



Agenda

FAMILY AND HUMAN SERVICES COMMITTEE

December 12, 2011

11:00 A.M.

651 Pine Street, Room 108, Martinez

Supervisor Gayle B. Uilkema, District II, Chair
Supervisor Federal D. Glover, District V, Vice Chair

Agenda Items:

Items may be taken out of order based on the business of the day and preference of the Committee

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

DISCUSSION

3. Referral #20 – Public Service Portion of the CDBG (Presenter: Brenda Kain, Conservation and Development)
4. Referral #61 – HIV Prevention/Needle Exchange (Presenter: Christine Leiverman, Public Health)
5. Referral #94 – Children’s Treatment Center (Presenter: Suzanne Tavanno, HSD Mental Health Services)
6. Year-End Report (Presenter: Dorothy Sansoe)

The meeting schedule for the 2012 Family and Human Services Committee will be released in January 2012

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

📁 *Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Family and Human Services Committee less than 96 hours prior to that meeting are available for public inspection at 651 Pine Street, 10th floor, during normal business hours.*

✉ *Public comment may be submitted via electronic mail on agenda items at least one full work day prior to the published meeting time.*

For Additional Information Contact:

Dorothy Sansoe, Committee Staff
Phone (925) 335-1009, Fax (925) 646-1353
dsans@cao.cccounty.us

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

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

AB	Assembly Bill	HCD	(State Dept of) Housing & Community Development
ABAG	Association of Bay Area Governments	HHS	Department of Health and Human Services
ACA	Assembly Constitutional Amendment	HIPAA	Health Insurance Portability and Accountability Act
ADA	Americans with Disabilities Act of 1990	HIV	Human Immunodeficiency Syndrome
AFSCME	American Federation of State County and Municipal Employees	HOV	High Occupancy Vehicle
AICP	American Institute of Certified Planners	HR	Human Resources
AIDS	Acquired Immunodeficiency Syndrome	HUD	United States Department of Housing and Urban Development
ALUC	Airport Land Use Commission	Inc.	Incorporated
AOD	Alcohol and Other Drugs	IOC	Internal Operations Committee
BAAQMD	Bay Area Air Quality Management District	ISO	Industrial Safety Ordinance
BART	Bay Area Rapid Transit District	JPA	Joint (exercise of) Powers Authority or Agreement
BCDC	Bay Conservation & Development Commission	Lamorinda	Lafayette-Moraga-Orinda Area
BGO	Better Government Ordinance	LAFCo	Local Agency Formation Commission
BOS	Board of Supervisors	LLC	Limited Liability Company
CALTRANS	California Department of Transportation	LLP	Limited Liability Partnership
CalWIN	California Works Information Network	Local 1	Public Employees Union Local 1
CalWORKS	California Work Opportunity and Responsibility to Kids	LVN	Licensed Vocational Nurse
CAER	Community Awareness Emergency Response	MAC	Municipal Advisory Council
CAO	County Administrative Officer or Office	MBE	Minority Business Enterprise
CCHP	Contra Costa Health Plan	M.D.	Medical Doctor
CCTA	Contra Costa Transportation Authority	M.F.T.	Marriage and Family Therapist
CDBG	Community Development Block Grant	MIS	Management Information System
CEQA	California Environmental Quality Act	MOE	Maintenance of Effort
CIO	Chief Information Officer	MOU	Memorandum of Understanding
COLA	Cost of living adjustment	MTC	Metropolitan Transportation Commission
ConFire	Contra Costa Consolidated Fire District	NACo	National Association of Counties
CPA	Certified Public Accountant	OB-GYN	Obstetrics and Gynecology
CPI	Consumer Price Index	O.D.	Doctor of Optometry
CSA	County Service Area	OES-EOC	Office of Emergency Services-Emergency Operations Center
CSAC	California State Association of Counties	OSHA	Occupational Safety and Health Administration
CTC	California Transportation Commission	Psy.D.	Doctor of Psychology
dba	doing business as	RDA	Redevelopment Agency
EBMUD	East Bay Municipal Utility District	RFI	Request For Information
EIR	Environmental Impact Report	RFP	Request For Proposal
EIS	Environmental Impact Statement	RFQ	Request For Qualifications
EMCC	Emergency Medical Care Committee	RN	Registered Nurse
EMS	Emergency Medical Services	SB	Senate Bill
EPSDT	State Early Periodic Screening, Diagnosis and treatment Program (Mental Health)	SBE	Small Business Enterprise
et al.	et ali (and others)	SWAT	Southwest Area Transportation Committee
FAA	Federal Aviation Administration	TRANSPAC	Transportation Partnership & Cooperation (Central)
FEMA	Federal Emergency Management Agency	TRANSPLAN	Transportation Planning Committee (East County)
F&HS	Family and Human Services Committee	TRE or TTE	Trustee
First 5	First Five Children and Families Commission (Proposition 10)	TWIC	Transportation, Water and Infrastructure Committee
FTE	Full Time Equivalent	VA	Department of Veterans Affairs
FY	Fiscal Year	vs.	versus (against)
GHAD	Geologic Hazard Abatement District	WAN	Wide Area Network
GIS	Geographic Information System	WBE	Women Business Enterprise
		WCCTAC	West Contra Costa Transportation Advisory Committee



**CONTRA COSTA COUNTY
DEPARTMENT OF CONSERVATION AND
DEVELOPMENT**

2530 Arnold Drive, Suite 190
Martinez, CA 94553
Telephone: (925) 335-7200
FAX: (925) 335-7201

DATE: December 12, 2011

TO: Family and Human Services Committee
Supervisor Gayle Uilkema, Chairperson
Supervisor Federal Glover, Vice Chairperson

FROM: Brenda Kain, ESG Project Manager

SUBJECT: Transition of Emergency Shelter Grant Program to Emergency Solutions Grant and Proposed Allocation of Additional Funds

RECOMMENDATIONS

1. **APPROVE** staff recommendation to allocate \$73,797 in additional funds from the Emergency Solutions Grant for FY 2011/12 to Shelter, Inc. to provide Rapid Rehousing services to Urban County clients and \$11,366 to the Department of Conservation and Development for administrative costs.
2. **DIRECT** staff to prepare a report on the Committee's actions to be considered by the Board of Supervisors at its meeting on January 10, 2012.

BACKGROUND

The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), enacted into law on May 20, 2009, consolidates three of the separate homeless assistance programs administered by the U.S. Department of Housing and Urban Development (HUD) under the McKinney-Vento Homeless Assistance Act into a single grant program, and revises the Emergency Shelter Grants program and renames it as the Emergency Solutions Grants (ESG) program. The HEARTH Act also codifies into law the Continuum of Care planning process, a longstanding part of HUD's application process to assist homeless persons by providing greater coordination in responding to their needs.

This ruling revises the regulations for the Emergency Shelter Grants program by establishing the regulations for the Emergency Solutions Grants program, which replaces the Emergency Shelter

Grants program. The change in the program's name, from Emergency Shelter Grants to **Emergency Solutions Grants**, reflects the change in the program's focus from addressing the needs of homeless people in emergency or transitional shelters to assisting people to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness. Consequently, the intent of the new ESG program is to build upon those services developed through the Homeless Prevention/Rapid Rehousing (HPRP) program that was funded as part of the 2009 American Recovery and Reinvestment Act (ARRA). The County received \$1,421,551 in funding for the HPRP program and contracted with Shelter, Inc. as the lead agency. Shelter, Inc. in turn contracted with several partner agencies countywide to ensure that services were provided throughout the Urban County. Under their direction the program has far exceeded the original goals for number of households served and it is anticipated that all funds will be expended well before the August, 2012, deadline. HUD has notified the County it is eligible to receive an additional **\$85,163** in ESG funding for the current fiscal year.

Proposed Allocation of Additional ESG Funds: The new ESG regulations limit the amount to be allocated to street outreach and emergency shelter activities to 60 percent of the grant amount or the amount allocated in FY 2010/11, whichever is greater. Because the County allocated its entire ESG grant this year for emergency shelter activities (see Exhibit 1), the additional ESG funding must be used for the new services outlined in the regulations - specifically homeless prevention and rapid rehousing activities.

Therefore, staff recommends \$73,797 be allocated to Shelter, Inc. to provide additional rapid rehousing services to **assist approximately 21 homeless households move into permanent housing**. In addition, staff recommends allocating \$11,366 to the Department of Conservation and Development to cover administrative costs.

In response to the new requirement for greater coordination among homeless assistance providers, staff recommendations were presented to the Contra Costa Interjurisdictional Council on Homelessness ("CCICH") on December 9, 2011. CCICH is charged with providing a forum for communication and coordination about the overall implementation of the Ten Year Plan to End Homelessness and providing advice and input on the operations of homeless services. Staff will provide an oral update on the action taken by CCICH.

Attachment: FY 2011/12 ESG Project Spreadsheet

cc: Catherine Kutsuris, Director, Department of Conservation and Development
Robert Calkins, CDBG Program Manager

Exhibit 1

**FY 2011/12
Emergency Shelter Grant (ESG) Projects**

Project ID	Sponsor	Project Name/Location	Sponsor's Website	Project Objective/Description	HUD Matrix Eligibility/ National Objective/Category of Assistance	ESG Funds	Total Cost
11-71-ESG	County Health Services 597 Center Ave. Suite 325 Martinez, CA 94553	Emergency Shelter - Single Adults 847-C Brookside Drive Richmond, CA 94801	www.co.contra-costa.ca.us	Provide up to 175 year-round emergency shelter beds per night for homeless single adults in Contra Costa county.	24 CFR 576.21(a)(3) (Operating Support: No Staff Costs)	\$ 100,000	\$ 1,627,411
11-72-ESG	County Health Services 597 Center Ave. Suite 325 Martinez, CA 94553	Calli House Youth Shelter 845-B Brookside Drive Richmond, CA 94801	www.co.contra-costa.ca.us	Provide up to 18 year-round emergency shelter beds per night for homeless youth in Contra Costa County.	24 CFR 576.21(a)(3) (Operating Support: No Staff Costs)	\$ 4,025	\$ 416,724
11-73-ESG	Greater Richmond Interfaith Program (GRIP) 165 22nd Street Richmond, CA 94801	Emergency Family Shelter 165 22nd Street Richmond, CA 94801	www.gripcommunity.org	Provide emergency shelter and support services year round to 70 families (215 homeless individuals) in Contra Costa County.	24 CFR 576.21(a)(3) (Operating Support: Staff Costs)	\$ 10,000	\$ 164,612
11-74-ESG	STAND! Against Domestic Violence 1410 Danzig Plaza Suite 210 Concord, CA 94520	Rollie Mullen Emergency Shelter/ Confidential location	www.standagainstdv.org	Provide emergency homeless shelter and support services for 15 women and their children who are displaced due to domestic violence.	24 CFR 576.21(a)(2) (Essential Services)	\$ 31,000	\$ 581,450
11-75-ESG	Contra Costa County Dept. of Conservation & Development 2530 Arnold Drive Suite 190 Martinez, CA 94553	ESG Administration	www.ccreach.org	Administrative Costs limited to 5% of ESG Funding	24 CFR 576.21 (a)(5) (Administrative Costs)	\$ 6,376	\$ 6,579
Total Emergency Shelter Grant Funding						\$ 151,401	\$ 2,796,776
				ESG Caps:			
				Essential Services: Up to 30% of ESG Funding		\$ 45,420	
				Operational Costs: Staff costs included in this category are limited to 10% of ESG Funding		\$ 15,140	
				Homeless Prevention Activities: Up to 30% of ESG Funding		\$ 45,420	

RECOMMENDATIONS

- 1) Accept this report on needle exchange as part of the comprehensive HIV Prevention Program.
- 2) Direct the Health Services Department to continue supporting and monitoring needle exchange services and reporting biennially as required by law.

SUMMARY

This report satisfies State requirements to maintain needle exchange services in Contra Costa without a declaration of a State of Emergency.

Recent changes in legislation have added the California State Office of AIDS to the list of governing agencies allowed to authorize syringe exchange in areas where the public's health is at risk (AB604). The same legislation replaces the current requirement for an annual report on syringe exchange activities with a biennial report. Additional legislative changes (SB41) allow pharmacies to dispense up to 30 syringes without a prescription and removes Health Department responsibility for certifying pharmacies to do so. SB 1159, the current law under which Contra Costa pharmacies operate, also remains in effect in those areas which previously certified pharmacy dispensation of 10 syringes without a prescription.

County general funds to support the operation of Needle Exchange services remain at \$54,000 per year with no added state or federal funding. Condoms and Health Education materials are provided by the AIDS Program as available. Mobile clinic services added during FY 2010/2011 were discontinued after a pilot period of several months due to low utilization.

The percentage of new HIV AIDS infections attributed to IDU is decreasing, and reported cases of Hepatitis C and the number of infants with antibodies to HIV present at birth have decreased since the State of Emergency was first formally declared in 1999.

Household generated sharps waste are not allowed in the regular household waste stream. In addition to State-approved mail-back services, four facilities in Contra Costa accept properly containerized, home-generated sharps waste.

The availability of needle exchange as part of a comprehensive continuum of services for injection drug users is a necessary Public Health measure to reduce transmission of blood borne diseases and should remain available in Contra Costa County.

BACKGROUND

Syringe exchange programs (SEPs) have been operating in California since the 1980s. In 2000, Assembly Bill [AB] 136 (Mazzoni, Chapter 762, Statutes of 1999) authorized the establishment of SEPs in counties or cities that declared a local state of emergency. In 2005, AB 547 (Berg, Chapter 692, Statutes of 2005) simplified the process for local authorization of SEPs by replacing the continuous declaration of a local state of emergency with an annual report. Additional legislation passed this session (below) further streamlines the process for initiating and reporting on SEPs in California.

In 1999 the Contra Costa Board of Supervisors endorsed needle exchange as a component of a comprehensive HIV risk reduction strategy to reduce the transmission of HIV and other blood borne diseases attributed to injection drug use. On January 10, 2006, the Contra Costa Board of Supervisors:

- TERMINATED the local State of Emergency first declared on December 14, 1999;
- AUTHORIZED the Health Services Department to administer a clean needle and syringe exchange project pursuant to Health and Safety Code section 121349 et seq; and
- DIRECTED the Health Services Director to annually report to the Board on the status of the clean needle and syringe exchange project, with a focus on reducing transmission among women to their unborn children, reducing HIV and Hepatitis C transmission, ensuring access to treatment services, and not increasing risk to law enforcement.

Relevant Legislative changes¹ signed into law since last year's report include:

AB 604 Skinner. Adds the California State Office of AIDS to the list of governing agencies allowed to authorize certain entities to provide syringe exchange services (SEP) in any location where the State determines that the conditions exist for the rapid spread of HIV, viral hepatitis, or other potentially deadly or disabling infections that are spread through the sharing of used hypodermic needles and syringes. The bill also eases reporting requirements for counties with authorized Syringe Exchange Programs - the report can now be made on a biennial rather than annual basis - and amends the syringe possession law. The bill is effective January 1, 2012, and sunsets January 1, 2019.

SB 41 Yee. Permits nonprescription syringe sales (NPSS) through licensed pharmacies. Allows customers 18 years of age and older to purchase and possess up to 30 syringes for personal use when acquired from an authorized source. Specifies that pharmacists, physicians and syringe exchange programs are authorized sources of nonprescription syringes. Requires pharmacies which offer NPSS to provide options for safe syringe disposal and education to customers on safe disposal of sharps waste, access to drug treatment, and HIV/HCV testing and treatment. Requires OA and the California Board of Pharmacy to post information on their web sites. The bill is effective Jan 1, 2012 and sunsets January 1, 2015.

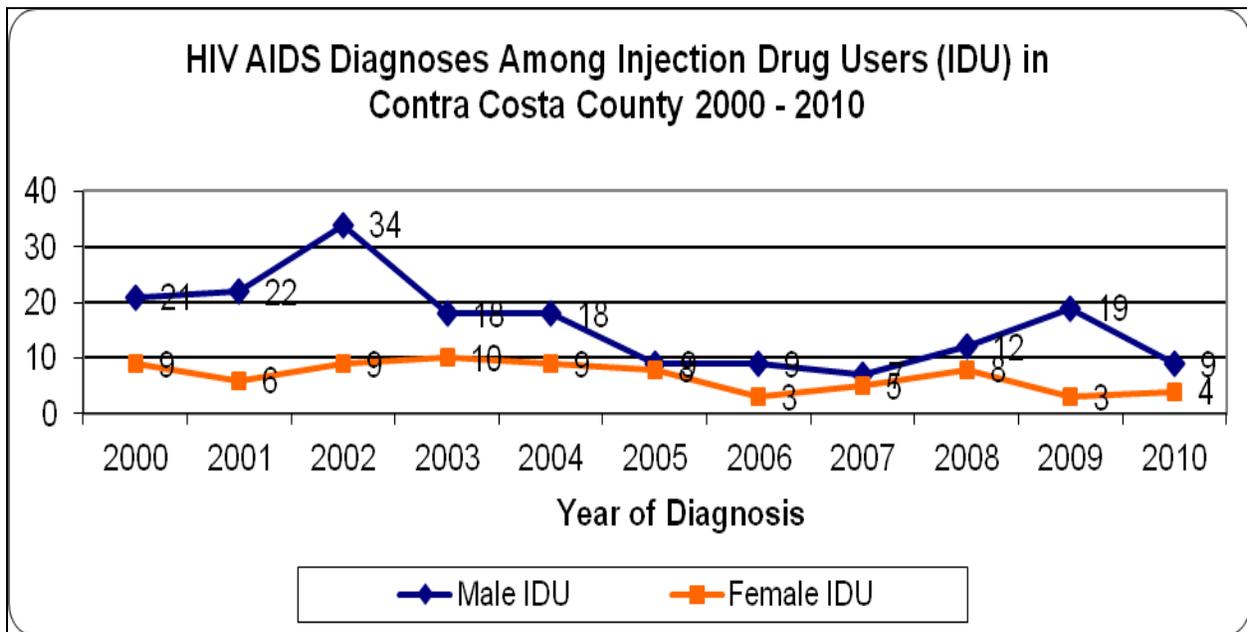
¹ Source: <http://www.leginfo.ca.gov> 10/12/2011

The CDC issued guidance to the State Office of AIDS (SOA) on the use of federal dollars for the purpose of syringe exchange. The SOA has folded that guidance into upcoming HIV prevention funding cycles beginning FY 12/13, in which the SOA directs the local jurisdiction to ensure prevention services designated as "Tier 1" (which includes HIV testing, partner services, syringe exchange, etc.) are funded before using the funding for Tier 2 services which include pre-exposure prophylaxis, social marketing, and other services. Contra Costa's prevention funding award is too small to meet the Tier 1 needs, and the Contra Costa HIV/AIDS Consortium, our local planning body, has not prioritized the use of our state funds for the provision of Syringe Exchange Services.

REDUCING TRANSMISSION OF DISEASE

HIV and AIDS Data

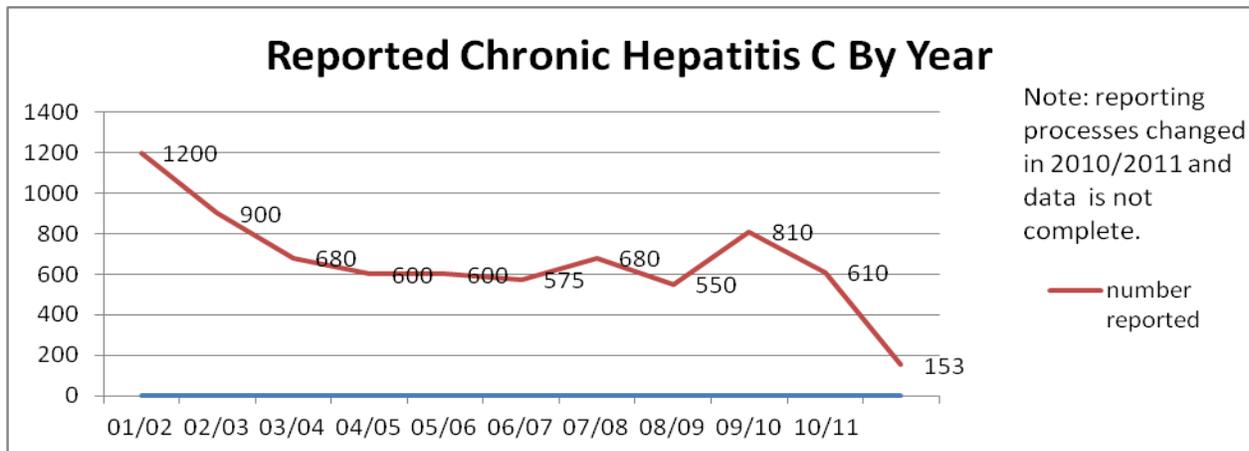
As of December 31 2010, 1,875 individuals were reported living with AIDS or HIV in Contra Costa. The distribution is largely unchanged over the past several years: slightly more than 80% are male, 19% female and nearly 1% transgender. African Americans are 30% of those living with HIV or AIDS, Whites are about 47% and Hispanics are about 19% of the caseload. Roughly 60% of all transmission is among men who have sex with other men (MSM). Heterosexual contact, largely in females, is approximately 13% of cases. Injection drug use has dropped to about 17% of all cases: despite a bump in last year's numbers, there has been a steady decline in the number of new infections attributed to IDU².



² Source: Contra Costa Health Department Epidemiology and Health Data Unit

Other Data

The number of Chronic Hepatitis C carriers continues to decline from the high of 1,400 cases reported in 1999. **Data for the most recent year is not reliable** as the Public Health Division has moved to a new State Reporting system which does not yet contain all the reported cases. The State is currently working on a statewide report on Hepatitis C which should be ready later this year.



As noted last year, funding for the Stanford research project providing data on infants testing positive for antibodies at birth was eliminated in 09/10. Prior to termination of that project there was a downward trend noted among infants, with most infants testing positive for antibodies at birth reverting to negative status by two years of age. Currently, Contra Costa has 3 children 12 years of age or younger living with HIV and 6 children 13-17 years of age living with either HIV or AIDS. No infants with positive antibodies were reported to the Health Department last year.

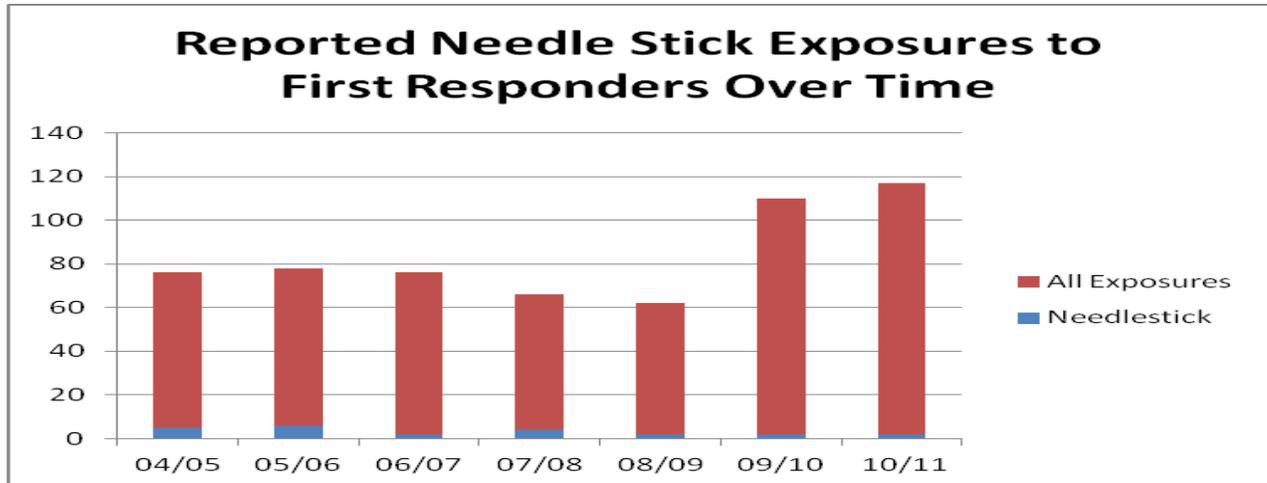
Exposure Impact on Law Enforcement and First Responders

The Public Health Division continues to provide assistance to law enforcement and first responders potentially exposed to a communicable disease during the course of their work. The number of needlestick exposures compared to all exposures (blood, saliva, cuts, bites, flu, etc.) reported among all responders remains small, with 2 needlestick injuries reported out of 115 potential exposures reported between July 1 2010 and June 30 2011³. A brochure for law enforcement and all forms needed to request Public Health assistance in the event of an exposure are available on our website at www.cchealth.org/groups/aids.

A statewide evaluation found no statistically significant difference in needle stick injuries among law enforcement officers between localities that had authorized disease prevention projects and those that had not. The report also found no evidence of elevated crime rates in areas that had active disease prevention projects.⁴

³ Contra Costa Health Department Communicable Disease Program

⁴ The full report is posted at the California Department of Public Health website at <http://www.cdph.ca.gov/programs/aids/Pages/OASyringeAccess.aspx>



ACCESS TO CARE AND TREATMENT

Many needle exchange services in the Bay Area were eliminated following the 2009 budget cuts, and in most neighboring jurisdictions needle exchange services rely primarily on other funding secured by community based organizations.

Community Health Empowerment (CHE) Progress Report

Greater Richmond Interfaith Program (GRIP) is the fiscal agent for Needle Exchange services provided in Contra Costa by CHE. The FY 1112 budget from county general funds is \$54,000. The budget supports limited Program Director time, exchange staff stipends, supplies and some operating expenses. The drug overdose prevention project, piloted in Baypoint last fiscal year along with vaccinations and other nursing services, was discontinued earlier this year due to limited demand. CHE continues to try to offer an array of services to attract youth and other participants, and remains interested in expanding services to reach more individuals.

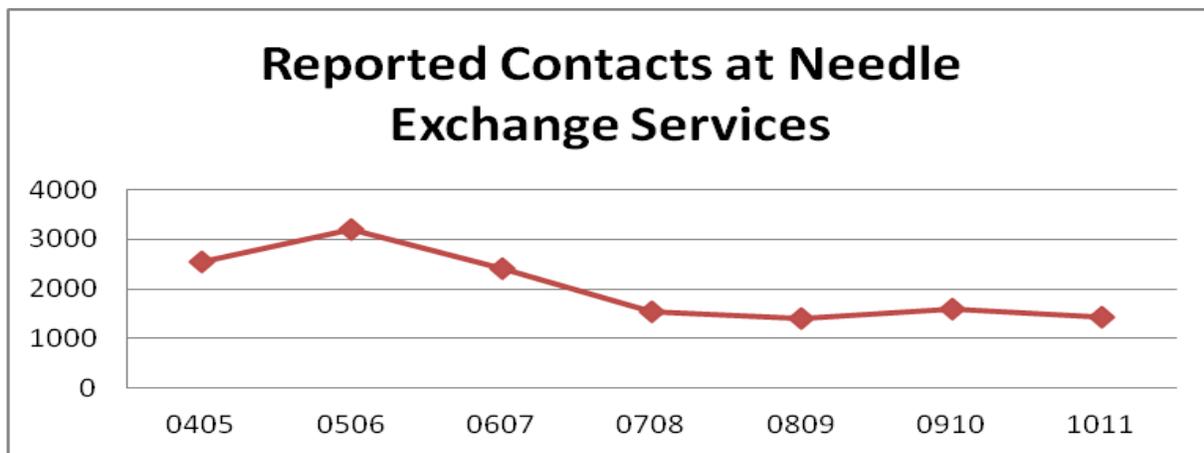
CHE reports activities from 4 exchange sites (Richmond, North Richmond, Pittsburg, and Bay Point), maintaining fairly stable operations this year. The agency has informed participants of the availability of HIV testing and AODS treatment services, educated participants on wound care and prevention of abscesses, and provided referrals for other services. The following information on needle exchange services was provided by CHE for FY 10/11 (there is a modest discrepancy in the number served by race/ethnicity):

Ethnicity Totals		
African American	471	33%
European American	741	52%
Latino/Hispanic	203	14%
Native American	0	
Asian/Pacific Islander	4	
Other	0	
Total	1419	

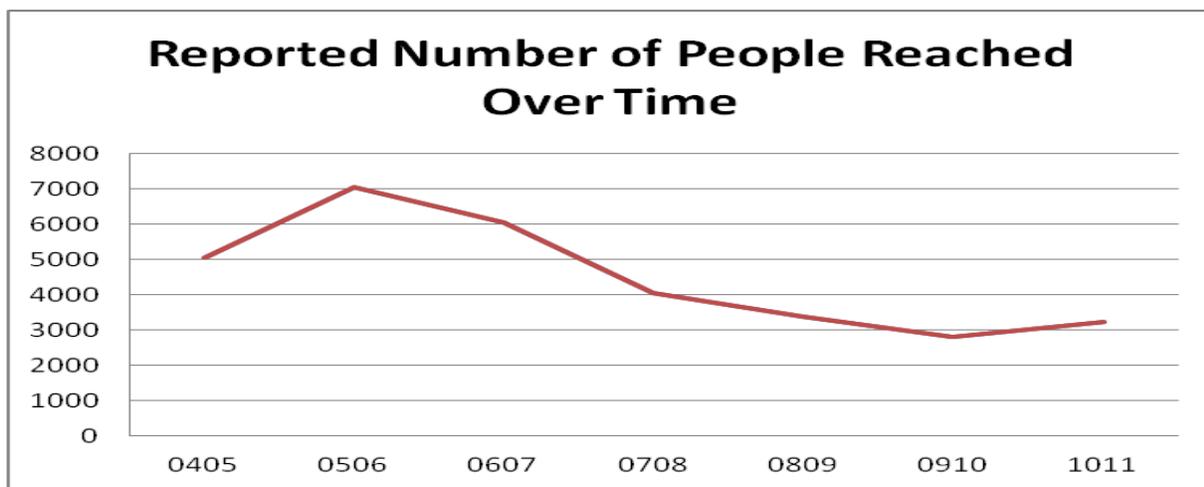
A total of 1430 individuals were served of which 921 (65%) were male. Approximately 3% of those reached accepted referrals for health care, substance use treatment and other resources.

Location	Total Contacts	Referrals Provided
East County	940	30
West County	490	13
Total	1430	43

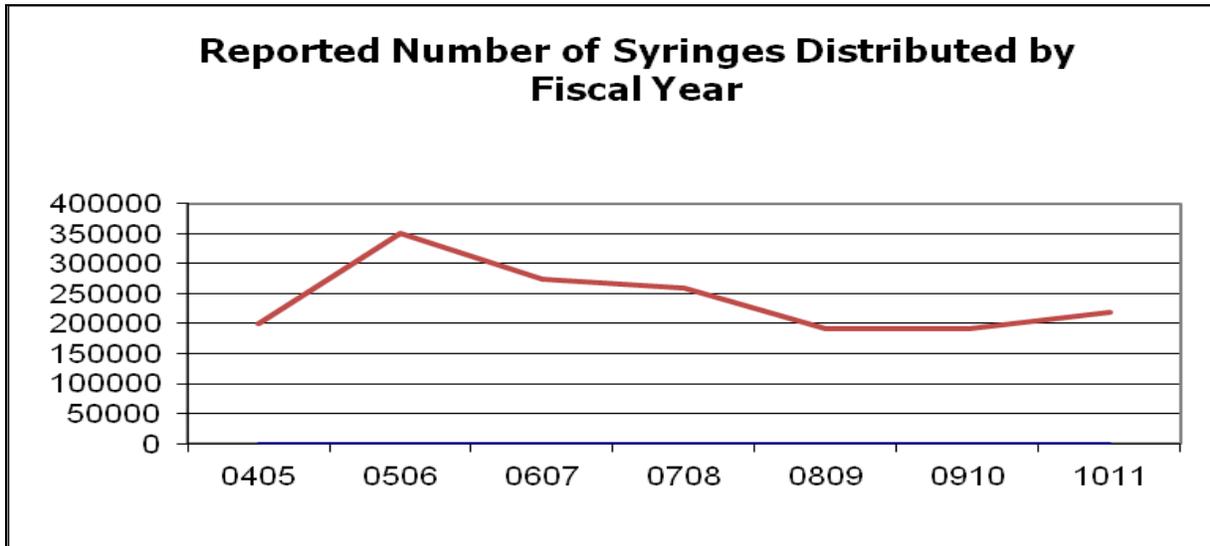
One-for-one syringe exchange is done. The number of individuals (1,430 "Contacts" last year) going to the needle exchange has remained relatively constant for the last several years.



Some individuals bring in syringes to exchange for others, called a secondary exchange, reflected as "Reported Number of People Reached by Needle Exchange Services", below. These figures (3,236 in the last year) are duplicated.

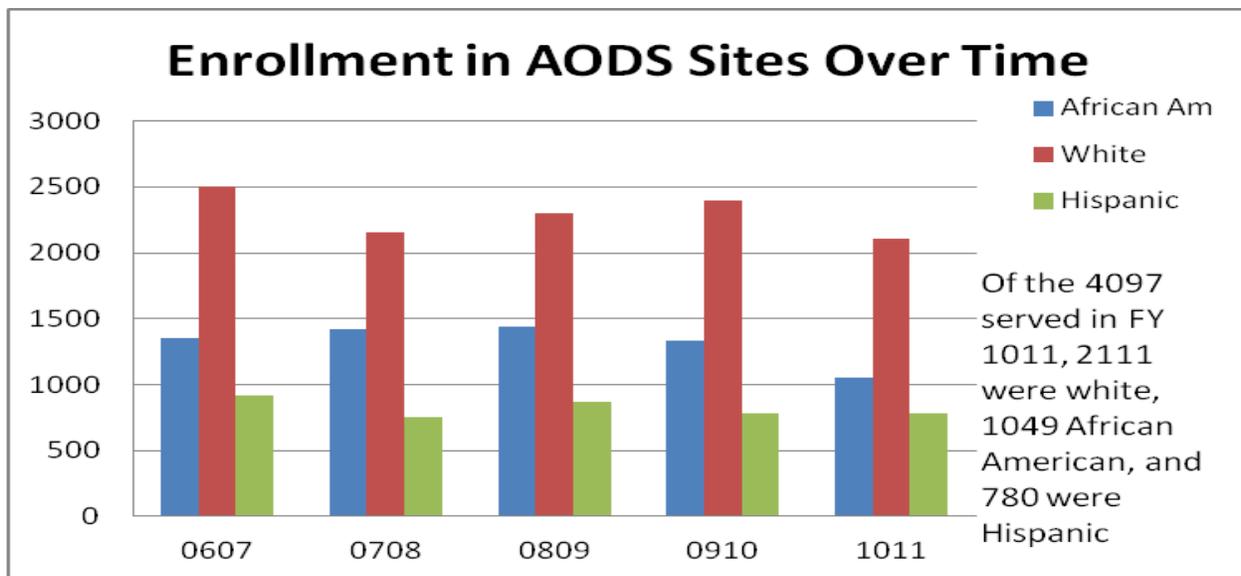


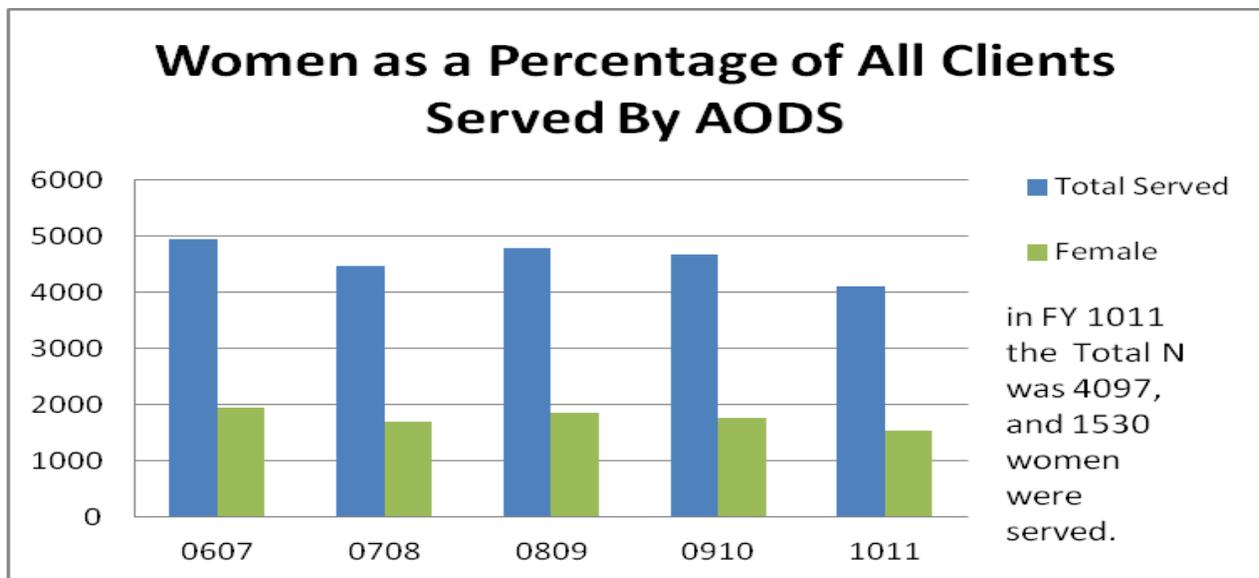
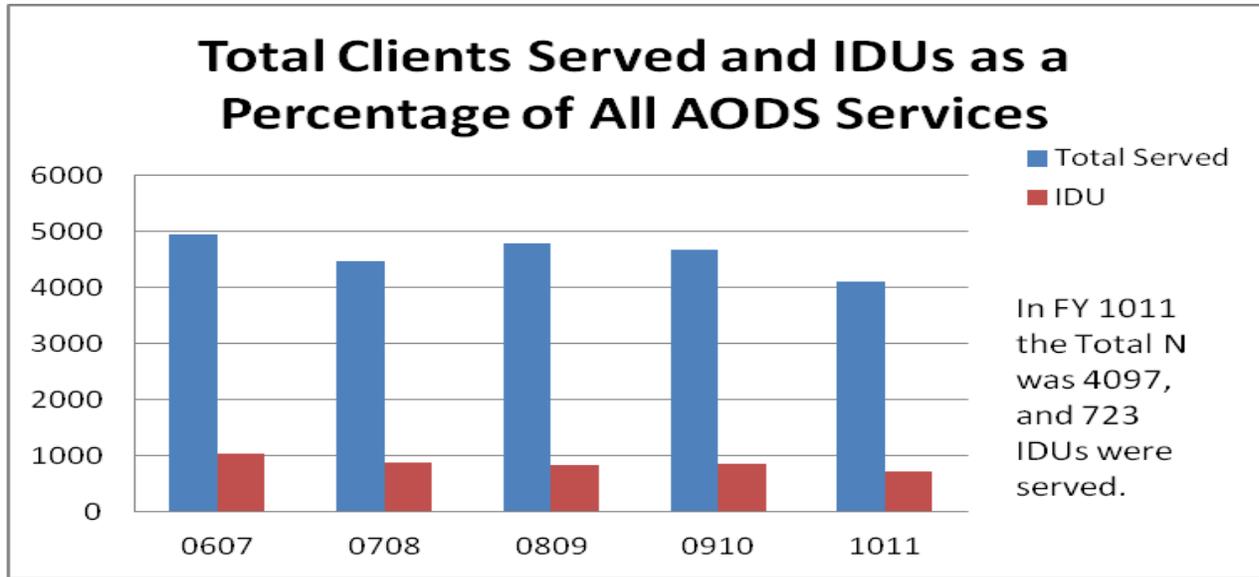
The number of syringes distributed has also remained constant over the last several years, with 218,060 syringes distributed in the last fiscal year.



Alcohol and Other Drug Services (AODS)

In FY 10/11, AODS treatment sites reported about 12% fewer contacts: 4,097 encounters in FY 10/11 from 4,664 encounters in FY 09/10. Demographics have not changed substantially over time: injection drug users are about 18% of enrollees and women are more than 37% of all those enrolled in services. The reported number of clients served who have not previously enrolled in AODS services continues to rise, up from approximately 39% in 0910 to 41% in 10/11.





More than 34% of all AODS enrollees indicated that they were homeless at entry into the AODS program. In reality, most participants identify as having a “dependent” living condition (reliant on someone else or some other institution for their housing), with only 5% of all enrollees indicating that they were independently housed at entry into AODS services.

The Public Health AIDS Program offers basic HIV Education and HIV rapid testing at selected AODS residential and detox centers throughout Contra Costa. In FY 1011, 351 individuals received HIV education services and 362 completed HIV testing. The AIDS Program continues to offer Hepatitis C testing to individuals who are injection drug users. We also continue to provide HIV and STD testing for youth at selected AODS centers, including the Orin Allen facility, New Connections, and other sites serving youth. This past year 224 high risk youth were offered STD and HIV counseling and 158 received testing for HIV and STDs.

Pharmacy Syringe Sales

Senate Bill (SB) 41 was signed into law effective January 1, 2012 – January 1, 2015, removing restrictions on pharmacy practices to allow nonprescription sale of syringes (NPSS) through licensed pharmacies throughout the state, without requiring they register with a local government. Physicians or pharmacists may sell or furnish up to 30 syringes to an adult 18 years of age or older solely for personal use. It also allows adults to anywhere in California to purchase and possess up to 30 syringes for personal use when acquired from an authorized source. The law now specifies that pharmacists, physician and syringe exchange programs are authorized sources of nonprescription syringes for disease prevention purposes. Providers must store syringes in a manner that ensures they are not accessible to unauthorized persons and requires pharmacists and needle exchange providers to provide consumers with options for disposal. The code governing the Disease Prevention Demonstration Project (SB 1159) is rendered inoperative until SB 41 sunsets in 2015.

Walgreen’s and Rite Aid pharmacy chains are the predominant pharmacies continuing to provide DPDP services in Contra Costa. No telephone survey was conducted this year. No complaints were received by Public Health from consumers, business, or law enforcement. Information for pharmacies remains posted on our website, <http://www.cchealth.org/groups/aids/pharmacy.php>.

DISPOSAL

Environmental Health maintains a list of frequently asked questions on syringe disposal, a list of disposal sites in Contra Costa, and links to syringe disposal mail back services. More information is at http://www.cchealth.org/groups/eh/faqs/faqs_medical.php

West County residents	East County residents	All Contra Costa residents
Household hazardous waste facility 101 Pittsburg Ave. Richmond, CA 94801 1-888-412-9277	Delta Household Hazardous Waste Collection Facility 2550 Pittsburg/Antioch Highway Antioch, CA 94509 925-756-1990	Sutter Regional Medical Foundation 4053 Lone Tree Way Antioch, CA 94509 925-756-3400 <hr/> John Muir Pharmacy 1220 Rossmoor Parkway Walnut Creek, CA 94598

Seven companies are listed as State-sanctioned mail in systems. More information can be found at: <http://www.cdph.ca.gov/certlic/medicalwaste/Documents/MedicalWaste/SharpsMailBackList.pdf>.

OTHER PREVENTION ACTIVITIES FOR INJECTION DRUG USE

Our local HIV Prevention plan will be updated early in 2012 to more closely synchronize our services with the new State HIV Prevention strategy. We anticipate that we will continue to prioritize needle exchange services and will use County General funds for those services in the coming year.

In addition to more tightly targeting our prevention services at the highest risk communities, other local prevention activities we expect to build on include:

- Enhanced clinical risk reduction services targeting high risk men, supporting HIV positive clients by building prevention skills and developing incremental behavior change plans.
- Expanded Partner Counseling services offering anonymous partner notification assistance as well as other support for individuals seeking to notify partners of potential exposure and testing available to them.
- Support for community based agencies contracted to provide HIV Care services to strengthen their capacity to provide risk reduction and partner notification processes.
- Maintenance of HIV testing services at community sites and in Alcohol and Other Drugs Services programs. Most HIV testing uses the rapid test, providing preliminary results in 20 minutes.
- Tighter linkages for making follow up medical appointments for new positives has reduced the number of individuals falling out of care and increased adherence to HIV medications.
- Training, as available, to increase community capacity to provide prevention services in Contra Costa.

CONCLUSIONS:

1. Access to clean needles through needle exchange and pharmacy syringe services is making a difference in Contra Costa and remains a critical component of the overall strategy to reduce transmission of blood borne diseases. Overall infections attributed to injection drug use and maternal transmission have declined over time and the availability of needle exchange and pharmacy syringe sales has played a role in this trend.

2. Reported local law enforcement exposure to potential blood borne pathogens via needle stick injury has not increased since needle exchange and pharmacy sales have been implemented. Materials for Law Enforcement to document potential exposure and request assistance remain available on the website.

3. New Legislation removes the requirement for the Health Department to certify pharmacies to dispense syringes and replaces the requirement for an annual report on Syringe Exchange to a biennial report. No major impact is anticipated in Contra Costa at this time.

Needle Exchange Update



November 2011
Prepared for the
Contra Costa Board of Supervisors
by Contra Costa Health Department

NEEDLE EXCHANGE



In 1999, the Contra Costa Board of Supervisors endorsed a State of Emergency with respect to HIV and AIDS to allow for the provision of needle exchange services. A major interest was to reduce transmission in women and to their unborn children.

Since 2006, a State of Emergency declaration is not needed.

New 2012 Legislation

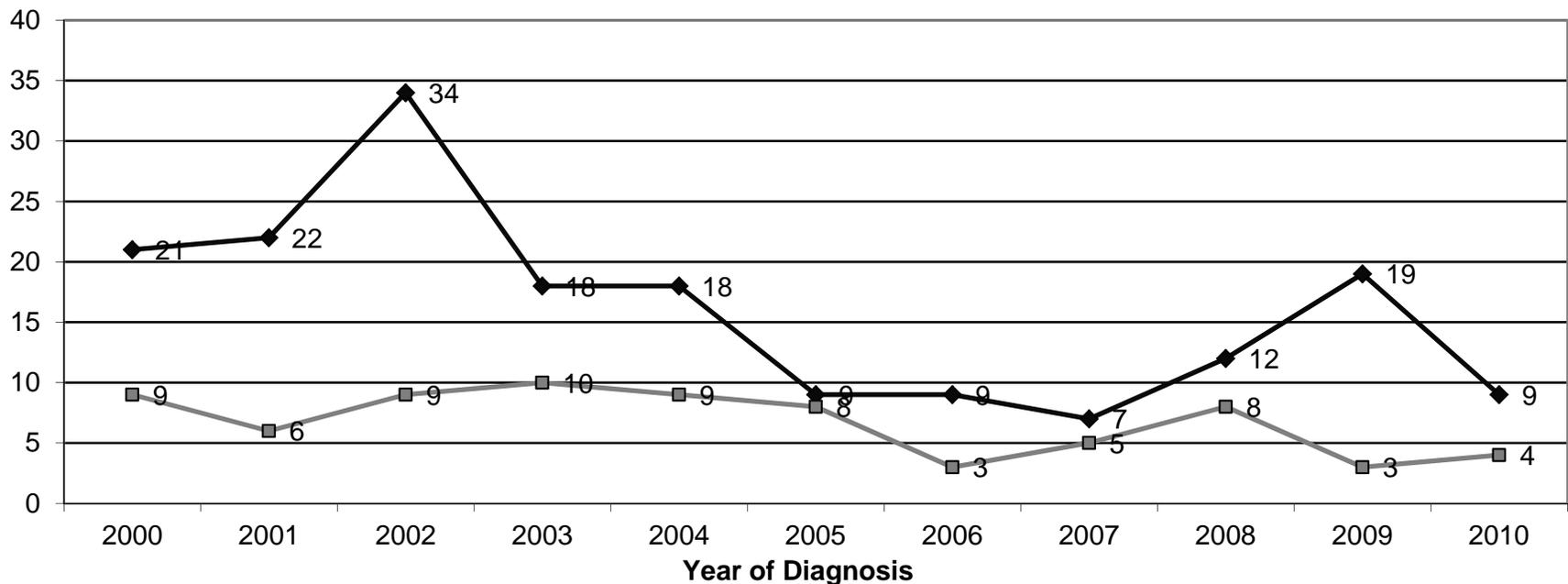


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- **AB 604 Skinner.** State Office of AIDS may authorize syringe exchange services in any location where conditions exist for the spread of infections through the sharing of used hypodermic needles and syringes.
 - **SB 41 Yee.** Individuals 18 years of age and up may purchase and possess up to 30 syringes for personal use when acquired from an authorized source. Specifies that pharmacists, physicians and syringe exchange programs are authorized sources of nonprescription syringes. Requires pharmacies which offer NPSS to provide options for safe syringe disposal.

HIV/AIDS in Contra Costa County

- As of December 31 2010, **1,875** individuals were reported living with AIDS or HIV in Contra Costa.
- Approximately 80% are male and 19% are female. African Americans are 30% of those living with HIV or AIDS, Whites 47% and Hispanics nearly 19%.
- Predominant transmission among those living with HIV or AIDS remains men who have sex with other men (MSM). Injection Drug Use is about 17% of the caseload

HIV/AIDS Attributed to Injection Drug Use (IDU)



◆ Male IDU

■ Female IDU

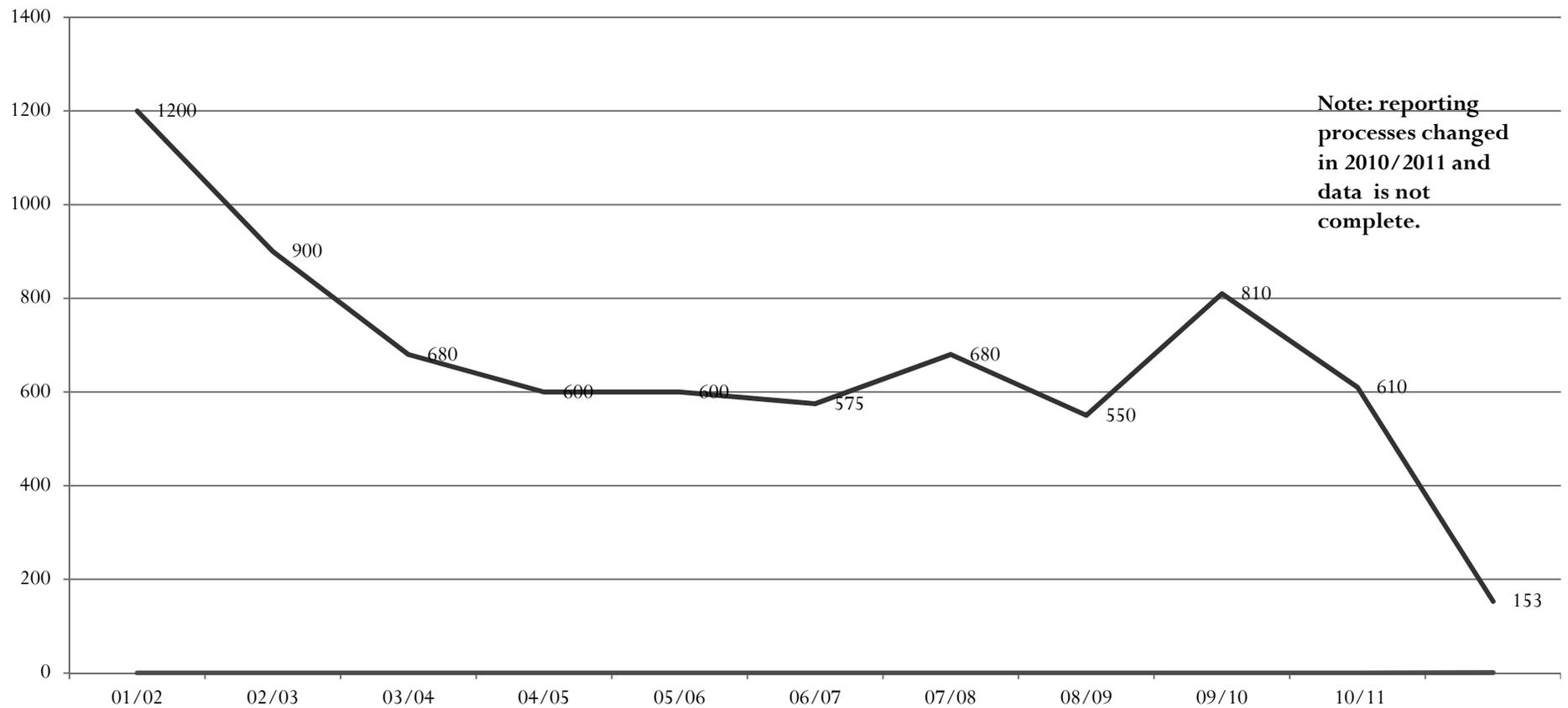
Children with HIV and AIDS



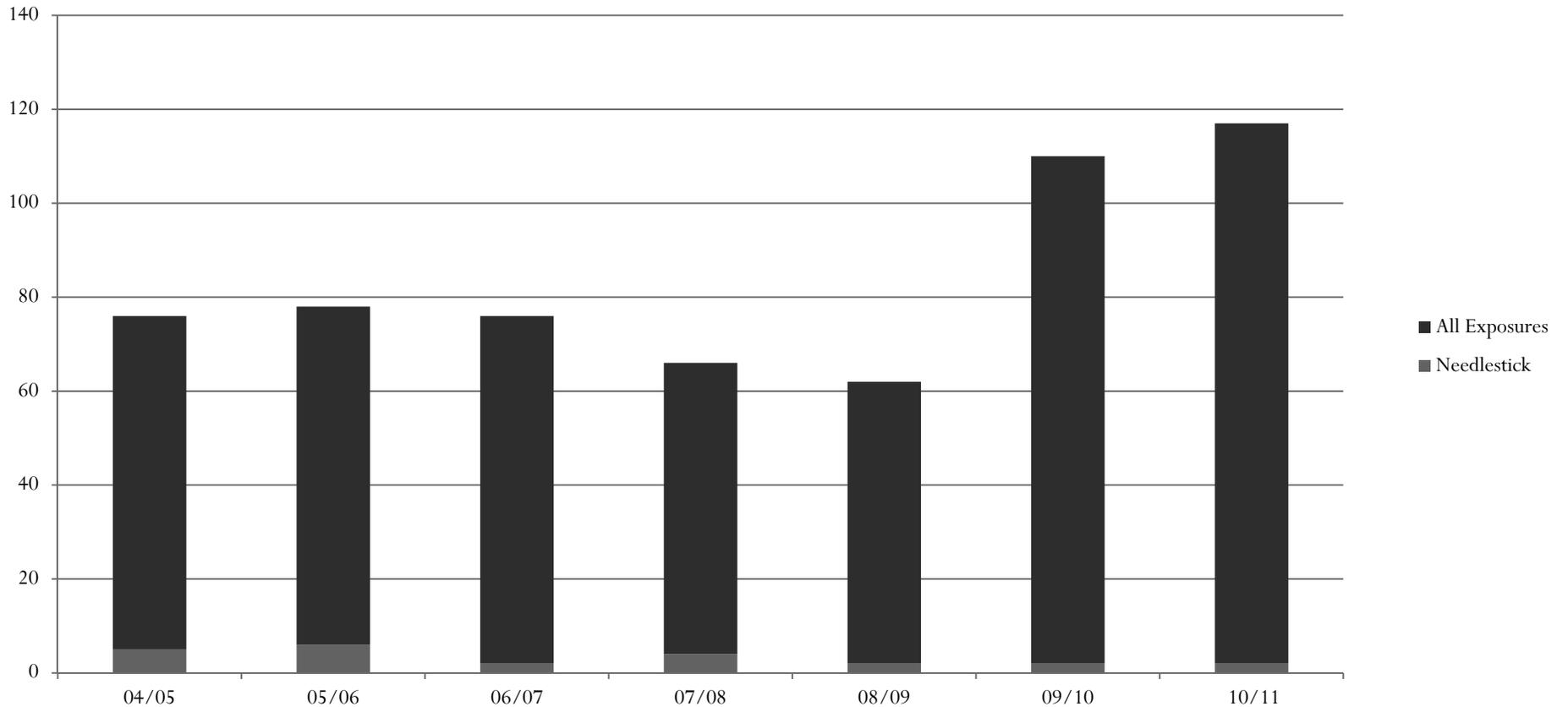
Infant Exposure is no longer tracked by Stanford University.

Contra Costa has 3 children under the age of 12 with HIV and 6 children 13-17 years of age living with HIV or AIDS.

Reported Chronic Hepatitis C Cases Over Time



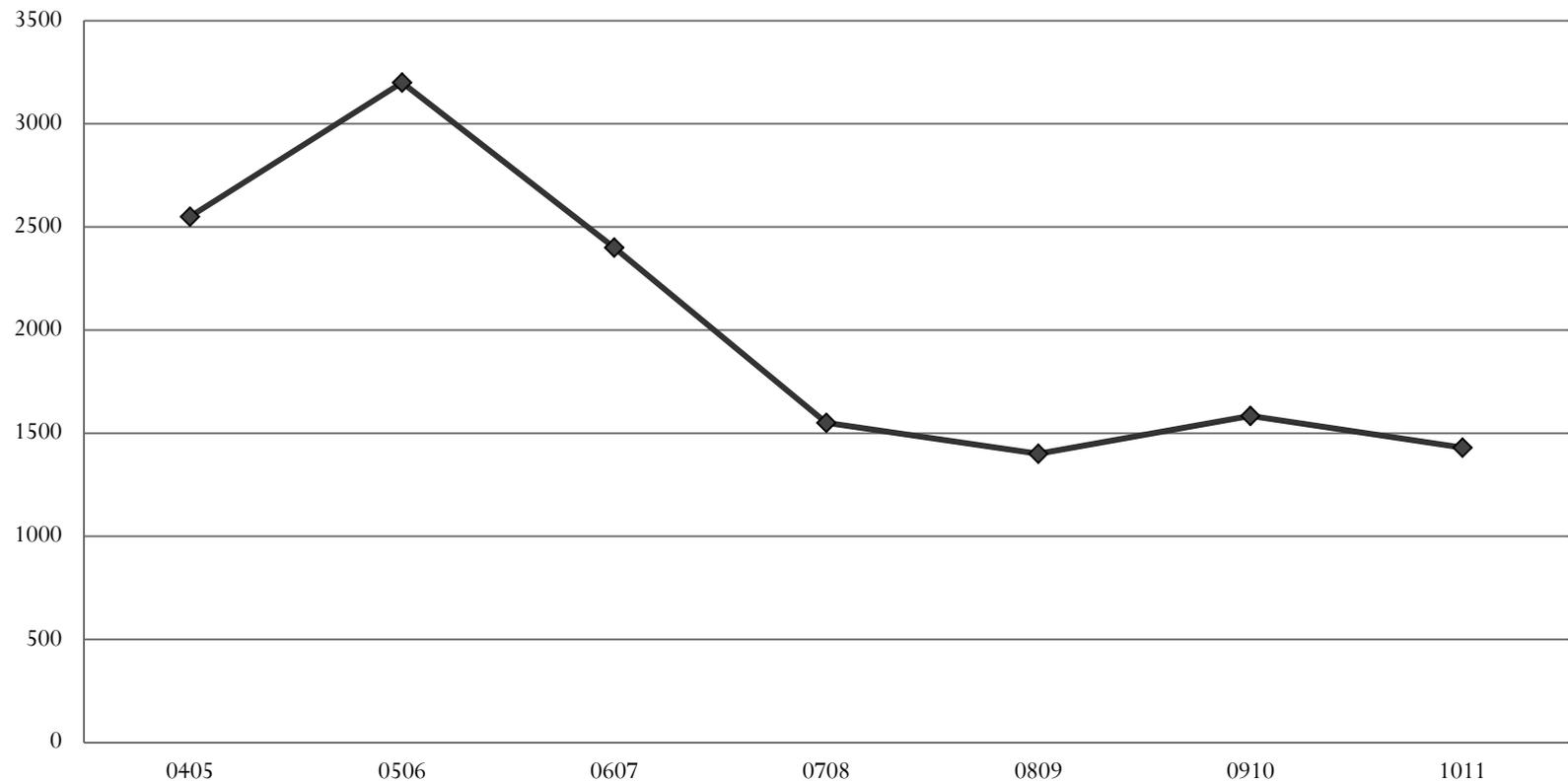
Law Enforcement and First Responder Exposures



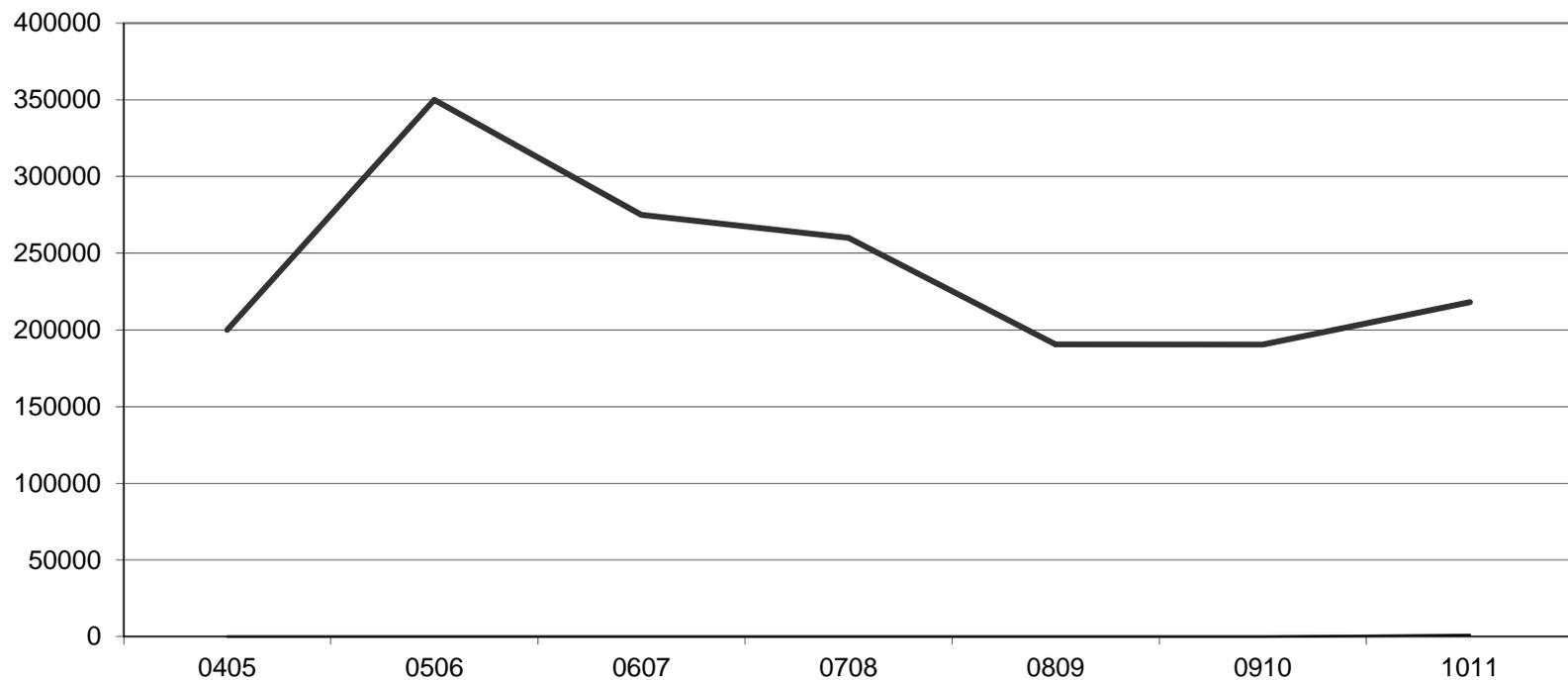
Needle Exchange and CHE

- One-for-one exchange offered in East and West County: roughly 60% of those served are at East County sites.
- Approximately 52% of participants are White, 33% African American, and 14% Latino.
- Men are 65% of those served.
- Approximately 3% accept referrals.

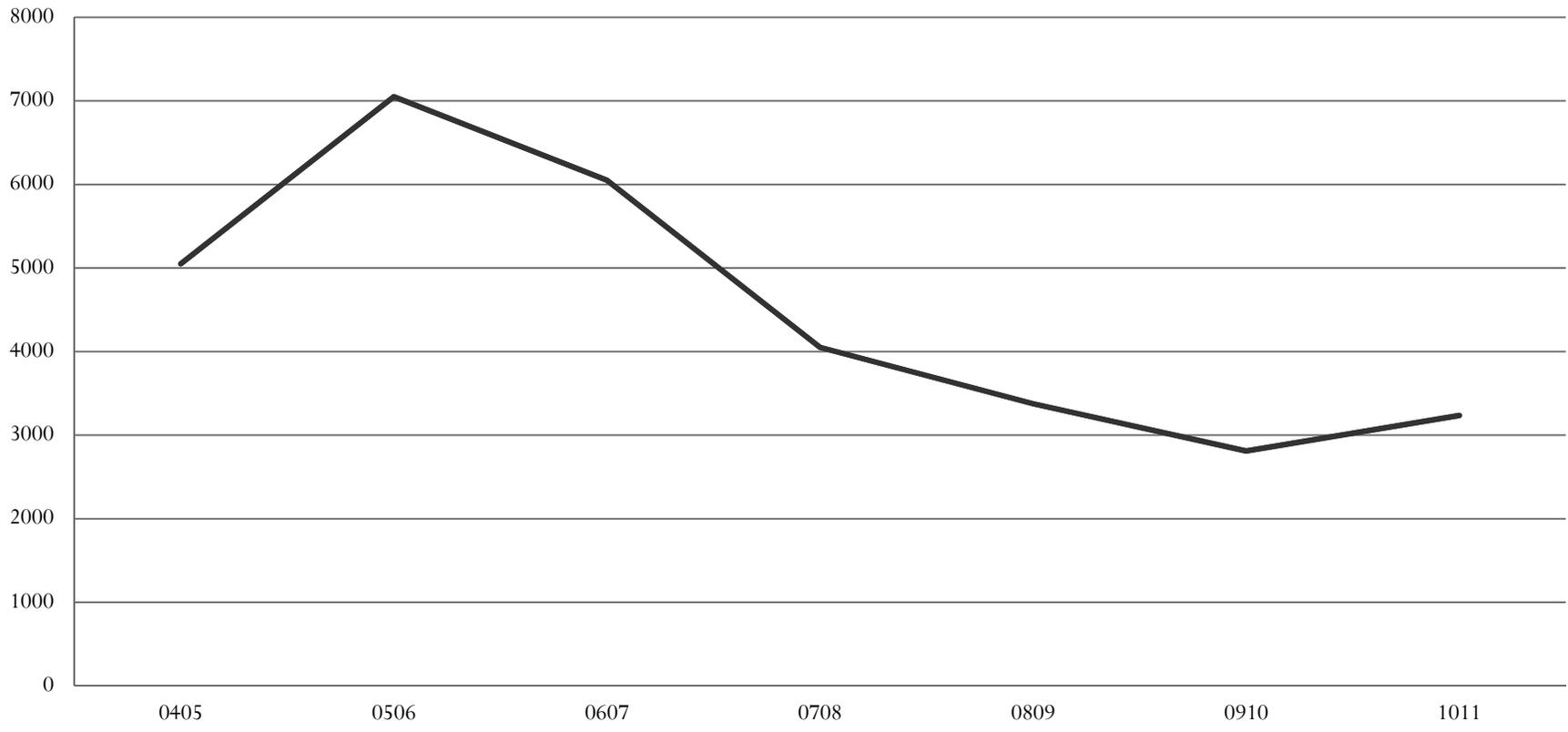
Reported Contacts (Individuals) at Needle Exchange Sites Over Time



Number of Syringes Distributed By CHE Over Time



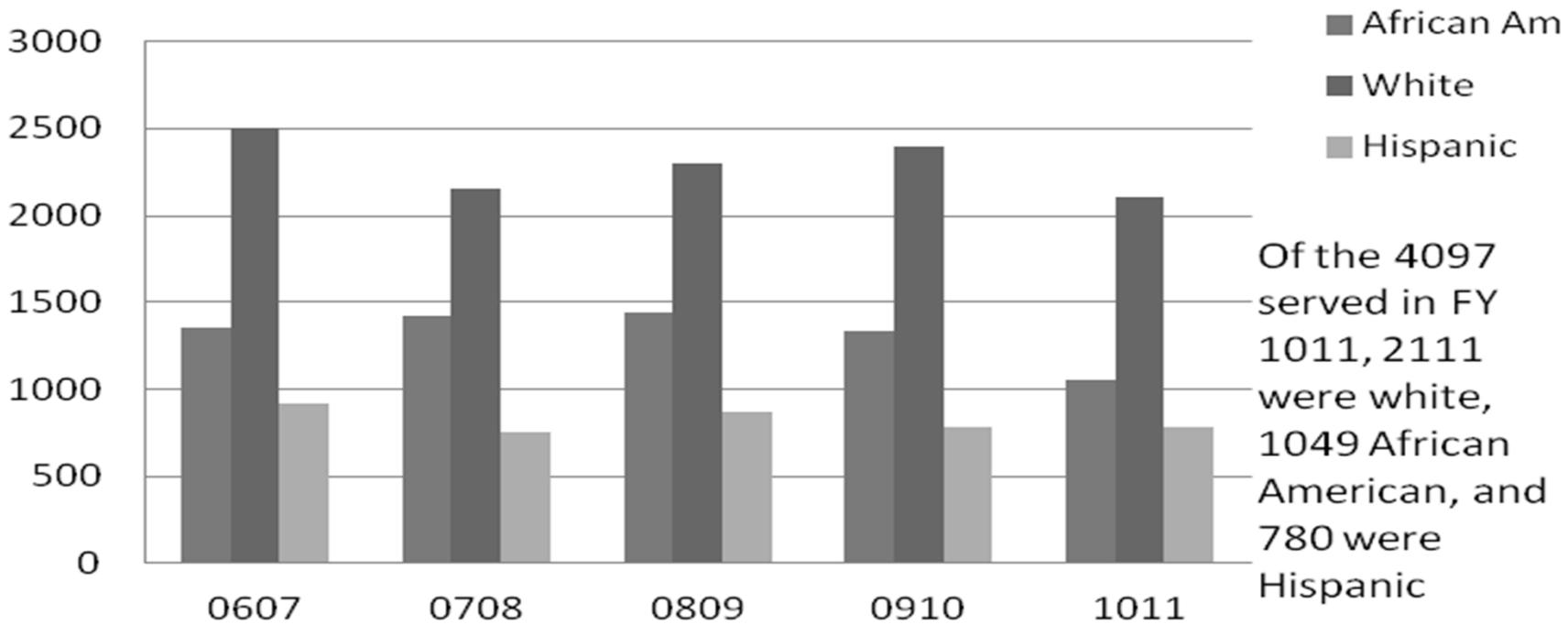
Secondary Exchanges Reported By CHE Over Time



AODS Service Enrollment



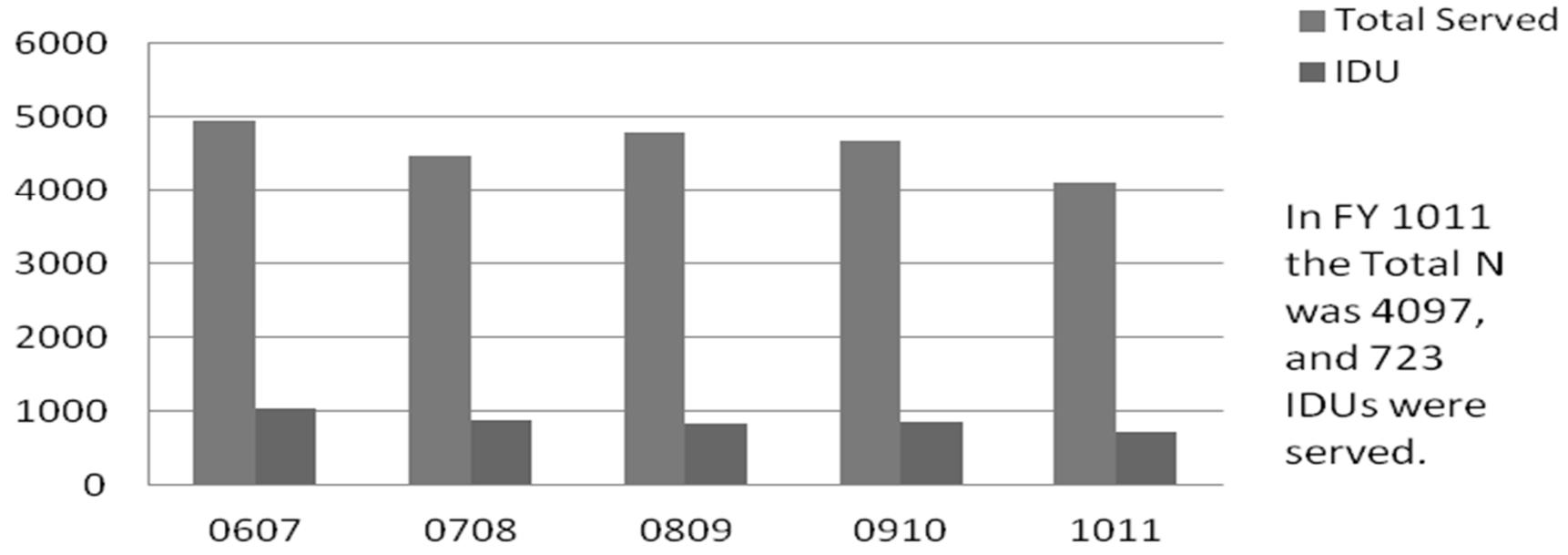
Enrollment in AODS Sites Over Time



AODS Service Enrollment



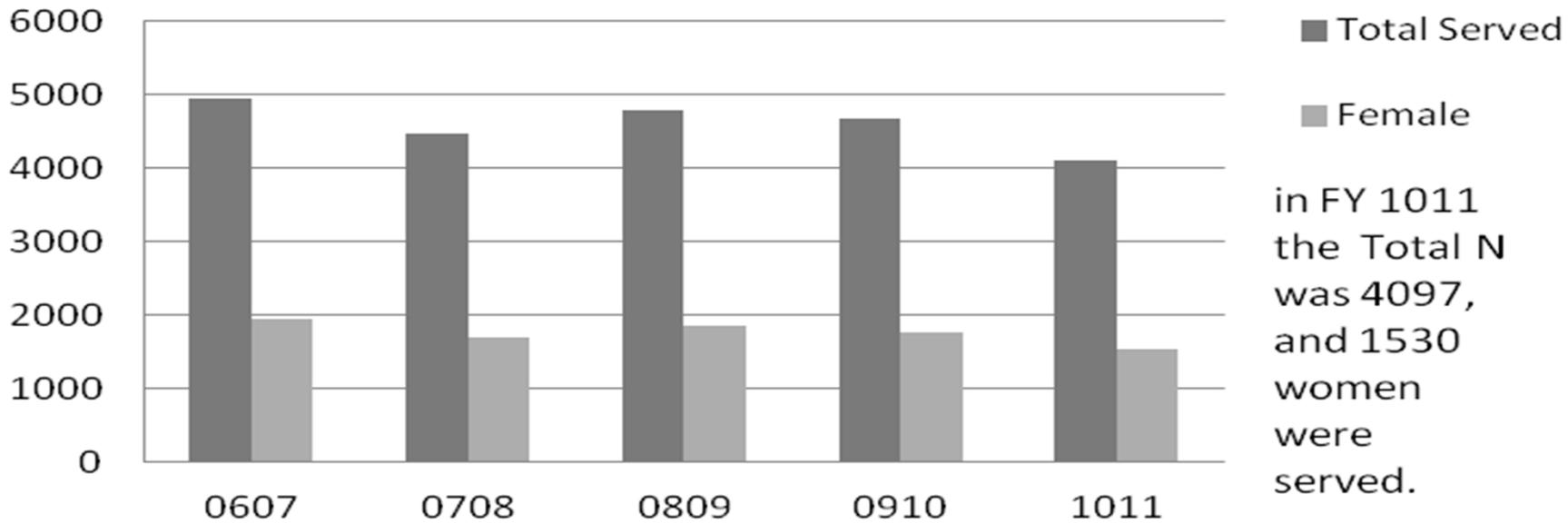
Total Clients Served and IDUs as a Percentage of All AODS Services



AODS Service Enrollment



Women as a Percentage of All Clients Served By AODS



Other Prevention Strategies to Reduce Transmission of HIV in IDUs

Anonymous Partner notification and counseling services;

Prevention with positives program;

HIV and STD testing services in community and in Alcohol and Other Drugs Services programs;

Pharmacy syringe sales (State DPDP) in two chains and a few other stores.

Syringe Disposal Options



West County

Household Hazardous Waste facility

101 Pittsburg Ave., Richmond, CA 94801 1-888-412-9277

East County

Delta Household Hazardous Waste Collection Facility

2550 Pittsburg/Antioch Highway, Antioch, CA 94509 925-756-1990

All Contra Costa County residents

Sutter Regional Medical Foundation

4053 Lone Tree Way, Antioch, CA 94509 925-756-3400

John Muir Pharmacy

1220 Rossmoor Pkwy, Walnut Creek, CA 94598

List of State-sanctioned mail in options

CONCLUSIONS



-
- 1. Access to clean needles through needle exchange and pharmacy syringe services is making a difference in Contra Costa and remains a critical component of the overall strategy to reduce transmission of blood borne diseases.** Overall infections attributed to injection drug use have declined over time and the availability of needle exchange and pharmacy syringe sales has played a role in this trend.
 - 2. Reported local law enforcement exposure to potential blood borne pathogens via needle stick injury has not increased since needle exchange and pharmacy sales have been implemented.** Materials for Law Enforcement to document potential exposure and request assistance remain available on the website.
 - 3. New legislation removes the requirement for the Health Department to certify pharmacies to dispense syringes and replaces the requirement for an annual report on Syringe Exchange to a biennial report.** No major impact is anticipated in Contra Costa at this time.

**COUNTY OF CONTRA COSTA
OFFICE OF THE COUNTY ADMINISTRATOR
MEMORANDUM**

DATE: December 12, 2011

TO: Family and Human Services Committee
Gayle B. Uilkema, Chair
Federal D. Glover, Vice Chair

FROM: Dorothy Sansoe
Sr. Deputy County Administrator

SUBJECT: Referral #94 – Children’s Treatment Center

RECOMMENDATION

ACCEPT the report on the history of the Children’s Treatment Center from the Health Services Department, Mental Health Division, and CLOSE the referral to the Committee.

BACKGROUND

The Health Services Department, Mental Health Division has been reporting to the Family and Human Services Committee regarding the services provided at the Children’s Treatment Center located on Oak Grove Road in Concord since 1999. Since its opening, the Mental Health Division, along with its interagency partners, has fought to maintain services at this facility. Due to changes in the State budget and the availability of funding, this battle was lost this year. Seneca Residential and Day Treatment Center had been providing services since 2001. Seneca, closed the Residential component of the program on March 31, 2011.

The attached document is intended as a final report and provides a history of the services at the facility.

CHILDREN'S TREATMENT FACILITY Program History

1034 Oak Grove Road, Concord, CA.

11/21/2011

Tracing the history of the Children's Treatment Facility (CTF) Program planning, development, and implementation in Contra Costa County.

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Page 6	Funding Issues 2008-2009
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Page 8	Summary

HISTORICAL TIMELINE OF CTF

DATE IN TIMELINE	DESCRIPTION OF ITEM
July 1, 1994	BOS Approved Level XIV Group Home Contract with FamiliesFirst as Provider at 1034 Oak Grove Rd., Concord, CA
January 1, 2001	Mental Health issued RFP for a Community Treatment Facility at 1034 Oak Grove Rod, Concord
October 16, 2001	BOS Approved Contract with Seneca Residential Day Treatment for Community Treatment Facility Contract for \$1964,416 for 2001-2002
November 1, 2001	Board of Supervisors approved Contract with Seneca CTF for \$2,551,900 for 2002 Contract
August 5, 2003	BOS Approved Community Treatment Facility contract with Seneca for \$3,201,350 for 2003-2004
December 3, 2003	BOS Approved Community Treatment Facility Contract with Seneca Residential for \$2,793,150 for 2002-2003
July 13, 2004	BOS Approved Community Treatment Facility Contract with Seneca for \$1,438,425 for 2004-2005
December 6, 2005	BOS Approved Community Treatment Facility Contract with Seneca for 795,300 for 2005-2006
February 6, 2007	BOS Approved Community Treatment Facility Contract with Seneca for \$2,345,066 for 2007
January 8, 2008	BOS Approved Community Treatment Facility Contract for six months with Seneca for \$1,666,820 for 2008
December 9, 2008	BOS Approved Level XIV Contract with Seneca for 4,668,922 for 2008-2009
January 1, 2009	Seneca closed as a Community Treatment Facility and reopened as a Level XIV
December 8, 2009	BOS Approved Level XIV Group Home Contract with Seneca for \$4,429,440 for 2009-2010
October 8, 2010	Governor Schwarzenegger passed legislation relieving County Mental Health of AB3632 responsibility.
February 8, 2011	BOS Approved Level XIV Contract for six months with Seneca for \$935,510 - January 1, 2011 through June 30, 2011
March 31, 2011	Seneca closed its doors.

Contra Costa Behavioral Health Mental Health Services Community Treatment Facility

Overview

In 1995 Contra Costa County contracted with FamiliesFirst to provide a high Level XIV group home at a county-owned facility located at 1034 Oak Grove Road, Concord, CA. It was a collaborative effort with involvement from four participating agencies—Education, Social Services, Probation, and Mental Health. It was the first residential placement facility in Contra Costa to focus on education, and day treatment for the most challenging adolescents in our County with fiscal support from partnering agencies. Its purpose was to divert youth from alternative placements, including State Hospitals, and offer treatment in a less restrictive environment near home. The concept was innovative for its time and there was great pressure, both politically and philosophically, to support its success. However the cost of providing such a program was prohibitive within the bureaucratic structure that it existed. The funding was inadequate to support such a high-level program, especially given the staffing structure required for these high-need residents and the regulatory controls that governed its existence. After four years of struggle, Families First terminated the contract with the County on June 30, 1999.

There still existed enthusiasm for developing a treatment model that would focus on the challenging population of youth described above. State Hospitals were closing and fewer and fewer beds were available for high-end troubled teens. Treatment models such as Community Treatment Facilities (CTFs) were opening up around the state. CTF's, unlike Level XIV's featured locked containment for its residents offering them and staff a safer and more secure environment. The Departments of Mental Health and Social Services were charged with the responsibility of drafting regulations to implement the CTF statute. These Regulations were completed in June 1998. Soon after, an RFP process was undertaken by County Mental Health, and a Mental Health contract was subsequently awarded to Seneca Residential and Day Treatment Center. The Board of Supervisors approved the contract on October 16, 2001 and Seneca was open for business at the 1034 Oak Grove location in Concord on November 1, 2001.

Funding Issues

FY 2001-2002

Seneca CTF Contract Year 1

The program was funded with multiple funding streams which included Aid for Dependent Children (AFDC) from Social Services; Early Periodic Screening and Diagnostic Treatment (EPSDT) from Mental Health; and Non Public School (NPS) funds from Education. In addition to state and federal funding from the three agencies, there was also a CTF State Supplement, County Realignment funds, and income from selling beds to other Counties. The first-year budget for the entire program was over \$4 million. This paper will focus on the costs associated with the Mental Health Department only.

Within three months of opening, the 18-bed facility was fully occupied by thirteen Contra Costa youth; four Solano County clients; and one Seneca discretionary bed. The Contra Costa County Board of Supervisors approved the initial Seneca CTF mental health contract in the amount of **\$1,964,416**. Supplemental costs (costs not paid for by Medi-Cal) to the County totaled \$682,000 which included start-up costs of over \$300,000.

FY 2002-2003

Seneca CTF Contract Year 2

The Contra Costa Board of Supervisors approved the second-year CTF contract in the amount of **\$2,551,900**, a \$587,484 increase. The program was gaining local and national attention and was considered a premier program in the state. A one-year anniversary event was organized by Seneca at the Oak Grove site, which was well attended by the county's elected officials, as well as staff and Department heads from the three partner agencies.

Distinguished guests, including Mark Desaulnier, Cynthia Miller and Judge Haight, spoke glowingly of the program's dedication and commitment to the County's most troubled youth. Seneca's motto of "unconditional care" was gathering the interest of local and state officials who respectively accepted invitations to visit the program's "circle time", an on site intense therapeutic session with the kids. Visiting the program and hearing the tragic stories from youth was helpful in fortifying political support for the program's continuation; however, the program was still costing the County \$469,896 in Realignment dollars, and Health Services and the CAO's office directed the department to control costs.

FY 2003-2004

Seneca CTF Contract Year 3

The Contra Costa Board of Supervisors approved the third-year CTF contract in the amount of **\$3,201,350**, a \$647,450 increase. The County's supplement was \$426,538. Program closure was being discussed due to the expense to the County.

FY 2004-2005

Seneca CTF Contract Year 4

Negotiations to change the funding structure of the program began with Seneca and the County. Over the course of the year, occupancy was reduced from thirteen to five beds, with remaining beds being sold to other Counties. The Board of Supervisors approved a contract for **\$1,438,425**; County Supplement was \$427,050.

FY 2005-2006

Seneca CTF Contract Year 5

During the 2005/2006 contract negotiations, Health Services and the CAO's office agreed to restructure the contract terms, eliminating Seneca's rent debt of \$336,000/year to the County. In return, the County would be relieved from appropriating Realignment dollars. The Board of Supervisors approved a contract for **\$795,300**, and no Realignment dollars were used in the contract.

FY 2006-2007

July 1, 2006 – December 31, 2007

Seneca CTF Contract Year 6

Five beds proved to be inadequate for the number of adolescents in need of the placement at Seneca. Our agency partner, Social Services, had not received a COLA increase in ten years and Mental Health was providing the "patch" necessary to make providers whole. The CTF contract for 06-07 was amended twice to add funds with a final contract payment limit of **\$2,345,066**. The County supplement was \$696,465. The contract was allowed to go into its six-month extension for the purpose of negotiation a program redesign. The program closed as a CTF on December 31, 2007.

FY 2008

January 1, 2008 – June 30, 2008

Seneca Level XIV Contract Year 7

In February 2007, an RFP process was undertaken by County Mental Health to overhaul the Seneca CTF program and return it to a Level XIV group home. Seneca was the sole bidder. An extraordinary program model was designed which included collaborating agencies West Coast Children's Center, Youth Homes, and Alternative Family Services. The services included extensive assessments, step-down residential placement, and family finding. Seneca was able to treat four times the number of clients than the CTF model allowed by shortening the length of stay and offering innovative program options listed above.

A six-month contract in the amount of \$1,666,820 was approved by the Board of Supervisors on January 8th. The County supplement was \$754,600. This was the first year that Individuals with Disabilities Act (IDEA) dollars were used as a revenue budget item. SB 90, a claiming procedure for collecting Federal IDEA funds, allowed Counties to claim charges for seriously emotionally disturbed Special Education students who held an Individual Education Plan (IEP). The process of eligiblizing students for AB3632 began. The revised budget included \$200,000 in IDEA dollars, which helped to reduce County supplemental funding.

FY 2008-2009

Seneca Level XIV Contract Year 8

During this fiscal year, every child in the Seneca Level XIV program became eligible for services pursuant to AB3632, regardless of Medi-Cal status. Medi-Cal was the first payor of services, and an SB90 claim was used to collect for services that Medi-Cal did not cover. The Board of Supervisors approved a **\$4,668,922** contract payment limit for Seneca; 50% of the funding was IDEA/SB-90 Funds. On paper, there were no County dollars in the contract.

FY 2009-2010

The Board of Supervisors approved a contract in the amount of **\$4,429,440** on December 8, 2009. No county dollars were used to fund the contract. AB3632 funded \$442,000. There were no County dollars in the contract.

FY 2010-2011

On October 8, 2010 the Governor signed into law a bill that relieved Mental Health and Social Services of fiscal responsibility for AB3632 students. This action turned the responsibility for provision of mental health treatment and room and board over to Education. In Contra Costa, Education immediately fell heir to 650 students who were receiving mental health services in the Districts' Special Ed classrooms and in Residential placements in and out of state. When Education officials learned of the unit cost per child at Seneca they took immediate action and began stepping students down to lower levels of care elsewhere. While closing the program may have been eventually inevitable due to its high cost, the Governor's legislative action hastened its final demise. Seneca closed the Residential component of the program on March 31, 2011. School-based services continued until July 30.

Seneca had a closing event at the site where staff, both old and new, met to recount memories and experiences. Unlike the one-year anniversary celebration in 2002, it was a modest and somber event. The distinguished guests who spoke at *this* event were the program's committed staff whose unwavering devotion and commitment to troubled adolescents helped to make this program a premier model in the state.

Summary

In September 2011 Seneca started an intensive school-based program in Central County called Glenbrook which is devoted to high-end students stepping down from Residential placement. It is a collaborative model with Mt. Diablo School District and Mental Health with funding from Medi-Cal and Educationally Related Mental Health Services (formerly AB3632). This program offers best practices programming and provides the intense supports that these youth require.

Mental Health Services has continued to track the individuals who transitioned from Seneca's program. Some have stepped down from locked out-of-state placements; others have transitioned home and into local schools such as Glenbrook offering intensive day treatment. Two girls have entered the Juvenile Justice system and one boy is currently in Juvenile Hall.

The county facility at 1034 Oak Grove is in program development for a continuum of care for Transitional Age Youth, inclusive of residential care and early intervention to psychosis with emphasis on multi-family treatment consistent with Psychosis Intervention Early Recovery (PIERS) Model.

County of Contra Costa
OFFICE OF THE COUNTY ADMINISTRATOR
MEMORANDUM

DATE: December 12, 2011

TO: Family and Human Services Committee
Supervisor Gayle B. Uilkema, Chair
Supervisor Federal D. Glover, Vice Chair

FROM: Dorothy Sansoe, Staff
Sr. Deputy County Administrator

SUBJECT: 2011 YEAR-END REPORT ON REFERRAL ITEMS

RECOMMENDATION(S):

- I. **ACKNOWLEDGE** that the Board of Supervisors referred three new items to the Family and Human Services Committee (FHS) for their review and consideration during the 2011 calendar year in addition to the referrals carried over from the prior year.
- II. **ACCEPT** the recommendation to carry forward the following twenty referrals from the 2011 Family and Human Services Committee to the 2012 Committee:
 - a. Referral #1 – Child Care Affordability Fund
 - b. Referral #2 – Oversight of the Service Integration Team
 - c. Referral #5 – Continuum of Care Plan for the Homeless/Healthcare for the Homeless
 - d. Referral #20 – Public Service Portion of the CDBG
 - e. Referral #25 – Child Care Planning/Development Council Membership
 - f. Referral #44 – Challenges for EHS
 - g. Referral #45 – Elder Abuse
 - h. Referral #56 – East Bay Stand Down for Homeless Veterans (Bi-annual)
 - i. Referral #61 – HIV Prevention/Needle Exchange Program
 - j. Referral #78 – Community Services Bureau/Head Start Oversight
 - k. Referral #81 – Local Child Care & Development Planning Council Activities
 - l. Referral #82 – Secondhand Smoke Ordinance
 - m. Referral #92 – Local Planning Council – Child Care Needs Assessment
 - n. Referral #93 – Independent Living Skills Program
 - o. Referral #95 – Child Welfare Improvement Plan Annual Update
 - p. Referral #100 – Child Poverty
 - q. Referral #101 – FACT Committee At-Large Appointments
 - r. Referral #103 – SNAP (Food Stamp Program)
 - s. Referral #104 – Subsidized Employment Program
 - t. Referral #105 - Bed Bugs
- III. **ACCEPT** the recommendation to close Referral #94 – Children’s Treatment

BACKGROUND/REASONS FOR RECOMMENDATION(S):

Between January and December 2011, the Board of Supervisors referred three new items to the Family and Human Services Committee (FHS) in addition to referrals carried forward from the 2011 year. The FHS Committee heard twenty-five separate reports during the calendar year.

It is recommended that the following item be closed-out as noted:

- a) Referral #94 – Children’s Treatment Oversight – The FHS has been monitoring changes to services at the Seneca treatment facility proposed in 2007. This facility has now been closed.