



Agenda

FAMILY AND HUMAN SERVICES COMMITTEE

December 3, 2012

1:30 P.M.

651 Pine Street, Room 101, Martinez

Supervisor Federal D. Glover, District V, Chair

Supervisor Candace Andersen, Vice Chair

Agenda Items:

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

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

APPOINTMENTS

3. Contra Costa Commission for Women – One appointment. (Page 3)

DISCUSSION

4. # 61 – HIV Prevention/Needle Exchange (Page 11)
Presenter – Christine Leiverman, Health Services Department
5. # 95 – Child Welfare System Improvement Plan (Page 45)
Presenter – Valerie Earley, Director, Children and Family Services
6. Year-End Closeout Report (Page 69)
Presenter – Dorothy Sansoe, County Administrator's Office

The first meeting of the 2013 Family and Human Services Committee
has not been scheduled at this time

☺ *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
dorothy.sansoe@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 COMMISSION FOR WOMEN

P.O. Box 6695
Concord, CA 94520
E-Mail: womenscommission@gmail.com

DATE: November 19, 2012
TO: Family and Human Services Committee

FROM: Julianna Hynes, Contra Costa Commission for Women

SUBJECT: Recommended Appointments to the Contra Costa Commission for Women

The purpose of this memorandum is to forward to you the following recommendation from the Contra Costa Commission for Women (CCCW):

- Appoint Kathi Reed, as At Large Seat 3 Commissioner on the CCCW

Background

The Contra Costa Commission for Women was formed to educate the community and advise the Contra Costa County Board of Supervisors and other entities on the issues relating to the changing social and economic conditions of women in the County, with particular emphasis on the economically disadvantaged.

The Committee consists of 25 members and one alternate, including:

- Five district representatives; (one from each supervisorial; districts)
- Twenty at large members; and
- One at large alternate.

The five district representatives are nominated for a three year term by each other the five members of the Board of Supervisors. The twenty at large members and one at large alternate are nominated by the CCCW membership committee and forwarded to the full CCCW. All nominated appointments to the CCCW are reviewed by the Family and Human Services Committee (FHS) and referred to the Board of Supervisors for approval. CCCW terms are for three years and they are staggered across the membership. A current CCCW roster, as of November 19, 2012, is attached for your information (Attachment A).

Current Status of Appointments

The CCCW has been recruiting applicants on an ongoing basis to fill the vacant seats.

The membership committee unanimously approved the above recommendation.

As of November 19, 2012 there are 12 at large vacancies. The at large Alternate and the District I seats are also vacant.

If the appointment recommended in this memorandum is ultimately approved, one at large seat will be filled. The vacancies remaining after approval would be 11 at large seats, the District I seat and one alternate.

Since May 2004, the CCCW has had extremely limited staff support and no budget provided by the County. However, the CCCW membership committee is continuing its recruiting efforts and plans to fill the remaining vacancies within the next few months.

cc without attachment : CCCW Membership Committee
 Dorothy Sansoe, CAO



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 94563-1292
PLEASE TYPE OR PRINT IN INK
(Each Position Requires a Separate Application)

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

Commission for Women
PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

At-Large Member
PRINT EXACT SEAT NAME (if applicable)

1. Name: Reed (Last Name) Katherine (First Name) Elaine (Middle Name)

2. Address: 1000 (No.) Chianti Ct (Street) Brentwood (City) CA (State) 94513 (Zip Code)

3. Phones: 925-240-8382 (Home No.) 925-642-0557 (Cell No.)

4. Email Address: Kathi@Kathireed.com

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 16

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) <u>JFK University</u>	<u>Business Admin</u>	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			<u>BA</u>	<u>1983</u>
B)		Yes No <input type="checkbox"/> <input 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"/>			

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) From <u>2005</u> To <u>Present</u></p> <p>Total: <u>8</u> Yrs. <u>0</u> Mos.</p> <p>Hrs. per week <u>1 hrs.</u> Volunteer <input checked="" type="checkbox"/></p>	<p>Title <u>Board member 2005-2007</u> <u>President 2008</u> <u>Ambassador 2010-Present</u></p> <p>Employer's Name and Address <u>Brentwood Chamber of Commerce</u> <u>8440 Brentwood Blvd</u> <u>Brentwood, CA 94513</u></p>	<p>Duties Performed <u>Board duties overseeing budgets, staff, membership, fundraising efforts including annual Brentwood Corn Fest, Hometown Halloween, and Holiday Parade</u></p>
<p>B) Dates (Month, Day, Year) From <u>2007</u> To <u>Present</u></p> <p>Total: <u>5</u> Yrs. <u>0</u> Mos.</p> <p>Hrs. per week <u>20+</u> Volunteer <input type="checkbox"/></p>	<p>Title <u>Independent Group Leader / Wine Consultant</u></p> <p>Employer's Name and Address <u>Wine Shop at Home</u> <u>607 Airpark Rd</u> <u>Napa, CA 94558</u></p>	<p>Duties Performed <u>Leadership and Training of independent wine consultants; Knowledge of wine and food pairing; marketing and business management skills</u></p>
<p>C) Dates (Month, Day, Year) From <u>1996</u> To <u>2007</u></p> <p>Total: <u>12</u> Yrs. <u>0</u> Mos.</p> <p>Hrs. per week <u>40+</u> Volunteer <input type="checkbox"/></p>	<p>Title <u>Independent Sales Manager / Fashion Coord.</u></p> <p>Employer's Name and Address <u>Weekenders USA</u> <u>Vernon Hills, IL</u></p>	<p>Duties Performed <u>Leadership and Training of independent sales force of up to 60 fashion consultants; Knowledge of fashion trends, marketing and business management skills.</u></p>
<p>D) Dates (Month, Day, Year) From <u>1988</u> To <u>1996</u></p> <p>Total: <u>8</u> Yrs. <u>0</u> Mos.</p> <p>Hrs. per week <u>50+</u> Volunteer <input type="checkbox"/></p>	<p>Title <u>Vice President / Principal</u></p> <p>Employer's Name and Address <u>Pacific Hydro Consulting Group</u> <u>Alameda, CA 94501</u></p>	<p>Duties Performed <u>Assisted public and private utilities in relicensing hydroelectric projects including developing software program to track compliance with myriad regulatory and environmental laws.</u></p>

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) <u>From</u> <u>To</u> 1971 1988</p> <p>Total: <u>Yrs.</u> <u>Mos.</u> 17</p> <p>Hrs. per week <u>40+</u>. Volunteer <input type="checkbox"/></p>	<p>Title <i>Paralegal/Compliance Analyst</i></p> <hr/> <p>Employer's Name and Address <i>Pacific Gas & Electric 77 Beale Street San Francisco, CA</i></p>	<p>Duties Performed <i>Assisted attorneys in legal issues associated with hydroelectric facilities, gas operations and Federal rate cases.</i></p>
<p>B) Dates (Month, Day, Year) <u>From</u> <u>To</u> 1982 2000</p> <p>Total: <u>Yrs.</u> <u>Mos.</u> 18</p> <p>Hrs. per week <u>10+</u>. Volunteer <input checked="" type="checkbox"/></p>	<p>Title <i>Bethel Guardian, Deputy Grand Guardian</i></p> <hr/> <p>Employer's Name and Address <i>International Order of Job's Daughters</i></p>	<p>Duties Performed <i>Adult advisor to teenage girls active in this Masonic youth organization.</i></p>
<p>C) Dates (Month, Day, Year) <u>From</u> <u>To</u></p> <p>Total: <u>Yrs.</u> <u>Mos.</u></p> <p>Hrs. per week _____. Volunteer <input type="checkbox"/></p>	<p>Title</p> <hr/> <p>Employer's Name and Address</p>	<p>Duties Performed</p>
<p>D) Dates (Month, Day, Year) <u>From</u> <u>To</u></p> <p>Total: <u>Yrs.</u> <u>Mos.</u></p> <p>Hrs. per week _____. Volunteer <input type="checkbox"/></p>	<p>Title</p> <hr/> <p>Employer's Name and Address</p>	<p>Duties Performed</p>

7. How did you learn about this vacancy?

CCC Homepage Walk-In Newspaper Advertisement District Supervisor Other Commission Member

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: Katharine E. Reed Date: 11/1/12

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 COMMISSION FOR WOMEN

ROSTER November 19, 2012

SEAT	NAME	APPOINTMENT	TERM EXPIRATION	Residence
District I	Vacant	--	02/28/2013	--
District II	Judy Carney	4/24/12	02/28/2013	Lafayette
District III	Dana Wellington	11/9/2010	02/28/2013	Danville
District IV	Carlyn Obringer	02/24/2009	02/28/2012	Concord
District V	Argentina Davila-Luevano	05/10/2011	02/28/2014	Antioch
At Large 1	Kerri Rider	3/27/12	02/28/2014	Concord
At Large 2	Joan E. Conley	02/23/2010	02/28/2013	Walnut Creek
At Large 3	Vacant	--	02/28/2013	--
At Large 4	Nati Flores	3/27/12	02/28/2014	Antioch
At Large 5	Vacant	--	02/28/2013	--
At Large 6	Marie McDonald	03/17/2009	02/28/2012	Walnut Creek
At Large 7	Sean Duckworth	8/14/12	02/28/2014	Pinole
At Large 8	Julianna Hynes	01/11/2011	02/28/2013	Pittsburg
At Large 9	Vacant	--	02/28/2013	--
At Large 10	Erin Beable	3/15/2011	02/28/2012	Pleasant Hill
At Large 11	Vacant	--	02/28/2012	--
At Large 12	Vacant	--	02/28/2012	--
At Large 13	Vacant	--	02/28/2011	--
At Large 14	Vacant	--	02/28/2011	--
At Large 15	Vacant	--	02/28/2011	--
At Large 16	Vacant	--	02/28/2012	--
At Large 17	Vacant	--	02/28/2012	--
At Large 18	Vacant	--	02/28/2012	--
At Large 19	Phyllis Gordon	03/15/2011	02/28/2014	Pittsburg
At Large 20	Vacant	--	02/28/2012	--
At Large Alternate	Vacant	--	02/28/2013	--

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 at least biennially as required by law.

SUMMARY

This report satisfies State regulatory requirements to maintain needle exchange services in Contra Costa. Legislative changes taking effect in 2012 (SB41) allow pharmacies to dispense up to 30 syringes without a prescription and removes Health Department responsibility for certifying pharmacies to do so. AB 604 modifies reporting requirements from an annual to a biennial report.

There are now more than 1900 individuals living with HIV or AIDS in Contra Costa. The percentage of new HIV / AIDS infections attributed to Injection Drug Use has been gradually decreasing over time.

Bobby Bowens, long time provider of needle exchange services, passed away suddenly this year and interim management of the service has transitioned to HIV Education and Prevention Project of Alameda County (HEPPAC). The Health Department continues to provide \$54,000 in County general funds annually to support the operation of Needle Exchange services. Condoms and Health Education materials are provided by the AIDS Program. There has been an overall reduction in the number of individuals served at needle exchange over time and three sites remain operational on a weekly basis.

Having needle exchange services and syringes for purchase at pharmacies does not appear to negatively impact law enforcement in terms of exposure to blood borne pathogens. 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 needle exchange should remain available in Contra Costa County.

BACKGROUND

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. A continuous declaration of a State of Emergency was enacted in accordance with Assembly Bill [AB] 136 (Mazzoni, Chapter 762, Statutes of 1999). In 2005, AB 547 (Berg, Chapter 692, Statutes of 2005) simplified the process for local authorization of Syringe Exchange Programs (SEPs) by replacing the continuous declaration of a local state of emergency with an annual report.

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.

For a brief period of time in 2011/2012, the federal Centers for Disease Control (CDC) gave permission to the State Office of AIDS to use federal pass-through dollars for the purpose of syringe exchange. That permission was subsequently retracted and the ban of the use of federal funds to support needle exchange remains in effect for the foreseeable future.

Additional legislation enacted this year SB 41 (Yee) allows nonprescription syringe sales or distribution (NPSS) through licensed pharmacies, physicians and syringe exchange programs to individuals aged 18 and older. AB 604 (Skinner) further streamlines the process for initiating syringe exchange programs (SEP) in areas without local endorsement for exchange, and decreases reporting requirements to every two years in areas with established SEPs in California.

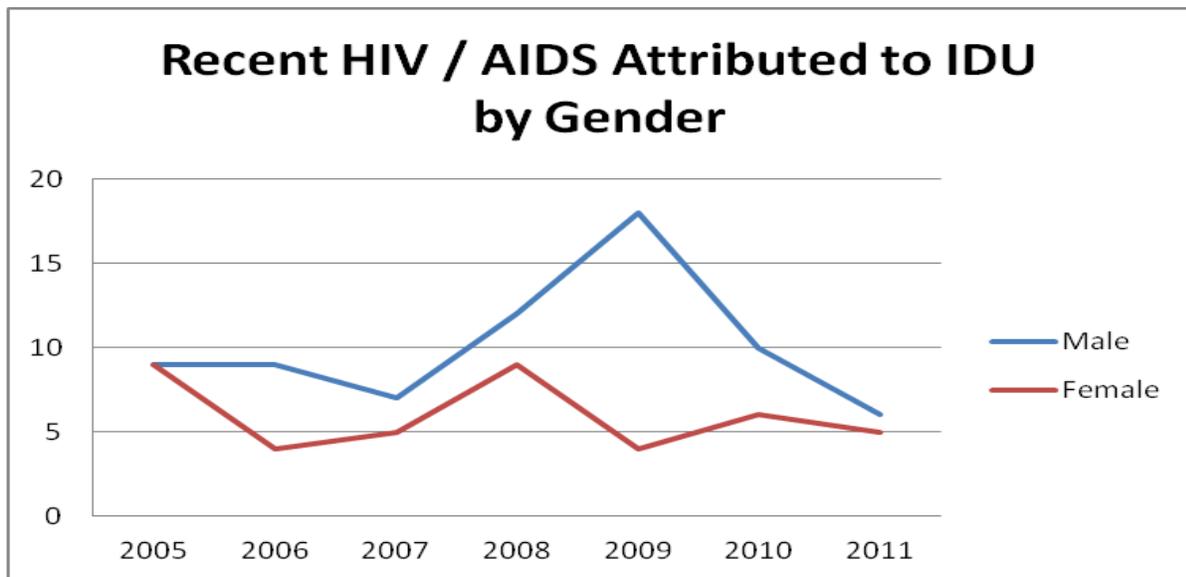
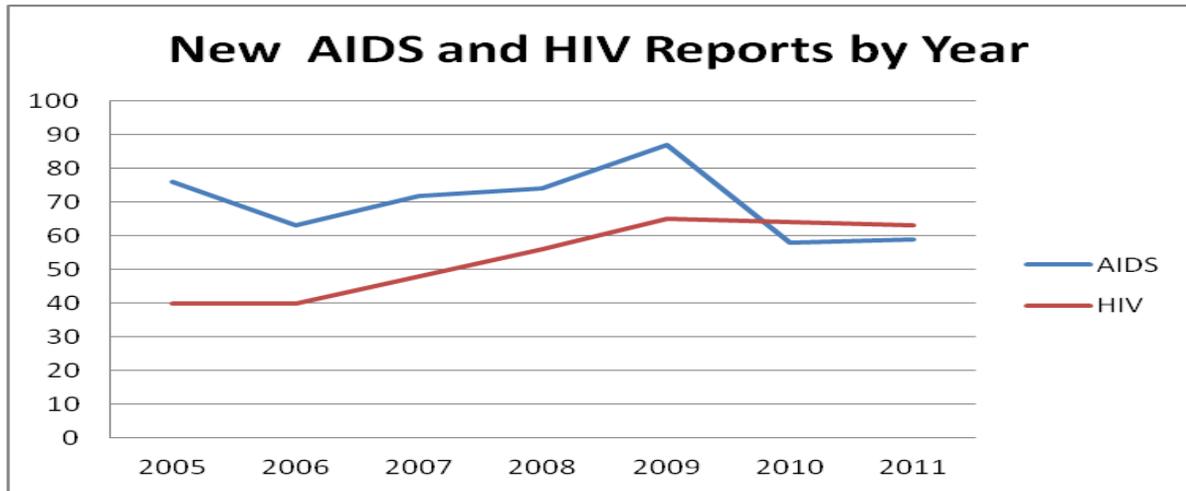
REDUCING TRANSMISSION OF DISEASE

HIV and AIDS Data

As of December 31 2011, more than 1900 individuals were reported living with AIDS or HIV in Contra Costa. The number of newly reported AIDS cases has diminished over time and the number of newly reported HIV cases has increased somewhat over the past 7 years. The spike seen in the graphs below reporting cases in 2009 is in part attributed to transitioning to a new statewide data collection system and in part to active case matching of individuals previously reported (prior to 2006) by non names code to subsequent reporting of those same individuals by name in other jurisdictions.

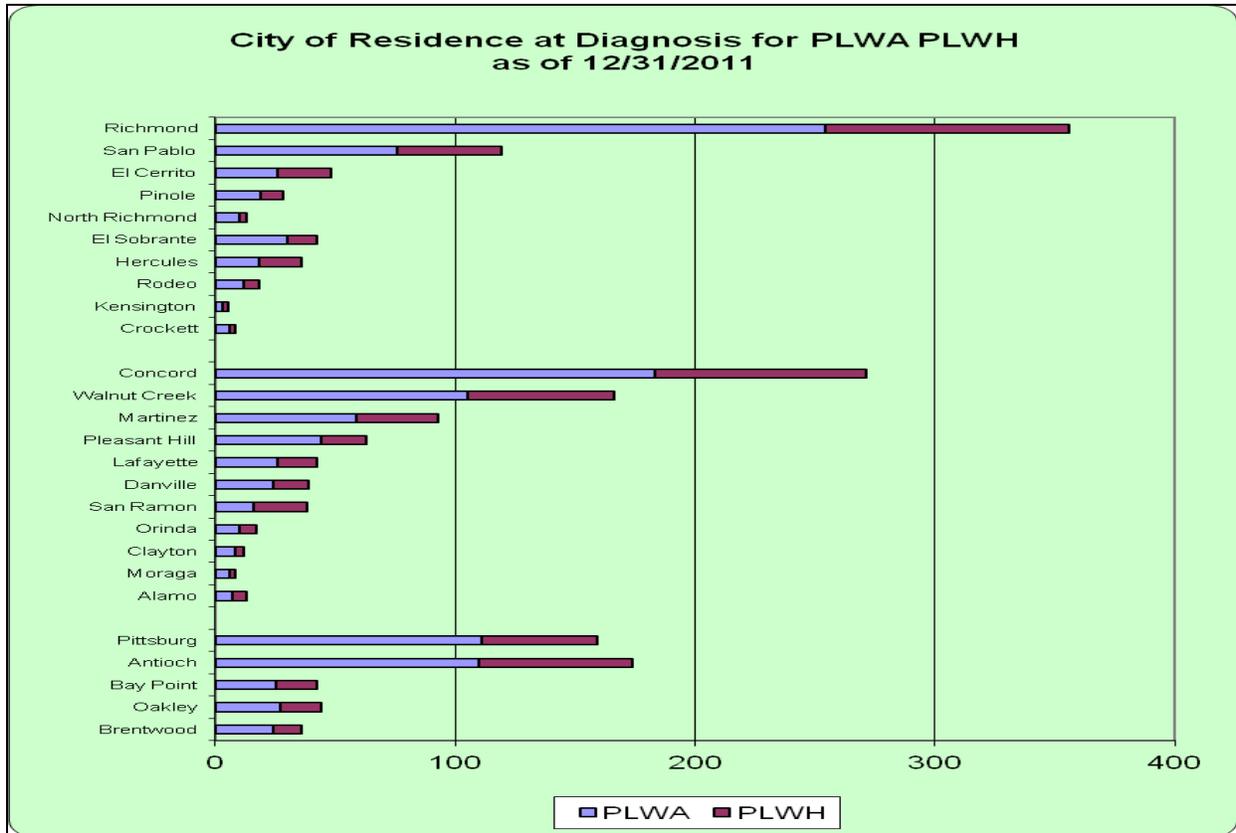
The distribution is largely unchanged over the past several years: Nearly 81% of those living with HIV or AIDs are male; approximately 19% are female and nearly 1% transgender. African Americans are 30% of those living with HIV or AIDS, Whites are about 47% and Hispanics are about 19% of the caseload.

Approximately 60% of all transmission is among men who have sex with other men (MSM). Heterosexual contact, largely in females, is approximately 13% of cases. Infection attributed to injection drug use among men and women has continued a modest downward trend and is now about 17% of all cases¹.



Locations for needle exchange services were originally selected based on the areas most highly impacted by HIV and AIDS in the county. The City of Richmond has the highest number of individuals with HIV or AIDS. Currently, of those living with HIV or AIDS, 36% are residents of West County, 40% are residents of Central County, and 24% are residents of East County. Cities with five or more cases are included in the chart below.

¹ Source: Contra Costa Health Department Epidemiology, Planning and Evaluation Unit



Other Data

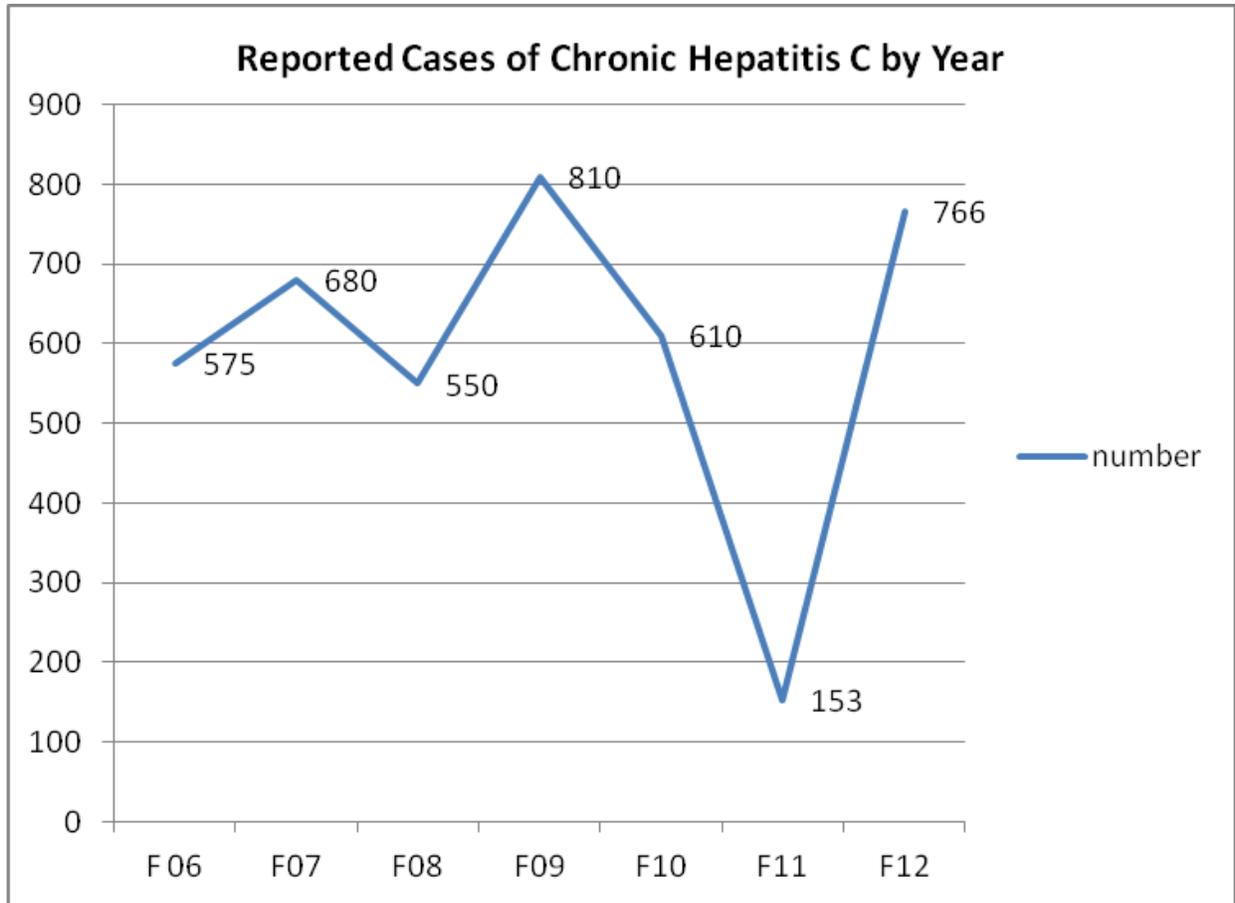
Maternal Transmission

There is no comprehensive tracking of maternal transmission since the Stanford project closed in 2009. However, of the 3,058 AIDS cases ever reported in Contra Costa, 24 have been pediatric cases (1-12 years of age). Seventeen of the pediatric cases (0.56%) were born to women with HIV/AIDS, and six were infected through blood/blood products. Of 725 HIV cases ever reported in Contra Costa, there were eight pediatric cases. Five (0.69%) were born to women with HIV/AIDS, and three have undetermined transmission.

Hepatitis C

Recognizing that Hepatitis C virus (HCV) is an increasing cause of morbidity and mortality in the United States, and that many of those living with HCV infection are unaware they are infected and do not receive care and treatment, the Centers for Disease Control (CDC) released guidance calling for routine screening for the presence of Hepatitis C antibodies in all individuals born between 1945 and 1965.

In Contra Costa, the number of Chronic Hepatitis C carriers continues to decline from a high of 1,400 cases reported in 1999. Data for the previous year (2010/2011) is underreported as a result of transitions to a new State database that year. However, reporting data for Hepatitis C is generally not considered reliable due to considerable variation in medical provider reporting capacities. None-the-less, the number of cases in the most recent 7 fiscal years has increased moderately, and may grow further due to CDC recommendations on testing.



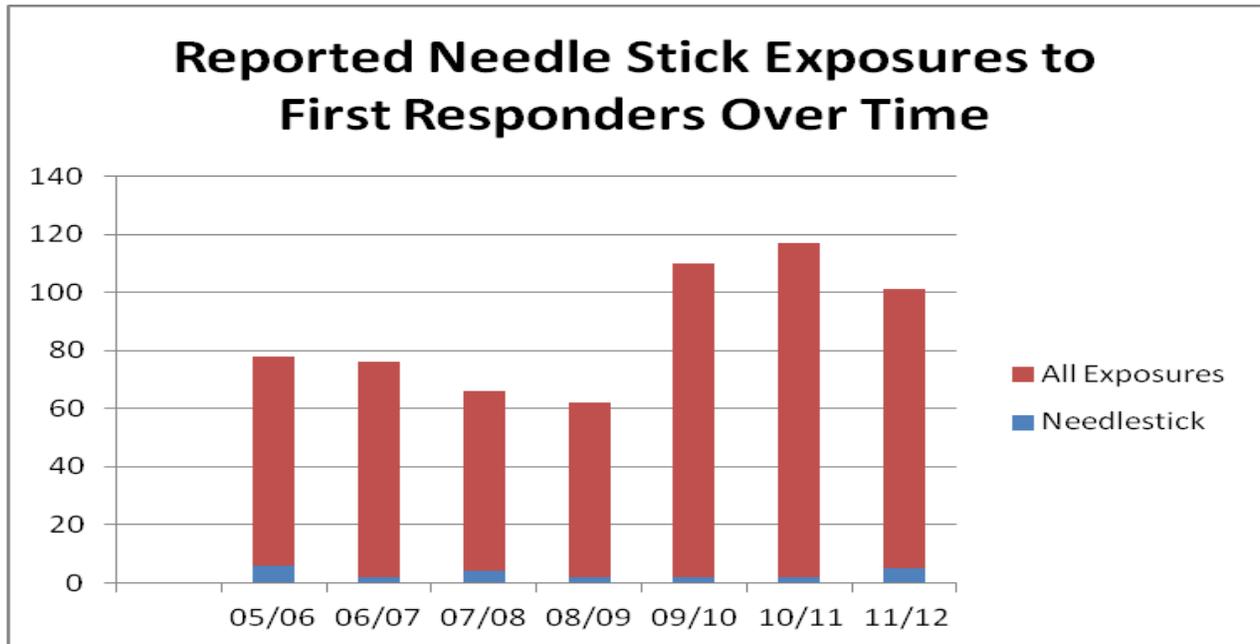
Exposure Impact on Law Enforcement and First Responders

The Public Health Division provides assistance to law enforcement and first responders potentially exposed to a communicable disease during the course of their work. The Public Health Communicable Disease Control Unit reviews all reported exposures to ensure that law enforcement and first responders have access to the information, care and treatment needed to ensure their health and wellbeing following any exposure. Prepackaged kits containing all necessary paperwork and blood collection tubes are provided to CML, the lab company under contract with the Sherriff's Department, to ensure the correct process is followed and proper documentation provided. Printed materials are also available on our website at <http://cchealth.org/aids/syringe-exchange.php>.

The number of needlestick exposures compared to all exposures reported by all responders increased marginally last year but overall remains very small, with 5 needlestick injuries out of 96 potential exposures reported between July 1 2011 and June 30 2012². Three of these injuries were to ambulance personnel transporting victims to an emergency room.

² Contra Costa Health Department Communicable Disease Program

A statewide evaluation found no statistically significant difference in needle stick injuries among law enforcement officers between localities that had authorized pharmacies to dispense syringes without prescriptions (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.³



Needle Exchange Services

Needle exchange services in the region generally rely on some combination of county general funds, foundation support, and other funding secured through community based organizations. Some entities, such as the HIV Education and Prevention Project of Alameda County (HEPPAC) have sufficient infrastructure to access larger amounts of funding from donor organizations. Locally, Community Health Empowerment (CHE) struggles to keep operations going.

Community Health Empowerment Progress Report

Greater Richmond Interfaith Program (GRIP) remains the fiscal agent for Needle Exchange services provided in Contra Costa by CHE. The FY 1213 budget from county general funds is \$54,000. Smaller pots of funding from agencies such as the Komer Foundation and others augment needle exchange from time to time in Contra Costa.

Long time needle exchange advocate and CHE Director Bobby Bowens passed away in August of this year. He had managed the syringe exchange program in Contra Costa since 1995. His death was sudden and we were not able to locate data or reports for the final quarter of the fiscal year. Consequently, data graphs for this year are based on three quarters of actual data with one quarter of projected data added to the overall count for the year.

³ The full report is posted at the California Department of Public Health website at <http://www.cdph.ca.gov/programs/aids/Pages/OASyringeAccess.aspx>

Several agencies are interested in continuing the exchange work, and the Health Department met with them in August and November to discuss options. HIV Education and Prevention Project of Alameda County (HEPPAC), the Alameda county needle exchange provider, was asked to provide interim management of exchange services while we review options. They have retained exchange services in East and West County on a weekly basis.

HEPPAC, GRIP, and the Health Department program monitor completed an inventory of remaining supplies, reviewed the budget, followed up with other funders, and made some modest programmatic changes to ensure that services can remain intact through the end of the current fiscal year. Data collection resumed in August of this year, and shows a roughly 200% increase in service utilization between August and November of this year.

The budget continues to support limited staff time, supplies and some operating expenses for the 3 remaining exchange sites: Richmond, North Richmond, and Bay Point. The Pittsburg site was eliminated earlier in the year by CHE due to a reported reduction in attendance at that site.

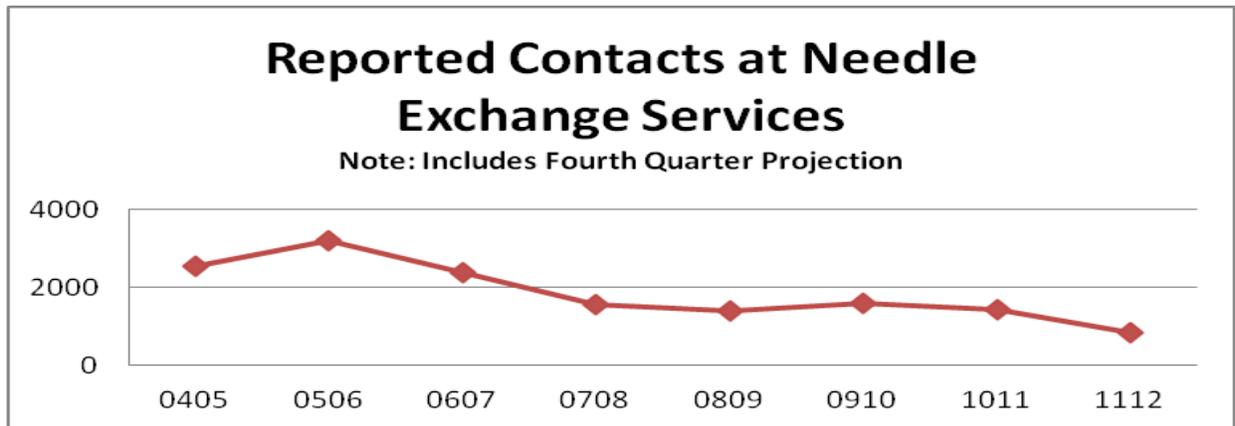
The following information on needle exchange services was provided by CHE for the first three quarters of FY 11/12. Overall numbers have declined over time.

Ethnicity Totals		
African American	194	31%
European American	346	55%
Latino/Hispanic	87	14%
Native American	0	
Asian/Pacific Islander	0	
Other	0	
Total	627	

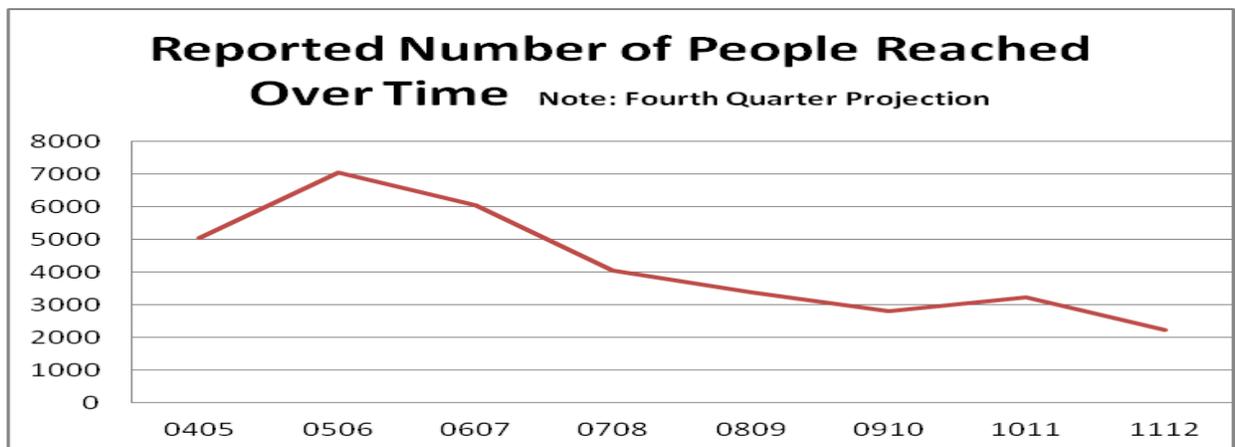
A total of 627 individuals were served of which 403 (64%) were male. Approximately 3% of those reached accepted referrals for health care, substance use treatment and other resources.

Location	Total Contacts	Referrals Provided
East County	440	8
West County	187	8
Total	627	16

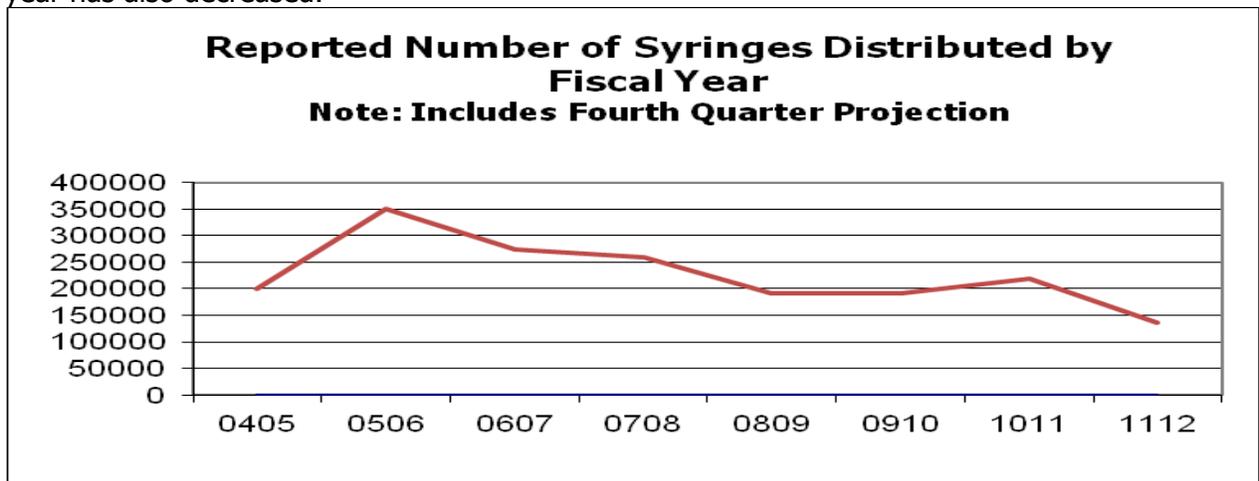
One-for-one syringe exchange is done. The number of individuals attending needle exchange, as well as the number of individuals doing secondary exchange for others, has decreased over the past 5 years. Even with the projection of an additional quarter's data, the volume of exchange services has dropped significantly over time. There are no immediate reasons for the drop in services but some possible contributing factors may include: the closure of one site due to poor attendance; the impact of provider health issues on overall site operations; greater availability of syringes through local pharmacies; or a change in behaviors (better health seeking behaviors or changing the drug of choice and/or drug use method).



Individuals bringing in syringes for others, referred to as a secondary exchange, are the "Reported Number of People Reached by Needle Exchange Services", below. These figures are duplicated.

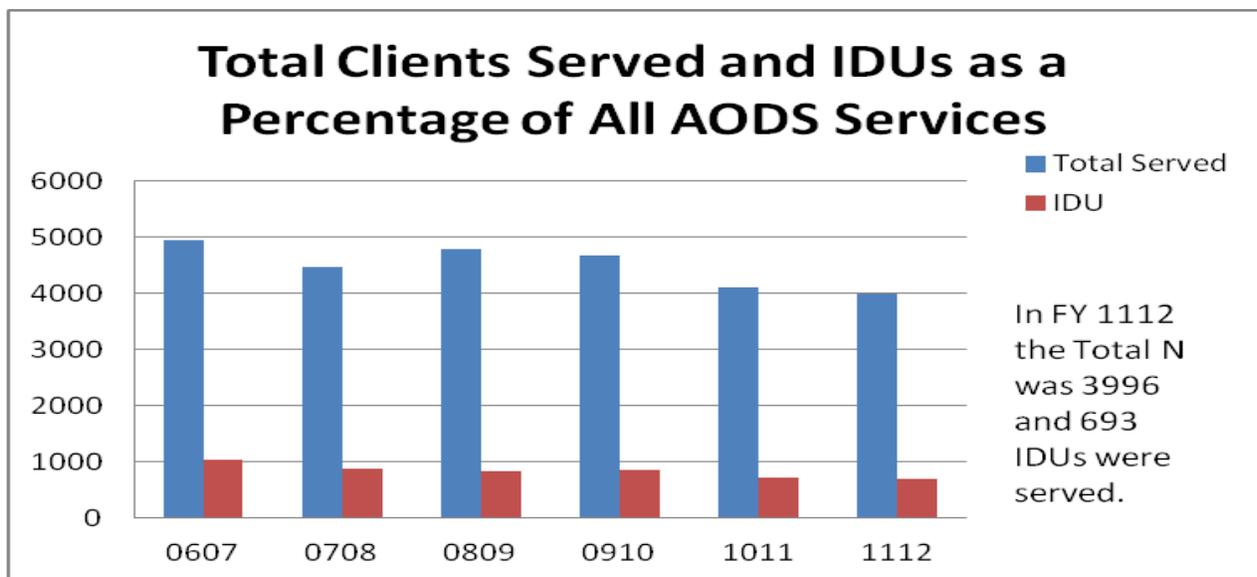
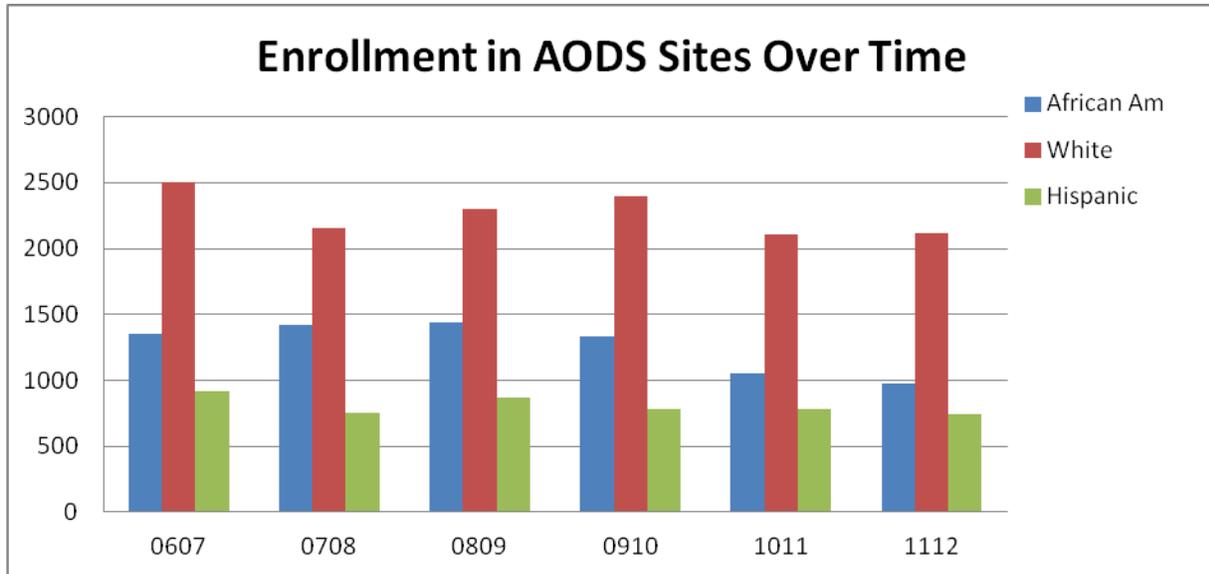


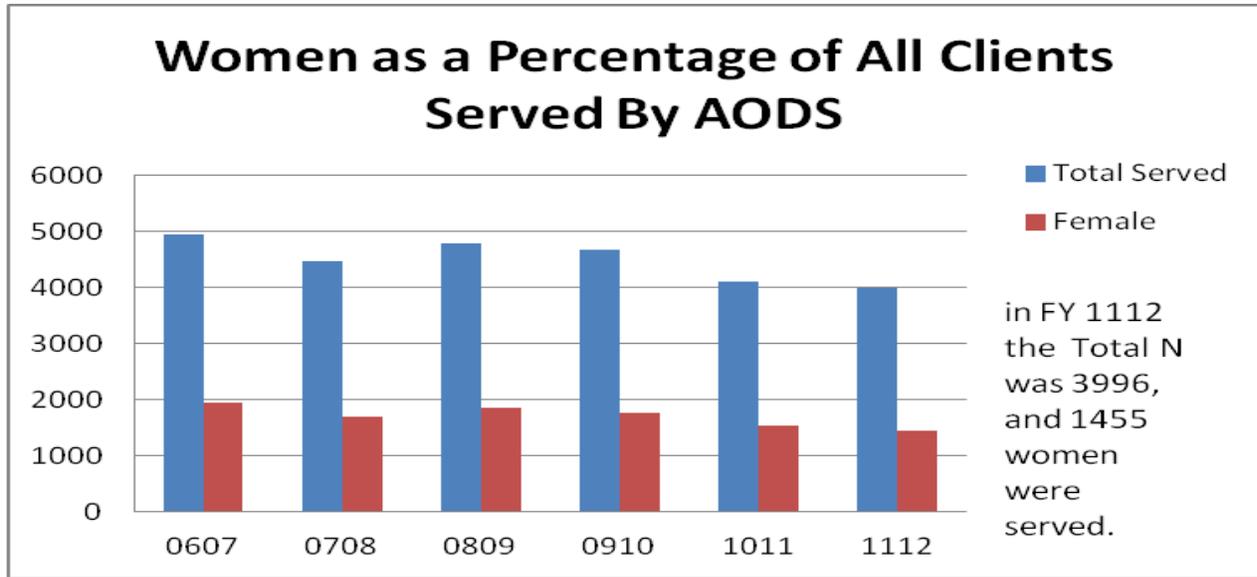
Finally, as with the other data provided by CHE, the total number of syringes distributed in the year has also decreased.



Alcohol and Other Drug Services (AODS)

Data from AODS treatment sites shows a continued decline in service encounters: 3996 encounters for FY 11/12 (a decrease of 2.5% from the previous fiscal year), and an overall decrease of 14% from the 4,664 encounters registered in FY 09/10. Demographics remain fairly consistent with injection drug users comprising about 17% of all those served and women still comprising slightly more than 36% of the caseload. The number of new clients served (never enrolled in AODS services) is approximately 40%. While nearly 12% of all clients served are between 12 and 18 years of age, only 4 individuals in that age group were injection drug users.





More than 32% of all AODS enrollees indicated that they were homeless at entry into the AODS program. 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 time of entry into AODS services.

The Public Health HIV/AIDS and STD Program offers Education, HIV rapid testing, and STD testing at selected AODS residential and detox centers in Contra Costa. We serve both adult and youth facilities. In FY 1112, 774 individuals received comprehensive HIV and STD health education services. Of these, 523 individuals elected to receive an HIV test. There was only one positive in the period. The Program also continues to offer limited Hepatitis C testing to approximately 35-50 of the highest risk individuals per year.

Pharmacy Syringe Sales

Adults anywhere in California may now purchase and possess up to 30 syringes for personal use when acquired from an authorized source. Senate Bill (SB) 41, effective January 1, 2012 – January 1, 2015, allows licensed pharmacies to sell up to 30 syringes without requiring the pharmacy register with a local government. Syringes must be stored in a manner that ensures they are not accessible to unauthorized persons and providers must offer consumers information on options for disposal. The code governing the Disease Prevention Demonstration Project (SB 1159) – the law allowing registered pharmacies to distribute a smaller number of syringes without a prescription - is rendered inoperative until SB 41 sunsets in 2015.

Due to changes in the law this year the Health Department no longer provides the registration oversight that was previously required under SB 1159. Health Education resources for consumers about injection drug use is available on our website at <http://cchealth.org/aids/syringe-sales.php>. We have received no complaints from law enforcement, business, pharmacies, or community members regarding syringes this year.

Disposal

Environmental Health maintains a list of frequently asked questions on syringe and needle disposal, a list of disposal sites in Contra Costa, and links to syringe disposal mail back services. More information on disposal is located at http://www.cchealth.org/eh/medical_waste/. A number of locations for safe disposal of syringes are now available in Contra Costa:

<u>FACILITY NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>
City of Clayton	6000 Heritage Trail Clayton, CA 94517	(800) 646-1431
City of Orinda	22 Orinda Way Orinda, CA 94563	(800) 646-1431
City of Walnut Creek	1666 North Main St. Walnut Creek, CA 94598	(800) 646-1431
Community Health Empowerment	305 Chesley Ave Richmond, CA 94807	(510) 236-8122
Concord Disposal Services	4080 Mallard Drive Concord, CA 94520	(925) 682-9113
Contra Costa Fire Station	3338 Mt. Diablo Blvd. Lafayette, CA 94549-4072	(000) 000-0000
Contra Costa Sheriff's Substation	150 Alamo Plaza, Suite C Alamo, CA 94507	(000) 000-0000
Delta HHW Collection Facility (East County)	2550 Pittsburg-Antioch Highway Antioch, CA 94509	(925) 756-1990
Moraga-Orinda fire station	1280 Moraga Way Moraga, CA 94556	(925) 941-3333
Mountain View Sanitation District	3800 Arthur Road Martinez, CA 94553	(925) 671-5806

Rossmoor Pharmacy	1220 Rossmoor Parkway Walnut Creek, CA 94595	(925) 939-1220
San Ramon Valley Fire District headquarters	1500 Bollinger Canyon Road San Ramon, CA 94583	(925) 838-6600
San Ramon Veterinary Hospital	3480 San Ramon Valley Blvd San Ramon, CA 94583	(925) 837-0526
West Contra Costa County Hazardous Waste Collection Facility	101 Pittsburg Avenue Richmond, CA 94801	(888) 412-9277

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

OTHER PREVENTION ACTIVITIES FOR INJECTION DRUG USE

The Contra Costa HIV Prevention plan was updated earlier this year to more closely align our activities with the new State HIV Prevention strategy. We anticipate continuing County General Funds for needle exchange services to support the downward trend in HIV infections attributed to injection drug use. The full plan can be found on the Public Health website at:
<http://cchealth.org/aids/pdf/HIV-Prevention-Plan-Update-2012-2015.pdf>

Other prevention activities include:

- HIV testing services at community sites and in Alcohol and Other Drugs Services programs, reaching approximately 2000 people per year. More than 99% of Public Health HIV testing uses a rapid test, providing preliminary results in 20 minutes.
- Clinical risk reduction services targeting high risk men through incremental behavior change plans is available county wide through a subcontracted mental health provider serving HIV positive individuals.
- Partner Counseling services providing support for notification to partners of potential exposure and testing available to HIV positive individuals and their providers.
- Tighter linkages for making follow up medical appointments for new positives to reduce the number of individuals falling out of care and increase adherence to HIV medications is offered county wide.
- Training to increase community capacity to provide prevention services in Contra Costa is provided annually.
- Three Evidenced Based Interventions prevention subcontracts to promote encourage behavior changes and promote HIV testing among high risk communities were initiated in July of this year.

- Hepatitis C testing is offered to the highest risk individuals in conjunction with HIV testing of injection drug users.
- Cross training between HIV, STD and HIV Surveillance staff is done to increase the pool of individuals available to meet community demand for education services

CONCLUSIONS:

1. Access to clean needles is making a difference in Contra Costa and remains an important component of the overall strategy to reduce transmission of blood borne diseases. The number of infections attributed to injection drug use has 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 remains at the same level as prior to implementation of needle exchange and pharmacy sales. Materials for Law Enforcement to document potential exposure and request assistance remain available on the website.

3. The Health Department is no longer required to provide an annual status report, but is required by law to provide a biennial report.

Needle Exchange Update



November 2012
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.

This report satisfies the legislative requirement for a biennial update to maintain needle exchange services in Contra Costa County.

2012 Legislation



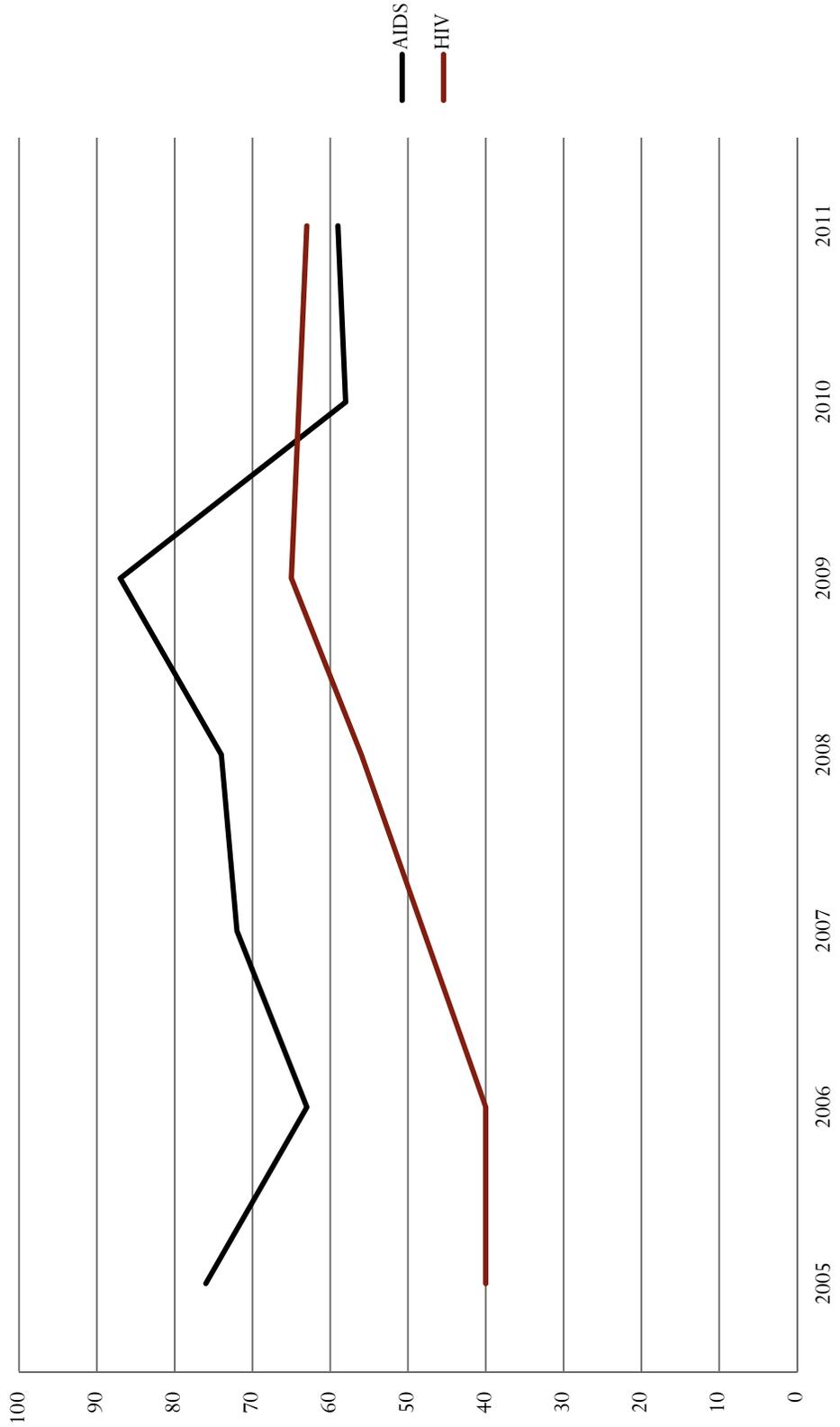
SB 41 (Yee) took effect in January this year and allows nonprescription syringe sales or distribution (NPSS) through licensed pharmacies, physicians and syringe exchange programs to individuals aged 18 and older.

AB 604 (Skinner) also took effect this year and streamlines the process for initiating syringe exchange programs (SEP) in areas without local endorsement for exchange, and decreases reporting requirements to every two years in areas with established SEPs in California.

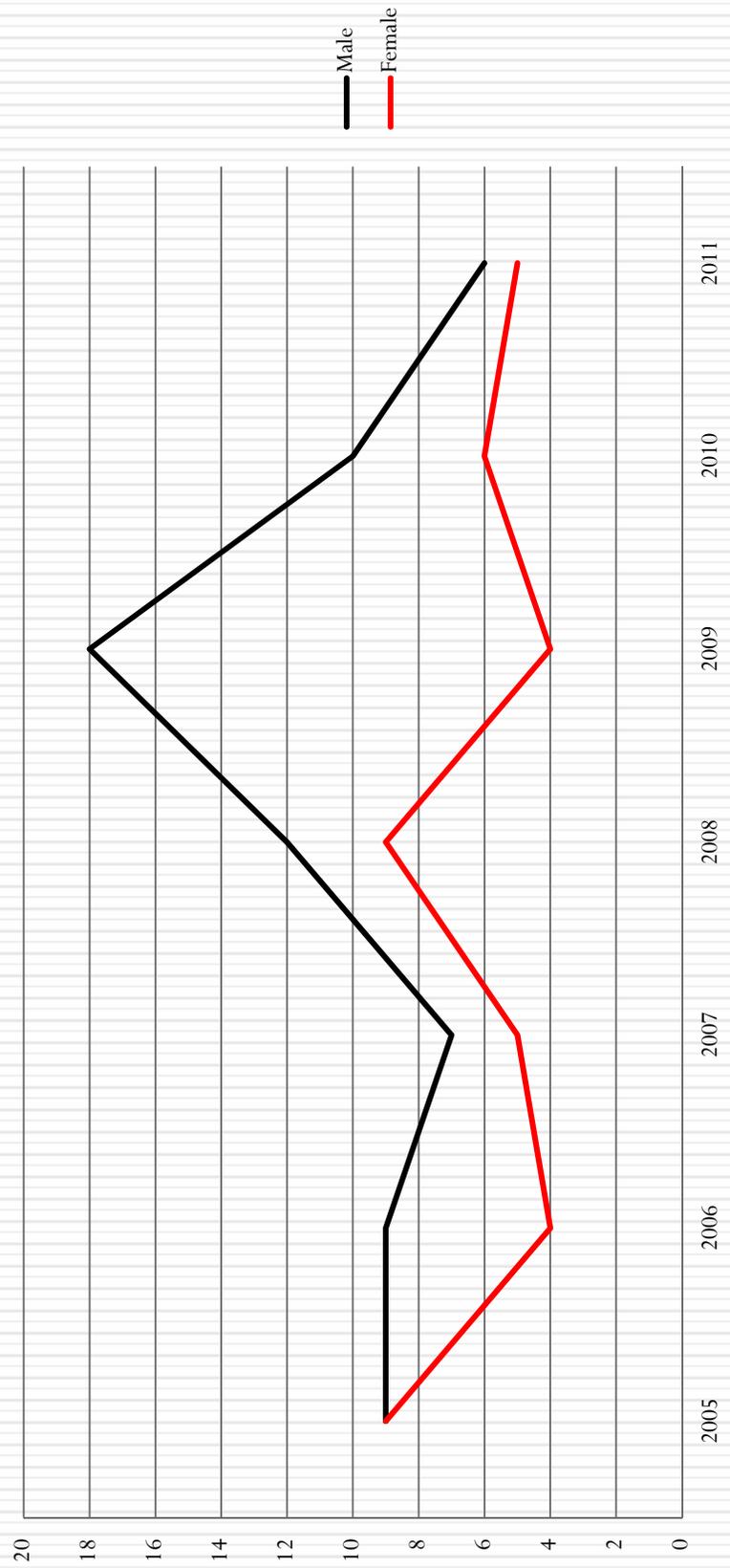
HIV/AIDS in Contra Costa County

- As of December 31 2011, more than **1,900** individuals were reported living with AIDS or HIV in Contra Costa.
- Approximately 81% 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.

New HIV and AIDS Reports by Year



HIV/AIDS Attributed to Injection Drug Use (IDU) by Gender



Children with HIV and AIDS



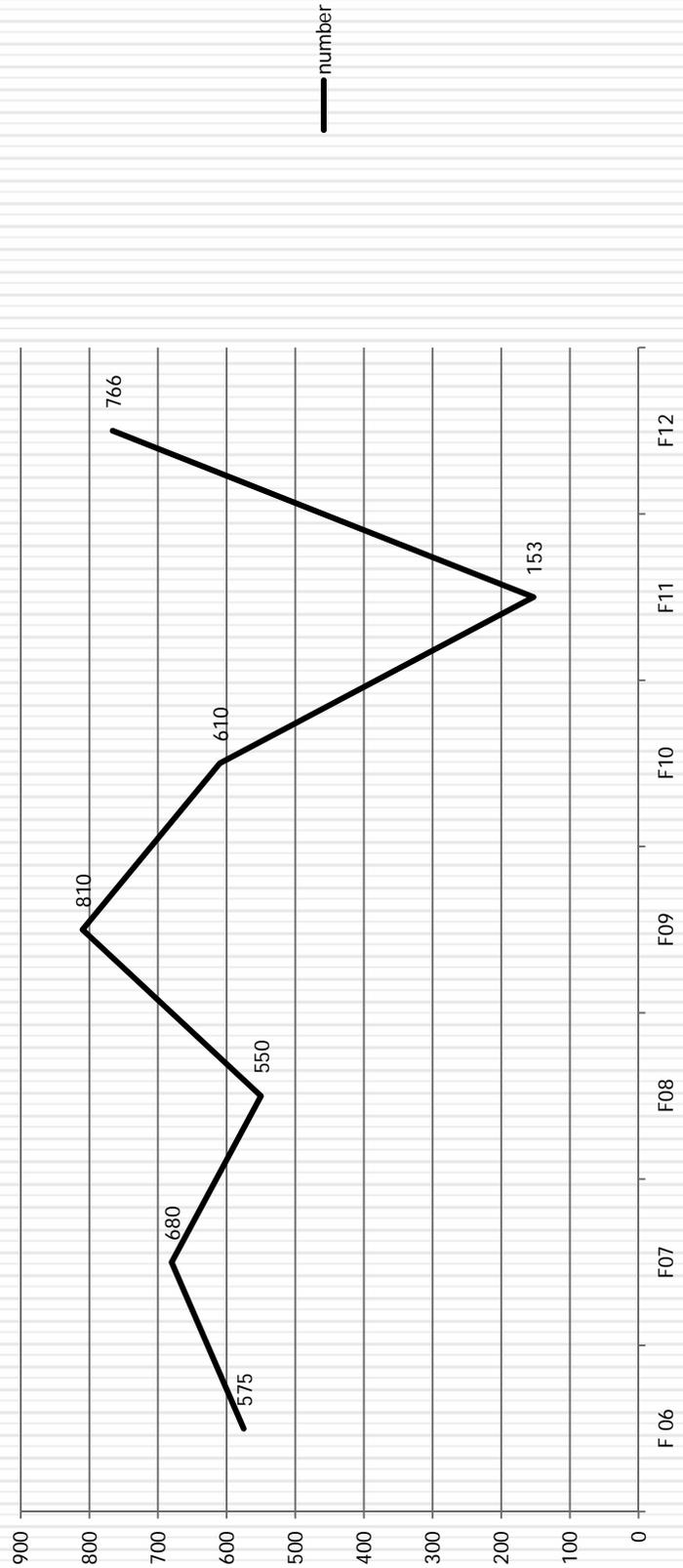
Infant Exposure has not been tracked by Stanford University since 2009.

Of the 3,058 AIDS cases ever reported in Contra Costa, 24 have been pediatric cases (1-12 years of age). Seventeen of those pediatric cases (0.56%) were born to women with HIV/AIDS, and six were infected through blood/blood products. Of 725 HIV cases ever reported in Contra Costa, there were eight pediatric cases. Five (0.69%) were born to women with HIV/AIDS, and three have undetermined transmission.

Reported Chronic Hepatitis C Cases Over Time



Note: data in 10/11 incomplete



Law Enforcement and First Responder Exposures



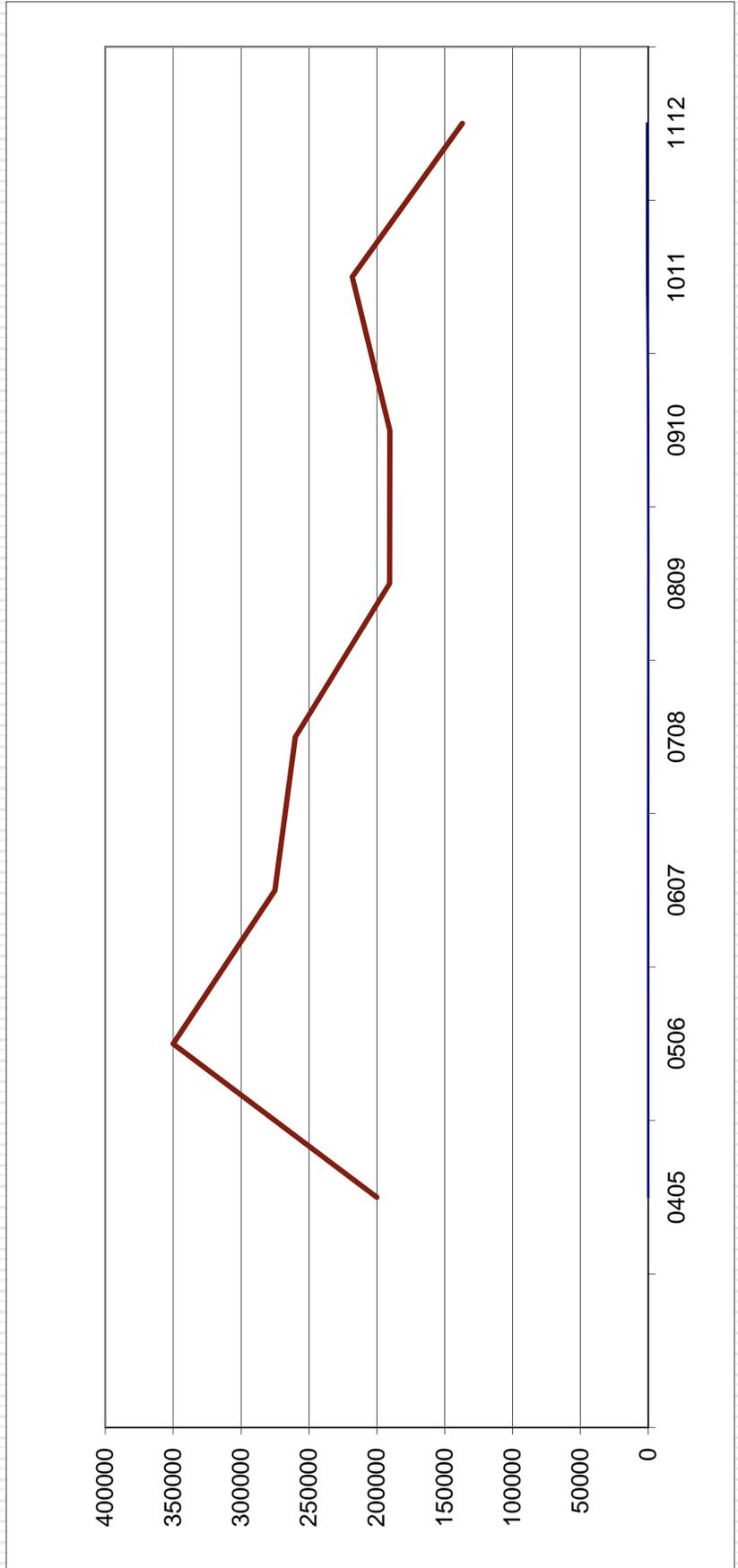
Needle Exchange and CHE

- Services continue under HEPPAC
- One-for-one exchange offered in East and West County: roughly 70% of those served were at East County sites.
- Approximately 55% of participants are White, 31% African American, and 14% Latino.
- Men are 64% of those served.
- Approximately 3% of those served accept referrals to health and support services.

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



2011/2012 Enrollment n = 3996



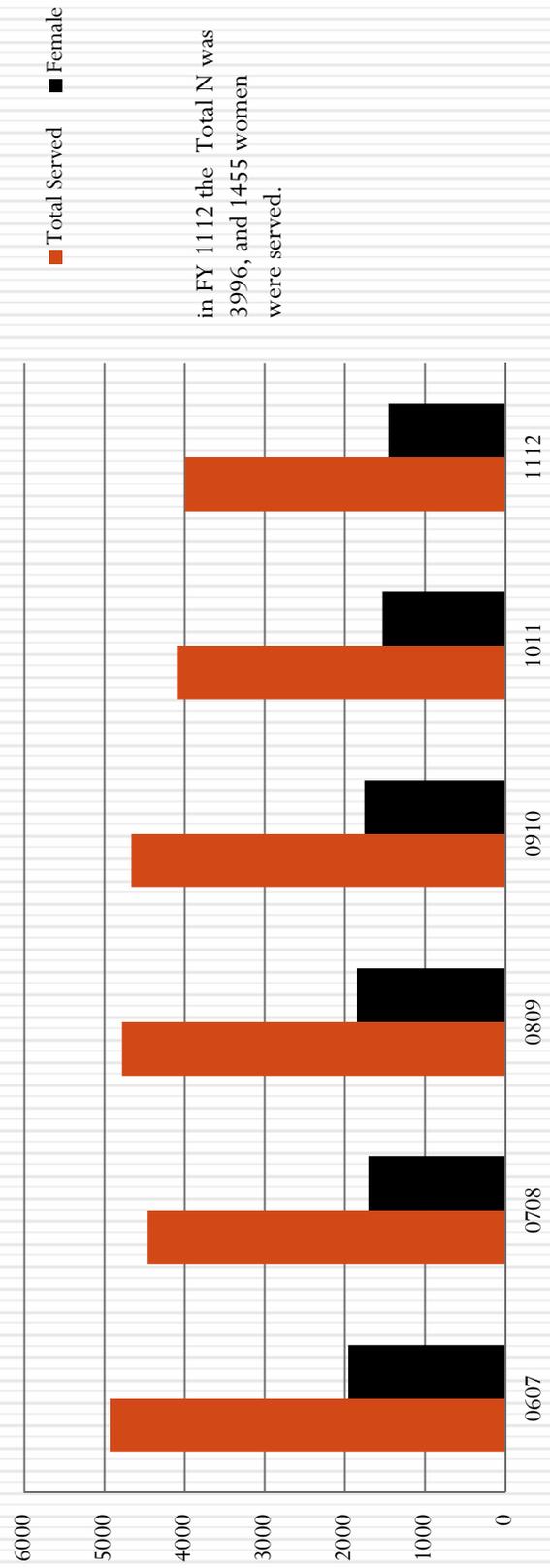
AODS IDU Service Enrollment IDU/Non IDU

IDUs are about 17% of All AODS Service Users



AODS Service Enrollment By Gender

In 2011 / 2012 Women were Approximately 36% of Those Served By AODS



Other Prevention Strategies to Reduce Transmission of HIV in IDUs

- > Partner counseling and Anonymous Partner notification and counseling services;
- > Hepatitis C testing for highest risk IDUs;
- > HIV and STD testing services in community and in Alcohol and Other Drugs Services programs;
- > New evidence-based interventions in three agencies;
- > Cross training of staff and agencies.

Syringe Disposal Options

Adults anywhere in California may now purchase up to 30 syringes without a prescription.

A number of locations for safe disposal of syringes are now available in Contra Costa. A link to the full list is maintained by the Contra Costa Environmental Health Program, as is a list of frequently asked questions on syringe and needle disposal and links to syringe disposal mail back services. More information on disposal is located at

http://www.cchealth.org/eh/medical_waste/

CONCLUSIONS



- 1. Access to clean needles is making a difference in Contra Costa and remains an important component of the strategy to reduce transmission of blood borne diseases.** The number of infections attributed to injection drug use has 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 remains at the same level as prior to implementation of needle exchange and pharmacy sales.** Materials for Law Enforcement to document potential exposure and request assistance remain available on the website.
- 3. The Health Department is no longer required to provide an annual status report, but is required to provide a biennial report.** No major impact is anticipated in Contra Costa.

**EMPLOYMENT AND HUMAN SERVICES
CONTRA COSTA COUNTY**

TO: Family and Human Services
Committee Members

DATE: Dec. 3, 2012

cc Theresa Speiker
David Twa

FROM: Valerie Earley, Director of Children & Family Services Bureau

SUBJECT: Child Welfare System Improvement Plan Update

Recommendation

Accept this presentation from the Employment and Human Services Department; and continue to support the Children and Family Services Bureau efforts on Child Welfare Redesign and implementing the System Improvement Plan required by the State's Child Welfare Performance Outcomes and Accountability Act.

Background

As the Committee may recall, Contra Costa Children & Family Services Bureau began a formal process in 2001 to “redesign” many of our Child Welfare practices with the goal of improving outcomes for children. The Federal government also passed the Adoptions and Safe Families Act which requires all states to address specific federal child safety, permanence and well-being outcomes in order to receive Federal Child Welfare funding. California passed the Child Welfare Performance Outcomes and Accountability Act which sets specific performance goals for all California counties, and requires self assessments, program audits, system improvement plans, and outcome measurement data collection and reporting.

In the latter half of 2009 and Spring of 2010 as Contra Costa was completing the Peer Quality Case Review and County Self Assessment, budgetary constraints continued to be a primary factor in the workplace environment. Recovery from severe staff cut-back and changes in procedures and organizational structure to address the reduced staff impacted bureau decisions and direction. Focus for performance was directed at a basic level: assuring safety of children, sustaining improvement in timely compliance of response for referrals and visits to children, and meeting court objectives and timelines. The disruption to service delivery was minimal only due to the dedication of staff. Those areas that had been targeted as best and innovative practice were put on temporary hold as staff learned new jobs and adjusted to the revised work structure. Measures selected for the Systems Improvement Plan included continued efforts to assure all children were seen each month, to improve the measure where we had the poorest performance in Permanence, and to not lose the forward momentum we had gained in addresses racial disparity and disproportionality.

Summary/Conclusion

The CFS Bureau continues to meet Federal and State performance improvement expectations and goals. We have been able to continue our Redesign efforts by utilizing funding from a

variety of sources: State Redesign Pilot grant, Promoting Safe and Stable Families, Federal Comprehensive Family Assessment Grant, and smaller grants from the Stuart Foundation and Hedge Funds Care.

With the Board's continuing support and the commitment of our CFS staff, we are confident that Contra Costa will lead Child Welfare System changes that will positively impact outcomes for children and families.



Contra Costa County, Children & Family Services

System Improvement Plan 2012

Dec. 3, 2012
Family & Human Services Committee
Valerie Earley, Director, Children & Family
Services

Background

- Assembly Bill 636 known as the Child Welfare System Improvement and Accountability Act of 2001, is also known as the California Child And Family Services Review (C-CFSR).
- The legislation directed counties to undergo a process of self-assessment and system improvement in order to improve performance on key child welfare outcome indicators.
- Modeled after the Federal Child and Family Services Review process which was designed to assess state-level performance on child welfare outcomes, the C-CFSR process consists of three components.

Components of C-CFSR

- **Peer Quality Case Review (PQCR)**

This collaborative process between Children & Family Services (CFS), Juvenile Probation, Bay Area Academy and California Department of Social Services and is designed to highlight a practice area on which CFS and Probation would like to focus to better understand each agency's performance and to plan how to improve services.

- **County Self-Assessment (CSA)**

The self-assessment process presents an opportunity to learn what is and what is not working in the delivery of child welfare services within that county. The self-assessment process is conducted by the county with input from stakeholders that include parents, youth, child welfare staff, and partners from other child-serving departments such as probation, education, mental health, public health, and prevention network partners.

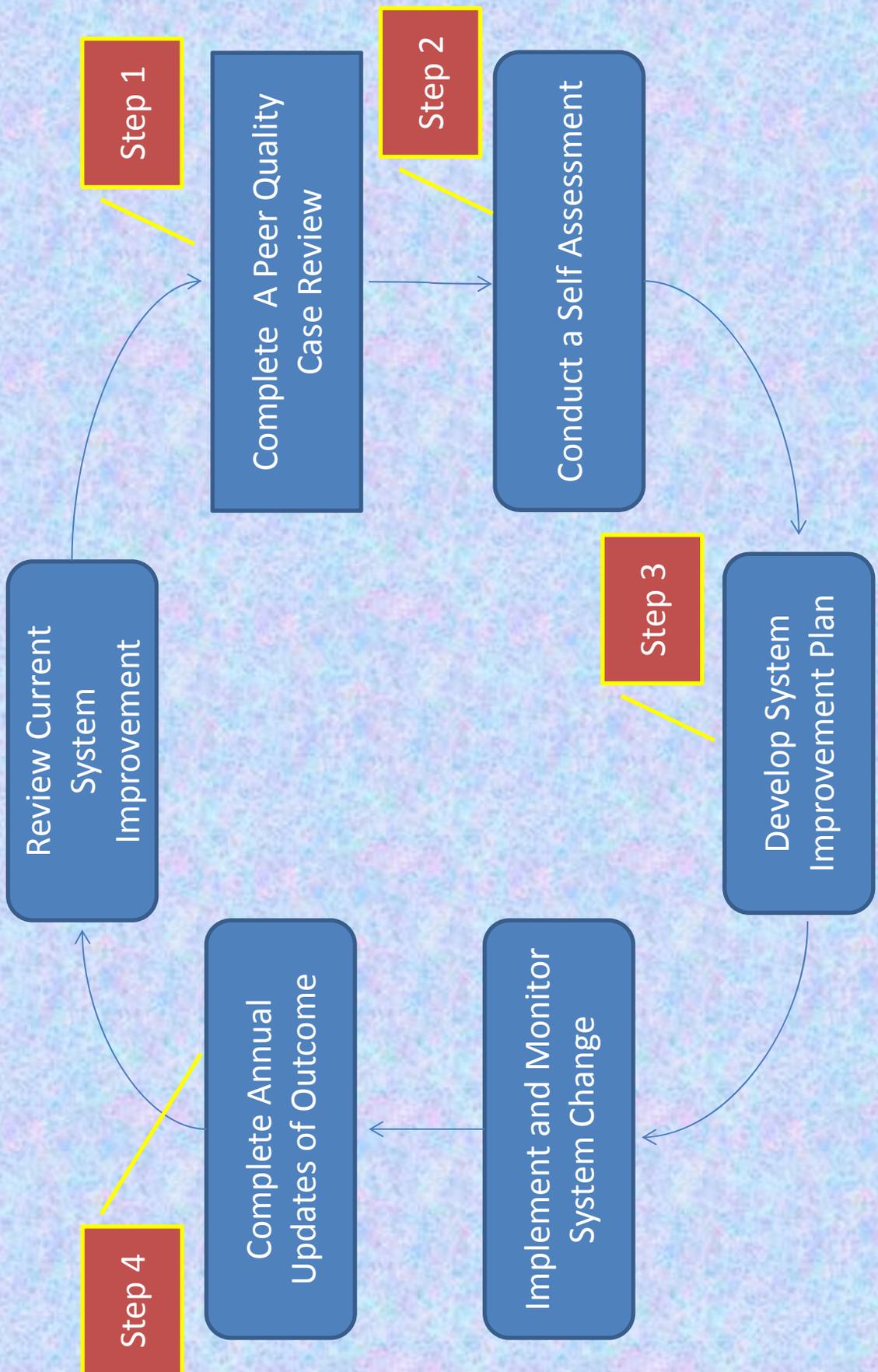
- **System Improvement Plan (SIP)**

This is the plan developed as a result of the self-assessment and PQCR process. Each SIP component looks much like a case plan or an action plan; encompassing an identified area for improvement, an improvement goal, strategies and rationales for each strategy and a list of milestones to be attained in completion of the strategy.

- **Annual Update on SIP Progress (***)**

This annual progress report documents Contra Costa's performance for the Systems Improvement Plan submitted to California Department of Social Services in April 2010. The Systems Improvement Plan was originally slated as a tri-annual plan, however in May 2012, CDSS revised the schedule and extended all existing plans to five years. Thus this current Systems Improvement Plan will now end in December 2014

C-CFSR Overview



Guiding Principles of the Systems Improvement Plan

The goal of the child welfare system is to improve outcomes for children and families in the areas of safety, permanency, and well-being. The entire community is responsible for the child, youth and family welfare, not just the child welfare agency. The child welfare agency has the primary responsibility to intervene when a child's safety is endangered.

- To be effective, the child welfare system must embrace the entire continuum of child welfare services, from prevention through after care services.
- Engagement with consumers and community is vital to promoting safety, permanency and well-being.
- Fiscal strategies must be considered that meet the needs identified in the County Self-Assessment (CSA) and included in the SIP.
- Transforming the child welfare system is a process that involves removing traditional barriers within programs, within the child welfare system, and within other systems.

2010-2014 System Improvement Measures

Increasing Timely Social Worker Visits (Safety)

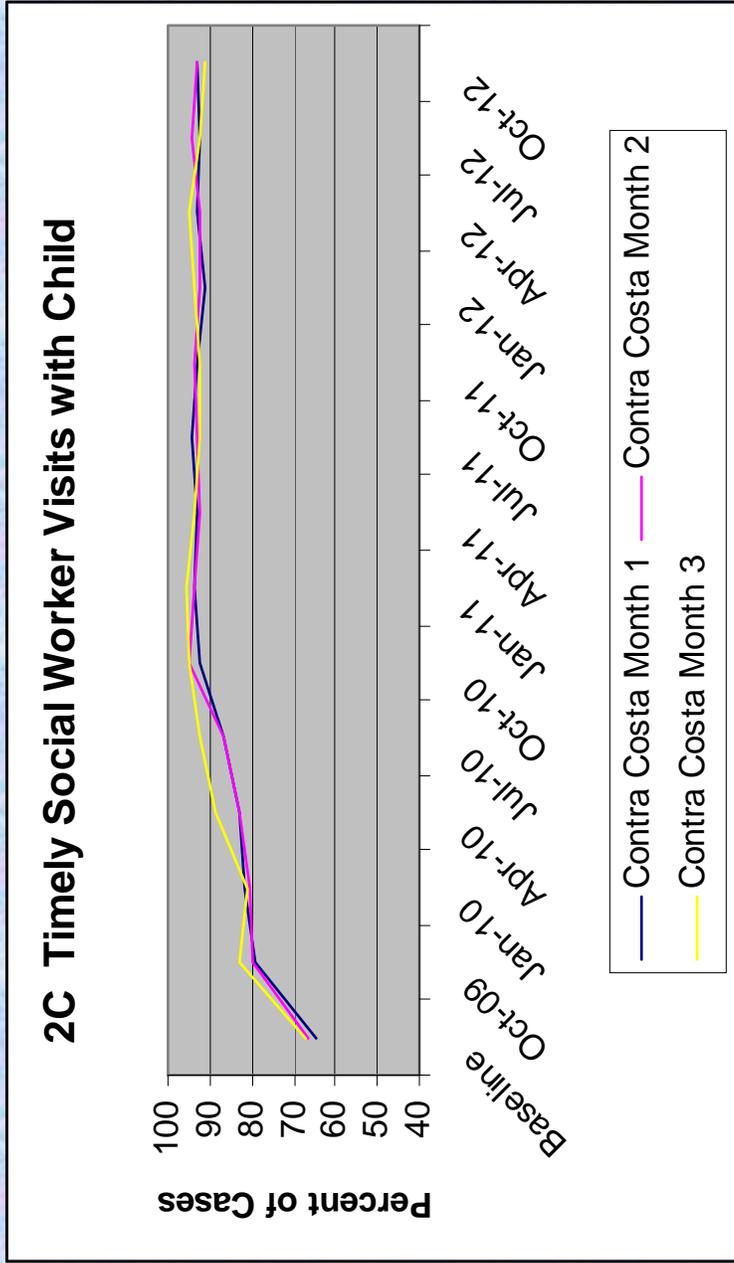
Exit to Permanency (24 Months in Care) Increasing the percentage of youth who have been in care at least 2 years who exit to permanency (Permanency)

Decreasing the disproportionate number of African American children who enter foster care (Systemic Factors)

Timely Social Worker Visits with Child (Safety)

Measure	2C Timely Social Worker Visits with Child
Methodology	The percent of children who received a monthly visit.
National Standard	Timeliness of Social Work Contacts is not a national measure and therefore a National Standard is not set.
Target Improvement Goal (as stated in the 2010 SIP)	“Though Contra Costa ultimately seeks to have 100% compliance in Social Worker contacts, the goal set for this Improvement Plan period is a sustained 90% or greater compliance for the at the final year of the SIP.”
Current Performance	<p>Month 1: 92.8%</p> <p>Month 2: 93.0%</p> <p>Month 3: 90.9%</p> <p>This performance meets the Target Improvement goal as stated in the 2010 Systems Improvement Plan. It’s important to note that at the time the SIP was written, performance was at 78.7%, thus the performance improvement is significant.</p>

Timely Social Worker Visits (Safety)



Timely Social Worker Visits Improvement Strategies

Enhance use of Safe Measures by staff to manage visits; provide ongoing training to staff and supervisors

- Assess ongoing use of Safe Measures by SW's and Supervisors.
- Retrain all staff in the use of Safe Measures to ensure they have a full understanding of the way the tool can assist in managing their caseload.

Continue Geographical assignment of cases and/or explore ways of reducing travel while increasing contact compliance.

- Provide caseload data with location of families/children to staff.
- Assess ability to manage visits for out of county placements which ensures primary assigned worker completes 75% visits.
- Monitor/refine geographic assignment considering workflow and different needs based on geographic area and strategy (i.e. TDM, DR, etc).

Timely Social Worker Visits

Improvement Strategies

Train Staff to policy changes regarding face to face contacts and waivers/exceptions and implement changes

- Assess training needs for social worker contacts.
- Develop and train staff on regulations & policies related to timely SW contacts.
- Provide visit exception report for mgrs and sups.

Develop Quality Assurance program for timeliness and quality of contacts and develop a recognition program for staff and supervisors demonstrating excellence in performance.

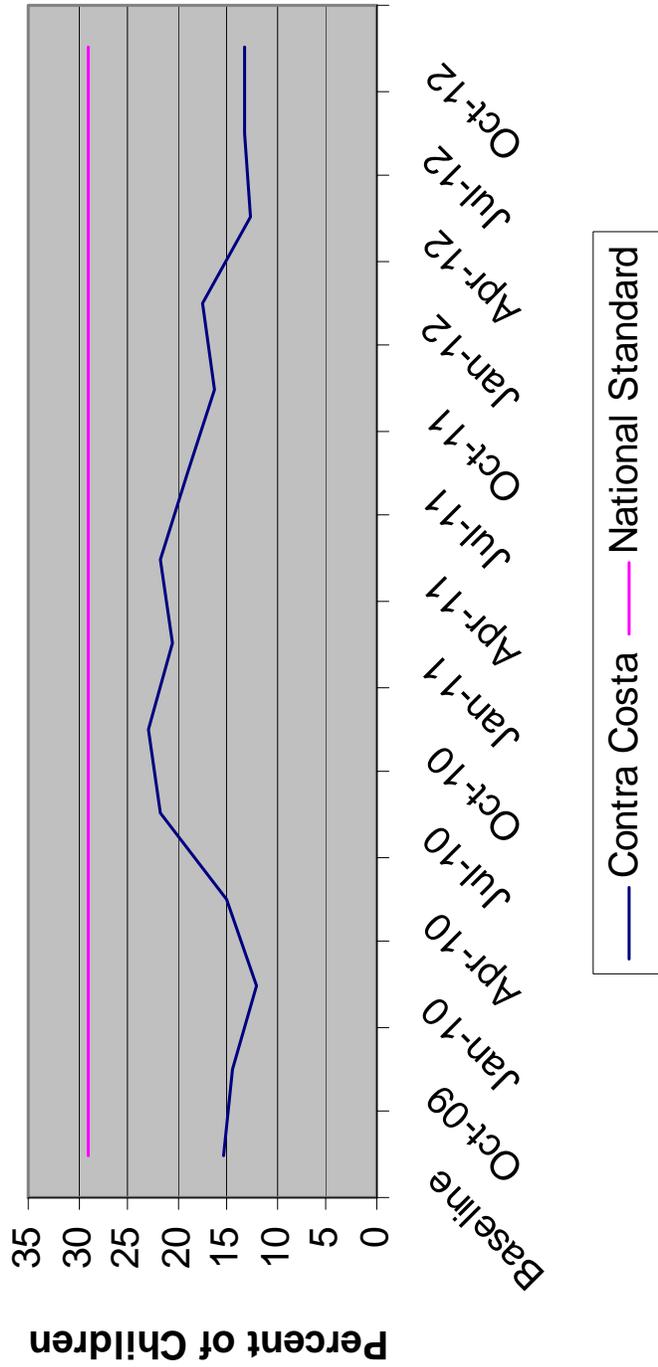
- Recognize staff for compliance in timeliness of contacts
- Evaluate quality of contacts.
- Develop strategies for supervisors to monitor and increase quality of SW visits.
- Determine criteria for ongoing staff recognition that incorporates timeliness, quality of visits, and acknowledges appropriate staff for performance

Exits to Permanency

Measure	C3.1 Exits to Permanency after 24 months in Care
Methodology	The percentage of children who have been in Foster Care for the 24 months or longer who are discharged to a permanent home prior to turning 18 and by the last day of the year before the child's 18 th birthday. A home is considered permanent when the child reunifies with parents or primary caretakers, establishes a guardianship, or adoption.
National Standard	29.1%
Contra Costa Target Improvement Goal (as stated in the 2010 SIP)	“Increase the percentage of youth reaching permanency by 5% the first year and 10% the following years. At the end of year 3, performance would be 18.1%.”
Current Performance	Contra Costa's performance when the SIP was written was 14.2%; the October 2012 quarter report shows current performance at 13.3%. This is below the National Standard of 29.1% and below the state average of 24.2% for the same year .

Exits to Permanency

C3.1 Exits to Permanency (24 Months in Care)



Strategies to Improve Exits to Permanency (24 Months in Care)

Enhance family and caregiver engagement activities to support reunification and facilitate discussions about permanency options should reunification not be effective.

- Develop staff training/education focusing on permanency options and conversations about permanency with parents and caregivers.
- Increase use of team meetings to enhance permanency
- Implement visitation policy including transition from supervised to unsupervised for enhanced family reunification.

Improve individualized, culturally competent reunification services with multi-agency case coordination

- Continue Linkages; develop partnerships for streamlining services for families preparing to reunify.
- Increase use of wrap around services.
- Continue work on cultural awareness through use of Parent Partners.

Identify at least one relative and send Notification of Relative information.

- Develop and train staff team responsible for family finding activities.
- Maintain contract with internet database search engine to search for relatives and absent parents.
- Train staff on how to have permanency discussions with located families.

Strategies to Improve Exits to Permanency (24 Months in Care)

Develop strategies and practice expertise in early and continuous Concurrent Planning.

- Maintain continuous focus on permanency & concurrent planning process
- Identify challenges and delays in concurrent planning and address issues.
- Measure performance in concurrent planning and Permanency Outcomes

Engage fathers and extended families of fathers.

- Develop and implement fatherhood initiative survey.
- Using survey results, plan strategies and train staff to engagement of fathers and families of fathers.
- Measure contacts and listings of father relationships in CWS/CMS to evaluate effectiveness of strategy.
- Provide education/training to Bench and Bar on Father involvement

Provide transition planning meetings for youth including assessment of educational needs.

- Develop coordinated data exchange to sups and staff regarding youth age 17 or older.
- Hold life planning/transition meeting with youth within 6 months of emancipation.
- Utilize CWS/CMS to track accurate educational outcomes for youth.

Strategies to Improve Exits to Permanency (24 Months in Care)

Increase recruitment of families that can offer permanence

- Complete a demographic profile and data analysis for children currently in care for 24 months or longer to support recruitment planning.
- Increase use of community partners and regional offices in recruiting families to offer permanence.

Engage incarcerated parents to support case planning and permanency.

- Establish working relationship with detention facilities to facilitate engagement of incarcerated parents
- Provide training and support for incarcerated parents.
- Support staff communication with incarcerated parents.

Establish Learning Community environment to facilitate staff discussions relevant to family engagement and permanency (*new*)

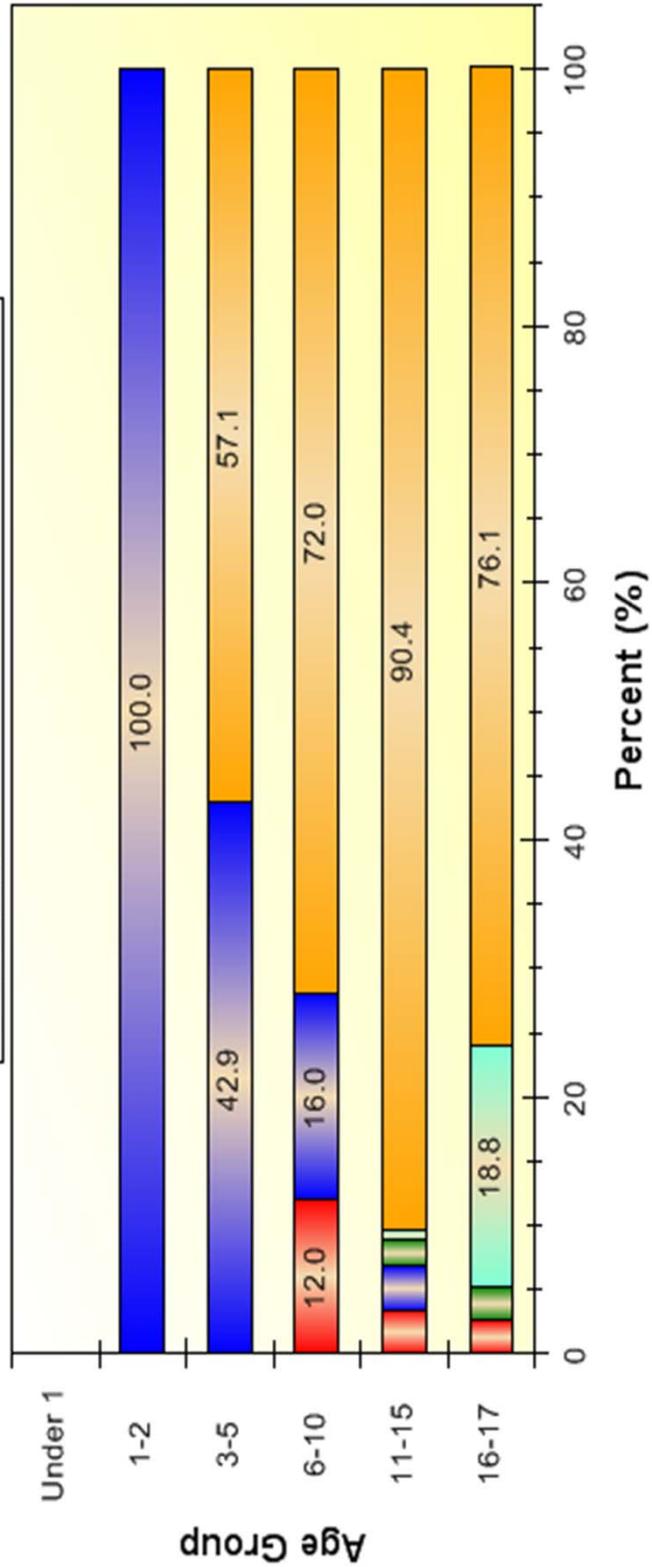
- Implement ongoing Learning Community meetings; plan conversations to support best practice, family engagement, and permanency.

Exits to Permanency

Exits To Permanency
In care on the first day of the year (24 months or longer): Exit to permanency by the end of the year and before age 18
Agency Type=Child Welfare
Jul 1, 2011 to Jun 30, 2012

Contra Costa

- Exited to reunification by end of year and before age 18
- Exited to adoption by end of year and before age 18
- Exited to guardianship by end of year and before age 18
- Exited to non-permanency by end of year
- Still in care



Data Source: CWS/CMS 2012 Quarter 2 Extract.
 Program version: 2.00 Database version: 62F91C33

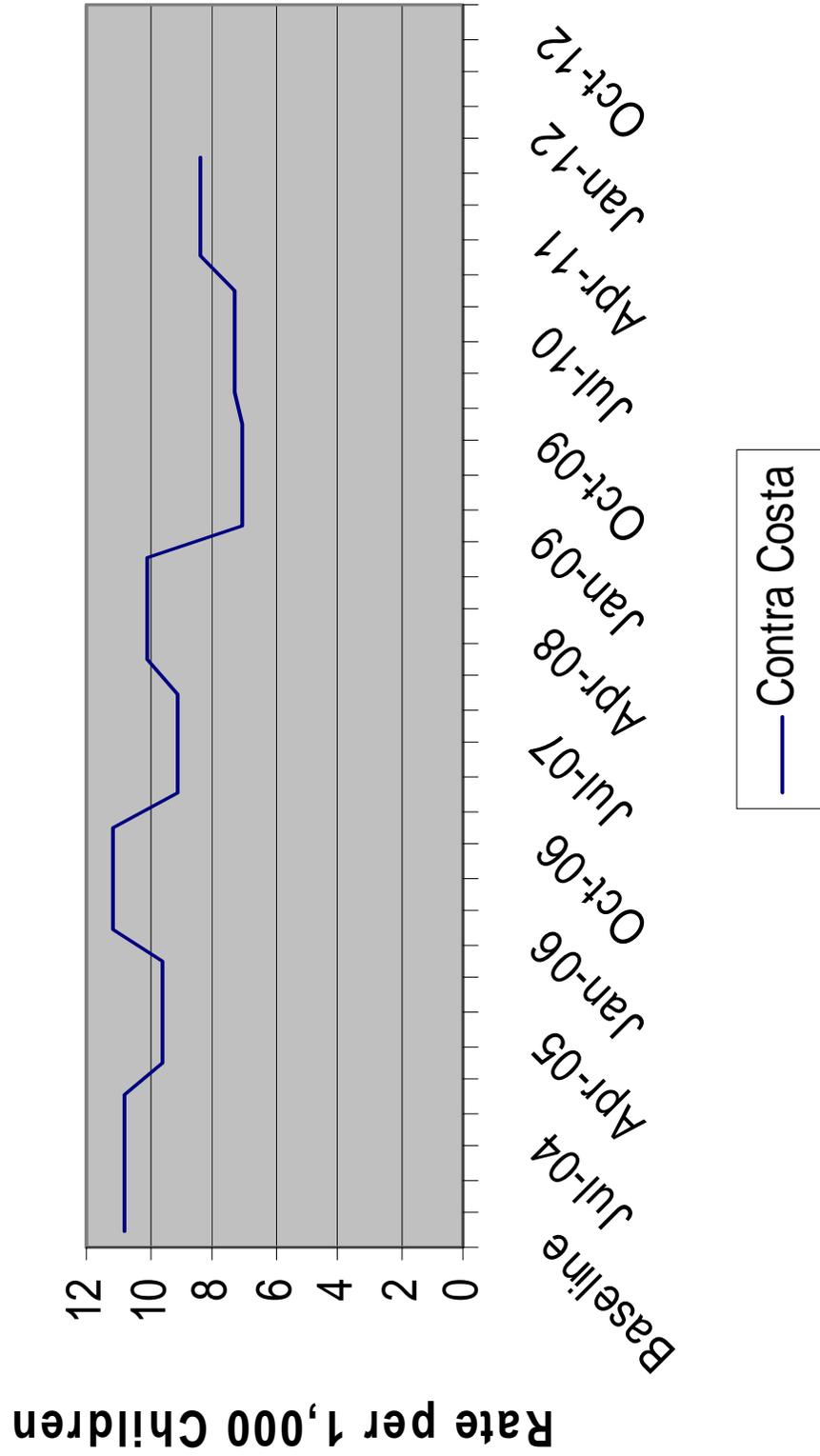
Center for Social Services Research
 University of California at Berkeley

Systemic Factors

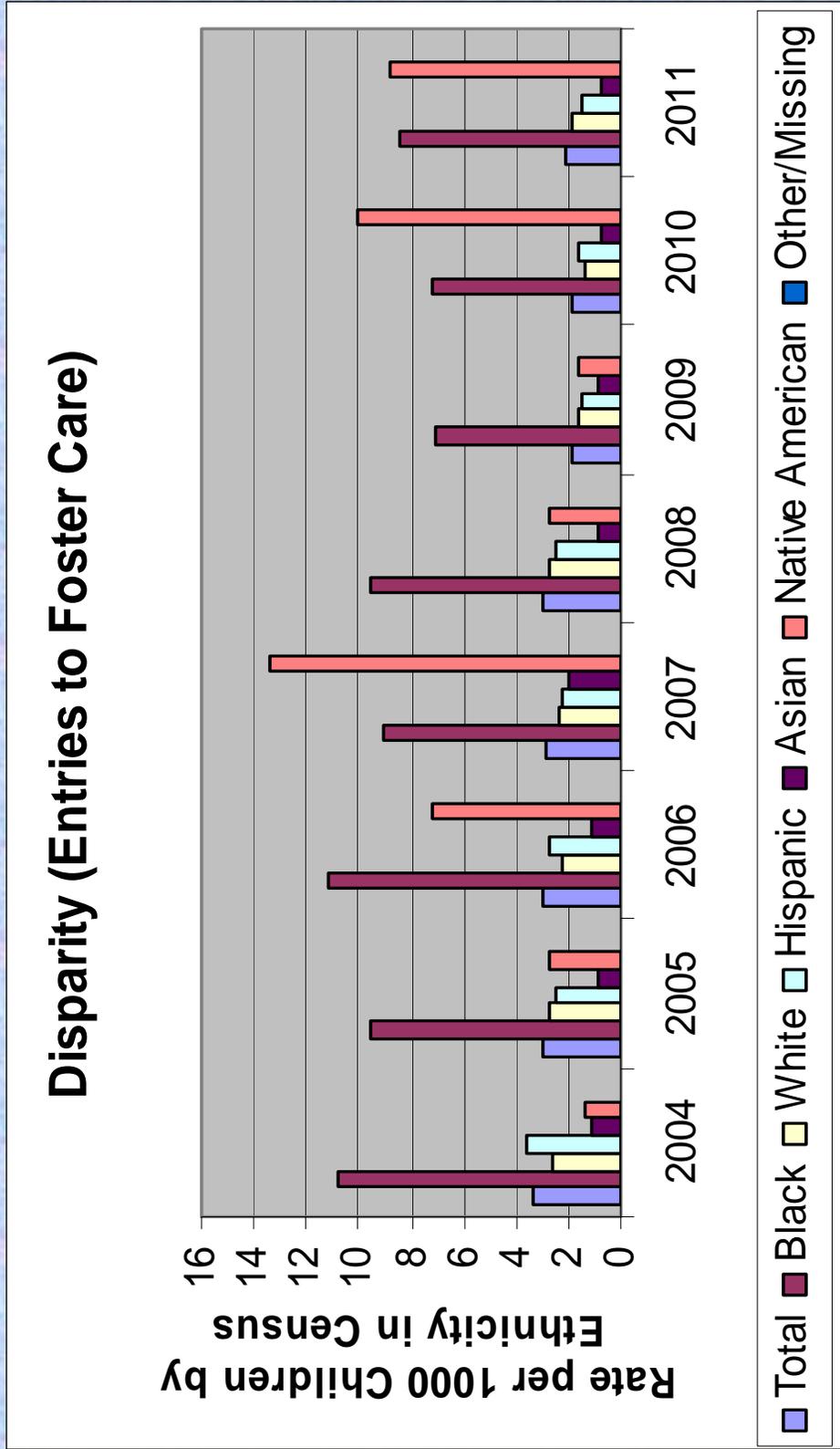
<p>Measure</p>	<p>Reducing Disparity, Entries of African American Children to Foster Care</p>
<p>National Standard</p>	<p>A National Standard has not been set to track Disproportionality/Disparity.</p>
<p>Contra Costa Target Improvement Goal as stated in the 2010 SIP</p>	<p>“Reduce the incidence rate of removals for African American children by 5% per year. Performance when SIP created was 11.4/1000 children removed; goal at end of 3-year SIP is 10/1000.”</p>
<p>Current Performance</p>	<p>Reports for disparity/disproportionality are adjusted annually. For 2011, entries for black children entering care are at a rate of 8.42 per 1,000 children. This appears to be down from the performance at the beginning of the SIP but the 2011 Census shifted population counts. Current reports indicate a rate of 7.2 for 2010 so, disparity may, be increasing. Further analysis is needed to see if this shift upwards is similar to all ethnicities or if this is, in fact, an increase in disparity.</p>

Systemic Factors

Disparity Entries of Black Children to Foster Care



Systemic Factors



Strategies to Reduce Disparity, Entries of African American Children to Foster Care

Continue to support staff in culturally and ethnically competent Family Engagement.

- Provide ongoing training for cultural knowledge and competence in communication and engagement of families, peers, and community partners including family culture not just ethnicity/race.
- Explore non-traditional resources and services relevant to case plan goals and support families in attaining goals in a manner that best matches the cultural values of the family.
- Develop conversation guides for supervisors to lead staff in discussions of disproportionality at all unit and review meetings every other month.

Utilize feedback from consumers (parents and youth) to assist in improving culturally informed services

- Develop feedback mechanism from parents and youth who have been in our system.
- Analyze consumer information and look for ways to improve service delivery and service gaps.

Strategies to Reduce Disparity, Entries of African American Children to Foster Care

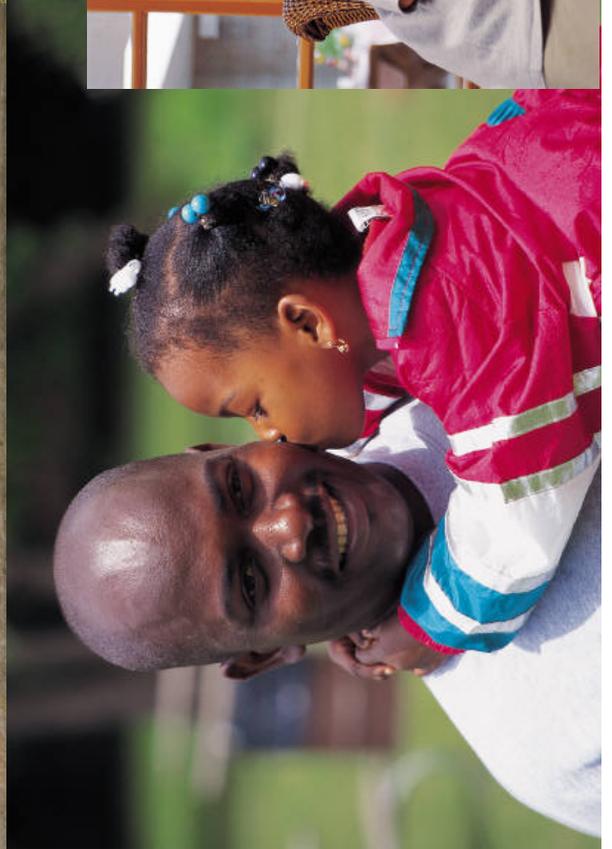
African American children ages 5 and under will receive a TDM prior to entering care or within 7 days of being in care.

- Continue TDM's for African American children under age 5 who are at risk of removal or immediately following removal.
- Review compliance with children eligible for TDM vs. those served.
- Explore reasons TDM's not held and address issues.
- Develop case review process for African American children who have been removed

Provide a forum for discussion cultural and ethnic issues. Raise disproportionality and disparity awareness of staff, community and agency partners, legal entities, and community members.

- Reconvene the Cultural Competency Oversight Committee
- Address issues of personal bias and support staff in strength based language in written case documentation.
- Present information to mandated reporters to enhance awareness of how bias may impact families reported within their own organizations.
- Present regular data reports to staff on topics of disproportionality.
- Re-establish regular training which addresses staff personal biases related to poverty vs. neglect and standards for adequate care of children.

Questions?



County of Contra Costa
OFFICE OF THE COUNTY ADMINISTRATOR
MEMORANDUM

DATE: December 3, 2012

TO: Family and Human Services Committee
Supervisor Federal D. Glover, Chair
Supervisor Candace Andersen, Vice Chair

FROM: Dorothy Sansoe, Staff
Sr. Deputy County Administrator

SUBJECT: 2012 YEAR-END REPORT ON REFERRAL ITEMS

RECOMMENDATION(S):

- I. **ACKNOWLEDGE** that the Board of Supervisors referred one new item to the Family and Human Services Committee (FHS) for their review and consideration during the 2012 calendar year in addition to the referrals carried over from the prior year.
- II. **ACCEPT** the recommendation to carry forward the following sixteen referrals from the 2012 Family and Human Services Committee to the 2013 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 EHSD
 - 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 #101 – FACT Committee At-Large Appointments
 - p. Referral #103 – SNAP (Food Stamp Program)
- III. **ACCEPT** the recommendation to close five referrals: Referral #95 – Child Welfare Improvement Plan, Referral #100 – Child Poverty, Referral #104 – Subsidized Employment Program, Referral #105 – Bed Bugs, and Referral #106 – Foster Youth Services Between 18 and 21.

BACKGROUND/REASONS FOR RECOMMENDATION(S):

Between January and December 2012, the Board of Supervisors referred one new item to the Family and Human Services Committee (FHS) in addition to twenty referrals carried forward from the 2012 year. The FHS Committee heard twenty-two separate reports during the calendar year in addition to making recommendations for appointments to various County boards and commissions.

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

- A. Referral #95 – Child Welfare Improvement Plan
The State of California has changed the requirements for submission of this plan to once every five years. The Plan has been in place and functioning since this referral was first made in 2007. The Department feels that the Board of Supervisors can provide sufficient oversight directly when the five year plan update is due.
- B. Referral #100 – Child Poverty
This referral was first made in 2009 at the request of the former Supervisor Susan Bonilla in response to the downturn in the economy and the impact on children in the community. The Department presented reports on April 12, 2010; April 11, 2011; and April 2, 2012. As the information presented is no longer changing as quickly as in the past, the Department would like to close this referral and report directly to the Board of Supervisor if additional significant information is obtained.
- C. Referral #104 – Subsidized Employment Program
A review of this program was originally referred to FHS on March 22, 2011. Reports were provided to the Committee on August 17, 2011 and May 7, 2012. This program was made possible through special American Recovery and Reinvestment Act funding. Based on the success of this funding throughout the State, the Legislature passed SB 72 to allow counties to incorporate some of the services into the services provided to CalWORKs participants. This has been accomplished.
- D. Referral #105 – Bed Bugs
This referral was made on July 26, 2011 at the request of Supervisor Karen Mitchoff. During the preceding years bed bugs had become a serious issue in a number of Contra Costa Communities. Since the date of the referral, the District staff gathered additional information on the infestation, health risks, prevention, and information dissemination. At this time District staff does not feel that a continuing referral and report to FHS is necessary.
- E. Referral #106 – Foster Youth Services Between 18 and 21
This referral was an outcome of a report to the Board of Supervisors on June 5, 2012 regarding services to foster youth during the gap period some youth experienced between aging out of foster care at 18 and the date of implementation of AB 12 and AB 1712. A status report was provided to FHS on November 5, 2012. At that time the legislation had been implemented and the gap period has passed.