which have considered similar smoke-free multi-unit housing policies for their jurisdictions based on the model provided by the County.

In April 2019, Tobacco Prevention Program disseminated a Request for Proposal for community-based organizations to work with communities in Pittsburg, Antioch to educate the community about smoke-free multi-unit housing. Two agencies have been identified: Bay Area Community Resources and Community Health for Asians and execution of their projects will begin in Fall of 2019.

## **VI. Recommendations**

Staff recommends that the Family and Human Services Committee accept the report and direct staff to continue to provide updates on implementation of the ordinance as part of staff's annual report on the County's Secondhand Smoke Protections Ordinance.







**ACTION REQUIRED: Contra Costa Smoke-free Multi-Unit Housing Law Effective July 1, 2019**

**\*Single Family Homes Not Included\***

LAMBAKIS JUSTIN TY  
1423 MARLIN PL  
DISCOVERY BAY CA 94505

June 1, 2019

Dear Contra Costa County Multi-Unit Housing Owner:

Please be informed that Multi-unit Housing in Unincorporated Contra Costa County is required to be 100% smoke-free effective July 1, 2019, including all owner-occupied units. The *Contra Costa County Secondhand Smoke Protections Ordinance* as amended in March 2018 prohibits smoking in multi-unit residence dwellings including apartments, condominiums, townhomes, and any multi-unit housing residence with two or more dwelling units. "Smoking", includes use of tobacco products, electronic smoking devices (e.g., electronic cigarettes, vape pens, Juuls), and marijuana.

**This ordinance applies to the unincorporated areas of Contra Costa.**

Our records show that you are the owner of the multi-unit housing residence located at 1423 MARLIN PL, Discovery Bay, 94505 that is impacted by the new law. Please note that if that residence is in fact a single family home and not a multi-unit housing residence, it is not included in this law.

**Smoking is prohibited in the following areas of all multi-unit housing residences with 2 or more units in the unincorporated county:**

- In 100% of all units of new and existing multi-unit housing residences
- Within 20 feet of doors, operable windows, air ducts, and ventilation systems of multi-unit housing units
- In common indoor and outdoor areas (e.g. laundry room, swimming pool)
- On all balconies, patios, decks and carports of multi-unit housing residences

**ACTION REQUIRED BY JUNE 30, 2019**

Owners, Operators or Managers are required by law to comply with the provisions listed below and to contact Contra Costa County staff to confirm that they are compliant. Complete the required information vis this link: [tinyurl.com/CountySmokefreeMUH](http://tinyurl.com/CountySmokefreeMUH)

**What Owners, Operators or Managers Must Do:**

- Every lease and other rental agreement for the occupancy of a dwelling unit in a multi-unit residence that is entered into, renewed, or continued month-to-month must include that smoking is prohibited in all dwelling units effective July 1, 2019.



- Disclose the policy for handling smoking complaints in effect at the multi-unit housing residence and provide a copy of that policy to each tenant along with every new lease or rental agreement for the occupancy of a unit in a multi-unit housing residence.
- Post “No Smoking” signs with letters of not less than one inch in height, or the international “No Smoking” symbol (consisting of a burning cigarette in a red circle with a red bar across it, see example to the right), visibly on the exterior of every building or other place where smoking is regulated. While not required by law, it may be helpful to add information to signage indicating that the use of electronic cigarettes is also prohibited in smoke-free areas. It is not required to post “no smoking” signage inside or on the doorway of any dwelling unit in a multi-unit residence.
- Do not allow ashtrays or other receptacles for disposing of smoking material where smoking is prohibited.
- Do not allow smoking in smoking prohibited areas.



Owners, Operators or Managers who fail to comply with the ordinance may face administrative fines of \$100 for the first violation, \$200 for the second violation within a year and \$500 for each additional violation within a year. Owners, Operators or Managers who fail to comply with this ordinance may be subject to other legal claims by tenants.

A full copy of the law, signage, sample lease addendum and other Owner, Operator or Manager resources, as well as information about the harmful effects of secondhand smoke exposure are available through the Contra Costa Health Services Tobacco Prevention Project’s website at <http://cchealth.org/tobacco/secondhand-smoke/>. Information about quitting smoking is available by calling the California Smoker’s Helpline at 1-800-NO-BUTTS or <https://www.nobutts.org/>

We look forward to working with you to create a healthy smoke-free environment in compliance with this law.

Sincerely,

Jen Grand-Lejano, MS  
Tobacco Prevention Program  
Contra Costa Health Services





## **NEW Requirements for Contra Costa County Secondhand Smoke Protections Law**

May 1, 2019

Dear Contra Costa County Business Owners, Managers and Landlords:

Please be informed that The *Contra Costa County Secondhand Smoke Protections Ordinance* was amended in March 2018 to prohibit smoking in multi-unit residence dwellings including condominiums and townhomes, and hotels and motels including all guest rooms. **All units and leases must be in compliance no later than July 1, 2019.** "Smoking", includes use of tobacco products, electronic smoking devices (like electronic cigarettes), and marijuana. This ordinance applies to the unincorporated areas of Contra Costa.

### **Where smoking is prohibited in the unincorporated areas of Contra Costa County:**

- Within 20 feet of doors, operable windows, air ducts, and ventilation systems of any enclosed place of employment and enclosed places open to the public
- In outdoor dining areas, restaurants, and outdoor lounges (including dining areas at places of employment)
- In public parks and on public trails
- In service areas (such as ATM lines, ticket lines, and bus stops)
- At public events
- In any indoor workplace or indoor area open to the public, including tobacco shops and owner or volunteer operated businesses
- Any County-owned or leased building

### **Smoking is also prohibited in the following areas of all multi-unit housing residences with 2 or more units in the unincorporated county:**

- Within 20 feet of doors, operable windows, air ducts, and ventilation systems of multi-unit housing units
- In common indoor and outdoor areas (e.g. laundry room, swimming pool)
- On all balconies, patios, decks and carports of multi-unit housing residences
- In 100% of all units of new and existing multi-unit housing residences

### **In addition, landlords of multi-unit housing with 2 or more units in the unincorporated county must:**

- Disclose the policy for handling smoking complaints in effect at the multi-unit housing residence, and provide a copy of that policy to each tenant along with every new lease or rental agreement for the occupancy of a unit in a multi-unit housing residence.

**- OVER -**



### **What Owners, Operators or Managers Must Do:**

- Every lease and other rental agreement for the occupancy of a dwelling unit in a multi-unit residence that is entered into, renewed, or continued month-to-month must include that smoking is prohibited in all dwelling units starting July 1, 2018
- Post “No Smoking” signs with letters of not less than one inch in height, or the international “No Smoking” symbol (consisting of a burning cigarette in a red circle with a red bar across it, see example to the right), visibly on the exterior of every building or other place where smoking is regulated. While not required by law, it may be helpful to add information to signage indicating that the use of electronic cigarettes is also prohibited in smoke-free areas. It is not required to post “no smoking” signage inside or on the doorway of any dwelling unit in a multi-unit residence
- Do not allow ashtrays or other receptacles for disposing of smoking material where smoking is prohibited
- Do not knowingly allow smoking in smoking prohibited areas



Landlords and owners who fail to comply with the ordinance may face administrative fines of \$100 for the first violation, \$200 for the second violation within a year and \$500 for each additional violation within a year. Landlords who fail to comply with this ordinance may be subject to other legal claims by tenants.

A full copy of the law, signage, sample lease addendum and other landlord resources, as well as information about the harmful effects of secondhand smoke exposure are available through the Contra Costa Health Services Tobacco Prevention Project's website at <http://cchealth.org/tobacco/secondhand-smoke/> or by calling 925-313-6214. Information about quitting smoking is available by calling the California Smoker's Helpline at 1-800-NO-BUTTS or <https://www.nobutts.org/>

We look forward to working with you to create a healthy smoke-free environment in compliance with this law.

Sincerely,

Dan Peddycord, RN, MPA/HA  
Director of Public Health  
Contra Costa Health Services





# Contra Costa County Board of Supervisors

## Subcommittee Report

### FAMILY AND HUMAN SERVICES COMMITTEE

7.

**Meeting Date:** 10/07/2019  
**Subject:** Policy Options to Protect Youth from Tobacco Influences in the Retail Environment  
**Submitted For:** Anna Roth, Health Services Director  
**Department:** Health Services  
**Referral No.:** FHS #112  
**Referral Name:** Policy Options to Protect Youth from Tobacco Influences in the Retail Environment  
**Presenter:** Dan Peddycord  
**Contact:** Jen Grand-Lejano (925) 313-6216

---

#### **Referral History:**

The Board of Supervisors approved two tobacco control ordinances in July 2017 to protect youth from tobacco influences in the retail environment: a zoning ordinance and a tobacco retailer licensing ordinance. Of particular concern were the marketing and availability of youth-friendly flavored tobacco products, small pack sizes of cigars and cigarillos, and density and location of tobacco retailers, since these contribute largely to youth exposure to tobacco influences and tobacco use. The tobacco retailer licensing ordinance required extensive preparation for implementation, and tobacco retailers were required to be compliant with the new provisions by January 1, 2018. Contra Costa Public Health staff provided a report to the Board of Supervisors in March 2018 on preliminary implementation efforts.

#### **Referral Update:**

Please see the attached report from the Public Health Director on the implementation of the tobacco retailer licensing and businesses zoning ordinances.

#### **Recommendation(s)/Next Step(s):**

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

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

#### **Fiscal Impact (if any):**

There is no fiscal impact.

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## **Attachments**

Annual Report on Implementation of Tobacco Retail Licensing Ordinances

Letter Accompanying Renewal Notice

## **Minutes Attachments**

*No file(s) attached.*

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To: Family and Human Services Committee, Contra Costa Board of Supervisors  
From: Daniel Peddycord, RN, MPA/HA, Director, Public Health  
Re: *Annual Report on Implementation of Tobacco Retail Licensing Ordinances*  
Date: 10/7/19

## **I. Summary**

In July 2017, the Board of Supervisors adopted two tobacco control ordinances to protect youth from tobacco influences in the retail environment. The first being a zoning ordinance and the second a retailer licensing ordinance. The goal of these ordinances is to regulate the marketing and availability of youth-friendly flavored tobacco products, small pack sizes of cigars and cigarillos, and density and location of tobacco retailers, as these contribute largely to youth exposure to tobacco influences and tobacco use. The tobacco retailer licensing ordinance required tobacco retailers to be compliant by January 1, 2018. At the request of the Board of Supervisors, Contra Costa Public Health staff provided reports in March 2018 on preliminary implementation of the ordinances with a follow up report to the Family and Human Services Committee being made in October of 2018. This report is a brief overview of implementation activities that have taken place since October 2018, as well as next steps.

## **II. Ordinance Provisions**

Zoning Ordinance 2017-10 Tobacco Retailer Businesses (effective 8/11/17) states:

- a) New retailers operating within 1000 feet of schools, parks, playgrounds and libraries are prohibited from selling tobacco products. Existing tobacco retailing businesses operating within 1000 feet of these areas are nonconforming uses. A nonconforming use will be allowed to continue operating under the ordinance.
- b) New retailers within 500 feet of tobacco retailers are prohibited from selling tobacco products. Existing tobacco retailing businesses operating within 500 feet of another tobacco retailer will become nonconforming uses. A nonconforming use will be allowed to continue operating under the ordinance.
- c) No new "Significant Tobacco Retailers", including vape shops, hookah bars or smoke shops are allowed. A "Significant Tobacco Retailer" is defined as having more than 20% of retail sales space dedicated to tobacco retailing use.

Licensing Ordinance 2017-01 Tobacco Product and Retail Sales Control (effective 1/1/18) states:

- a) The definition of "tobacco products" and "smoke" includes all electronic smoking devices and liquids, including all electronic devices that could be used to deliver a dose of nicotine or other substances.
- b) The sale of flavored tobacco products, including menthol cigarettes, is prohibited within 1,000 feet of schools, parks, playgrounds, and libraries.
- c) The sale of cigars, including little cigars and cigarillos, is prohibited in pack sizes under ten (10). Premium cigars that sell for \$5.00 (including taxes and fees) or more are exempt from this provision.
- d) No tobacco retailer's license will be issued that authorizes tobacco retailing in a pharmacy.
- e) Compliance with state and local storefront signage and drug paraphernalia sales laws is required in order to maintain a Contra Costa Tobacco Retailer License.





- f) Tobacco retailers are required to check identification (ID) of customers who appear younger than 27 years of age.
- g) The number of retailers that can sell tobacco products is “capped” at current number (92) of licenses issued by the County. (effective 8/17/17)

Condition of License Suspension if a Violation of the Law Occurs:

- h) Tobacco retailers who have their license suspended due to violations of the law are required to remove tobacco advertising during license suspension periods.
- i) The time period reviewed for prior violations of the license (the “look-back” period) is expanded from 24 months (2 years) to 60 months (5 years) when considering the length of time for a license suspension for retailers found to be in violation of the law.

Retailers found to be in violation of the law can be fined up to \$500 for each day that they are in violation, per County Code 14-12.006, “Administrative fines,” and may face suspension or revocation of their tobacco retailer license.

### **III. Implementation**

#### **A. Implementation efforts from October 2018 report to the Board of Supervisors**

The Public Health staff worked with the Business License Office to include information about tobacco retail ordinance and resources in the annual mailing to all business owners. In May 2019, the Business License Office mailed the annual business renewal reminder letters to all 88 unincorporated tobacco retailers, who also received a flyer on compliance with Ordinance 2017-10 Tobacco Retailer Businesses and Ordinance 2017-01 Tobacco Product and Retail Sales Control.

The Tobacco Retailer Businesses zoning ordinance prohibits new tobacco retailers from locating within 1,000 feet of schools, parks, playgrounds and libraries, and within 500 feet of another tobacco retailer. The Public Health and Department of Conservation and Development staff developed a protocol for license approval in August 2017 which remains in place. As needed, Public Health Staff provide technical assistance to Department of Conservation and Development front line staff that interacts with tobacco retailers requesting zoning verification.

Public Health staff in partnership with a team of 15 adults from the following agencies: Contra Costa County Office of Education; Tobacco Use Prevention Education (TUPE); Contra Costa County Health Services’ Alcohol and Other Drugs Prevention Program and Nutrition and Physical Activity Promotion Program; and Bay Area Community Resources to conduct the Statewide Health Stores for a Healthy Community survey. Over 380 stores were surveyed, and the findings will provide information about the marketing of tobacco products that are attractive and affordable to youth and include measures to make tobacco products easily accessible through store discounts and online coupons. Surveys will be sent to the California Department of Public Health’s California Tobacco Control Prevention Program to be analyzed and the findings will be shared with Public Health. Public Health will utilize this data when conducting compliance checks in early 2020.



## **B. Next Steps for Increased Compliance**

In 2018, Public Health staff provided technical assistance to the Sheriff's Office on applying for and funds from the California Department of Justice to combat youth use of and access to tobacco products and enforce the tobacco sales to minors. The Sheriff's Department was awarded these funds and Public Health staff will continue to work with the Sheriff's Office to conduct tobacco retail compliance inspections, including youth decoy and shoulder tap operations for enforcement of sales to minors.

The Public Health staff also applied for and was awarded funding (\$838,379.00) offered by the California Department of Justice to fund local tobacco enforcement activities complementary to those enforcement activities charged to the Sheriff's Office from November 2018 through June 2021. As a designated enforcement agency for tobacco retailer licensing laws, Public Health staff will conduct tobacco retail compliance inspections in partnership with the Sheriff's Department, provide retailer education sessions, and conduct outreach and education to K-12 schools, colleges, and youth-serving organizations to combat youth and young adult tobacco use including vaping.

Through the new funding from the California Department of Justice, Public Health will:

1. Conduct enforcement activities with licensed tobacco retailers which include updating protocols for conducting compliance inspections with local retailers; developing a list of tobacco retailers to target enforcement actions based on data from the California Department of Tax and Fee Administration and the local Business License Office; conduct 100 tobacco retail compliance inspections; cite violations of tobacco retail laws and conduct follow-up inspections.
2. Conduct tobacco retailer education classes on an annual basis with emphasis on tobacco laws meant to reduce youth tobacco influence.
3. Maintain tobacco retailer information and complaint hub (i.e., hotline and website) to provide technical assistance to tobacco retailers as well as the general public about tobacco retail issues and accept reports of any violations of local tobacco retail laws.

The capacity of both the Sheriff's Department and Public Health to respond to planned activities leading to the completion of tobacco retailer compliance inspections, including youth decoy and shoulder tap operations have been significantly impacted as staff at the Sheriff's Department have been reassigned, and Public Health has encountered challenges in hiring staff for this new funding source. The above activities continue to be a priority and activities are expected to begin early 2020.

## **C. Technical Assistance to Contra Costa Cities**

On June 8, 2018, Public Health staff conducted a presentation about local tobacco retail implementation efforts at the Contra Costa Mayors Conference and offered technical assistance to Contra Costa cities that were interested in considering similar laws. As a result of this presentation several cities have requested and have been provided with technical assistance from Public Health staff (i.e., Concord, San Ramon, Danville, and Antioch). Within the past year, the following cities have adopted tobacco retail control policies utilizing the Contra Costa County ordinance as a model:



City	Policy Description	Date adopted/ Date effective
San Pablo	Prohibits sale of all flavored tobacco products, including menthol within city limits	Dec 2018/ Mar 2019
Lafayette	Prohibits sale of all flavored tobacco products, including menthol within city limits	May 2019/ Aug 2019
Richmond	Prohibits sale of all flavored tobacco products, including menthol within city limits	July 2018/ Sept 2019
Oakley	Future Tobacco Retailers businesses would be prohibited from being located within 500 feet of existing tobacco retailers or 1,000 feet of youth-sensitive areas: parks, playgrounds, libraries, schools and bus stops servicing schools. Retailers already inside that 1,000-foot buffer are exempt.  TRL with a high cap of number of tobacco retailer licenses (25)	Dec 2018/ Jan 2019

In April 2019, Tobacco Prevention Program disseminated a Request for Proposal for community-based organizations to work with communities in Pittsburg and Antioch to educate the community on the importance and benefits of protective tobacco measures to reduce the influence and use of tobacco and tobacco products in environments that are youth sensitive. Two agencies have been identified: Bay Area Community Resources and Community Health for Asians and execution of their projects will begin in Fall of 2019.

In August and September 2019, Tobacco Program staff, the Health Officer and Public Health Director provided technical assistance and public testimony to the City of Richmond related to the development and subsequent adoption of policy to suspend the sale of vaping products. This action was taken in the wake of growing national concerns related to the incidents of severe pulmonary illness triggered by the use of vaping products.

In addition, Public Health staff has been instructed by the Board of Supervisors to develop a proposed vaping sales moratorium for consideration in response to the epidemic of teen vaping and the incidence of severe pulmonary illness related to the use of vaping products. As of September 27<sup>th</sup>, the Centers for Disease Prevention and Control (CDC) reports over 800 cases across 46 states and 12 deaths. In California there have been 90 cases reported and 2 deaths, as of September 24<sup>th</sup>, 2019. Public Health staff is currently working in partnership with Contra Costa County Counsel to draft language for the proposed ordinance that is tentatively scheduled to be presented to the Board of Supervisors in late October or early November 2019.

#### **D. Technical Assistance to Nationwide Tobacco Control**

Public Health staff was selected by the National Association of Attorneys General (NAAG) to present at their 2019 Tobacco Policy and Responsible Retailing Conference in Tampa, Florida in May 2019. Staff was invited to provide best practices on the successful implementation of local tobacco retailer licensing laws.



### **III. Recommendations:**

Staff recommends that the Family and Human Services Committee accept the report and direct staff to continue to provide updates on implementation of the ordinance as part of staff's annual report on the County's Tobacco Retail Licensing Ordinance.





Date: May 1, 2019  
To: All Contra Costa Tobacco and Electronic Cigarette Retailers in the Unincorporated Areas  
From: Dan Peddycord, RN, MPA/HA, Public Health Director  
Subject: New Tobacco Retailer's License Requirements

As a reminder, all retailers selling tobacco products, including electronic smoking devices such as electronic cigarettes, vapor pens, e-hookah and refill cartridges, in the unincorporated areas of Contra Costa County must obtain a County Tobacco Retailer's License each year when they apply for or renew their Contra Costa County business license. The County tobacco retailer's license for July 1, 2019 through June 30, 2020 is distributed by the Tax Collector's Office and costs \$287.00 annually. Each retail location in Unincorporated Contra Costa must have its own County tobacco retailer's license.

If you sell tobacco products from a fixed location, you must check off the box on the Business License Renewal Application to indicate that you wish to sell tobacco products at this location and include the \$287.00 tobacco license fee with your business license renewal fee.

Please note the following:

- Distributors of tobacco products do not need to obtain a tobacco retailer's license.
- Businesses that sell tobacco products from vehicles or on foot are not eligible for a tobacco retailer's license and cannot sell tobacco products, including electronic cigarettes, in the unincorporated areas of the County.
- County Ordinance Chapter 445-6 prohibits tobacco vending machines. Businesses that operate vending machines must remove their vending machines. They can sell tobacco products only by means of employee assistance.

**If a retailer sells tobacco products in Unincorporated Contra Costa without a valid or current license, then the retailer can be cited and/or fined. If a Contra Costa tobacco retailer violates any federal, state, or local tobacco control law, their license may be suspended.**

Tobacco Control Laws that effect unincorporated areas of Contra Costa include, but are not limited to:

- **Recently revised County Ordinance Code Chapter 445 (Secondhand Smoke and Tobacco Products Ordinance)**
  - No sale of flavored tobacco products within 1000 feet of a school, park, playground, or library
  - No sale of cigars in a package of fewer than 10 cigars. Cigars priced at \$5 or more per cigar, including taxes and fees, are exempt
  - No sale of any tobacco products at a business that has a pharmacy
  - Number of County tobacco retailer licenses capped at 90. *Timely renewal of County tobacco retailer licenses before July 1, 2019 is important to avoid any issues with maintaining the license*
- PC308(a) and STAKE Act (sales of any tobacco product to minors under 21)

In addition to the County license, tobacco retailers are also required to possess a license from the California Department of Fee and Tax Administration. Failure to obtain and maintain this license can result in a fine of \$5,000, or up to one year imprisonment in the county jail, or both the fine and imprisonment (Business and Professions Code sections 22972 (a), 22980.1 (h) and 22981). You may register or renew your registration online by going to <https://www.cdtfa.ca.gov/services/#Register-Renewals>

For any questions, please visit our website at <http://cchealth.org/tobacco/retailers.php> or call the Tobacco Prevention Project of the Public Health Division at 925-313-6216. Thank you for your efforts in reducing tobacco access to youth and upholding all tobacco laws.





# Contra Costa County Board of Supervisors

## Subcommittee Report

### FAMILY AND HUMAN SERVICES COMMITTEE

8.

**Meeting Date:** 10/07/2019

**Subject:** Annual Report to the California Department of Health Care Services on Contra Costa's Assisted Outpatient Treatment Program

**Submitted For:** Anna Roth, Health Services Director

**Department:** Health Services

**Referral No.:** FHS #107

**Referral Name:** Laura's Law

**Presenter:** Warren Hayes, L.M.F.T. , Mental Health Program Chief      **Contact:** Warren Hayes (925) 957-2616

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#### **Referral History:**

The Assisted Outpatient Treatment Demonstration Project Act (AB 1421), known as Laura's Law, was signed into California law in 2002 and was authorized until January 1, 2017. Laura's Law is named after a 19 year-old woman who worked at a Nevada County mental health clinic. She was one of three individuals who died after a shooting by a psychotic individual who had not engaged in treatment.

AB 1421 allows court-ordered intensive outpatient treatment called Assisted Outpatient Treatment (AOT) for a clearly defined set of individuals that must meet specific criteria. AB 1421 also specifies which individuals may request the County Mental Health Director to file a petition with the superior court for a hearing to determine if a person should be court-ordered to receive the services specified under the law. The County Mental Health Director or his licensed designee is required to perform a clinical investigation and, if the request is confirmed, file a petition to the court for AOT.

If the court finds that the individual meets the statutory criteria, the recipient will be provided intensive community treatment services and supervision by a multidisciplinary team of mental health professionals with staff-to-client rations of not more that 1 to 10. Treatment is to be client-directed and employ psychosocial rehabilitation and recovery principles. The law specifies various rights of the recipient as well as due process hearing rights.

If a person refuses treatment under AOT, treatment cannot be forced. The court orders a meeting with the treatment team to gain cooperation and can authorize a 72-hour hospitalization to gain cooperation. A Laura's Law petition does not allow for involuntary medication.

AB 1421 requires that a county Board of Supervisors adopt Laura's Law by resolution to authorize the legislation within that county. AB 1421 also requires the Board of Supervisors to make a finding that no voluntary mental health program serving adults or children would be reduced as a result of implementation.

At its June 3, 2013 meeting, the Legislation Committee requested that this matter be referred to the Family and Human Services Committee (FHS) for consideration of whether to develop a program in the Behavioral Health Division of the Health Services Department that would implement assisted outpatient treatment options here in Contra Costa County. On July 9, 2013, the Board of Supervisors referred the matter to FHS for consideration. FHS received reports on the implementation of Laura's Law on October 16, 2013 and March 10, 2014, and on February 3, 2015, the Board of Supervisors adopted Resolution No. 2015/9 to direct the implementation of Assisted Outpatient Treatment (Laura's Law) for a three-year period and directed the Health Services Department (HSD) to develop a program design with stakeholder participation. The Board further authorized the Health Services Director to execute a contract with Resource Development Associates, Inc. to provide consultation and technical assistance with regard to the evaluation of the County's Assisted Outpatient Treatment (AOT) Program for persons with serious mental illness who demonstrate resistance to voluntarily participating in behavioral health treatment.

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

On September 25, 2017 the Family and Human Services Committee received and discussed the AOT Program reports for fiscal year 2016-17 as provided by the Health Service Department and Resource Development Associates. Contra Costa Behavioral Health Services was directed to coordinate with the Health, Housing and Homeless Services Division and develop a plan to maximize enrollment in Assertive Community Treatment (ACT) of persons who are eligible for the AOT Program and are homeless or at risk of homelessness. Mental Health Systems is the contract agency providing Assertive Community Treatment to fidelity.

On October 17, 2017 the Board of Supervisors accepted the Plan for Maximum Enrollment of Persons Eligible for the AOT Program, as well as the July, 2016 through June 30, 2017 evaluation report from Resource Development Associates.

On December 3, 2018 the Family and Human Services Committee accepted the Behavioral Health Services Cumulative Evaluation Report on Contra Costa's Assisted Outpatient Treatment Program and recommended to the Board of Supervisors (and was subsequently adopted) that the AOT Program be extended beyond its three year pilot period and incorporated as part of Behavioral Health Services' ongoing service delivery.

### **Referral Update:**

On April 26, 2019 the annual report for the California Department of Health Care Services (reporting period: January 1 – December 31, 2018) was presented and discussed at the AOT Workgroup Meeting. Community members were in attendance and had the opportunity to question and comment upon the report results, as well as receive an update from Behavioral Health, the contract service provider, Mental Health Systems, and representatives of the court and public defender's office.

The report's Summary of Findings highlighted the following:

- A high degree of collaboration exists between CCBHS and Mental Health Systems to identify and engage eligible consumers in Assertive Community Treatment (ACT) services.
- The County's AOT program connected the majority of referred individuals to the appropriate level of mental health services, including ACT.
- A majority of consumers experienced benefits from participating in the program.
- The implementation of the new health care billing system (ShareCare) caused limitations on the availability of quality of service data.

For the 2018 calendar year the program received 174 referrals, with an active caseload of 75 individuals enrolled in ACT (target maximum enrollment is 75). At the end of the year an additional 11 persons were deemed eligible and still receiving outreach and engagement services prior to enrollment for treatment. three persons were involved with the court system and either voluntarily participated in treatment or participated via court order. Three individuals had sufficiently recovered to enable stepping down to a lower level of mental health care. Mental Health Systems, the ACT provider, has 13 formerly homeless clients housed via master leasing arrangements in either shared and scattered site housing.

**Recommendation(s)/Next Step(s):**

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

**Fiscal Impact (if any):**

None, as funds are authorized and budgeted for the AOT Program for the balance of FY 2019/20, and MHSA revenue is expected to sustain the CCBHS portion of the program costs.

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**Attachments**

Contra Costa County Assisted Outpatient Treatment (AOT) 2018 Annual Report for the California Department of Health Care Services

**Minutes Attachments**

*No file(s) attached.*

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# Contra Costa County Assisted Outpatient Treatment (AOT)

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## Annual Report for the California Department of Health Care Services

Reporting Period: January 1 - December 31, 2018



Prepared by:

Resource Development Associates

March 2019





## Table of Contents

<b>Introduction.....</b>	<b>4</b>
Background Information .....	4
Contra Costa County’s AOT Program Model.....	4
Organization of the Report .....	6
<b>Methodology .....</b>	<b>7</b>
Data Measures and Sources.....	7
Data Analysis .....	9
Limitations and Considerations.....	10
<b>Findings .....</b>	<b>11</b>
Pre-ACT Enrollment Findings .....	11
ACT Enrollment Findings.....	15
<b>Summary of Findings .....</b>	<b>25</b>
<b>Appendices .....</b>	<b>27</b>

## Table of Figures

Figure 1. Contra Costa County AOT Program Stages.....	5
Figure 2. MHS Outreach and Engagement Attempts (N = 906) .....	14
Figure 3. Referral to ACT Enrollment Summary .....	15
Figure 4. Primary Diagnosis (N = 85) .....	16
Figure 5. Employment 12 months .....	17
Figure 6. Employment at.....	17
Figure 7. Intensity of ACT Contacts per Week .....	19
Figure 8. Frequency of ACT Contacts per Week.....	19
Figure 9. Consumers' Housing Status before and during ACT .....	21

## Table of Tables

Table 1. Data Sources and Elements .....	7
Table 2. DHCS Reporting Requirements and Corresponding Data Sources.....	8
Table 3. Summary of Requestor Type (N = 201) .....	11
Table 4. Outcome of CCBHS Investigations for Consumers Referred in 2018 (N = 201) .....	12
Table 5. MHS Service Summary (N = 114) .....	13
Table 6. AOT Consumer Demographics (N = 85) .....	16
Table 7. Sources of Financial Support for ACT Consumers (N = 83) .....	17
Table 8. ACT Service Engagement (N = 65) .....	18
Table 9. Consumers' Crisis Episodes before and during ACT .....	19
Table 10. Consumers' Psychiatric Hospitalizations before and during ACT .....	20
Table 11. Consumers' Bookings before and during ACT.....	20
Table 12. Self Sufficiency Matrix Scores .....	22

# Introduction

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## Background Information

In 2002, the California legislature passed Assembly Bill (AB) 1421 (also known as “Laura’s Law”), which authorized the provision of Assisted Outpatient Treatment (AOT) in counties that adopt a resolution for its implementation. AOT is designed to interrupt the repetitive cycle of hospitalization, incarceration, and homelessness for people with serious mental illness who have been unable and/or unwilling to engage in voluntary services. AOT uses an expanded referral and outreach process that may include civil court involvement, whereby a judge may order participation in outpatient treatment. The California Welfare and Institutions Code<sup>1</sup> defines the target population, intended goals, and specific suite of services required to be available for AOT consumers in California (see Appendix I).

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

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

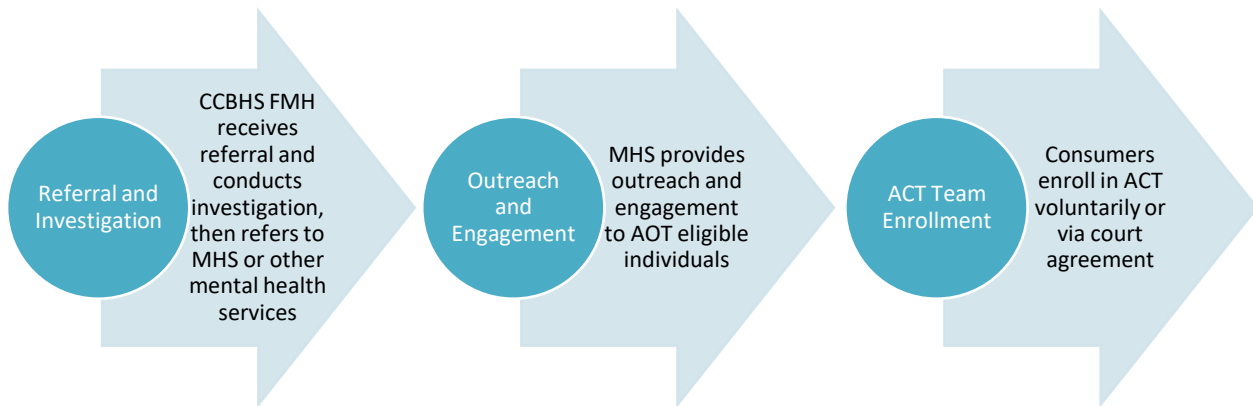
## Contra Costa County’s AOT Program Model

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

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<sup>1</sup> Welfare and Institutions Code, Section 5346

**Figure 1. Contra Costa County AOT Program Stages**



## AOT Process

As originally designed, the first stage of engagement with Contra Costa County’s AOT program is through a telephone call referral whereby any “qualified requestor” can make an AOT referral.<sup>2</sup> Since October 2017, the County has also conducted frequent outreach meetings with the Martinez Detention Center, the Psychiatric Inpatient Unit at Contra Costa Regional Medical Center (4C), and Contra Costa County Health, Housing, and Homeless Services (H3) in order to identify additional potentially eligible consumers to be referred. Within five business days, a CCBHS mental health clinician connects with the requestor to gather additional information on the referral and then reaches out to the referred individual to begin determining if they meet AOT eligibility criteria (see Appendix I).

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

- ❖ FSPs;
- ❖ Clinical case management and/or medication management;
- ❖ Private providers or Kaiser;
- ❖ Medical care; and
- ❖ Alcohol and other drug services.

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

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

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

## Organization of the Report

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

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

The *Methodology* section provides a brief description of the data sources and analysis techniques used to address the required DHCS outcomes. This is followed by a discussion of findings from our evaluation of Contra Costa County's processes for AOT referral, investigation, and outreach and engagement in the *Pre-ACT Enrollment Findings* section. The *ACT Enrollment Findings* section then describes the consumer profile in Contra Costa County, as well as consumers' service engagement and outcomes during ACT enrollment. Finally, the *Summary of Findings* section highlights key findings from the County's AOT implementation during the 2018 calendar year.

# Methodology

RDA worked closely with CCBHS and MHS to assess the implementation of the County's AOT program, as well as the extent to which individuals receiving AOT services during 2018 experienced decreases in hospitalization, incarceration, and homelessness, and improvements in psychosocial outcomes such as social functioning and independent living skills. This evaluation is intended to meet regulatory DHCS requirements. In order to report on these requirements for consumers receiving AOT services during 2018, the following consumers were included in the analysis:

- ❖ **Evaluation Period:** January 1, 2018 through December 31, 2018
- ❖ **Consumers Included:** Any consumer who was referred to FMH, found to be AOT eligible, and received ACT services during the evaluation period
- ❖ **Consumers Excluded:** Any consumer who was referred to FMH and closed to the AOT process before the end of the evaluation period

This report includes findings for all consumers in Contra Costa County's AOT program, followed by findings for court-involved AOT consumers only. As previously stated, this version of the report contains protected health information (PHI) and should not be distributed publicly.

## Data Measures and Sources

RDA worked with CCBHS and MHS staff to obtain the data necessary to address the DHCS reporting requirements for the 2018 calendar year from several data sources. Table 1 presents the County departments or agencies that provided data for this evaluation, as well as the data sources and elements captured by each data source. Appendix II provides additional information on each data source.

**Table 1. Data Sources and Elements**

County Department/Agency	Data Source	Data Element
<b>Contra Costa County Behavioral Health Care Services</b>	CCBHS FMH AOT Request Log	<ul style="list-style-type: none"> <li>Individuals referred</li> <li>Qualified requestor information</li> </ul>
	CCBHS FMH AOT Investigation Tracking Log	<ul style="list-style-type: none"> <li>CCBHS investigation attempts</li> </ul>
	Contra Costa County PSP and ShareCare Billing Systems	<ul style="list-style-type: none"> <li>Behavioral health service episodes and encounters, including hospitalizations and crisis episodes</li> <li>Consumer diagnoses and demographics</li> </ul>
<b>Mental Health Systems</b>	MHS Outreach and Engagement Log	<ul style="list-style-type: none"> <li>Outreach and engagement encounters</li> </ul>



County Department/Agency	Data Source	Data Element
	FSP Forms in Microsoft Access Database	<ul style="list-style-type: none"> <li>Residential status, including homelessness</li> <li>Employment</li> <li>Education</li> <li>Financial support</li> </ul>
	MHS Outcomes Spreadsheet	<ul style="list-style-type: none"> <li>Social Functioning</li> <li>Independent Living</li> <li>Recovery</li> </ul>
<b>Contra Costa County Sheriff's Office</b>	Sheriff's Office Jail Management System	<ul style="list-style-type: none"> <li>Booking and release dates</li> <li>Booking offense</li> </ul>

In order to ensure the reporting process met the requirements stated in Section 5348 of the Welfare and Institutions Code, RDA mapped the data source onto each reporting requirement (see Table 2).

**Table 2. DHCS Reporting Requirements and Corresponding Data Sources**

DHCS Reporting Requirement	Data Source
<b>The number of persons served by the program</b>	Contra Costa PSP and ShareCare Billing Systems
<b>The extent to which enforcement mechanisms are used by the program, when applicable</b>	CCBHS Care Team (FMH and ACT teams) Communications
<b>The number of persons in the program who maintain contact with the treatment system</b>	Contra Costa PSP and ShareCare Billing Systems
<b>Adherence/engagement to prescribed treatment by persons in the program</b>	Contra Costa PSP and ShareCare Billing Systems
<b>Substance abuse by persons in the program</b>	Contra Costa PSP and ShareCare Billing Systems, and CCBHS Care Team Communications
<b>Type, intensity, and frequency of treatment of persons in the program</b>	Contra Costa PSP and ShareCare Billing Systems
<b>The days of hospitalization of persons in the program that have been reduced or avoided</b>	Contra Costa PSP and ShareCare Billing Systems
<b>The number of persons in the program with contacts with local law enforcement, and the extent to which local and state incarceration of persons in the program has been reduced or avoided</b>	Contra Costa County Sheriff's Office Jail Management System
<b>The number of persons in the program able to maintain housing</b>	FSP Partnership Assessment Form (PAF) and Key Event Tracking (KET)
<b>The number of persons in the program participating in employment services programs, including competitive employment</b>	FSP PAF and KET and Care Communications
<b>Social functioning of persons in the program</b>	Self Sufficiency Matrix (SSM)
<b>Skills in independent living of persons in the program</b>	Self Sufficiency Matrix (SSM)

DHCS Reporting Requirement	Data Source
Victimization of persons in the program	MacArthur Abbreviated Community Violence Instrument
Violent behavior of persons in the program	MacArthur Abbreviated Community Violence Instrument
Satisfaction with program services both by those receiving them and by their families, when relevant	MHS Consumer Satisfaction Surveys

## Data Analysis

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

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

In order to compare pre- and post-enrollment outcomes (i.e., hospitalizations, crisis episodes, and criminal justice involvement), RDA analyzed the rate (per 180 days) at which consumers experienced hospitalization, crisis, and incarceration outcomes prior to and after enrolling in ACT. To calculate rates of occurrence in the three years prior to a consumer's enrollment, RDA identified the oldest hospitalization, crisis, and jail bookings for that consumer that took place within three years of their program enrollment date. Starting with this first date of occurrence, the number of pre-enrollment days were determined and used to standardize the rate of occurrence prior to AOT enrollment (per 180 days). During enrollment, the rate of occurrence was determined by the number of days a consumer was enrolled in the ACT program.

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

## Limitations and Considerations

As is the case with all “real-world” evaluations, there are important limitations to consider when reading this report. One important limitation is that Contra Costa County implemented a new billing system during 2018, shifting from the PSP billing system to ShareCare on July 1, 2018. According to data RDA received from the PSP and ShareCare systems, there were substantially fewer MHS encounters per consumer after July 1 compared to the first half of the year. However, it is unclear whether these differences demonstrate true differences in the number of encounters consumers experienced, if data from ShareCare underestimated consumer encounters due to issues with data entry or data extraction from the new system, or whether it is a combination of both. Contra Costa County will look further into this issue for the 2020 report to DHCS; however, data on service intensity, frequency, type, and adherence should be interpreted cautiously in this report.

Another consideration is that only 85 consumers participated in the AOT treatment program during 2018. While this number is in alignment with the County’s expectations for program participation, the relatively few individuals enrolled in 2018 can lead to significant shifts in the data based on the experiences of relatively few individuals. This is particularly true when assessing the proportion of individuals who experienced crisis, hospitalization, and criminal justice involvement. Thus, findings should be interpreted with caution.

It is also important to note that there is more data available for the longer pre-enrollment periods compared to the shorter post-enrollment periods. Therefore, ACT consumers had greater opportunities to experience various outcomes prior to program enrollment than after program enrollment. To account for differences in the pre- and post-time periods, RDA standardized outcomes measures to rates per 180 days for all data that were not self-reported. Nevertheless, because most consumers spent less time in ACT than in the pre-enrollment period, there is less opportunity for them to experience outcomes such as hospitalization, arrest, and/or incarceration during their ACT participation period. As a result, these outcomes may be underestimated if a large number of consumers experienced zero negative outcomes during shorter periods while they were enrolled in ACT. On the other hand, if consumers experienced a number of negative outcomes for lengthy periods during their ACT enrollment period, these estimations may be overestimated.

Lastly, for the assessment of housing and employment outcomes for ACT consumers relied on self-reported data. Self-reported data often have reliability and validity issues, as consumers may not be able to recall experiences or be willing to share them for fear of stigmatization or negative consequences. This limitation is primarily a concern for measuring consumers’ pre-enrollment experiences. MHS staff did closely track changes in consumers’ housing and employment statuses while they were enrolled in ACT.

# Findings

## Pre-ACT Enrollment Findings

In 2018, Contra Costa County received 201 referrals to AOT for 174 unique individuals.<sup>3</sup> Approximately two-thirds of those consumers were either still under investigation or were connected to mental health services. The following sections report on Contra Costa County's processes for AOT referral, investigation, and outreach and engagement, and highlight key findings across each area.

### Referral for AOT

*The majority of AOT referrals (55%) continue to come from consumers' family members.*

As Table 3 demonstrates, almost 95% of all referrals to AOT were made by family members, mental health providers, or law enforcement officials. Family members made over half (55%) of the 201 referrals to AOT, while mental health providers and law enforcement officials made 29% and 11% of referrals to AOT, respectively. An additional 5% of referrals came from a director of a hospital, another adult that lives with the individual, an unknown requestor, or an unqualified requestor.

**Table 3. Summary of Requestor Type (N = 201)**

Requestor	Percent of Total Referrals (N = 201)
Parent, spouse, adult sibling, or adult child	55% (n = 111)
Treating or supervising mental health provider	29% (n = 58)
Probation, parole, or peace officer	11% (n = 22)
Director of hospital where individual is hospitalized	2% (n = 4)
Not a qualified requestor	1% (n = 2)
Adult who lives with individual	1% (n = 2)
Other/Unknown	1% (n = 2)

### Care Team

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

<sup>3</sup> In 2018, FMH experienced a fire that compromised some data. Data that FMH sent to RDA indicates there were 201 request calls for AOT received in 2018. However, data from MHS' Outreach and Engagement log shows an additional 10 consumers who received an AOT referral and received Outreach and Engagement in 2018 that are unaccounted for in the FMH data.

## Investigation

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

*Approximately 31% (n = 63) of consumers were identified as eligible for AOT and referred to MHS for outreach and engagement.*

As shown in Table 4, FMH received and investigated 201 referrals for AOT in 2018. Of those referrals, approximately one-third (31%, n = 63) were referred to MHS for outreach and engagement and potential enrollment in ACT. FMH connected or re-connected 33 (16%) consumers to a mental health provider, while 40 (20%) consumers were still under investigation at the end of the year.

**Table 4. Outcome of CCBHS Investigations for Consumers Referred in 2018 (N = 201)**

Investigation Outcome	Referred Consumers	% of Referred Consumers
Referred to MHS	63	31%
Engaged or Re-Engaged with a Provider	33	16%
Investigated and Closed	65	32%
Ongoing Investigation	40	20%

Approximately one-third of individuals (32%, n = 65) referred to AOT were investigated and closed. Of those 65 consumers determined to be ineligible, the majority either did not meet all nine eligibility requirements (34%, n = 22) or were unable to be located (37%, n = 24). The remaining 19 consumers (29%) were closed for one of the following reasons:

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

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

*The County's investigation team was persistent in their efforts to locate consumers, determine consumers' eligibility for AOT, and connect eligible consumers to MHS.*

In order to capture the complete efforts of the FMH team, RDA included all investigation data for consumers who were under investigation in 2018; so if a consumer's eligibility investigation began in late 2017 and carried over into 2018, RDA included all of that consumer's investigation data. On average, CCBHS FMH's investigation team made six contact attempts to reach each individual referred to AOT. The

investigation team worked to meet consumers “where they’re at,” as evidenced by the variety of locations where investigation contacts occurred. Investigation teams attempted to connect with consumers in the field 17% of the time. They also met consumers at inpatient or licensed care (9%) and correctional (4%) facilities, as well as consumers’ homes (7%). Just over half (56%) of investigation encounters occurred either over the phone or in a County office. One-fourth of these phone or office contacts represent the initial two contact attempts made by the FMH investigation team.

### **Outreach and Engagement**

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

### ***MHS’ diverse team provided intensive outreach and engagement to consumers in a variety of settings.***

During 2018, MHS served 114 consumers in some capacity, either providing outreach and engagement or ACT services. While some consumers only received outreach and engagement services in 2018, others were also enrolled in ACT at some point during the year. As shown in Table 5, 73 consumers received outreach and engagement services in 2018.<sup>4</sup> Of those who received outreach and engagement services in 2018, 44 enrolled in ACT. Another 41 consumers received outreach and engagement prior to 2018 and were ACT-enrolled during 2018.

In order to capture the total effort of MHS’s team, RDA included all outreach and engagement efforts for ACT-enrolled consumers who were enrolled in 2018 in the following analyses. In other words, for all consumers who were part of the ACT program in 2018 but received outreach and engagement services in 2017 or 2016, RDA included their outreach and engagement data. As shown in Table 5, 44 of the 73 (60%) consumers who received outreach and engagement during this time period subsequently enrolled in ACT services, and an additional 11 consumers (15%) were still in the outreach and engagement process as of December 31, 2018.

**Table 5. MHS Service Summary (N = 114)**

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<sup>4</sup> MHS data indicates that 73 consumers received outreach in 2018, which is ten additional consumers than indicated in the FMH data.

Consumer Status	Number of Consumers	% of Consumers
<b>Received Outreach in 2018</b>	<b>73</b>	<b>64%</b>
<i>Outreach is Ongoing</i>	<i>11</i>	
<i>Outreach Closed</i>	<i>18</i>	
<i>Enrolled in ACT</i>	<i>44</i>	
<b>Received Outreach in 2016/17; ACT services in 2018</b>	<b>41</b>	<b>36%</b>

MHS provided outreach and engagement services to consumers and their support networks. MHS made 906 outreach attempts with the consumers either enrolled in AOT or referred to MHS for AOT in 2018. The ACT team conducted the majority (65%) of its consumer outreach attempts in-person. Just under one-quarter (21%) of their outreach efforts were with consumers' family members or other community service providers (see Figure 2).

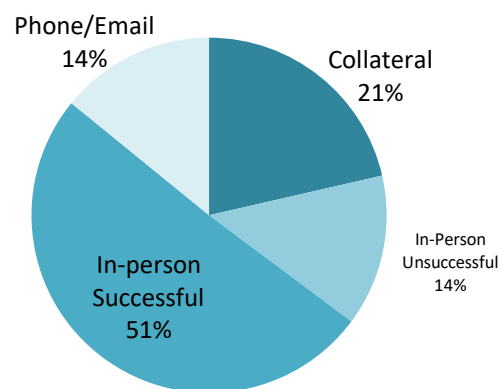
MHS relies on a diverse multidisciplinary team to conduct outreach and engagement. Just over half (52%) of outreach attempts were by a peer partner, while one in five outreach attempts were made by the ACT team leader (19%). A family partner, alcohol and drug specialist, clinician, nurse, psychiatrist, or team supervisor also made outreach attempts during the evaluation period. As with the County's investigation team, MHS persisted in their efforts to meet consumers "where they're at." One in five attempts (20%) occurred in the community, while about one in four (24%) attempts occurred at a consumer's home. The ACT team also attempted to connect with consumers at a hospital or crisis stabilization facility, other community service provider locations, and criminal justice sites, such as jail, police stations, and the courthouse.

### Referral to Enrollment Summary

*The average length of time from AOT referral to enrollment is 119 days, and most consumers (80%, n = 68) enrolled in ACT voluntarily.*

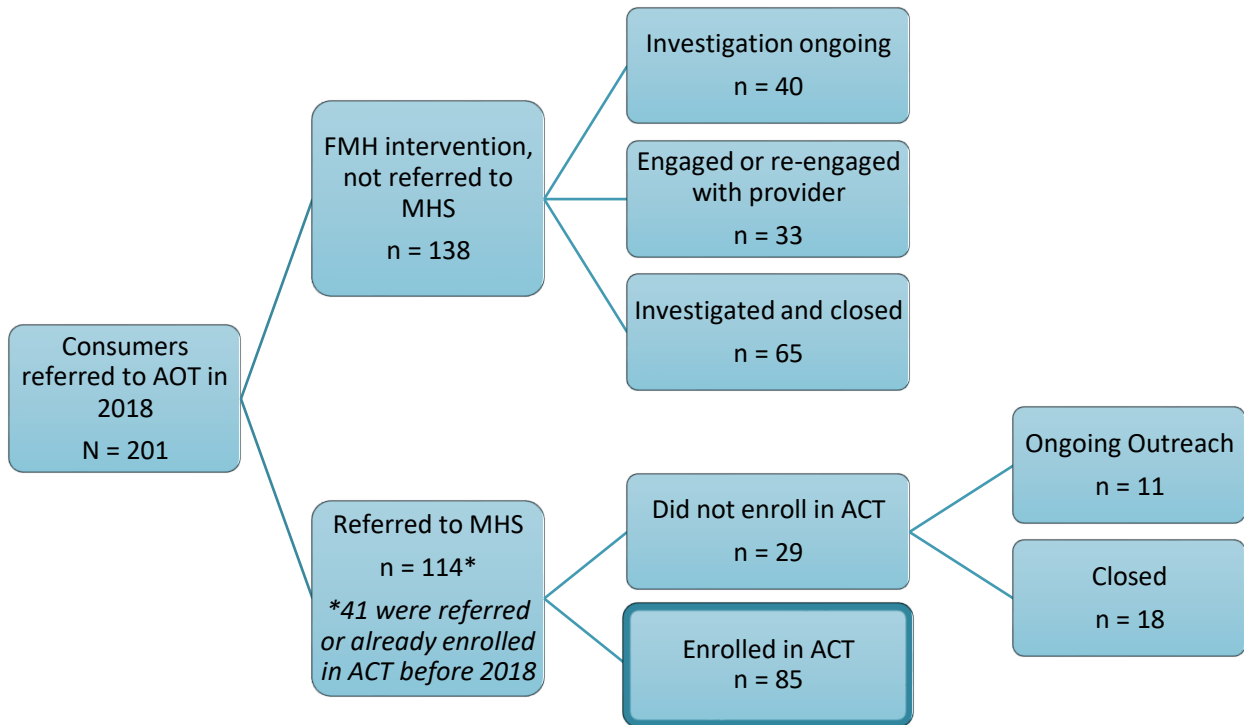
Contra Costa County designed an AOT program model that sought to engage and enroll consumers in ACT within 120 days of referral. Collectively, it took the Care Team approximately 119 days to conduct investigation, outreach and engagement, and enrollment of consumers in AOT in 2018. Figure 3 summarizes the outcomes of all referrals to AOT following the Care Team's investigation, outreach, and engagement efforts. At the end of 2018, 85 consumers were enrolled in ACT. Of those 85 consumers, 20% (n = 17) enrolled with court involvement and the remaining consumers enrolled voluntarily.

**Figure 2. MHS Outreach and Engagement Attempts (N = 906)**





**Figure 3. Referral to ACT Enrollment Summary<sup>5</sup>**



## ACT Enrollment Findings

The ACT team served 114 unique consumers in 2018, either by outreach and engagement, or enrollment in ACT. The following section provides information on the profile of enrolled consumers as well as service engagement and consumer outcomes during enrollment.

## Consumer Profile

*Contra Costa County is reaching the identified target population.*

### Demographic Information

As shown in Table 6, 41% of all consumers enrolled in ACT services during 2018 were female. The majority of consumers identified as White/Caucasian (53%, n = 45), while 19% (n = 16) identified as Black/African American and 13% (n = 11) identified as Hispanic. An additional 12% (n = 10) of consumers identified as some “Other” race and 4% (n = 3) did not report their race/ethnicity. The majority of consumers (64%, n = 54) were between the ages of 26 and 49 years old.

<sup>5</sup> As noted previously, in 2018 FMH experienced a fire that compromised some data. Data FMH sent to RDA indicates there were 201 request calls for AOT received in 2018. However, data from MHS’ Outreach and Engagement log shows an additional 10 consumers who received an AOT referral and received Outreach and Engagement in 2018 that are unaccounted for in the FMH data.



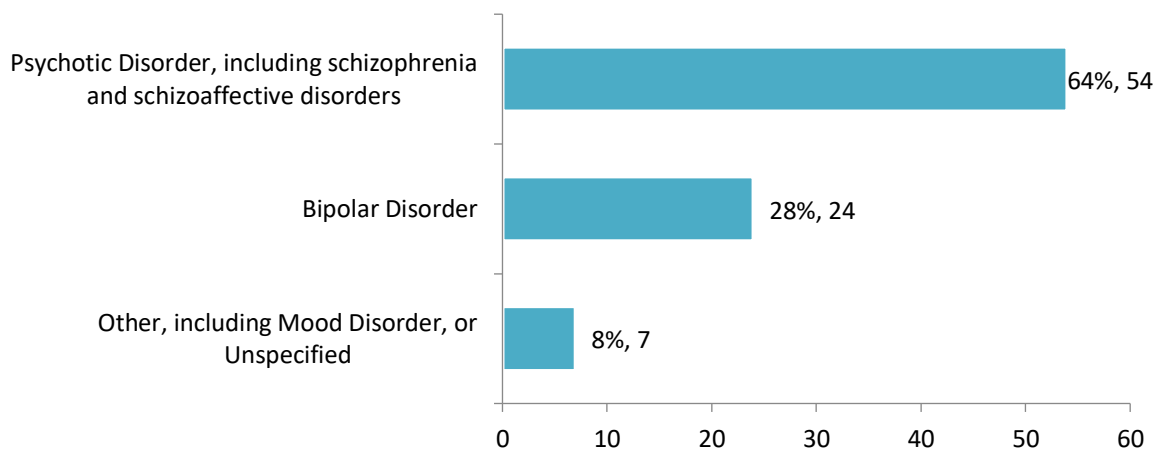
**Table 6. AOT Consumer Demographics (N = 85)**

Category	Percent of Consumers	Number of Consumers
<b>Gender</b>		
Female	41%	35
Male	59%	50
<b>Race/Ethnicity</b>		
White	53%	45
Black/African American	19%	16
Hispanic or Latino	13%	11
Other	12%	10
Unknown/Not reported	4%	3
<b>Age</b>		
18 – 25	21%	18
26 – 49	64%	54
50+	15%	13

### Diagnosis and Substance Use

Consumers enrolled in ACT are reflective of the intended AOT population of individuals with serious mental illness (see Figure 4). The majority of consumers (64%, n = 54) had a primary diagnosis of a psychotic disorder, including schizophrenia and schizoaffective disorders. Another 28% (n = 24) had a primary diagnosis of bipolar disorder. Furthermore, 68% (n = 58) of consumers had a co-occurring substance use disorder.

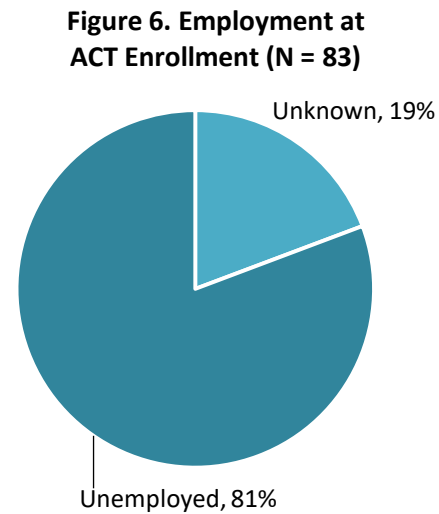
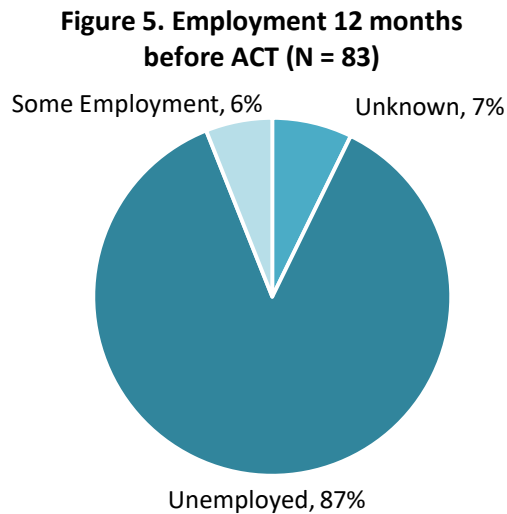
**Figure 4. Primary Diagnosis (N = 85)**



### Employment and Financial Support

Partnership Assessment Form (PAF) data were available for 83 ACT consumers. Of those 83 consumers, 74% (n = 72) were unemployed at some point in the 12 months prior to enrolling in ACT (see Figure 5). As

shown in Figure 6, 81% (n = 67) of the consumers with available data were unemployed when they were enrolled in ACT services.



Financial support data were available for 83 consumers. Table 7 depicts the different sources of financial support and income for consumers in the 12 months prior to enrollment, as well as at the time of enrollment. The “Other” category includes retirement/Social Security income, tribal benefits, wages or savings, housing subsidy, and food stamps. The majority of consumers received Supplemental Security Income/State Supplementary Payment (SSI/SSP) or Social Security Disability Income prior to (59%) and at the time of (55%) enrollment. Approximately 13% of consumers reported having no financial support or income prior to enrollment, while 16% of consumers reported having no financial support at the time of enrollment.

**Table 7. Sources of Financial Support for ACT Consumers (N = 83)<sup>6</sup>**

Source of Financial Support	Received in the 12 Months Prior to Enrollment	Receiving at Enrollment
<b>Supplemental Security or Disability Income</b>	59%	55%
<b>Support from family or friends</b>	23%	23%
<b>Other</b>	4%	2%
<b>No Financial Support</b>	13%	16%
<b>Unknown</b>	7%	8%

## Service Participation

The following sections describe the type, intensity, and frequency of service participation, as well as adherence to treatment. Of the consumers enrolled in ACT during 2018, four were enrolled for less than one month, and 16 consumers had no MHS encounter data available to determine service participation. Therefore, the following analyses include service data for 65 out of 85 consumers who received MHS services in 2018.

<sup>6</sup> Total percentages are greater than 100 because some consumers had more than one source of support.

It is important to note that Contra Costa County implemented a new billing system during 2018, shifting from the PSP billing system to ShareCare on July 1, 2018. According to data RDA received from the PSP and ShareCare systems, there were substantially fewer MHS encounters per consumer after July 1 compared to the first half of the year. However, it is unclear whether these differences demonstrate true differences in the number of encounters consumers experienced, if data from ShareCare underestimated consumer encounters due to issues with data entry or data extraction from the new system, or whether it is a combination of both. Contra Costa County will look further into this issue for the 2020 report to DHCS; however, data on service intensity, frequency, type, and adherence should be interpreted cautiously in this report.

### **Type, Intensity, and Frequency of Treatment**

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

ACT consumers in Contra Costa County received services from a multidisciplinary ACT team who provide wrap-around behavioral health services. When implemented to fidelity, ACT produces reliable results including decreased negative outcomes, (e.g., hospitalization, incarceration, and homelessness) and improved psychosocial outcomes. In 2018, consumers were enrolled and receiving ACT services for an average of 437 days. On average, they received two in-person service encounters per week for a total average of two hours of in-person services per week (see Table 8).

**Table 8. ACT Service Engagement (N = 65)**

	Average	Range
<b>Length of ACT Enrollment</b>	437 days	52 – 1014 days
<b>Frequency of ACT Service Encounters</b>	2 face-to-face contacts per week	<1 to 10 face-to-face contacts per week
<b>Intensity of ACT Services</b>	2 hours of face-to-face contact per week	<1 – 9 hours of face-to-face contact per week

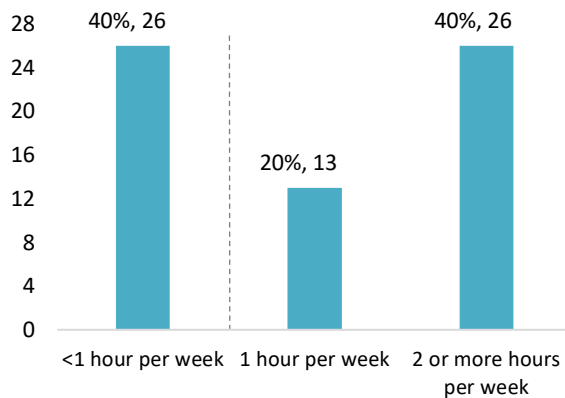
### **Treatment Adherence**

*Approximately one-third of consumers were adherent with ACT services.*

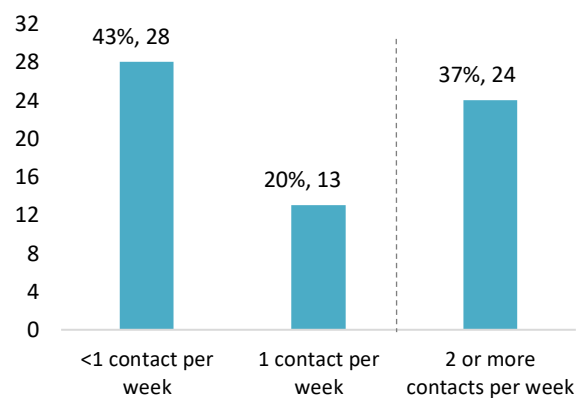
Using the ACT fidelity guidelines as a reference, consumers were considered “treatment adherent” if they received at least one hour of face-to-face engagement with their ACT team at least two times per week. Twenty-three of 65 consumers included in the service analysis (35%) met this standard of adherence (see Figure 7 and Figure 8).<sup>7</sup> However, as noted above, these findings should be interpreted cautiously, because it is unclear whether the PSP and ShareCare billing data that RDA received to track MHS service participation reflects true service participation or whether service participation is underestimated due to errors in data entry or extraction from the new ShareCare system.

<sup>7</sup> 15 consumers met the standard for intensity but not frequency of service.

**Figure 7. Intensity of ACT Contacts per Week**



**Figure 8. Frequency of ACT Contacts per Week**



## ACT Consumer Outcomes

The following sections provide a summary of consumers' experiences with psychiatric hospitalizations, crisis episodes, criminal justice involvement, and homelessness before and during ACT enrollment. When appropriate, these outcomes are standardized to rates per 180 days in order to account for variance in length of enrollment and pre-enrollment data. All 85 consumers served during 2018 were included in the following outcomes analyses. To calculate rates of occurrence in the three years prior to a consumer's enrollment, RDA identified the oldest hospitalization, crisis, and jail bookings for that consumer that took place within three years of their program enrollment date. Starting with this first date of occurrence, the number of pre-enrollment days were determined and used to standardize the rate of occurrence prior to AOT enrollment (per 180 days). During enrollment, the rate of occurrence was determined by the number of days a consumer was enrolled in the ACT program.

### Crisis and Psychiatric Hospitalization

The County's PSP Billing System was used to identify consumers' hospital and crisis episodes in the 36 months prior to and during AOT enrollment through June 30, 2018. The County's new billing system, ShareCare, was used to identify consumers' hospital and crisis episodes from July through December, 2018.

#### *The number of consumers experiencing crisis episodes and psychiatric hospitalization decreased during ACT.*

The number of consumers experiencing a crisis episode decreased during ACT, as did the rate of their crisis experiences. Almost all consumers (94%, n = 80) experienced at least one crisis episode in the three years before ACT with episodes lasting an average of just over one day. Fewer consumers had a crisis episode during ACT (48%, n = 41). Among those who did have crisis episodes, they experienced approximately three episodes every six months both prior to and during ACT participation. The average length of crisis episodes remained steady prior to and during ACT enrollment (see Table 9).

**Table 9. Consumers' Crisis Episodes before and during ACT**

Crisis Episodes		
	Before ACT enrollment	During ACT enrollment
<b>Number of Consumers (N = 85)</b>	n = 80	n = 41
<b>Number of Crisis Episodes</b>	2.8 episodes per 180 days	3.1 episodes per 180 days
<b>Average Length of Stay</b>	1.2 days	1.2 days

Similar to those experiencing crisis episodes, the number of consumers who experienced a psychiatric hospitalization decreased during ACT. Approximately 53% (n = 45) of consumers were hospitalized in the 36 months before ACT, compared to 18% of consumers (n = 15) who experienced a hospitalization during ACT. Those with at least one hospitalization before ACT experienced approximately 1.1 hospitalizations every 180 days, lasting an average of 13.7 days each. Consumers were hospitalized fewer times (0.8 hospitalizations per 180 days) while enrolled in ACT, and the average hospitalization lengths were similar prior to (13.7 days) and while enrolled (15.8 days) in ACT (see

Table 10).

**Table 10. Consumers' Psychiatric Hospitalizations before and during ACT**

Psychiatric Hospitalizations		
	Before ACT enrollment	During ACT enrollment
<b>Number of Consumers (N = 85)</b>	n = 45	n = 15
<b>Number of Hospitalizations</b>	1.1 hospitalizations per 180 days	0.8 hospitalization per 180 days
<b>Average Length of Stay</b>	13.7 days	15.8 days

## Incarceration

This section describes consumers' criminal justice system involvement utilizing data from the Sheriff's Office to assess the number and the average lengths of jail bookings for each consumer in the 36 months prior to and during ACT enrollment.

### *The number of consumers incarcerated in County jails decreased during ACT.*

Over half of ACT consumers (54%, n = 46) were arrested and booked into County jail at least once in the three years prior to ACT enrollment. On average, prior to ACT enrollment, they were arrested and booked into County jail approximately two times per 180 days and were in jail for an average of 23.8 days. During ACT participation, however, just over one-quarter of consumers (26%, n = 22) were arrested and booked into County jail. Among these individuals, on average, they were arrested and booked at slightly higher rates per 180 days during ACT enrollment, and the average length of their incarcerations following an arrest increased slightly as well, from 23.8 to 28.5 days (see Table 11).

**Table 11. Consumers' Bookings before and during ACT**

Bookings and Incarcerations		
	Before ACT enrollment	During ACT enrollment
<b>Number of Consumers (N = 85)</b>	n = 46	n = 22
<b>Number of Bookings</b>	2 bookings per 180 days	2.5 bookings per 180 days

<b>Average Length of Incarceration</b>	23.8 days	28.5 days
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*Over 80% of consumers were in stable housing at the conclusion of the evaluation period.*

At enrollment, 61% of consumers were in stable housing.<sup>8</sup> RDA compared consumers' baseline housing status to their last known residence in 2018 to explore changes in consumers' housing status during ACT enrollment. Housing information was taken from consumers' Partnership Assessment Form (PAF) at intake and the subsequent Key Event Tracking (KET) form that were used to note changes in a consumer's status. This analysis contains information from 52 consumers due to limited data availability.<sup>9</sup> As shown in Figure 9, 79% (n = 41) of consumers had stable housing at the end of their ACT enrollment or the reporting period. The remaining 21% (n = 11) of consumers either lost their housing while in ACT or never had nor gained stable housing.

**Figure 9. Consumers' Housing Status before and during ACT**

Consumers who obtained or maintained housing	Consumers who were not stably housed
<ul style="list-style-type: none"> <li>• <b>79%</b> of consumers were not housed before ACT but obtained housing while enrolled or were housed before ACT and continued to maintain housing while enrolled</li> </ul>	<ul style="list-style-type: none"> <li>• <b>21%</b> of consumers were not housed before or during ACT enrollment or were housed before ACT but did not maintain housing during ACT</li> </ul>

## Employment Service Engagement

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

All ACT consumers have access to vocational services provided by the ACT team. However, during the evaluation period, less than one-quarter of ACT consumers (n = 18) accessed these services through ACT. Employment services included: support developing résumés, searching for job openings, preparing for interviews, and submitting applications. The ACT team also worked with consumers to identify their vocational goals and discuss how employment can lead to independent living for consumers. The number of consumers with some form of employment (either part- or full-time, or volunteer work) increased during ACT. While no consumers had employment at enrollment, four consumers held competitive employment at some point during ACT in 2018. An additional five ACT consumers attended school or completed a degree in 2018.

<sup>8</sup> RDA used the Department of Housing and Urban Development (HUD) definition of stable housing to determine which categories from the FSP PAF and KET forms should be considered "housed."

<sup>9</sup> Two consumers were missing a PAF and were not included in this analysis. An additional 23 consumers who were enrolled for more than two-months and did not have a KET were also excluded. Eight consumers housing status was unknown.

## Social Functioning and Independent Living

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

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

The MHS team assessed consumers at intake, every 90 days, and upon discharge. Intake data were available for 48 consumers enrolled in ACT during 2018, 34 of whom also had at least one reassessment.

Table 12 reports the average scores for consumers at intake, as well as at 3, 6, 12, and 18 months after enrollment.<sup>10</sup>

**Table 12. Self Sufficiency Matrix Scores**

Domain	Intake Average Score	3-month Average Score	6-month Average Score	12-month Average Score	18-month Average Score
Housing	3.08	3.35	3	3	3.63
Employment	1.08	1.12	1.16	1.36	1.43
Income	1.79	2.24	1.97	2.73	2.25
Food	2.65	2.85	2.72	2.8	3.25
Child Care	4.5	4	4	4	3
Children's Education	4.75	5	5	5	5
Adult Education	3.6	3.21	3.41	3	3.25
Health Care Coverage	4.02	4.38	3.88	3.36	3.63
Life Skills	3	3.47	3.47	3.09	3.63
Family/Social Relations	2.56	3.94	2.78	2.82	2.5
Mobility	2.73	3.03	3.09	3.36	2.38
Community Involvement	2.42	3.12	2.44	3.27	2.38
Parenting Skills	3	2.6	3.67	1.67	4
Legal	3.74	3.94	4.17	3.64	4.57
Mental Health	2.15	2.15	2.25	2.91	2.38
Substance Abuse	3.17	3.15	3.25	3.27	4.13
Safety	3.73	4.06	3.94	3.64	4.38
Disabilities	2.52	2.47	2.6	3	2.88
<b>Total Score</b>	43.44	47.82	44.75	45.73	49.63
	n=48	n=34	n=31	n=10	n=7

<sup>10</sup> "n/a" indicates where no scores were given for SSM domains

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

### **Violent Behavior and Victimization**

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

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

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

### ***Few ACT consumers perpetrated violence towards others and/or experience victimization.***

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

MHS administered the MacArthur Tool with 48 ACT clients during 2018. The majority of ACT clients at baseline reported that they had not been victimized nor perpetrated violence towards someone in the month prior to enrollment. No consumers (n = 28) reported being victimized or perpetrating violence in the prior month for MacArthur assessments taken between three and twenty-four months after ACT enrollment. However, given the sensitive nature of these questions and that very few individuals reporting experiencing either activity during both time points, these results are likely an underrepresentation of these outcomes and should be interpreted with caution.

### **Consumer Satisfaction**

Understanding both consumers' satisfaction with ACT services is an important way to ensure ACT services are meeting the needs and expectations of the individuals the program serves. MHS' client satisfaction survey tool was used to assess consumer satisfaction with ACT services.



***Overall, ACT consumers are very satisfied with ACT services and consumers' recovery while enrolled in ACT.***

In 2018, MHS collected program satisfaction surveys from 42 consumers. Clients were asked to rate their overall satisfaction with the services they received from MHS on a scale of 1 to 5, 5 being the most positive. Forty-one consumers responded to this question with an average score of 4.7.

MHS connected consumers with many resources and supported them in acquiring assistance for their everyday needs. The greatest number of consumers noted that MHS helped them with the following resources:

- ❖ Housing (n = 25)
- ❖ Transportation (n = 28)
- ❖ Counseling (n = 30)
- ❖ Medication Support (n = 30)

#### **AOT Enforcement Mechanisms**

***No AOT enforcement mechanisms were used during 2018.***

The primary enforcement mechanism occurs when AOT consumers (e.g., consumers who have a voluntary settlement agreement or AOT court order) refuse to engage and a judge orders the consumer to meet with the treatment team or issues a mental health evaluation order at a designated facility for a consumer who does not meet 5150 criteria established in the Welfare and Institutions Code. These enforcement mechanisms were not used in 2018 in Contra Costa County's AOT program.

## Summary of Findings

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This 2018 report to California's DHCS was written in recognition of the collaborative efforts of those involved in the implementation of the AOT program in Contra Costa County. The following discussion summarizes implementation activities and consumer accomplishments during 2018.

### *CCBHS FMH and MHS collaborate to identify and engage eligible consumers in ACT services.*

After almost three years of implementation, FMH and MHS have made important strides in their collaborative efforts to effectively and efficiently identify and engage eligible AOT consumers. Both teams are persistent in their efforts to work with consumers who may be difficult to find and engage by nature of their diagnoses and co-occurring substance use disorders. The FMH and MHS teams meet consumers in a variety of locations and use cultural and age-specific approaches to engage both consumers and their support networks.

CCBHS FMH and MHS have a demonstrated commitment to this program and making data-driven improvements. They regularly assess ways to improve their collaboration in service of consumer needs. In 2018, FMH and MHS began joint case reviews on a monthly basis of every referred consumer who has not yet enrolled in the program to determine if and when court involvement should take place in order to ensure that consumers who require court involvement to participate are promptly identified. Furthermore, both FMH and MHS have strong and positive working relationships with the Contra Costa County Court system, which enables all parties to ensure consumers who are eligible for AOT services to receive the support they need.

### *The County's AOT program connected a majority (59%) of referred individuals to the appropriate level of mental health services, including ACT.*

In 2018, the County received 201 referrals for AOT. At the conclusion of the year, 20% (n = 40) were still being investigated for AOT eligibility. Of those referrals that were closed, 33 were ineligible for AOT but connected to another provider, that they worked with in the past or a new mental health provider. This indicates that the AOT program in Contra Costa County also provides opportunities for consumers who are not eligible for AOT to access mental health services. Forty-four of the consumers referred to MHS in 2018 for outreach and engagement services were ultimately enrolled in ACT and 11 consumers were still receiving outreach and engagement at the end of the evaluation period. In 2018, less than a third of consumers were closed without connection to services; the majority of those who were closed either did not meet all of the nine AOT eligibility criteria, could not be located, or the qualified requestor was unavailable or withdrew the request.

### *Data limitations mostly stemming from the implementation of a new health care billing system (ShareCare) during 2018 impacted the quality of service data available for this report.*

According to the data that RDA received from the PSP and ShareCare billing systems, there were substantially fewer MHS encounters per consumer during the second half of 2018 compared to the first half of the year. However, it is unclear whether these differences demonstrate true differences in the number of encounters consumers experienced, if data from ShareCare underestimated consumer encounters due to issues with data entry or data extraction from the new system, or whether it is a combination of both. From RDA's perspective, whenever new data systems are being implemented across large service agencies, it is natural for there to be data-related issues for both inputting and extraction. Contra Costa County will look further into this issue for the 2020 report to DHCS.

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

Consumers experienced a range of benefits from their participation in ACT. For the following outcomes, fewer consumers experienced these negative outcomes during their ACT enrollment compared to the years prior to their ACT enrollment:

- ❖ Crisis episodes,
- ❖ Psychiatric hospitalizations,
- ❖ Arrests and incarcerations,
- ❖ Homelessness,
- ❖ Victimization, and
- ❖ Violence towards others.

Additionally, ACT consumers' average total scores on their Self-Sufficiency Matrix (SSM) reassessments were higher than their average scores at intake, suggesting that consumers are improving in their social functioning and independent living skills through program participation. Lastly, consumers expressed satisfaction with ACT services while enrolled in ACT. In survey responses, consumers rated their level of satisfaction very high (4.7 on average on a scale of 1 - 5). In particular, ACT consumers noted that MHS helped them with housing (n = 25), transportation (n = 28), counseling (n = 30), and medication support (n = 30).

# Appendices

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## Appendix I. AOT Eligibility Requirements<sup>11</sup>

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

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

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<sup>11</sup> Welfare and Institutions Code, Section 5346

## Appendix II. Description of Evaluation Data Sources

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

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

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

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

**FSP Partnership Assessment Form (PAF), Key Event Tracking (KET), and Quarterly Assessment Form (3M):** Though the PAF, KET, and 3M are entered into the Data Collection and Reporting (DCR) system, data queries were unreliable and inconsistent; therefore, MHS staff entered PAF, KET, and 3M data manually into a Microsoft Access database. These data were used in this report to generate consumer profile measures and self-reported changes in outcome measures such as homelessness before and during ACT.

**MHS Outcomes Files:** These files include assessment data for a number of clinical assessments MHS conducts on ACT participants. For the purposes of this evaluation, the Self Sufficiency Matrix (SSM) was used to assess consumers' social functioning and independent living. Future reports will include findings from the MacArthur Abbreviated Community Violence Instrument to address consumers' experiences of victimization and violence.

**Contra Costa County Sheriff's Office Jail Management System:** Data from this system included consumers' booking offenses, dates, and release dates for the three years prior to ACT-enrollment and



## **Contra Costa County Behavioral Health Services**

### ***Assisted Outpatient Treatment Program: January 1 – December 31, 2018 DHCS Report***

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the time following ACT enrollment through the end of 2018. They were used to examine consumers' arrests and jail stays before and during ACT.