CONTRA COSTA COUNTY

Administration Building | 1025 Escobar St., Martinez, CA 94553

AGENDA

Tuesday, March 17, 2026

9:00 AM

BOARD OF SUPERVISORS

Supervisor John Gioia, District I
Supervisor Candace Andersen, District II
Supervisor Diane Burgis, District III
Supervisor Ken Carlson, District IV
Supervisor Shanelle Scales-Preston, District V

Clerk of the Board (925) 655-2000
clerkoftheboard@cob.cccounty.us

The public may attend the Board meeting in person and remotely via call-in or Zoom. Board meetings are televised live on Comcast Cable 27, ATT/U-Verse Channel 99, and WAVE Channel 32, and can be seen live online at www.contracosta.ca.gov. Meetings of the Board are closed-captioned in real time. For real time translation of the Board of Supervisors meeting, please go to the Wordly website: https://attend.wordly.ai/join/UPPW-1508.

Persons who wish to address the Board during public comment or with respect to an item on the agenda may comment in person or may call in during the meeting by dialing 1 855-758-1310 access code 81863939331 . A caller should indicate they wish to speak on an agenda item by pushing "#2" on their phone. Persons who wish to address the Board in person should complete the form provided for that purpose. Access via Zoom is also available using the following link: https://cccounty-us.zoom.us/j/81863939331. Those participating via Zoom should indicate they wish to speak on an agenda item by using the “raise your hand” feature in the Zoom app. To provide contact information, please contact Clerk of the Board at clerkoftheboard@cob.cccounty.us or call 925-655-2000. If the Zoom connection malfunctions for any reason, the meeting may be paused while a fix is attempted. If the connection is not reestablished, the Board will continue the meeting in person without remote access.

Public comments generally will be limited to two minutes per speaker. In the interest of facilitating the business of the Board, the total amount of time that a member of the public may use in addressing the Board on all agenda items is 10 minutes. Your patience is appreciated.

A lunch break or closed session may be called at the discretion of the Board Chair. Staff reports related to open session items on the agenda are also accessible online at www.contracosta.ca.gov.

1. CALL TO ORDER; ROLL CALL

2. PLEDGE OF ALLEGIANCE

3. CLOSED SESSION

A. CONFERENCE WITH LABOR NEGOTIATORS (Gov. Code § 54957.6)

1. Agency Negotiators: Monica Nino.

Employee Organizations: Public Employees Union, Local 1; AFSCME Locals 512 and 2700; California Nurses Assn.; SEIU Locals 1021 and 2015; District Attorney Investigators' Assn.; Deputy Sheriffs Assn.; United Prof. Firefighters I.A.F.F., Local 1230; Physicians' & Dentists' Org. of Contra Costa; Western Council of Engineers; United Chief Officers Assn.; Contra Costa County Defenders Assn.; Contra Costa County Deputy District Attorneys' Assn.; Prof. & Tech. Engineers IFPTE, Local 21; and Teamsters Local 856.

2. Agency Negotiators: Monica Nino.

Unrepresented Employees: All unrepresented employees.

B. CONFERENCE WITH LEGAL COUNSEL--EXISTING LITIGATION (Gov. Code § 54956.9(d)(1))
1. Jordan Davis, et al. v. Contra Costa County, et al.; United States District Court, Northern District of California, Case No. 3:21-cv-04651 LB
C. CONFERENCE WITH LEGAL COUNSEL--ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to Gov. Code, § 54956.9(d)(2): [One potential case]
D. PUBLIC EMPLOYMENT Gov. Code § 54957
Title: Fire Chief, Contra Costa County Fire Protection District

4. Inspirational Thought-

"We are each other's harvest; we are each other's business; we are each other's magnitude and bond." ~Laureate Gwendolyn Brooks, poet

5. CONSIDER CONSENT ITEMS (Items listed as C.1 through C.138 on the following agenda) – Items are subject to removal from Consent Calendar by request of any Supervisor. Items removed from the Consent Calendar will be considered with the Discussion Items.

6. PRESENTATIONS

PR.1 PRESENTATION recognizing the 250th anniversary of the 1775–1776 Juan Bautista de Anza expedition and its historical impact on the region. (Supervisor Burgis)

PR.2 PRESENTATION proclaiming March 2026 as Red Cross Awareness Month. (Supervisor Andersen)

PR.3 PRESENTATION proclaiming March 2026 as Teen Dating Violence Awareness Month. (Marla Stuart, Employment and Human Services Director)

PR.4 PRESENTATION honoring County employees for their many years of service to Contra Costa County:

Public Works Department: presented by Allison Knapp, Deputy Director

~ Andre Johnson, for 40 years of service

7. DISCUSSION ITEMS

D.1. CONSIDER accepting the LGBTQIA+ Service Assessment report by La Piana Consulting. (Supervisor Carlson) **26-956**

Attachments: Contra Costa County LGBTQIA+ Service Assessment Board Presentation FINAL
Contra Costa County LGBTQIA+ Service Assessment Executive Summary FINAL v3.5.267
Contra Costa County LGBTQIA+ Service Assessment Report FINAL v3.5.26

D.2. CONSIDER accepting the monthly update on the activities and oversight of the County's Head Start Program and provide guidance, as recommended by the Employment and Human Services Director; and APPROVE and AUTHORIZE the Employment and Human Services Director, or designee, to submit a continuation grant application to the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, to provide Head Start and/or Early Head Start services to eligible children and families, and to execute a grant award agreement, including any amendments or extensions thereof, in an award amount up to $20,577,342 for the budget period of July 1, 2026, through June 30, 2027. (Marla Stuart, Employment and Human Services Director) **26-957**

Attachments: March 2026 BOS Head Start Update.pdf
1. OHS Dietary Guidelines Email
2. 2025-26 Policy Council Meeting Schedule
3. Executive Summary - FY26-27 HS Continuation Grant
4. OHS Monitoring Review Report - 09CH012839
5. CCB-26-02 Implementation of Senate Bill 792
6. MB-26-02 - FY25-26 Program Self-Evaluation for CSPP Contractors
7. New HSPPS Compliance Timeline and Analysis

D.3 CONSIDER consent item previously removed.

D.4 PUBLIC COMMENT (2 Minutes/Speaker)

D.5 CONSIDER reports of Board members.

8. 11:00 A.M. International Women's Day Celebration

9. ADJOURN

10. CONSENT CALENDAR

Airport

C.1. APPROVE and AUTHORIZE the Director of Airports, or designee, to execute a month-to-month hangar rental agreement with Richard Lorin Clark Jr., for a north-facing T-hangar at Buchanan Field Airport effective Mar 5, 2026, in the monthly amount of $394, Pacheco area. (100% Airport Enterprise Fund) **26-958**

Attachments: Hangar Rental Agreement Richard L. Clark Jr.

C.2. APPROVE and AUTHORIZE the Director of Airports, or designee, to execute a month-to-month hangar rental agreement with Matthew Alan Oelrick, for a north-facing T-hangar at Buchanan Field Airport effective Mar 13, 2026, in the monthly amount of $394, Pacheco area. (100% Airport Enterprise Fund) **26-959**

Attachments: Hangar Rental Agreement: Matt Oelrich

C.3. APPROVE and AUTHORIZE the Director of Airports, or designee, to execute a month-to-month hangar rental agreement with CCR Aviation, LLC, for a south-facing Shade Hangar at Buchanan Field Airport effective Mar 5, 2026, in the monthly amount of $149, Pacheco area. (100% Airport Enterprise Fund) **26-960**

Attachments: Shade Hangar Rental Agreement CCR Aviation, LLC

C.4. APPROVE and AUTHORIZE the Director of Airports, or designee, to execute a lease between the County, as Lessor, and TrexAir Aviation Academy, LLC, as Tenant, for 2,000 square feet of office space and 18,000 square feet of ramp space located at 161 John Glenn Drive, Concord, for a term of one year, at an initial rent of $2,500 per month, and annual rent increases of 3%, beginning January 1, 2026. (100% Airport Enterprise Fund) **26-961**

Attachments: TrexAir Lease

Assessor

C.5. APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute, on behalf of the Assessor, a contract with Kofile Technologies, Inc., in an amount not to exceed $60,000 for the term of March 18, 2026 through March 17, 2027 for the digitization of the County's historical tax roll records. (100% General Fund) **26-962**

Attachments: Kofile Contra Costa County Fiche proposal 12_18_2025

Board of Supervisors

C.6. UPDATE the official list of persons to serve, in priority order, as standby officers for the respective members of the Board of Supervisors and for the County Administrator, as recommended by the County Administrator. **26-963**

Attachments: Article 15: Preservation of Local Government

C.7. APPROVE allocations of Supervisorial District V Community Impact Funds in the amount of $5,000, as recommended by Supervisor Scales-Preston. **26-964**

Attachments: Attachment A

Clerk of the Board

C.8. ADOPT Resolution No. 2026-61 recognizing Andre Johnson for 40 years of service to Contra Costa County, as recommended by the Public Works Director. **RES 2026-61**

C.9. ADOPT Resolution No. 2026-62 recognizing Curtis Dickover for 25 years of service to Contra Costa County, as recommended by the Public Works Director. **RES 2026-62**

C.10. ADOPT Resolution No. 2026-63 recognizing Jessi Duffy for 20 years of service to Contra Costa County, as recommended by the Public Works Director. **RES 2026-63**

C.11. ADOPT Resolution No. 2026-64 recognizing the contributions of Karen Piona on the occasion of her retirement from Contra Costa County, as recommended by the Public Works Director. **RES 2026-64**

C.12. ADOPT Resolution No. 2026-65 honoring Dr. Marilyn Franklin for her 30 years of service to Contra Costa Health, as recommended by the Health Services Director. **RES 2026-65**

C.13. ADOPT Resolution No. 2026-66 recognizing Marcus E. Wright for 40 years of service to Contra Costa County, as recommended by the Treasurer-Tax Collector. **RES 2026-66**

C.14. ADOPT Resolution No. 2026-67 recognizing Program Manager Heather Sweeten-Healy upon her retirement from Contra Costa Health Services, as recommended by Supervisor Andersen. **RES 2026-67**

C.15. ADOPT Resolution No. 2026-68 recognizing March 2026 as American Red Cross Month, as recommended by Supervisor Andersen. **RES 2026-68**

C.16. ADOPT Resolution No. 2026-69 proclaiming March 2026 as Teen Dating Violence Awareness Month in Contra Costa County, as recommended by the Employment & Human Services Director. **RES 2026-69**

C.17. ADOPT Resolution No. 2026-70 recognizing the 250th anniversary of the Juan Bautista de Anza colonizing expedition of 1775-1776, as recommended by Supervisor Burgis. **RES 2026-70**

C.18. ADOPT Resolution No. 2026-71 resolution proclaiming March 2026 as Women's History Month, as recommended by the Contra Costa County Commission for Women and Girls. **RES 2026-71**

C.19. ADOPT Resolution No. 2026-72 recognizing Nancy Parent as an honoree of the Contra Costa County Board of Supervisors inaugural International Women's Day, as recommended by Supervisor Scales-Preston. **RES 2026-72**

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C.20. ADOPT Resolution No. 2026-73 recognizing Debbie Toth as an honoree of the Contra Costa County Inaugural International Women's Day 2026, as recommended by Supervisor Burgis. **RES 2026-73**

C.21. ADOPT Resolution No. 2026-74 recognizing Kathy Chiverton as an honoree of the Contra Costa County Inaugural International Women's Day 2026, as recommended by Supervisor Andersen. **RES 2026-74**

C.22. ADOPT Resolution No. 2026-75 recognizing Janet Frazier as an honoree of the Contra Costa County Inaugural International Women's Day 2026, as recommended by Supervisor Burgis. **RES 2026-75**

C.23. ADOPT Resolution No. 2026-76 recognizing Cathy McRoberts as an honoree of the Contra Costa County Inaugural International Women's Day 2026, as recommended by Supervisor Carlson. **RES 2026-76**

C.24. ADOPT Resolution No. 2026-77 recognizing Patricia Durham as an honoree of the Contra Costa County Inaugural International Women's Day 2026, as recommended by Supervisor Gioia. **RES 2026-77**

C.25. ADOPT Resolution No. 2026-78 recognizing Carol Singer as Lafayette Chamber of Commerce 2026 Citizen of The Year, as recommended by Supervisor Andersen. **RES 2026-78**

C.26. ADOPT Resolution No. 2026-82 recognizing the employees of Contra Costa County and the 2025 Counties Care Holiday Food Fight, as recommended by the County Administrator. **RES 2026-82**

C.27. ADOPT Resolution No. 2026-81 recognizing John A. Burgh on the occasion of his Retirement from the Contra Costa Water District Board of Directors as recommend by Supervisor Carlson. **RES 2026-81**

C.28. ADOPT Resolution No. 2026-83 recognizing the retirement of Kate Andrus from Contra Costa County, as recommended by the County Counsel. **RES 2026-83**

C.29. APPOINT Mayor Dionne Adams to the City of Pittsburg Seat #1 on the Los Medanos Health Advisory Committee, for a term ending on December 31, 2026, as recommended by the Health Services Director. **26-974**

C.30. APPOINT Maile Chinn to the Environmental Engineering Firms Alternate seat on the Hazardous Materials Commission for a term ending December 31, 2029, as recommended by the Internal Operations Committee. **26-975**

Attachments: Hazardous Materials Roster Feb 2026
Chinn, Maile (HMC) 10-04-25 [D2] redacted
Nomination - Maile Chinn

C.31. APPOINT Nakenya Allen to the District V Seat on the Contra Costa Commission for Women and Girls, for a term ending on February 28, 2029, DECLARE a vacancy in the At-Large 8 Seat for a term ending February 28, 2027, and DIRECT the Clerk of the Board to post the vacancy as recommended by Supervisor Scales-Preston. **26-976**

C.32. ACCEPT the appointment of Dawn Morrow to the Special District Alternative Representative Seat on the Treasury Oversight Committee for a term ending April 30, 2030, as recommended by the Treasurer-Tax Collector. **26-977**

Attachments: TOC Application Redacted_Dawn Morrow_2026
DMorrow-Resume Redacted_2026
CCSDA Letter for Dawn Morrow to TOC_2026
D. Morrow TOC_ISD Approval Ltr_2026

C.33. ACCEPT the 2025 Annual Report from the Contra Costa Commission for Women and Girls, as recommended by the County Administrator. **26-1002**

Attachments: CCCWG Annual Report 2025

C.34. ACCEPT the resignation of Leonard Ramirez, DECLARE a vacancy in the Veterans seat on the Advisory Council on Equal Employment Opportunity, and DIRECT the Clerk of the Board to post the vacancy for a term ending November 30, 2027. **26-978**

C.35. ACCEPT the resignation of Sanjiv Bhandari from the District II seat on the Contra Costa County Planning Commission, DECLARE a vacancy in the District II seat for a term ending June 30, 2029, and DIRECT the Clerk of the Board to post the vacancy, as recommended by Supervisor Andersen. **26-979**

C.36. ACCEPT the resignation of Mary Sheila Driscoll, DECLARE a vacancy in the City of Clayton seat on the Advisory Council on Aging for a term ending on September 30, 2027, and DIRECT the Clerk of the Board to post the vacancy, as recommended by the Employment and Human Services Director. **26-980**

C.37. MOVE Michael Sene from the Alternate Seat to the Appointee 1 Seat on the Alamo Municipal Advisory Council for a term with an expiration date of December 31, 2028; DECLARE a vacancy in the Alternate Seat, and DIRECT the Clerk of the Board to post the vacancy, for a term ending December 31, 2028, as recommended by Supervisor Andersen. **26-981**

C.38. MOVE Corey Berla from the Alternate Seat to the Appointee 2 Seat of the County Service Area P-5 Citizen Advisory Committee for a term with an expiration date of December 31, 2027; DECLARE a vacancy in the Alternate Seat, and DIRECT the Clerk of the Board to post the vacancy, for a term ending December 31, 2026, as recommended by Supervisor Candace Andersen. **26-982**

C.39. REAPPOINT Susan Heckly to the District II seat on the Fish & Wildlife Committee for a four-year term with an expiration date of February 28, 2030, as recommended by Supervisor Andersen. **26-983**

Clerk-Recorder/Elections

C.40. APPROVE Budget Amendment No. BDA-26-00574 authorizing new revenue from the California Secretary of State in the amount of $2,302,275 to the Clerk-Recorder/Elections Department for the Voter System Replacement (VSR) Grant, and authorizing the use of General Fund Reserve assigned fund balance for Elections Technology Replacement Surcharge Funds in the amount of $1,621,925, and appropriating the total of $3,924,200 in new revenue to the Elections Department for eligible expenses, as recommended by the Clerk-Recorder. (60% State, 40% General Fund) **26-984**

Attachments: BDA-26-00574.pdf

C.41. APPROVE and AUTHORIZE the County Clerk-Recorder, or designee, to execute a contract amendment with DMT Solutions Global Corporation (dba Bluecrest) to increase the payment limit by $638,700 to a new payment limit of $1,100,000 for the purchase, maintenance, and installation of Relia-Vote 360 Software on the Relia-Vote Vantage System mail election ballot sorter, with no change to the term. (100% Technology Fund). **26-985**

C.42. APPROVE and AUTHORIZE the Purchasing Agent, on behalf of the Clerk-Recorder, to execute a purchase order with R-Computer in an amount not to exceed $15,946 to provide Pointnext Tech Care Essential Service which supports the Elections Information Management System server, for the period of August 1, 2025, through to March 31, 2028. (100% General Fund). **26-986**

C.43. APPROVE and AUTHORIZE the Clerk-Recorder, or designee, to execute a contract with the California Secretary of State to reimburse the County an amount not to exceed $8,324.38 to enhance election technology and improve election security under the Help America Vote Act for the period of July 1, 2025, through December 31, 2026. (100% Federal, no County match) **26-987**

C.44. APPROVE and AUTHORIZE the Purchasing Agent, on behalf of the Clerk-Recorder, to execute a purchase order with General Datatech, LP in an amount not to exceed $5,746, and a related service agreement with NetApp, to provide secure electronic data storage, support, and maintenance for the period April 1, 2026, through March 31, 2027. (100% Recorder Micrographics/Modernization Fund) **26-988**

Conservation & Development

C.45. APPROVE and AUTHORIZE the Chair of the Board of Supervisors to execute, on behalf of the County, an amendment to a franchise agreement with Allied Waste Systems, Inc., to extend the term from March 31, 2026, through May 31, 2026 to provide continued solid waste, recycling, and organics collection in its Central County service area. (100% Solid Waste Franchise fees) **26-989**

C.46. APPROVE and AUTHORIZE the Chair of the Board of Supervisors to execute, on behalf of the County, an amendment to the franchise agreement with Garaventa Enterprises, Inc., to extend the term from March 31, 2026 through May 31, 2026 for continued solid waste, recycling, and organics collection in its East County service area. (100% Solid Waste Franchise fees) **26-990**

C.47. APPROVE and AUTHORIZE the Purchasing Agent to execute, on behalf of the Department of Conservation and Development, a purchase order with Bludot Technologies, Inc., in an amount not to exceed $10,000 for a customer relationship management software license for the twelve month period from December 19, 2025 through December 19, 2026. (100% Land Development fees) **26-991**

C.48. APPROVE and AUTHORIZE the Chair of the Board of Supervisors to execute, on behalf of the County, an amendment to a franchise agreement with Crockett Sanitary Service, Inc., to extend the term from March 31, 2026 through May 31, 2026 for continued solid waste, recycling, and organics collection in its West County service area. (100% Solid Waste Franchise fees) **26-992**

C.49. APPROVE and AUTHORIZE the Department of Conservation and Development Director, or designee, to execute a memorandum of understanding with Urban Tilth to contribute $60,000 of North Richmond Solar Funds for a solar energy installation project at Urban Tilth's North Richmond Farm, for the period of March 17, 2026 through March 31, 2027. (100% North Richmond Solar Funds) **26-993**

County Administration

C.50. ADOPT Resolution No. 2026-90 approving the Side Letter between Contra Costa County and the Physicians' and Dentists' Organization of Contra Costa (PDOCC) modifying Section 32.4 - Duration of Agreement of the Memorandum of Understanding to extend the contract from December 31, 2025 through February 28, 2026. **RES 2026-90**

Attachments: PDOCC Extension Thru 02282026

C.51. APPROVE and AUTHORIZE the County Administrator, or designee, to execute a Contract with Alta Planning + Design, Inc., in an amount not to exceed $249,998, to conduct a Measure X Needs Assessment and Program Evaluation, and to provide 256 gifts cards with a total value of $6,400 (128 Target $25 gift cards and 128 Walmart $25 gift cards) for the period of March 18, 2026, through January 1, 2027 (100% Measure X). **26-1091**

C.52. ADOPT CLARIFICATION that on September 12, 2023, the Board's approval of Resolution No. 23-538 regarding compensation and benefits for unrepresented fire safety management classifications in the Contra Costa County Fire Protection District included approval of a verbal amendment to delete Section 27. No Vacation Buy Back, in its entirety, so as to provide the vacation buy back benefit to the Fire Chief going forward from September 12, 2023, in the same manner as the other safety management classifications. **26-1092**

County Counsel

C.53. APPROVE amendments to the Conflict of Interest Code of the Contra Costa County Employees' Retirement Association. **26-1003**

Attachments: Exhibit A - Conflict of Interest Code of the Contra Costa County Employees' Retirement Association (CCCERA)
Exhibit B - Conflict of Interest Code of the Contra Costa County Employees' Retirement Association (CCCERA) - REDLINED

C.54. RECEIVE public report of litigation settlement agreements that became final during the period January 1, 2026, through February 28, 2026. **26-1004**

District Attorney

C.55. APPROVE and AUTHORIZE the Purchasing Agent or designee to execute, on behalf of the District Attorney, a purchase order and related terms of use agreement with Baressays.com, LLC, in an amount not to exceed $1,575 for the usage of a legal study tool for the period June 1, 2026 through May 31, 2027. (100% General Fund) **26-1005**

C.56. APPROVE and AUTHORIZE the Purchasing Agent or designee to execute, on behalf of the District Attorney, a purchase order and related license agreement with Foxit Software, Inc., in an amount not to exceed $28,745 for perpetual Foxit PDF software volume tier licenses, effective March 18, 2026 with no expiration date. (100% General Fund) **26-1006**

C.57. APPROVE and AUTHORIZE the District Attorney, or designee, to apply for and accept the Office for Victims of Crime FY25 Enhanced Collaborative Model Task Force to Combat Human Trafficking grant from the U.S. Department of Justice, in an amount not to exceed $750,000 for the period July 1, 2026 through June 30, 2029. (75% Federal, 25% County match) **26-1108**

C.58. APPROVE and AUTHORIZE the District Attorney, or designee, to apply for and accept the Office for Victims of Crime FY25 Services for Victims of Human Trafficking grant from the U.S. Department of Justice, in an amount not to exceed $950,000 for the period July 1, 2026 through June 30, 2029. (75% Federal, 25% County match) **26-1109**

C.59. APPROVE Budget Amendment No. BDA-26-00567 authorizing new revenue from the California Department of Industrial Relations Labor Commissioner's Office in the amount of $809,633 to the District Attorney's Office to fund a Wage Theft Prevention Unit for the period August 1, 2025 through July 31, 2026. (100% State) **26-1007**

Attachments: BDA-26-00567.pdf

Employment & Human Services

C.60. APPROVE and AUTHORIZE the Employment and Human Services Director, or designee, to execute an interagency agreement with Pittsburg Power Company in an amount not to exceed $300,000 to administer year-round Adult Pre-apprenticeship Construction Training Services in Contra Costa County under the Workforce Innovation and Opportunity Act to East County residents, for the period January 1, 2026, through December 31, 2026. (100% Federal) **26-1015**

C.61. APPROVE and AUTHORIZE the Auditor Controller, or designee, to make a payment of $37,395.48 to Trio Community Meals, for the preparation and packaging of meals for older adults, from June 1, 2025, through June 30, 2025, which exceeded the contract payment limit and were provided in good faith. (100% County) **26-1016**

Health Services

C.62. APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute a contract with California Mental Health Services Authority, in an amount not to exceed $170,200 to provide a behavioral healthcare information exchange platform for the period March 17, 2026 through March 16, 2027. (100% Alcohol and Other Drug Services) **26-1017**

C.63. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Inovalon Provider, Inc., in an amount not to exceed $442,739 for clinical drug surveillance and patient safety software and services for Contra Costa Regional Medical Center's Pharmacy for the period January 1, 2026 through December 31, 2030 and for successive one-year terms until terminated. (100% Hospital Enterprise Fund I) **26-1018**

C.64. APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute on behalf of the Health Services Director, a purchase order with Cepheid, in an amount not to exceed $272,649 and a related agreement for the purchase of reagents and supplies for COVID-19 testing for the Clinical Laboratory at the Contra Costa Regional Medical Center for the period January 15, 2026 through January 14, 2029. (100% Hospital Enterprise Fund I) **26-1019**

C.65. APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute on behalf of the Health Services Director, a purchase order with Therapeutic Research Center, LLC, in an amount not to exceed $685 for a Pharmacy Math Skills eLearning Competency verification subscription for the Contra Costa Regional Medical Center Inpatient Pharmacy for the period February 1, 2026 through November 30, 2026, and annually thereafter until terminated by one of the parties. (100% Hospital Enterprise Fund I) **26-1020**

C.66. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Health Management Systems, Inc., in an amount not to exceed $2,000,000 to provide professional auditing services for the Contra Costa Health Plan's claims unit for the period January 1, 2026 through December 31, 2028. (100% Contra Costa Health Plan Enterprise Fund II) **26-1021**

C.67. APPROVE and AUTHORIZE the Purchasing Agent, or designee, to purchase on behalf of the Health Services Director, 600 Central Contra Costa Transit Authority (County Connection) bus transportation vouchers in an amount not to exceed $1,500 for individuals receiving services, treatment and/or support at the Contra Costa Central County Adult Behavioral Health clinic. (100% Central County Adult Behavioral Health Clinic Fund) **26-1022**

C.68. APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute a contract with Primary Diagnostics, Inc., in an amount not to exceed $95,000 to provide Public Health emergency communications network software and support for the Contra Costa Health Department's Public Health Division for the period March 17, 2026 through March 16, 2027, and annually thereafter until terminated per the terms of the agreement. (100% General Fund) **26-1023**

C.69. APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute, on behalf of the Health Services Director, a one-time purchase order with Carl Zeiss Meditec USA, Inc. in an amount not to exceed $211,442 for the purchase of CIRRUS 6000 Angioplex and HFA3 Instrument 860 diagnostic testing equipment for the Pittsburg Health Center. (100% Hospital Enterprise Fund I) **26-1024**

C.70. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract amendment with Storage Solutions Technology Group Inc., to increase the payment limit by $27,470 to an amount not to exceed $51,470 and extend the term through February 5, 2028 for additional maintenance services for medical imaging equipment for Contra Costa Regional Medical Center. (100% Hospital Enterprise Fund I) **26-1025**

C.71. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract amendment with Chris E. Esguerra, M.D., P.C. (dba Esteem Health PSC), to include the Dual Eligible Special Needs Plan (D-SNP) obligations and requirements, authorizing Contractor to provide specialized care to beneficiaries who are dually eligible for Medicare and Medi-Cal and offer care coordination and wrap-around services with no change in the payment limit of $400,000 or term ending September 30, 2026. (100% Contra Costa Health Plan Enterprise Fund II) **26-1026**

C.72. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Yana R. Wirengard, M.D., in an amount not to exceed $1,872,000 to provide general surgery services for Contra Costa Regional Medical Center and Contra Costa Health Center patients, for the period February 1, 2026 through January 31, 2029. (100% Hospital Enterprise Fund I) **26-1027**

C.73. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Staci Talan, D.C. (dba Talan Chiropractic), in an amount not to exceed $210,000 to provide chiropractic services for Contra Costa Regional Medical Center and Contra Costa Health Center patients for the period February 1, 2026 through January 31, 2029. (100% Hospital Enterprise Fund I) **26-1028**

C.74. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Fairmount Podiatry Group, in an amount not to exceed $600,000 to provide podiatry and orthotic services for Contra Costa Health Plan members and County recipients for the period April 1, 2026 through March 31, 2029. (100% Contra Costa Health Plan Enterprise Fund II) **26-1029**

C.75. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Strawberry Creek Medical Group of California (dba Side Health), in an amount not to exceed $500,000 to provide primary care physician and medical specialist services for Contra Costa Health Plan members and County recipients for the period January 1, 2026 through December 31, 2028. (100% Contra Costa Health Plan Enterprise Fund II) **26-1030**

C.76. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract amendment with Specialty Laboratories, Inc. (dba Quest Diagnostic Nichols Institute), to provide additional outside clinical laboratory testing services at Contra Costa Regional Medical Center and Health Centers with no change in the payment limit of $5,000,000 or term ending December 31, 2027. (100% Hospital Enterprise Fund I) **26-1031**

C.77. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with La Clinica de La Raza, Inc., to provide transfer and coordination of care services for patients requiring emergency medical care at Contra Costa Regional Medical Center for the period March 1, 2026 through February 29, 2028. (Non-financial agreement) **26-1032**

C.78. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Bay Area Community Services, Inc., in an amount not to exceed $1,180,349 to provide mental health outreach and support services for homeless adults with mental illness and who have a disability at the Don Brown Shelter in East County for the period November 1, 2025 through June 30, 2026. (42% Mental Health Realignment; 43% Substance Abuse and Mental Health Services Administration; 15% Mental Health Services Act) **26-1033**

C.79. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Acuvance, LLC, in an amount not to exceed $478,080 to provide an assessment of Contra Costa Health's operations, infrastructure, and financial performance for the period March 1, 2026 through April 30, 2027. (100% Hospital Enterprise Fund I) **26-1034**

C.80. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Toyon Associates, Inc., in an amount not to exceed $900,000 to provide consultation and technical assistance regarding healthcare finance issues, including Medicare and Medi-Cal auditing and reporting for the period January 1, 2026 through December 31, 2028. (100% Hospital Enterprise Fund I) **26-1035**

C.81. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract amendment with Contra Costa Interfaith Transitional Housing, Inc. (dba Hope Solutions), to increase the payment limit by $130,000 to an amount not to exceed $1,000,000 for additional housing, case management and property management services for adults and families eligible for Mental Health Services Act housing and who are referred by the County with no change in the term ending June 30, 2026. (100% Mental Health Services Act) **26-1036**

C.82. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract amendment with Pinnacle SJIR, P.C. (dba Naadi Healthcare Manteca), to include the Dual Eligible Special Needs Plan (D-SNP) requirements and obligations, authorizing Contractor to provide specialized care to beneficiaries who are dually eligible for Medicare and Medi-Cal and offer care coordination and wrap-around services with no change in the payment limit of $300,000 or term ending September 30, 2028. (100% Contra Costa Health Plan Enterprise Fund II) **26-1037**

C.83. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with NorCal Orthopedic Surgery Center LLC, in an amount not to exceed $900,000 to provide ambulatory orthopedic surgery center services for Contra Costa Health Plan members and County recipients for the period May 1, 2026 through April 30, 2029. (100% Contra Costa Health Plan Enterprise Fund II) **26-1038**

C.84. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Fremont Ambulatory Surgery Center, L.P. (dba Fremont Surgery Center), in an amount not to exceed $3,000,000 to provide ambulatory surgery center services for Contra Costa Health Plan members and County recipients for the period April 1, 2026 through March 31, 2029. (100% Contra Costa Health Plan Enterprise Fund II) **26-1039**

C.85. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Amir Manuchehry, M.D., in an amount not to exceed $572,000 to provide anesthesiology services at Contra Costa Regional Medical Center and Health Centers for the period March 1, 2026 through February 28, 2027. (100% Hospital Enterprise Fund I) **26-1040**

C.86. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract amendment with California Mental Health Services Authority, to decrease the payment limit by $16,200 to an amount not to exceed $64,800, and to decrease the scope of reportable measures regarding the Alcohol and Other Drugs Division's participation in the Healthcare Effectiveness Data and Information Set (HEDIS) Performance Measurement Program with no change in the term ending December 31, 2029. (100% Alcohol and Other Drug Services) **26-1041**

C.87. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with the City of Walnut Creek, to pay County an amount not to exceed $23,065 for the Coordinated Outreach, Referral and Engagement Program to provide homeless outreach services on nights and weekends for the period July 1, 2025 through June 30, 2026. (No County match) **26-1042**

C.88. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with the City of Walnut Creek, to pay County an amount not to exceed $283,915 for the Coordinated Outreach, Referral and Engagement Program to provide homeless outreach services on weekdays for the period July 1, 2025 through June 30, 2026. (No County match) **26-1043**

C.89. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with H&C Finishers, in an amount not to exceed $350,000 to provide furniture upholstery and repair services at Contra Costa Regional Medical Center and Health Centers for the period March 1, 2026 through February 28, 2029. (100% Hospital Enterprise Fund I) **26-1044**

C.90. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract amendment with Lyon-Martin Community Health Services, to include the Dual Eligible Special Needs Plan (D-SNP) obligations and requirements, authorizing Contractor to provide specialized care to beneficiaries who are dually eligible for Medicare and Medi-Cal and offer care coordination and wrap-around services with no change in the payment limit of $800,000 or term ending November 30, 2026. (100% Contra Costa Health Plan Enterprise Fund II) **26-1045**

C.91. APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with The Regents of the University of California, on behalf of University of California Davis Health, in an amount not to exceed $13,000 to provide specialized outside laboratory testing services for Contra Costa Regional Medical Center for the period November 1, 2025 through October 31, 2026. (100% Hospital Enterprise Fund I) **26-1046**

C.92. APPROVE two (2) forms of Single Case Agreements for Specialty Mental Health Services to govern the provision and payment of Specialty Mental Health Services for youth placed into congregate care facilities by county agencies pursuant to California Welfare and Institutions Code Section 14717.25; AUTHORIZE the Health Services Director, or designee, to execute the form agreement with other county jurisdictions, in an amount not to exceed $200,000, to place Contra Costa County clients outside the county; and AUTHORIZE the Health Services Director, or designee, to execute the form agreement with other county jurisdictions to receive funding for non-county clients placed within Contra Costa County. (No fiscal impact) **26-1047**

Attachments: Single Case Letter of Agreement 10-10-2025_1_CCC=COJ (Final)
Single Case Letter of Agreement 10-10-2025_2_CCC=COR (Final)
BHIN 24-025-ACL 24-43 Presumptive Transfer Policy

C.93. ACCEPT the recommendation of the Behavioral Health Services Director to adopt the Integrated Plan for Behavioral Health Services and Outcomes for Fiscal Years 2026-29; AUTHORIZE and DIRECT the Chair of the Board of Supervisors to sign the Integrated Plan certification that will be submitted to the Department of Health Care Services with the County's final Integrated Plan, as recommended by the Health Services Director. (No fiscal impact) **26-1048**

Attachments: CCC Integrated Plan 2.27.26
Board of Supervisors Certification form

C.94. ACCEPT the Contra Costa Health Plan (CCHP) 2025 Quality Program Evaluation, 2026 Program Description, and 2026 Work Plan of the Quality Improvement and Health Equity Transformation Program as recommended by the CCHP Joint Conference Committee. (No fiscal impact) **26-1049**

Attachments: 2026 QIHETP Program Description
2026 QIHETP Work Plan
2025 Quality Program Evaluation
QIHETP Annual Documents - Signature Page March 2026 with 2 of 3 signatures

C.95. ACCEPT the Contra Costa Health Plan (CCHP) Compliance Quarterly Activity Report for October through December of 2025, as recommended by the CCHP Joint Conference Committee. (No fiscal impact) **26-1050**

Attachments: CCHP_Compliance Quarterly Activity Report

C.96. ACCEPT the Contra Costa Health Plan (CCHP) Quality Improvement and Health Equity Committee Activities Report for October through December 2025, as recommended by the CCHP Joint Conference Committee. (No fiscal impact) **26-1051**

Attachments: Quality Improvement and Health Equity Committee (QIHEC) Quarterly Report

Human Resources

C.97. APPROVE and AUTHORIZE the Human Resources Director, or designee, to execute a contract amendment with Wealthspire Retirement, LLC, f/k/a NFP Retirement, Inc., to increase the payment limit by $48,500 to a new payment limit of $198,500 and to extend the term through March 31, 2027, to provide fiduciary consulting services for the County's 457(b) Deferred Compensation Plan (100% Participant Fees) **26-1052**

Information and Technology

C.98. APPROVE Budget Amendment No. BDA-26-00569 authorizing the transfer of $126,061 in appropriations from the Department of Information Technology to Telecommunications for hilltop radio communication site security upgrades. (100% General Fund) **26-1053**

Attachments: BDA-26-00569 - IT Supplemental DoIT Admin (1050) to Microwave (4295)

C.99. APPROVE and AUTHORIZE the Chief Information Officer, or designee, to execute a contract with Guidehouse, Inc., for Workday post-production support for the ongoing operation of Workday Finance, including resolution of production issues and support for continuous improvement initiatives, in an amount not to exceed $780,000 for the period of March 17, 2026, through March 16, 2029. (100% User Departments) **26-1054**

C.100. APPROVE and AUTHORIZE the Chief Information Officer, or designee, to execute a contract amendment and extension with ROK Technologies to increase the payment limit by $780,000 to a new payment limit of $1,165,000 and extend the term through June 30, 2029, to create and configure a cloud deployment and implementation for our Geographic Information Systems ESRI software within our Public Works department and for ongoing cloud monitoring services. (100% User Departments) **26-1055**

C.101. APPROVE and AUTHORIZE the Purchasing Agent, on behalf of the Chief Information Officer to execute a purchase order with Sirius Computer Solutions, LLC (a CDW Company), an IBM reseller, for the purchase of IBM mainframe maintenance and tape storage, in an amount not to exceed $95,000, for the period of April 11, 2026 through April 10, 2027. (100% User Departments) **26-1056**

C.102. APPROVE Budget Amendment No. BDA-26-00570 authorizing the transfer of $300,000 in appropriations from the Department of Information Technology to the Sheriff's Office for network infrastructure renewal. (100% General Fund) **26-1057**

Attachments: BDA-26-00570.pdf

C.103. APPROVE and AUTHORIZE the Purchasing Agent, on behalf of the Chief Information Officer, to execute a purchase order with IBM in an amount not to exceed $4,100 for the renewal of IBM's CL/SuperSession for z/OS software subject to the terms of IBM's International Program License Agreement, for the period of February 1, 2026, through January 31, 2027. (100% User Departments) **26-1058**

C.104. APPROVE and AUTHORIZE the Purchasing Agent, on behalf of the Chief Information Officer, to execute (1) a purchase order with Microsoft reseller Insight Public Sector, Inc., in an amount not to exceed $22,000,000; and (2) a Microsoft Enterprise Enrollment Agreement for Microsoft enterprise software applications for the period of April 1, 2026, through March 31, 2029. (100% User Departments) **26-1059**

C.105. APPROVE and AUTHORIZE the Chief Information Officer, or designee, to execute a contract with AT&T Enterprises, LLC in an amount not to exceed $490,000 to provide professional services to install video conferencing within Health Services Department conference rooms and to provide maintenance for the video equipment for the period of March 17, 2026, through March 16, 2029. (100% Enterprise Fund I) **26-1060**

Library

C.106. APPROVE and AUTHORIZE the County Librarian, or designee, to execute an amendment to the Library's contract with Ax9 Security, Inc. to adjust the Concord Sunday security guard hours to accommodate extended open hours, add Sunday security guard services at San Pablo and Pittsburg libraries, and add a meal penalty rate for Sunday services, with no change to the payment limit or term. (100% Library Fund) **26-1062**

Attachments: 02 Approvals and Acknowledgement Form L-2 (DOCX) (1)
07 Amendment Agreement - Long Form L-7 (DOCX) (1)
Amendment Specifications 11-19-25 (01.14.26 tuc)
$2025-2028 Ax9 Security, Inc. - Unarmed Security at Libraries - 7-1-25 to 6-30-28 - Signed

C.107. APPROVE and AUTHORIZE the County Librarian, or designee, to accept a donation of $15,000 from the Friends of the El Cerrito Library. (100% Library Fund, no County match) **26-1063**

C.108. APPROVE and AUTHORIZE the County Librarian, or designee, to accept a donation of $15,000 from the Friends of the Orinda Library. (100% Library Fund, no County match) **26-1064**

Public Defender

C.109. APPROVE and AUTHORIZE the Public Defender, or designee, to execute a renewal and amendment to a Master Agreement with Techtivist LLC in an amount of $19,499 for the purchase of a license for the Techtivist app to manage and organize police misconduct data and records, for the period December 1, 2025 through November 30, 2026, and annually thereafter until terminated by either part. (100% General Fund) **26-1065**

Public Works

C.110. ADOPT Resolution No. 2026-84 ordering the preparation and filing of an engineer's report regarding the proposed levy of assessments to fund improvements in Assessment District 1979-3 in Fiscal Year 2026/27, as recommended by the Public Works Director, Countywide. (100% 1979-3 Landscape & Lighting District 2 Funds) **RES 2026-84**

C.111. ADOPT Resolution No. 2026-85 accepting as complete the contracted work performed by W. R. Forde Associates, Inc. for the Saranap Trash Capture Installation Project, as recommended by the Public Works Director, Saranap area. (100% Caltrans Grant Funds) **RES 2026-85**

Attachments: Recordable Resolution-Saranap Trash Capture

C.112. ADOPT Resolution No. 2026-86 approving and authorizing the Public Works Director, or designee, to fully close all of Troy Court, on March 20, 2026, from 8:00 a.m. through 4:00 p.m., for the purpose of operating a crane for overhead service work, El Sobrante area. (No fiscal impact) **RES 2026-86**

C.113. ADOPT Resolution No. 2026-87 approving and authorizing the Public Works Director, or designee, to fully close a portion of Briones Road, between 1011 Briones Road and 1020 Briones Road, on April 1, 2026, from 8:00 a.m. through 5:00 p.m., for the purpose of overhead utility work and vegetation maintenance, Martinez area. (No fiscal impact) **RES 2026-87**

C.114. ADOPT Resolution No. 2026-88 approving the Parcel Map for urban lot split minor subdivision MS25-00013, for a project being developed by Bryan McCormick Kelly and Laurie A. Kelly, as recommended by the Public Works Director, Alamo area. (No fiscal impact) **RES 2026-88**

Attachments: Parcel Map
Tax Letter

C.115. ADOPT Resolution No. 2026-89 approving and authorizing the Public Works Director, or designee, to fully close a portion of Sobrante Avenue, between 5701 Sobrante Avenue and 5741 Sobrante Avenue, on April 9, 2026, from 7:30 a.m. through 5:30 p.m., for the purpose of a utility pole replacement, El Sobrante area. (No fiscal impact) **RES 2026-89**

C.116. APPROVE Budget Amendment No. BDA-26-00559 authorizing the appropriation of $30,000,000 from General Fund Capital Reserve for the construction of the 117,000 square foot government services center in Brentwood, the East County Service Center Project. (100% General Fund Capital Reserve) **26-1066**

Attachments: BDA-26-00559.pdf

C.117. APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract with Westwood Professional Services, Inc., in an amount not to exceed $500,000, to provide on-call landscape architect services for the period April 1, 2026, through March 31, 2029, Countywide. (100% Special Districts Funds) **26-1067**

C.118. APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract amendment with Civicorps, to extend the term through April 30, 2027, and to increase the payment limit by $200,000 to a new payment limit of $400,000, to continue providing maintenance support for road and flood control vegetation management work, Countywide. (100% Local Road and Flood Control District Funds) **26-1068**

C.119. APPROVE and AUTHORIZE the Public Works Director, or designee, to execute individual contract amendments with Anrak Corporation and Pavement Recycling Systems, Inc., to extend the term through May 20, 2027, with no change to the payment limit, for continued on-call grinding services for various road maintenance work, Countywide. (No fiscal impact) **26-1069**

C.120. APPROVE and AUTHORIZE the Public Works Director or designee, to execute a contract amendment with Montrose Environmental Solutions, Inc., effective March 17, 2026, to increase the payment limit by $400,000 to a new payment limit of $750,000 and extend the term through September 14, 2028, for on-call biological consulting services, Countywide. (100% Local Road and Flood Control Funds) **26-1070**

C.121. APPROVE and AUTHORIZE the Public Works Director or designee, to execute a contract amendment with Dudek, effective March 17, 2026, to increase the payment limit by $600,000 to a new payment limit of $950,000 and extend the term through September 14, 2028, for on-call biological consulting services, Countywide. (100% Local Road and Flood Control Funds) **26-1071**

C.122. APPROVE Budget Amendment No. BDA-26-00562 authorizing the transfer of appropriations in the amount of $6,120,000 from Undesignated Capital Projects (0111) to Minor Building Improvements (0080) for facility renewal projects, including repaving, painting, and roofing work. (100% General Fund) **26-1072**

Attachments: FY 2025-2026 BU 0080 Projects
BDA-26-00562.pdf

C.123. APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute, on behalf of the Public Works Director, a purchase order with Traffic and Parking Control Co., LLC, in an amount not to exceed $25,000 to supply traffic control products and supplies on an as-needed basis for the period of April 1, 2026 through March 31, 2027, Countywide. (100% General Fund) **26-1073**

C.124. APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract with West Coast Electric Service Company, Inc. in an amount not to exceed $1,500,000, to provide on-call electrical main switchgear and infrared testing maintenance and repair services at various County sites and facilities, for the period of March 1, 2026 through February 28, 2031, Countywide. (100% General Fund) **26-1074**

C.125. APPROVE and AUTHORIZE the Public Works Director, or designee, to issue Request for Qualifications and subsequent Request for Proposals for the selection of a Design-Build entity for the Upgraded Nurse Call System project at the Contra Costa Regional Medical Center located at 2500 Alhambra Avenue, Martinez area. (No fiscal impact) **26-1075**

C.126. APPROVE and AUTHORIZE the conveyance of a 150-square-foot easement for waterline purposes at 1034 Oak Grove Road, Concord (APN 129-190-043) to the Contra Costa Water District in connection with the Oak Grove Crisis Hub Center Project, pursuant to Government Code Section 25526.6; and AUTHORIZE the Chair, Board of Supervisors, to execute the Grant of Easement, Concord area. (No fiscal impact) **26-1076**

Attachments: Easement Agreement
Exhibit A - Legal Description
Exhibit B - Parcel Map

C.127. AWARD and AUTHORIZE the Chief Engineer, or designee, to execute a construction contract with Granite Rock Company in the amount of $6,809,660 for the Grayson and Walnut Creek Levee Improvement at CCCSD Treatment Plant Project, Martinez area (50% Central Contra Costa Sanitary District Funds; 50% Flood Control Zone 3B Funds) **26-1077**

C.128. As the governing body of the Contra Costa County Flood Control and Water Conservation District, APPROVE and AUTHORIZE the Chief Engineer, or designee, to execute a 25 year License Agreement with the City of Brentwood for the purpose of operating and maintaining paved trails along District's Marsh Creek Channel, and take related actions under the California Environmental Quality Act, as recommended by the Chief Engineer, Brentwood area. (100% Flood Control Zone 1 Funds) **26-1078**

Attachments: Finalized JUA with Exhibits

Risk Management

C.129. DENY claims filed by Christopher Patrick Austin; Henrietta Garcia; Damon Hardley; Reshma Kamath; William Lee; Mercury Insurance for Amornrit Pukdeedamrongrit; Justin Russo; Rebecca Schiff; Aria Wilson; Valentin Wilson; Sandra Wohali; and Eric Wood. **26-1079**

C.130. RECEIVE report concerning the final settlement of Brianna Plaza vs. Contra Costa County; and AUTHORIZE payment from the Workers' Compensation Internal Service Fund in an amount not to exceed $75,000 as recommended by the Director of Risk Management. (100% Workers' Compensation Internal Service Fund) **26-1080**

Sheriff

C.131. RATIFY the execution of a contract with Stericycle, Inc., in the amount of $50,000 for hazardous waste management services for the Office of the Sheriff Forensics Division, for the period August 1, 2025 through August 31, 2028, with an automatic extension option through August 30, 2031. (100% General Fund) **26-1081**

C.132. APPROVE Budget Amendment No. BDA-26-00556, authorizing the transfer of appropriations within the General Fund in the amount of $800,000 from the Sheriff's Office (0255) to Public Work's (0111), for the Training Tower Construction Project. (100% General Fund) **26-1082**

Attachments: BDA-26-00556.pdf

C.133. APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute on behalf of the Sheriff-Coroner, a purchase order with Aurora Biomed, Inc., in an amount not to exceed $11,000, and ACCEPT terms and conditions for preventative maintenance, extended warranty, and repairs of the automated liquid handling workstation at the Forensics Division, for the period April 1, 2026 through March 31, 2027. (100% General Fund) **26-1083**

C.134. APPROVE and AUTHORIZE the Sheriff-Coroner, or designee, to execute a contract with Axel Technologies, Inc. in an amount not to exceed $3,000 and ACCEPT Terms of Service for the use of their web-based mapping system software, for the period July 1, 2025 through June 30, 2027. (100% General Funds) **26-1084**

C.135. APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute on behalf of the Sheriff-Coroner, a purchase order with Informer Systems, LLC dba SafeCities, in an amount not to exceed $22,000, and ACCEPT the Terms of Service for a workforce scheduling management software, for the period March 1, 2026 through February 28, 2029. (100% General Funds) **26-1085**

C.136. APPROVE and AUTHORIZE the Sheriff-Coroner, or designee, to execute a contract with Brinks, Inc., in an amount not to exceed $50,000 to provide cash-in-transit services for the detention facilities, for the period February 1, 2026 through January 31, 2027. (100% General Fund) **26-1086**

C.137. APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute on behalf of the Sheriff-Coroner, a purchase order with Magnet Forensics, LLC, in an amount not to exceed $62,000 for the use of the GrayKey, a digital forensic evidence software, in the Investigation Division, for the period March 15, 2026 through March 14, 2027. (100% General Fund) **26-1087**

Treasurer - Tax Collector

C.138. APPROVE and AUTHORIZE the County Treasurer-Tax Collector, or designee, to execute a Data Protection Agreement with Wells Fargo Bank, N.A. ("WFB"), for the purpose of evaluating and determining Contra Costa County's viability as a candidate for WFB's Account Validation Services, effective February 5, 2026. (No fiscal impact) **26-1088**

Attachments: CCC_Non Disclosure Agreement Account Validation Svcs_2.24.26

GENERAL INFORMATION

The Board meets in all its capacities pursuant to Ordinance Code Section 24-2.402.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the Clerk of the Board to a majority of the members of the Board of Supervisors less than 96 hours prior to that meeting are available for public inspection at 1025 Escobar Street, First Floor, Martinez, CA 94553, during normal business hours.

All matters listed under CONSENT ITEMS are considered by the Board to be routine and will be enacted by one motion. There will be no separate discussion of these items unless requested by a member of the Board before the Board votes on the motion to adopt. Each member of the public will be allowed two minutes to comment on the entire consent agenda.

Persons who wish to speak on matters set for PUBLIC HEARINGS will be heard when the Chair calls for public testimony. Each speaker during public testimony will be limited to two minutes. After public testimony, the hearing is closed and the matter is subject to discussion and action by the Board. Comments on matters listed on the agenda or otherwise within the purview of the Board of Supervisors can be submitted to the office of the Clerk of the Board via mail: Board of Supervisors, 1025 Escobar Street, First Floor, Martinez, CA 94553 or to clerkoftheboard@cob.cccounty.us.

In the interest of facilitating the business of the Board, the total amount of time that a member of the public may use in addressing the Board on all agenda items is 10 minutes.

Time limits for public speakers may be adjusted at the discretion of the Chair.

The County will provide reasonable accommodations for persons with disabilities planning to attend Board meetings who contact the Clerk of the Board at least 24 hours before the meeting, at (925) 655-2000.

Anyone desiring to submit an inspirational thought nomination for inclusion on the Board Agenda may contact the Office of the County Administrator or Office of the Clerk of the Board, 1025 Escobar Street, Martinez, California.

Subscribe to receive to the weekly Board Agenda by calling the Office of the Clerk of the Board, (925) 655-2000 or using the County's on line subscription feature at the County's Internet Web Page, where agendas and supporting information may also be viewed: https://contra-costa.legistar.com/Calendar.aspx

DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

Pursuant to Government Code section 84308 (the Levine Act), members of the Board of Supervisors are disqualified and not able to participate in any agenda item involving contracts (except for contracts exempt from the Levine Act under Government Code section 84308(a)), franchises, discretionary land use permits and other entitlements, if the Board member received, within the previous 12 months, more than $500 in campaign contributions from the applicant or contractor, an agent of the applicant or

contractor, or any financially interested participant who actively supports or opposes the County's decision on the agenda item. Members of the Board of Supervisors who have received, and applicants, contractors or their agents who have made, campaign contributions totaling more than $500 to a Board member within the previous 12 months are required to disclose that fact for the official record of the subject proceeding. Disclosures must include the amount of the campaign contribution and identify the recipient Board member, and may be made either in writing to the Clerk of the Board of Supervisors before the subject hearing or by verbal disclosure at the time of the hearing.

BOARD OF SUPERVISORS STANDING COMMITTEES

For more information please visit the Board of Supervisors Standing Committees page here: https://www.contracosta.ca.gov/8633/Board-of-Supervisors-Standing-Committees

Airport Committee: June 10, 2026 at 10:00 a.m.
Economic Development Committee: April 6, 2026 at 11:00 a.m.
Equity Committee: April 20, 2026 at 10:30 a.m.
Family and Human Services Committee: April 13, 2026 at 10:30 a.m.
Finance Committee: April 6, 2026 at 9:30 a.m.
Internal Operations Committee: March 23, 2026 at 10:30 a.m.
Head Start Advisory Committee: March 18, 2026 9:00 a.m.
Legislation Committee: March 20, 2026 at 1:00 p.m.
Los Medanos Healthcare Operations Committee: April 6, 2026 at 10:00 a.m.
Public Protection Committee: April 20, 2026 at 1:30 p.m.
Resilient Shoreline Committee: April 13, 2026 at 9:00 a.m.
Sustainability Committee: May 11, 2026 at 1:00 p.m.
Transportation, Water and Infrastructure Committee: March 18, 2026 at 1:00 p.m.

Glossary of Acronyms, Abbreviations, and other Terms

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. For a list of commonly used language that may appear in oral presentations and written materials associated with Board meetings, please visit https://www.contracosta.ca.gov/8464/Glossary-of-Agenda-Acronyms.

File #: 26-956 **Agenda Date:** 3/17/2026 **Agenda #:** D.1.

To: Board of Supervisors

From: Ken Carlson, District IV Supervisor

Report Title: CONSIDER accepting the LGBTQIA+ Service Assessment report by La Piana Consulting

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
CONSIDER accepting the LGBTQIA+ Service Assessment report by La Piana Consulting.

FISCAL IMPACT:
N/A

BACKGROUND:
At its June 10, 2025 Board of Supervisors approved a one-time $50,000 grant to La Piana Consulting from the remaining balance of the CCFutures to provide for additional community benefits of LGBTQIA+ Service Survey within Supervisorial District IV and Contra Costa County.

Contra Costa County LGBTQIA+ Service Survey

The LGBTQIA+ population in Contra Costa County is increasingly visible in all parts of the County. Although LGBTQIA+ residents' needs parallel those of the general population - affordable housing, food assistance, employment assistance, health care, education, etc. - these residents may face barriers to access or may find service providers are unwelcoming or uneducated about their lives and specific needs. In some cases, the LGBTQIA+ population faces unique hurdles, including elevated need for behavioral health support, tobacco addiction, health care, gender transitioning, or other situations where the LGBTQIA+ population faces elevated risks, identity-specific care, or the hurdle of discrimination from caregivers or employers.

CONSEQUENCE OF NEGATIVE ACTION:

Contra Costa County

LGBTQIA+ Service Assessment Report



La Piana
CONSULTING

March 17, 2026

Agenda

- Welcome
- Methodology
- Key Findings
- Recommendations
- Questions & Comments



Your Team

We help the social sector navigate change.



Lester Olmstead-Rose
(he/him)
Partner



Amia Grashin
(she/her)
Senior Consultant



Estephany Mendoza
(she/her)
Associate Consultant

Methodology

- This assessment is focused on **direct service providers** that fulfill essential needs, including mental and behavioral health, housing, legal assistance, food security, and other services.
- To conduct the assessment, La Piana Consulting:
  - Surveyed service providers across the County
  - Conducted interviews with select providers for deeper understanding
  - and reviewed publicly available information to verify services

While extensive, the results are not exhaustive.

Methodology

- This assessment organizes service providers into the following:
  - **Dedicated LGBTQIA+ Service Providers**: Organizations with a primary mission to serve the LGBTQIA+ community.
  - **General Service Providers with LGBTQIA+ Programs**: Providers that serve the broader public but operate specialized programs designed specifically for LGBTQIA+ residents.
  - **LGBTQIA+ Welcoming Organizations**: General organizations that do not have specific LGBTQIA+ programs but have documented cultural competency through indicators including staff training, designated LGBTQIA+ liaisons, high numbers of LGBTQIA+ staff, or by being named by LGBTQIA+ dedicated providers or programs as trusted partners for their clients.



Key Findings

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Only one dedicated LGBTQIA+ direct service provider

- Contra Costa County has just one organization — Rainbow Community Center (RCC) — whose core mission is to provide LGBTQIA+ direct services as defined in this report

RAINBOW COMMUNITY CENTER

General service providers play an important role

- A number of service providers serving the general public also operate LGBTQIA+-specific programs, addressing needs such as:
  - Behavioral health support
  - HIV services
  - Youth supports
  - And social and community programs



Many organizations are LGBTQIA+ welcoming, but competency varies

- Several service providers indicate they are LGBTQIA+ welcoming through self-reported practices including:
  - Staff training
  - Dedicated staff to support LGBTQIA+ clients
  - Or high LGBTQIA+ representation among staff and board members
- However, many reported no LGBTQIA+-specific training and no data collection on LGBTQIA+ clients, staff, or board members



Residents seek services outside the County

- Many LGBTQIA+ residents access services in Alameda and San Francisco counties. This may be due to barriers such as:
  - Limited local options
  - Inconsistent LGBTQIA+-competent providers for specialized services
  - Increased barriers to entry
  - And/or transportation challenges



Federal funding pressures influence how services are described

- Some providers expressed concern that publicly identifying LGBTQIA+ programs could jeopardize federal funding, leading to:
  - Less visibility of LGBTQIA+ services
  - Harder for residents to access



Recommendations

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DRIVING SOCIAL IMPACT since 1998

Strengthen County leadership in response to federal funding threats

Expand LGBTQIA+ training and improve data collection

Support the stability and capacity of dedicated LGBTQIA+ service providers

Improve visibility and accessibility of LGBTQIA+ services


Questions/Comments
La Piana
DRIVING SOCIAL IMPACT since 1998

Who We Are

La Piana Consulting is a national firm serving the social sector since 1998. Through research, innovation, and analysis, we help our clients see things in new ways and create practical solutions to stay ahead of trends and achieve high mission impact.

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La Piana CONSULTING

CONTRA COSTA
COUNTY, CALIFORNIA

PURPOSE

In late 2024 Contra Costa County District IV Supervisor Ken Carlson sought out an approach to better understand the scope of LGBTQIA+ services in the County. With the support of the Contra Costa County Board of Supervisors, Supervisor Carlson funded a study by La Piana Consulting to identify the range of services currently providing LGBTQIA+ specific and LGBTQIA+ welcoming services. Although identifying gaps was not the primary objective, several became evident through the course of the work and are noted here.

This summary highlights the major findings at a high level; the report and appendices provide more information for readers seeking deeper information.

METHODOLOGY

This assessment is focused on direct service providers that fulfill essential needs, including mental and behavioral health, housing, legal assistance, food security, and other services.

To conduct the assessment, La Piana Consulting surveyed service providers across the County, conducted interviews with select providers for deeper understanding, and reviewed publicly available information to verify services.

While extensive, the results are not exhaustive. Some organizations may not have been reached, school-based services were not included as they are not generally available to the general public, and a few providers declined to describe their LGBTQIA+ services due to concerns about federal funding restrictions or backlash.

This assessment organizes service providers into the following:

- **Dedicated LGBTQIA+ Service Providers**: Organizations with a primary mission to serve the LGBTQIA+ community.
- **General Service Providers with LGBTQIA+ Programs**: Providers that serve the broader public but operate specialized programs designed specifically for LGBTQIA+ residents.
- **LGBTQIA+ Welcoming Organizations**: General organizations that do not have specific LGBTQIA+ programs but have documented cultural competency through indicators including staff training, designated LGBTQIA+ liaisons, high numbers of LGBTQIA+ staff, or by being named by LGBTQIA+ dedicated providers or programs as trusted partners for their clients.

Classification is based on survey responses, interviews with providers, and publicly available information.

CONTRA COSTA
COUNTY, CALIFORNIA

KEY FINDINGS



Only one dedicated LGBTQIA+ direct service provider

Contra Costa County has just one organization — Rainbow Community Center (RCC) — whose core mission is to provide LGBTQIA+ direct services. Several additional LGBTQIA+ community and advocacy organizations contribute through social connection, community building, advocacy, and training, but do not offer direct services as defined in this report.



General service providers play an important role

A number of service providers serving the general public also operate LGBTQIA+-specific programs, addressing needs such as behavioral health support, HIV services, youth supports, and social and community programs.



Many organizations are LGBTQIA+ welcoming, but competency varies

Several providers indicate they are LGBTQIA+ welcoming through practices including staff training, dedicated staff to support LGBTQIA+ clients, or high LGBTQIA+ representation among staff and board members. However, many reported no LGBTQIA+-specific training and no data collection on LGBTQIA+ clients, staff, or board members — suggesting inconsistent cultural competency among County service providers.



Residents seek services outside the County

Many LGBTQIA+ residents access services in Alameda and San Francisco counties. This may be due to barriers such as limited local options, inconsistent LGBTQIA+-competent providers for specialized services, lower barriers to entry through community spaces and events, and transportation barriers.



Federal funding pressures influence how services are described

Some providers expressed concern that publicly identifying LGBTQIA+ programs could jeopardize federal funding, leading to less visibility of LGBTQIA+ services and making them harder for residents to access.

CONTRA COSTA
COUNTY, CALIFORNIA

RECOMMENDATIONS

Strengthen County leadership in response to federal funding threats

County leadership should be prepared to take a visible and proactive role if federal policies restrict or penalize LGBTQIA+-affirming services. This may include preparing advance legal preparation, identifying funds to continue targeted services in the case of budget recissions, and responding with strong statements of support for local LGBTQIA+ residents and services.

Expand LGBTQIA+ training and improve data collection

To ensure consistent, culturally competent services across the County, social service providers may benefit from expanded LGBTQIA+ training and collection of basic data on LGBTQIA+ clients. Strengthening training and data practices would help providers understand who they serve and how well they meet residents' needs.

Support the stability and capacity of dedicated LGBTQIA+ service providers

The County currently has only one dedicated LGBTQIA+ direct service provider – Rainbow Community Center (RCC) – which plays a unique and essential role in community building and service provision. Policy makers and funders may wish to explore ways to support dedicated LGBTQIA+ programs including those provided through RCC, promote long-term sustainability for such programs, and support efforts to expand dedicated services to ensure LGBTQIA+ residents in all regions have access to culturally competent services.

Improve visibility and accessibility of LGBTQIA+ services

The County should plan to update this report on an ongoing basis, perhaps assigning the responsibility to the Contra Costa County Office of Racial Equity and Social Justice. Further research on LGBTQIA+ residents' needs could provide additional policy guidance around which services to prioritize for addition or expansion.



CONTRA COSTA
COUNTY, CALIFORNIA

Countywide LGBTQIA+ Service Assessment Report

January 2026

La Piana
CONSULTING

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Executive Summary

Purpose

In late 2024 Contra Costa County District IV Supervisor Ken Carlson sought out an approach to better understand the scope of LGBTQIA+ services in the County. With the support of the Contra Costa County Board of Supervisors, Supervisor Carlson funded a study by La Piana Consulting to identify the range of services currently providing LGBTQIA+ specific and LGBTQIA+ welcoming services. Although identifying gaps was not the primary objective, several became evident through the course of the work and are noted here.

This summary highlights the major findings at a high level; **the report and appendices provide more information for readers seeking deeper information.**

Methodology

This assessment is focused on direct service providers that fulfill essential needs, including mental and behavioral health, housing, legal assistance, food security, and other services.

To conduct the assessment, La Piana Consulting surveyed service providers across the County, conducted interviews with select providers for deeper understanding, and reviewed publicly available information to verify services.

While extensive, the results are not exhaustive. Some organizations may not have been reached, school-based services were not included as they are not generally available to the general public, and a few providers declined to describe their LGBTQIA+ services due to concerns about federal funding restrictions or backlash.

This assessment organizes service providers into the following:

- **Dedicated LGBTQIA+ Service Providers**: Organizations with a primary mission to serve the LGBTQIA+ community.
- **General Service Providers with LGBTQIA+ Programs**: Providers that serve the broader public but operate specialized programs designed specifically for LGBTQIA+ residents.
- **LGBTQIA+ Welcoming Organizations**: General organizations that do not have specific LGBTQIA+ programs but have documented cultural competency through indicators including staff training, designated LGBTQIA+ liaisons, high numbers of LGBTQIA+ staff, or by being named by LGBTQIA+ dedicated providers or programs as trusted partners for their clients.

Classification is based on survey responses, interviews with providers, and publicly available information.

Key Findings

Only one dedicated LGBTQIA+ direct service provider

Contra Costa County has just one organization — Rainbow Community Center (RCC**)** — whose core mission is to provide LGBTQIA+ direct services. Several additional LGBTQIA+ community and advocacy

organizations contribute through social connection, community building, advocacy, and training, but do not offer direct services as defined in this report.

General service providers play an important role

A number of service providers serving the general public also operate LGBTQIA+-specific programs, addressing needs such as behavioral health support, HIV services, youth supports, and social and community programs.

Many organizations are LGBTQIA+ welcoming, but competency varies

Several providers indicate they are LGBTQIA+ welcoming through practices including staff training, dedicated staff to support LGBTQIA+ clients, or high LGBTQIA+ representation among staff and board members. However, many reported no LGBTQIA+-specific training and no data collection on LGBTQIA+ clients, staff, or board members — suggesting inconsistent cultural competency among County service providers.

Residents seek services outside the County

Many LGBTQIA+ residents access services in Alameda and San Francisco counties. This may be due to barriers such as limited local options, inconsistent LGBTQIA+-competent providers for specialized services, lower barriers to entry through community spaces and events, and transportation barriers.

Federal funding pressures influence how services are described

Some providers expressed concern that publicly identifying LGBTQIA+ programs could jeopardize federal funding, leading to less visibility of LGBTQIA+ services and making them harder for residents to access.

Recommendations

Strengthen County leadership in response to federal funding threats

County leadership should be prepared to take a visible and proactive role if federal policies restrict or penalize LGBTQIA+-affirming services. This may include preparing advance legal preparation, identifying funds to continue targeted services in the case of budget recissions, and responding with strong statements of support for local LGBTQIA+ residents and services.

Expand LGBTQIA+ training and improve data collection

To ensure consistent, culturally competent services across the County, social service providers may benefit from expanded LGBTQIA+ training and collection of basic data on LGBTQIA+ clients. Strengthening training and data practices would help providers understand who they serve and how well they meet residents' needs.

Support the stability and capacity of dedicated LGBTQIA+ service providers

The County currently has only one dedicated LGBTQIA+ direct service provider – Rainbow Community Center (RCC) – which plays a unique and essential role in community building and service provision. Policy makers and funders may wish to explore ways to support dedicated LGBTQIA+ programs including those provided through RCC, promote long-term sustainability for such programs, and support efforts to expand dedicated services to ensure LGBTQIA+ residents in all regions have access to culturally competent services.

Improve visibility and accessibility of LGBTQIA+ services

The County should plan to update this report on an ongoing basis, perhaps assigning the responsibility to the Contra Costa County Office of Racial Equity and Social Justice. Further research on LGBTQIA+ residents' needs could provide additional policy guidance around which services to prioritize for addition or expansion.

Full Report

Introduction & Assessment Overview

The Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual plus (LGBTQIA+) population in Contra Costa County is increasingly visible in all parts of the County. Although the needs of LGBTQIA+ residents' parallel those of the general population — affordable housing, food assistance, employment assistance, health care, education, etc. — these residents may face barriers to access or may find service providers are unwelcoming or uneducated about their lives and specific needs. In some cases, the LGBTQIA+ population has specific needs or faces unique hurdles, including elevated need for behavioral health support, tobacco addiction, welcoming health care, gender transitioning, or other situations where the LGBTQIA+ population faces higher than average risks, identity-specific care, or the hurdle of discrimination from caregivers or employers.[1]

Although a range of LGBTQIA+ services — and LGBTQIA+ welcoming providers — exists throughout the County, a full survey of the services offered does not exist. Without that information, the gaps in services remain invisible, making it difficult for policy makers, providers, funders, and others to adequately serve the population with an array of programs that serve the range of community needs.

In late 2024 Contra Costa County District IV Supervisor Ken Carlson[2] sought out an approach to better understand the scope of LGBTQIA+ services in the County. With the support of the Contra Costa County Board of Supervisors, Supervisor Carlson funded a study by La Piana Consulting[3] to identify the range of services currently providing LGBTQIA+ specific and LGBTQIA+ welcoming services.

This assessment focuses on direct service providers, organizations that address essential needs such as behavioral and mental health, housing, legal aid, and food security. It only touches on training, advocacy, and community-building programs incidentally, although organizations carrying out this work are critical to building community, changing attitudes, securing policy change, and raising visibility.

Beginning in Fall 2025, the La Piana Consulting team has worked in close partnership with the Office of Supervisor Ken Carlson to develop and launch this assessment.

Methodology

Report Structure

The results of this assessment are organized according to a classification of services based on the nature of providers' offerings and organizational focus:

- **Dedicated LGBTQIA+ Service Providers**: Organizations with a primary mission to serve the LGBTQIA+ community through direct services.

[1] These disparities are well documented across national studies, several of which are summarized in Appendix A: Research on LGBTQIA+ Disparities in Access and Outcomes.
[2] https://www.contracosta.ca.gov/6291/District-4-Supervisor-Ken-Carlson
[3] https://www.lapiana.org/

- **LGBTQIA+ Community and Advocacy Organizations**: Organizations whose primary mission is to sustain the LGBTQIA+ community through social connection, community building, advocacy, and/or training.

- **General Service Providers with LGBTQIA+ Programs**: Providers that serve the broader public but operate specialized programs designed specifically for LGBTQIA+ residents.[4]
- **LGBTQIA+ Welcoming Organizations**: General organizations that do not have specific LGBTQIA+ programs but have documented cultural competency through indicators including specialized staff training, designated LGBTQIA+ liaisons, or named by LGBTQIA+ dedicated providers or programs as trusted partners for their clients.

Classification is based on survey responses, interviews with providers, and publicly available information.

The assessment did not explore school-based services for LGBTQIA+ individuals as these resources are not available to the general public; many, if not most, schools and colleges in the County do provide a range of LGBTQIA+ specific programs.

This study was also not designed to be a full needs assessment, although information about gaps in services was also volunteered during our information gathering efforts and is included.

Assessment Elements

Survey

La Piana Consulting conducted a survey of **direct service providers within Contra Costa County** focused on identifying the services specifically designed for the LGBTQIA+ community. The returned surveys were completed by representatives of service providing organizations and not by individuals accessing or potentially accessing services. The survey was open from October 31 – December 10, 2025[5] and is included in Appendix B.

The process of identifying service providers to complete the survey began with desk research. Appendix C lists the publicly available sources used to identify service providers. While we initially explored using existing local service databases and contact lists, we determined what was not feasible. In addition to these technical limitations, we recognized that unsolicited mass communications could be perceived as intrusive and undermine trust with the providers we sought to reach. Therefore, for both technical and relationship-building reasons, we coordinated with organizations that regularly communicate with service provider groups across Contra Costa County, relying on their established channels to promote the survey with service providers throughout the County.

The organizations that assisted with distribution are listed in Appendix D. To ensure participation from organizations known to provide LGBTQIA+ services, we reached out to those groups directly. We opted for

[4] Although HIV services are not synonymous with LGBTQIA+ programs, we have included HIV services in the survey given the historic connection with the LGBTQIA+ community and continued need to center certain HIV work within the LGBTQIA+ population.
[5] The survey was initially scheduled to close on November 25, 2025, but was extended to ensure all key service providers had the opportunity to participate. La Piana engaged in targeted outreach to several providers during the extension time.

a personalized outreach strategy to avoid spam filters and protect the trust of the LGBTQIA+ community and its providers. A list of these organizations is included in Appendix E.[6]

Survey dissemination was strengthened through assistance from the Office of Supervisor Carlson, which connected the project team to Chiefs of Staff in other district offices who supplied additional leads and contact information. These referrals expanded the communications networks initially identified through organizations known to Supervisor Carlson and La Piana and were further extended through suggestions offered by participating organizations.

A total of **58** unduplicated organizations completed the survey. A list of participating organizations is included in Appendix F.

Interviews

Interviews were primarily conducted with leaders of LGBTQIA+ dedicated organizations or LGBTQIA+ specific programs, and designed to identify additional LGBTQIA+ services, LGBTQIA+ welcoming providers, and to deepen our understanding of the services offered in Contra Costa County. An additional question around the impacts of changes in federal policy was added once this issue was raised by a survey respondent. The interview guide can be found in Appendix G. Interviews were conducted with 7 in-County service providers, identified in Appendix H.

Additional interviews were conducted with service providers in San Francisco and Alameda counties to gather qualitative input into how many Contra Costa residents sought out-of-County assistance and the reasons for clients choosing that option. A range of insights from these conversations is included in this report. The interview guide can be found in Appendix I. Interviews were conducted with 3 out-of-County service providers, identified in Appendix J.

Limitations

The providers and services identified in this report were identified from a combination of desk research, interviews, and a self-complete survey. Because the best method of distributing the survey was not possible — reaching out to identified individuals at each County service provider and following up with those who did not complete the survey — we had to rely on alternative approaches to secure responses. The survey was distributed through a wide number of communications networks identified through organizations known to Supervisor Carlson and La Piana, and added to by asking those organizations for additional suggestions. The individual organizations identified in this report were identified through survey responses supplemented by organizations identified through online research, survey respondents, contacts provided by individual County Supervisors, and those identified by interviewees. As such, this report should be viewed as an extensive, though not exhaustive, map of the services that exist for LGBTQIA+ residents in Contra Costa County.

[6] La Piana is deeply grateful to the Contra Costa Crisis Center for its assistance in exploring the different possibilities for survey distribution.

Appreciation

Many individuals contributed to the development of this assessment, including a number of thought partners who provided guidance and insight throughout the process.

Special appreciation is extended to Lisa Chow, Chief of Staff (Supervisor Ken Carlson), whose ongoing partnership supported both the design and distribution of the survey. Collaboration with the Office of Supervisor Carlson, through multiple working sessions, also played an important role in shaping this effort.

Gratitude is also extended to Lillian Roselin, Lisa Malul, Executive Director of the Contra Costa Crisis Center, and to Jorge “JC” Chamorro, Executive Director of the Rainbow Community Center for providing valuable insights in the development of this assessment and report.

Contra Costa County Services for LGBTQIA+ Residents

Dedicated LGBTQIA+ Service Providers



Dedicated LGBTQIA+ Service Providers: Organizations with a primary mission to serve the LGBTQIA+ community through direct services.

Only one[7] service provider in the County is explicitly dedicated to serving the LGBTQIA+ community. Several community organizations serve the LGBTQIA+ community, but not with "direct services" as defined for this report. These groups provide social networking, community events, referrals, advocacy, and training.

Organization Name	Service Locations	Types of Services Provided	Populations Served
Dedicated LGBTQIA+ Service Providers			
Rainbow Community Center	Primary Service Location ▪ Central County (Walnut Creek, Contra Costa, Pleasant Hill, Concord, Clayton, Martinez)	Behavioral health (including mental health and substance use disorder needs); Housing; Youth services; Social and community engagement; Senior services; HIV/STI Prevention, Emergency Youth Housing, Clinical Services, Older Adult Services, Youth Support Groups	Entire LGBTQIA+ community
Dedicated LGBTQIA+ Community and Training Organizations			
PFLAG Clayton-Concord	Primary Service Location ▪ Central County (Walnut Creek, Contra Costa, Pleasant Hill, Concord, Clayton, Martinez) Additional Service Locations ▪ East County (Bay Point, Pittsburg, Antioch, Oakley)	Monthly support group for adult family, allies, and members of the LGBTQIA+ community Outreach to the LGBTQIA+ students of the MDUSD and their allies, including hosting district-wide social events and meeting with GSA organizations at the HS level	Entire LGBTQIA+ community
PFLAG Danville-San Ramon Valley	Primary Service Location ▪ Central/South County (San Ramon, Danville, Alamo) Additional Service Locations ▪ All of Contra Costa County ▪ Outside of Contra Costa County	Support to the LGBTQIA+ community, their loved ones and allies through advocacy, education and support. One of 350+ chapters of PFLAG National, the oldest and largest nonprofit that is working to create a just and inclusive world for the LGBTQIA+ organization.	Entire LGBTQIA+ community

[7] One other LGBTQIA+ organization may operate in Contra Costa County. Somos Familia is based in Alameda County and one provider identified them as an agency they refer clients to, however we were unable to confirm that they actually provide in-County services. The organization's services include professional development, trainings, support groups, capacity building, community organizing, and health and wellness with Latinx families.

Organization Name	Service Locations	Types of Services Provided	Populations Served
PFLAG Lamorinda	Primary Service Location ▪ Central/West County (Lafayette, Moraga, Orinda) Additional Service Locations ▪ Central County (Walnut Creek, Contra Costa, Pleasant Hill, Concord, Clayton, Martinez)	Peer support groups and community events	Entire LGBTQIA+ community
Richmond Rainbow Pride	Primary Service Location ▪ Richmond, CA	Richmond Rainbow Pride (RRP) is a group of LGBTIQQ individuals and allies who live, work and/or play in or near Richmond, CA, coming together for the collective benefit of the LGBTIQQ community of Richmond. Richmond Rainbow Pride is fiscally sponsored by the Richmond Community Foundation.	Entire LGBTQIA+ community

General Service Providers with Specialized LGBTQIA+ Programs



These organizations **do not have an explicit LGBTQIA+ mission**, but they **offer programs and services specifically for LGBTQIA+ residents**.

Organization Name	Service Locations	LGBTQIA+ Program/Service Description	Populations Served
Center for Human Development	Primary Service Location All of Contra Costa County	Youth Empowerment Program and QscOUTs Program	LGBTQ+ Youth
Church of the Resurrection, Pleasant Hill	Primary Service Location Central County (Walnut Creek, Contra Costa, Pleasant Hill, Concord, Clayton, Martinez)	LGBTQ+Allies Fellowship Group	General population
Contra Costa Health	Primary Service Location ▪ All of Contra Costa County	Programs that are specific to the LGBTQIA+ community or include LGBTQIA+ specific components: Lesbian, Gay, Bisexual, Transgender, and Queer Pride Initiative HIV/STI Services	General population

Organization Name	Service Locations	LGBTQIA+ Program/Service Description	Populations Served
		Health, Housing & Homeless Program Mental Health Training Gender Affirming Care for Adults Participates in Healthcare Equality Index on behalf of the County	
East Bay Getting to Zero	Primary Service Location ▪ All of Contra Costa County Additional Service Locations ▪ Outside of Contra Costa County	East Bay Getting to Zero is a network of diverse people from community organizations, clinics, hospitals, schools, faith-based organizations, public and private agencies in Alameda and Contra Costa Counties working together to advance health equity and healing for all people impacted by HIV through system coordination, advocacy, capacity building and innovation.	Entire LGBTQIA+ community
Family Caregiver Alliance	Primary Service Location ▪ All of Contra Costa County Additional Service Locations ▪ Outside of Contra Costa County	Caregiver support group	Entire LGBTQIA+ community
Jewish Family and Community Services – East Bay	Primary Service Location ▪ Central County (Walnut Creek, Contra Costa, Pleasant Hill, Concord, Clayton, Martinez) Additional Service Locations ▪ Central/South County (San Ramon, Danville, Alamo);	Emotional Support for LGBTQIA+ Refugees	LGBTQIA+ Refugees
La Clínica	Primary Service Location ▪ East County (Bay Point, Pittsburg, Antioch, Oakley) Additional Service Locations Outside of Contra Costa County	HIV services, HIV treatment, HIV PrEP	General population
Mental Health Connections	Primary Service Location ▪ Central County (Walnut Creek, Contra Costa, Pleasant Hill, Concord, Clayton, Martinez)	A monthly group meeting so that our LGBTQ+ community does not feel isolated	Entire LGBTQIA+ community

Organization Name	Service Locations	LGBTQIA+ Program/Service Description	Populations Served
	Additional Service Locations ▪ West County (El Cerrito, Richmond, San Pablo, El Sobrante); East County (Bay Point, Pittsburg, Antioch, Oakley)		
Planned Parenthood Northern California	Primary Service Location ▪ Central County (Walnut Creek, Contra Costa, Pleasant Hill, Concord, Clayton, Martinez) Additional Service Locations ▪ West County (El Cerrito, Richmond, San Pablo, El Sobrante); Central/South County (San Ramon, Danville, Alamo); Central County (Walnut Creek, Contra Costa, Pleasant Hill, Concord, Clayton, Martinez); East County (Bay Point, Pittsburg, Antioch, Oakley); Outside of Contra Costa County	Gender Affirming Care (16+, non-surgical only)	Trans individuals
RYSE	Primary Service Location ▪ West County (El Cerrito, Richmond, San Pablo, El Sobrante)	RYSE ensures all programming and supports affirm, center, and attune to the priorities, needs, experiences, and interests of LGBTQIA+ youth and young adults. Specific programming and supports include Alphabet Group, RYSE Pryde, tailored supports for LGBTQIA+ members.	LGBTQ+ Youth
Urban Tilth	Primary Service Location ▪ West County (El Cerrito, Richmond, San Pablo, El Sobrante)	Richmond & San Pablo Pride Booths	Entire LGBTQIA+ community

LGBTQIA+ Welcoming Organizations



The following service providers do not have specific LGBTQIA+ programs but have documented cultural competency through indicators including specialized staff training, designated LGBTQIA+ client support, high proportions of LGBTQIA+ staff and/or board or named by LGBTQIA+ dedicated providers or programs as trusted partners for their clients. The definitions for each indicator are provided below.

- **Staff Training**: Self-reported when asked if they provide regular training to service staff on how to work with clients in order to be welcoming and effective in providing services to LGBTQIA+ individuals.

- **LGBTQIA+ Client Support Contact Available**: Self-reported when asked if there is someone on staff available to answer questions and help LGBTQIA+ clients navigate their services.
- **High LGBTQIA+ Client Volume:** Self-reported experience serving a significant LGBTQIA+ population (20%+ of clients).
- **High Proportion of LGBTQIA+ Staff:** This indicator reflects organizations that self-reported a higher percentage of LGBTQIA+ staff (currently defined as ≥20%).
- **High Proportion of LGBTQIA+ Board**: This indicator reflects organizations that self-reported a higher percentage of LGBTQIA+ Board members (currently defined as ≥20%).
- **Trusted LGBTQIA+ Partner:** Named by LGBTQIA+ dedicated providers or programs as trusted partners for their clients.

While this does not necessarily confirm that these organizations are LGBTQIA+ welcoming, it may suggest some level of representation and awareness. We did not include the many organizations that reported they "serve everyone equally." That may be true, but LGBTQIA+ people — just like people from other historically marginalized communities — look for indicators to know that they can be fully open about who they are and what their needs are. If an organization has not undertaken the work to understand those markers and actively portray themselves as LGBTQIA+ welcoming, then many community members may not seek them out for services or feel welcome when they arrive needing help.

Organization Name	Service Locations	LGBTQIA+ Affirming Indicator	Populations Served
ABLE Community Development Foundation	Primary Service Location West County (El Cerrito, Richmond, San Pablo, El Sobrante)	**Staff Training**: Include anti-bias training as part of new staff orientation and/or general HR updates; Include LGBTQIA+ cultural competency training periodically (e.g., every 1-2 years); Include training on issues specific to LGBTQIA+ individuals related to the services we provide (e.g., health disparities, access to trans-friendly health providers, housing needs, appropriate behavioral health services, etc.) **LGBTQIA+ Client Support Contact Available**	Asian / Pacific Islander; Women; Disabled; Children and youth
ACOA, Housing Committee	Primary Service Location ▪ All of Contra Costa County	**Staff Training**: Include anti-bias training as part of new staff orientation and/or general HR updates	Disabled and Seniors
Akhila Health	Primary Service Location All of Contra Costa County	**LGBTQIA+ Client Support Contact Available**	General population

Organization Name	Service Locations	LGBTQIA+ Affirming Indicator	Populations Served
Alliance of Californians for Community Empowerment (ACCE)	Primary Service Location ▪ West County (El Cerrito, Richmond, San Pablo, El Sobrante) Additional Service Locations East County (Bay Point, Pittsburg, Antioch, Oakley)	**LGBTQIA+ Client Support Contact Available**	
Beat the Streets Inc	Primary Service Location All of Contra Costa County	**LGBTQIA+ Client Support Contact Available**	Latino/a; African American/Black
Caring Haven	Primary Service Location ▪ All of Contra Costa County Additional Service Locations ▪ Outside of Contra Costa County	**Staff Training**: Include anti-bias training as part of new staff orientation and/or general HR updates; Include LGBTQIA+ cultural competency training periodically (e.g., every 1-2 years) **High LGBTQIA+ Client Volume** **LGBTQIA+ Client Support Contact Available**	General population
Choice In Aging	Primary Service Location ▪ All of Contra Costa County	**LGBTQIA+ Client Support Contact Available**	General population; Latino/a; African American/Black; Asian / Pacific Islander; Native American/ American Indian; Women; Disabled; Other (please specify below):; 60 and older, skilled services level of need
City of Concord: Recreation Services Department - Concord Senior Center	Primary Service Location ▪ Central County (Walnut Creek, Contra Costa, Pleasant Hill, Concord, Clayton, Martinez)	**LGBTQIA+ Client Support Contact Available**	General population
Community Awareness Emergency Response (CAER)	Primary Service Location ▪ Central County (Walnut Creek, Contra Costa, Pleasant Hill, Concord, Clayton, Martinez) Additional Service Locations	**LGBTQIA+ Client Support Contact Available**	General population

Organization Name	Service Locations	LGBTQIA+ Affirming Indicator	Populations Served
	West County (El Cerrito, Richmond, San Pablo, El Sobrante); Northwest County (Pinole, Hercules, Rodeo, Crockett); Central/West County (Lafayette, Moraga, Orinda); Central/South County (San Ramon, Danville, Alamo); Central County (Walnut Creek, Contra Costa, Pleasant Hill, Concord, Clayton, Martinez); East County (Bay Point, Pittsburg, Antioch, Oakley); Far East County (Knightsen, Brentwood, Byron, Discovery Bay, Bethel Island)		
Community Violence Solutions	Primary Service Location All of Contra Costa County	**Staff Training**: Include anti-bias training as part of new staff orientation and/or general HR updates; Include LGBTQIA+ cultural competency training periodically (e.g., every 1-2 years); Include training on issues specific to LGBTQIA+ individuals related to the services we provide (e.g., health disparities, access to trans-friendly health providers, housing needs, appropriate behavioral health services, etc.) **High LGBTQIA+ Client Volume** **LGBTQIA+ Client Support Contact Available**	General population
Contra Costa Family Justice Center	Primary Service Location ▪ Central County (Walnut Creek, Contra Costa, Pleasant Hill, Concord, Clayton, Martinez) Additional Service Locations West County (El Cerrito, Richmond, San Pablo, El Sobrante); Central/South County (San Ramon, Danville, Alamo); East County (Bay Point, Pittsburg, Antioch, Oakley)	**LGBTQIA+ Client Support Contact Available**	General population
Contra Costa Senior Legal Services	Primary Service Location ▪ All of Contra Costa County	**Staff Training**: Include anti-bias training as part of new staff orientation and/or general HR updates; Include training on issues specific to LGBTQIA+ individuals related to the services we provide	Latino/a; African American/Black; Asian / Pacific Islander; Native American/ American Indian;

Organization Name	Service Locations	LGBTQIA+ Affirming Indicator	Populations Served
		(e.g., health disparities, access to trans-friendly health providers, housing needs, appropriate behavioral health services, etc.) **LGBTQIA+ Client Support Contact Available**	Women; Disabled; Seniors
Diablo Ballet	Primary Service Location ▪ Central County (Walnut Creek, Contra Costa, Pleasant Hill, Concord, Clayton, Martinez) Additional Service Locations East County (Bay Point, Pittsburg, Antioch, Oakley)	**Staff Training**: Include anti-bias training as part of new staff orientation and/or general HR updates **High LGBTQIA+ Client Volume** **LGBTQIA+ Client Support Contact Available** **High Proportion of LGBTQIA+ Staff** **High Proportion of LGBTQIA+ Board**	General population; Latino/a; African American/Black; Asian / Pacific Islander; Women; Disabled
First 5 Contra Costa	Primary Service Location All of Contra Costa County	**Staff Training**: Include anti-bias training as part of new staff orientation and/or general HR updates **LGBTQIA+ Client Support Contact Available**	Families with children 0-5
Fred Finch Youth & Family Services	Primary Service Location ▪ All of Contra Costa County Additional Service Locations Outside of Contra Costa County	**Staff Training**: Include anti-bias training as part of new staff orientation and/or general HR updates; Include LGBTQIA+ cultural competency training periodically (e.g., every 1-2 years); Include training on issues specific to LGBTQIA+ individuals related to the services we provide (e.g., health disparities, access to trans-friendly health providers, housing needs, appropriate behavioral health services, etc.) **LGBTQIA+ Client Support Contact Available**	General population; School based
GANAS Community Organization	Primary Service Location ▪ Central County (Walnut Creek, Contra Costa, Pleasant Hill, Concord, Clayton, Martinez)	**LGBTQIA+ Client Support Contact Available**	Latino/a

Organization Name	Service Locations	LGBTQIA+ Affirming Indicator	Populations Served
	Additional Service Locations East County (Bay Point, Pittsburg, Antioch, Oakley)		
Hope Solutions	Primary Service Location All of Contra Costa County	**Staff Training**: Include training on issues specific to LGBTQIA+ individuals related to the services we provide (e.g., health disparities, access to trans-friendly health providers, housing needs, appropriate behavioral health services, etc.) **LGBTQIA+ Client Support Contact Available**	General population; Latino/a; African American/Black; Asian / Pacific Islander; Native American/ American Indian; Women; Disabled; Low-income, LGBTQIA+
John Muir Health	Primary Service Location ▪ All of Contra Costa County Additional Service Locations Outside of Contra Costa County	**Staff Training**: Include LGBTQIA+ cultural competency training periodically (e.g., every 1-2 years); Speaker presentation on specific topics related to LGBTQIA+ health	General population
La Concordia	Primary Service Location Central County (Walnut Creek, Contra Costa, Pleasant Hill, Concord, Clayton, Martinez)	**Trusted LGBTQIA+ Partner**	General population
Lincoln Families	Primary Service Location ▪ East County (Bay Point, Pittsburg, Antioch, Oakley) Additional Service Locations West County (El Cerrito, Richmond, San Pablo, El Sobrante); Northwest County (Pinole, Hercules, Rodeo, Crockett); Central/West County (Lafayette, Moraga, Orinda); Central/South County (San Ramon, Danville, Alamo); Central County (Walnut Creek, Contra Costa, Pleasant Hill, Concord, Clayton, Martinez); East County (Bay Point, Pittsburg, Antioch, Oakley); Far East County (Knightsen, Brentwood, Byron, Discovery Bay, Bethel Island); Outside of Contra Costa County	**Staff Training**: Include anti-bias training as part of new staff orientation and/or general HR updates; Include training on issues specific to LGBTQIA+ individuals related to the services we provide (e.g., health disparities, access to trans-friendly health providers, housing needs, appropriate behavioral health services, etc.) **LGBTQIA+ Client Support Contact Available**	General population

Organization Name	Service Locations	LGBTQIA+ Affirming Indicator	Populations Served
Lions Center for the Visually Impaired	Primary Service Location ▪ All of Contra Costa County Additional Service Locations Outside of Contra Costa County	**LGBTQIA+ Client Support Contact Available**	General population; Latino/a; African American/Black; Asian / Pacific Islander; Native American/ American Indian; Women; Disabled
Loaves and Fishes of Contra Costa	Primary Service Location ▪ East County (Bay Point, Pittsburg, Antioch, Oakley) Additional Service Locations Central County (Walnut Creek, Contra Costa, Pleasant Hill, Concord, Clayton, Martinez)	**LGBTQIA+ Client Support Contact Available**	General population
Meals on Wheels Diablo Region	Primary Service Location ▪ All of Contra Costa County	**LGBTQIA+ Client Support Contact Available**	General population; seniors
Meals on Wheels West Contra Costa County	Primary Service Location ▪ West County (El Cerrito, Richmond, San Pablo, El Sobrante) Additional Service Locations Northwest County (Pinole, Hercules, Rodeo, Crockett)	**Staff Training**: Include anti-bias training as part of new staff orientation and/or general HR updates **LGBTQIA+ Client Support Contact Available**	General population; Disabled
Opportunity Junction	Primary Service Location East County (Bay Point, Pittsburg, Antioch, Oakley)	**Staff Training**: Include anti-bias training as part of new staff orientation and/or general HR updates **LGBTQIA+ Client Support Contact Available** **Trusted LGBTQIA+ Partner**	General population
Pleasant Hill Community Foundation	Primary Service Location Central County (Walnut Creek, Contra Costa, Pleasant Hill, Concord, Clayton, Martinez)	**LGBTQIA+ Client Support Contact Available**	General population
Precious Treasures	Primary Service Location ▪ West County (El Cerrito, Richmond, San Pablo, El Sobrante)	**Staff Training**: We listen to parents and children, then take their lead on how they would like to be supported.	Children

Organization Name	Service Locations	LGBTQIA+ Affirming Indicator	Populations Served
		LGBTQIA+ Client Support Contact Available	
Quinan Street Project	Primary Service Location ▪ Northwest County (Pinole, Hercules, Rodeo, Crockett) Additional Service Locations ▪ West County (El Cerrito, Richmond, San Pablo, El Sobrante)	**Staff Training**: Include anti-bias training as part of new staff orientation and/or general HR updates; Include LGBTQIA+ cultural competency training periodically (e.g., every 1-2 years) **LGBTQIA+ Client Support Contact Available**	General population; Children attending Title 1 schools
Richmond Community Foundation/RCF Connects	Primary Service Location ▪ West County (El Cerrito, Richmond, San Pablo, El Sobrante) Additional Service Locations ▪ Northwest County (Pinole, Hercules, Rodeo, Crockett); Central County (Walnut Creek, Contra Costa, Pleasant Hill, Concord, Clayton, Martinez); East County (Bay Point, Pittsburg, Antioch, Oakley)	**Fiscal sponsor for Richmond Rainbow Pride** **Staff Training:** Include LGBTQIA+ cultural competency training periodically (e.g., every 1-2 years) for collaborative organizations within the organization such as SparkPoint and Housing First **LGBTQIA+ Client Support Contact Available**	General population; Latino/a; African American/Black; Asian / Pacific Islander; Native American/ American Indian; Women
Richmond Rotary Club	Primary Service Location ▪ West County (El Cerrito, Richmond, San Pablo, El Sobrante)	**LGBTQIA+ Client Support Contact Available**	General population
STAND! for Families Free of Violence	Primary Service Location ▪ Central County (Walnut Creek, Contra Costa, Pleasant Hill, Concord, Clayton, Martinez) Additional Service Locations ▪ West County (El Cerrito, Richmond, San Pablo, El Sobrante); Northwest County (Pinole, Hercules, Rodeo, Crockett); Central/West County (Lafayette, Moraga, Orinda); Central/South County (San Ramon, Danville, Alamo); East County (Bay Point, Pittsburg, Antioch, Oakley); Far East County (Knightsen, Brentwood, Byron, Discovery Bay, Bethel Island)	**Staff Training**: Include anti-bias training as part of new staff orientation and/or general HR updates; Include LGBTQIA+ cultural competency training periodically (e.g., every 1-2 years); Include training on issues specific to LGBTQIA+ individuals related to the services we provide (e.g., health disparities, access to trans-friendly health providers, housing needs, appropriate behavioral health services, etc.) **LGBTQIA+ Client Support Contact Available** **Trusted LGBTQIA+ Partner**	General population; Latino/a; African American/Black; Asian / Pacific Islander; Native American/ American Indian; Women; Disabled; LGBQT+

Organization Name	Service Locations	LGBTQIA+ Affirming Indicator	Populations Served
St. Vincent de Paul of Contra Costa County	Primary Service Location ▪ East County (Bay Point, Pittsburg, Antioch, Oakley) Additional Service Locations ▪ West County (El Cerrito, Richmond, San Pablo, El Sobrante); Northwest County (Pinole, Hercules, Rodeo, Crockett); Central/West County (Lafayette, Moraga, Orinda); Central/South County (San Ramon, Danville, Alamo); Central County (Walnut Creek, Contra Costa, Pleasant Hill, Concord, Clayton, Martinez); Far East County (Knightsen, Brentwood, Byron, Discovery Bay, Bethel Island)	**LGBTQIA+ Client Support Contact Available**	General population; Latino/a; African American/Black; Asian / Pacific Islander; Native American/ American Indian; Women; Disabled; Low income; Marginalized
The CHAT Project	Primary Service Location ▪ All of Contra Costa County Additional Service Locations Outside of Contra Costa County	**Staff Training**: Include anti-bias training as part of new staff orientation and/or general HR updates; Include LGBTQIA+ cultural competency training periodically (e.g., every 1-2 years) **LGBTQIA+ Client Support Contact Available**	General population; While the services are not specifically for LGBTQIA+ community, the needs of this community were at the forefront of the vision to create CHAT.
WestCare California, Inc.	Primary Service Location ▪ West County (El Cerrito, Richmond, San Pablo, El Sobrante) Additional Service Locations ▪ Outside of Contra Costa County	**Staff Training**: Include anti-bias training as part of new staff orientation and/or general HR updates; Include LGBTQIA+ cultural competency training periodically (e.g., every 1-2 years); Include training on issues specific to LGBTQIA+ individuals related to the services we provide (e.g., health disparities, access to trans-friendly health providers, housing needs, appropriate behavioral health services, etc.) **LGBTQIA+ Client Support Contact Available**	General population; Latino/a; African American/Black
Women's Cancer Resource Center	Primary Service Location ▪ West County (El Cerrito, Richmond, San Pablo, El Sobrante)	**Staff Training**: Include anti-bias training as part of new staff orientation and/or general HR updates; Include training on issues specific to LGBTQIA+ individuals	Latino/a; African American/Black; Women

Organization Name	Service Locations	LGBTQIA+ Affirming Indicator	Populations Served
		related to the services we provide (e.g., health disparities, access to trans-friendly health providers, housing needs, appropriate behavioral health services, etc.) **LGBTQIA+ Client Support Contact Available**	
YES Nature to Neighborhoods	Primary Service Location ▪ West County (El Cerrito, Richmond, San Pablo, El Sobrante) Additional Service Locations ▪ Northwest County (Pinole, Hercules, Rodeo, Crockett)	**LGBTQIA+ Client Support Contact Available**	General population; Latino/a; African American/Black; Asian / Pacific Islander; Native American/ American Indian; Women; Disabled

Key Qualitative Findings

Access for LGBTQIA+ Residents

Although a range of LGBTQIA+ specific and welcoming programs operate in Contra Costa County, services are not well publicized and not always easy to access. Contra Costa County Health Pride Initiative provides the best routes to accessing LGBTQIA+ services including a list of the most important LGBTQIA+ serving organizations (see Appendix K); tracking LGBTQIA+ affirming churches (see Appendix L); and incorporating a large number of LGBTQIA+ specific and welcoming services on its provider page[8]. Several interviewees, however, identified the need for a well-publicized and comprehensive list of LGBTQIA+ services as a need, expressed gratitude for the commissioning of this assessment, and/or asked to receive a report copy for their organization's use once available.

The importance of this finding is that it reflects the challenge LGBTQIA+ residents seeking support encounter when seeking a welcoming provider for a critical need. In particular, publicizing LGBTQIA+ welcoming organizations should prove especially helpful to community members in need.

Scope of Current Services

Although the need for LGBTQIA+ specific services is critical, resources will never capture all services to be delivered through this approach. The alternative is demonstrated by several organizations La Piana

8 https://secure.healthx.com/v3app/a/?6713520D04184E241C0D022C0D340C1C130C11166E221738130C0A0C1737483A0002181B1A18225A403E370111000A0017361A331706230A171747040051305A030F491303450A595C75590544575355445E75410434485D5F0B545E457D03565C450B00405F5C5F3848140C1C130C11162816582C50075A5D064A157948570F105F4C405C590B68565F0F5D4857104275445464 5D55080C070E07201D1205135553422F575D7D5756582F2056424270455211565628 2F2641640B21582A325157475F2C2F075F252F/

interviewed, which is broad community-serving organizations "building queer-sensibility into everything." Several organizations La Piana spoke with either self-identified in this way (using these terms or similar language) or named other organizations they saw this way including RYSE, Richmond Community Foundation, Planned Parenthood of Northern California, and STAND!.

> *"Overall, cultivation and organizing of [our group] from the beginning was done ensuring the [involvement] of queer people. We queer all programs. It's who we are in everything. But then we tailor spaces [specific to LGBTQIA+ participants] also."*

Role of Rainbow Community Center

Rainbow Community Center (RCC) is the essential LGBTQIA+ organization in Contra Costa County, the first group named by all other service providers when asked about LGBTQIA+ services. Built around its behavioral health, mental health, HIV, and support services, RCC now and since its founding has served as a community builder and service hub.

Its central and critical role notwithstanding, RCC is not a comprehensive County LGBTQIA+ service provider. Key challenges include:

- Inconsistent funding streams resulting in program expansion and reductions over the years
- Limited and inconsistent geographic reach; currently it provides limited satellite services at partner organizations in East Contra Costa, but it has ended its West Contra Costa programs
- The focus that RCC has on supporting youth and senior services in recent years has been important, while also needing to maintain services for adults ages 27-65

To be clear, RCC does serve the entire County, but Contra Costa is geographically diverse and accessing services that are not in a resident's sub-region is often an unsurmountable barrier.

> *"When Rainbow was really struggling … we brought foundations together saying 'this is the only and the strongest LGBTQ organization in the County' and that held weight."*

> *"So all services are left to Rainbow [but limited funding has hurt] and we haven't had success referring to Rainbow recently."*

Challenges with Federal Funding

During the survey period, one provider contacted La Piana to express concern about the threat to their federal funding if they were to highlight their LGBTQIA+ welcoming programs. This concern is stark for essentially all providers given the current administration's efforts to impose hate-motivated, unscientific screens to organizations receiving federal funding, which could result in the defunding of organizations that operate gender-affirming and LGBTQIA+ welcoming programs. We know that some providers excluded services they provide when completing the survey — and other service providers may not have responded at all — so the services identified by providers and in this report do not represent the full range of LGBTQIA+ programs available. Residents will have to search for those vital services through word of mouth.

In other words, threats to federal funding will not only lead to the *reduction* in LGBTQIA+ services available, they will also create a new and significant barrier to residents being able to find and access the services that do remain if they must operate in the shadows.

The concern about federal funding has already played out in the Bay Area with a number of major HIV and LGBTQIA+ providers targeted for funding cuts[9]. The large organizations had the resources to band together and sue the federal government; Contra Costa organizations are unlikely to have the funds or expertise to push back so directly.

Interviewees were asked about how they were adapting to the implicit and explicit threats from the federal government and most described adapting their language or developing "workarounds" to avoid drawing federal attention.

> *"Looking at what our population is going through and their barriers, I worry about what will happen to them if these services and space are taken away. Right now, we can continue our services…. On a broader level, we are changing the language we use. We're not using 'equity,' 'equality,' 'transgender,' 'LGBTQ,' etc."*

> *"I gave a presentation [before a federal government agency] and they scrubbed my presentation. They said if I wanted the platform they would have to [censor] me. These are people I've worked with and they didn't like doing it."*

> *"[Rather than directing funds to BIPOC populations] what this administration allows is to look at majority minority census tracts and provide funds there."*

> *"Agreements with the feds have to say, 'no services for gender affirming care.' We had to discuss this: do we just not ask those questions anymore, and so then that data is lost? We don't ask if clients are undocumented. Some of that [mitigation] is going on. I'm hoping the Supervisors keep … providing [proscribed] services until they've been specifically warned to stop."*

Service Needs/Gap

Whether accurate or not, Contra Costa County is perceived to have fewer supports for the LGBTQIA+ community than neighboring urban Bay Area counties. Part of this, of course, has to do with the legacy of San Francisco in the LGBTQIA+ movement — as well as the central role San Francisco and Oakland/Berkeley play in regional activism and as the center for large community events and cultural organizations such as Pride, Folsom Street Fair, The Gay Men's Chorus, and others. Many Bay Area-wide services are located in San Francisco or, to a lesser extent, Oakland — including organizations providing legal and housing services.

The research described in this report was specifically focused on identifying existing LGBTQIA+ services. That said, participants were also asked to speak to gaps in services.

The most powerful thematic response to this question came from the leader of an LGBTQIA+ welcoming organization. They pointed out that even though essentially all types of services can be accessed at an LGBTQIA+ welcoming organization in Contra Costa, there is a gap in services designed to serve the

[9] https://www.sfcommunityhealth.org/newsroom/lgbtq-and-hiv-advocates-file-new-lawsuit-challenging-trumps-orders-seeking-to-erase-transgender-people-and-defund-lgbtq-and-hiv-services

community — or particular segments of the LGBTQIA+ community — that can create challenges for LGBTQIA+ residents:

> *"The statement I made earlier about the universalist approaches being not the best [is important]. There are … modifications that need to be made from a service provider perspective. And we're getting pushback on that now. But I still think that there is an absolute necessity for some services to be LGBTQ-specific…. Some of those [LGBTQIA+ specific services needed] being business and entrepreneurial, programs, job development, I think there's a real gap there. It's almost like, by keeping [LGBTQIA+ specific services] in the mental health field, we're not normalizing the fact that this is normal. For many people, for all of us, this is a normal human being that just has different needs or requirements…. We only think about LGBTQ-plus services in terms of mental health"*

When asked what the greatest gaps in LGBTQIA+ in Contra Costa were, in-County providers first spoke to the lack of a centralized community service and referral center. Many commended Rainbow Community Center for playing much of this role, but noted its limitations.

Suggestions for services that were named as benefiting from having LGBTQIA+ programs, but that are not currently operated in Contra Costa include:

- Parent support groups focused on serving fathers of LGBTQIA+ — especially trans — youth
- More Spanish language behavioral and mental health services
- More cisgender male therapists specifically serving the LGBTQIA+ community
- Housing services welcoming to the LGBTQIA+ community
- Gender-affirming care for youth and surgical services for transgender minors[10]
- Prevention programs related to mental and behavioral health (e.g., suicide prevention for youth)
- Laser hair removal for transgender clients
- Job training for LGBTQIA+ residents, especially for individuals who are transgender
- Legal services
- Greater LGBTQIA+ focus by County providers and training to make sure all County programs are LGBTQIA+ welcoming; training for all criminal justice agencies (County and cities) was specifically called out

Transportation

No discussion of service provision in Contra Costa is complete without acknowledging the challenges that transportation presents, serving as a significant barrier to access. Even if a service is provided in Contra Costa, if it is not located in the sub-region of the resident needing the program, it is effectively not available given the size of the County, the gaps in transportation, and the natural and cultural barriers between sub-regions. Organizations pursue different strategies to mitigate this challenge. Rainbow Community Center, for example, seeks to reduce barriers to access by providing services at LGBTQIA+ welcoming churches in

[10] Although the individual making this comment said that these services are "almost non-existent," in fact gender-affirming care is provided by Planned Parenthood of Northern California, although youth requiring surgical interventions must be referred out-of-County to a rapidly-shrinking number of providers.

East County monthly, among other approaches. Several participants stated the belief that transportation to some out-of-County services is easier for some residents to access (see following section on Out-of-County Providers).

Out-of-County Providers

Contra Costa residents seek services from out of County for a variety of reasons.

Rightly or wrongly, Contra Costa County is not perceived to be the easiest place to access LGBTQIA+ welcoming services. For example, when asked about LGBTQIA+ services in Contra Costa, one interviewee said:

> *"This is a tricky question because Contra Costa has the least number of LGBTQ+ services in the Bay Area."*

Likewise, Contra Costa is — again, rightly or wrongly — perceived to be more conservative than other Bay Area counties, as reflected in another interviewee comment:

> *"For Contra Costa as a whole, we're a more conservative County. So how we navigate implicit and explicit homophobia and transphobia … [acceptance needs to] come from the top in the County. Things are different from 20 years ago, but there is still some basic bad-ass homophobia we're dealing with."*

Additionally, some critical service providers are thought to be unfriendly to LGBTQIA+ clients. One welcoming provider spoke to the importance of referring LGBTQIA+ clients to only certain organizations in a collaboration because other providers are known to be unfriendly.

Other reasons identified for residents to seek services out-of-County include:

- Transportation challenges, as described previously, may mean that it is easier to access services in neighboring counties
- Individual employed out-of-County may prefer a provider near their workplace
- Specialty services may not be available in Contra Costa, such as those described in the service gaps above.
- Residents may not believe there are queer-focused services available; may not have located those services if they exist; or maybe be more comfortable accessing those services out-of-County or at a better known program

There are several national providers that residents also, certainly, access such as The Trevor Project (youth mental health), National Resource Center on LGBT Aging – SAGE (seniors), Out and Equal Workplace Advocates (workplace), National Center for LGBTQ Rights (legal), and others.

Additional qualitative feedback from out-of-County providers is included as Appendix M.

Recommendations

The information collected to develop this report leads to several recommendations that Contra Costa County officials should consider in order to enhance the quality and appropriateness of services available to its LGBTQIA+ residents. Because La Piana Consulting is not a policy organization, we offer these

suggestions only as a starting point for conversation based on what service providers shared and from our broad consulting experience. With that caveat, the County should consider several actions.

Leadership around Federal Attacks

Context

The federal government is already actively seeking to cut off funds to providers who use certain words to describe their services; such words include "gay," "lesbian," "LGBT," "gender identity," "gender-affirming care," "trans," "transgender," and all references to diversity, equity, and inclusion.[11] The experience of Planned Parenthood nationally stands as a warning as to what the federal government may still do more broadly, cutting off all funding to the organization for any services because those in power disagree with its women's health services. The current Administration has already used the Planned Parenthood model in an effort to cut LGBTQIA+ and HIV funding to a number of Bay Area organizations.

Given this reality, nearly every service provider interviewed in Contra Costa reported that they have begun to self-censor in an effort to avoid attracting attention from the Administration. In particular, two providers explicitly asked La Piana to exclude mention of their services from this report due to concerns that such visibility could increase the risk of federal efforts to reduce or revoke funding.

The providers at risk of losing federal funds are rarely in a position to mount a robust legal or policy response.

Recommendation

County officials should prepare to lead any response to attacks on federal funding streams — whether directed at the County itself or at community-based providers. Given the relatively small size of LGBTQIA+ service providers in Contra Costa, they are not well positioned to assume a leadership role in pushing back against federal attacks. Actions the County might consider include prioritizing legal preparation before any providers are specifically targeted, including protection of LGBTQIA+ services as part of the Board-approved legislative platform, establishing a funding reserve to help mitigate federal funding cuts, and issuing strong public statements of support from political and policy leaders.

> *"Things are different in some ways than 20 years ago [in Contra Costa], but I think there's still just some fundamental basic-ass homophobia that we're dealing with."*

Training and Data Collection

Context

Of survey respondents, 44% reported "No" or "I don't know" regarding regular LGBTQIA+ training for service staff and 36% reported not tracking information on percentage of LGBTQIA+ clients served. Given the small number of LGBTQIA+-specific organizations and programs in Contra Costa County, LGBTQIA+ residents must rely on general-population providers to access services they need. Likewise, providers that

[11] This article links to several other articles covering this topic. https://pen.org/banned-words-list/

do not know the extent of the LGBTQIA+ clients they serve are unlikely to recognize the specific needs of the population or to make adjustments to ensure everyone experiences a welcoming environment.

As a related issue, one provider called out the importance of LGBTQIA+ training specific to criminal justice staff — including law enforcement, prosecutors, defense attorneys, and justices. The scope of this report did not extend to criminal justice organizations explicitly, so we cannot comment on the extent to which training in these organizations (including at the City level) currently takes place.

Recommendation

Given the importance of training and LGBTQIA+ visibility in order to create welcoming social services, the County could consider:

- Expanding training resources to social service providers in the County (Contra Costa Health and several LGBTQIA+-specific organizations already provide training)
- Requiring social service providers with County contracts to provide a minimum level of LGBTQIA+ training and to collect data on the numbers of LGBTQIA+ clients served
- Requiring LGBTQIA+ training for County criminal justice staff

Funding for LGBTQIA+-specific Providers

Context

As described above, Rainbow Community Center (RCC) is the only true LGBTQIA+-specific organization in the County and, therefore, serves as an essential provider of services as well as a community-building hub for LGBTQIA+ residents. There are few other LGBTQIA+-specific programs. Currently, a majority of RCC's current funding comes from or through the County, and this support is foundational to Rainbow's sustainability and service delivery. If the County is committed to serving its LGBTQIA+ residents adequately, it must do what it can to support the ability of LGBTQIA+-specific providers, including RCC, to fulfill their critical role within the broader network of LGBTQIA+ services.

Recommendation

Contra Costa County should consider:

- Committing to its financial support to LGBTQIA+-specific providers, including RCC, by providing public statements of intent to maintain current levels of funding over coming years and explicitly seeking to include them when new funding sources become available
- Providing non-financial supports for RCC and other LGBTQIA+-specific providers' efforts to secure private grants
- Working with RCC and other LGBTQIA+-specific providers to assess gaps in services and explore opportunities to address those needs

Periodic Review

Context

This study is likely to become outdated fairly quickly as organizations add new LGBTQIA+ services or expand efforts to ensure their services are LGBTQIA+ welcoming. Changes in federal policy may also lead

either to a reduction in services or to new opportunities for organizations to promote their efforts more publicly.

In the near term, organizations included in this report may seek modifications in how they are described, and organizations we did not identify may come forward and ask to be included. We will seek to accommodate these requests if brought to our attention promptly following the publication of this report.

Recommendation

The County should plan to update this report on an ongoing basis, perhaps assigning the responsibility to the Contra Costa County Office of Racial Equity and Social Justice. Further research could systematically collect data about LGBTQIA+ clients accessing services, better describe gaps, and seek to prioritize efforts to support expanded services in areas with the greatest needs.

Appendix

Appendix A: Research on LGBTQIA+ Disparities in Access and Outcomes

This appendix highlights national research demonstrating the types of disparities LGBTQIA+ people experience. The studies summarized here reflect well-documented patterns that help contextualize the experiences of LGBTQIA+ residents in Contra Costa County.

Health Care Access and Financial Barriers Among LGBT People Amidst Looming Health Care Cuts

KFF reports LGBTQ people are more likely to struggle with basic expenses such as food, housing, and transportation, and they report far greater difficulty affording health care. These disparities persist even when comparing LGBTQ and non-LGBTQ adults of similar age groups, suggesting that structural inequities—rather than age or income alone—shape these outcomes.

Self-Reported Health Care Disparities and Barriers Among LGBTQIA+ Individuals - Implications for Equitable Health Care Delivery

This national study found that LGBTQ respondents encounter widespread barriers when seeking care, including lack of insurance coverage, transportation challenges, fear of discrimination, and previous harmful experiences in health settings. High proportions reported histories of trauma, unstable housing, and chronic health conditions. Many also screened positive for depression, anxiety, or post-traumatic stress, underscoring how social and structural inequities compound over time.

The LGBTQI+ Community Reported High Rates of Discrimination in 2024

CAP data show that LGBTQIA+ people continue to experience discrimination in many areas of daily life—from workplaces to public settings to health care environments. These experiences directly affect whether and how LGBTQIA+ individuals seek services, the quality of care they receive, and the degree of trust they place in institutions intended to support them.

Substance Use, Minority Stress, and Mental Health among LGBTQ+ Young People

Research from The Trevor Project highlights ongoing disparities among LGBTQ+ youth, who report higher rates of substance use and mental health challenges compared to their heterosexual and cisgender peers. These differences are closely linked to minority stress, including unsupportive environments, stigma, victimization, and negative reactions to identity disclosure. Such stressors contribute to elevated behavioral health risks and difficulties accessing affirming care.

Appendix B: Survey

Introduction

The Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, or related identities such as nonbinary, questioning, etc. (LGBTQIA+) population in Contra Costa County is increasingly visible in all parts of the County. Although LGBTQIA+ residents' needs parallel those of the general population — affordable housing, food assistance, employment assistance, health care, education, etc. — these residents may face unique barriers to access or the need for community-specific services including the elevated need for behavioral health support, tobacco addiction, health care, and gender affirming care.

Contra Costa County District IV Supervisor Ken Carlson, with the support of the Contra Costa County Board of Supervisors, has funded a study by La Piana Consulting to identify the range of services currently offered to the County's LGBTQIA+ population. As part of that study, we are conducting this survey of **County service providers** to understand what services are provided generally and what services are available specifically for the LGBTQIA+ community. The survey is specifically intended to be completed by representatives of service providing organizations and not by individuals.

We will also review other existing reports on services provided, conduct online research, and interview a wide range of service providers to learn more about the current range of LGBTQIA+ tailored services before producing a report back to the County that can be used as a basis for making policy decisions.

As an important service provider in the County, we are asking you to please complete this survey before **Friday, November 14, at 5 PM Pacific Time**. The sooner you can fill out the survey, the better — and it should only take about 15 minutes to complete.

Because the point of this survey is to create a public resource that can inform County policy, the information you provide will not be kept confidential.

Questions

1. (All) Name of Respondent
2. (All) Organization Name
3. (All) **Primary Location** of Organization's Service Provision within Contra Costa County (select one)
    - West County (El Cerrito, Richmond, San Pablo, El Sobrante)
    - Northwest County (Pinole, Hercules, Rodeo, Crockett)
    - Central/West County (Lafayette, Moraga, Orinda)
    - Central/South County (San Ramon, Danville, Alamo)
    - Central County (Walnut Creek, Contra Costa, Pleasant Hill, Concord, Clayton, Martinez)
    - East County (Bay Point, Pittsburg, Antioch, Oakley)
    - Far East County (Knightsen, Brentwood, Byron, Discovery Bay, Bethel Island)
    - All of Contra Costa County
4. (All) **Additional Locations** of Organization's Service Provision (check all that apply)
    - West County (El Cerrito, Richmond, San Pablo, El Sobrante)
    - Northwest County (Pinole, Hercules, Rodeo, Crockett)

- Central/West County (Lafayette, Moraga, Orinda)
- Central/South County (San Ramon, Danville, Alamo)
- Central County (Walnut Creek, Contra Costa, Pleasant Hill, Concord, Clayton, Martinez)
- East County (Bay Point, Pittsburg, Antioch, Oakley)
- Far East County (Knightsen, Brentwood, Byron, Discovery Bay, Bethel Island)
- Outside of Contra Costa County
- We don't have additional locations

5. (All) Types of Services Provided (check all that apply)
   - Art
   - Education
   - Health care
   - Behavioral health (including mental health and substance use disorder needs)
   - Employment
   - Housing
   - Legal support
   - Food security
   - Youth services
   - Social and community engagement
   - Senior services
   - Other (please specify): _____
6. (All) Is your mission explicitly to serve the LGBTQIA+ community?
   - Yes
   - No
7. (If "Yes" to Question 6) Is your mission to serve the entire LGBTQIA+ community or one community segment?
   - Entire LGBTQIA+ community
   - One community segment (please specify): _____
8. (If "Yes" to Q6) Please name the program(s) that serve LGBTQIA+ communities.
9. (If "No" to Q6) Please select the populations you primarily serve. (Select all that apply)
   - General population
   - Latino/a
   - African American/Black
   - Asian / Pacific Islander
   - Native American/ American Indian
   - Women
   - Disabled
   - Other (please specify): _____
10. (If "No" to Q6) Do you have any programs that are explicitly designed to serve LGBTQIA+ communities?
    - Yes
    - No

11. (If “No to Q6 AND “Yes” to Q9) Please name the program(s) that serve LGBTQIA+ communities.

_____

12. (If “No” to Q6 AND “Yes” to Q9) What is the LGBTQIA+-specific service provided? (Mark all that apply)
    - Education
    - Health care
    - Behavioral health (including mental health and substance use disorder needs)
    - Employment
    - Housing
    - Legal support
    - Food security
    - Youth services
    - Social and community engagement
    - Senior services
    - Other (please specify): _____

13. (If “No” to Q6 AND “Yes” to Q9) Is this program designed to serve the entire LGBTQIA+ community or one community segment?
    - All LGBTQIA+
    - One community segment (please specify): _____

14. (All) What percentage of the individuals you serve are LGBTQIA+?
    - 0% (None)
    - Less than 20%
    - 20-39%
    - 40-59%
    - 60-79%
    - 80-100%
    - We do not track this information
    - I don’t know

15. (All) What portion of your staff identify as LGBTQIA+?
    - 0% (None)
    - Less than 20%
    - 20-39%
    - 40-59%
    - 60-79%
    - 80-100%
    - We do not track this information
    - I don’t know

16. (All) What portion of your Board members identify as LGBTQIA+?

    We are not a nonprofit organization and do not have a Board of Directors
    - 0% (None)
    - Less than 20%
    - 20-39%

- 40-59%
- 60-79%
- 80-100%
- We do not track this information
- I don't know

17. (All) Do you provide regular training to your service staff on how to work with clients in order to be welcoming and effective in providing services to LGBTQIA+ individuals?
    - Yes
    - No
    - I don't know
18. (If "Yes to Q17) What type of training do you provide? (Mark all that apply)
    - Include anti-bias training as part of new staff orientation and/or general HR updates
    - Include LGBTQIA+ cultural competency training periodically (e.g., every 1-2 years)
    - Include training on issues specific to LGBTQIA+ individuals related to the services we provide (e.g., health disparities, access to trans-friendly health providers, housing needs, appropriate behavioral health services, etc.)
    - Other (please specify): _____
19. (All) Is there someone on staff available to answer questions and help LGBTQIA+ clients navigate your services? *
    - Yes
    - No
    - I don't know
20. Can we contact you to ask follow up questions? *
    - Yes
    - No
21. (If "Yes to Q19) Please provide your contact information below.

    Email:_____

    Phone Number:_____
22. [Optional] Do you know of any other LGBTQIA+ programs or services offered by Contra Costa County organizations – especially those that might be smaller or less prominent - that we should include in this survey?
23. [Optional] Is there anything else you'd like to add about the ways in which you provide services to the LGBTQIA+ community?

Thank you for your time completing this survey!

Your response has been recorded.

Appendix C: Desk Research Sources for Provider Identification

- https://www.ebcf.org/post/lgbtq-nonprofits-you-can-support-for-pride-month-and-year-round/
- https://www.lgbtnearme.org/copy-of-result/index.html?zip=94518&miles=10&category=All+Categories
- https://www.cchealth.org/health-and-safety-information/hiv-sti-program/education-and-prevention/services-for-youth
- https://moragascouting.org/NMWA_prRCC.pdf
- https://www.acalanes.k12.ca.us/Page/3270
- https://www.pacificcenter.org/
- https://lavenderseniors.org/community-links/
- https://www.ebgtz.org/services/
- Somos Familia Resources/Referrals Sheet
- https://www.richmondrainbowpride.org/resources
- https://www.crisis-center.org/211-database/
- https://www.dvc.edu/academics/learning-communities/community-pride/pride-community-resources
- https://www.crisis-center.org/wp-content/uploads/LGBTQ_Resource_Guide.pdf
- https://criticalpublichealth.org/bay-area-lgbtq-resources/

Appendix D: Partner Organizations Supporting Survey Outreach

- Contra Costa County Board of Supervisors (Chiefs of Staff)
- John Muir CHF
- Contra Costa Family Justice Center
- ECCCA
- Collective Care Coalition

Appendix E: Organizations Directly Contacted for LGBTQIA+ Services Outreach

- Rainbow Community Center
- PFLAG Clayton-Concord
- PFLAG Clayton-Concord
- PFLAG Danville-San Ramon Valley
- PFLAG Lamorinda
- Diablo Valley Girls (DVG)
- Richmond Community Foundation
- Empowerment Program - Center for Human Development
- Lavender Seniors of the East Bay
- Planned Parenthood - Concord
- Planned Parenthood - Walnut Creek Health Center
- The Rossmoor LGBTQ+ Alliance
- City of Lafayette Diversity, Equity and Inclusion Committee
- Discovery Counseling Center
- NAMI Contra Costa
- Hope Solutions
- The Trinity Center
- Choice in Aging
- Center for Elder Independence
- Meals on Wheels Diablo Region

Appendix F: Survey Respondents

Total unique respondents: 58

Two responses were excluded because they represented individuals rather than organizations. The survey instructions specified that it was intended for service provider organizations. Removing these entries ensures the respondent count accurately reflects organizations providing services.

1. ABLE Community Development Foundation
2. ACCE
3. ACOA, Housing Committee
4. Akhila Health
5. Area Agency on Aging
6. Beat the Streets Inc
7. Caring Haven
8. Center for Human Development
9. Child Abuse Prevention Council of Contra Costa
10. Choice in Aging
11. Church of the Resurrection, Pleasant Hill
12. City of Concord: Recreation Services Department – Concord Senior Center
13. Cloverfield Organic Farm LLC
14. Community Awareness Emergency Response (CAER)
15. Community Violence Solutions
16. Concord Art Association
17. Contra Costa Chorale
18. Contra Costa Family Justice Center
19. Contra Costa Health (CCH): Health, Housing & Homeless Services (H3) and prior Public Health HIV/STI Program
20. Contra Costa Senior Legal Services
21. Diablo Ballet
22. Family Caregiver Alliance
23. FIERCE Advocates
24. First 5 Contra Costa
25. Fred Finch Youth & Family Services
26. GANAS Community Organization

27. Hope Solutions
28. Jewish Family and Community Services – East Bay
29. John Muir Health
30. La Clinica
31. Lincoln Families
32. Lions Center for the Visually Impaired
33. Loaves and Fishes of Contra Costa
34. Meals on Wheels Diablo Region
35. Meals on Wheels West Contra Costa County
36. Mental Health Connections
37. Moving Forward
38. Opportunity Junction
39. PFLAG Clayton-Concord
40. PFLAG Danville-San Ramon Valley
41. PFLAG Lamorinda
42. Planned Parenthood Northern California
43. Pleasant Hill Community Foundation
44. Precious Treasures
45. Quinan Street Project
46. Rainbow Community Center
47. Richmond Commission on Aging
48. Richmond Community Foundation/RCF Connects
49. Richmond Rotary Club
50. RYSE
51. St. Agnes St. Vincent de Paul
52. St. Vincent de Paul of Contra Costa County
53. STAND! for Families Free of Violence
54. The CHAT Project
55. Urban Tilth
56. WestCare California, Inc.
57. Women's Cancer Resource Center
58. YES Nature to Neighborhoods

Appendix G: Contra Costa County LGBTQIA+ Service Assessment Interview Guide for Service Providers within the County

Introduction

As you know, La Piana Consulting has been working with Supervisor Ken Carlson to conduct a survey of the services available to the County's LGBTQIA+ population.

As part of this study, we recently facilitated an anonymous survey of County service providers to understand what services are provided generally and what services are available specifically for the LGBTQIA+ community. [Acknowledge if they completed survey.]

We are now engaging key service providers to learn more about the current range of LGBTQIA+ tailored services in contra Costa County. Given your role as a trusted service provider, your perspectives are essential to this study.

This conversation will not be fully confidential. Information you provide about LGBTQIA+ services will be shared. Any details or descriptions you provide may be shared as well, but only in a way that will protect your anonymity.

I will be enabling transcription in order to capture all of this discussion, but we will not share that transcript outside of La Piana Consulting. Do we have your permission to do that?

This should take approximately 45 minutes.

Do you have any questions for me before we get started?

Objectives

Gain an understanding of your organization's services with a focus on those tailored for the LGBTQIA+ community.

Identify additional services available to LGBTQIA+ individuals in Contra Costa County.

Background

1. What is your name, your current job title, and the name of your organization?

2. Could you please describe your role within your organization and provide a brief overview of what your organization does? [Broadly, what services offered, thumbnail description]

Services

3. Could you please describe the LGBTQIA+ services your organization provides (might be through follow up email)? For each program or service, it would be helpful if you could share:

    a. Thumbnail description

b. The number of individuals served

c. Any available demographic information about participants

d. The funding sources that support these programs

4. What are other LGBTQIA+ specific services you know of within Contra Costa County?
5. What referrals do you most often make to programs that are not LGBTQIA+ specific — follow up: how confident are you that these non- LGBTQIA + are LGBTQIA+ friendly? Is there a specific (maybe trained) LGBTQIA+ individual you refer to there?
6. What LGBTQIA+ services/programs/organizations do you see the community seek **outside** of Contra Costa?
7. What are the biggest **service gaps** facing the LGBTQIA + community in Contra Costa County?
8. Do you receive federal funding? If so:
   - Do you have concerns about how we represent your programs in our study? Question on federal funding?
   - Has that funding been affected under the new administration?
9. Ask questions from the survey if they have not completed it.

Closing

10. Is there anything else you want to share that you think would be helpful?

Appendix H: In-County Interview Participants

Organization name	*Participant*
Rainbow Community Center	Jorge "JC" Chamorro
Richmond Community Foundation	Jim Becker
Center for Human Development	Kevin Martin
RYSE	Kanwarpal Dhaliwal
PP NorCal	Madeline "Maddy" Spahr
Contra Costa Family Justice Center	Tania Moore- Bolstad
Contra Costa Health	Adrienne Sofranko Brooke Parker

Appendix I: Contra Costa County LGBTQIA+ Service Assessment Interview Guide for Service Providers outside of the County

Introduction

As you know, La Piana Consulting has been working with Supervisor Ken Carlson to conduct a survey of the services available to Contra Costa County's LGBTQIA+ population.

As part of this study, we recently facilitated an anonymous survey of Contra Costa County service providers to understand what services are provided generally and what services are available specifically for the LGBTQIA+ community. We are also speaking with key Contra Costa providers to learn more about services offered.

As part of this effort, we also wanted to speak with providers who are not in Contra Costa. We know that many residents of Contra Costa seek services in Oakland, Berkeley, San Francisco, and other places and we want your insights into that phenomenon.

What we are asking for in this conversation is for your impressions — what you hear and understand about Contra Costa residents who seek out your services. We want your well-informed conjecture, knowing that it may not be fully "scientific."

This conversation will not be fully confidential. Information you provide about LGBTQIA+ services will be shared. Any details or descriptions you provide may be shared as well. Information about the services you provide *will not* be reported as anonymous, but information about your insights will be anonymous.

I will be enabling transcription in order to capture all of this discussion, but we will not share that transcript outside of La Piana Consulting. Do we have your permission to do that?

This should take approximately 30-45 minutes.

Do you have any questions for me before we get started?

Objectives

Gain an understanding of which LGBTQIA+ specific services Contra Costa residences leave the County to secure.

Gain an understanding about why LGBTQIA+ individuals do not or cannot access services in-County.

Background

1. What is your name, your current job title, and the name of your organization?
2. Could you please describe your role within your organization and provide a brief overview of the LGBTQIA+ services your organization provides?
3. How many individuals do you think you serve from Contra Costa? Follow up:

    a. Please characterize however you like, maybe as a percentage of total clients or in raw numbers — whatever seems to best communicate the answer best.
    b. Do you ask for clients' place of residence? If so, can you share that with us? Can you include any other available demographic information about Contra Costa County residents served as well?
4. Why do you think individuals from Contra Costa leave the County to access services? Answer as you like, but factors might include:
    a. Easier access (e.g., transportation, closer geographically, etc.)
    b. Work in your area
    c. Services not available in Contra Costa
    d. Services less expensive out-of-County
    e. Services higher quality out-of-County
    f. Desire to be anonymous or less visible
    g. Other factors?

    Concluding: Which factor(s) do you believe to be the most important driver(s)?

5. What other providers or types of services outside of Contra Costa do you believe serve a large number of Contra Costa individuals?
    a. Follow up: Based on what you've heard or who comes to you, do you have any thoughts about where Contra Costa might have significant service gaps in meeting the needs of the LGBTQIA+ community?
6. When individuals from Contra Costa contact you for services, do you refer them to Contra Costa organizations? Which Contra Costa organizations do you most often refer to?
    a. Follow up: Are there other services providers outside of Contra Costa that you refer to often?
7. What funding sources support your service to Contra Costa County residents (i.e., if you have funding to work in your County, how do you pay for out-of-County residents' services?)?
8. Do you receive federal funding? If so:

    - Do you have concerns about how we represent your programs in our study (i.e., if we speak about your organization's services directly, do you have concerns that it could jeopardize your federal funding)?
    - Has that funding been affected by the new administration?

9. Is there anything else you want to share that you think would be helpful?

Appendix J: Out-of-County Interview Participants

Organization name	*Participant*
San Francisco Community Health Center	Lance Toma, CEO
Larkin Street Youth Services	Sherilyn Adams - Chief Executive Officer
AIDS Foundation San Francisco	Tyler TerMeer, PhD

Appendix K: Contra Costa Health Services PRIDE Brochure

PRIDE INITIATIVE INFORMATION

Participation in the Pride Initiative is open to all Contra Costa County staff on a voluntary basis with supervisor approval. Meetings are held once monthly for one hour.

Attendance is optional and members can offer more time as their schedules allow.

All are welcome!

For more information or to participate in meetings, contact Adrienne Sofranko at Adrienne.sofranko@cchealth.org or *equityteam@cchealth.org*.

PRIDE INITIATIVE GOALS

Contra Costa County is safe, supportive, and provides a welcoming environment for LGBTQ+ clients, consumers, customers, patients, residents and staff.

CCH workforce is trained appropriately to serve the LGBTQ+ community.

Pride Initiative efforts are visible and have demonstrated a measurable impact.

WE EMBRACE diversity

CONTRA COSTA HEALTH SERVICES

Contra Costa Health Services
Stands United Against Hate

RECENT ACCOMPLISHMENTS

June 2022 Created and launched updated online training regarding Sexual Orientation and Gender Identity for health center registration clerks to better assist with demographic data collection.

May 2022 Presented training on Pronouns and Gender Identity to Contra Costa County Human Resources.

August 2021 CCRMC/ Health Centers and Behavioral Health completed the Healthcare Equality Index (HEI) survey. HEI is a benchmarking survey created by the Human Rights Campaign which evaluates healthcare facilities' policies and practices regarding LGBTQ+ equity and inclusion for both staff and clients. CCRMC has participated in this survey since 2013 and Behavioral Health since 2016.

October 2020 Hosted a virtual open house to share resources with the community. Open Houses occur twice per year.

*For more of our earlier accomplishments or for more information about the LGBTQ+ Pride Initiative, please visit our website at *cchealth.org/pride* or use the QR code below.



CONTRA COSTA HEALTH RESOURCES

Gender Clinic
Gender Clinic welcomes transgender, non-binary, and gender non-conforming clients who are 18 years old or older. Gender Clinic staff are trained in providing gender-affirming and transition-related care including:

- Medication/hormone management
- Surgical referrals
- Mental health resources
- Assistance with identity document changes

Services are available at West County, Martinez, and Pittsburg Health Centers by referral or by calling the appointment line at 1-800-495-8885. For more information, visit *cchealth.org/centers/services-gc.php*

Behavioral Health Access Line
1-800-846-1652
Substance use treatment referrals, mental health service referrals, and more

Contra Costa Crisis Information line—211
Health, housing, food, mental health, and other resource information.

Crisis Counseling and Suicide Prevention
988

Homeless Services for Youth
1-800-610-9400
cchealth.org/services/homeless

HIV/AIDS & STD Program
https://cchealth.org/hiv/

HIV Case Management
925-313-6771

HIV Testing and PReP
925-313-6117
prepme@cchealth.org

LOCAL RESOURCES
(Contra Costa/Alameda/SF)

Center for Human Development
Support groups and leadership development
chd-prevention.org/our-work/youth-development

Clayton Pride
Support for the LGBTQ+ community
claytonpride.com/

East Bay Getting to Zero
HIV related services and support
ebgtz.org

Gender Health (SF)
Gender affirming surgery access and services in San Fransisco
sfdph.org/dph/comupg/oprograms/THS/default2.asp
628-206-7979

Gender Spectrum (San Leandro)
Support for families raising gender non-conforming and transgender children
510-788-4412
genderspectrum.org

Local LGBTQ+ Resources Website
eastbaypride.com

Oakland Black Pride
Social growth and events focusing on the Black LGBTQ+ community
oaklandblackpride.org/

PFLAG
Parents and Friends of Lesbians and Gays
Claycord
https://pflagclaycord.org/
Danville/San Ramon
https://srvpflag.org/

Rainbow Community Center
Counseling, community resources, and groups in Concord
925-692-0090
rainbowcc.org

Richmond Rainbow Pride
Supporting the LGBTQ+ community in Richmond
RichmondRainbowPride.org

Ryse Center
Youth Programs and LGBTQ+ Support Groups
510-374-3401
rysecenter.org

Somos Familia ESP (Oakland)
Create family acceptance in Latino families of LGBTQ+ children
510-725-7764
somosfamiliabay.org

STAND (multiple locations)
Intimate partner violence hotline
1-888-215-5555
standffov.org

WORLD
Services for women, girls, families, and communities affected by HIV
510-986-0340
womenhiv.org



FOR ADDITIONAL RESOURCES VISIT
cchealth.org/pride

Appendix L: LGBTQIA+ Affirming Churches

The Contra Costa County Office of Racial Equity and Social Justice provided us a list of LGBTQIA+ affirming churches, many of which offer welcoming services in addition to welcoming religious activities.

Name	Location	Website
Agape Fellowship Church	Antioch	www.agapefellowshipamez.com
Arlington Community UCC	Kensington	www.ac-ucc.org
Asbury United Methodist Church	Livermore	www.asburylive.org
Beth Chaim Congregation	Danville	www.bethchaim.com
Center for LGBTQ and Gender Studies in Religion at PSR	Berkeley	www.clgs.org
Christian Church (Disciples of Christ) of Northern California	San Ramon	www.ccncn.org
Clayton Valley Presbyterian Church	Clayton	www.cvpresby.org
Coalition of Welcoming Congregations	San Francisco	https://clgs.psr.edu/
Community Congregational Church, Benicia (UCC)	Benicia	www.cccucc.org
Community Presbyterian Church, Pittsburg (PCUSA/UCC)	Pittsburg	www.cpcpittsburg.org
Eden United Church of Christ	Hayward	www.edenucc.com
Epworth United Methodist Church	Berkeley	www.epworthberkeley.org
First Christian Church (DOC) Concord	Concord	www.concordfcc.net
First Congregational Church of Antioch	Antioch	www.uccantioch.org
First Congregational Church of Oakland	Oakland	www.firstoakland.org
Freedom in Christ Church, SF	San Francisco	www.christiangayok.com
Grace Presbyterian Church, Walnut Creek	Walnut Creek	www.gracewc.org
Greater Cooper AME Zion Church	Oakland	www.greatercooper.org
Hillcrest Congregational Church (UCC)	Pleasant Hill	www.hillcrestucc.org
Holy Cross Episcopal	Castro Valley	www.holycrosscv.org
Keshet: For LGBTQ+ equality in Jewish Life	San Francisco	www.keshetonline.org
Kehilla Synagogue	Piedmont	www.kehillasynagogue.org
Lafayette Christian Church (DOC)	Lafayette	www.lafayettechristianchurch.org
Lavendar Seniors of the East Bay	Oakland	www.lavenderseniors.org
Lynnewood United Methodist Church	Pleasanton	www.lynnewood.org
Martinez First Congregational (UCC)	Martinez	www.fccmartinez.org
Ministerio Latino	Oakland	Ministerio Latino
Mt. Diablo Unitarian Universalist Church	Walnut Creek	www.mduuc.org
Orinda Community Church	Orinda	www.orindachurch.org
Pacific Center for Human Growth	Berkeley	www.pacificcenter.org
Peace Lutheran Church	Danville	www.peacejourney.org
PFLAG Oakland East Bay (Also, Claycord and San Ramon)	Oakland	www.pflag-eastbay.org
Rakestraw Books	Danville	www.rakestrawbooks.com
St. Andrew's Presbyterian Church (PCUSA)	Pleasant Hill	www.standrews-pcusa.org
San Lorenzo Community Church (UCC)	Hayward	www.slzchurch.org

Name	Location	Website
San Ramon Valley United Methodist Church	San Ramon	www.srvumc.org
Shell Ridge Community Church (ABC)	Walnut Creek	www.shellridgecommunitychurch.org
Sojourner Truth Presbyterian	Richmond	https://www.sojournertruth.church/
St. Bartholomew's Episcopal Church	Livermore	www.stbartslivermore.com
St. Clare's Episcopal Church	Pleasanton	www.stclarespleasanton.org
St. James AME Zio Church	San Mateo	https://www.stjamessanmateo.org/
St. Timothy's Episcopal Church	Danville	www.sainttimothysdanville.org
Temple Isaiah	Lafayette	www.temple-isaiah.org
The Episcopal Church of the Resurrection	Pleasant Hill	www.resurrectionph.org
The Little Brown Church of Sunol	Sunol	www.thelittlebrownchurchofsunol.org
Unitarian Universalist Church of Livermore	Livermore	www.uucliv.net
United Church of Hayward (UCC)	Hayward	www.hayward.org
Unity Center of Walnut Creek	Walnut Creek	www.unityofwalnutcreek.org
Walnut Creek United Methodist	Walnut Creek	www.walnutcreekumc.org

Appendix M: Additional Out-of-County Provider Insights

A provider in San Francisco shared client and staff thoughts on why Contra Costa residents sought out services out-of-County. These represent only individuals' perspectives and may not represent the perspective of others.

> *"While I can afford to pay for STD testing, I prefer to come to [a San Francisco provider] because I feel safe here. In lieu of payment, I make donations to the organization."*
>
> *"[The San Francisco provider's] staff is very well trained to create a comfortable atmosphere to speak on intimate matters without judgment"*
>
> *"On why folks choose to come all the way to [San Francisco] from other counties, I would identify the reasoning … by what I know and have experienced. From what I remember, Contra Costa doesn't have many options for STI/HIV testing outside of PCP/FQHC or limited outreach testing hours. Some facilities will also only offer very hetero-normative STI/HIV testing services and practices; from assuming all clients are cis-hetero to only offering urine sample STI testing. In one example, the head urgent care medical provider in San Pablo's stance on STI/HIV prevention [from personal experience] was to just not have sex lol...*
>
> *I think my experience (albeit from 2020-21) in Contra Costa compared to San Francisco or even Alameda County show how patient-centered and culturally-competent we are striving for in our services at [this San Francisco provider]. I know there has been a push and more efforts for advancement, and I wonder what the scope of sexual health looks like there now."*

Organizations in San Francisco and Alameda Counties identified among those sought out by Contra Costa residents include:

- AIDS Foundation in San Francisco
- Bay Area Lawyers for Individual Freedom (BALIF)
- Billy DeFrank LGBTQ+ Center (Located in Santa Clara County)
- Cal-PEP
- Castro-Mission Community Health Center
- El/La Para Translatinas in San Francisco
- Larkin Street Youth Services
- LGBT Asylum Project
- LYRIC Center for LGBTQ Youth
- Oakland LGBTQ Community Center
- Pacific Center
- Queer Life Space
- San Francisco Community Health Center
- SF LGBT Center
- Trans Home SF

No effort was made to systematically identify and quantify the major out-of-County LGBTQIA+ providers, so the list above is certainly incomplete.

Two out-of-County providers did provide data on the number of Contra Costa residents they served, which may act as an indicator of the number of Contra Costans seeking assistance in nearby areas.

The San Francisco AIDS Foundation reported that 140 of its clients at its Magnet Sexual Health Clinic were from Contra Costa in 2025. Most of those were seeking PrEP (pre-exposure prophylaxis for HIV) assistance.

Larkin Street Youth Services in San Francisco reported that 90 out of 1,947 youth that it served came from ("originated in") Contra Costa County, or **5% of our total (on part with reports from the Magnet Clinic's reporting)**. For the smaller portion of clients where Larkin Street knows current addresses, 5% say they have a current address in Contra Costa. Demographic reporting of the agency's Contra Costa clients includes:

Ethnicity

- 87% Person of Color (vs 89% agency-wide)
- 53% Black / African American (vs 46% agency-wide)
- 21% Multiracial or Other Ethnicity
- 13% White/Caucasian
- 11% Latino/a
- 2% Asian

Sexual Orientation and Gender Identity

- 27% LGBTQ+ (vs 32% agency-wide)
- 73% Cisgender + Heterosexual

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-957 **Agenda Date:** 3/17/2026 **Agenda #:** D.2.

To: Board of Supervisors

From: Marla Stuart, Employment and Human Services Director

Report Title: Update on Head Start Programs and Oversight

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
CONSIDER accepting the monthly update on the activities and oversight of the County's Head Start Program and provide guidance, as recommended by the Employment and Human Services Director; and APPROVE and AUTHORIZE the Employment and Human Services Director, or designee, to submit a continuation grant application to the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, to provide Head Start and/or Early Head Start services to eligible children and families, and to execute a grant award agreement, including any amendments or extensions thereof, in an award amount up to $20,577,342 for the budget period of July 1, 2026, through June 30, 2027.

FISCAL IMPACT:
Grant Application: $20,577,342: 100% Federal funding all of which will be budgeted in FY26/27.

BACKGROUND:
Per Board Resolution No. 2023/274, the Board receives monthly updates on, and provides guidance related to, the activities of the Head Start program. This is the March 2026 update.

CONSEQUENCE OF NEGATIVE ACTION:
The County will not be in compliance with Head Start program requirements, which may jeopardize funding and successful 2024-2029 grant implementation.

CHILDREN'S IMPACT STATEMENT:
The services provided under this contract support all five of Contra Costa County's community outcomes: (1)"Children Ready for and Succeeding in School"; (2) "Children and Youth Healthy and Preparing for Productive Adulthood"; (3) "Families that are Economically Self-Sufficient"; (4) "Families that are Safe, Stable and Nurturing"; and (5) "Communities that are Safe and Provide a High Quality of Life for Children and Families".

Early Childhood Education Program Update







March 17, 2026

Marla Stuart, MSW, PhD, EHSD Director and Head Start Executive Director
Sarah Reich, Community Services Bureau Interim Director, Head Start Director
info@ehsd.cccounty.us | (925) 608-4800

CONTRA COSTA COUNTY
EMPLOYMENT & HUMAN SERVICES

Outline

Topic	Federal Head Start	State Child Care
Federal Environment Updates	To date	
Child Care Center Services	Jan 2026	Jan 2026
Policy Council Actions	Feb 2026	
Budget	Jan 2026	Jan 2026
Monitoring	Jan 2026	Jan 2026
Official Funder Communication	Feb 2026	Feb 2026
Recommendation	✓	
Appendices	For Information	

- Federal Environment Updates
- Child Care Center Services
- Policy Council Actions
- Budget
- Monitoring
- Official Funder Communication
- Recommendation
- Appendices



Building Brighter Futures Together

Federal Environment Updates

Sources of Information

1. Project 2025
2. Executive Orders
3. Federal Department Actions
4. Congressional Actions

Categories of Impact

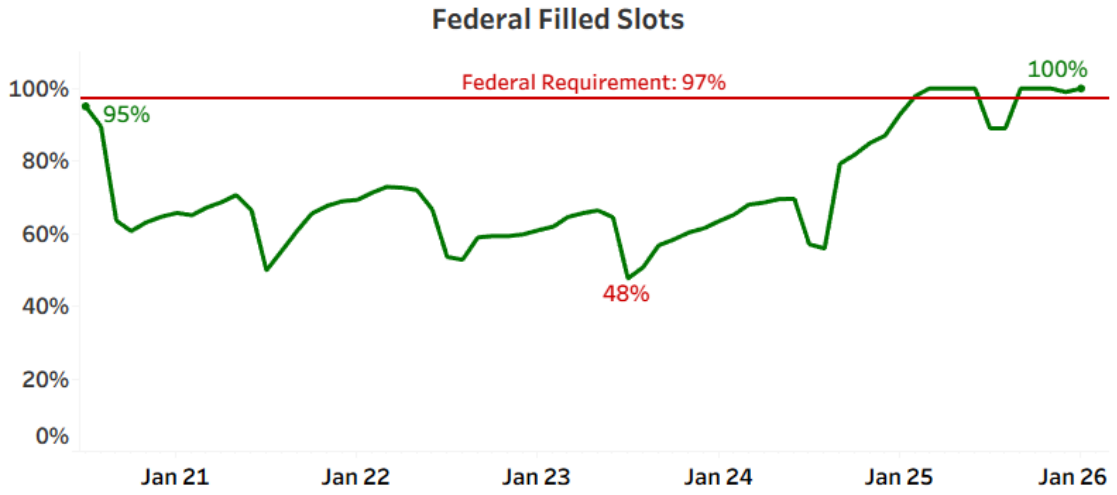
1. Potential Funding Reduction
2. Potential Funding Increase
3. Changes to Program Regulations
4. Change that may Impact Customers
5. Change that may Impact Contracts with Partners

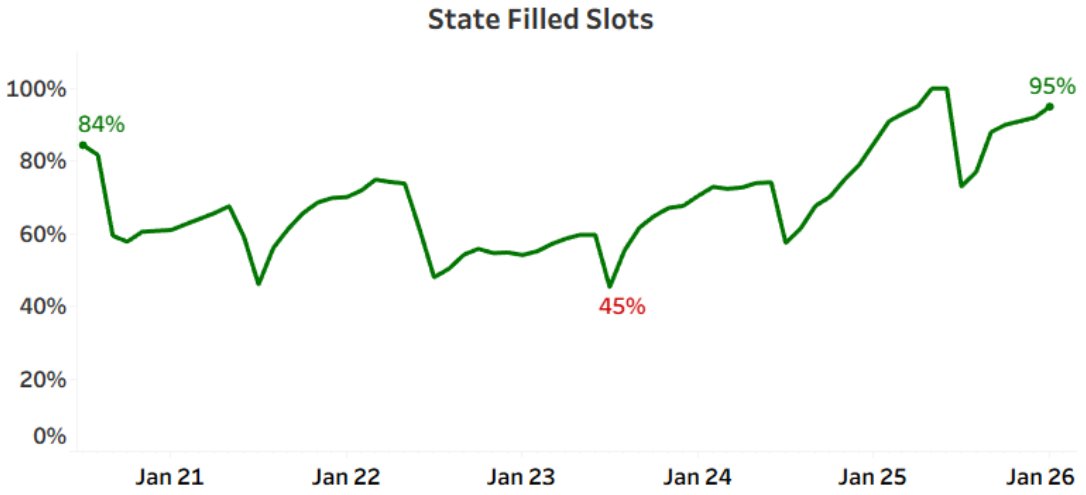
- Federal Environment Updates
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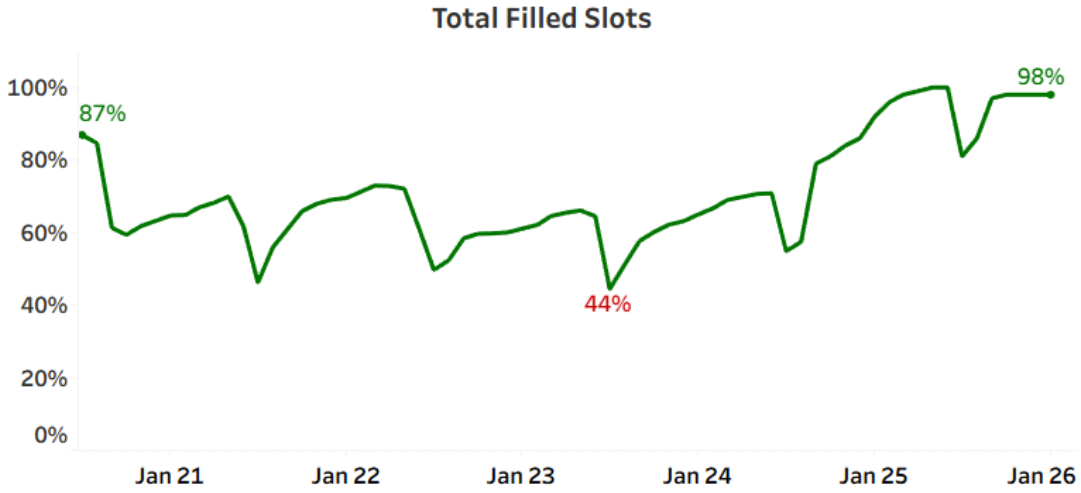


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Center Enrollment Rates







Current Slot Allotments:

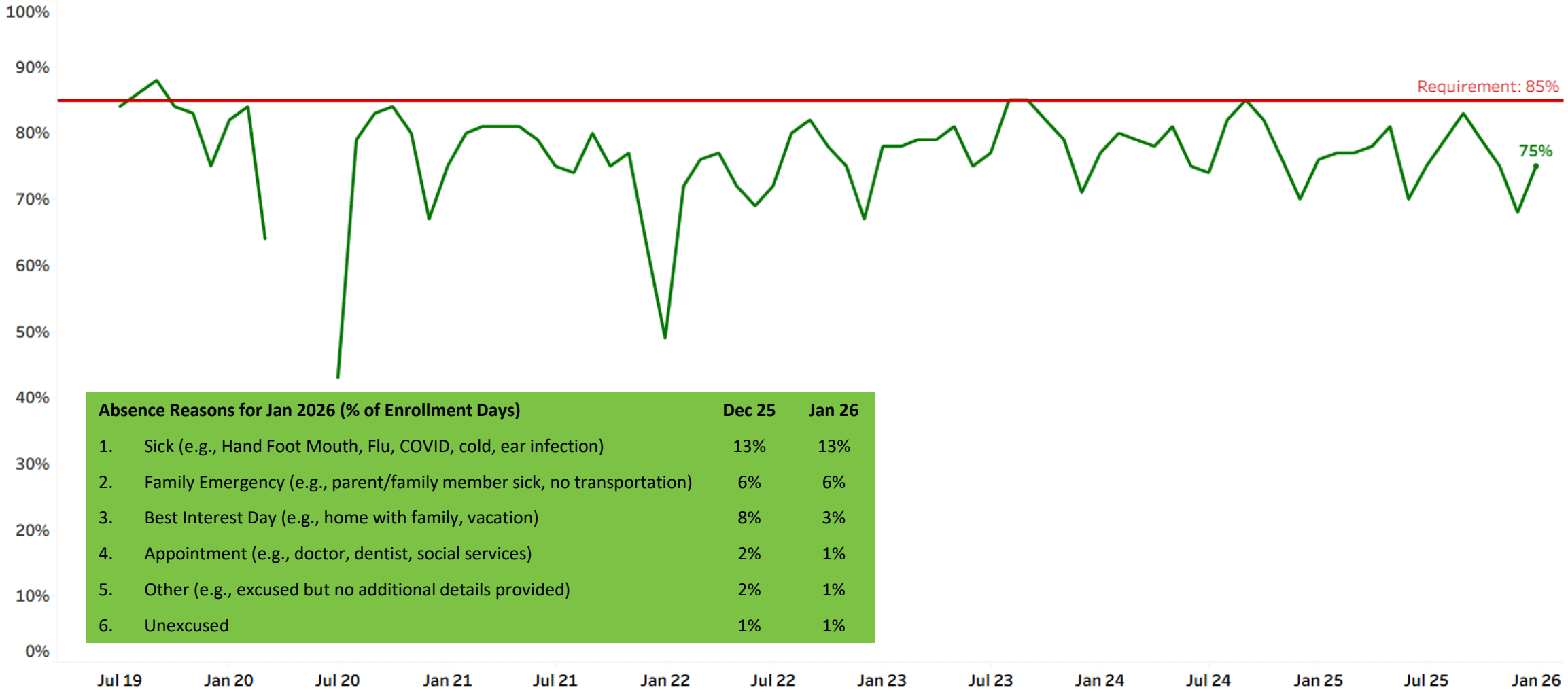
- Federal Slots (Head Start) = 1,201 (1,201 filled slots as of January 2026)
- State Slots (CDE and CDSS) = 764 (724 filled slots as of January 2026)
- Total Unique Slots = 1,345 (1,320 filled slots as of January 2026)

Current Enrollment Requirements:

- Federally Funded = 97% slots filled
- State Funded = Currently "hold harmless" meaning no penalties for not filling all slots. When "hold harmless" ends in June 2026, we will no longer be funded for unfilled slots.

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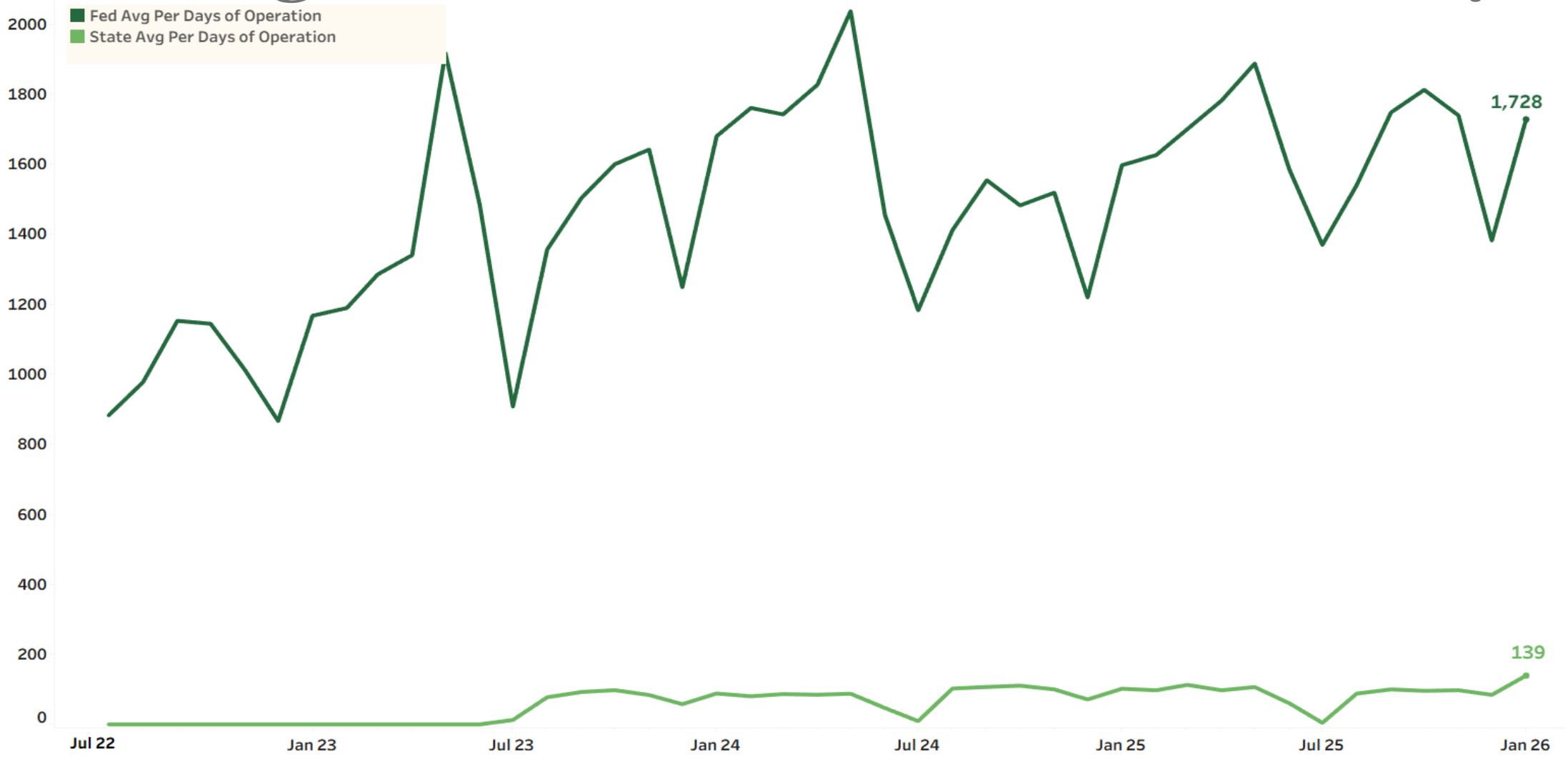
Center Attendance Rates



Absence Reasons for Jan 2026 (% of Enrollment Days)	Dec 25	Jan 26
1. Sick (e.g., Hand Foot Mouth, Flu, COVID, cold, ear infection)	13%	13%
2. Family Emergency (e.g., parent/family member sick, no transportation)	6%	6%
3. Best Interest Day (e.g., home with family, vacation)	8%	3%
4. Appointment (e.g., doctor, dentist, social services)	2%	1%
5. Other (e.g., excused but no additional details provided)	2%	1%
6. Unexcused	1%	1%

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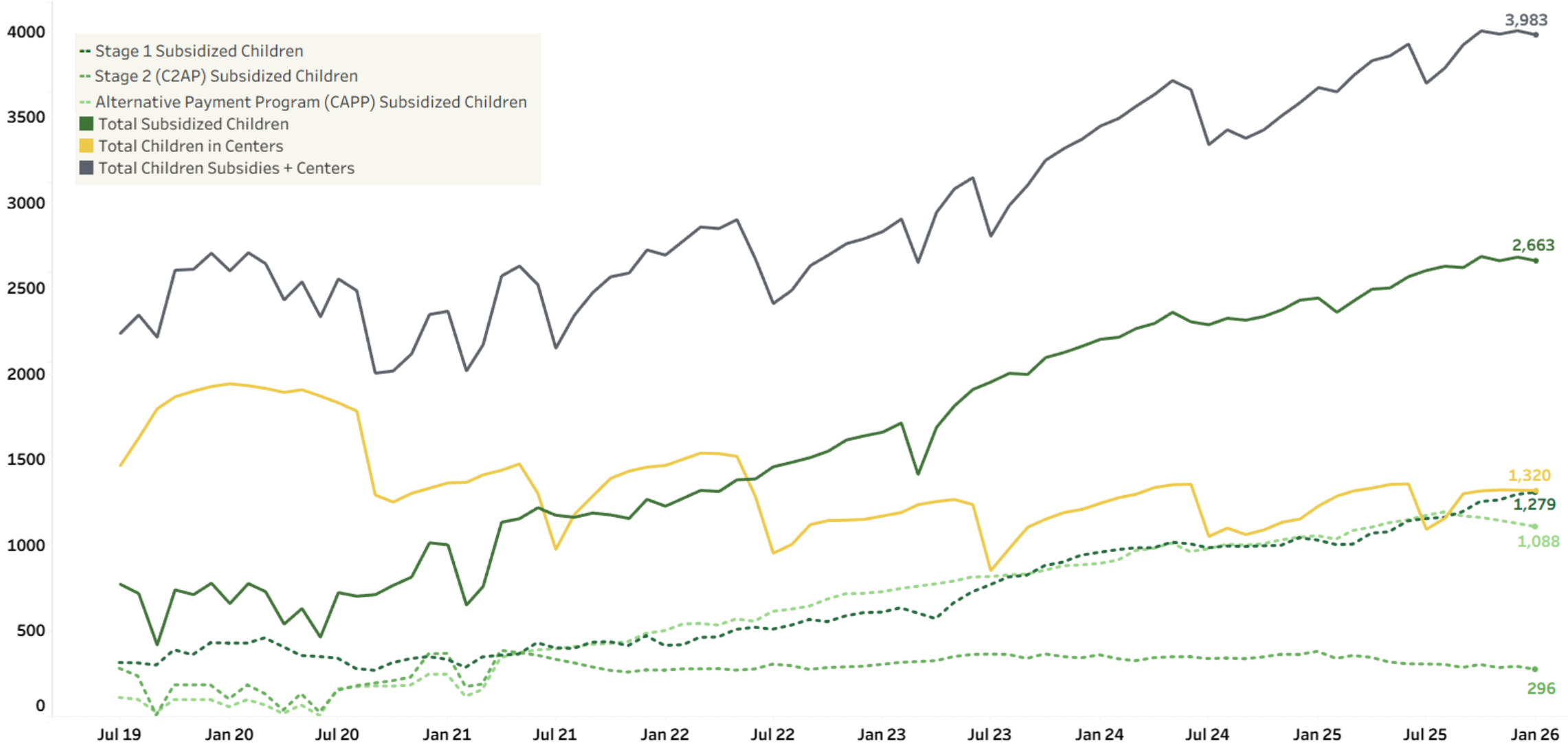
Average Center Meals & Snacks Per Day



1. OHS Dietary Guidelines Email

Building Brighter Futures Together

Children Served in Child Care



"Total Children in Centers" includes children enrolled with federal (Head Start/Early Head Start) and state (CCTR, CSPP) funding sources.

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Building Brighter Futures Together

February 2026 Policy Council Actions

The Head Start Policy Council convened on February 18, 2026. Key actions included:

- Received standard monthly administrative, fiscal, and child nutrition reports
- Received presentations on school readiness goals, mid-year monitoring results, and oral health
- No recommended actions for the Board of Supervisors

Supervisors are invited to attend a 2026 Policy Council meeting to 1) meet members; 2) express gratitude for their service; 3) share your vision for Head Start and hear theirs; and 4) observe and participate in their proceedings.

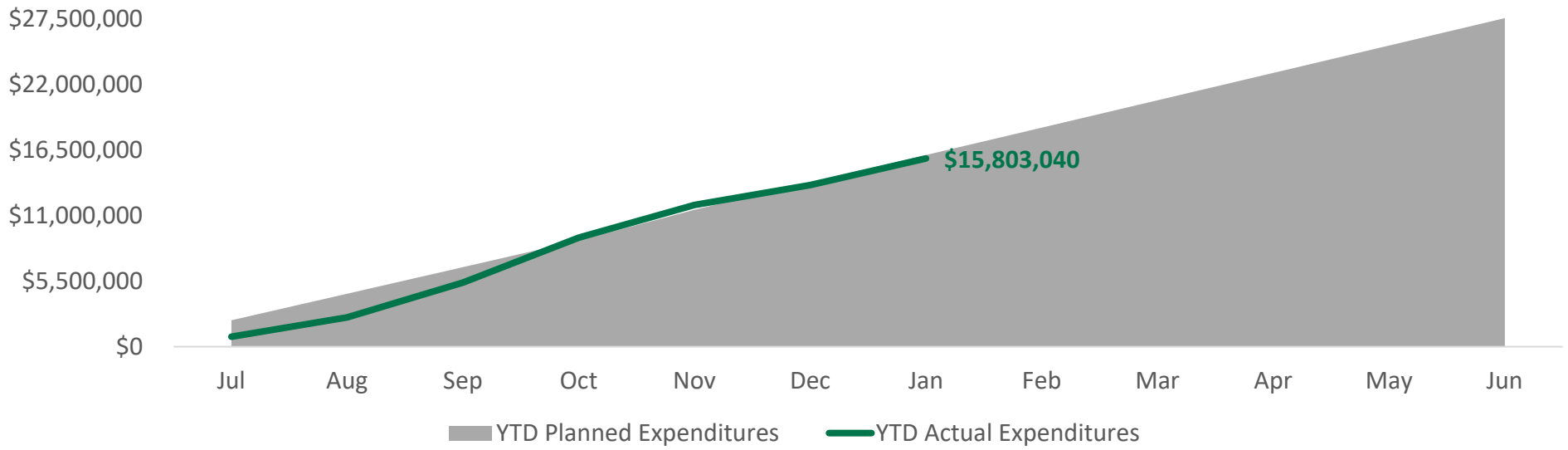


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Head Start Budget Expenditures

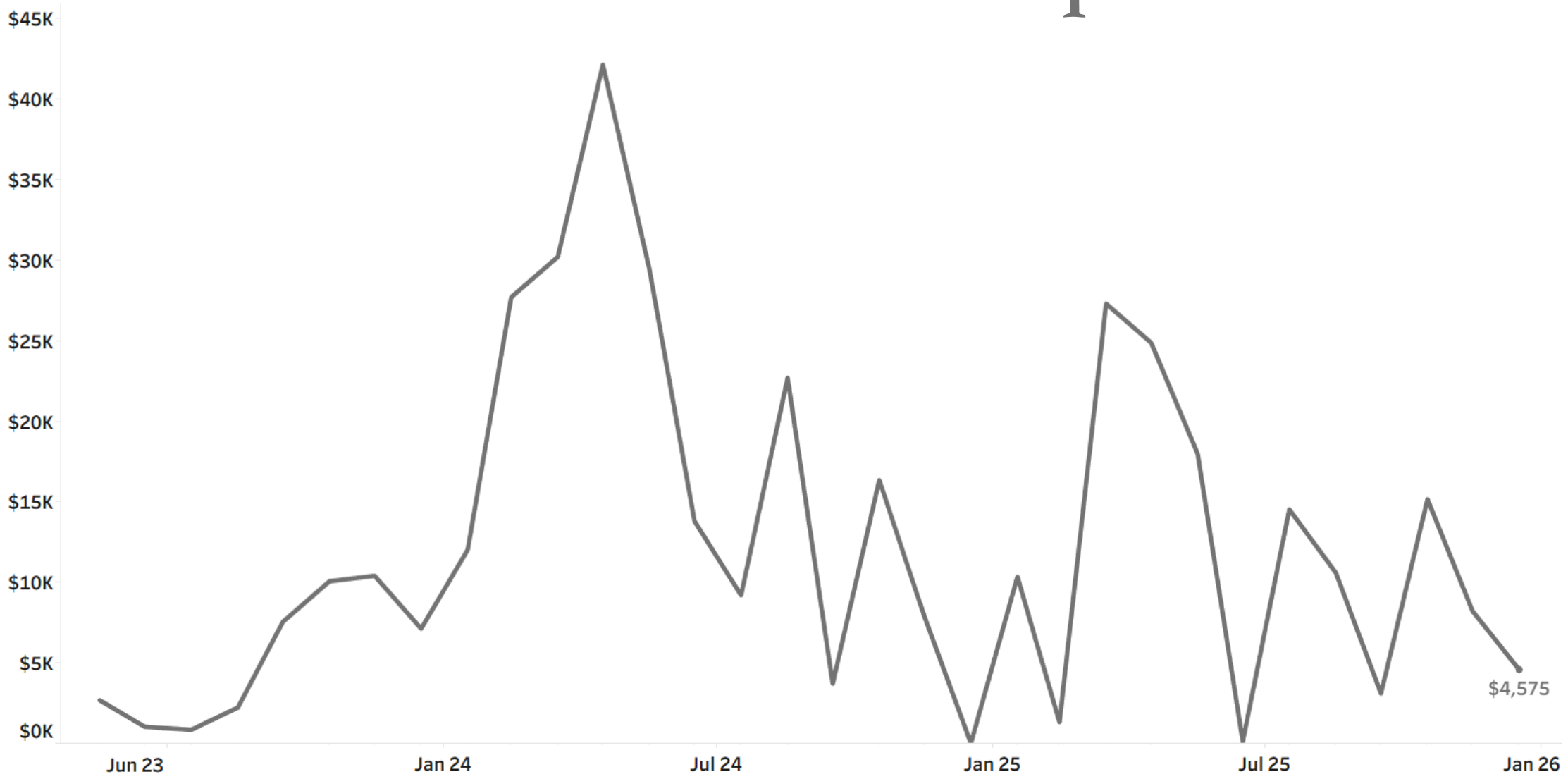


Category	FY25-26 Funding	Jan 2026 Expenditures	YTD Expenditures	Remaining Balance
Total Federal Funding	$20,577,342	$1,690,162	$12,407,873	$8,169,469
Required Non-Federal Share	$5,144,336	$422,541	$3,101,969	$2,042,367
Measure X Overmatch*	$1,859,690	$78,431	$293,198	$1,566,492
Total Federal and Non-Federal	**$27,581,368**	**$2,191,134**	**$15,803,040**	**$11,778,328**

*Measure X Overmatch includes roll over funds as of 1/20/26.

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Head Start Credit Card Expenditures



All credit card expenditures are made by authorized staff for budgeted purchases to support reasonable program expenditures.

Building Brighter Futures Together

FY26-27 Continuation Application

Submittal Timeline and Status

1. Board of Supervisors Approval: 3/17/26
2. Policy Council Approval: 3/18/26
3. Electronic Application Submission: 3/31/26
4. Application Deadline: 4/1/26
5. Grant Budget Start: 7/1/26

Application Summary

1. Total Funding: $25,721,677
2. Total Slots: 1,201
3. Timeline: July 1, 2026 – June 30, 2027
4. Service Area: Contra Costa County (no changes)

FY26-27 Proposed Head Start Grant Budget

Budget Categories	Current (FY25-26)	Proposed (FY26-27)	Change $	Change %
Personnel	$6,261,244	$6,744,926	$483,682	8%
Benefits	$4,136,150	$3,939,596	($196,554)	-5%
Travel	$57,213	$64,427	$7,214	13%
Equipment	-	-	-	-
Supplies	$365,797	$44,389	($321,408)	-88%
Construction	-	-	-	-
Contractual	$6,057,509	$5,752,034	($305,475)	-5%
Other	$2,497,266	$2,220,205	($277,061)	-11%
Sub-Total of Direct Charges	$19,375,179	$18,765,577	($609,602)	-3%
Indirect Costs	$1,202,163	$1,811,765	$609,602	51%
Total Federal Amount	$20,577,342	$20,577,342	-	-
Required Non-Federal Share*	$5,144,335	$5,144,335	-	-
Total Federal and Non-Federal	$25,721,677	$25,721,677	-	-

*OHS requires 25% non-federal match as shown in the table. In addition, we have an overmatch of $1,000,000 for FY26-27 from Measure X funds.

Building Brighter Futures Together

FY25-26 Priorities, Program Goals, and Objectives

OHS Priorities	Related County Governing Body Priorities / Program Goals	FY25-26 Program Objectives
I. **Child Health and Safety**: Reduce or eliminate children's risk of exposure to harm and hazards.	• Continue to implement daily, weekly, monthly, and quarterly monitoring to identify and remove environmental harm and hazards.	• Objective 1: Teaching staff, Site Supervisors and partners will participate in trainings on the monitoring system to reinforce consistent and accurate implementation.
II. **Partnerships with State Systems:** Expand Head Start programs' capacity to coordinate services with state systems and national programs.	• Use state funding to extend hours to support commuting parents working varied shifts. • Maximize receipt of state funding by matching more than the required 20%	• Objective 2: The County will increase enrollment levels by filling classrooms to maximum capacity to maximize state funding.
III. **Reaching Children and Families:** Ensuring that Head Start resources are targeted to children, families, and communities of greatest need.	• Distribute slots equitably throughout the county based on economic need. • Increase the number of slots to serve closer to 100% of eligible children and families. • Shift slots from Head Start to Early Head Start given that California public schools now offer free Transitional Kindergarten for children aged 4	• Objective 3: The County will fully implement the shift of slots from Head Start to Early Head Start in new grant by completing classroom conversions and filling all Infant/Toddler teacher vacancies.
IV. **Investing in the Workforce**: Supporting a highly skilled workforce with competitive pay, benefits, and access to supports for staff wellness.	• Attempt to achieve parity with local school district pre-school teacher salaries by increasing salaries for county employees and increasing rates for partners.	• Objective 4: The County will focus on successful implantation of the new flex-promote system as a means of increasing teacher and site supervisor satisfaction and retention.
V. **Quality Environments**: Strengthening the key components of infrastructure that assist Head Start programs with operating most effectively.	• Expand mental health for children and families.	• Objective 5: The County will execute a contract for enhanced mental health services funded by Measure X, and partner with the vendor to fully implement the additional services.

FY25-26 Objectives Progress

FY25-26 Program Objectives	Progress as of February 2026
Objective 1: Teaching staff, Site Supervisors and partners will participate in trainings on the monitoring system to reinforce consistent and accurate implementation.	• We have had 7 monthly meetings to discuss the previous month's monitoring results with Site Supervisors, Content Area Managers, and Senior Management. During these meetings, we use discussions and activities to reinforce staff understanding of the monitoring system and how to identify incidents. • We will continue these monthly meetings through the end of FY25-26. We are also following up with additional meetings for specific monitoring tools (e.g., Child Transition & Safety) to ensure consistency in monitoring procedures.
Objective 2: The County will increase enrollment levels by filling classrooms to maximum capacity to maximize state funding.	• As of February 2026, we have maintained 10 months for Head Start and 6 months for Early Head Start meeting the federal 97% enrollment requirement. • In November 2025 following the success of maintaining HS-funded enrollment, we began enrolling into our planned state-only funded full-time slots in our directly operated centers. We have enrolled 10-15 children monthly and will continue expanding those enrollments through the end of the program year.
Objective 3: The County will fully implement the shift of slots from Head Start to Early Head Start in new grant by completing classroom conversions and filling all Infant/Toddler teacher vacancies.	• With the new Head Start grant in 2024 we shifted our Head Start (HS) to Early Head Start (EHS) slot ratio from 70%:30% to 64%:36%. We opened existing EHS classrooms to full capacity throughout the year due to successfully hiring 7 Infant/Toddler level teaching staff since May 2024. We are serving 20% more EHS children since the start of the grant in September 2024. • We continue to work on preparing 2 new toddler classrooms to be opened, pending licensing and staffing. Licensing is expected to be completed by July 1st. We are actively adding recruiting Infant/Toddler teaching staff through external advertisement and internal Work Study Program.
Objective 4: The County will focus on successful implantation of the new flex-promote system as a means of increasing teacher and site supervisor satisfaction and retention.	• As of February 2026, 4 site supervisors and 7 permanent teaching staff members have advanced through the flex-promote system, allowing them to transition into new positions within 1-2 weeks.
Objective 5: The County will execute a contract for enhanced mental health services funded by Measure X, and partner with the vendor to fully implement the additional services.	• The contract with Early Childhood Mental Health Program (ECMHP) was executed effective 8/1/25, following Board approval of item C13 on 8/12/25. • ECMHP supports our children, families, and staff with 3 classroom consultants, 1 program manager, 1 Early Childhood Specialist, and 1 Therapeutic Preschool Teacher. ECMHP is recruiting 3 additional Therapeutic Preschool Teachers and 1 Wellness Liaison.

FY26-27 Priorities, Program Goals, and Objectives

OHS Priorities	Related County Governing Body Priorities / Program Goals	FY26-27 Program Objectives
I. **Child Health and Safety**: Reduce or eliminate children's risk of exposure to harm and hazards.	• Continue to implement daily, weekly, monthly, and quarterly monitoring to identify and remove environmental harm and hazards.	• Objective 1: Review all 15 existing monitoring system tools to identify opportunities to strengthen them and provide training to staff on revisions.
II. **Partnerships with State Systems:** Expand Head Start programs' capacity to coordinate services with state systems and national programs.	• Use state funding to extend hours to support commuting parents working varied shifts. • Maximize receipt of state funding by matching more than the required 20%	• Objective 2: Expand availability of full-day child care and development services by transitioning 6 part-day classrooms into 3 full-day classrooms.
III. **Reaching Children and Families:** Ensuring that Head Start resources are targeted to children, families, and communities of greatest need.	• Distribute slots equitably throughout the county based on economic need. • Increase the number of slots to serve closer to 100% of eligible children and families. • Shift slots from Head Start to Early Head Start given that California public schools now offer free Transitional Kindergarten for children aged 4	• Objective 3: Open and fill 2 new Early Head Start classrooms. Assess need for additional slot conversions based on updated community assessment findings.
IV. **Investing in the Workforce**: Supporting a highly skilled workforce with competitive pay, benefits, and access to supports for staff wellness.	• Attempt to achieve parity with local school district pre-school teacher salaries by increasing salaries for county employees and increasing rates for partners.	• Objective 4: Conduct salary study to compare salaries with local school district pre-school teachers per HSPPS 1302.90(e) to support the Board's governing role.
V. **Quality Environments**: Strengthening the key components of infrastructure that assist Head Start programs with operating most effectively.	• Expand mental health for children and families.	• Objective 5: Develop and implement tracking system of mental health support provided by mental health contractor (ECMHP) to children, families, teaching staff, and admin staff.

New

Slot Distribution Status

		A	B	C	D	E	F	G	H	I
		# 0-5 Population	# 0-5 Population Below FPL[1]	% of 0-5 Population Below FPL	% of all 0-5 Population Below FPL	# Federal Funded Slots[2]	# State-only Funded Slots[3]	Total Slots	% of Total Slots	Future Possibilities
1	**District 1**	11,468	2,630	23%	28%	401	48	449	37%	
2	**District 2**	12,615	782	6%	9%	0	48	48	4%	
3	**District 3**	16,520	1,754	11%	19%	237	0	237	20%	Planning to open 16 new slots in Brentwood during FY26-27
4	**District 4[4]**	14,580	1,596	11%	17%	20	24	44	4%	
5	**District 5**	16,013	2,491	16%	27%	394	24	418	35%	Planning to open 16 new slots in Bay Point during FY26-27 Considering new slots (number TBD based on need, capacity, and funding) at new ORESJ African American Holistic Wellness center
6	**District Totals**	71,196	9,253	13%	100%	1,052	144	1,196	100%	
7	**Countywide[5]**		-	-	-	149	0	149	-	

1. Below Federal Poverty Level (FPL) defined as at or below 100% of FPL, which is determined based on household size. Data based on available 2023 Census Bureau reports from Fall 2025.
2. Federally funded slots for Head Start/Early Head Start program (total = 1,201).
3. State-only funded slots for Early Childhood Education program (total = 144).
4. Following Supervisorial redistricting in 2021, the George Miller Concord location moved from District 4 to District 5.
5. These are home-based slots not assigned to a specific geographic area within the county.

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OHS FY26 Federal Monitoring Review Results

Performance Area	Outcome	Compliant	Strong Practice	Area of Concern	Area of Noncompliance	Deficiency
Program Design, Management, and Improvement	Program Design and Strategic Planning	✓				
	Program Governance	✓				
	Staffing and Staff Member Supports			✓		
Supporting Safe and Healthy Learning Environments	Safe and Sanitary Environments			✓		
	Education and Child Development	✓				
Fiscal Infrastructure	Budget Development, Implementation, and Oversight	✓				
	Comprehensive Financial Management Structure and Systems	✓				
	Facilities and Equipment Management Systems	✓				
Eligibility, Recruitment, Selection, Enrollment, and Attendance	Eligibility	✓	✓			
	Selection	✓				
	Enrollment	✓				

4. OHS Monitoring Review Report – 09CH012839

OHS FY26 Federal Monitoring Review Findings

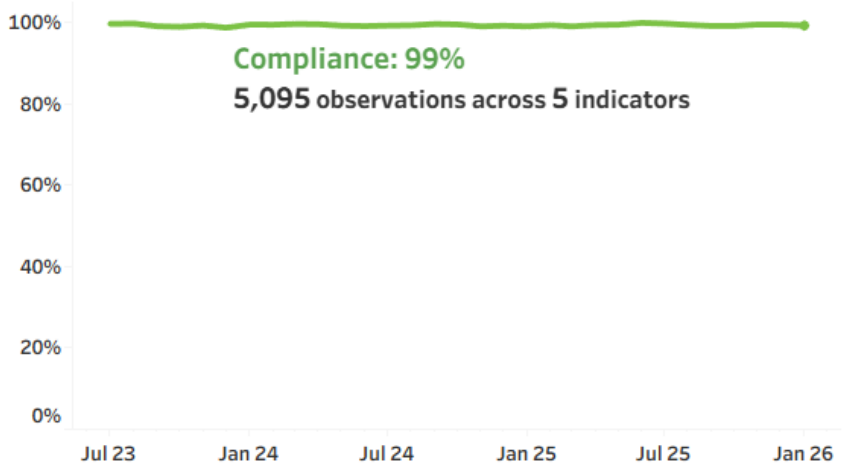
OHS notified that our program meets the requirements of all applicable Head Start Program Performance Standards (HSPPS), laws, regulations, and policy requirements. No corrective actions are required.

Findings Details

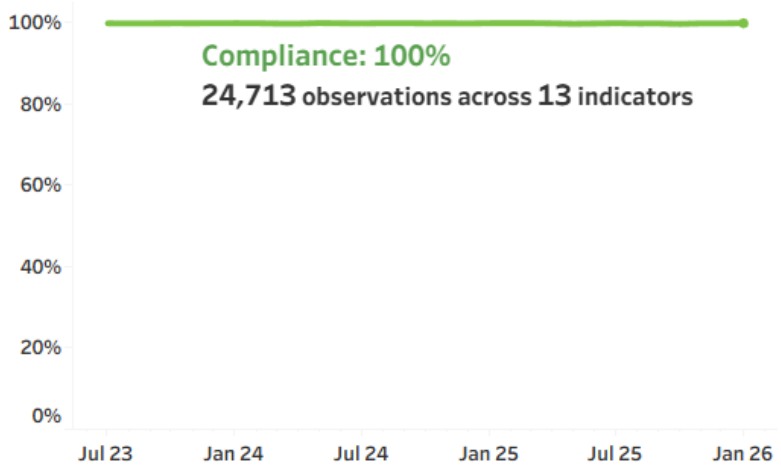
1. **Strong Practice – Eligibility**. Grant recipient's eligibility verification process includes 3 staff members and ensures staff do not complete applications for friends or family. File reviews are completed bi-weekly, monthly, and semi-annually.
2. **Area of Concern – Staffing and Staff Member Supports**. Grant recipient should improve its efforts to ensure all Early Head Start center-based teachers and all home visitors have minimum credentials. The staff who did not meet the required qualifications already have professional development plans in place.
3. **Area of Concern – Safe and Sanitary Environments**. Grant recipient should test and inspect for lead in water at least every 2 years.

Health and Safety Compliance

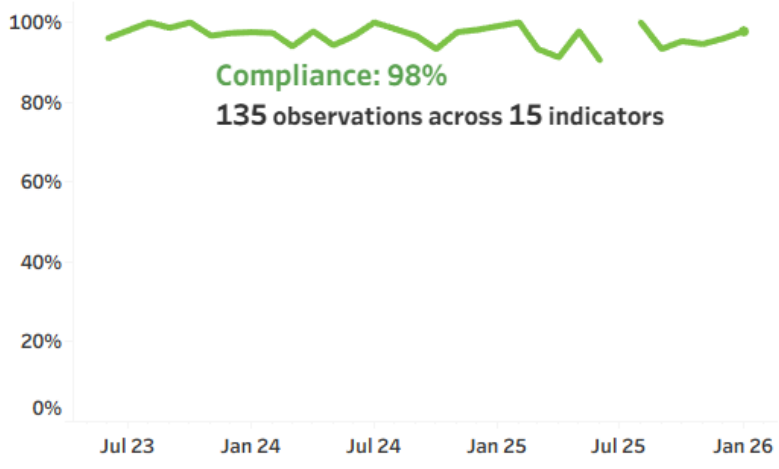
Daily Playground Safety



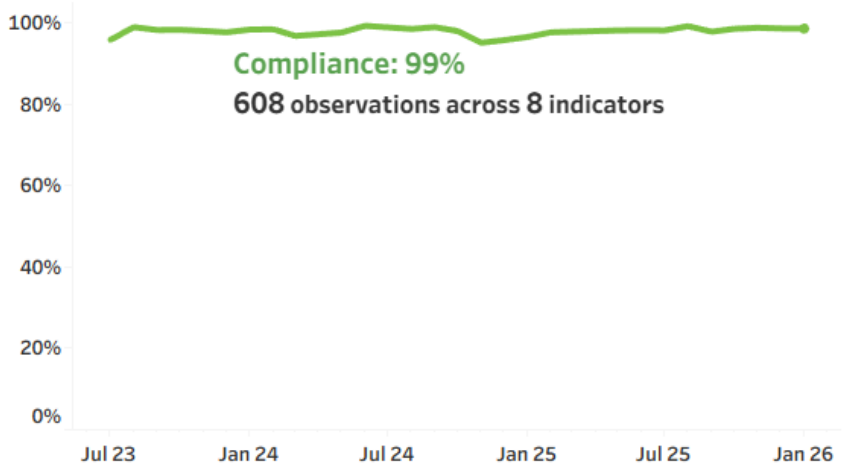
Daily Classroom Health & Safety



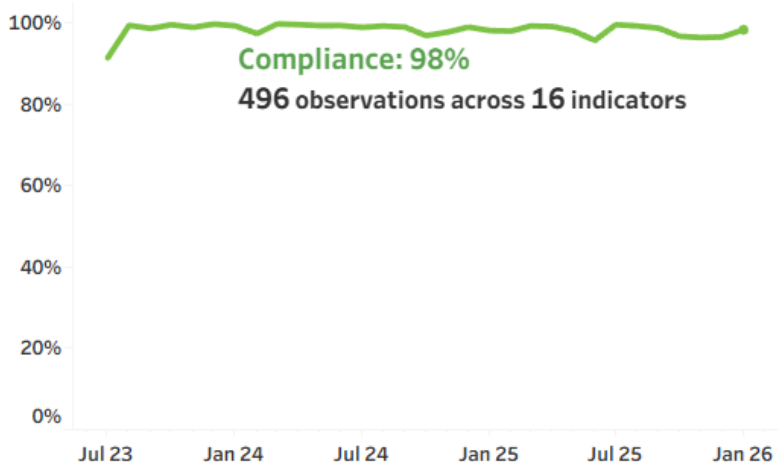
Child Transition & Safety



Weekly Facility Safety



Monthly Playground Safety



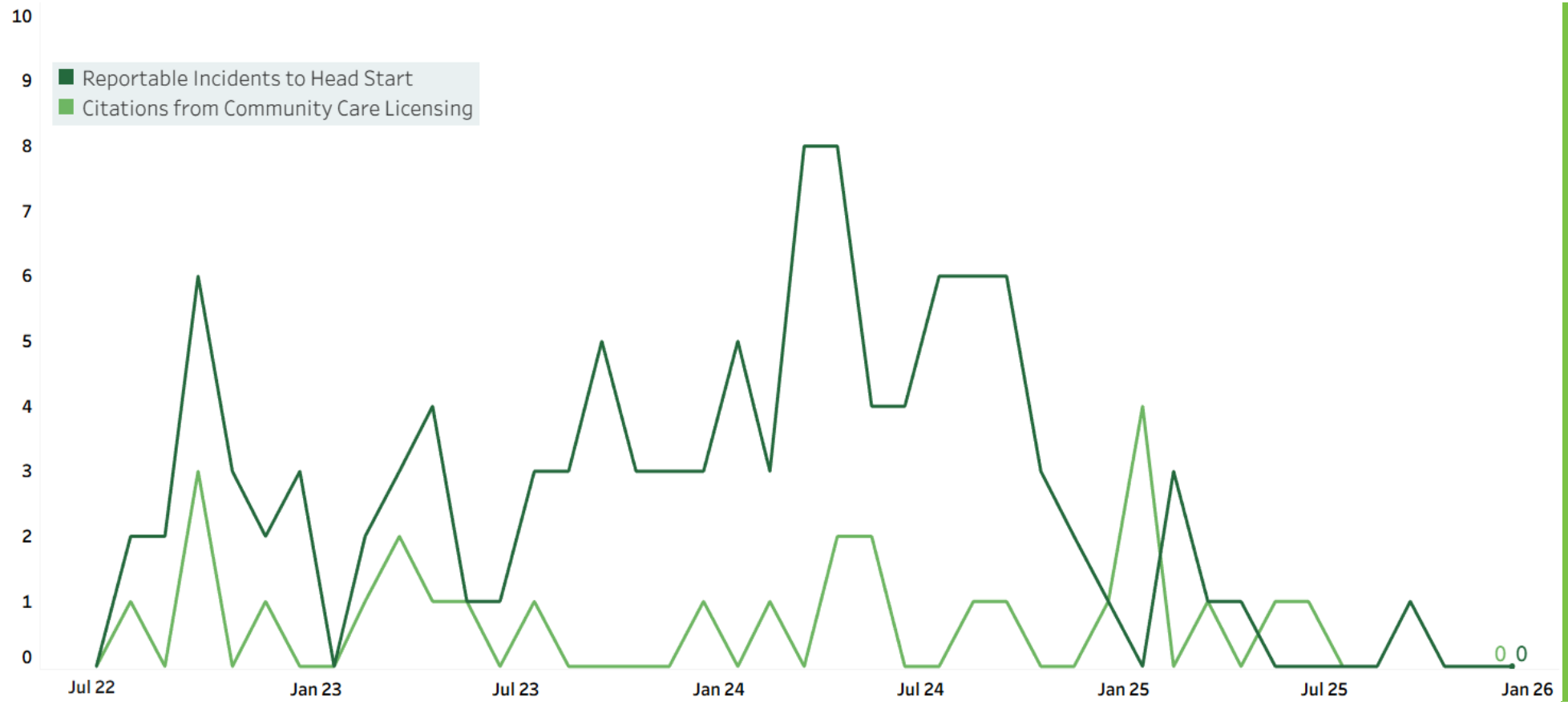
Indicators with non-compliance rates over 10% in Jan 2026:

1. The most recent site Weekly Facility Tool, Daily Classroom Health & Safety Checklist, and Daily Playground Checklist accurately reflect your observation today. (2/9 = 22%)

2. Classroom Transition Tracking Sheet is used correctly and accurately reflects current children in the classroom and/or in transition. (1/9 = 11%)

Building Brighter Futures Together

Reportable Incidents & Citations



Reportable incidents as defined by the Office of Head Start (OHS)
OHS considers a "significant incident" to be any incident that results in serious injury or harm to a child, violates Head Start standards of conduct at 45 CFR §1302.90(c), or results in a child being left alone, unsupervised, or released to an unauthorized adult. A program must report all significant incidents affecting the health and safety of children with 7 days.

California Department of Social Services Community Care Licensing Citations
Type A: An immediate risk to the health, safety or personal rights of children in care.
Type B: If not corrected right away, may be a risk to the health, safety, and personal rights of the children in care.

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CDSS Child Care Bulletin 26-02

Child Care Bulletin 26-02 issued: January 22, 2026

Subject: Implementation of Senate Bill (SB) 792

Information: Provides guidance to counties and child care and development contractors regarding changes enacted in SB 792, including a new definition of “Attendance” to expand the categories of excused absences, technical revisions to policies related to state median income (SMI) for CalWORKs Stage 3, and extension of the family fee exemptions for vulnerable populations. This relates to our state-funded early childhood education slots for infants and toddlers (0-3 years old) and family child care subsidy vouchers.

Action: Staff have updated procedures for determining absence reasons and family fees. CDE has not yet issued their bulletin.

CDE Management Bulletin 26-02

Management Bulletin 26-02 issued: February 13, 2026

Subject: Fiscal Year 2025-26 Program Self-Evaluation for California State Preschool Program (CSPP) Contractors

Information: Notifies and provides guidance to CSPP contractors of the requirements and instructions for submitting the Program Self-Evaluation due on or before June 1, 2026. This relates to our state-funded preschool slots as an annual requirement to assess the areas in which we meet the standards of the CSPP contract requirements.

Action: Staff have begun collecting the required data to prepare the self-evaluation. It will be submitted ahead of the June 1, 2026 deadline.

- Federal Environment Updates
- Child Care Center Services
- Policy Council Actions
- Budget
- Monitoring
- Official Funder Communication
- Recommendation
- Appendices



Building Brighter Futures Together

Recommendation

CONSIDER accepting the monthly update on the activities and oversight of the County's Head Start Program and provide guidance, as recommended by the Employment and Human Services Director; and

APPROVE and **AUTHORIZE** the Employment and Human Services Director, or designee, to submit a continuation grant application to the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, to provide Head Start and/or Early Head Start services to eligible children and families, and to execute a grant award agreement, including any amendments or extensions thereof, in an award amount up to $20,577,342 for the budget period of July 1, 2026 through June 30, 2027.

- Federal Environment Updates
- Child Care Center Services
- Policy Council Actions
- Budget
- Monitoring
- Official Funder Communication
- Recommendation
- Appendices

Building Brighter Futures Together



2026 Head Start Governance Updates Calendar

	Federal Requirement*	1/20/26	2/10/26	3/17/26	4/14/26	5/19/26	6/23/26	7/14/26	8/25/26	9/15/26	10/20/26	11/17/26	12/15/26
1. Monthly Program Updates	HSA 642(d)(2) HSPPS 1301.2(b)(2)	Nov '25	Dec '25	Jan '26	Feb '26	Mar '26	Apr '26	May '26	Jun '26	Jul '26	Aug '26	Sep '26	Oct '26
2. Monthly Financial Updates	HSA 642(d)(2) HSPPS 1301.2(b)(2)	Nov '25	Dec '25	Jan '26	Feb '26	Mar '26	Apr '26	May '26	Jun '26	Jul '26	Aug '26	Sep '26	Oct '26
3. Funder Communications	HSA 642(d)(2) HSPPS 1301.2(b)(2)	Dec '25	Jan '26	Feb '26	Mar '26	Apr '26	May '26	Jun '26	Jul '26	Aug '26	Sep '26	Oct '26	Nov '26
4. Annual HS Governance and Eligibility Training	HSA 642(d)(3) HSPPS 1301.5, 1302.12(m)		Training										
5. Annual Goals and Objectives (included in Grant application)	HSPPS 1302.102(a)			Approval Item									
6. Annual Non-Competitive Grant Renewal Application	HSA 642(c)(1)(E) HSPSS 1301.2(b)(1)			Approval Item									
7. Annual Community Needs Assessment	HSA 640(g)(1)(C) HSPPS 1302.11(b), 1302.102(d)(2)				Share Results								
8. Annual Self-Assessment	HSA 642(d)(2) HSPPS 1302.102(b)(2)				Approval Item								
9. Annual Selection Criteria and Recruitment Plan	HSA 642(c)(1)(E) HSPPS 1302.13, 1302.14(a)						Approval Item						
10. FY26-27 Planning Calendar	HSA 640(g)(1)(D) HSPPS 1302.11(b), 1302.102(d)(2)						Approval Item						
11. Annual County Single Financial Audit	HSA 642(d)(2) HSPPS 1301.2(b)(2)						Approval Item*						
12. Annual Program Information Report	45 CFR Part 75											Share Results	

As Needed

CSB Agency Policies (HSA 642(c)(1)(E)). Results from Head Start Monitoring Activities (HSA 641(A)(c)).

Contra Costa County Resolution 2023/274 includes all of these requirements.

*Pending approval by Finance Committee of FY24-25 Single Audit.

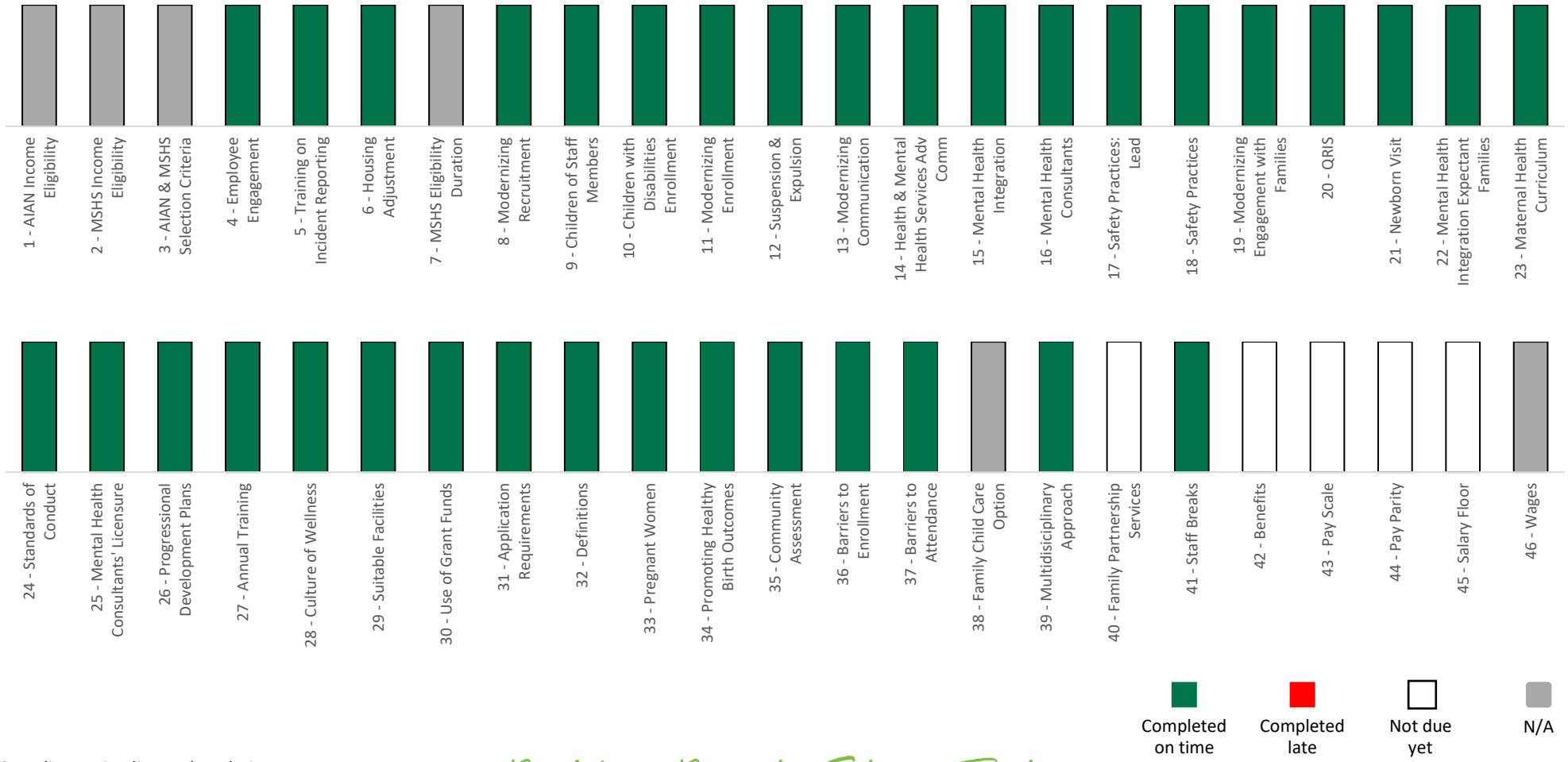
*#7 and #8 moved 1 month to align with Head Start Committee schedule.

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Planned

Completed

HSPPS Compliance Timeline Progress Chart



7. New HSPPS Compliance Timeline and Analysis

Building Brighter Futures Together

Office of Head Start

The U.S. Department of Health and Human Services, led by Secretary Robert F. Kennedy, Jr., is pleased to announce the release of the 2025–2030 Dietary Guidelines for Americans (DGAs). Head Start programs play an essential role in helping children develop healthy eating habits early in life, and the updated DGAs provide new opportunities to strengthen Head Start nutrition services, promote health, and reduce the risk of chronic disease across the lifespan.

The U.S. childhood obesity rate is nearly five times higher than some other developed countries. Forming healthy eating habits from a young age is critical for young children's growth, development, and readiness to learn. Head Start programs have a unique opportunity to shape lifelong habits by offering balanced, nutritious meals and snacks and integrating food and nutrition concepts into classroom experiences and family engagement activities.

What do the New Guidelines Emphasize?

- **Prioritizing protein at every meal**
  Examples: Grilled chicken, eggs, ground beef, turkey slices (without additives), unsweetened yogurt
- **Consuming dairy with no added sugars, including full-fat dairy**

- **Eating vegetables and fruits throughout the day**
  Examples: 100% fruit or vegetable juice should be consumed in limited portions or diluted with water.
- **Incorporating healthy fats**
  Examples: Avocado slices, and prioritizing olive oil or butter when cooking.
- **Limiting highly processed foods, added sugars, and refined carbohydrates**
  - Highly processed packaged, prepared, ready-to-eat, or other foods that are salty or sweet, such as chips, cookies, and candy that have added sugars and sodium (salt) should be avoided.
  - Sugar-sweetened beverages, such as sodas, fruit drinks, and energy drinks, should be avoided.
  - Foods and beverages that include artificial flavors, petroleum-based dyes, artificial preservatives, and low-calorie non-nutritive sweeteners should be limited.

- **Prioritizing whole grains**
  Examples: Oats, brown rice, barley, quinoa, buckwheat; one slice of bread; one tortilla

To support your efforts, you can access the New Food Guide Pyramid as a visual resource for parents and children. This tool can be helpful for staff professional development, classroom use, and family engagement.

Additional Resources

You can find more resources at realfood.gov, including practical tools and child-friendly materials designed to help programs and

families promote healthy eating habits. These resources are ideal for staff training, classroom activities, and family engagement efforts.

Thank you for your continued commitment to the health and well-being of children and families. We appreciate the vital role you play in helping young children develop lifelong healthy habits.



The Office of Head Start (OHS) supports children's growth from birth to age 5 through services focused on early learning and development, health, and family well-being.

☞ Visit Headstart.gov

Follow the Office of Head Start



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Office of Head Start (OHS) | 330 C Street, SW | 4th Floor Mary E. Switzer Building | Washington, DC 20201 | https://headstart.gov | 866-763-6481 | Contact Us

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2025-2026 Head Start/Early Head Start Policy Council Calendar

Policy Council meetings in September and August will be at the Central Office. All other meetings will take place at one of the three locations listed below:

- **Central at EHSD Office:** 500 Ellinwood Way, Pleasant Hill, CA 94523
- **Richmond at George Miller III Center:** 300 South 27Th. Street, Richmond, CA 94804
- **Antioch at Fairgrounds Office:** 1203 West 10th Street, Antioch, CA 94509

Month/*Mes*	PC Meetings /*Reunión de PC*	Locations
September *Septiembre*	***Orientation*** *(9:00am-1:00pm)* *September 20, 2025* **Business Meeting** (6:00pm-8:00pm) Wednesday/Miercoles September 24, 2025	Central location, 500 Ellinwood Way, Pleasant Hill, CA 94523
October *Octubre*	Wednesday/*Miercoles*, October 15, 2025 6:00pm – 8:00pm	Central- Richmond-Antioch
November *Noviembre*	Wednesday/*Miercoles*, November 19, 2025 6:00pm – 8:00pm	Central- Richmond-Antioch
December /Diciembre	**No Meeting**	
January *Enero*	Wednesday/*Miercoles*, January 21, 2026 6:00pm – 8:00pm	Central- Richmond-Antioch
February *Febrero*	Wednesday/*Miercoles*, February 18, 2026 6:00pm – 8:00pm	Central- Richmond-Antioch
March *Marzo*	Wednesday/*Miercoles*, March 18, 2026 6:00pm – 8:00pm	Central- Richmond-Antioch
April *Abril*	Wednesday/*Miercoles*, April 15, 2026 6:00pm – 8:00pm	Central- Richmond-Antioch
May *Mayo*	Wednesday/*Miercoles*, May 20, 2026 6:00pm – 8:00pm	Central- Richmond-Antioch
June *Junio*	Wednesday/*Miercoles*, June 17, 2026 6:00pm – 8:00pm	Central- Richmond-Antioch
July-Julio	**No Meeting**	
August *Agosto*	Wednesday/*Miercoles*, August 19, 2026 6:00pm – 8:00pm	Central location, 500 Ellinwood Way, Pleasant Hill, CA 94523

2025-2026 Programa de Head Start -Calendario de Reuniones del Consejo de Políticas

Reunión del Consejo de Políticas en septiembre y agosto serán en la oficina central, las demás reuniones en cualquiera de las siguientes tres ubicaciones:

- ***Central en la oficia de EHSD:*** *500 Ellinwood Way, Pleasant Hill, CA 94523*
- ***Richmond en el centro de George Miller III:*** *300 South 27Th. Street, Richmond, CA 94804*
- ***Antioch en la oficina de Fairgrounds:*** *1203 West 10th Street, Antioch, CA 94509*

Executive Summary of Incoming Funds
FY26-27 Head Start Grant Application (Year 3)

1. PROJECT/PROGRAM TITLE. Head Start Program Continuation Grant Application for Budget Period 7/1/26 through 6/30/27.

2. FUNDING AGENCY. Department of Health and Human Services, Administration for Children and Families (ACF), Office of Head Start (OHS).

3. PROPOSED TERM. Funding must be requested annually. The current year 2 ends 6/30/26. This Year 3 budget is for 7/1/2026 to 6/30/2027.

4. BUDGET SUMMARY. In year 3, federal funding in the amount of $20,577,342 in base and training and technical assistance (TTA) funding was awarded. Contra Costa County, as Recipient, is required to generate a 25% non-federal match of the total federal budget, which may be in cash or in-kind contributions, fairly valued.

Budget Categories:	**HS Base**	**HS TTA**	**EHS Base**	**EHS TTA**	**TOTAL**
Personnel	$5,351,012	-	$1,393,914	-	$6,744,926
Fringe Benefits	$3,118,042	-	$821,554	-	$3,939,596
Travel	$17,027	$30,000	$5,400	$12,000	$64,427
Equipment	-	-	-	-	-
Supplies	$34,626	-	$9,763	-	$44,389
Construction	-	-	-	-	-
Contractual	$2,514,550	$55,375	$3,158,377	$23,732	$5,752,034
Other	$1,632,765	$100,931	$442,396	$44,113	$2,220,205
Sub-Total of Direct Charges	$12,668,022	$186,306	$5,831,404	$79,845	$18,765,577
Indirect Costs	$1,270,358	-	$541,407	-	$1,811,765
Total Federal	**$13,938,380**	**$186,306**	**$6,372,811**	**$79,845**	**$20,577,342**
Non-Federal Share	***$3,531,171***	**-**	***$1,613,164***	**-**	***$5,144,335***
Total Federal and Non-Federal	**$17,469,551**	**$186,306**	**$7,985,975**	**$79,845**	**$25,721,677**

6. PROGRAM GOALS. The OHS Priorities and County Governing Body Priorities (Program Goals) have not changed from the last application. We are requesting approval for the Program Objectives.

OHS Priorities	Related County Governing Body Priorities / Program Goals	Program Objectives
I. Child Health and Safety: Reduce or eliminate children's risk of exposure to harm and hazards.	• Continue to implement daily, weekly, monthly, and quarterly monitoring to identify and remove environmental harm and hazards.	• Objective 1: Review all 15 existing monitoring system tools to identify opportunities to strengthen them and provide training to staff on revisions.
II. Partnerships with State Systems: Expand Head Start programs' capacity to coordinate services with state systems and national programs.	• Use state funding to extend hours to support commuting parents working varied shifts. • Maximize receipt of state funding by matching more than the required 20%.	• Objective 2: Expand availability of full-day child care and development services by transitioning 6 part-day classrooms into 3 full-day classrooms.
III. Reaching Children and Families: Ensuring that Head Start resources are targeted to children, families, and communities of greatest need.	• Distribute slots equitably throughout the county based on economic need. • Increase the number of slots to serve closer to 100% of eligible children and families. • Shift slots from Head Start to Early Head Start given that California public schools now offer free Transitional Kindergarten for children aged 4.	• Objective 3: Open and fill 2 new Early Head Start classrooms. Assess need for additional slot conversions based on updated community assessment findings.
IV. Investing in the Workforce: Supporting a highly skilled workforce with competitive pay, benefits, and access to supports for staff wellness.	• Attempt to achieve parity with local school district pre-school teacher salaries by increasing salaries for county employees and increasing rates for partners.	• Objective 4: Conduct updated salary study to compare salaries with local school district pre-school teachers per HSPPS 1302.90(e) to support the Board's governing role.
IV. Quality Environments: Strengthening the key components of infrastructure that assist Head Start programs with operating most effectively.	• Expand mental health for children and families.	• Objective 5: Develop and implement tracking system of mental health support provided by mental health contractor (ECMHP) to children, families, teaching staff, and admin staff.

ADMINISTRATION FOR CHILDREN & FAMILIES

Office of Head Start | 330 C St., SW, 4th Floor, Washington DC 20201 | headstart.gov

February 18, 2026

Contra Costa County

Re: Grant No. 09CH012839

Dear Grant Recipient,

The Administration for Children and Families (ACF), Office of Head Start (OHS) recently conducted a monitoring review of your program. The attached report contains information about your agency's performance and compliance with the requirements of the Head Start Program Performance Standards, Public Law 110-134, Improving Head Start for School Readiness Act of 2007, and other applicable regulations.

Please contact the OHS Oversight Division at ohsmonitoringteam@acf.hhs.gov with any questions or concerns you may have about this report.

If the report has findings the corrective action period will begin 72 hours from the time this email was sent.

Sincerely,

OHS Monitoring Team

ADMINISTRATION FOR CHILDREN & FAMILIES

Office of Head Start | 330 C Street, S.W., Washington, DC 20201
www.acf.hhs.gov/ohs

Program Performance Summary Report

To: Authorizing Official/Board Chairperson

Mrs. Diane Burgis

Contra Costa County

1470 Civic Ct

Ste 200

Concord, CA 94520 - 5242

From: Responsible HHS Official



Date: 02/17/2026

Shawna Pinckney

Acting Deputy Director, Office of Head Start

From January 6, 2026 to January 8, 2026, the Administration for Children and Families (ACF) conducted a Focus Area 1: Program Systems Review (FA1) monitoring event of Contra Costa County. This report contains information about the grant recipient's performance and compliance with the requirements of the Head Start Program Performance Standards (Performance Standards) or Public Law 110-134, *Improving Head Start for School Readiness Act of 2007.*

The Office of Head Start (OHS) would like to thank your governing body, policy council, parents, and staff for their engagement in the review process. Based on the information gathered during this review, it has been determined that your program meets the requirements of all applicable HSPPS, laws, regulations, and policy requirements.

Please contact your Regional Office for guidance should you have any questions or concerns. Your Regional Office will follow up on the content of this report and can work with you to identify resources to support your program's continuous improvement.

DISTRIBUTION OF THE REPORT

Copies of this report will be distributed to the following:
Ms. Sandra Carton, Regional Program Director
Ms. Roshelle Jones, Regional Program Manager
Dr. Marla Stuart, Chief Executive Officer/Executive Director
Ms. MJ Robb, Head Start Director
Ms. MJ Robb, Early Head Start Director

Grant(s) included as part of this review

Grant Recipient Name	Grant Number(s)
Contra Costa County	09CH012839

Glossary of Terms

Term	Definition
Area of Concern (AOC) 🔊	An area in which the agency needs to improve performance. This status is considered additional feedback and should be discussed with the agency's Regional Office for possible technical assistance.
Area of Noncompliance (ANC) ⚠	An area in which the agency is out of compliance with Federal requirements (including but not limited to the Head Start Act or one or more of the regulations) in one or more areas of performance. This status requires a written timeline of correction and possible technical assistance or guidance from the agency's program specialist. If not corrected within the specified timeline, this status becomes a deficiency.
Deficiency ⚠	As defined in the Head Start Act, the term "deficiency" means: (A) a systemic or substantial material failure of an agency in an area of performance that the Secretary determines involves: (i) a threat to the health, safety, or civil rights of children or staff; (ii) a denial to parents of the exercise of their full roles and responsibilities related to program operations; (iii) a failure to comply with standards related to early childhood development and health services, family and community partnerships, or program design and management; (iv) the misuse of funds received under this subchapter; (v) loss of legal status (as determined by the Secretary) or financial viability, loss of permits, debarment from receiving Federal grants or contracts, or the improper use of Federal funds; or (vi) failure to meet any other Federal or State requirement that the agency has shown an unwillingness or inability to correct, after notice from the Secretary, within the period specified; (B) systemic or material failure of the governing body of an agency to fully exercise its legal and fiduciary responsibilities; or (C) an unresolved area of noncompliance.
Strong Practice ★	An activity or strategy that shows promise for long term sustainable impact. A Strong Practice has an objective basis for claiming effectiveness, potential for replication, and is shareable among other organizations.

How To Read This Report

The FA1 report includes the following sections:

- **Program Overview** provides a summary describing the grant recipient.
- **Performance Summary** provides a table view of compliance by Performance Area.
- **Review Details** provides details on the grant recipient's performance in each Content Area, Performance Area, and Performance Measure. The following icons may be used in this section to describe the grant recipient's performance:

Icon	Description
✓	Compliant (C)
★	Strong Practice (SP)
🔊	Area of Concern (AOC)
⚠	Area of Noncompliance (ANC)/ Deficiency (DEF)

Program Overview

Contra Costa County provides Head Start and Early Head opportunities for 1,201 children and expectant families. Services are provided directly by the grant recipient or through its contracted partners. Eligible families live in urban and suburban communities in Northern California's East Bay region.

Performance Summary

This section contains an overview of the grant recipient's performance determined through this review, by content area. Detailed information can be found in the Review Details section.

Content Area	Content Area Review Outcome	Grant Number(s)	Performance Area with Finding or AOC (if applicable)	Applicable Statute or Regulation	Timeframe for Correction (if applicable)
Program Design, Management, and Improvement	Area of Concern	09CH012839	Staffing and Staff Member Supports	Not Applicable	Follow up with Regional Office for support
Supporting Safe and Healthy Learning Environments	Area of Concern	09CH012839	Safe and Sanitary Environments	Not Applicable	Follow up with Regional Office for support
Fiscal Infrastructure	Compliant	09CH012839	Not Applicable	Not Applicable	Not Applicable
Eligibility, Recruitment, Selection, Enrollment, and Attendance	Compliant	09CH012839	Not Applicable	Not Applicable	Not Applicable

Review Details

This section of the report provides details on the grant recipient's performance in each Content Area, Performance Area, and Performance Measure.

- Each Content Area begins with a summary table showing the outcome of each Performance Area.
- Beneath the table is a list of the Performance Areas and compliant Performance Measures monitored in this review.
- If there are any findings, Areas of Concern, or Strong Practices observed, they will be listed within that Performance Area.



Program Design, Management, and Improvement

Performance Area	Outcome	Strong Practice
Program Design and Strategic Planning	Compliant	
Program Governance	Compliant	
Staffing and Staff Member Supports	Area of Concern	

Performance Area: Program Design and Strategic Planning

✔ ***Compliance Information***

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- The grant recipient maintains and uses community and program data to remain responsive to community needs, monitor program performance, evaluate progress toward goals, and inform program improvement.

Performance Area: Program Governance

✔ ***Compliance Information***

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- The grant recipient's governing body and policy council have the membership, training, and support needed to facilitate effective engagement and governance.
- The grant recipient's governing body and policy council are effective in providing oversight and program direction.

Performance Area: Staffing and Staff Member Supports

Area of Concern Information

The monitoring review found the following Area(s) of Concern that reflect areas of performance that are at risk of becoming noncompliant in subsequent reviews. This additional feedback should be addressed to support compliance in this Performance Area.

- The grant recipient should improve its efforts to ensure all Early Head Start center-based teachers have a minimum of a Child Development Associate (CDA) or a comparable credential and training or coursework with a focus on infant and toddler development.
    - The grant recipient identified 1 of 79 Early Head Start teachers who did not meet the qualifications, but who had a professional development plan in place.
    - The center director should continue to monitor the teacher's progress toward obtaining a comparable

credential.

- The grant recipient should improve its efforts to ensure all home visitors have a minimum of a Child Development Associate (CDA) or a comparable credential or equivalent coursework.

    - The grant recipient identified 8 of 14 staff members who did not meet the required qualifications, but who had professional development plans in place.
    - Supervisors should continue to monitor the employees' progress toward obtaining a CDA.

Supporting Safe and Healthy Learning Environments

Performance Area	Outcome	Strong Practice
Safe and Sanitary Environments	Area of Concern	
Education and Child Development	Compliant	

Performance Area: Safe and Sanitary Environments

Area of Concern Information

The monitoring review found the following Area(s) of Concern that reflect areas of performance that are at risk of becoming noncompliant in subsequent reviews. This additional feedback should be addressed to support compliance in this Performance Area.

- The grant recipient should test and inspect for lead in water at least every 2 years in Head Start facilities in order to prevent children from being exposed to lead.
    - The grant recipient tested facilities for lead in water in 2022 and planned to do so next in 2027.

Performance Area: Education and Child Development

Compliance Information

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- The grant recipient provides responsive teaching practices that promote safe and healthy development and are tailored to meet the needs of all children.
- The grant recipient uses home visits and socializations to promote parent engagement and extend children's learning.

Fiscal Infrastructure

Performance Area	Outcome	Strong Practice
Budget Development, Implementation, and Oversight	Compliant	
Comprehensive Financial Management Structure and Systems	Compliant	
Facilities and Equipment Management Systems	Compliant	

Performance Area: Budget Development, Implementation, and Oversight

✔ ***Compliance Information***

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- The grant recipient engages in a transparent, data-informed, and strategic process to develop and maintain a budget that aligns with program goals and circumstances.

Performance Area: Comprehensive Financial Management Structure and Systems

✔ ***Compliance Information***

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- The grant recipient implements a system for maintaining financial records and generating information needed to manage and safeguard Federal funds.
- The grant recipient maintains effective control over all funds, property, and assets to avoid theft, fraud, waste, and abuse.
- The grant recipient implements written procedures to ensure that costs charged to the Head Start award are necessary, reasonable, and appropriately allocated in accordance with Federal statutes, regulations, and the terms and conditions of the Federal award.

Performance Area: Facilities and Equipment Management Systems

✔ ***Compliance Information***

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- The grant recipient assesses and mitigates risk and maintains property loss, casualty, and liability insurance consistent with the replacement value of property and determined risk of liability.



Eligibility, Recruitment, Selection, Enrollment, and Attendance

Performance Area	Outcome	Strong Practice
Eligibility	Compliant	Strong Practice
Selection	Compliant	
Enrollment	Compliant	

Performance Area: Eligibility

✓ ***Compliance Information***

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- The grant recipient establishes policies and procedures and trains staff members to ensure compliance with eligibility requirements.
- The grant recipient implements a process for enrolling eligible families in compliance with eligibility regulations.

★ ***Strong Practice Information***

During the review event the OHS monitoring team identified the following Strong Practice(s) in the Performance Area:

- The grant recipient has an eligibility verification process to prevent fraudulent enrollment.
    - The grant recipient's eligibility verification process includes three staff members and ensures staff do not complete applications for friends or family members.
    - File reviews are also completed bi-weekly, monthly, and semi-annually.

Performance Area: Selection

✓ ***Compliance Information***

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- The grant recipient establishes selection criteria based on community needs and prioritizes its waiting list accordingly.

Performance Area: Enrollment

✓ ***Compliance Information***

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- The grant recipient effectively tracks enrollment, including the percentage of enrolled children eligible for services under the Individuals with Disabilities Education Act (IDEA).

---------- End of Report ----------

January 22, 2026

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

CHILD CARE BULLETIN (CCB) NO. 26-02

The purpose of this Child Care Bulletin (CCB) is to provide guidance to counties and child care and development contractors regarding changes enacted in Senate Bill (SB) 792 (Chapter 234, Statutes of 2025) regarding new excused absence categories, state median income thresholds, and family fee exemptions.

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • *www.cdss.ca.gov*

JENNIFER TROIA
DIRECTOR

GAVIN NEWSOM
GOVERNOR

January 22, 2026

CHILD CARE BULLETIN (CCB) NO. 26-02

GUIDANCE TYPE: DIRECTIVE

TO: ALL CHILD CARE AND DEVELOPMENT CONTRACTORS

SUBJECT: IMPLEMENTATION OF SENATE BILL (SB) 792

APPLICABLE PROGRAMS: CALIFORNIA ALTERNATIVE PAYMENT PROGRAMS (CAPP); MIGRANT ALTERNATIVE PAYMENT PROGRAMS (CMAP); GENERAL CHILD CARE AND DEVELOPMENT PROGRAMS; (CCTR); FAMILY CHILD CARE HOME EDUCATION NETWORKS (CFCC); MIGRANT CHILD CARE AND DEVELOPMENT PROGRAMS (CMIG); CHILD CARE AND DEVELOPMENT PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS (CHAN); CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CALWORKS) TWO (C2AP), AND THREE (C3AP)

REFERENCE: SENATE BILL (SB) 792 (CHAPTER 234, STATUTES OF 2025), WELFARE AND INSTITUTIONS CODE (WIC) SECTION 10213.5, WIC SECTION 10272,WIC SECTION 10291, TITLE 5 OF THE CALIFORNIA CODE OF REGULATIONS (5CCR) SECTION 18066.5, 5 CCR SECTION 18092, 5 CCR SECTION 18119, 5 CCR SECTION 18121, 5 CCR SECTION 18122

Purpose

The purpose of this Child Care Bulletin (CCB) is to provide guidance to counties and child care and development contractors regarding changes enacted in Senate Bill (SB) 792 (Chapter 234, Statutes of 2025), including a new definition of “Attendance” to expand the categories of excused absences, technical revision to policies related to

state median income (SMI), and extension of the family fee exemptions for vulnerable populations.

Background

On October 1, 2025, the Governor signed SB 792, which included amendments to three separate sections in Welfare and Institutions Code (WIC) effective January 1, 2026. The first amendment updated the definition of "attendance" for purposes of reimbursement, found in WIC Section 10213.5, to include medical and education appointments as an excused absence category. It also ensured that, for the purposes of reimbursement, a child care and development contractor can claim attendance for days that the contractor or provider is required to hold a space for a child during the period that a family is assumed to have "abandoned care" or is engaging in the appeal process based on disenrollment for abandoning care.

SB 792 also revised income eligibility threshold for CalWORKs Stage 3 child care services in WIC 10272 from 70% to 85% of the state median income (SMI), adjusted for family size. Under current law WIC 10272 states a threshold of 70% and the statute was not amended to reflect the change in the SMI threshold from 70% to 85%, enacted by AB 2626 (Chapter 945, Statutes of 2018). This policy change is technical revision to update WIC 10272 to align with all other child care and development programs income eligibility thresholds.

Finally, SB 792 amended WIC section 10291 to extend the exemption period for family fees up to 24 months for neglected or abused children who are recipients of child protective services, or children who have been identified as being abused, neglected, or exploited, or are at risk of being neglected, abused, or exploited upon written referral from a legal, medical, or social services agency. Current law only allows this exemption for 12 months, which has caused a burden to families when they need to secure a referral mid eligibility period or begin to pay their family fee.

Guidance

Policy #1 – Related to Attendance

Beginning January 1, 2026, when tracking attendance, medical and educational appointments shall now be counted as an excused absence. Examples of medical and educational appointments include: a well-child visit, medical follow-up appointments, dental appointments, an Individualized Education Program (IEP), an Individualized Family Service Plan (IFSP) meeting, educational screenings or assessments, or student study/success team (SST) meetings. According to Title 5 of the California Code of Regulations (5 CCR) Section 18066, direct services contractors must update their policies and inform families of these changes. Additionally, beginning January 1, 2026, if a family has abandoned care, the days in which a child is absent are to be considered

excused absences, as well as the days in which the family is engaging in the appeal process pursuant to 5 CCR Sections 18119, 18121, and 18122(b).
Note: Abandonment of Care policies can be referenced at 5 CCR Section 18066.5

Policy #2 – Related to State Median Income

Beginning January 1, 2026, WIC 10272 was updated to change the maximum income threshold for CalWORKs Stage 3 child care from 70% to 85%. This change will align Stage 3 with all other child care and development programs.

Policy #3 – Related to Family Fee Exemptions

Beginning January 1, 2026, contractors may exempt family fees for children who are recipients of child protective services, or children who are at risk of being neglected or abused, upon written referral from a legal, medical, or social services agency for up to 24 months.

Note: In accordance with 5 CCR 18092, the referral must be dated with six (6) months of the date the application for services is signed.

This policy change applies to the following child care and development contractors:

- General Child Care and Development (CCTR)
- Migrant Child Care and Development (CMIG)
- Family Child Care Home Education Networks (CFCC)
- California Alternative Payment Program (CAPP)
- Migrant Alternative Payment Program (CMAP)
- California Work Opportunity and Responsibility to Kids Stage 2 (C2AP)
- California Work Opportunity and Responsibility to Kids Stage 3 (C3AP)

If you are a contractor and have any questions regarding the information in this letter, contact your assigned Program Quality and Improvement Branch Consultant.

Sincerely,

Original Document Signed By

LUPE JAIME-MILEHAM, EdD
Deputy Director
Child Care and Development Division

Management Bulletin 26-02

This Management Bulletin (MB) notifies and provides guidance to California State Preschool Program (CSPP) Contractors about requirements for the fiscal year (FY) 2025–26 Program Self Evaluation (PSE).

Early Education Division

Subject: Fiscal Year 2025–26 Program Self-Evaluation for California State Preschool Program (CSPP) Contractors

Number: 26-02

Date: February 13, 2026

Expires: Until rescinded or superseded by regulations

Authority: *California Code of Regulations*, Title 5 (5 *CCR*) sections 17700, 17709, 17710, 17794, MB 23-10

Attention: Executive Directors and Program Directors of all California State Preschool Programs

Purpose

This Management Bulletin (MB) notifies and provides guidance to CSPP contractors of the requirements and instructions for submitting the PSE, due to the California Department of Education (CDE), Early Education Division (EED) on or before June 1, 2026.

This MB rescinds and replaces MB 25-02.

Policy

Each contractor shall develop and implement an annual plan for its program self-evaluation process. Each CSPP contractor shall use the PSE to submit a summary of the findings of the PSE to the CDE by June 1, of each year.

Implementation

Each CSPP contractor shall conduct the FY 2025–26 PSE using the FY 2025–26 Program Instrument (PI), items one (1) through twenty-five (25), to determine areas in which the contractor did and did not meet the standards of the CSPP contract requirements. The FY 2025–26 PI

document can be accessed at FY 2025-26 Program Instrument (PI).

Each CSPP contractor must include program staff and board members, as applicable, in the self-evaluation process, and maintain written documentation of their participation.

The CSPP contractor must analyze the findings from the self-evaluation of items 1–25 of the PI (Key Dimensions one (1) through five (5), including the Desired Results Developmental Profile [DRDP]), the Desired Results parent survey, data from completed Classroom Assessment Scoring System (CLASS) and CLASS Environment observations, and complete the survey to summarize all the following:

- An assessment of the staff and board members' (as applicable) participation in the PSE process, and
- Program areas that did not meet standards, and a list of tasks to improve in those areas in a timely and effective manner, and
- Program areas that did meet standards and procedures for ongoing monitoring to ensure those areas continue to meet standards and
- Additional questions for data collection, pertaining to CLASS implementation, nutrition, and curriculum(s) used in the CSPP.

The FY 2025–26 PSE Survey, accompanying instructions for completing the survey, and FAQs can be accessed on the CDE Program Self-Evaluations web page.

Submission Requirements for the PSE

CSPP contractors are required to complete the FY 2025–26 PSE on or before Monday, June 1, 2026, by 5:00 p.m.

Contractors must scan and submit the signed Program Self-Evaluation Survey Form, electronically in PDF format, to PSEFY2526@cde.ca.gov using the FY and the legal contractor's name in the subject line (Example: 25–26 XYZ School District). You will need Adobe Acrobat to complete this survey.

CSPP contractors are also required to submit a Training Needs Survey to the CDE using SNAP Survey. The SNAP survey link will be provided in a forthcoming email.

All other required documentation completed as part of the PSE must be kept on-site and available for review upon request.

If you have any questions regarding the information in this MB, please contact your assigned EED Program Quality Implementation (PQI) Regional Consultant. The CDE, EED PQI Consultant Regional Assignments directory web page.

Record Retention Requirements for the PSE

All supporting documentation for the FY 2025–26 PSE must be retained on-site by the CSPP contractor, and be made available to the CDE, EED upon request. Supporting documentation to be retained includes:

- Desired Results Parent Survey results and Summary of Findings
- DRDP Classroom/Site/Agency Summary of Findings
- Current CLASS Observer certifications for all staff employed by the contractor that have completed the CLASS and CLASS Environment Observation Training and passed the certification or recertification test.
- All CLASS and CLASS Environment Observation scoresheets for each CSPP classroom, or CSPP classroom scores on an Observation/scoring summary document provided by the Observer that provides some context about the observation.
    - **Additional Environment Requirements** - Contractors are required to implement additional environment requirements that are not included either in CLASS, CLASS Environment, or in current license or license-exempt regulations and yet remain necessary to support quality improvement in CSPP. MB 23-10.
- All coaching and/or training documentation is associated with CLASS and CLASS Environment Observations.
- Name and agency association (for example, CSPP Regional CLASS Lead, Head Start, CDE) for all CLASS Observers that complete CLASS and CLASS Environment observations that are not employed by the CSPP contractor. (Note that this information can be captured informally such as, on the scoresheet or scoring summary provided at the end of the observation.)
- An assessment of the program by staff and board members as evidenced by written documentation
- Documentation from the self-evaluation process used to develop a written list of tasks needed to modify the program to address all areas that need improvement

In accordance with 5 *CCR* Section 17820, all records shall be retained for a minimum period of five (5) years.

Background and Authority

The PSE requirements are described in 5 *CCR* sections 17700, 17709, 17710, 17794.

Pursuant to 5 *CCR* Section 17709, the annual PSE shall include the following:

1. A self-evaluation of the program based on the use of the PI.
2. An assessment of the program by parents using the Desired Results Parent Survey.
3. An assessment of the program by staff and board members, as evidenced by written documentation.
4. An analysis of the PI findings, including the DRDP, the environment rating scales, and the Desired Results parent survey, together with all other self-evaluation findings.

- **Note**: Beginning in the 2024–25 program year, contractors were no longer required to complete an Environment Rating Scale (ERS) annually as required in 5 *CCR* Section 17711. Accordingly, ERS will not be used in the annual PSE as currently referenced in 5 *CCR* Section 17709. The directives in MB 23-10 supersede 5 *CCR* Section 17711 pursuant to the authority from *SB* 114, Section 106.

5. A written list of tasks needed to modify the program to address all areas that need improvement, as indicated in the analysis of the findings, and
6. Procedures for the ongoing monitoring of the program to ensure that areas of the program that are satisfactory continue to meet standards, and areas requiring modification are addressed in a timely and effective manner.

CSPP contractors shall modify their programs to address any areas identified during the self-evaluation as needing improvement.

Resources

If you have questions regarding submission requirements for the FY 2025–26 PSE, please email PSEFY2526@cde.ca.gov. If you have programmatic questions related to completing the FY 2025–26 PSE, please contact your assigned EED, PQI Regional Consultant. The CDE, EED PQI Consultant Regional Assignments can be accessed at PQI Consultant Regional Assignments directory web page.

This MB is mandatory only to the extent that it cites a specific statutory or regulatory requirement, and is not prescriptive, pursuant to California *Education Code* (*EC*) 33308.5.

Questions: Early Education Division | 916-322-6233

Last Reviewed: Thursday, February 19, 2026

Updated Head Start Program Performance Standard Requirements

Background: The office of Head Start published timelines by which grant recipients must comply with the Head Start Program Performance Standards updated in the final rule, Supporting the Head Start Workforce and Consistent Quality Programming. The final rule was published in the Federal Register on August 21, 2024.

No.	Performance Standard Summary	Compliance Date*	CCC Compliance Status	Description of Compliance / Recommended Actions
1	1302.12(e) AIAN Income Eligibility. All families in an American Indian and Alaska Native (AIAN) program's service area with age-eligible children, or pregnant women, are eligible for Head Start services, regardless of income.	3/1/2024	n/a	CCC does not operate an AIAN program.
2	1302.12(f) MSHS Income Eligibility. Migrant and Seasonal Head Start (MSHS) programs may serve any child who has one family member whose income comes primarily from agricultural employment, regardless of total family income	3/1/2024	n/a	CCC does not operate a MSHS program.
3	1302.14(a)(2), (3) AIAN and MSHS Selection Criteria. Tribes may prioritize children in families for which a child, a family member, or a member of the same household, is a member of an Indian tribe. MSHS programs may give priority to children whose families can demonstrate they have relocated frequently within the past two years to pursue agricultural work.	3/1/2024	n/a	CCC does not operate an AIAN or MSHS program.
4	1302.101(a)(2) Employee Engagement. A program must comply with enhanced requirements for employee engagement to promote more responsive management styles designed to identify and resolve barriers to high-quality job performance.	10/21/2024	Compliant	Supervisors are training in and exercise Reflective Supervision strategies to support meaningful and effective employee engagement and ongoing staff supervision. Upon hire, managers begin engagement through the onboarding process utilizing an orientation checklist specific to their job classification. Regular individual check-ins are facilitated by managers. Staff are engaged in goal-setting as a component of the annual performance evaluation.

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Updated Head Start Program Performance Standard Requirements

No.	Performance Standard Summary	Compliance Date*	CCC Compliance Status	Description of Compliance / Recommended Actions
5	1302.101(a)(5), 1302.102(d) Training on Incident Reporting. A program must submit reports, as appropriate, to the responsible HHS official immediately but no later than seven calendar days following a health or safety incident. All staff are required to be trained to implement reporting procedures.	10/21/2024	Compliant	In 2023 CSB revised its procedures for reporting incidents, establishing expectations which ensure HHS official notification no later than seven calendar days following a reportable health or safety incident.
6	1302.12(i)(1) Housing Adjustment. A program may adjust a family's income to account for excessive housing costs when determining eligibility.	10/21/2024	Compliant	Enrollment team screens families over 100% of the Federal Poverty Level (FPL) for housing costs exceeding 30% and has implemented use of a calculation spreadsheet to adjust income accordingly.
7	1302.12(j) MSHS Eligibility Duration. In MSHS programs, once an infant or toddler and their family are deemed eligible, they are eligible until they turn three years old. This is consistent with the requirement that children participating in the Early Head Start program remain eligible for the duration of the program.	10/21/2024	n/a	CCC does not operate a MSHS program.
8	1302.13 Modernizing Recruitment. A program must include modern technologies to encourage and assist families in applying for admission to the program, and to reduce the family's administrative and paperwork burden in the application and enrollment process.	10/21/2024	Compliant	The program has an existing process whereby families may submit an online application, call the enrollment hotline / Interactive Voice Response (IVR) system, and submit and/or sign eligibility documents electronically.
9	1302.14(a)(6) Children of Staff Members. A program may consider the enrollment of eligible children of staff members as part of the selection criteria	10/21/2024	Compliant	CCC's Selection Criteria was approved by the PC on 2/21/24 and BOS on 9/10/24 and is effective through 6/30/25. CCC may consider addition of children of staff members to the selection criteria when revising for the 2025-2026 program year.

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Updated Head Start Program Performance Standard Requirements

No.	Performance Standard Summary	Compliance Date*	CCC Compliance Status	Description of Compliance / Recommended Actions
10	1302.14(b)(1) Children with Disabilities Enrollment. A program must ensure at least 10% of its actual enrollment is filled by children eligible for services under the Individuals with Disabilities Education Act (IDEA).	10/21/2024	Compliant	CCC has historically met the 10% threshold when calculating percentage of children with a disability per cumulative enrollment. Our 2024 PIR indicated 13% of enrolled children had a disability.
11	1302.15(g) Modernizing Enrollment. A program must regularly examine their enrollment processes and implement any identified improvements to streamline the enrollment experience for families.	10/21/2024	Compliant	The enrollment process is analyzed on an ongoing basis in order to identify improvements to streamline enrollment. For the 2024-25 program year on-site enrollment clinics are being facilitated at centralized locations in areas of the county with high enrollment needs.
12	1302.17(a) Suspension and Expulsion. Suspension continues to be a measure of last resort only when there is a serious safety threat. Programs must first engage with a mental health consultant, collaborate with the parents, and use appropriate community resources. Programs must explore and document all steps taken to address the behaviors and supports needed to facilitate the child's safe reentry and continued participation in the program.	10/21/2024	Compliant	CSB's procedures currently align with this standard. CSB's step plan requires multidisciplinary efforts to support a child with continued program participation are sufficiently documented.

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Updated Head Start Program Performance Standard Requirements

No.	Performance Standard Summary	Compliance Date*	CCC Compliance Status	Description of Compliance / Recommended Actions
13	1302.34(b)(9) Modernizing Communication. A program must ensure it uses accessible communication methods and modalities that meet the needs of the community when engaging with prospective and enrolled families.	10/21/2024	Compliant	As an outcome of 2019-2023 program goals, the enrollment process was modernized through use of innovative technologies: Interactive Voice Response (IVR) system, Short Messaging System (SMS), web-based application and resources page. Family meetings and trainings (including parenting curriculum) is offered in a virtual format. A communication survey is completed by families annually to ensure the program is utilizing communication methods that work best for enrolled families.
14	1302.40(b) Health and Mental Health Services Advisory Committee. Programs must establish and maintain a Health and Mental Health Services Advisory Committee.	10/21/2024	Compliant	An already established Health and Nutrition Services Advisory committee which meets twice annually. The next meeting, scheduled for 12/5/24, will take place under the new name: Health, Mental Health, and Nutrition Services Advisory Committee.
15	1302.41, 1302.42(b), 1302.46(b) Mental Health Integration. These program requirements consistently integrate mental health into all aspects of program service delivery.	10/21/2024	Compliant	The CCC HS program has been operated under a multidisciplinary approach, with high levels of collaboration among the designated Health and Mental Health content area managers. For example, CSB facilitates monthly managers meetings and joint family meetings. CSB's model for comprehensive service delivery positions assistant managers who are generalists and obtain training from specialists in the areas of Health and Mental Health.

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Updated Head Start Program Performance Standard Requirements

No.	Performance Standard Summary	Compliance Date*	CCC Compliance Status	Description of Compliance / Recommended Actions
16	1302.45(b) Mental Health Consultants. A program must ensure mental health consultants provide consultation services that build the capacity of adults in a child's life to strengthen and support the mental health and social and emotional development of children.	10/21/2024	Compliant	The County's collaboration with the Early Childhood Mental Health Program
17	1302.47(b)(10) Safety Practices – Lead. In facilities where lead may exist, programs must regularly inspect and test for the presence of lead and, as needed, conduct remediation and abatement.	10/21/2024	Compliant	CCC HS centers follow California Health and Safety Code section 1597.16, which requires that all licensed Child Care Centers constructed before 1/1/2010, test their cold-water outlets used for drinking or cooking for lead by 1/1/23, and subsequent testing must occur every 5 years.
18	1302.47(b)(5) Safety Practices. Programs must ensure all staff, consultants, contractors, and volunteers follow appropriate practices to keep children safe. Aligns the definition of "child abuse and neglect" with Child Abuse Prevention and Treatment Act (another federal statute).	10/21/2024	Compliant	CSB revised its safety practices procedures in 2023, establishing a culture of safety including tools for active supervision and personal rights training. Annual trainings are provided which align with this standard.
19	1302.50(a) Modernizing Engagement with Families. Programs must communicate with families in a format that meets the needs of each individual family.	10/21/2024	Compliant	A communication survey is completed by families annually to ensure the program is utilizing communication methods that work best for enrolled families.
20	1302.53(b)(2) QRIS. Programs should participate in their Quality Rating and Improvement System (QRIS) to the extent practicable if the state or local area has strategies in place to support their participation.	10/21/2024	Compliant	CCC HS centers currently participate in QRIS.
21	1302.80(d) Newborn Visit. A newborn visit must, at minimum, include a discussion of the following: maternal mental and physical health, safe sleep, infant health, and support for basic needs.	10/21/2024	Compliant	Newborn visits include discussion of maternal mental and physical health, safe sleep, infant health, and support for basic needs.

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Updated Head Start Program Performance Standard Requirements

No.	Performance Standard Summary	Compliance Date*	CCC Compliance Status	Description of Compliance / Recommended Actions
22	1302.81 Mental Health Information and Services Integration for Expectant Families. Programs must ensure the required prenatal and postpartum information, education, and services are provided to enrolled pregnant women, mothers, fathers, and partners or other family members.	10/21/2024	Compliant	Services to pregnant women include prenatal and postpartum information and education are provided to families enrolled through the County's partnerships with Aspiranet and Mount Diablo Unified School District.
23	1302.82(a) Maternal Health Curriculum. If a program uses a curriculum in the provision of services to pregnant women and pregnant people, it should be a maternal health curriculum to support prenatal and postpartum education needs.	10/21/2024	Compliant	The Growing Great Kids® curriculum includes prenatal health and postpartum education.
24	1302.90(c) Standards of Conduct. Programs must ensure that staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, and that they report reasonably suspected or known incidents of child abuse and neglect.	10/21/2024	Compliant	CSB standards of conduct, signed by all staff, consultants and volunteers annually.
25	1302.91(e)(8)(ii) Mental Health Consultants' Licensure. A program must ensure all mental health consultants are licensed or under the supervision of a licensed mental health professionals. Programs also must use mental health consultants with knowledge of and experience in serving young children and their families.	10/21/2024	Compliant	CCC partners with Early Childhood Mental Health Program for mental health consultation services. Licensure is a component of the contract.
26	1302.92(b)(1) Professional Development Plans. Programs must develop professional development plans for full-time staff providing direct services to children, as required in Section 648A(f) of the Head Start Act.	10/21/2024	Compliant	Professional development plans are incorporated into the annual performance evaluation for staff in classifications providing direct services to children.
27	1302.92(b)(2–3) Annual Training. Programs must ensure staff receive annual training on: (1) Mandatory reporting; (2) Positive strategies to understand and support children's social and emotional development; and (3) The knowledge, experience, and competencies to improve child and family outcomes.	10/21/2024	Compliant	All 3 topics are incorporated into the annual training schedule.

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Updated Head Start Program Performance Standard Requirements

No.	Performance Standard Summary	Compliance Date*	CCC Compliance Status	Description of Compliance / Recommended Actions
28	1302.93(d) Culture of Wellness. A program should cultivate a program-wide culture of wellness that empowers staff as professionals and supports staff to effectively accomplish their job responsibilities in a high-quality manner.	10/21/2024	Compliant	A culture of wellness has been established and is maintained through work of CSB's wellness team, SIA, which focuses on Simple, Impactful and Actionable strategies to promote wellness. On 5/8/24, CSB facilitated an all-staff wellness event which included keynote speakers on DEI, training on stress reduction, as well as healthy cooking and painting sessions. CCC promotes wellness through offering a robust Employee Assistance Program (EAP).
29	1303.42 Suitable Facilities. Grant recipients are no longer required to have a written statement from an independent real estate professional confirming the lack of other suitable facilities in the area.	10/21/2024	Compliant	The CCC HS program will no longer request such written statements when submitting capital projects requests for applicable major renovation or construction projects utilizing federal funds.
30	1303.43 Use of Grant Funds. If a recipient seeks to use federal funds for reasonable fees and costs necessary to submit an application under §§1303.42 and 1303.44, they must be granted approval from the responsible HHS official. Once approval is granted, the funds are allowable regardless of the outcome of the preliminary eligibility determination.	10/21/2024	Compliant	CCC will request approval for use of federal funds for reasonable fees and costs necessary to submit a pre-approval application for major renovation or construction projects.
31	1303.44 Application Requirements. Programs must adhere to updated application requirements, including the facility's value and additional information HHS officials may request as part of the 1303 process.	10/21/2024	Compliant	CCC will comply with the revised 1303 pre-approval requirements when requesting to use federal funds for major renovation / construction projects.

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Updated Head Start Program Performance Standard Requirements

No.	Performance Standard Summary	Compliance Date*	CCC Compliance Status	Description of Compliance / Recommended Actions
32	1305.2 Definitions. Programs must use new and revised definitions for "Early Head Start", "Federal interest", "Grant recipient", "Head Start", "Head Start agency", "Head Start Preschool", "Housing costs", "Income", "Major renovations", "Migrant family", "Poverty line", "Purchase", and "Suspension".	10/21/2024	Compliant	CCC is using new and revised definitions under this section.
33	1302.80(e) Pregnant Women. A program must track and record services an enrolled pregnant woman or pregnant person receives, both from the program and through referrals, to help identify specific prenatal care services and resources needed to support a healthy pregnancy.	12/19/2024	Compliant	CCC currently maintains a record of services accessed by pregnant persons including rereferrals and services utilizing its child and family data system.
34	1302.80(f) Promoting Healthy Birth Outcomes. Programs must help address disparities in maternal and birth outcomes across racial and ethnic groups, using data to inform program services.	2/18/2025	Compliant	Through partnerships, CCC provides services to pregnant women which help address disparities in maternal and birth outcomes: (1) MDUSD Crossroads High School supports acheivement of high school diplomas and on-site prenatal and parenting classes to support posisitve outcomes among teen parents. (2) Aspiranet serves primarily Spanish-speaking families and adapts home visiting services based on needs assessment data collected from various screenings / assessments, including Life Skills Progression (LSP) and Patient Health Questionnaire (PHQ-4).
35	1302.11(b) Community Assessment. Programs must collect relevant data while maintaining the community assessment's content focus on geographic location, race, ethnicity, etc. Requires programs to conduct annual updates only as needed, such as if there are significant shifts in community demographics.	8/1/2025	Compliant	The program currently utilized a contractor who supplies a comprehensive community assessment with all required components annually.

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Updated Head Start Program Performance Standard Requirements

No.	Performance Standard Summary	Compliance Date*	CCC Compliance Status	Description of Compliance / Recommended Actions
36	1302.14(d) Barriers to Enrollment. A program is required to use data from the community assessment to identify potential barriers to enrollment and attendance, including using data to understand access to transportation for the highest need families.	8/1/2025	Compliant	CCC has a sytems in place for examining data on an ongoing basis and responding to potential barriers to enrollment and attendance.
37	1302.16(a)(2)(v) Barriers to Attendance. A program must examine barriers to regular attendance, such as access to safe and reliable transportation, and where possible, provide or facilitate transportation for the child if needed.	8/1/2025	Compliant	CCC has a sytems in place for examining data on an ongoing basis and responding to potential barriers to enrollment and attendance.
38	1302.23(b)(2–4) Family Child Care Option. Family child care (FCC) services must comply with specified child ratios and group sizes for programs. There is no longer reference to the term "assistant provider". All FCC providers who count toward ratios must meet the qualification requirements for FCC providers described in§1302.91(e)(4).	8/1/2025	n/a	CCC does not operate HS within the Family Child Care Option.
39	1302.45(a) Multidisciplinary Approach. Programs must use a multidisciplinary approach to mental health and wellness supports. Mental health consultation services must be available at a frequency of at least once a month; if a mental health consultant is not available to provide services at least once a month, programs must use other licensed mental health professionals or behavioral health support specialists who coordinate with a mental health consultant.	8/1/2025	Compliant	CCC partners with Early Childhood Mental Health Program (ECMHP) for mental health consultation services. The program revised its procedures to ensure oversight structure monitors for monthly availability of mental health consultation services. An expanded contract with ECMHP is anticipated to be approved by the BOS on 8/12/25.

Updated Head Start Program Performance Standard Requirements

No.	Performance Standard Summary	Compliance Date*	CCC Compliance Status	Description of Compliance / Recommended Actions
40	1302.52(d) Family Partnership Services. Programs must ensure family service worker assignments do not exceed 40 families per family service worker. Programs may temporarily exceed the maximum during periods of staff absence and in emergency or recovery circumstances. A waiver is required to exceed the ratio of family assignments to family service worker if it will extend beyond a temporary period.	8/1/2027	In-Progress	On August 16, 2024, the Administration for Children and Families issued an award for the Head Start grant. On March 19, 2024 (D. 4), the Board of Supervisors approved the submission of the grant application which includes new positions. This budget includes an increase in Comprehensive Services (family service worker) positions to lower caseloads to 40 families.
41	1302.93(c) Staff Breaks. A program must provide, for each staff member, regular breaks of adequate length and frequency based on hours worked. During breaks, one teaching staff member may be replaced by one staff member who does not meet the teaching qualifications required for the age, provided that this staff member has the necessary training and experience to ensure safety of children and minimal disruption to the quality of services.	8/1/2027	Compliant	CCC complies with State and Federal requirements pertaining to staff breaks including meal breaks. Per the 2022-2026 Local One MOU employees are entitled to a rest break for each 4 hours of work. The program will identify how it may operationalize new flexibilities of allowing a staff member to provide classroom coverage who does not meet teaching qualifications.

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Updated Head Start Program Performance Standard Requirements

No.	Performance Standard Summary	Compliance Date*	CCC Compliance Status	Description of Compliance / Recommended Actions
42	1302.90(f) Benefits. For full-time staff (working 30 or more hours per week) the program must provide or facilitate access to affordable health care coverage, offer paid leave, and offer access to short-term, free or minimal cost behavioral health services. Part-time staff must be connected with health insurance options in the Marketplace. Programs must connect eligible staff with child care subsidy programs and the Public Service Loan Forgiveness Program. Small Head Start agencies with 200 or fewer slots are exempt from most of the benefits requirements, but these agencies must still make measurable improvement in benefits for Head Start staff over time.	8/1/2028	In-Progress	Staff scheduled to work at least 20 hours per week, CCC provides affordable health care coverage. Part-time staff are connected with health insurance options. The program is in the process of identifying a process which ensures staff are connected with child care subsidy programs and the Public Service Loan Forgiveness Program.
43	1302.90(e)(1) Pay scale. (i) By August 1, 2031, a program must implement a salary scale, salary schedule, wage ladder, or other similar pay structure for program staff salaries that incorporates the requirements in paragraphs (e)(2) through (4) of this section; reflects salaries or wages for all other staff in the program; promotes salaries that are comparable to similar services in relevant industries in their geographic area; and considers, at a minimum, responsibilities, qualifications, experience relevant to the position, and schedule or hours worked. (ii) After August 1, 2031, a program must review its pay structure at least once every 5 years to assess whether it continues to meet the expectations described in paragraph (e)(1)(i) of this section. (iii) A program must ensure that staff salaries are not in excess of level II of the Executive Schedule, as required in 42 U.S.C. 9848(b)(1).	8/1/2031	In-Progress	The Program will work with HR on a salary study which compares similar services in relevant industries in Contra Costa County. Salary study will be required every 5 years.

*eclkc.ohs.acf.hhs.gov/publication/timeline-compliance-updated-performance-standard-requirements

Updated Head Start Program Performance Standard Requirements

No.	Performance Standard Summary	Compliance Date*	CCC Compliance Status	Description of Compliance / Recommended Actions
44	1302.90(e)(2) Progress to pay parity for education staff with elementary school staff. (i) By August 1, 2031, a program must demonstrate it has made progress to parity with kindergarten through third grade teachers by ensuring that each Head Start teacher receives an annual salary that is at least comparable to the annual salary paid to preschool teachers in public school settings in the program's local school district, adjusted for responsibilities, qualifications, experience, and schedule or hours worked. A program may provide annual salaries comparable to a neighboring school district if the salaries are higher than a program's local school district, adjusted for role, responsibilities, qualifications, experience, and schedule or hours worked.	8/1/2031	In-Progress	The Program will work with HR on a salary study which compares CCC teacher salary to school district preschool teachers. The program in is the process of developing a process to ensure it regularly tracks data on how wages paid to their education staff compare to wages paid to preschool through third grade teachers in their local or neighboring school district.
45	1302.90 (3) Salary floor. By August 1, 2031, a program must ensure, at a minimum, the wage or salary structure established or updated under paragraph (e)(1)(i) of this section provides all staff with a wage or salary that is generally sufficient to cover basic needs such as food, housing, utilities, medical costs, transportation, and taxes, or would be sufficient if the worker's hourly rate were paid according to a full-time, full-year schedule (or over 2,080 hours per year). (4) Wage comparability for all ages served. A program must ensure the wage or salary structure established or updated under paragraph (e)(1)(i) of this section does not differ by age of children served for similar program staff positions with similar qualifications and experience.	8/1/2031	In-Progress	The Program will work with HR and labor on a salary study which compares salary structure to salary that is generally sufficient to cover basic needs. CCC currently has the same salary schedule for staff providing to instruction to all ages served.

Updated Head Start Program Performance Standard Requirements

No.	Performance Standard Summary	Compliance Date*	CCC Compliance Status	Description of Compliance / Recommended Actions
46	1302.90(e) Wages. Small Head Start agencies with 200 or fewer slots are exempt from most of the wage requirements, but these agencies must still develop or update a pay scale that promotes competitive wages for all staff, and make measurable progress toward reducing disparities in wages between Head Start educators and public preschool teachers over time. The final rule includes an option for the Secretary of the Department of Health and Human Services (HHS) to establish in 2028 a limited waiver process for most of the wage requirements for eligible programs, if the prior four years of appropriation increases for Head Start are less than an annual average of 1.3%.	8/1/2031	n/a	CCC HS program serves more than 200 slots.

*eclkc.ohs.acf.hhs.gov/publication/timeline-compliance-updated-performance-standard-requirements

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-958 **Agenda Date:** 3/17/2026 **Agenda #:** C.1.

To: Board of Supervisors

From: Greg Baer, Director of Airports

Report Title: Approve and Authorize the Director of Airports, or designee, to execute a hangar rental agreement at Buchanan Field Airport

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Director of Airports, or designee, to execute a month-to-month hangar rental agreement with Richard Lorin Clark Jr., for a north-facing T-hangar at Buchanan Field Airport effective Mar 5, 2026, in the monthly amount of $394, Pacheco area. (District IV)

FISCAL IMPACT:
The Airport Enterprise Fund will receive $4,728, annually.

BACKGROUND:
On November 14, 2006, the Contra Costa County Board of Supervisors approved the form of the T-Hangar and Shade Hangar Rental Agreement for use with renting the County's t-hangars, shade hangars, medium hangars, and executive hangars at Buchanan Field Airport.

On February 23, 2007, Contra Costa County Board of Supervisors approved the new Large Hangar Rental Agreement for use with the large East Ramp Hangars.

On January 16, 2009, Contra Costa County Board of Supervisors approved an amendment to the T-Hangar and Shade Hangar Rental Agreement and the Large Hangar Rental Agreement (combined "Hangar Rental Agreements"). The Hangar Rental Agreements are the current forms in use for rental of all the County hangars at Buchanan Field Airport.

CONSEQUENCE OF NEGATIVE ACTION:
A negative action will cause a loss of revenue to the Airport Enterprise Fund.

CONTRA COSTA COUNTY - BUCHANAN FIELD AIRPORT

T-HANGAR AND SHADE HANGAR RENTAL AGREEMENT

1. **PARTIES: March 5, 2026,** ("**Effective Date**"), the COUNTY OF CONTRA COSTA, a political subdivision of the State of California ("**Airport**"),and **Richard Lorin Clark Jr.** ("**Renter**"), hereby mutually agree and promise as follows:

2. **RENTER AND AIRCRAFT INFORMATION:** Simultaneous with the execution of this T-Hangar and Shade Hangar Rental Agreement **("Rental Agreement")** by Renter, Renter shall complete the Renter and Aircraft Information Form. A completed copy of the Renter and Aircraft Information Form is attached hereto as Exhibit "A" and incorporated herein. Renter must also provide to Airport at that time, for inspection and copying, (1) the original current Aircraft Registration or, if the aircraft described in Exhibit A is under construction, the plans for and proof of ownership of such aircraft; and (2) the insurance information required by Section 16 below.

3. **PURPOSE:** The purpose of this Rental Agreement is to provide for the rental of a T-Hangar or Shade Hangar space at the Contra Costa County - Buchanan Field Airport for the storage of the aircraft described in the Renter and Aircraft Information Form (**"Renter's Aircraft")**.

4. **PREMISES:** For and in consideration of the rents and faithful performance by Renter of the terms and conditions set forth herein, Airport hereby rents to Renter and Renter hereby rents from Airport that T-Hangar or Shade Hangar shown as # **E-07** on the T-Hangar and Shade Hangar Site Plan, attached hereto as Exhibit B and incorporated herein. This T-Hangar or Shade Hangar is part of the T-Hangar and Shade Hangar Site **("T-Hangar Site")** and shall hereinafter be described as the **"T-Hangar**."

   Renter has inspected the T-Hangar and hereby accepts the T-Hangar in its present condition, as is, without any obligation on the part of Airport to make any alterations, improvements, or repairs in or about the T-Hangar.

5. **USE:** The T-Hangar shall be exclusively by Renter for the storage of Renter's Aircraft. In addition to the storage of Renter's Aircraft, Renter may use the T-Hangar for (1) the homebuilding, restoration and/or maintenance of Renter's Aircraft, provided that such homebuilding, restoration and/or maintenance is performed by Renter only and in conformance with all applicable statutes, ordinances, resolutions, regulations, orders, circulars (including but not limited to FAA Advisory Circular 20-27) and policies now in existence or adopted from time to time by the United States, the State of California, the County of Contra Costa and other government agencies with jurisdiction over Buchanan Field Airport; (2) the storage of and materials directly

related to the storage, construction of homebuilt planes homebuilding, restoration, and/or maintenance of Renter's Aircraft. The T-Hangar shall not be used for any purpose not expressly set forth in this Section 5. Use.

The use of all or a portion of the T-Hangar for the storage of aircraft not owned or leased by Renter is prohibited. ("Aircraft not owned or leased by Renter" means any aircraft in which Renter does not have an ownership interest, or which is not directly leased to Renter). Renter shall present proof of said ownership interest or lease to Airport upon request in addition to that information provided in Exhibit A.

If Renter's Aircraft is or becomes non-operational, it may be stored in the T-Hangar only if it is being homebuilt or restored by Renter. Prior to the commencement of any such homebuilding or restoration, Renter shall provide to Airport (1) a copy of the purchase agreement or (2) a valid federal registration number. If Renter's Aircraft is not registered as of the Effective Date, upon completion of construction, Renter shall register and apply for an airworthiness certificate for Renter's Aircraft in accordance with all applicable federal statutes and regulations and provide the original registration and certification to Airport, for inspection and copying, immediately upon receipt by Renter. On or before January 1 of each year, if the homebuilding or restoration has not been completed, Renter shall provide a written annual report to the Director of Airports that details the homebuilding or restoration activity performed, work still required to be completed and an estimate of time of completion.

6. **TERM**: This Rental Agreement shall be from month to month commencing **March 5, 2026,** and shall continue until terminated. This Rental Agreement may be terminated by any party upon thirty (30) days written notice to the other party.

7. **RENT:**

A. **Monthly Rent and Additional Rent**. Renter shall pay **$ 394.00** in rent per month **("Monthly Rent")** due and payable in advance on the first day of each calendar month, beginning on the commencement date of this Rental Agreement. Unless directed to do otherwise by Airport, Renter shall pay rent only in cash or by personal check, certified check, or money order. If the term of this Rental Agreement begins on a day other than the first day of the month, the Monthly Rent stated above for the first month shall be prorated based on a thirty-day month and shall be due and payable at the time the Renter signs this Rental Agreement.

The Monthly Rent shall be adjusted annually by the change in Consumer Price Index **("CPI"),** as defined hereinbelow, for the latest one-year period ending December 31 of each year. CPI, as used herein, shall mean the Consumer Price Index for all Urban Consumers, All Items, for the San Francisco-Oakland-San Jose Metropolitan Area, as published by the Bureau

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-959 **Agenda Date:** 3/17/2026 **Agenda #:** C.2.

To: Board of Supervisors

From: Greg Baer, Director of Airports

Report Title: Approve and Authorize the Director of Airports, or designee, to execute a hangar rental agreement at Buchanan Field Airport

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Director of Airports, or designee, to execute a month-to-month hangar rental agreement with Matthew Alan Oelrick, for a north-facing T-hangar at Buchanan Field Airport effective Mar 13, 2026, in the monthly amount of $394, Pacheco area. (District IV)

FISCAL IMPACT:
The Airport Enterprise Fund will receive $4,728, annually.

BACKGROUND:
On November 14, 2006, the Contra Costa County Board of Supervisors approved the form of the T-Hangar and Shade Hangar Rental Agreement for use with renting the County's t-hangars, shade hangars, medium hangars, and executive hangars at Buchanan Field Airport.

On February 23, 2007, Contra Costa County Board of Supervisors approved the new Large Hangar Rental Agreement for use with the large East Ramp Hangars.

On January 16, 2009, Contra Costa County Board of Supervisors approved an amendment to the T-Hangar and Shade Hangar Rental Agreement and the Large Hangar Rental Agreement (combined "Hangar Rental Agreements"). The Hangar Rental Agreements are the current forms in use for rental of all the County hangars at Buchanan Field Airport.

CONSEQUENCE OF NEGATIVE ACTION:
A negative action will cause a loss of revenue to the Airport Enterprise Fund.

CONTRA COSTA COUNTY - BUCHANAN FIELD AIRPORT

T-HANGAR AND SHADE HANGAR RENTAL AGREEMENT

1. **PARTIES: March 13, 2026,** ("**Effective Date**"), the COUNTY OF CONTRA COSTA, a political subdivision of the State of California ("**Airport**"),and **Matthew Alan Oelrick** ("**Renter**"), hereby mutually agree and promise as follows:

2. **RENTER AND AIRCRAFT INFORMATION:** Simultaneous with the execution of this T-Hangar and Shade Hangar Rental Agreement **("Rental Agreement")** by Renter, Renter shall complete the Renter and Aircraft Information Form. A completed copy of the Renter and Aircraft Information Form is attached hereto as Exhibit "A" and incorporated herein. Renter must also provide to Airport at that time, for inspection and copying, (1) the original current Aircraft Registration or, if the aircraft described in Exhibit A is under construction, the plans for and proof of ownership of such aircraft; and (2) the insurance information required by Section 16 below.

3. **PURPOSE:** The purpose of this Rental Agreement is to provide for the rental of a T-Hangar or Shade Hangar space at the Contra Costa County - Buchanan Field Airport for the storage of the aircraft described in the Renter and Aircraft Information Form (**"Renter's Aircraft")**.

4. **PREMISES:** For and in consideration of the rents and faithful performance by Renter of the terms and conditions set forth herein, Airport hereby rents to Renter and Renter hereby rents from Airport that T-Hangar or Shade Hangar shown as # **A-01** on the T-Hangar and Shade Hangar Site Plan, attached hereto as Exhibit B and incorporated herein. This T-Hangar or Shade Hangar is part of the T-Hangar and Shade Hangar Site **("T-Hangar Site")** and shall hereinafter be described as the **"T-Hangar**."

   Renter has inspected the T-Hangar and hereby accepts the T-Hangar in its present condition, as is, without any obligation on the part of Airport to make any alterations, improvements, or repairs in or about the T-Hangar.

5. **USE:** The T-Hangar shall be exclusively by Renter for the storage of Renter's Aircraft. In addition to the storage of Renter's Aircraft, Renter may use the T-Hangar for (1) the homebuilding, restoration and/or maintenance of Renter's Aircraft, provided that such homebuilding, restoration and/or maintenance is performed by Renter only and in conformance with all applicable statutes, ordinances, resolutions, regulations, orders, circulars (including but not limited to FAA Advisory Circular 20-27) and policies now in existence or adopted from time to time by the United States, the State of California, the County of Contra Costa and other government agencies with jurisdiction over Buchanan Field Airport; (2) the storage of and materials directly

related to the storage, construction of homebuilt planes homebuilding, restoration, and/or maintenance of Renter's Aircraft. The T-Hangar shall not be used for any purpose not expressly set forth in this Section 5. Use.

The use of all or a portion of the T-Hangar for the storage of aircraft not owned or leased by Renter is prohibited. ("Aircraft not owned or leased by Renter" means any aircraft in which Renter does not have an ownership interest, or which is not directly leased to Renter). Renter shall present proof of said ownership interest or lease to Airport upon request in addition to that information provided in Exhibit A.

If Renter's Aircraft is or becomes non-operational, it may be stored in the T-Hangar only if it is being homebuilt or restored by Renter. Prior to the commencement of any such homebuilding or restoration, Renter shall provide to Airport (1) a copy of the purchase agreement or (2) a valid federal registration number. If Renter's Aircraft is not registered as of the Effective Date, upon completion of construction, Renter shall register and apply for an airworthiness certificate for Renter's Aircraft in accordance with all applicable federal statutes and regulations and provide the original registration and certification to Airport, for inspection and copying, immediately upon receipt by Renter. On or before January 1 of each year, if the homebuilding or restoration has not been completed, Renter shall provide a written annual report to the Director of Airports that details the homebuilding or restoration activity performed, work still required to be completed and an estimate of time of completion.

6. **TERM**: This Rental Agreement shall be from month to month commencing **March 13, 2026,** and shall continue until terminated. This Rental Agreement may be terminated by any party upon thirty (30) days written notice to the other party.

7. **RENT:**

A. **Monthly Rent and Additional Rent**. Renter shall pay **$ 394.00** in rent per month **("Monthly Rent")** due and payable in advance on the first day of each calendar month, beginning on the commencement date of this Rental Agreement. Unless directed to do otherwise by Airport, Renter shall pay rent only in cash or by personal check, certified check, or money order. If the term of this Rental Agreement begins on a day other than the first day of the month, the Monthly Rent stated above for the first month shall be prorated based on a thirty-day month and shall be due and payable at the time the Renter signs this Rental Agreement.

The Monthly Rent shall be adjusted annually by the change in Consumer Price Index **("CPI"),** as defined hereinbelow, for the latest one-year period ending December 31 of each year. CPI, as used herein, shall mean the Consumer Price Index for all Urban Consumers, All Items, for the San Francisco-Oakland-San Jose Metropolitan Area, as published by the Bureau

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-960 **Agenda Date:** 3/17/2026 **Agenda #:** C.3.

To: Board of Supervisors

From: Greg Baer, Director of Airports

Report Title: Approve and Authorize the Director of Airports, or designee, to execute a hangar rental agreement at Buchanan Field Airport

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Director of Airports, or designee, to execute a month-to-month hangar rental agreement with CCR Aviation, LLC, for a south-facing Shade Hangar at Buchanan Field Airport effective Mar 5, 2026, in the monthly amount of $149, Pacheco area. (District IV)

FISCAL IMPACT:
The Airport Enterprise Fund will receive $1,788, annually.

BACKGROUND:
On November 14, 2006, the Contra Costa County Board of Supervisors approved the form of the T-Hangar and Shade Hangar Rental Agreement for use with renting the County's t-hangars, shade hangars, medium hangars, and executive hangars at Buchanan Field Airport.

On February 23, 2007, Contra Costa County Board of Supervisors approved the new Large Hangar Rental Agreement for use with the large East Ramp Hangars.

On January 16, 2009, Contra Costa County Board of Supervisors approved an amendment to the T-Hangar and Shade Hangar Rental Agreement and the Large Hangar Rental Agreement (combined "Hangar Rental Agreements"). The Hangar Rental Agreements are the current forms in use for rental of all the County hangars at Buchanan Field Airport.

CONSEQUENCE OF NEGATIVE ACTION:
A negative action will cause a loss of revenue to the Airport Enterprise Fund.

CONTRA COSTA COUNTY - BUCHANAN FIELD AIRPORT

T-HANGAR AND SHADE HANGAR RENTAL AGREEMENT

1. **PARTIES: March 5, 2026,** ("**Effective Date**"), the COUNTY OF CONTRA COSTA, a political subdivision of the State of California ("**Airport**"), and **CCR Aviation, LLC** ("**Renter**"), hereby mutually agree and promise as follows:

2. **RENTER AND AIRCRAFT INFORMATION:** Simultaneous with the execution of this T-Hangar and Shade Hangar Rental Agreement **("Rental Agreement")** by Renter, Renter shall complete the Renter and Aircraft Information Form. A completed copy of the Renter and Aircraft Information Form is attached hereto as Exhibit "A" and incorporated herein. Renter must also provide to Airport at that time, for inspection and copying, (1) the original current Aircraft Registration or, if the aircraft described in Exhibit A is under construction, the plans for and proof of ownership of such aircraft; and (2) the insurance information required by Section 18 below.

3. **PURPOSE:** The purpose of this Rental Agreement is to provide for the rental of a T-Hangar or Shade Hangar space at the Contra Costa County - Buchanan Field Airport for the storage of the aircraft described in the Renter and Aircraft Information Form (**"Renter's Aircraft")**.

4. **PREMISES:** For and in consideration of the rents and faithful performance by Renter of the terms and conditions set forth herein, Airport hereby rents to Renter and Renter hereby rents from Airport that T-Hangar or Shade Hangar shown as # **B-03** on the T-Hangar and Shade Hangar Site Plan, attached hereto as Exhibit B and incorporated herein. This T-Hangar or Shade Hangar is part of the T-Hangar and Shade Hangar Site **("T-Hangar Site")** and shall hereinafter be described as the **"T-Hangar**.**"**

   Renter has inspected the T-Hangar and hereby accepts the T-Hangar in its present condition, as is, without any obligation on the part of Airport to make any alterations, improvements, or repairs in or about the T-Hangar.

5. **USE:** The T-Hangar shall be exclusively by Renter for the storage of Renter's Aircraft. In addition to the storage of Renter's Aircraft, Renter may use the T-Hangar for (1) the homebuilding, restoration and/or maintenance of Renter's Aircraft, provided that such homebuilding, restoration and/or maintenance is performed by Renter only and in conformance with all applicable statutes, ordinances, resolutions, regulations, orders, circulars (including but not limited to FAA Advisory Circular 20-27) and policies now in existence or adopted from time to time by the United States, the State of California, the County of Contra Costa and other government agencies with jurisdiction over Buchanan Field Airport; (2) the storage of and materials directly related to the storage, construction of homebuilt planes homebuilding, restoration, and/or maintenance of

Renter's Aircraft. The T-Hangar shall not be used for any purpose not expressly set forth in this Section 5. Use.

The use of all or a portion of the T-Hangar for the storage of aircraft not owned or leased by Renter is prohibited. ("Aircraft not owned or leased by Renter" means any aircraft in which Renter does not have an ownership interest, or which is not directly leased to Renter). Renter shall present proof of said ownership interest or lease to Airport upon request in addition to that information provided in Exhibit A.

If Renter's Aircraft is or becomes non-operational, it may be stored in the T-Hangar only if it is being homebuilt or restored by Renter. Prior to the commencement of any such homebuilding or restoration, Renter shall provide to Airport (1) a copy of the purchase agreement or (2) a valid federal registration number. If Renter's Aircraft is not registered as of the Effective Date, upon completion of construction, Renter shall register and apply for an airworthiness certificate for Renter's Aircraft in accordance with all applicable federal statutes and regulations and provide the original registration and certification to Airport, for inspection and copying, immediately upon receipt by Renter. On or before January 1 of each year, if the homebuilding or restoration has not been completed, Renter shall provide a written annual report to the Director of Airports that details the homebuilding or restoration activity performed, work still required to be completed and an estimate of time of completion.

6. **TERM**: This Rental Agreement shall be from month to month commencing **March 5, 2026** and shall continue until terminated. This Rental Agreement may be terminated by any party upon thirty (30) days written notice to the other party.

7. **RENT:**

A. **Monthly Rent and Additional Rent**. Renter shall pay **$149.00** in rent per month **("Monthly Rent")** due and payable in advance on the first day of each calendar month, beginning on the commencement date of this Rental Agreement. Unless directed to do otherwise by Airport, Renter shall pay rent only in cash or by personal check, certified check, or money order. If the term of this Rental Agreement begins on a day other than the first day of the month, the Monthly Rent stated above for the first month shall be prorated based on a thirty-day month and shall be due and payable at the time the Renter signs this Rental Agreement.

The Monthly Rent shall be adjusted annually by the change in Consumer Price Index **("CPI"),** as defined hereinbelow, for the latest one-year period ending December 31 of each year. CPI, as used herein, shall mean the Consumer Price Index for all Urban Consumers, All Items, for the San Francisco-Oakland-San Jose Metropolitan Area, as published by the Bureau of Labor Statistics of the U.S. Department of Labor, or its successor. Notwithstanding anything in the foregoing to the contrary, (1) at no time will the Monthly Rent be decreased

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-961 **Agenda Date:** 3/17/2026 **Agenda #:** C.4.

To: Board of Supervisors

From: Greg Baer, Director of Airports

Report Title: Approve and Authorize the Director of Airports, or designee, to execute a Lease agreement at Buchanan Field Airport

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Director of Airports, or designee, to execute a lease between the County, as Lessor, and TrexAir Aviation Academy, LLC, as Tenant, for 2,000 square feet of office space and 18,000 square feet of ramp space located at 161 John Glenn Drive, Concord, for a term of one year, at an initial rent of $2,500 per month, and annual rent escalators of 3%, beginning January 1, 2026 (100% Airport Enterprise Fund).

FISCAL IMPACT:
The Airport Enterprise Fund will receive annual ground lease rent and concession fees, totaling approximately $34,000. If Tenant exercises its option to extend the lease, rent will increase by 3% annually.

BACKGROUND:
The property located at 161 John Glenn Drive is County-owned property and was previously under lease with Sterling Aviation, which operated as a Fixed Base Operator (FBO). TrexAir Aviation Academy, LLC (TrexAir), was a subtenant of Sterling Aviation and operated a flight school. As of December 2025, Sterling's lease is no longer in effect, however TrexAir desires to continue operating the flight school at this location. The lease anticipates that they will continue to utilize the same office spaces and ramp area.

Key terms of the lease include a one-year term, with five options to extend the lease for a term of one year for each option. Each option period requires consent by the Director of Airports. Initial monthly rent will be $2,500 and will escalate annually by 3%. TrexAir will also pay percentage rent of 2% of the gross receipts from the operation and management of the flight school.

The flight school would be beneficial to Contra Costa County Airports by increasing operational traffic, generating consistent fuel sales, and nurturing a vibrant aviation community. For these reasons, Airports staff is recommending the requested action.

CONSEQUENCE OF NEGATIVE ACTION:
The Airport Enterprise Fund and General Fund would not realize the anticipated revenue generated by this lease.

LEASE AGREEMENT

Between

COUNTY OF CONTRA COSTA

as Lessor

and

TrexAir Aviation Academy, LLC

as Tenant

January 1, 2026

LEASE BETWEEN COUNTY OF CONTRA COSTA

AND

TrexAir Aviation Academy, LLC

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EXHIBIT A – SITE PLAN OF 161 JOHN GLENN DRIVE

LEASE BETWEEN THE COUNTY OF CONTRA COSTA

AND

TrexAir Aviation Academy, LLC

This lease agreement ("**Lease**") is dated January 1, 2026 (the "**Effective Date**") and is between of the County of Contra Costa, a political subdivision of the State of California (the "**County**" or "**Lessor**"), and TrexAir Aviation Academy, LLC, a California Limited Liability Company (**"Tenant**" or "**Lessee**").

RECITALS

A. Lessor owns and operates Buchanan Field, a public airport located at Concord, California (the **"Airport**"), as shown on the Airport Layout Plan, which plan is on file in the office of the County Director of Airports **("Director of Airports")**.

B. For the purposes of operating a flight school, Tenant desires to lease a portion of the real property at the Airport consisting of approximately 2,000 square feet of office space at 161 John Glenn Drive, and approximately 18,000 square feet of apron space (for parking aircraft), both as shown on Exhibit A and together, (the **"Premises**").

C. Prior to January 1, 2026, the Premises was under a lease with FM Aviation (d.b.a. Sterling Aviation), and Tenant occupied the Premises as a sublessee of Sterling Aviation.

D. The parties desire to enter into this Lease to permit Tenant to continue to occupy the Premises.

The parties therefore agree as follows:

1. LEASE: For and in consideration of the rent, fees, and faithful performance by Tenant of the terms and conditions and the mutual covenants hereof, Lessor hereby leases to Tenant, and Tenant hereby leases from Lessor the Premises, subject to all easements and encumbrances of record.

2. TERM:

A. TERM: The term (**"Term")** of this Lease is one year, commencing on the Effective Date and ending December 31, 2026.

B. EXTENSIONS: Tenant has five options to extend this Lease for a term of one year for each option (each such period, an **"Extension Period"**) upon all the terms, covenants and conditions set forth herein, provided (1) Tenant is not in

default beyond any applicable cure period as of the commencement of the Extension Period, and (ii) Tenant is not in default on the day an Extension Request, as defined below, is given. Not less than 90 days prior to the end of the Term, Tenant may request that this lease be extended by giving the Director of Airports written notice of its desire to extend the Term (the **"Extension Request"**). The Director of Airports, in his or her sole discretion, may, but is not required to, approve the Extension Request. The Director of Airports shall respond in writing to Tenant within 60 days after receipt of the Extension Request. Failure of the Director of Airports to respond in writing within 60 days constitutes an approval of the Extension Request.

C. REFERENCES TO "TERM": Upon commencement of an Extension Period, all references to the Term of this Lease will be deemed to mean the Term as extended pursuant to this Section.

3. HOLDING OVER: In the event Tenant remains in possession of the Premises after the expiration of the Term, such holding over does not constitute a renewal or extension of this Lease, but will be construed to be a tenancy from month to month on the same terms and conditions set forth herein, which tenancy may be terminated at any time by Lessor or Tenant upon 30 days written notice.

If Tenant fails to surrender the Premises to Lessor on expiration or withing 30 days after cancellation or termination of this Lease, Tenant shall defend, indemnify, and hold Lessor harmless from any and all claims, liability, costs and damages resulting from Tenant's failure to surrender the Premises, including, without limitation, claims made by a succeeding tenant or renter.

4. RENT:

A. Tenant shall pay rent to Lessor without offset or demand on or before the first day of each month. Rent for any partial month will be prorated at the rate of 1/30th of the applicable rent per day.

i. Ground Rent. Beginning on the Effective Date and continuing on the first day of each month thereafter, Tenant shall pay rent in the amount of Two Thousand Five Hundred ($2,500.00) per month.

ii Rent Escalators. On each January 1, beginning January 1, 2027, rent will be increased by 3%.

5. ADDITIONAL PAYMENT PROVISIONS

A. Percentage Rent. Beginning on the Effective Date, Tenant shall pay Percentage Rent, as defined below. Percentage Rent is due no later than the tenth day of the month for goods sold and services provided by Tenant during the previous month.

(1) "**Percentage Rent**" means two percent (2%) of the "Gross Receipts," as defined below, from the operation and management of the flight training academy and ground school.

(2) "**Gross Receipts**" means all revenue and receipts from any activity conducted on the Premises, including but not limited to the gross amount received from all sales made and all cash and credit revenue of Tenant including finance charges to customers, and in the case of sale by credit, whether or not the payment is actually made, at in, on or from the Premises. Gross Receipts excludes the following:

a) Federal, state and municipal sales taxes, excise taxes, gross receipts taxes and all other similar taxes separately stated or collected from customers.

b) Receipts from wholesale sales of parts and accessories wherein the resale permit number issued by the Board of Equalization of the State of California, is necessarily used for such sale; provided, however, this exception applies to only those wholesale sales that do not exceed 5% of the retail sales of parts and accessories.

c) Receipts from the sale of new and used aircraft; provided a flat fee of $500 per transaction is paid to the Lessor upon the sale of each new and used aircraft.

d) Commissions paid for financing or discounts to be paid by Tenant to secure financing for any of the business conducted or sales of any kind or nature by Tenant.

e) All revenue against which Tenant later provides a credit for returns to suppliers or manufactures.

f) Amounts received at the Leased Premises for sales made or services performed at other premises on the Airport if Lessor receives Percentage Rent from the Gross Receipts for those sales or services through the other premises.

g) Amounts received by Tenant for settlement of any claims for loss or damage to products purchased by Tenant.

h) Deposits received for any State recycling fund.

i) Reimbursable expenses incurred by Tenant on behalf of its customers.

(3) Statement of Gross Receipts. Tenant shall furnish to Lessor a written statement of monthly Gross Receipts (**"Statement of Gross Receipts)** within 30 days after the close of each calendar quarter.

(4) Certified Annual Statement. Within 120 days following the close of Tenant's fiscal year, and within 120 days following the termination of this Lease, Tenant shall deliver to Lessor an annual statement of Gross Receipts, certified as being correct by an authorized accounting officer of the Tenant (**"Certified Annual Statement"**). If the Certified Annual Statement shows that an additional amount of Percentage Rent is due and payable to Lessor, Tenant shall make such payment currently with the delivery of the Certified Annual Statement to Lessor.

(5) Records. Lessor may inspect the books and records of Tenant and any and all Subtenants from which any Statement of Gross Receipts or Certified Annual Statement is prepared at any reasonable time upon request. For this purpose, Tenant shall keep for a period of five years after submission of any such statement to Lessor, all of Tenant's records, books, accounts, and other data pertaining or necessary to the verification of Gross Receipts as defined herein, and shall, upon request, make the same available to Lessor, Lessor's auditor, representative or agent for examination at any time during such 5-year period. Failure to keep, maintain, and make available the records, books, accounts, and other data required by this Section is a default of this Lease.

(6) Audits. Lessor may, at Lessor's option, engage the services of an independent certified public accountant to audit and verify the accuracy of Tenant's records, books, and accounts, including the Certified Annual Statement. In the event the audit shows that an additional amount of Percentage Rent is due and payable to Lessor, Tenant shall make such payment within seven days of Lessor's demand therefore. If the audit shows that there has been an overpayment of Percentage Rent, Lessor shall, at the sole option of Lessor, promptly repay to Tenant the amount of such overpayment or credit same to future Rent next due Lessor by Tenant, at Lessor's sole election. If the audit shows an underpayment by Tenant that is greater than five percent (5%) of the Percentage Rent paid to Lessor, Tenant shall pay for the reasonable and actual cost of the audit.

B. Records to Be Maintained. Tenant shall record all sales and other transactions, whether cash or credit, and shall keep full and accurate

books of account and records in accordance with United States Generally Accepted Accounting Principles consistently applied, including without limitation, a sales journal general ledger, and all bank account statements showing deposits of gross receipts revenue. In addition, Tenant shall keep all cash register receipts with regard to gross receipts, credits, refunds and other pertinent transactions, as well as records of all other exclusions and deductions from Gross Receipts.

C. Late Rental Payments. In addition to the Extension Fee and Ground Rent, Tenant shall pay as additional rent, all other charges, costs and fees required to be paid by Tenant pursuant to the provisions of this Lease (such amounts, **"Additional Rent,"** and together with the Extension Fee and Ground Rent, **"Rent"**). In the event Tenant fails to pay Lessor Rent due under this Lease within five days after such amount is due, Tenant shall pay to Lessor a late charge of One Hundred Dollars ($100) per occurrence (the **"Late Charge"**), plus interest on the unpaid balance at a rate of one and one-half percent (1-1/2%) per month, from the date the payment was due and payable until paid in full. Tenant shall pay all Late Charges as Additional Rent on or before the date the next installment of periodic Rent is due. Lessor and Tenant hereby agree that it is and will be impracticable and extremely difficult to ascertain and fix Lessor's actual damage from any late payments and, thus, that Tenant shall pay as liquidated damages to Lessor the Late Charge specified in this Section, which is the result of the parties' reasonable endeavor to estimate fair average compensation therefor (other than attorneys' fees and costs). Lessor's acceptance of the Late Charge as liquidated damages will not constitute a waiver of Tenant's default with respect to the overdue amount or prevent Lessor from exercising any of the rights and remedies available to Lessor under this Lease.

D. Form and Place of Payment. Tenant shall pay all Rents and fees in cash or by personal check, certified check, or money order, payable to the County of Contra Costa, by delivering same on or before due date to the Director of Airports Office, 181 John Glenn Drive, Suite 100, Concord, California 94520, or at such other place as Lessor may designate from time to time.

E. Returned Checks. If a check written by Tenant is returned for insufficient funds, Lessor may impose a reasonable service charge in addition to any Late Charge and in addition to any charges imposed by the bank. Lessor may require Tenant to pay Rent by certified check or money order if Tenant's bank or banks have returned one or more personal checks in any 12 month period.

F. Security Deposit. Tenant shall pay Lessor a deposit in the amount of Two Thousand Five Hundred Dollars ($2,500.00) in cash or by certified check

made payable to Lessor as security for the faithful performance of the terms, covenants, and conditions of this Lease (the **"Security Deposit"**).

If Tenant is in Default under the terms of this Lease, Lessor may in its sole discretion (but is not be required to) apply the Security Deposit, or any portion of it, to (i) any expense, loss or any Rent or other sum owed to Lessor, (ii) any amount that Lessor may spend or become obligated to spend in exercising Lessor's rights under this Lease, or (iii) damage sustained by Lessor resulting from Tenant's Default. Upon demand by Lessor, Tenant shall immediately pay to Lessor a sum equal to the portion of the Security Deposit expended or applied by Lessor as provided in this Section 5.G. so as to maintain the Security Deposit in the sum initially deposited.

Upon the expiration or termination of this Lease and a final accounting by Lessor, any remaining Security Deposit balance will be refunded to Tenant, without interest. Tenant waives the provisions of California Civil Code Section 1950.7, and all other provisions of law in force or that become in force after the Effective Date of this Lease, that provide that Lessor may claim from a Security Deposit only those sums reasonably necessary to remedy defaults in the payment of Rent, to repair damage caused by Tenant or to clean the Premises. Lessor and Tenant agree that Lessor may, in addition, claim those sums reasonably necessary to compensate Lessor for any other foreseeable or unforeseeable loss or damage caused by the act or omission of Tenant or Tenant's officers, agents, employees, independent contractors or invitees.

6. LESSOR PROCESSING AND TRANSACTION FEES

In the event Tenant or Subtenant requires or requests Lessor's review, investigation, processing, recordation, or any other action in connection with any Tenant document, proposal or other matter (such as review of a proposed assignment or other transfer, lease amendment, an estoppel certificate or financing of Tenant's leasehold interest hereunder), Tenant shall pay to Lessor a transaction fee of Two Thousand Five Hundred Dollars ($2,500.00), plus all of Lessor's reasonable costs, including, but not limited to, staff time at rates determined by the County, for any time Lessor spends in connection with such review, investigation or other activity (together, such fee and costs are the **"Transaction Fee"**). The Transaction Fee will increase by $500.00 every five years after the Effective Date and is due 30 days after demand therefor by Lessor.

7. USE OF PREMISES

The Premises may be used for the operation of a FAA Part 61 flight school, and related services with certified flight instructors and aircraft and for no other

purpose.

8. HANGAR RENTAL OPERATIONS [This Section intentionally left blank]

9. SUBLEASES

Tenant shall not sublease any portion of the Premises without prior written approval from the Director of Airports.

10. CONDITION OF PREMISES

A. No Warranty. Tenant is leasing the Premises in an "as is" physical condition with no warranty, express or implied, on the part of Lessor as to the physical condition of the Premises, including but not limited to, the condition of any existing improvements, the soil and the geology of the soil, the air, surface water and groundwater, the presence of known and unknown faults, the presence of Hazardous Materials and all other kinds of contamination and pollutants of any kind in the air, soil, groundwater and surface water, and the suitability of the Premises for the construction and use of the improvements thereon.

B. Tenant Independent Investigation. It is the sole responsibility of Tenant, at its sole cost and expense, to investigate the condition of the Premises to its satisfaction, including (i) the suitability of the soil, geologic, environmental and seismic conditions of the Premises for the intended use contemplated herein, and (ii) the presence of any contaminants, or Hazardous Materials, as defined in Section 16.A., in air, soil, groundwater and surface water in, on, or under the Premises and pollutants of any kind located on or within the Premises. This Lease imposes no responsibility or obligation on Lessor to prepare or implement any remediation plan or to attain remediation of the Premises to a level of standard required for Tenant's use or any other purpose. Lessor makes no warranties, representations, covenants, or agreements concerning remediation for the purposes of Tenant's use or any changes in Environmental Laws, as defined in Section 16.B., affecting such uses.

The respective agreements and obligations of Lessor and Tenant under this Section 10 will survive the expiration or termination, for any reason, of this Lease.

C. No Concealment. Notwithstanding anything in this Lease to the contrary, Lessor represents to Tenant that Lessor is not concealing any knowledge of the presence of contamination possessed by the current officers and managers of the Airport. However, Lessor makes no representation regarding what would be revealed by a review and search of its records, interviews of its employees or past employees or the undertaking of due

diligence to discover any information or knowledge not now known to its present officers and managers.

D. Maintenance. Tenant shall maintain the Premises in accordance with Section 13, Maintenance, Repair and Storage.

11. UTILITY OBLIGATIONS

Tenant shall pay utility providers directly for all utilities used or consumed on the Premises, including, but not limited to gas, water, electricity, garbage disposal, storm and sanitary sewer services, janitorial services, internet, and telephone services.

In the event Lessor or any utility company requires that any existing or new distribution system be installed underground, Tenant shall, at its own cost and expense, provide all necessary facility changes on the Premises, so as to receive such service.

12. ALTERATIONS AND ADDITIONS

A. Tenant may not do any of the following: (i) erect any structures on the Premises, (ii) make any improvements or alterations to the exterior of any hangar, office space, or any aircraft ramp, parking area or Landscaping, (iii) make any improvements or alterations to the interior office space that requires the issuance of a building permit without written consent by the Lessor. Tenant shall provide the Director of Airports with written plans detailing any proposed improvement. If the Director of Airports does not provide a written response to Tenant's proposed changes within thirty (30) days of the date the Director of Airports confirms his receipt of such plans, the proposed improvement will be deemed approved by the Director of Airports. The Director of Airports may not unreasonably withhold or condition its approval of any proposed improvements.

B. In the event Tenant makes alterations or constructs additions that violate the conditions contained in this Lease (an **"Unauthorized Addition"**), at the Director of Airports' sole discretion, Tenant shall remove all or any portion of such Unauthorized Addition at Tenant's sole cost and expense. If Tenant is required to remove any Unauthorized Addition, Tenant, at its sole cost and expense, shall restore the Premises to the condition existing immediately prior to the existence of the Unauthorized Addition, or such other condition designated by Lessor in its election. If Tenant is not required to remove all or any portion of the Unauthorized Addition, then such Unauthorized Addition will remain on and be surrendered with the Premises on the expiration or termination of the Lease.

C. If the Director of Airports has given written consent to Tenant, permitting Tenant to make certain alterations or make any additional improvements

to the Premises, Tenant may not commence construction until Tenant has (i) obtained all necessary building permits and all other approvals required, and (ii) provided Lessor with 20 days advance written notice of the commencement of such construction. In addition, Tenant shall cause a Notice of Lessor Non-Responsibility to be posted and recorded during construction in accordance with Civil Code Sections 3094 and 3129. A copy of the notice is to be mailed to Lessor upon filing it with the County Recorder.

13. MAINTENANCE, REPAIR AND STORAGE

A. Premises Maintenance.

Tenant shall, at its sole cost and expense throughout the Term of this Lease, maintain the Premises and the Improvements in a first-class condition, ordinary wear and tear excepted. Tenant shall cause all maintenance, repairs, and replacements to be of a quality substantially equal to the original material including but not limited to: interior/general plumbing and electrical; interior flooring, walls, ceiling, windows and interior and exterior doors; HVAC; utilities; pest control; janitorial; and littler removal. Lessor is the sole judge of the maintenance standards required. Lessor shall maintain exterior walls, roof, plumbing and electrical leading to the Premises.

B. No Storage of Personal Property Outside Buildings. Without the prior written consent of the Director of Airports, Tenant may not cause or permit any materials, supplies, products, equipment or other personal property, except for assembled aircraft and ramp equipment and vehicles in regular use, to be stored or to remain on any portion of the Premises outside of buildings or structures. Tenant shall store personal property items, supplies, materials and combustibles inside the buildings in a safe, neat and sanitary manner.

C. Enclosures for Solid Waste. [This Subsection intentionally left blank]

14. LAWFUL CONDUCT

Tenant shall obey and observe, and shall ensure that all persons entering upon the Premises obey and observe, all the terms and conditions of this Lease and all statutes, ordinances, resolutions, regulations, orders, and policies now in existence or adopted from time to time by the United States, (including, but not limited to, the Federal Aviation Administration) the State of California, the County of Contra Costa, the Central Contra Costa Sanitary District, the San Francisco Bay Regional Water Quality Control Board, and all other government agencies with jurisdiction over the Airport (collectively, the "**Applicable Laws**") including, but not limited to, Applicable Laws concerning health, safety, fire, accessibility,

police, and the environment.

Tenant shall pay all fines and penalties levied against it by any government agency for Tenant's violation of any Applicable Law associated with activities on the Premises.

15. WASTE, QUIET CONDUCT, NUISANCE, POLLUTION

Tenant may not commit, or suffer to be committed, any waste upon the Premises or any nuisance or other act or thing that may disturb the quiet enjoyment or the use of the Airport or surrounding property.

Tenant shall provide, as legally required, a separate drainage, collection, and/or liquid waste separation system to ensure that no untreated liquid waste from any type of operation, including aircraft cleaning and oil change operations, enters the Airport storm drainage or sanitary system.

Tenant may not permit any activity on the Premises that directly or indirectly produces unlawful or excessive amounts or levels of air pollution, (e.g., gases, particulate matter, odors, fumes, smoke, dust), water pollution, noise, glare, heat emissions, trash or refuse accumulation, vibration, prop-wash, jet blast, electronic or radio interference with navigational and communication facilities used in the operation of the Airport or by aircraft, or any other activity that is hazardous or dangerous by reason or risk of explosion, fire, or harmful emissions.

16. HAZARDOUS MATERIALS

A. Definition of Hazardous Materials. As used in this Lease, the term "Hazardous Materials" means any hazardous or toxic substance, hazardous or radioactive material, or hazardous waste, pollutant or contaminant at any concentration that is or becomes regulated by the United States, the State of California, or any local government authority having jurisdiction over the Premises. Hazardous Materials include, but are not limited to, the following: (1) Any "hazardous waste," "extremely hazardous waste," or "restricted hazardous waste," as defined in Sections 25115, 25117 or 25122.7, or listed pursuant to Section 25140 of the California Health & Safety Code, Division 20, Chapter 6.5 (Hazardous Waste Control Law); (2) any "hazardous substance" as that term is defined in Section 25316 of the California Health & Safety Code, Division 20, Chapter 6.8 (Carpenter-Presley-Tanner Hazardous Substance Account Act), (3) any material or substance listed as a chemical known to cause cancer or reproductive toxicity pursuant to Section 6380 of the California Labor Code, Division 5, Part 1, Chapter 2.5 (Hazardous Substances Information and Training Act); (4) any "hazardous waste" as that term is defined in the Resource Conservation and Recovery Act, 42 U.S.C. Section 6901 *et seq.* (42 U.S.C. Section 6903); (5) any "hazardous

substance" as that term is defined in the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, 42 U.S.C. Section 9601 *et seq.* (42 U.S.C. Section 9601); (6) any pollutant, contaminant, or hazardous, dangerous, or toxic chemical, material, or substance, within the meaning of any other applicable federal, state, or local statute, ordinance, resolution, regulation, order, policy, or requirement, including consent decrees and administrative orders imposing liability or standards of conduct concerning any hazardous, dangerous, or toxic waste, substance, or material, now or hereafter in effect; (7) any petroleum product; (8) any radioactive material, including any "source materials", "special nuclear materials", or "byproduct material" as defined in 42 U.S.C. Section 2011 *et seq.*; (9) any asbestos in any form or condition; and (10) any polychlorinated biphenyls (PCBs) and any substances or any compounds containing PCBs.

B. Use of Hazardous Materials. Tenant may not cause or permit any Hazardous Material, as defined in this Section, to be generated, brought onto, stored, used, emitted, released, discharged or disposed of in, on, under, or about the Premises by Tenant or its officers, employees, agents, contractors, renters, guests or invitees, except for limited quantities of (1) standard office and janitorial supplies containing chemicals categorized as Hazardous Materials; (2) motor oils, hydraulic fluids, fuel and other materials commonly used in aircraft storage and fueling facilities; (3) such other Hazardous Materials as are approved in advance in writing by Lessor. During the term of this Lease, Tenant shall strictly comply with all applicable laws, statutes, ordinances, regulations, orders, etc., in effect that relate to public health and safety and protection of the environment including, but not limited to those identified in this Section 16 ("**Environmental Laws**").

C. Notification to the Director of Airports. If, during Term of this Lease, Tenant becomes aware of (a) any actual or threatened release of any Hazardous Materials on, under, or about the Premises; or (b) any inquiry, investigation, proceeding, or claim by any government agency or other person regarding the presence of Hazardous Material on, under, or about the Premises, Tenant shall (1) immediately provide verbal notification to the Director of Airports and (2) provide written notification of such release or investigation to the Director of Airports within 24 hours after learning of it. In the event Tenant receives any claims, notices of violation, reports, or other writing concerning the aforementioned release or investigation, Tenant shall furnish copies of all such materials to Lessor no later than the business day following Tenant's receipt thereof.

Notification to the Director of Airports under this Section does not relieve Tenant of any obligation to notify any governmental agency under any Applicable Law.

D. Indemnification. Tenant shall, at Tenant's sole expense and with legal counsel reasonably acceptable to Lessor, indemnify, protect, defend, and hold harmless Lessor and Lessor's officers, employees, agents, and contractors from and against any and all demands, losses, claims costs, suits liability and expenses including without limitation, attorney's fees and consultant fees arising out of or relating to the violation of any Environmental Laws or the use, handling, generation, emission, release, discharge, storage or disposal of any Hazardous Materials by Tenant or Tenant's officers, employees, agents, contractors, Subtenants, renters, guests or invitees. This indemnification applies whether or not the concentration of such Hazardous Materials exceed state or federal maximum contaminant or action levels or whether any government agency has issued a cleanup order. Losses, claims, costs, suits, liability, and expenses covered by this indemnification provision include, but are not limited to: (1) losses attributable to diminution in the value of the Premises; (2) loss or restriction of use of rentable space on the Premises; (3) adverse effect on the marketing of any rental space on the Premises; and (4) penalties and fines levied by, and remedial or enforcement actions of any kind issued by any regulatory agency (including but not limited to the costs of any required testing, remediation, repair, removal, cleanup or detoxification of the Premises and surrounding properties). Tenant is not required to indemnify Lessor against liability arising solely as a result of Hazardous Materials that are present in, on, under or about the Premises as of the Effective Date of this Lease as established in the Phase II Environmental Report. This indemnification clause will survive any expiration or termination of this Lease.

17. STORM WATER DISCHARGE

Lessor has applied for and received a National Pollutant Discharge Elimination Permit ("**NPDEP**") under the Federal Clean Water Act, which covers Tenant's operations on the Premises. In accordance with Section 14, Lawful Conduct, of this Lease, Tenant shall comply with (i) all laws and regulations arising under the Federal Clean Water Act that are applicable to Tenant's operations on the Premises, and (ii) Lessor's NPDEP.

Tenant shall ensure that no pollution or Hazardous Materials of any type is discharged into the stormwater system at the Airport, and shall comply with Lessor's NPDEP in all respects and in accordance with the Stormwater Control Plan and Stormwater Control Operation and Maintenance Plan for the Premises, and any amendments thereto, and in accordance with all applicable laws and regulations and other Lessor requirements. Copies of the Stormwater Control Plan and Stormwater Control Operation and Maintenance Plan for the Premises will be maintained on file at the Contra Costa County Public Works Department and are incorporated herein by reference.

18. RULES AND REGULATIONS

Tenant shall observe and obey all policies, minimum standards, rules, and regulations promulgated by Lessor's Board of Supervisors and all any other government entities or agencies having jurisdiction over the Airport.

19. NOISE ORDINANCE

Tenant shall comply with County Ordinances 87-8 and 88-82, as amended, and all other rules and ordinances relating to noise standards at the Airport, as may be approved from time to time by the County Board of Supervisors.

20. SECURITY

Lessor has no obligation to provide security to the Premises. Tenant shall provide, through the use of buildings, structures, walls, fences, gates and similar barriers, or a combination thereof, uninterrupted on-site security at all times for the prevention of unauthorized pedestrian and vehicular access to the aircraft operating area by way of the Premises. Tenant shall control direct or indirect points of entry to the aircraft operating area to accommodate authorized individuals and authorized vehicles in compliance with FAA and Airport security requirements. Tenant shall also provide security for on-site facilities, such as vehicular parking lots, buildings, hangars and fueling facilities on the Premises. Tenant shall provide adequate lighting to provide for all-night illumination of the perimeter of all buildings on the Premises, including vehicular parking lots, and pedestrian walkways surrounding the Premises. If at any time during the Term of this Lease additional security requirements are imposed on the Airport by the FAA or any other agency having jurisdiction over the Airport, Tenant shall comply with said security requirements at Tenant's sole expense. If Airport is fined by FAA for a security violation caused by Tenant, Tenant shall immediately reimburse Lessor upon demand.

21. INDEMNIFICATION

Tenant shall defend, hold harmless, and indemnify the Indemnitees (as defined below) from the liabilities defined in this Section 21.

A. "**Indemnities**" means Lessor, its governing body, elective and appointive boards, commissions, officers, employees, representatives and agents.

B. "**Liabilities**" means any liability or claim for damage of any kind allegedly suffered, incurred or threatened because of an Act (as such term is defined below) and such liabilities shall include, but are not limited to personal injury, death, property damage, inverse condemnation claims of third parties or any combination of these, and including the defense of any suits or actions at law or equity concerning these.

C. An "**Act**" means any act, intentional or negligent, or omission by Tenant, its officers, employees, agents, representatives, invitees, contractors, Subtenants, renters or guests in connection with the occupancy and use

of the Premises by Tenant, its shareholders, or any Subtenant, renter or assignee, or the matters covered by this Lease, or claimed to be attributable to Tenant, its officers, employees, agents, representatives, invitees, contractors, Subtenants, renters, guests, assignees, or one or more of them.

D. The promise and agreement in this Section are not conditioned or dependent on whether Tenant or Lessor has prepared, supplied, or approved any plans or specifications in connection with work performed pursuant to Section 12. Alterations and Additions, or Section 13. Maintenance, Repair and Storage, or has insurance or other indemnification covering any of these matters. This indemnification clause will survive any expiration or termination of this Lease.

22. INSURANCE

Tenant shall procure and maintain, at its own cost and expense, at all times during the Term of this Lease, the following policies issued by insurance companies authorized to do business in California, with a financial rating of at least an A-status (unless otherwise stated below) as rated in the most recent edition of Best's Insurance Reports:

A. Commercial General Liability and Property Damage Insurance. Tenant shall obtain and maintain, owner, landlord, and tenant commercial general liability insurance with a financial rating of at least an A- or P status (pooled insurance coverage) covering and insuring all parties hereto (including naming Contra Costa County and its officers, agents, and employees as additional insureds under the policy or policies) with a minimum combined single limit coverage of Two Million Dollars ($2,000,000.00) for all damages due to bodily injury, sickness or disease, or death to any person and damage to property, including the loss of use thereof, arising out of each accident or occurrence arising out of Tenant's leasehold interest in, or maintenance or use of, the Premises and all operations necessary or incidental thereto. Liability insurance will be factored periodically to maintain adequate coverage.

B. Worker's Compensation. Tenant shall obtain workers' compensation insurance as required by law, covering all employees of Tenant, and such insurance shall be kept in force during the entire Term of this Lease.

C. Form of Policies. Tenant shall cause all policies of insurance required by this Section to be in such standard form and written by such qualified insurance companies as is satisfactory to Lessor. Tenant shall provide evidence of such insurance to Lessor in the form of (i) a copy of the policies, and (ii) a duly executed certificate of insurance. All of such certificates shall name "Contra Costa County, its officers, agents, and

employees" as additional insureds. Said policy or policies or certificates shall contain a provision that written notice of policy lapses, cancellation or any changes thereto shall be delivered to Lessor no fewer than thirty (30) days in advance of the effective date thereof.

D. Notice. Tenant shall give Lessor prompt and timely notice of any claim made or suit instituted of which it has knowledge and which could in any way directly, contingently or otherwise, affect either Tenant or Lessor or both, and both Tenant and Lessor shall have the right to participate in the defense of such claim or suit to the extent of its respective interest.

23. TAXES

Tenant agrees to pay before delinquency all taxes (including, but not limited to, possessory interest tax), assessments, and other charges that are levied and assessed upon Tenant's interest in the Premises, or upon Tenant's personal property installed or located in or on the Premises, by Contra Costa County and other legally authorized government authority. Tenant may pay any taxes and assessments under protest, without liability, cost or expense to Lessor, to contest the amount in good faith.

24. INSPECTION, ACCESS AND NOTICE

Upon twenty-four (24) hour written notice to Tenant, Lessor and its agents may enter and inspect the Premises and any and every building, structure, or improvement thereon. Lessor also has the right to serve or to post and to keep posted on the Premises, or on any part thereof, any notice permitted by law or this Lease, including but not limited to a notice pursuant to Section 3094 of the Civil Code. Lessor is not liable in any manner for any inconvenience, disturbance, loss of business, or other damage arising out of Lessor's entry on the Premises as allowed in this Section. Lessor shall conduct its activities as allowed in this Section in a manner that will cause the least possible inconvenience, annoyance, or disturbance to Tenant, and may not materially interfere with access to or use of the Premises. Tenant shall provide an access gate through the Premises for emergency vehicles.

25. ASSIGNMENT AND ENCUMBRANCES

Except as provided in this Section 25, and Section 32, Financing of Leasehold Estate, Tenant may not voluntarily sell, assign, transfer or encumber (each, a **"Transfer"**), its interest in this Lease or in the Premises, or allow any other person or entity (except Tenant's authorized representatives) to occupy or use all or any part of the Premises, without first obtaining Lessor's written consent, which may not be unreasonably withheld. Notwithstanding the foregoing sentence, Lessor has the right to require financial and other information from a proposed assignee, purchaser, transferee or other encumbering party (each, a **"Transferee"**), to make its decision, and Tenant shall assist Lessor in obtaining

such information from any proposed Transferee. Any Transfer without Lessor's prior written consent is voidable and, at Lessor's election, constitutes a Default. Any consent to a Transfer does not constitute a further waiver of the provisions of this Section.

If Tenant is a corporation or a limited liability company, any (i) dissolution, merger, consolidation, or other reorganization of Tenant, or (ii) sale or other transfer of a controlling percentage of the capital stock or membership interests, as the case may be, of Tenant, or (iii) sale of fifty percent (50%) of the value of the assets of Tenant, will be deemed a voluntary assignment. The phrase "controlling percentage" means (a) in the case of a corporation, the ownership of, and the right to vote, stock possessing more than fifty percent (50%) of the total combined voting power of all classes of Tenant's capital stock issued, outstanding, and entitled to vote for the election of directors and (b) in the case of a limited liability company, ownership of, and the right to vote, membership interests possessing more than fifty percent (50%) of the total combined voting interests of Tenant.

If Tenant is in default of monetary obligations to Lessor pursuant to this Lease, Tenant immediately and irrevocably assigns to Lessor, as security for Tenant's monetary obligations under this Lease, all rent from any subletting of all or part of the Premises as permitted by this Lease. A receiver for Tenant appointed on Lessor's application, may collect such rent and apply it toward Tenant's obligations under this Lease.

26. SURRENDER OF POSSESSION

A. Site Improvements.

Title to all Site Improvements, including all alterations or additions (including Unauthorized Additions) thereto, will remain in Tenant until the expiration, cancellation, or other earlier termination of this Lease. Upon expiration, cancellation or other earlier termination of this Lease, except as otherwise provided herein, title to all Site Improvements will automatically vest in Lessor and will remain on and will be surrendered with the Premises.

If Lessor does not desire title to any portion of the Site Improvements, Lessor shall notify Tenant in writing as soon as practicable which of the Site Improvements are to be removed by Tenant (the "**Excluded Improvements**"). Tenant shall remove the Excluded Improvements above ground level, within 120 days following the effective date of such notice.

If Tenant fails to remove the Excluded Improvements, Lessor may remove them at Tenant's expense, and, upon written demand by Lessor, Tenant

shall immediately reimburse Lessor, in full, for all of the costs and expenses incurred by Lessor in removing the Excluded Improvements.

Within 30 days after expiration, cancellation, or termination of this Lease, Tenant shall surrender to Lessor the Premises and all improvements, including alterations and additions, in good condition (ordinary wear and tear excepted). If Tenant is required to remove Excluded Improvements, Tenant shall surrender that portion of the Premises where the Excluded Improvements are located within 120 days after the expiration, cancellation, or termination of this Lease in good condition (ordinary wear and tear excepted). If Tenant fails to surrender the Premises to Lessor on expiration, cancellation, or termination of this Lease, Tenant shall defend, indemnify, and hold Lessor harmless from any and all claims, liability, costs, and damages resulting from Tenant's failure to surrender the Premises, including, without limitation, claims made by a succeeding tenant or renter.

B. Personal Property.

Title to personal property belonging to Tenant, or a Subtenant (for purposes of this Section, each, an "**Owner**") will remain in the Owner at all times during the Term of this Lease, and the Owner has the right at any time to remove any or all of its personal property from the Premises, provided that upon any such removal, Owner shall repair, at Owner's expense, any damage resulting therefrom and leave the Premises in a clean and neat condition.

If Owner fails to remove any personal property from the Premises within 30 days after the expiration, cancellation, or termination of this Lease, such personal property may be removed by Lessor at Tenant's expense, by charging such expense to the Security Deposit, as provided in Section 5, Additional Payment Provisions. If Lessor's cost to remove personal property from the Premises exceeds the amount of the Security Deposit, then Tenant shall reimburse Lessor the difference between Lessor's cost and the amount of the Security Deposit, immediately upon receipt of Lessor's written demand therefor.

C. Effectiveness.

The provisions of this Section will survive the expiration, cancellation or earlier termination of this Lease.

27. DEFAULT

The occurrence of any of the following is a **"Default"** by Tenant:

A. Tenant's failure to pay any Rent or other charges when due, if the failure continues for 30 days after such payment is due. Notwithstanding the foregoing, failure to pay any Rent or other charges when due twice in any 12 month period is a Default without further notice from Lessor.

B. Tenant's failure to undertake such reasonable maintenance of the Premises as directed by the Director of Airports, if the failure continues for 30 days after notice of any reasonably required maintenance has been given to Tenant.

C. Tenant's failure to cure a safety hazard immediately upon notice from Lessor to do so. If, in the sole discretion of the Director of Airports, the required cure of the noticed safety hazard cannot be completed within 24 hours, Tenant is not in Default of this Lease if Tenant commences to cure the failure within the 24 hour period and diligently and in good faith continues to cure the Default as soon as reasonably possible.

D. Tenant's failure to provide a current insurance certificate meeting the requirements in Section 22. Insurance, within five business days after any policy expiration date.

E. Tenant's failure to perform any other obligation under this Lease if the failure continues for 30 days after written notice of the failure from Lessor to Tenant. If, in the sole discretion of the Director of Airports, the required cure of the noticed default cannot be completed within 30 days, Tenant is not in Default of this Lease if Tenant commences to cure the Default within the 30 day period and diligently and in good faith continues to cure the Default to completion.

F. The committing of waste on the Premises, including any intentional act by Tenant to harm the Premises.

G. Tenant's failure to comply with any of the provisions of Section 33, Non-Discrimination.

When this Lease requires service of notice, that notice shall replace rather than supplement any equivalent or similar statutory notice, including any notices required by Code of Civil Procedure section 1151 or any similar or successor statute. When a statute requires service of a notice in a particular manner, service of that notice (or similar notice required by this Lease) in the manner required by Section 39, Notices, will replace and satisfy the statutory service-of-notice procedures, including those required by Code of Civil Procedure section 1162 or any similar or successor statute.

28. LESSOR'S REMEDIES

Lessor has the following remedies upon the occurrence of a Default. These remedies are not exclusive; they are cumulative and in addition to any remedies now or later allowed by law:

A. Lessor may terminate this Lease and Tenant's right to possession of the Premises at any time. No act by Lessor other than giving written notice to Tenant shall terminate this Lease. Lessor's acts of maintenance, efforts to re-let the Premises, or the appointment of a receiver on Lessor's initiative to protect Lessor's interest under this Lease do not constitute a termination of Tenant's right to possession. Upon termination of this Lease, Lessor has the right to recover from Tenant:

(1) The worth, at the time of the award, of the unpaid Rent and fees that had been earned at the time of the termination of this Lease;

(2) The worth, at the time of the award, of the amount by which the unpaid Rent and fees that would have been earned after the date of termination of this Lease until the time of award exceeds the amount of the loss of Rent and fees that Tenant proves could have been reasonably avoided;

(3) The worth, at the time of the award, of the amount by which the unpaid Rent for the balance of the Term after the time of award exceeds the amount of the loss of Rent and fees that Tenant proves could have been reasonably avoided; and

(4) Any other amount, and court costs, necessary to compensate Lessor for all detriment proximately caused by Tenant's Default.

"The worth, at the time of the award," as used in (1) and (2) of this Section, is to be computed by allowing interest at the rate of ten percent (10%) per annum or the maximum rate permitted by law, whichever is less. "The worth, at the time of the award," as used in (3) of this Section, is to be computed by discounting the amount at the discount rate of the Federal Reserve Bank of San Francisco at the time of the award, plus one percent (1%).

B. Lessor, at any time after the occurrence of a Default described in Section 27.B, can cure the Default at Tenant's cost, provided Tenant has failed to cure such Default within the 30-day notice period described in Section 27.B.

C. Lessor, at any time after the occurrence of a Default described in Section 27.C, can cure the Default at Tenant's cost, provided Tenant has failed to cure such Default within the twenty-four (24) hour notice period described in Section 27.C or fails to diligently and in good faith continues to cure the Default as soon as reasonably possible.

D. If Lessor at any time, by reason of Tenant's Default, pays any sum to cure a Default or does any act that requires the payment of any sum, the sum paid by Lessor will be due from Tenant to Lessor within 30 days from the time the sum is paid, following written notice by Lessor to Tenant of the amount due. If such amount is not paid within 30 days of the notice, the amount due will bear interest at the rate of ten percent (10%) per annum or the maximum rate permitted by law, whichever is less, from the date the sum is paid by Lessor until Lessor is completely reimbursed by Tenant. The amount due from Tenant, together with interest accrued thereon, is Additional Rent.

29. DESTRUCTION. [This Section Intentionally left blank]

30. CONDEMNATION

A. If the whole or any part of the Premises is taken as a result of the exercise of the power of eminent domain or is conveyed to any entity having such power under threat of exercise thereof (both such actions being hereinafter referred to as **"Condemnation"**), this Lease will automatically terminate as to the portion taken as of the date physical possession is taken by the condemnor. The value of any damages to the remainder of the Premises sustained by Tenant and Lessor as a result of a Condemnation action will be determined by a court of law or by negotiation and agreement with the condemnor.

B. If the remaining part of the Premises s not reasonably suitable for the use described in Section 7, Use of Premises, as reasonably determined by Tenant, this Lease may be terminated by either Lessor or Tenant through written notice to the other party within thirty (30) days of the condemning agency's adoption of a resolution of necessity (or such agency's equivalent determination), to condemn the whole or any portion of the Premises. If a Condemnation takes (i) twenty-five percent (25%) or more of the Premises, or (ii) the portion of the Premises providing Tenant access to the Site Improvements, Tenant may terminate this Lease by providing Lessor written notice within thirty (30) days of the condemning agency's adoption of a resolution of necessity (or such agency's equivalent determination), to condemn such portion of the Premises. If the remaining part of the Premises is reasonably suitable for the operation of the business described in Section 7, as reasonably determined by Tenant, this Lease will continue in full force and effect as to such remaining part. If this Lease is not terminated as of the date of such Condemnation, Ground Rent will be reduced to an amount equal to the product of (i) the then-current Ground Rent multiplied by (ii) a fraction, the numerator of which is the number of square feet of the Premises

remaining after such Condemnation, and the denominator of which shall be the number of square feet of the Premises prior to such Condemnation.

In the event that all or any part of the Premises is taken by Condemnation or conveyed in lieu thereof, both parties have the right to pursue a condemnation award against the condemning agency. To the extent allowed by law, Tenant is entitled to any award for lost business, the residual value of its leasehold interest, moving expenses, and the depreciated value of any fixtures or property improvements installed and not removed by Tenant. Lessor is entitled to all other amounts awarded, including but not limited to, all amounts awarded for land value. No claim made by or payment to Tenant will diminish or otherwise adversely affect Lessor's award. Provided the Lessor is not the condemning agency, Tenant will not have, and may not make, any claim against Lessor for any loss, damage or other matter arising out of any Condemnation.

31. CANCELLATION BY LESSOR [This Section Intentionally left blank]

32. FINANCING OF LEASEHOLD ESTATE

A. Tenant's Right to Encumber. Lessee may not encumber the Premises in any way, including, but not limited to a leasehold mortgage.

33. NON-DISCRIMINATION

A. Tenant hereby covenants and agrees that in the event facilities are constructed, maintained, or otherwise operated on the Premises for a purpose for which a United States Department of Transportation (**"DOT"**) program or activity is extended or for another purpose involving the provision of similar services or benefits, Tenant shall maintain and operate such facilities and services in compliance with all requirements imposed pursuant to Title 49, Code of Federal Regulations, Part 21, Non-discrimination in Federally Assisted Programs of the Department of Transportation, (**"49 CFR Part 21"**), and as such regulations may be amended.

B. Tenant hereby covenants and agrees that (1) no person shall be excluded from participation in, denied the benefits of, or be otherwise subjected to, discrimination in the use of the Premises on the grounds of race, color, sex, or national origin, (2) that in the construction of any improvements on, over, or under the Premises and the furnishing of services thereon, no person shall be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination on the grounds of race, color, sex, or national origin and (3) that Tenant shall use the Premises in compliance with all other requirements imposed by or pursuant to 49 CFR Part 21, as such regulations may be amended.

C. In the event of a breach of any of the above non-discrimination covenants, Lessor shall have the right to terminate this Lease and to re-enter and repossess the Premises and the facilities thereon. This provision does not become effective until the procedures of 49 CFR Part 21 are followed and completed, including the expiration of any appeal rights.

D. Tenant shall furnish its accommodations and services on a fair, equal, and not unjustly discriminatory basis to all users thereof and it shall charge fair, reasonable, and not unjustly discriminatory prices for each unit or service, provided that Tenant may be allowed to make reasonable and nondiscriminatory discounts, rebates, or other similar types of price reductions to volume purchasers.

E. Noncompliance with subsection D. above constitutes a material breach thereof and, in the event of such noncompliance, Lessor has the right to terminate this Lease without liability therefore or, at the election of Lessor or the United States, either Lessor or the United States government, or both have the right to judicially enforce the provisions of subsection D.

F. Tenant agrees that it shall insert the above subsections A through E in any sublease agreement by which Tenant grants a right or privilege to any person, firm, or corporation to render accommodations and/or services to the public on the Premises.

G. In the event Tenant employs anyone on the Premises or in connection with its activities on the Premises, Tenant assures that it will undertake an Affirmative Action program (as such term is defined by 14 CFR Part 152, Sub-part E (**"Sub-part E"**), as required by Sub-part E to ensure that no person is excluded from participating in any employment activities covered by Sub-part E on the grounds of race, creed, color, national origin, or sex. Tenant assures Lessor that no person will be excluded on these grounds from participating in or receiving the services or benefits of any program or activity covered by Sub-part E. Tenant assures Lessor that it will require that its covered suborganizations provide assurances to Tenant that they similarly will undertake Affirmative Action programs, and that they will require assurances from their suborganizations, as required by Sub-part E, to undertake the same effort.

34. OPERATION OF AIRPORT BY LESSOR

A. Aviation Hazards. Lessor shall take any action it considers necessary to protect the aerial approaches of the Airport against obstructions, including preventing Tenant from constructing, or permitting the construction of, any building or other structure on the Premises that, in the opinion of Lessor or the Federal Aviation Administration, would limit the usefulness of the Airport or constitute a hazard to aircraft.

B. Navigational Aids. Lessor reserves the right during the Term of this Lease, and during any renewal and/or extension or holdover period thereof to install air navigational aids including lighting, in, on, over, under, and across the Premises. In the exercise of any of the rights hereof, Lessor shall give Tenant no less than 90 days written notice of its intention to install such air navigational aids. Following installation, Lessor is responsible for the maintenance and operation of such navigational aids.

35. AIRPORT USE AND DEVELOPMENT

A. Lessor reserves the right to further develop or improve the landing area of the Airport as it sees fit, regardless of the desires or view of Tenant and without interference or hindrance.

B. Lessor reserves the right, but is not obligated to Tenant, to maintain and keep in repair the landing area of the Airport and all publicly-owned facilities at the Airport, together with the right to direct and control all activities of Tenant in this regard.

C. This Lease is subordinate to the provisions and requirements of any existing or future agreement between Lessor and the United States, including but not limited to the Federal Aviation Administration, relative to the development, operation, and maintenance of the Airport.

D. There is hereby reserved to Lessor, its successors and assigns, for the use and benefit of the public, a right of flight for the passage of aircraft in the airspace above the surface of the Premises. This public right of flight includes the right to cause in said airspace all noise inherent in the operation of any aircraft used for navigation or flight through said airspace, and all noise inherent in landing at, taking off from, and operations at the Airport.

36. DEVELOPMENT OF PREMISES

A. Tenant shall comply with the notification and review requirements covered by 14 CFR Part 77 of the Federal Aviation Regulations in connection with any construction, modification or alteration of any present or future building or structure situated on the Premises.

B. Tenant may not cause or permit the construction of any structure or object, or the growth of any tree on the Premises, to exceed the established height contours. In the event the aforesaid covenants are breached, Lessor reserves the right to enter upon the Premises and to remove the offending structure or object and cut the offending tree, all of which shall be at Tenant's sole cost and expense.

C. Tenant may not use or develop the Premises in any manner that might interfere with or otherwise constitute a hazard to the landing and taking off of aircraft from the Airport (an **"Interference Hazard"**). Upon learning of any Interference Hazard, Lessor (i) will notify Tenant of the existence thereof, and (ii) may enter upon the Premises and cause the abatement of such Interference Hazard at the sole cost and expense of Tenant.

D. Nothing herein shall be construed to grant or authorize the granting of an exclusive right within the meaning of Section 308a of the Federal Aviation Act of 1958 (49 U.S.C. § 40103) or to consent to future construction, modification or alteration.

E. This Lease and all of its provisions are subject to whatever right the United States Government now has or in the future may have or acquire, affecting the control, operation, regulation, and taking over of the Airport by the United States during a time of war or national emergency.

37. INSTRUMENT OF TRANSFER

This Lease is subordinate and subject to the provisions and requirements of the Instrument of Transfer by and between the United States and Lessor dated the 9th day of October, 1947, and recorded in Book 1137, at page 114 of the Official Records of the County of Contra Costa, State of California.

38. CHOICE OF LAW

This Lease is governed by the laws of the State of California.

39. NOTICES

Any and all notices to be given under this Lease, or otherwise, may be served by enclosing same in a sealed envelope addressed to the party intended to receive the same, at its address set forth herein, and deposited in the United States Post Office as certified mail with postage prepaid. When so given, such notice will be effective from the third date of its mailing. Notices may also be given via a reputable overnight courier service, effective on the next business day following delivery of the notice to the courier service for next day business delivery. Unless otherwise provided in writing by the parties hereto, the address of Lessor, and the proper party to receive any such notices on its behalf, is:

Director of Airports
Contra Costa County Airports
181 John Glenn Drive, Suite 100
Concord, CA 94520-5550

and the address of Tenant is:

TrexAir Aviation Academy, LLC
161 John Glenn Drive, Suite 1
Concord, CA 94520-5550

40. TIME IS OF THE ESSENCE

Time is of the essence for each provision of this Lease.

41. BINDING ON SUCCESSORS

The terms of this Lease inure to the benefit of and bind the heirs, successors, executors, administrators and assigns of the parties hereto, subject to the limitations on assignment of this Lease.

42. INVALID PROVISIONS; SEVERABILITY

It is expressly understood and agreed by and between the parties hereto that in the event any covenant, condition or provision contained herein is held to be invalid by a court of competent jurisdiction, such invalidity does not invalidate any other covenant, condition or provision of this Lease, provided, however, that the invalidity of any such covenant, condition or provision does not materially prejudice either Lessor or Tenant in their respective rights and obligations contained in the valid covenants, conditions and provisions of this Lease.

43. ENTIRE AGREEMENT

This Lease and all exhibits (which are incorporated herein and made a part of this Lease by this reference), referred to in this Lease constitute the entire agreement between the parties relating to the rights herein granted and the obligations herein assumed and supersedes all prior or contemporaneous understandings or agreements of the parties. No alterations or variations of this Lease are valid unless they are in writing and signed by Lessor and Tenant.

44. CUMULATIVE RIGHTS AND REMEDIES

The rights and remedies with respect to any of the terms and conditions of this Lease are cumulative and not exclusive and are in addition to all other rights and

remedies at law or in equity. Each right or remedy shall be construed to give it the fullest effect allowed in law.

45. NO THIRD-PARTY BENEFICIARIES

Nothing in this Agreement, express or implied, is intended to confer on any person, other than Lessor and Tenant, and their respective successors-in-interest, any rights or remedies under or by reason of this Lease.

46. NO CONTINUING WAIVER

The waiver by Lessor of any breach of any of the terms or conditions of this Lease does not constitute a continuing waiver or a waiver of any subsequent breach of the same or of any other terms or conditions of this Lease. The receipt by Lessor of any Rent with knowledge of the breach of any term or condition of this Lease may not be deemed to be a waiver by Lessor, unless such waiver is specifically expressed in writing by the Director of Airports. No payment by Tenant or receipt by Lessor of a lesser amount than specified in this Lease may be deemed to be other than a payment on account of such Rent and may not be deemed to be a waiver of notice of termination and of forfeiture of this Lease.

47. COVENANT AGAINST LIENS; RECORDATION AGAINST PREMISES

Neither Tenant nor Lessor shall permit any mechanic's, materialman's, or other lien against the Premises, or the property of which the Premises forms a part, in connection with any labor, materials, or services furnished or claimed to have been furnished. If any such lien is filed against the Premises, or property of which the Premises forms a part, the party charged with causing the lien will cause the same to be discharged; provided, however, that either party may contest any such lien, so long as the enforcement thereof is stayed. Tenant may not record this Lease or any sublease (or memoranda thereof), against the Premises without the prior written consent of Lessor. In the event Lessor consents to the recordation of this Lease or a sublease with the County Recorder's office, Tenant shall pay all charges incident to such recording.

48. LEASE AUTHORIZATION

This Lease is made and entered into by Lessor in exercise of authority as recognized in Section 25536 of the Government Code of the State of California.

49. DRAFTING CONVENTIONS

The section headings and captions of this Lease are, and the arrangement of this Lease is, for the sole convenience of the parties to this Lease. The section

headings, captions, and arrangement of this Lease do not in any way affect, limit, amplify or modify the terms and provisions of this Lease.

The Lease is not to be construed as if it had been prepared by one of the parties, but rather as if both parties have prepared it. The parties to this Lease and their counsel have read and reviewed this Lease and agree that any rule of construction to the effect that ambiguities are to be resolved against the drafting party does not apply to the interpretation of this Lease. The definitions in this Lease apply equally to both singular and plural forms of the terms defined.

If any date specified in this Lease as a date for taking action falls on a day that is not a business day, then that action must be taken on the next business day.

Tenant hereby represents and warrants that it is a corporation duly organized and validly existing under the laws of the State of California.

[Remainder of Page Intentionally Left Blank]

The parties are signing this Lease as of the Effective Date stated in the introductory clause.

COUNTY:

CONTRA COSTA COUNTY, a political

By_____
Greg Baer,
Director of Airports

LESSEE:

TREXAIR AVIATION ACADEMY, LLC, a California limited liability company

By_____
Kevin Trexler,
Chief Executive Officer

APPROVED AS TO FORM:

By Thomas L. Geiger, County Counsel

By_____
Kathleen M. Andrus,
Deputy County Counsel

By_____
Kevin McLaverty,
Chief Financial Officer

EXHIBIT A

SITE PLAN OF THAT PORTION OF THE PREMISES
KNOWN AS 161 JOHN GLENN DRIVE


EXHIBIT A
18,000 SF Apron Space
Leased Premises
2,000 SF Office Space
Leased Premises
161 John Glenn Dr
John Glenn Dr
Google Earth
200 ft
N

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-962 **Agenda Date:** 3/17/2026 **Agenda #:** C.5.

To: Board of Supervisors

From: Gus Kramer, County Assessor

Report Title: Kofile Technologies, Inc. Microfiche Scanning Services

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute, on behalf of the Assessor, a contract with Kofile Technologies, Inc., in an amount estimated at $51,975.00 and not to exceed $60,000.00, for the term of March 18, 2026 through March 17, 2027 for the digitization of the County's historical tax roll records, including pre-Proposition 13 data, currently maintained on microfiche. The contract is subject to Kofile Technologies, Inc.'s terms of service, which include limitations of liability and warranty disclaimers.

FISCAL IMPACT:

Kofile will invoice 50% of the total proposed estimate upon first pickup of any inventory. The remaining balance will be invoiced upon the earlier of thirty (30) days after completion or delivery. The project is estimated not to exceed $60,000 in total, and will be paid by the General Fund.

BACKGROUND:

Kofile will invoice 50% of the total proposed estimate upon first pickup of any inventory. The remaining balance will be invoiced upon the earlier of thirty (30) days after completion or delivery. The project is estimated at $51,975,000, and not to exceed $60,000 in total, and will be paid by the General Fund.

CONSEQUENCE OF NEGATIVE ACTION:

Failure to approve and proceed will result in the permanent loss of historical data currently stored on aging microfiche media. Due to the deteriorating condition and increasing obsolescence of this format, continued inaction significantly heightens the risk of data degradation and irretrievable loss. Retention of this historical information is critical, as it documents assessed property values established prior to Proposition 13 and supports legal, audit, and valuation reference needs.

December 18, 2025

Vince Robb
Contra Costa County | CA

Powering Modern Government™

Angelique Nasser
(916) 266-3292
angelique.nasser@kofile.com
6300 Cedar Springs Road
Dallas, TX 75235

Kofile

Powering Modern Government

COVER LETTER

To Whom It May Concern,

This proposal addresses Contra Costa County | CA for Film Conversion, Custom Indexing Service, and OCR Services and is presented by Kofile Technologies, Inc. (Kofile).

Kofile is uniquely qualified as the largest and most experienced records preservation and modernization company in the United States.

Quoted services include Film Conversion, Custom Indexing Service, and OCR.

With patented innovations, unmatched expertise, and a deep commitment to serving communities, we help organizations navigate preservation and digital transformation with confidence. Backed by proven results and trusted by thousands of government leaders nationwide, Kofile is your ally in building efficiency, security, and legacy. Let us preserve your permanent records while shaping the future—together.

Sincerely,

Angelique Nasser
Account Executive

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COMPANY OVERVIEW

History

At Kofile, we do not just preserve and digitize records—we modernize governance. Our solutions streamline workflows, enhance security, and provide seamless public access, ensuring that critical records are protected for future generations. With a deep commitment to partnership with our clients, we help organizations navigate digital transformation with confidence. Kofile is the only ally you need to build efficiency, security, and lasting impact.

Kofile: A History of Innovation and Preservation
1888 - The Formative Years
Enduro Binders, Inc., established in 1888 and acquired by Kofile in 2009, has been granted several patents over the years. Notable patents include:

- **Kofile Disaster-Safe Document Binder** (Patent No. 10,160,255, issued December 26, 2018): acts as a mini-vault to protect records from air, water, fire, mold, or other contaminants. Binders are customizable and can be title stamped to leave a permanent mark on history.
- **Lay-flat Pockets** (Patent No. 7,943,220, B1, issued May 17, 2011): are sealed on three sides and have a static seal on the fourth side preventing contamination thereby reducing risk of mold and mildew growth of preserved documents. The static seal is not permanently closed so documents can be removed without the need to replace the pocket.

Founding Kofile (2009-2011)
Kofile was established in **2009**, bringing together the industry's best practices and most experienced personnel in historical and permanent U.S. public records management. In **2011**, Kofile's original owner purchased the former Microfilm Division of Eastman Kodak (formerly located in Rochester, NY) and renamed it Eastman Park Micrographics, Inc. (EPM). This acquisition solidified Kofile's expertise in film preservation and digital imaging, making it the **largest critical records preservation and digitization company in the United States**.
Kofile is comprised of some of the oldest and **most experienced** private firms specializing in public records preservation:

- **Joseph J. Marotti Co., Inc.**– Founded in **1961**, operated under that name for **48 years**.
- **Brown's River Bindery**– Founded in **1972**, operated under that name for **37 years**.
- **Louisiana Binding Service, Inc. (LBS)**– Founded in **1987**, operated under that name for **24 years**.
- **Safeguard Imaging, LLC**– Founded in **2009**, purchased and renamed **Kofile Solutions, Inc.** in **2010**, providing digitization and indexing services. In **2015**, this company merged into Kofile.
- **PFA, Inc.**– Founded in **1969**, operated under that name for **50 years**, purchased and renamed **Kofile Services, Inc.** in **2019**. In **2021**, this company merged into Kofile.

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Expansion and Technology Growth (2015-2019)
Between **2015 and 2019**, Kofile expanded its solutions for government recordkeeping, launching **licenses, permits, and vitals solutions** with improved citizen access and search capabilities. A major milestone was reached in **2016** when Kofile deployed the **first cloud-architected official government records solution** in the U.S.

In **2018**, the company launched a **new cloud commerce platform** and updated its land and property records solutions. By **2019**, Kofile had expanded its cloud recording platform to multiple states, demonstrating a commitment to digital transformation in records management.

Strategic Acquisitions and Growth (2020-2022)
On **January 29, 2020**, Boston-based investment firm **Audax Private Equity** acquired Kofile, providing capital and resources to accelerate its growth and acquire Data Preservation Services and Seamless Docs.

In **2022**, Kofile purchased **Eastman Park Micrographics, Inc. (EPM) Lab Services**, bringing microfilm processing, duplication, and inspection fully under its control.

Recent Developments and Leadership Changes (2023-Present)
In **2024**, Kofile announced leadership changes with **Ray Aschenbach as CEO**. The shift aimed to enhance execution, accelerate innovation, and drive long-term business growth.

Kofile Today
- Kofile employs **over 500 employees** across the U.S.
- It remains a privately owned corporation under **Kofile, Inc. (100% owner)**.
- With a legacy built on **preserving historical records and embracing digital transformation**, Kofile continues to **modernize government services through expertise, innovation, and technology**.

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Company & Employee Profile

Organization Legal Name	Kofile Technologies, Inc.
Type of Business	Corporation
Ownership	Owned 100% by Kofile, Inc. (Private Holding Company)
Tax ID	26-4034328
State/Date of Incorporation	1/8/2009 Delaware
SAM.GOV UEI No.	GUUCEJ3BYEB4
Principal Place of Business	Corporate Digitization & Conservation Lab 6300 Cedar Springs Road, Dallas, TX 75235
Mailing Address	P.O. Box 541028, Dallas, TX 75354
Region Serviced	National Company
Employee Count	Companywide: 500+ Permanent Employees Micrographics & Digitization Lab: Sun Valley, CA: Staffed by 34 Employees (with others working remotely within the State, supporting this Lab)
Website	www.Kofile.com
Organization Representative Name(s) and Contact Information	Authority to Bind: Dave Baldwin Authority to Clarify Proposal: Angelique Nasser angelique.nasser@kofile.com (916) 266-3292

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Experience

Kofile is dedicated to preserving and protecting America's public records, serving over 3,000 government clients across 33 states. With decades of experience, Kofile has successfully completed tens of thousands of projects, from small-scale local initiatives to large-scale records preservation and digitization for major metropolitan areas.

Kofile's expertise spans permanent retention, historical, and active records for a wide range of government and public entities, including Auditors, Elections Offices, County and District Clerks, Assessors, Recorders, Courts, District Attorneys, Tax Assessors, Sheriffs, and Judges. Whether for small municipalities or large metropolitan areas, Kofile delivers tailored solutions to meet the unique needs of each client.

Key Differentiators

In a landscape of strained budgets, outdated systems, and ever-evolving mandates, **Kofile** stands as a true partner to government agencies—trusted not just for what we do, but for how we do it. We don't just digitize public records; we preserve legacies, fortify access, and future-proof operations with secure, scalable, and strategic solutions.

What Sets Us Apart

Our People and Expertise

- **Unmatched scale and specialization** with over 500 employees across four secure U.S. facilities
- **Decades of experience** delivering successful records projects for over 3,000 local governments, including Bexar County (San Antonio), LA County (Los Angeles), Dallas County (Dallas), Wayne County (Detroit), and Harris County (Houston)
- **Proven capability** to digitize over 25 million pages and preserve 6+ million archival pages annually
- **Trusted across funding sources**, including federally funded initiatives requiring strict adherence to FERPA, HIPAA, CJIS, and local government mandates
- **Cross-functional teams** of preservationists, technicians, and compliance experts who deliver precise, on-time results
- **Comprehensive project support** from assessment and planning to execution and delivery

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Our Commitment to the Future

- **Cloud-based digital access platform**: Our proprietary cloud-based platform for secure, indexed access to land, court, vital, and case records, with optional e-commerce for self-funded record access
- **Civic Hub℠**: An intuitive digital portal designed to improve engagement between governments and their constituents
- **State-of-the-art infrastructure** including a 150,000 sq. ft. fire- and F5 tornado-resistant Dallas HQ, climate-controlled environments, archival-grade vaults, and restricted-access security protocols
- **Advanced equipment** such as large-format, non-contact, and batch scanners, custom-built software, and patented preservation tools like Disaster-Safe Binders and lay-flat sleeves
- **Tailored storage solutions** engineered for long-term preservation, from mobile shelving and plat systems to custom records desks
- **Strategic planning for continuity**: Hundreds of customized records management plans designed to future-proof access and safeguard against catastrophic events

Our Commitment to You

- **Transparent partnerships** with clear scopes, timelines, and pricing from day one—no surprises
- **Client ownership of data**: You retain full control of your records and digital files at all times
- **Secure transport and chain of custody**: DOT-compliant vehicles, GPS tracking, and item-level inventory ensure safe and accountable handling
- **Rigorous QA/QC protocols**: Every document is reviewed with manual image comparison; defects are corrected in-house before delivery
- **Scalable, responsive service** for projects of any size—from single departments to multi-county or district-wide initiatives
- **Assessment-driven approach**: Complimentary evaluations provide a clear picture of your record collection's condition, risks, and opportunities
- **Dedicated support teams** including solution architects and technical specialists guiding you from kickoff to delivery

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SERVICES

Kofile is a national leader in the preservation, digitization, and modernization of public records. We partner with government agencies to protect and transform their most valuable documents through archival-safe preservation, digitization, and accurate indexing services. Our expertise extends to the conversion of microfilm and microfiche, ensuring long-term access to aging media formats. Kofile also offers a suite of complementary products and solutions—including our proprietary digital access platform, custom shelving systems, and patented lay-flat mylar sleeves and archival binders—designed to enhance records organization, accessibility, and security. With decades of experience and a commitment to excellence, Kofile delivers scalable, end-to-end solutions tailored to the evolving needs of public agencies.

Digitization

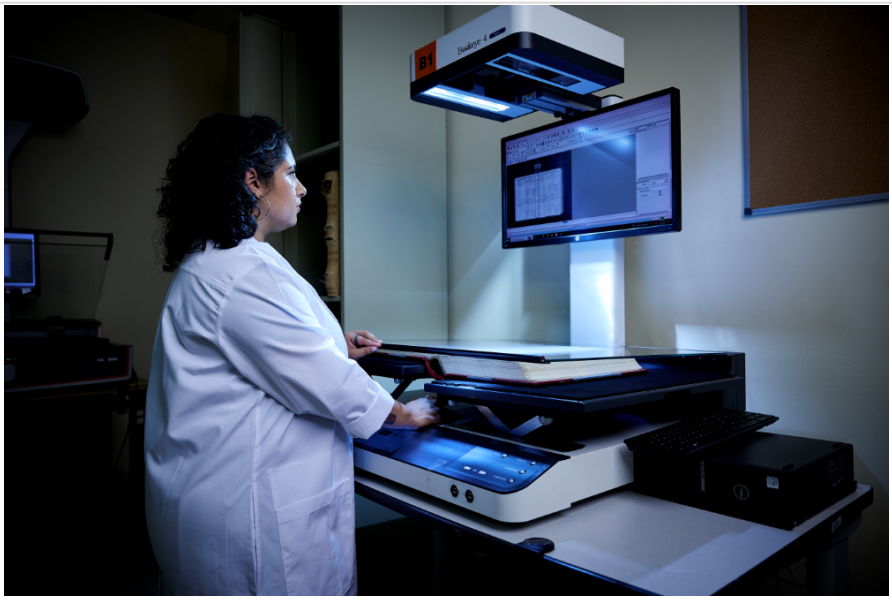
Digitizing a collection of documents creates an electronic representation of the original paper archival records. Digitization is not meant to replace the archival record, but to aid in its preservation and protect the original from physical handling through enabling electronic access. Images can be made available publicly or restricted to authorized users through platforms such as Kofile's Quicklink℠. The digital copy also serves as a back-up if the original is misplaced, damaged, or destroyed.

Kofile offers a wide range of experience-backed services to meet the full spectrum of your digitization needs and can be coupled with our Preservation services to create the best possible image from fragile or damaged original documents. Technicians are trained to handle fragile and historical documents and use the best hardware and software available based upon the material and the requirements for the resulting images. Kofile's experience, tools, processes, and technology position us to handle large-scale digitization of permanent and non-permanent paper records to meet most any requirement and use case.
For Archival digitization, Kofile can utilize tools and processes consistent with the U.S. National Archives and Records Administration (NARA) technical guidelines for digitization.

Our digitization workflows begin with our chain of custody for all books, boxes, maps, etc., that are received from our clients. We manifest every client item to ensure that we can electronically track activities and location throughout the digitization process. Each step in the digitization process is logged in our tracking database to create an audit trail of which technicians executed each task. Electronically tracking every step in our process allows us to provide updates on progress and to reconcile each item that was received is also returned to the client upon completion of the digitization process.

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Available age Enhancement



When clients require that the digital image be easier to read or 'look better' than the original document, Kofile will utilize processes that are based on our experience and on our best-in-class technology to improve image traits such as contrast, skew, jagged borders, stains, etc. Kofile IMAGE PERFECT PRO is Kofile's proprietary digital SLR-based software which utilizes proprietary algorithms that are critical for creating the best image possible from damaged and/or aged document and collections.

Kofile IMAGE PERFECT PRO enables technicians to apply different algorithms to sections of the image based upon need and to make incremental adjustments until the best possible combinations are identified.

Quality Targets permit operators to view image quality at scan. Images, even those scanned on different devices, are normalized. This software measures image quality and propagates this data through the imaging chain. Quality Targets serve as the foundation for quality assurance analysis.

Quality Targets are utilized in the scanning process to establish the baseline digital capture quality of the scanner during scanning. Therefore, Kofile can measure the digitization physics at the time of capture. Kofile IMAGE PERFECT PRO can measure each image at a minimum for:

Target dpi
Target Tone scale & correction
Color Management
Brightness/Contrast Correction
Gamma Adjustment
White Balancing
Page Orientation
Exposure uniformity
Color reproduction

If applicable to the project, Kofile performs negative Photostat polarity reversal (so that all characters are black on a positive background). The document certification strip (file strip) is inverted to match the polarity of the final image.

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If requested, annotations are supported to allow the addition of Name, Book Type, Volume, and Page on the image. Image quality metadata is captured from the image header, along with a secured digital signature that certifies the fidelity and integrity of every image scanned.

Quality Control (QC)
Our Quality Control (QC) process ensures that all images are certified. **Each image is sight checked during QC**. Kofile technicians ensure there are no missing pages, double feeds, or added attached pages. Every processed image is inspected, and finally, a digital inventory check is conducted before delivery.

Advanced Equipment
Kofile can scan mixed-sized and large-format documents. Kofile employs a range of scanners to tailor imaging services to the document that requires imaging. All the scanners employ double feed page detection to adjust for varying paper sizes and, more importantly, thicknesses to reduce pull-throughs on thin papers following thick bond. Fragile documents are imaged by hand and not fed through an automated Document feeder. Kofile's technicians are trained to handle fragile documents.

ARCHIVAL BOXES & FOLDERS



The box to the left is the original box, and the Coroplast™ boxes to the right are the rehoused files.

If required, Kofile offers the service of organizing scanned documents in new, corrugated plastic boxes that are more suited to preserve the original documents. These boxes are acid-free and comprised of a chemically inert co-polymer. They offer unparalleled strength and high density, and they are water resistant. Each box and folder are appropriately labeled based on its contents.

Original shuck envelopes can be saved and preserved or returned, or as pictured above, photocopied to save space in the returned files.

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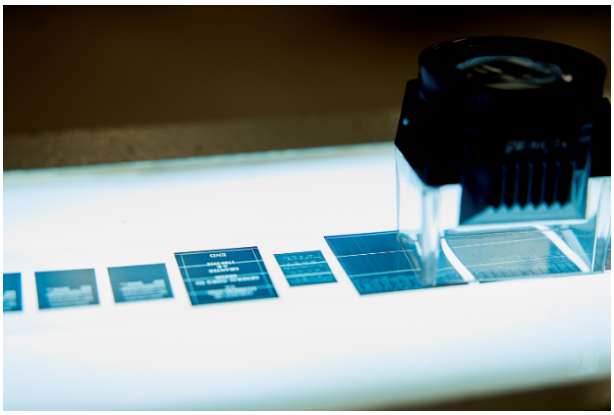
Microfilm



Kofile's Image Archive (IA) service preserves scanned documents on 16mm silver halide microfilm using industry-standard Kodak Archive Writers. As a longtime supporter of PRIA's white paper, *Recording Electronic Images on Roll Microfilm*, our workflows are aligned with its recommended best practices. With twelve Archive Writers in-house—and current capacity to augment client capabilities—we offer scalable support for large archival conversion efforts.

We accept images via secure FTP, DVD, CD, or hard drive, and perform rigorous validation checks before recording. These include confirming image file format, resolution, document sequence, barcode accuracy, and page sizing. Documents that don't meet quality benchmarks are flagged, and we collaborate with the client to resolve any issues prior to microfilm creation.

Images are recorded on ISO 18901:2010-compliant microfilm using Kodak or SMA Archive Writers. Dual-level blips are exposed for document identification, and output logs are reconciled against index files to ensure completeness. Film is processed in our Allen M70 deep tank processor with in-line brown toning and undergoes daily and monthly chemical testing to ensure long-term stability, in accordance with ISO 18917:1999 and ISO 18915:2000. Every roll is inspected manually by gloved technicians, with images reviewed at 15x and 100x magnification to confirm clarity and integrity. We use ISO 18902:2001-compliant film enclosures with 2D PDF417 barcodes and delete all client files after project completion and approval. We do not splice Archive Writer film and will re-run any roll at no cost to the client if a Kofile error is identified. All microfilm produced by Kofile meets ISO 18911:2010 standards and carries a life expectancy rating of 500 years (LE 500).



IMPLEMENTATION METHODOLOGY

Kofile follows a structured, client-centered implementation approach designed to ensure accuracy, transparency, and minimal disruption to your organization's operations. Kofile will work to align scope, timelines, technical requirements, and key stakeholders during the initiation phase of the engagement. Our teams conduct thorough assessments of record conditions, formats, and retention needs to define the most effective path forward—whether the project involves digitization, indexing, microfilm, or preservation.

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Throughout execution, we maintain chain-of-custody tracking, rigorous quality control, and real-time progress updates via secure platforms. Services are delivered through a combination of on-site and facility-based workflows, depending on client needs, and all deliverables are validated prior to handoff. Kofile's methodology ensures that each project is compliant, scalable, and built to meet both immediate access goals and long-term archival standards.

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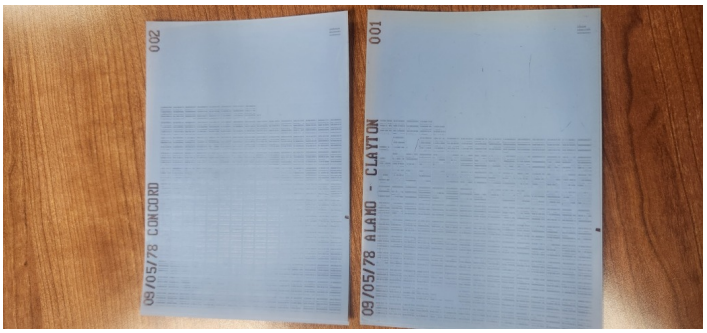
SCOPE OF WORK

- Capture microfiche images at 300 dpi in black and white.
- Images accumulate as a Group IV bi-tonal images in a standard PDF or TIFF format.
- Automated de-skew, de-speckle, background control, and text enhancement.
- Automated cropping of images to remove excess border.
- Name images by roll/image number.
- Provide client with a digital master of each image on a medium suitable to the project size (e.g., DVD, flash drive, hard drive, ftp) along with corresponding index data.

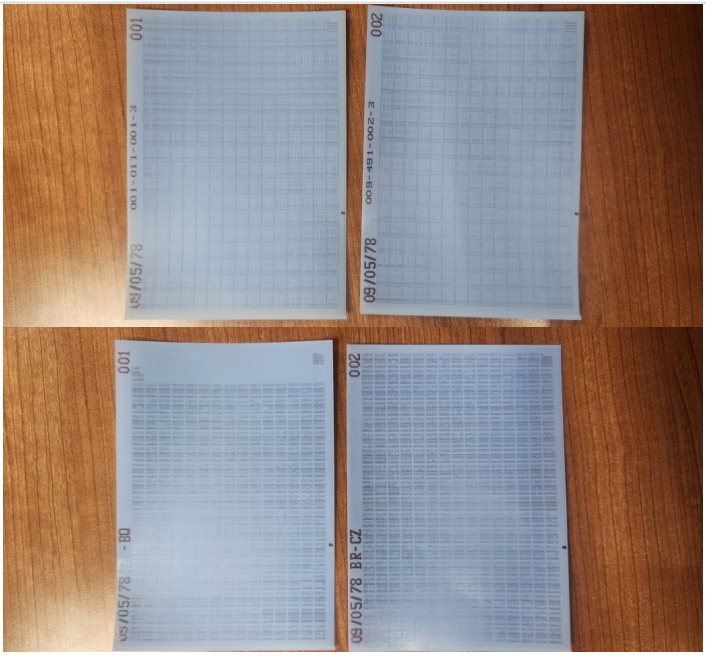
- Each microfiche will be a multipage image file that will be labeled by the following information that will be captured from the typed title block of each microfiche:
o Microfiche Slide Number (3-digit numeric number located on the right side of the title block of each microfiche).
o Date (2-digit Month- 2-digit Day- 2-digit Year, located on the left side of the title block of each microfiche)
o Location (2-digit beginning and 2-digit ending alpha characters, beginning and ending name or up to a 12-digit beginning and ending numeric range. Will be in the middle section of the microfiche title block)
- Capture verification will be utilized for this initiative.
- In cases where the index information is missing or illegible, the field will not be indexed, and the deliverable will be 0000 in lieu of the missing index value.

- Optical Character Recognition for Positive, Typescript Records. Service dependent on assessment of the image quality.

ASSESSMENT PHOTOS



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TRANSPORTATION & FACILITIES

Kofile prioritizes security and accountability at every stage of records management. From GPS-tracked, DOT-compliant transportation to strict chain-of-custody protocols, we ensure records remain protected and meticulously tracked. Our permanent, climate-controlled facilities feature advanced security systems and archival vaults, providing a secure environment for processing and preserving critical government records.

Secure Transportation

Kofile personnel pick up and transport records. Kofile will provide all supplies, materials, equipment, transportation, and related items. Additionally:

- Vehicles are DOT compliant
- Vehicle doors remain locked – including rear gate with padlock
- Include GPS

Go through a vehicle pre-check before leaving

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Chain of Custody Control

Kofile's chain of custody control is unparalleled. Kofile Transportation Services monitors inventory at
the box, folder, and page level, and experts examine each item prior to any service. The chain of custody includes transport, facility security, technological safeguards, and project management tools/tracking.



State-of-the-Art Facilities

Kofile has:

- Secure, permanent facilities employing full-time, permanent employees.
- Code-compliant facilities and archival, climate-controlled vaults.
- State-of-the-art security systems.
- East, Central, and West Coast facilities servicing the entire country.

Kofile headquarters, located in Dallas, TX:

This is a permanent 150,000 square foot facility that features:

- Fire-resistant brick and concrete building (F5 Tornado Resistant). Structural steel support members, fire-rated walls, ceiling, and flooring.
- Archival vaults (Media Vault and two Book/Paper Vaults).
- Security fences surround the property with restricted control access at each gate/door.
- State-of-the-art security systems protect the entire facility and each vault.

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PRICING

Without a signed agreement, prices are good for 90 days. Pricing is based on estimated document and page counts and condition. Final billing occurs on actual document and page counts and condition per mutually agreed upon pricing; not to exceed the P.O. without written authorization.

Contra Costa County | CA					
Project Overview - Estimated Volumes and Pricing					
Record Series	**Volume**	**UOM**	**Quantity**	**Level of Service**	**Estimated Total**
Assessment Rolls		Per Image	1,012,500	Film Conversion	$40,500.00
Per Fiche		Per Doc	3,750	Custom Indexing Service	$1,350.00
		Per Image	1,012,500	OCR	$10,125.00
Product				**Quantity**	**Estimated Total**
				PROJECT TOTAL	**$51,975.00**

BILLING

Pricing based on the assumptions and records provided by Contra Costa County | CA, as outlined in the Scope of Work section of this response. Kofile will invoice based on actual document and image counts times the unit rate and will not exceed the estimated total without written authorization.

ACCESSIBILITY OF RECORDS

All records held at Kofile are maintained as private and confidential material. All physical or digital records (including volumes, documents, digital images, metadata, or microfilm) serviced by Kofile shall remain the property of Contra Costa County | CA. Client is guaranteed access to records via email or toll-free fax. Upon receipt of a records request, Kofile will flag the requested record and verify inventory control, pull supporting paperwork, and email/fax a response to the approved requester or alternate.

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PROJECT IMPLEMENTATION & CLIENT ACCEPTANCE

Project Implementation

To initiate services with Kofile, please contact your designated Sales Representative, who will serve as your primary point of contact throughout the engagement.

Upon finalizing terms, Kofile will coordinate closely with Contra Costa County | CA to confirm schedules, logistics, and deliverables, ensuring a seamless transition from procurement to project implementation.

PAYMENT TERMS

Kofile will invoice 50% of the total proposed estimate upon first pickup of any inventory. The remaining balance will be invoiced upon the earlier of thirty (30) days after completion or delivery. Proposal pricing from Kofile is a good-faith estimate based upon information provided to or understood by Kofile. Actual pricing may vary based upon the actual quantity or condition of records.

TERMS & CONDITIONS

This proposal is governed by Kofile's Terms & Conditions at: https://Kofile.com/termsandconditions/, except as set forth in Exhibit A. To the extent there is a conflict between Exhibit A and the on-line terms, Exhibit A will control.

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Customer Acceptance

Name (Authorized Official):	
Title:	
Date:	
Signature:	

Kofile Acceptance

Name (Authorized Official):	
Title:	
Date:	
Signature:	

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EXHIBIT A

Confidentiality. Kofile agrees to comply and to require its officers, consultants, subcontractors, agents and employees to comply with all applicable state and federal statutes respecting confidentiality, including, but not limited to, the identity of persons served under this Contract, their records, or services provided to them, and additionally agrees to the following:

a. In addition to any provision in the Real Estate Appraisers' Licensing and Certification Law (Part 3 (commencing with Section 11300) of Division 4 of the Business and Professions Code), Kofile shall maintain the confidentiality of Customer data consisting of assessee information and records as provided in Sections 408, 451, and 481 that is obtained in performance of the contract.

(1) Kofile shall not request information or records from an assesee without the written authorization of Customer.

(2) Kofile shall not provide appraisal data in its possession to the assessor or a contractor of another county who is not a party to the contract.

b. Kofile may not retain information contained in, or derived from, an assessee's confidential information and records after the conclusion, termination, or nonrenewal of the contract. Within 90 days of the conclusion, termination, or nonrenewal of the contract, Kofile shall:

(1) Purge and return to Customer any assessee records, whether originals, copies, or electronically stored, provided by the assessor or otherwise obtained from Customer.

(2) Provide a written declaration to Customer that Kofile has complied with this subdivision.

c. Kofile assures that all applications and records concerning any individual or entity made or kept by Kofile or any public officer or agency in connection with the administration of or relating to services provided under this Contract will be confidential, and will not be open to examination for any purpose not directly connected with the administration of such service. Kofile additionally agrees to require its officers, consultants, subcontractors, agents and employees to keep such information confidential.

d. Kofile assures that no person will publish or disclose or permit to be published or disclosed, any list of persons receiving services, expect as may be required in the administration of such service. Kofile agrees to inform all employees, agents,

officers, consultants, subcontractors, and partners of the above provisions, and that any person knowingly and intentionally disclosing such information other than as authorized by law may be guilty of a misdemeanor.

Copyright and Rights in Data.

(a) Rights in Data. Any anlaysis and associated documents created by Kofile using Customer data pursuant to this Contract shall be the property of Customer, which shall have the solve right to distribute or otherwise use such documents. Kofile may keep copies of any such documents, subject to maintaining the confidentiality of the documents as specified in this Contract. Kofile will not publish or transfer any materials produced or resulting from activities supported by this Contract withou tthe express written consent of County Counsel, or his or her, designee.

(b) Copyright. If any documents created by Kofile using Customer data pursuant to this Contract is subject to copyright, Customer reserves the right to copyright, and Kofile agrees not to copyright such material. If said material is copyrighted, Customer reserves a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, and use such materials, in whole or in part, and to authorize others to do so.

File #: 26-963 **Agenda Date:** 3/17/2026 **Agenda #:** C.6.

To: Board of Supervisors

From: Monica Nino, County Administrator

Report Title: 2026 APPOINTMENT OF STANDBY OFFICERS TO MEMBERS OF THE BOARD OF SUPERVISORS AND THE COUNTY ADMINISTRATOR

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

1. UPDATE the official list of persons to serve, in priority order, as standby officers for the respective members of the Board of Supervisors, pursuant to County Ordinance Code section 42-4.004:

	District I	District II	District III	District IV	District V
1	Robert Rogers	Phil Andersen	Alicia Nuchols	Lisa Chow	Damon Preston
2	Tania Pulido	Jen Quallick	Stephen Griswold	Sue Noack	David Fraser
3	Ronnie Mills	Jill Ray	Julie Enea	Lia Bristol	Vivian Lee

2. UPDATE the official list of persons to service, in priority order, as standby officers for the County Administrator, pursuant to County Ordinance Code section 42-2.602:

    1. Timothy Ewell
    2. Eric Angstadt
    3. Adam Nguyen

3. DIRECT that the above appointments supersede all previous standby appointments.

4. REQUEST that the Emergency Services Division of the Sheriff's Office meet with any Standby Officer that requests it, and provide an overview of the County Emergency System, to include written procedures and contact information, and address any questions raised by the Standby Officers.

5. CONFIRM that the temporary County Seat shall continue to be:

a. Diablo Valley College, Pleasant Hill, California

b. Alameda County Emergency Operations Center, Dublin, California

(Per Resolution No. 2018/70)

FISCAL IMPACT:

None

BACKGROUND:

Pursuant to the California Emergency Services Act, Article 15: Preservation of Local Government, the governing body of a political subdivision is required to appoint three Standby Officers for each member. County Ordinance Code section 42-4.004 mandates these appointments.

A Standby Officer serves in place of a regular Board member when the latter is unavailable during an emergency. 'Unavailable' means the member is killed, missing, or seriously injured.

Appointing Standby Officers ensures continuity of government operations. A Standby Officer serves until the regular officer returns or is replaced. Appointments are reviewed annually. Duties under Government Code section 8641 include:

- Being informed of the Supervisor’s responsibilities

- Being informed of County operations

- Immediately reporting for duty during emergencies

- Filling the Supervisor’s role when they are unavailable

The County Administrator must designate, with Board approval, three alternates as standby officers annually, per section 42-2.602 and Gov. Code 8638. These alternates act in the Administrator’s place when needed.

The County must provide Standby Officers with relevant legal documents and can host informational meetings. They must take the same oath and serve at the Board’s pleasure. Appointments are typically made at the second regular Board meeting in March.

CONSEQUENCE OF NEGATIVE ACTION:

Failure to appoint these Standby Officers would leave the County without a defined line of succession in the event of an emergency. This would hinder the County's ability to maintain government operations.

California LEGISLATIVE INFORMATION

Code: Select Code Section: Search

Up^ Add To My Favorites

GOVERNMENT CODE - GOV

TITLE 2. GOVERNMENT OF THE STATE OF CALIFORNIA [8000 - 22980] *(Title 2 enacted by Stats. 1943, Ch. 134.)*

DIVISION 1. GENERAL [8000 - 8899.24] *(Division 1 enacted by Stats. 1943, Ch. 134.)*

CHAPTER 7. California Emergency Services Act [8550 - 8668] *(Chapter 7 added by Stats. 1970, Ch. 1454.)*

ARTICLE 15. Preservation of Local Government [8635 - 8644] *(Article 15 added by Stats. 1970, Ch. 1454.)*

8635. The Legislature recognizes that if this state or nation were attacked by an enemy of the United States, many areas in California might be subjected to the effects of an enemy attack and some or all of these areas could be severely damaged. During such attacks and in the reconstruction period following such attacks, law and order must be preserved and so far as possible government services must be continued or restored. This can best be done by civil government. To help to preserve law and order and to continue or restore local services, it is essential that the local units of government continue to function.

In enacting this article the Legislature finds and declares that the preservation of local government in the event of enemy attack or in the event of a state of emergency or a local emergency is a matter of statewide concern. The interdependence of political subdivisions requires that, for their mutual preservation and for the protection of all the citizens of the State of California, all political subdivisions have the power to take the minimum precautions set forth in this article. The purpose of this article is to furnish a means by which the continued functioning of political subdivisions will be assured. Should any part of this article be in conflict with or inconsistent with any other part of this chapter, the provisions of this article shall control.

Nothing in this article shall prevent a city or county existing under a charter from amending said charter to provide for the preservation and continuation of its government in the event of a state of war emergency.

(Amended by Stats. 1974, Ch. 595.)

8636. As used in this article, “unavailable” means that an officer is either killed, missing, or so seriously injured as to be unable to attend meetings and otherwise perform his duties. Any question as to whether a particular officer is unavailable shall be settled by the governing body of the political subdivision or any remaining available members of said body (including standby officers who are serving on such governing body).

(Added by Stats. 1970, Ch. 1454.)

8637. Each political subdivision may provide for the succession of officers who head departments having duties in the maintenance of law and order or in the furnishing of public services relating to health and safety.

(Added by Stats. 1970, Ch. 1454.)

8638. To provide for the continuance of the legislative and executive departments of the political subdivision during a state of war emergency or a state of emergency or a local emergency the governing body thereof shall have the power to appoint the following standby officers:

(a) Three for each member of the governing body.

(b) Three for the chief executive, if he is not a member of the governing body.

In case a standby office becomes vacant because of removal, death, resignation, or other cause, the governing body shall have the power to appoint another person to fill said office.

Standby officers shall be designated Nos. 1, 2, and 3 as the case may be.

(Amended by Stats. 1974, Ch. 595.)

8639. The qualifications of each standby officer should be carefully investigated, and the governing body may request the Director of Emergency Services to aid in the investigation of any prospective appointee. No

examination or investigation shall be made without the consent of the prospective appointee.

Consideration shall be given to places of residence and work, so that for each office for which standby officers are appointed there shall be the greatest probability of survivorship. Standby officers may be residents or officers of a political subdivision other than that to which they are appointed as standby officers.

(Amended by Stats. 2013, Ch. 352, Sec. 176. Effective September 26, 2013. Operative July 1, 2013, by Sec. 543 of Ch. 352.)

8640. Each standby officer shall take the oath of office required for the officer occupying the office for which he stands by. Persons appointed as standby officers shall serve in their posts as standby officers at the pleasure of the governing body appointing them and may be removed and replaced at any time with or without cause.

(Added by Stats. 1970, Ch. 1454.)

8641. Each standby officer shall have the following duties:

(a) To inform himself or herself of the duties of the office for which the officer stands by. Officers and employees of the political subdivision shall assist the standby officer and each political subdivision shall provide each standby officer with a copy of this article.

(b) To keep informed of the business and affairs of the political subdivision to the extent necessary to enable the standby officer to fill his or her post competently. For this purpose the political subdivision may arrange information meetings and require attendance.

(c) To immediately report himself or herself ready for duty in the event of a state of war emergency or in the event of a state of emergency or a local emergency at the place and in the method previously designated by the political subdivision.

(d) To fill the post for which he or she has been appointed when the regular officer is unavailable during a state of war emergency, a state of emergency or a local emergency. Standby officers Nos. 2 and 3 shall substitute in succession for standby officer No. 1 in the same way that standby officer No. 1 is substituted in place of the regular officer. The standby officer shall serve until the regular officer becomes available or until the election or appointment of a new regular officer.

(Amended by Stats. 1992, Ch. 1020, Sec. 1.7. Effective January 1, 1993.)

8642. Whenever a state of war emergency a state of emergency or a local emergency exists the governing body of the political subdivision shall meet as soon as possible. The place of meeting need not be within the political subdivision. The meeting may be called by the chief executive of the political subdivision or by a majority of the members of the governing body. Should there be only one member of the governing body, he may call and hold said meeting and perform acts necessary to reconstitute the governing body.

(Amended by Stats. 1974, Ch. 595.)

8643. During a state of war emergency a state of emergency or a local emergency the governing body shall:

(a) Ascertain the damage to the political subdivision and its personnel and property. For this purpose it shall have the power to issue subpoenas to compel the attendance of witnesses and the production of records.

(b) Proceed to reconstitute itself by filling vacancies until there are sufficient officers to form the largest quorum required by the law applicable to that political subdivision. Should only one member of the governing body or only one standby officer be available, that one shall have power to reconstitute the governing body.

(c) Proceed to reconstitute the political subdivision by appointment of qualified persons to fill vacancies.

(d) Proceed to perform its functions in the preservation of law and order and in the furnishing of local services.

(Amended by Stats. 1974, Ch. 595.)

8644. Should all members of the governing body, including all standby members, be unavailable, temporary officers shall be appointed to serve until a regular member or a standby member becomes available or until the election or appointment of a new regular or standby member. Temporary officers shall be appointed as follows:

(a) By the chairman of the board of supervisors of the county in which the political subdivision is located, and if he is unavailable,

(b) By the chairman of the board of supervisors of any other county within 150 miles of the political subdivision, beginning with the nearest and most populated county and going to the farthest and least populated, and if he is unavailable,

(c) By the mayor of any city within 150 miles of the political subdivision, beginning with the nearest and most populated city and going to the farthest and least populated.

(Added by Stats. 1970, Ch. 1454.)

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-964 **Agenda Date:** 3/17/2026 **Agenda #:** C.7.

To: Board of Supervisors

From: Shanelle Scales-Preston, District V Supervisor

Report Title: ALLOCATION RECOMMENDATION FROM THE COMMUNITY IMPACT FUND-SUPERVISORIAL DISTRICT V

☐Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

1. APPROVE allocations of Supervisorial District V Community Impact Funds in an amount of $5,000.00;

2. APPROVE AND AUTHORIZE the District V Supervisor, or designee, to enter into contracts related to the allocation of Community Impact Funds in an amount of $ 5,000.00 as outlined in Attachment A.

FISCAL IMPACT:

If the recommended allocations are approved, the District V Community Impact Fund will total $650,740.00.

BACKGROUND:

On June 24, 2025, the Board allocated $1 million per Supervisorial District from COVID 19-FEMA Reserve funds (now General Fund Appropriation for Contingencies) for direction by each District Supervisor following a community engagement process with each Supervisorial District.

CONSEQUENCE OF NEGATIVE ACTION:

The Community Impact Fund allocations sponsored by Supervisorial District V will not be formally approved by the board.

District 5 Community Impact Fund

Supervisor Shanelle Scales-Preston
Recommendations for Funding
March 17, 2026- BOS Meeting

Organization	Program Brief	Awarded
Eddie Hart All In One Foundation	Youth Empowerment & Success Initiative is a community-based youth development program that provides mentorship, education guidance, creative arts training, and athletic support to help young people achieve their personal and academic goals. The program offers college and trade school guidance, financial aid resources, music production education created by Robert "Smoov Flava" Bryant, behavioral development support for youth and families, and success-mindset training inspired by Olympian Marilyn King. Funding will support youth workshops, mentorship programming, student athlete recruitment video profiles, and a community Olympian Inspiration Event in Pittsburg, California, where former Olympians will speak to youth about leadership, perseverance, and goal setting. Grant funds will also help provide meals during the event and ensure students have access to the resources and mentorship needed to pursue higher education, athletics, and positive life pathways.	$5,000.00
Total Amount		$5,000.00

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: RES 2026-61 **Agenda Date:** 3/17/2026 **Agenda #:** C.8.

To: Board of Supervisors

From: Warren Lai, Public Works Director/Chief Engineer

Report Title: Recognizing Andre Johnson for 40 years of service to Contra Costa County

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ADOPT a resolution recognizing Andre Johnson for 40 years of service to Contra Costa County, as recommended by the Public Works Director.

FISCAL IMPACT:
No fiscal impact.

BACKGROUND:
See ceremonial resolution.

CONSEQUENCE OF NEGATIVE ACTION:
None.

The Board of Supervisors of Contra Costa County, California

IN THE MATTER OF Recognizing the contributions of Andre Johnson on the occasion of his 40 years of service to Contra Costa County

WHEREAS, on August 9, 1985, Andre Johnson began his career with Contra Costa County as an Institutional Services Aide for the Health Services Department at the County Hospital; and

WHEREAS, in 1995, Andre continued his career at the Public Works Department as a Laborer in the Maintenance Division; and

WHEREAS, in 1996, Andre received a Public Works Safe Driver Award; and

WHEREAS, in October 2002, Andre was presented with an "Award of Excellence" for his efforts on Franklin Canyon Road as part of the 2002 Chip Seal Crew; and

WHEREAS, in August 2007, Andre was presented with an "Award of Excellence" for his excellent customer service in recognizing neighborhood demographics and suggesting notices for the chip seal season be sent in both English and Spanish languages; and

WHEREAS, in November 2008, Andre received a J. Michael Walford Team of the Year award for his contributions to the 2008 Chip Seal Crew, for taking pride in their work and striving to do their best for a successful chip seal season under challenging circumstances; and

WHEREAS, in March 2009, Andre was presented with an "Award of Excellence" for his efforts in clearing culverts and keeping pumps running through the night to alleviate flooding in Montalvin Manor after recent storms; and

WHEREAS, in December 2024, Andre received a J. Michael Walford Team of the Year award for his contributions to the 2023 Maintenance Emergency Response Team, for their efforts in responding to the challenging 2023 winter storm season. The team worked tirelessly around the clock to assess damage and restore access to residents; and

WHEREAS, Andre has had the experience of working with all the Public Works Maintenance crews where he obtained many valuable experiences; and

NOW, THEREFORE, BE IT RESOLVED: that the Contra Costa County Board of Supervisors does hereby recognize and honor Andre Johnson for his 40 years of service, and gives its full appreciation for his dedicated service to the Public Works Department and the people of this County.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: RES 2026-62 **Agenda Date:** 3/17/2026 **Agenda #:** C.9.

To: Board of Supervisors

From: Warren Lai, Public Works Director/Chief Engineer

Report Title: Recognizing Curtis Dickover for his 25 years of service to Contra Costa County

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ADOPT a resolution recognizing Curtis Dickover, for 25 years of service to Contra Costa County, as recommended by the Public Works Director.

FISCAL IMPACT:
No fiscal impact.

BACKGROUND:
See ceremonial resolution.

CONSEQUENCE OF NEGATIVE ACTION:
None.

The Board of Supervisors of Contra Costa County, California

IN THE MATTER OF recognizing the contributions of Curtis Dickover for his 25 years of service to Contra Costa County

WHEREAS, Curtis Dickover began his career with Contra Costa County on February 1, 1999, at the Public Works Department as a Laborer in the Maintenance Division; and

WHEREAS, Curtis Dickover began Flex Staffing in February 2010, demonstrating his commitment to professional growth and expanded responsibilities within the Public Works Department; and

WHEREAS, on November 9, 2010, Curtis Dickover successfully tested on his first piece of equipment, the loader, and subsequently transferred to the Flood Control Crew to complete four months of required training, which he completed on April 12, 2011; and

WHEREAS, Curtis Dickover continued to expand his technical skills by testing on the stencil truck on November 6, 2012, successfully passing and becoming certified to operate the stencil truck, and later completed his final equipment certification by passing the roller test on May 3, 2021; and

WHEREAS, Curtis Dickover applied for the Maintenance Worker III (MWIII) position on April 5, 2021, reflecting his dedication to advancement, leadership, and excellence in public service; and

WHEREAS, throughout his career, Curtis Dickover has been an integral part of numerous road and maintenance projects, including chip seal operations, roto mill projects, and many weed abatement seasons, consistently demonstrating his dedication to maintaining and improving Contra Costa County's infrastructure; and

WHEREAS, in addition to his professional accomplishments, Curtis Dickover is well known among his colleagues for boosting morale, as he is never short of making the crew laugh with his memorable dad jokes, and playing the drums in his spare time, bringing rhythm and humor both on and off the job; and

NOW, THEREFORE, BE IT RESOLVED: that the Board of Supervisors does hereby recognize and honor Curtis Dickover for his 25 years of dedicated service to Contra Costa County and for the high quality of work performed by him during his career.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: RES 2026-63 **Agenda Date:** 3/17/2026 **Agenda #:** C.10.

To: **Board of Supervisors**

From: Warren Lai, Public Works Director/Chief Engineer

Report Title: Recognizing Jessi Duffy for 20 Years of Service to Contra Costa County.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ADOPT a Resolution recognizing Jessi Duffy for 20 years of service to Contra Costa, as recommended by the Public Works Director.

FISCAL IMPACT:
None

BACKGROUND:
Please see the attached resolution.

CONSEQUENCE OF NEGATIVE ACTION:
None

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA

and for Special Districts, Agencies and Authorities Governed by the Board

IN THE MATTER OF Recognizing the contributions of Jessi Duffy for her 20 years of service to Contra Costa County

WHEREAS, Jessi Duffy began her career with the Contra Costa County at the Public Works Department on December 5, 2025, as an Engineering Technician-Entry in the Materials & Testing Laboratory; and

WHEREAS, on March 1, 2009, Jessi was promoted to the position of Engineering Technician-Journey, further showcasing her commitment to professional growth and excellence in public work service; and

WHEREAS, in April 2007, Jessi rotated to the Transportation Engineering Division, and subsequently rotated to the Special Districts Unit of the Engineering Services Division in April 2010; and

WHEREAS, on August 17, 2015, Jessi achieved the role of Engineering Technician-Senior, reflecting her dedication; and

WHEREAS, approximately for 4 years, Jessi served as the Engineering Services Division's Safey Committee Team Member, providing safety training and ensuring safe work areas and practices within the Division; and

WHEREAS, Jessi has been instrumental in inspecting and coordinating street light inspections and maintenance of County-owned street lights; and

WHEREAS, Jessi has successfully facilitated quarterly street light coordination meetings fostering partnership and collaboration with local cities, Pacific Gas & Electric Company, and California Street Light Association; and

WHEREAS, Jessi has been instrumental in ensuring compliance with water regulations and requirements for Community Service Area M-28 Willow Mobile Home Park Water System; and

WHEREAS, Jessi's hard work, dedication, and professionalism have greatly benefited the Contra Costa County Public Works and the community it serves; and

WHEREAS, Jessi's contributions have supported the success of numerous projects and initiatives, enhancing the quality of life for residents of Contra Costa County;

WHEREAS, Jessi is an enthusiastic Golden States Warriers fan proud of her Peruvian heritage, and best of all,

a loving and dedicated mother.

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors does hereby recognizes and honor Jessi Duffy for her 20 years of dedicated service for Contra Costa County and for the outstanding service, dedication, and commitment to excellence.

File #: RES 2026-64 **Agenda Date:** 3/17/2026 **Agenda #:** C.11.

To: Board of Supervisors

From: Warren Lai, Public Works Director/Chief Engineer

Report Title: Recognizing the contributions of Karen Piona on the occasion of her retirement from Contra Costa County

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ADOPT a resolution recognizing the contributions of Karen Piona on the occasion of her retirement from Contra Costa County, as recommended by the Public Works Director.

FISCAL IMPACT:
No fiscal impact

BACKGROUND:
Please see the attached resolution.

CONSEQUENCE OF NEGATIVE ACTION:
None.

The Board of Supervisors of Contra Costa County, California

IN THE MATTER OF Recognizing the contributions of Karen Piona on the occasion of her retirement from Contra Costa County.

WHEREAS, in October 1997, Karen began her career with the Mt. Diablo Municipal Court as a Clerk - Experienced Level and in September 1998, Karen was promoted to a Clerk - Senior Level in the Walnut Creek Superior Court, where she prepared calendars for three courtrooms and assisted the public with their court case requests. In October 1999, Karen transferred to the Martinez Superior Court, where she processed cases transferred from Municipal Courts, prepared records and reports for judges, and assisted the public and attorneys; and

WHEREAS, in September 2000, Karen accepted a secretary position with the Department of Conservation and Development and provided administrative support to the Zoning Administrator, and processed staff reports for various commissions and boards; and

WHEREAS, in March 2006, Karen accepted a Clerk - Senior Level position with the Public Works Department's Design Division and provided administrative support for Design staff, including project specifications and proposals, and processed staff reports; and

WHEREAS, in December 2008, Karen accepted an Engineering Records Technician position in the Public Works Department's Records Section and in 2016, Karen was reclassified to an Engineering Records Technician Specialist; and

WHEREAS, Karen received multiple recognitions during her career. In 2007, Karen was recognized by her fellow employees with a Pixie Award for her hard work and dedication, and in 2007, 2010, and 2014, Karen was recognized as a Team Leader for the County Care Holiday Food Fight; and

WHEREAS, in 2023, Karen was nominated for the J. Michael Walford Team of the Year Award for the Records Team's process improvement work to implement Laserfiche and her participation in a Laserfiche 101 training for department staff; and

WHEREAS, Karen was an instrumental part of a team that implemented a new electronic records management system for the department, which streamlined management of electronic records and replaced at-risk historical documents with electronic versions, and Karen verified data on numerous engineering records that are now available on an electronic public portal; and

WHEREAS, Karen provides excellent customer service to staff and the public, manages records in off-site

storage, and because of her dedication, the amount of records in off-site storage is significantly reduced, resulting in cost savings to the department; and

WHEREAS, Karen volunteered for several committees to improve department operations and communication, including the Public Works Safety Committee, the Newsletter Committee, and Holiday Food Fight; and

WHEREAS, Karen is wished the best in her retirement!

NOW, THEREFORE, BE IT RESOLVED: that Karen Piona be recognized, upon her retirement, for 28 years of dedicated service to Contra Costa County and for the high quality of work performed by her during her career.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: RES 2026-65 **Agenda Date:** 3/17/2026 **Agenda #:** C.12.

To: Board of Supervisors

From: Grant Colfax, Health Services Director

Report Title: **Honoring Dr. Marilyn Franklin Upon The Occasion of 30 Years of Service to Contra Costa Health**

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

FISCAL IMPACT:

BACKGROUND:

CONSEQUENCE OF NEGATIVE ACTION:

The Board of Supervisors of Contra Costa County, California

IN THE MATTER OF RESOLUTION NO. XXXX

WHEREAS, Marilyn Franklin began her career with Contra Costa County as an Eligibility Worker for Employment and Human Services in 1995 where she ascended to the role of Eligibility Supervisor while pursuing her BA in Human Development;

WHEREAS, Dr. Franklin pursued her interest in working with families and assumed a position as Social Casework Specialist at Child and Family Services where she responded to families in crisis and helped them mitigate immediate crises and make plans for reaching their long term goals. All the while, Dr. Franklin continued to pursue her education and gained a master's degree in social work;

WHEREAS, Dr. Franklin moved over to Behavioral Health Services in 2012, where she embarked on a career as a mental health clinician, providing trauma-focused psychotherapy, crisis intervention, and Wraparound services. Working on her licensure as a Licensed Clinical Social Worker (LCSW) she soon took on a leadership role within her team and started coaching unlicensed clinicians;

WHEREAS, Dr Franklin took her education to the next level by studying clinical psychology and graduating from her program with a doctoral degree;

WHEREAS, Dr Franklin applied her clinical experience and expertise to providing stellar services to her client families and mentoring junior team members, resulting in promotions to Program Supervisor (in 2019) and Program Manager (in 2021);

WHEREAS, staff celebrate Dr. Franklin's dedication to Contra Costa families. Dr. Franklin has been a passionate advocate for families and a skilled clinician who has been able to partner with children, adolescents, and families to achieve their goals;

WHEREAS, Dr. Franklin is a true team player who can always be counted on to help and fill in wherever she is needed. More than once, Dr. Franklin has overseen multiple programs; and

WHEREAS, Dr. Franklin has gained respect and affection from her staff as a leader who leads by example, who knows to inspire, who supports her employees, and who is also able to hold staff accountable to the mission and objectives of her department.

NOW, THEREFORE, BE IT RESOLVED: that the Contra Costa County Board of Supervisors congratulate and thank Dr. Franklin for her 30 years of dedicated services.

Staff Report

File #: RES 2026-66 **Agenda Date:** 3/17/2026 **Agenda #:** C.13.

To: Board of Supervisors

From: Dan M. Mierzwa, Treasurer-Tax Collector

Report Title: Recognizing Marcus E. Wright for 40 Years of service to Contra Costa County, as recommended by the Treasurer-Tax Collector

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

ADOPT a Resolution recognizing Marcus E. Wright, Tax Compliance Officer-Advance, for his 40 years of devoted public service to Contra Costa County and for contributions he rendered to the Treasurer-Tax Collector and residents of Contra Costa County.

FISCAL IMPACT:

None.

BACKGROUND:

None.

CONSEQUENCE OF NEGATIVE ACTION:

The Board of Supervisors of Contra Costa County, California

IN THE MATTER OF

The Board of Supervisors does hereby recognize and thank Marcus E. Wright for his 40 years of devoted public service to Contra Costa County and for selfless contributions he rendered to the Treasurer-Tax Collector and residents of Contra Costa.

WHEREAS,

Marcus E. Wright began his career with Contra Costa County Treasurer-Tax Collector on September 15, 1986, as a temporary field collector under Alfred "Al" Lomeli, former CCC Treasurer-Tax Collector. Al Lomeli gave Marcus a job opportunity and told him: *"You get more with honey than with vinegar and salt."* Marcus delivered seizure notices to property owners in delinquency. He was always prepared to help Taxpayers with their needs, representing the office with professionalism and statesmanship.

WHEREAS,

As a Tax Compliance Officer, Marcus later performed responsible and specialized collections involving delinquent unsecured property taxes owed to the County, which included telephone contact, establishing repayment schedules, explaining County policies and legal requirements, preparing correspondence, maintaining records, and fulfilling legal requirements. He was effective in his role because of his charismatic personality, approachable demeanor, and gentle and patient approach with Taxpayers. Often, Taxpayers visiting the office would ask for Marcus by name. Colleagues and community members alike valued his ability to explain challenging issues clearly while maintaining fairness and professionalism.

WHEREAS,

Marcus, a longtime resident of CCC, grew up in Richmond and Martinez, CA, and seemed to know a lot of the public personally. In 2018, he was inducted into the Hall of Fame at Alhambra High School for playing baseball and football during his high school years, and he was crowned King of the Court during football season in 1978. Growing up in the County also gave Marcus another advantage: He could navigate his way around the county, which was an asset for field collectors, occasionally using only a Thomas Guide. He was known to coworkers and field collectors as the "Human GPS" before technology was developed to give us personal computers, internet, cell phones, and GPS.

WHEREAS,

Marcus knew his stuff well and was a great resource of historical information about the Office and the various people who worked there over the years. To have endured under four different Treasurer-Tax Collectors is a testament of his

loyalty and/or determination to stick to it to the end, no matter what the costs may have been. “Marcus consistently demonstrated a genuine concern for the community, the Treasurer-Tax Collector, and residents of the County.” - Dan Mierzwa, current Contra Costa County Treasurer-Tax Collector.

WHEREAS,

Marcus once shared with Russell “Rusty” Watts, retired CCC Treasurer-Tax Collector, that he would retire when he turns 65. “Now, with 40 years of devoted public service, it can be said of him, “well done [ ] good and faithful servant, . . . Enter [ ] into the joy of [retirement].” (Idea taken from Matthew 25:21). I’m excited for him and wish him the very best. He certainly deserves the best.”- Russell Watts

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors does hereby recognize and thank Marcus E. Wright, Tax Compliance Officer- Advanced, for his distinguished career and contributions working for the Contra Costa County Treasurer-Tax Collector for 40 years. Marcus Wright, thank you for leaving behind a legacy of professionalism, knowledge, dedication, and exemplary public service.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: RES 2026-67 **Agenda Date:** 3/17/2026 **Agenda #:** C.14.

To: Board of Supervisors

From: Candace Andersen, District II Supervisor

Report Title: Recognizing Program Manager Heather Sweeten-Healy upon her retirement from Contra Costa County Health Services

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
Recognizing Program Manager Heather Sweeten-Healy upon her retirement from Contra Costa County Health Services

FISCAL IMPACT:
No fiscal impact

BACKGROUND:
Recognizing Program Manager Heather Sweeten-Healy upon her retirement from Contra Costa County Health Services

CONSEQUENCE OF NEGATIVE ACTION:
No negative action

The Board of Supervisors of Contra Costa County, California

IN THE MATTER OF In the matter recognizing Program Manager Heather Sweeten-Healy upon her retirement from Contra Costa Health Services.

WHEREAS, in 1994 Program Manager Heather Sweeten-Healy attained a Master's Degree in Social Work from the California State University at Fresno and began her career in both Monterey and Contra Costa Counties, where she served vulnerable residents with care, concern, empathy, and professionalism for over 32 years.

WHEREAS, from 1994 to 2006, Program Manager Sweeten-Healy provided field care as a Social Worker III and Psychiatric Social Worker II to chronically mentally ill adults, through crisis intervention, development, the provision of behavioral health treatment services, and mediation sessions representing County Behavioral Health with attorney and educational advocates.

WHEREAS, in 1998, she was awarded National Association of Social Workers, California Central Chapter, Social Worker of the Year.

WHEREAS, from 2002 to 2006, Program Manager Sweeten-Healy supervised managed a care clinic and led the Proposition 36 Team, where she participated in court hearings, provided collaboration with the Superior Court, the District Attorney's Office, the Public Defender, and the Probation Department.

WHEREAS, in 1999, she became a Licensed Clinical Social Worker (LCSW) with the State of California Board of Behavioral Sciences.

WHEREAS, from 2006 to 2011, Program Manager Sweeten-Healy served the community as a Unit and Mental Health Program Supervisor. During this time, she fulfilled a three-year special assignment where she concurrently filled two full-time roles, which included, clinical supervision, supervision of two full-service partnership programs providing and expanding services to older adults with co-occurring mental health and medical diagnoses, and a temporary special assignment working out-of-class with the Drug Treatment Court, and the Proposition 36 Court.

WHEREAS, from 2011 to 2012, Program Manager Sweeten-Healy served the community as a Mental Health Program Supervisor and AB 3632 Coordinator, where she provided clinical supervision of the centralized Assessment Unit, providing mental health services for juveniles.

WHEREAS, from 2012 to 2026, Program Manager Sweeten-Healy served the community as the Program Manager of Older Adult Mental Health Services, overseeing the multi-disciplinary care team providing continuum of care to seniors throughout Contra Costa County. In this role, she provided dedicated and calm leadership of Intensive Care Management (ICM) to support the aging in-place population, provided access to collaborative treatment (IMPACT) for those experiencing depression, while receiving medical care for anxiety or post-traumatic stress disorder, and senior peer counseling to support individuals experiencing various mental health concerns.

NOW, THEREFORE BE IT RESOLVED that the Board of Supervisors of Contra Costa County is hereby honored to recognize the efforts of Program Manager Sweeten-Healy to the citizens of Contra Costa Health, and to Contra Costa County.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: RES 2026-68 **Agenda Date:** 3/17/2026 **Agenda #:** C.15.

To: Board of Supervisors

From: Candace Andersen, District II Supervisor

Report Title: Recognizing March 2026, Red Cross Month, American Red Cross Proclamation

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
Recognizing March 2026, Red Cross Month, American Red Cross Proclamation

FISCAL IMPACT:
No fiscal impact

BACKGROUND:
Recognizing March 2026, Red Cross Month, American Red Cross Proclamation

CONSEQUENCE OF NEGATIVE ACTION:
No negative action

The Board of Supervisors of Contra Costa County, California

IN THE MATTER OF WHEREAS, March is American Red Cross month, when we recognize the compassion of people in Contra Costa County and renew our commitment to lend a helping hand to our neighbors in need; and

WHEREAS, American Red Cross volunteers have stepped up to deliver relief and care across our country and around the world, bringing out the best of humanity in times of crisis as Clara Barton, founder of the American Red Cross, did over 140 years ago; and

WHEREAS, the volunteers, blood and platelet donors, and supporters shine a beacon of hope in people's darkest hours -delivering shelter, food and comfort during disasters; providing critical blood donations for hospital patients; supporting service members, veterans and their families; saving lives with first aid, CPR, AED and other skills; or delivering international aid and reconnecting loved ones separated by global crises; and

WHEREAS, with 1148 volunteers in Contra Costa County, the American Red Cross assisted or responded to 101 disasters, assisting 190 families; and through our Sound the Alarm program, the American Red Cross installed 778 smoke alarms, making 241 homes safer, and trained 425 students through the Youth Preparedness Programs; and

WHEREAS, Contra Costa County residents donated 18,299 units of lifesaving blood; hosted 530 blood drives; and trained 12,164 citizens in first aid, CPR, AED, and aquatics; and provided 463 case services to military members and their families; and provided humanitarian aid internationally; and

WHEREAS, this work to uplift our community is made possible by those who selflessly answer the call to help, whenever and wherever it is needed. We hereby recognize this month of March in honor of their remarkable service, and we ask everyone to join in their commitment to care for one another.

NOW, THEREFORE, IT BE RESOLVED that the Contra Costa County Board of Supervisors does hereby proclaim March 2025 as Red Cross Month and thanks their Red Cross for their continued commitment and dedication to all communities they serve.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: RES 2026-69 **Agenda Date:** 3/17/2026 **Agenda #:** C.16.

To: Board of Supervisors

From: Marla Stuart, Employment and Human Services Director

Report Title: Proclaim March 2026 as Teen Dating Violence Awareness Month.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ADOPT a resolution proclaiming March 2026 as Teen Dating Violence Awareness Month in Contra Costa County, as recommended by the Employment & Human Services Director**.**

FISCAL IMPACT:
No fiscal impact for this action.

BACKGROUND:
February is National Teen Dating Violence Awareness and Prevention Month (TDVAM). This is an issue that impacts everyone, not just teens. Their parents, teachers, friends, and communities are also impacted. Together, we can raise the nation's awareness about teen dating violence and promote safe and healthy relationships.

Nationwide, youth aged 12 to 19 experience the highest rates of rape and sexual assault. Studies showed that approximately 10% of adolescents report being the victim of physical violence at the hands of an intimate partner. Girls are particularly vulnerable to experiencing violence in their relationships and are more likely to suffer long-term behavioral and health consequences including suicide attempts, eating disorders and drug use.

Adolescents in abusive relationships often carry these unhealthy patterns of violence into future relationships. Children who are victimized or witness violence frequently bring this experience with them to the playground, classroom, later into teen relationships and ultimately, they can end up the victims and perpetrators of adult intimate partner violence.

The Employment and Human Services Department's Alliance to End Abuse Division, which carries out this Board of Supervisors' policy to end interpersonal violence in Contra Costa County supports programs that focus on teen dating violence prevention including the Youth Education Supportive Services program at Stand! For Families Free of Violence. This proclamation provides an opportunity for the Board of Supervisors to hear about the important work of youth leaders and trusted adult allies in preventing teen dating violence and promoting healthy relationships in Contra Costa County. Recognizing and participating in Teen Dating Violence Awareness and Prevention Month is one way Contra Costa County can help to break the cycle of violence.

CONSEQUENCE OF NEGATIVE ACTION:

The County will not bring attention to this serious issue.

CHILDREN'S IMPACT STATEMENT:

This resolution supports all five of Contra Costa County's community outcomes of the Children's Report Card: (1) "Children Ready for and Succeeding in School"; (2) "Children and Youth Healthy and Preparing for Productive Adulthood"; (3) "Families that are Economically Self-Sufficient"; (4) "Families that are Safe, Stable and Nurturing"; and (5) "Communities that are Safe and Provide a High Quality of Life for Children and Families."

The Board of Supervisors of Contra Costa County, California

In the matter of proclaiming March 2026 as
Teen Dating Violence and Prevention Month in Contra Costa County:

WHEREAS, teen dating violence is a serious public health issue defined as physical, psychological, or sexual abuse; harassment; or stalking of any person ages 12 to 18 in a past or present romantic or consensual relationship; and

WHEREAS, survivors of teen dating violence have increased risk for truancy, dropout, teen pregnancy, suicide, having eating disorders, and engaging in other harmful behaviors such as use of alcohol, tobacco, and other drugs;[i] and

WHEREAS, teen dating violence is linked to bullying, sexual harassment, sexual violence, physical violence, and other forms of violence against peers, as high school youth survivors are at higher risk for victimization during college, and teen perpetrators of dating violence are more likely to abuse their intimate partners as adults;[ii] and

WHEREAS, the Contra Costa Alliance to End Abuse recognizes that teen dating violence is preventable through efforts that foster caring relationships with adults and peers, and the Alliance supports several prevention programs like STAND! For Families Free of Violence's Youth Education Supportive Services (YESS) that help ensure a safe learning environment for all youth; promote resilience and positive youth development; and protect youth from abuse in relationships; and

WHEREAS, during the 2024-25 school year, STAND!'s YESS program educated 227 high school youth about teen dating violence through classroom presentations and tabling events; completed 8 presentations to teachers and school staff about the scope and causes of dating violence, and healthy dating relationships; held twenty 10 -week long gender-based support groups at five high schools serving more than 250 students; and conducted outreach to more than 130 youth experiencing or at risk for teen dating violence; and

WHEREAS, more than 1100 youth and adult allies participated in STAND!'s Youth Against Violence Teen Dating Violence Awareness Month Campaign events, in which teen leaders from several high schools highlighted the ways in which abuse can occur using various forms of technology.

NOW, THEREFORE BE IT RESOLVED that Contra Costa County does hereby proclaim the month of February 2026 as Teen Dating Violence Awareness and Prevention Month and encourages all to participate in activities that raise awareness about the dynamics of teen dating violence and empower teens to develop healthy and safe relationships throughout their lives.

[i] Silverman, J.G., Raj, A., Mucci, L.A., & Hathaway, J.E. 2001. Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. Journal of the American Medical Association 286 (5): 572-579

[ii] Smith PH, White JW, Holland LJ. (2003). A longitudinal perspective on dating violence among adolescent and college-age women. American Journal of Public Health; 93(7):1104-1109

File #: RES 2026-70 **Agenda Date:** 3/17/2026 **Agenda #:** C.17.

To: Board of Supervisors

From: Diane Burgis, District III Supervisor

Report Title: A resolution recognizing the 250th anniversary of the Juan Bautista de Anza colonizing expedition of 1775-1776.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
A resolution recognizing the 250th anniversary of the Juan Bautista de Anza colonizing expedition of 1775-1776.

FISCAL IMPACT:
None

BACKGROUND:
None

CONSEQUENCE OF NEGATIVE ACTION:
None

The Board of Supervisors of Contra Costa County, California

IN THE MATTER OF A resolution recognizing the 250th anniversary of the Juan Bautista de Anza colonizing expedition of 1775-1776.

WHEREAS, in 1775 - 1776, Juan Bautista de Anza led an expedition of some 240 women, men and children on an epic journey from, present-day Nogales, Arizona to the San Francisco Bay Area to establish the first non-Native settlement there, and

WHEREAS, the Juan Bautista de Anza National Historic Trail spans 1,200 miles, linking history, culture, and recreation across the southwestern United State and California, serving as an enduring tribute to the people, places, and histories shaped by this historic journey, and

WHEREAS, in recognition of the 250th Anza Expedition, the National Park Service is partnering with land managers, organizations, counties and the East Bay Regional Park District to recognize the significance of this anniversary, and

WHEREAS, Anza led a contingent of soldiers to explore the East Bay and travelled through Contra Costa County from April 1 to April 4, 1776, where they contacted numerous Native tribes, investigated the Bay and camped along the way. Anza and Father Pedro Font produced full accounts of the trip as well as excellent maps, and

WHEREAS, the 250th commemoration offers an important opportunity to honor Hispanic, Native and Afro-Latine heritage, recognize the impacts of colonialism on indigenous people, and promote understanding of the complex historical narratives that have shaped our region, and

WHEREAS, the County of Contra County is proud to acknowledge the historic Anza Trail in our area, including the Delta de Anza Regional Trail and the Marsh Creek Trail, and is committed to preserving and promoting this inclusive history, and

WHEREAS, the County of Contra County is partnering with the National Park Service to replace and update existing auto tour signs directing drivers along the county roads to historic, interpretive, and recreation sites along the historic path, and

NOW, THEREFORE, BE IT RESOLVED, the County of Contra Costa hereby recognizes the 250th

anniversary of the Juan Bautista de Anza expedition of 1775-1776 and expresses its sincere appreciation to the National Park Service and the East Bay Regional Park District for their efforts to share the history and manage this trail, and

BE IT FURTHER RESOLVED that the Board of supervisors supports its continued commitment to public education, historic preservation and equitable storytelling through its support of the Juan Bautista de Anza National Historic Trail.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: RES 2026-71 **Agenda Date:** 3/17/2026 **Agenda #:** C.18.

To: Board of Supervisors

From: Monica Nino, County Administrator

Report Title: Proclamation Recognizing March 2026 as Women's History Month

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ADOPT a resolution proclaiming March 2026 as Women's History Month, as recommended by the Contra Costa County Commission for Women and Girls.

FISCAL IMPACT:
None.

BACKGROUND:
The Contra Costa County Commission for Women and Girls has requested that a Resolution recognizing March 2026 as Women's History Month be adopted by the Contra Costa County Board of Supervisors.

The Commission for Women and Girls was established in 1984 to serve as an advisory committee to the Board of Supervisors and to stop the disregard and overlooking of women and girls in Contra Costa County. The Commission was also designed to provide advice on the health, welfare, and economic conditions facing women and girls in the community.

To date, the Commission for Women and Girls has provided educational events for women and girls in the County and provided referrals and resources for women and girls who need assistance with issues in domestic violence, abuse, and harassment. The Commission has also co-sponsored events and forums to address issues related to women and girls. The Commission uplifts numerous local and national champaigns, such as Women's History Month, for the recognition and improvement of women and girls' lives in Contra Costa County.

CONSEQUENCE OF NEGATIVE ACTION:
None.

The Board of Supervisors of Contra Costa County, California

IN THE MATTER OF
PROCLAIMING MARCH 2026 AS WOMEN'S HISTORY MONTH, AND RECOGNIZING MARCH 8, 2026, AS INTERNATIONAL WOMEN'S DAY IN CONTRA COSTA COUNTY.

WHEREAS, Women's History Month is annually observed to highlight and celebrate the contributions of women to events in history and contemporary society;

WHEREAS, in 1980, President Jimmy Carter proclaimed the week of March 8th as National Women's History Week. Women's History Week was then expanded in March 1987, when Congress passed Public Law 100-9, which designated March as National Women's History Month;

WHEREAS, women of every race, class, ethnicity, and sexual orientation have made historic contributions to our county, state, and nation in countless recorded and unrecorded ways;

WHEREAS, women have greatly influenced and advanced every aspect of life and culture in The United States of America. Women have served in the military. Women have also contributed and advanced space exploration, aviation, art, music, sports, and medicine. Women have also helped to discover a cure for tuberculosis, and a treatment for leprosy, and more;

WHEREAS, women have been leaders in organizing and tirelessly fighting for women's rights of suffrage. Women have also been leaders in the abolitionist movement, industrial labor movements, and the civil rights movement in order to bring forth a more just and fair society;

WHEREAS, despite the contributions of women and girls, their roles in society, their personal health, and welfare, have been consistently overlooked and disregarded.

WHEREAS, in 1984 the Contra Costa Commission for Women and Girls was established to stop the disregard and overlooking of women and girls, and to further address the health, welfare, and economic conditions of women and girls in Contra Costa County;

WHEREAS, the creation of the Contra Costa Commission for Women and Girls was further established to serve as an advisory committee to the Board of Supervisors in Contra Costa County. The commission was also designed to provide advice on the health, welfare, and economic conditions facing women and girls in Contra Costa County;

WHEREAS, to date, the Contra Costa Commission for Women and Girls have provided educational events for

women and girls in the county, referrals and resources for women and girls who need assistance with issues in domestic violence, abuse, and harassment. The commission has also co-sponsored events and forums to address issues related to women and girls;

WHEREAS, we also recognize and celebrate the countless contributions made by local women in the County of Contra Costa. These women are our doctors, nurses, caretakers, teachers, food service workers, active military and veterans, and elected officials, and more.

NOW, THEREFORE, BE IT RESOLVED:
that the County of Contra Costa, Board of Supervisors proclaims the month of March 2026 as Women's History Month.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: RES 2026-72 **Agenda Date:** 3/17/2026 **Agenda #:** C.19.

To: Board of Supervisors

From: Shanelle Scales-Preston, District V Supervisor

Report Title: RECOGNIZE Nancy Parent as an honoree of the Contra Costa County Board of Supervisors inaugural International Women's Day, as recommended by Supervisor Scales-Preston

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
RECOGNIZE Nancy Parent as an honoree of the Contra Costa County Board of Supervisors inaugural International Women's Day, as recommended by Supervisor Scales-Preston.

FISCAL IMPACT:

None

BACKGROUND:

International Women's Day (IWD) is observed annually on March 8 to recognize the social, economic, cultural, and political achievements of women and to promote continued progress toward gender equality. The observance originated in the early 20th century during labor and social movements in North America and Europe that advocated for improved working conditions, voting rights, and greater opportunities for women. The first National Woman's Day was held in the United States in 1909, and the concept of an annual International Women's Day was proposed in 1910 at the International Conference of Working Women in Copenhagen. The first international observance took place in 1911 across several European countries. March 8 became the permanent date following demonstrations by Russian women in 1917 advocating for "bread and peace." In 1975, the United Nations formally recognized and began celebrating International Women's Day, helping establish it as a global observance.
The 2026 theme, "Give To Gain," highlights the importance of mentorship, collaboration, and support in advancing gender equality. Today, International Women's Day serves both as a celebration of women's contributions and as a reminder of the ongoing efforts needed to ensure equal opportunities and representation for women in all sectors of society.

CONSEQUENCE OF NEGATIVE ACTION:

The suggested nominee will not be able to be recognized as the inaugural District V International Women's Day honoree.

The Board of Supervisors of Contra Costa County, California

IN THE MATTER OF RECOGNIZING NANCY PARENT AS AN HONOREE OF THE CONTRA COSTA COUNTY BOARD OF SUPERVISORS INAUGURAL INTERNATIONAL WOMEN'S DAY 2026

WHEREAS, Nancy Parent was born in Pittsburg and pursued her education locally at Pittsburg High School before attending the University of California, Berkeley, and the University of California, San Francisco School of Law, preparing for a career of public service and leadership; and

WHEREAS, in 1976, Nancy Parent returned to Pittsburg to begin her law practice, demonstrating a deep commitment to her community, and that same year was elected as Trustee of the Pittsburg Unified School District, marking the beginning of a distinguished career in civic service; and

WHEREAS, in 1982, Nancy Parent made history as the first woman elected to the Pittsburg City Council and subsequently became the first female mayor, paving the way for future generations of women leaders, and she served a total of sixteen years on the City Council dedicated to enhancing the quality of life for all Pittsburg residents; and

WHEREAS, for the past six years, Nancy Parent has served as the City Treasurer, providing dedicated leadership, stewardship of public resources, and a commitment to transparency and accountability in municipal governance; and

WHEREAS, throughout her career, Nancy Parent has been actively engaged in civic and community organizations, including the Pittsburg Women's Community League, Soroptimist International of Pittsburg, and as a co-founder of Elected Women of Contra Costa County, exemplifying her enduring dedication to supporting women in leadership and fostering civic engagement across the region; and

WHEREAS, Nancy Parent's groundbreaking contributions and lifelong commitment to public service were recognized in 2010 when she was inducted into the Contra Costa County Women's Hall of Fame, an honor celebrating her exceptional leadership and lasting impact on the community; and

WHEREAS, Nancy Parent's achievements serve as an inspiring example of how dedication, perseverance, and advocacy can transform communities and empower individuals, reflecting the spirit and mission of International Women's Day to celebrate women's contributions and advance gender equity; and

NOW, THEREFORE, BE IT RESOLVED, that the Contra Costa County Board of Supervisors hereby honors and commends Nancy Parent for her extraordinary leadership, unwavering dedication to public service, and tireless advocacy for women and families in the community; and expresses its deepest gratitude for her invaluable service and recognizes her as a trailblazer whose work continues to inspire and uplift the citizens of Pittsburg and Contra Costa County.

File #: RES 2026-73 **Agenda Date:** 3/17/2026 **Agenda #:** C.20.

To: Board of Supervisors

From: Diane Burgis, District III Supervisor

Report Title: IN THE MATTER OF RECOGNIZING DEBBIE TOTH AS AN HONOREE OF THE CONTRA COSTA COUNTY BOARD OF SUPERVISORS INAUGURAL INTERNATIONAL WOMEN'S DAY 2026

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
IN THE MATTER OF RECOGNIZING DEBBIE TOTH AS AN HONOREE OF THE CONTRA COSTA COUNTY BOARD OF SUPERVISORS INAUGURAL INTERNATIONAL WOMEN'S DAY 2026

FISCAL IMPACT:
None

BACKGROUND:
None

CONSEQUENCE OF NEGATIVE ACTION:
None

The Board of Supervisors of Contra Costa County, California

IN THE MATTER OF RECOGNIZING DEBBIE TOTH AS AN HONOREE OF THE CONTRA COSTA COUNTY BOARD OF SUPERVISORS INAUGURAL INTERNATIONAL WOMEN'S DAY 2026

WHEREAS, the Contra Costa County Supervisor Diane Burgis is honored to recognize Debbie Toth, President and CEO of Choice in Aging, as the Board of Supervisors' inaugural International Women's Day Honoree for her decades of dedication to improving the lives of older adults, people with disabilities, and underserved residents in Contra Costa County and beyond; and

WHEREAS, Debbie Toth first discovered her passion for serving older adults while working during high school at the Motion Picture and Television Fund's independent senior housing community, The Country House, where she developed a deep appreciation for the wisdom, dignity, and needs of the aging population. While attending the University of California, Irvine, Debbie commuted on weekends to work with seniors at The Country House, demonstrating an early and enduring commitment to service. After graduating from college and spending several years living in Hungary while pursuing a career in financial services, Debbie realized her true calling remained with serving older adults and returned to the field she loved; and

WHEREAS, Debbie joined Choice in Aging in 2002 and served in several leadership roles before becoming Chief Executive Officer in 2012. She was later elected to the organization's Board of Directors and served as President in 2017. Under Debbie's dedicated leadership, Choice in Aging has strengthened and expanded vital services including two adult day health care programs at Mt. Diablo Center in Pleasant Hill and The Bedford Center in Antioch, while growing the organization's regional impact through programs such as the Multipurpose Senior Services Program (MSSP) serving Contra Costa, Napa, and Solano Counties; the California Community Transitions (CCT) project in Contra Costa, Solano, and Sacramento Counties; and the Prevention and Early Access Program for Seniors (PEAS) in Solano County; and

WHEREAS, in 2017 Debbie fulfilled a long-held vision of bringing generations together through the integration of the Choice in Learning Montessori preschool at the Pleasant Hill campus, creating a unique intergenerational learning environment that benefits both young children and older adults. She has long been a tireless advocate for seniors' rights and services at the federal, state, and local level, ensuring that the voices and needs of older adults and individuals with disabilities are represented in public policy; and

WHEREAS, Debbie has been widely recognized for her exceptional leadership and advocacy on behalf of older adults, caregivers, and community health services, earning numerous honors including the Voice for Dignity Award from Caregiver OneCall in 2026; the Paul Nathanson Distinguished Advocate Award from Justice in Aging in 2023; induction into the Women Improving Health Care Hall of Fame by the Contra Costa Commission for Women and Girls in 2020; designation as Contra Costa Woman of the Year by Senator Bill Dodd in 2019; the Chair of the Board Award from the Contra Costa County Board of Supervisors presented by Karen Mitchoff in 2018; recognition as Excellent Task Force Chair by the East Bay Leadership Council in 2017; the Woman of Distinction award from Soroptimist International of Diablo Vista in 2016; the Assembly District 14 Woman of the Year honor from Assemblymember Susan Bonilla in 2015; a Certificate of Recognition from Disability Rights California in 2011 for her role in saving Adult Day Health Care services; and the Above & Beyond - Grassroots Advocacy Award from the California Association for Adult Day Services in 2008, reflecting a sustained and impactful career dedicated to advancing dignity, access to care, and community support for vulnerable

populations;

WHEREAS, Debbie has been recognized through numerous leadership and advisory appointments that reflect a sustained commitment to advancing accessibility, health policy, and community leadership across California; and whereas these honors include service as an Accessibility Advisory Committee Member with the Contra Costa Transportation Authority (2026), Board Member and Audit Committee Chair of Disability Rights California (2022-Present), Founder and Chair of the DACLAC Accessible Transportation Subcommittee for the California Health & Human Services Secretary (2022-2025), and Member of the Measure X Community Advisory Board for the Contra Costa County Board of Supervisors (2021-2024); and whereas Debbie Toth has further been recognized through appointments to the Disability and Aging Community Living Advisory Committee (2021-Present), the Master Plan for Aging Stakeholder Advisory Committee (2019-2021), and the Alzheimer's Disease & Related Disorders Advisory Committee (2013-2021) under the California Health & Human Services Secretary; and whereas additional honors include leadership roles as Health Care Task Force Co-Chair and Board Member of the East Bay Leadership Council (2017-Present), Policy Chair of the Multipurpose Senior Services Site Association (2011-2013), Board Member of the California Association for Adult Day Services (2007-2012), and long-standing service on the Paratransit Coordinating Council of the Contra Costa Transportation Authority (2003-2026).

WHEREAS, as noted above, through these roles **Debbie** has demonstrated significant achievements in advancing policy, improving transportation accessibility, and strengthening systems of care for older adults and people with disabilities; and whereas her leadership has contributed to the establishment and direction of initiatives such as the DACLAC Accessible Transportation Subcommittee, while shaping statewide conversations on aging and disability through the Disability and Aging Community Living Advisory Committee and the Master Plan for Aging process; and whereas her service across organizations including Disability Rights California, the East Bay Leadership Council, the California Association for Adult Day Services, and the Multipurpose Senior Services Site Association reflects decades of impactful collaboration with government, community leaders, and advocates; and whereas her more than two decades of involvement with the Contra Costa Transportation Authority's Paratransit Coordinating Council and related accessibility initiatives has strengthened transportation equity and improved community mobility for residents throughout Contra Costa County.

WHEREAS, beyond her professional achievements, Debbie is a devoted mother of three children, a proud grandmother to two cats and three chickens, and a loyal deckhand to two fishermen at home, bringing the same warmth and dedication to her family and community that she demonstrates in her work; and

NOW, THEREFORE, BE IT RESOLVED: that the Contra Costa County Supervisor Diane Burgis, hereby honors **Debbie Toth** as the **Board of Supervisors' Inaugural International Women's Day Honoree** and thanks her for her extraordinary leadership, advocacy, and compassion on behalf of seniors, people with disabilities, and the underserved throughout Contra Costa County and far beyond. The Board of Supervisors expresses its deep appreciation for Debbie's continued service and commitment to building a more inclusive, caring, and supportive community for all residents.

File #: RES 2026-74 **Agenda Date:** 3/17/2026 **Agenda #:** C.21.

To: Board of Supervisors

From: Candace Andersen, District II Supervisor

Report Title: Recognizing Kathy Chiverton as the 2026 Contra Costa County District 2 Honoree for the Inaugural Women's Day Ceremony.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
Recognizing Kathy Chiverton as the 2026 Contra Costa County District 2 Honoree for the Inaugural Women's Day Ceremony

FISCAL IMPACT:
No fiscal impact

BACKGROUND:
Recognizing Kathy Chiverton as the 2026 Contra Costa County District 2 Honoree for the Inaugural Women's Day Ceremony

CONSEQUENCE OF NEGATIVE ACTION:
No negative action

The Board of Supervisors of Contra Costa County, California

IN THE MATTER OF Recognizing Kathy Chiverton as the 2026 Contra Costa County District 2 Honoree for the Inaugural Women's Day Ceremony

WHEREAS, on March 17, 2026, Contra Costa County proudly celebrates its Inaugural Women's Day Ceremony, recognizing women whose leadership, service, and dedication have made a lasting impact in their communities; and

WHEREAS, Kathy Chiverton has demonstrated an extraordinary commitment to public service and community well-being throughout her distinguished career; and

WHEREAS, Kathy has served on the Measure X Community Advisory Body (CAB) since its inception, providing strong leadership, organizational structure, and great wisdom and insight as these tax dollars have been allocated throughout Contra Costa County; and

WHEREAS, Kathy started the San Ramon Valley Mental Health Advisory Coalition and has organized and led quarterly forums where those with an interest in Mental Health services gather to learn from each other and from speakers about issues affecting San Ramon, Danville and Alamo; and

WHEREAS, Kathy has demonstrated exceptional leadership through her involvement in Leadership San Ramon Valley, where she has supported and cultivated community leaders, strengthened civic engagement, and fostered collaboration among local businesses, nonprofits, and public agencies to enhance the quality of life throughout the San Ramon Valley; and

WHEREAS, Kathy has been an active and dedicated supporter of the San Ramon Valley Diversity Coalition, advancing equity, inclusion, and cross-cultural understanding by helping to create meaningful dialogue, educational opportunities, and community partnerships that celebrate diversity and promote unity throughout Contra Costa County; and

WHEREAS, Kathy played an important role in helping coalesce the community around the need for a Family Justice Center in South County; and

WHEREAS, Kathy previously served as Executive Director of the Discovery Counseling Center, where she came in at a pivotal time and helped strengthen the organization and where she led efforts to expand access to mental health services and strengthen support systems for youth and families; and

WHEREAS, Kathy previously served as Chief of Staff to two Contra Costa County Supervisors, providing

thoughtful leadership, strategic guidance, and steadfast service to the residents of Contra Costa County; and

WHEREAS, Kathy also served as Executive Director of the San Ramon Valley YMCA, where she championed programs that enhanced youth development, healthy living, and community engagement; and

WHEREAS, her volunteerism further reflects her deep commitment to the community, including co-chairing successful school bond measures, serving on local education foundations, participating in Rotary, and collaborating with the San Ramon Valley Unified School District to address youth development and school safety initiatives; and

WHEREAS, Kathy's leadership has strengthened partnerships between public agencies, nonprofit organizations, schools, and community members, creating meaningful and lasting impact across District 2 and beyond; and

WHEREAS, Kathy, along with her husband, Ed have long been dedicated advocates for education and community service, raising three children who have benefitted from and contributed to the strong educational environment of the San Ramon Valley.

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of Contra Costa County hereby recognizes and honors

Kathy Chiverton

as the Contra Costa County District 2 Honoree for the Inaugural Women's Day Ceremony on March 17, 2026, and commends her for her outstanding leadership, unwavering dedication, and lasting contributions to the residents of Contra Costa County.

PASSED by a vote of the Board of Supervisors this 17th Day of March 2026.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: RES 2026-75 **Agenda Date:** 3/17/2026 **Agenda #:** C.22.

To: Board of Supervisors

From: Diane Burgis, District III Supervisor

Report Title: Recognizing Janet Frazier as an honoree of the Contra Costa County Inaugural International Women's Day 2026

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ADOPT Resolution No. 2026- recognizing Janet Frazier as an honoree of the Contra Costa County Inaugural International Women's Day 2026, as recommended by Supervisor Burgis.

FISCAL IMPACT:
None

BACKGROUND:
None

CONSEQUENCE OF NEGATIVE ACTION:
None

The Board of Supervisors of Contra Costa County, California

IN THE MATTER OF RECOGNIZING JANET FRAZIER AS AN HONOREE OF THE CONTRA COSTA COUNTY BOARD OF SUPERVISORS INAUGURAL INTERNATIONAL WOMEN'S DAY 2026

WHEREAS, Supervisor Diane Burgis recognizes Janet Frazier as the Honoree for the Contra Costa County Board of Supervisors Inaugural International Women's Day 2026 for her extraordinary service and dedication to families in crisis. Through her steadfast leadership, compassion, and perseverance, Janet has transformed personal tragedy into a legacy of hope, dignity, and community care; and

WHEREAS, on December 16, 2000, Janet Frazier's daughters, Stephanie (20) and Lindsey (17), were involved in a tragic car accident that claimed Stephanie's life and left Lindsey in critical condition. During long hours in the trauma unit a nurse shared her sandwich with Janet who had not eaten in over 24 hours. This simple act of kindness inspired Janet to transform her profound personal loss into a mission of compassion and service to others. In 2004 Janet founded **The Network of Care** as a nonprofit organization dedicated to supporting families of critically ill children and adults delivering hope and nourishment when it's needed most, all while working full time at Chevron.

WHEREAS, for over two decades, Janet's tireless efforts with her team at The Network of Care have served as a lifeline for families, preparing and delivering more than 400,000 in-hospital meal bags to families at over 50 hospitals throughout California, including children's hospitals, family houses, community hospitals with pediatric units, intensive care nurseries, adult ICU and trauma centers. They remain a 100 percent volunteer organization with no paid staff or overhead expenses, sustained entirely through community donations and service so that families can focus their energy on their loved ones; and

WHEREAS, in 2004, the *Contra Costa Times* published a front-page article highlighting Janet's early efforts assembling and distributing meal bags to Kaiser Permanente, Walnut Creek, inspiring community members to volunteer and support the cause; and in 2005, Janet received the distinguished Silver Jefferson Award for Public Service, also known as a Nobel Prize for public and community service from the Jefferson Awards for Public Service, which was founded in 1972 by Jacqueline Kennedy Onassis, Robert Taft Jr., and Sam Beard. Janet was also honored in a segment aired by CBS News; Janet co-founded **Our Healing Hearts**, providing monthly support groups and an annual candlelight memorial to support women grieving the loss of a child; and

WHEREAS, in 2006 and 2007, Janet's diligent data collection and advocacy efforts directly resulted in life-saving safety improvements along a dangerous stretch of Highway 50, where her daughter was killed, culminating in the 2007 designation of the Stephanie Marie Frazier Memorial Highway under Senate Concurrent Resolution No. 22; and

WHEREAS, Janet has been the recipient of numerous honors recognizing her service, including the Woman of

Distinction Award from Soroptimist International of the Delta (2006); Woman of the Year by Senator Tom Torlakson, 7th District (2007); the Threads of Hope Award from Diablo Magazine (2007); a proclamation from the Oakley City Council for being an invaluable resource to people in crisis (2007); an award from Rady Children's Hospital , San Diego for her dedication to their families (2010); the Distinguished Achievement Award from UCSF Benioff Children's Hospital Oakland (2011); the Hall of Fame Award from the Contra Costa County Commission for Women and Girls for Women Improving Healthcare (2014); recognition by NBC Bay Area (2016); Woman of the Year for Women Making Herstory by Senator Steve Glazer, 7th District (2023); and a 2024 Jefferson Awards segment on CBS News; The Network of Care has received numerous proclamations and resolutions by the CA State Senate and Assembly, and Congressman John McNerney; and

WHEREAS, in 2010, Janet developed and initiated an innovative vocational Special Education program, which now serves 150 to 200 young adults at four local high schools each year, to gain job skills and transition successfully into adult life and future employment; and

WHEREAS, during the COVID-19 pandemic in 2020, following her retirement from Chevron after 41 years of service, with her 90-year-old father help, Janet assembled and personally delivered thousands of additional meal bags to local children's hospitals at a time of extraordinary need underscoring her personal mission, "Making a Difference in the Lives of Others,". Included in each meal bag is a message affirming that "Small Acts of Kindness lead to a better world," further inspiring countless families to pay kindness forward. In 2025 Janet was interviewed on how she turned a personal tragedy into a lasting source of community support which is the cornerstone of the "The Difference We Can Make" Podcast; and

NOW, THEREFORE, BE IT RESOLVED: that the Contra Costa County Supervisor, Chair Diane Burgis hereby honors and commends Janet Frazier for her extraordinary dedication, humanitarian leadership, and unwavering commitment to making a difference in the lives of others; and expresses its deepest gratitude for Janet Frazier's invaluable service to thousands of families and healthcare providers throughout California and recognizes The Network of Care as a shining example of compassion in action.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: RES 2026-76 **Agenda Date:** 3/17/2026 **Agenda #:** C.23.

To: Board of Supervisors

From: Ken Carlson, District IV Supervisor

Report Title: ADOPT Resolution honoring Cathy McRoberts for International Women's Day, as recommended by Supervisor Carlson. .

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ADOPT Resolution honoring Cathy McRoberts for International Women's Day.

FISCAL IMPACT:
N/A

BACKGROUND:
See resolution text

CONSEQUENCE OF NEGATIVE ACTION:

The Board of Supervisors of Contra Costa County, California

IN THE MATTER OF Recognizing Cathy McRoberts for International Women's Day, and for her services to better our community

WHEREAS, Cathy McRoberts embodies the true spirit of service, having dedicated her life to uplifting others through generosity, advocacy, and action; and

WHEREAS, Cathy's commitment to helping others began in childhood when she witnessed her grandmother welcome a man in need with a warm meal, a seat on the porch, and a cup of coffee; a simple but powerful act of dignity that shaped Cathy's lifelong belief that we must always care for one another; and

WHEREAS, after growing up in Albuquerque, NM, Cathy moved to San Francisco in 1967 to explore the world and build a life of purpose; and

WHEREAS, as a flight attendant during the Vietnam War, she flew troops in and out during the war, volunteered in military hospitals in Honolulu, visiting wounded service members, writing letters, and offering comfort. Experiences that deepened her understanding of service and strengthened her commitment to civic engagement; and

WHEREAS, since settling in Contra Costa County in 1974, Cathy has been a pillar of community leadership; serving as Co-Chair for her sons All Night Grad Night and PTA, volunteering with Network of Care, supporting community events and crab feeds, and working alongside leaders such as Congressman Mark DeSaulnier, Supervisor Ken Carlson and Supervisor Shanelle Scales-Preston; and

WHEREAS, for 37 years, Cathy has helped lead "Christmas for Everyone" in Martinez, serving approximately 1,500 individuals each Christmas Day with a fresh holiday meal, clothing, and new gifts; creating not just an event, but a tradition of dignity, joy, and belonging for families across the community; and

WHEREAS, her service has been recognized through honors including Volunteer of the Year by the Contra Costa County Democratic Central Committee and received the Diablo Valley College President's Exemplary Service Award in 2011; and

WHEREAS, above all, Cathy's proudest role is that of grandmother, and her work continues to be guided by her desire to leave a better, kinder community for her children and grandchildren.

NOW, THEREFORE, BE IT RESOLVED that on this International Women's Day, we celebrate Cathy McRoberts not only for her decades of leadership and volunteerism, but for her inclusiveness, integrity, and the genuine care she shows to every person she meets.

File #: RES 2026-77 **Agenda Date:** 3/17/2026 **Agenda #:** C.24.

To: Board of Supervisors

From: John Gioia, District I Supervisor

Report Title: A Resolution Recognizing Patricia Durham for Her Longstanding Civic Service and Contributions to the Contra Costa Community

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
A Resolution Recognizing Patricia Durham for Her Longstanding Civic Service and Contributions to the Contra Costa Community

FISCAL IMPACT:
none

BACKGROUND:
Patricia Durham has been a significant and valuable member of the El Cerrito Community for over five decades. She's served, organized, advocated, and engaged in the community through membership with St. Peter CME Church, the El Cerrito Branch of the NAACP, the El Cerrito Human Relations Commission, the El Cerrito Historical Society, and the El Cerrito High Archival Committee. And, Patricia has been involved in El Cerrito celebrations of Dr. Martin Luther King Jr. since their inception in 1986

CONSEQUENCE OF NEGATIVE ACTION:
n/a

The Board of Supervisors of Contra Costa County, California

A RESOLUTION RECOGNIZING PATRICIA DURHAM FOR HER LONGSTANDING CIVIC SERVICE AND CONTRIBUTIONS TO THE CONTRA COSTA COMMUNITY

WHEREAS, Patricia Durham, a lifelong resident of El Cerrito, has dedicated more than five decades to serving and strengthening her community through civic engagement, leadership, and advocacy; and

WHEREAS, Ms. Durham has been an active member of St. Peter Christian Methodist Episcopal (C.M.E.) Church, the El Cerrito Branch of the NAACP, the El Cerrito Human Relations Commission, the El Cerrito Historical Society, and the El Cerrito High School Archival Committee; and

WHEREAS, through her work with St. Peter C.M.E. Church, including her involvement with the Naomi Circle, Ms. Durham supported the development of religious education and Black History programs highlighting the teachings and legacy of Dr. Martin Luther King, Jr.; and

WHEREAS, Ms. Durham has played a key role in organizing and supporting the City of El Cerrito's annual Dr. Martin Luther King, Jr. celebration since its founding in 1986 (which was the first annual MLK event in Contra Costa County), serving as Chair of the event beginning in 2005 and continuing to support its success; and

WHEREAS, Ms. Durham served as Chair of the El Cerrito Human Relations Commission from 2005 to 2015 and helped advance initiatives such as the City's "Not In Our Town" anti-hate campaign and other programs promoting cultural understanding and opposing race-based hate; and

WHEREAS, through her involvement with the El Cerrito NAACP and the El Cerrito Historical Society, Ms. Durham has helped elevate the voices and history of Black residents, supported community dialogue on vital civic issues, and contributed to documenting the local history of El Cerrito, including the development of a documentary on the annual Dr. Martin Luther King, Jr. celebration and parade;

NOW, THEREFORE, BE IT RESOLVED that the Contra Costa County Board of Supervisors hereby recognizes Patricia Durham for her decades of impactful service and leadership and commends her for her lasting significant contributions to the Contra Costa County community.

PASSED AND ADOPTED by the Board of Supervisors of Contra Costa County, California, on this 11 day of March, 2026.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: RES 2026-78 **Agenda Date:** 3/17/2026 **Agenda #:** C.25.

To: Board of Supervisors

From: Candace Andersen, District II Supervisor

Report Title: Resolution recognizing Lafayette Chamber of Commerce 2026 Citizen of The Year Carol Singer.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
Resolution recognizing Lafayette Chamber of Commerce 2026 Citizen of The Year Carol Singer.

FISCAL IMPACT:
No fiscal impact

BACKGROUND:
Resolution recognizing Lafayette Chamber of Commerce 2026 Citizen of The Year Carol Singer.

CONSEQUENCE OF NEGATIVE ACTION:
No negative action

The Board of Supervisors of Contra Costa County, California

IN THE MATTER OF Resolution recognizing LAFAYETTE CHAMBER OF COMMERCE 2026 CITIZEN of the year CAROL SINGER

Whereas, Carol Singer has been a resident of Lafayette for more than fifty years and is widely recognized as one of the community's "quiet" yet profoundly impactful leaders, an individual whose steady, thoughtful, and research-driven approach has shaped major civic initiatives and strengthened the fabric of the city. As one nominator reflected, "Carol has been one of the 'quiet' volunteers who has amassed an impressive list of activities vital to the City's development and livability"; and

Whereas, this year marks Carol's remarkable 40th year of service on the Parks, Trails and Recreation Commission, where she has served with distinction since 1986, including multiple terms as Chair. She is the only Lafayette resident to have served on each of the City's major long-range planning bodies, including the General Plan Advisory Committees (for both the 2002 and current General Plans) and the Downtown Specific Plan Committee (2012), contributing her insight and institutional knowledge to decisions that will guide Lafayette for generations; and

Whereas, beyond her extensive work in planning and parks, Carol has been a driving force in numerous community organizations for decades, including serving as Vice President of the Lafayette Homeowners Association, an active member of the Friends of the Lafayette Library, a contributor to the Age-Friendly Action Plan, and a respected local resource on campaign finance matters.

Whereas, impact is defined not only by what she has accomplished, but by how she has accomplished it, with integrity, level-headedness, inclusivity, and an unwavering commitment to informed civic engagement and the best outcomes for the entire community; and

Whereas, Carol grew up in New Jersey and moved to California to attend University of California, Berkeley, where she earned a degree in economics. Following a professional career in San Francisco, she married and made Lafayette her home.

Whereas, in her retirement, Carol continued her steadfast commitment to public service in the Lamorinda community, working as a Community Liaison for former Supervisor Gayle B. Uilkema, where she provided thoughtful constituent support, strengthened regional partnerships, and helped advance policies that enhanced the quality of life for residents; and

Whereas, Carol is a passionate outdoorswoman spending summers backpacking through the Sierra Nevada with her women's hiking group, ultimately traversing every Sierra pass, an extraordinary accomplishment. Her adventures also took her across the Alps and the Dolomites, reflecting the

same determination and spirit of exploration that she has brought to her civic life; and

Now, therefore be it resolved that the Board of Supervisors of Contra Costa County does hereby honor

Carol Singer

For her extraordinary four decades of service, leadership, and unwavering dedication to the community of Lafayette

PASSED by a vote of the Board of Supervisors this 19th day of March, 2026.

CANDACE ANDERSEN
District II Supervisor

JOHN GIOIA
District I Supervisor

DIANE BURGIS
District III Supervisor, Chair

KEN CARLSON
District IV Supervisor

SHANELLE SCALES-PRESTON
District V Supervisor

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: RES 2026-82 **Agenda Date:** 3/17/2026 **Agenda #:** C.26.

To: Board of Supervisors

From: Ann Elliott, Human Resources Director

Report Title: ADOPT Resolution recognizing the employees of Contra Costa County and the 2025 Counties Care Holiday Food Fight, as recommended by the County Administrator.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ADOPT Resolution recognizing the employees of Contra Costa County and the 2025 Counties Care Holiday Food Fight, as recommended by the County Administrator.

FISCAL IMPACT:
None

BACKGROUND:

CONSEQUENCE OF NEGATIVE ACTION:

The Board of Supervisors of Contra Costa County, California

IN THE MATTER OF

Recognizing the

EMPLOYEES OF CONTRA COSTA COUNTY

and the 2025 Counties Care Holiday Food Fight

WHEREAS, Contra Costa County departments and employees again demonstrated how much public servants care! They rose to the annual challenge to raise funds for the Food Bank of Contra Costa and Solano, during the 2025 holiday season; and

WHEREAS, this Annual Counties Care Challenge has been an important part of the Food Bank of Contra Costa and Solano's holiday fundraising program; and

WHEREAS, in the 2025 drive, Contra Costa County employees raised $ **$67,404.40**, bringing this county's cumulative total to over $1 MILLION, that has been raised since 2004; and

WHEREAS, because departments and team leaders entered the annual competition with enthusiasm, despite personal and/or departmental challenges and stress, we salute the following stellar standouts in their leagues:

MINI DEPARTMENT: Agriculture: Stephanna Hidalgo, Team Leader;
SMALL DEPARTMENTS: County Counsel: Liliana Garcia, Team Leader;
MIDSIZED DEPARTMENTS: Conservation and Development Trish Dominguez, Team Leader;
LARGE DEPARTMENTS: Sheriff-Coroner: Christine Weinart, Team Leader;
SUPERVISORS': District IV, Ken Carlson, Supervisor: Alejandra Sanchez, Team Leader;

WHEREAS, all County departments and team leaders showed special ingenuity and energy by raising copious funds and earning kudos as determined by Food Fight organizers, including;

GAYLE B. UILKEMA GOOD EGG AWARD: LaKisha Russell, Human Resources
KRISTIE HIRSCHENBERGER HEART AND SOUL AWARD: Hawa Safi, Human Resources

WHEREAS, the combined efforts of employees of Contra Costa and Solano counties netted the Food Bank of Contra Costa and Solano a grand total of $123,320 in 2025, providing more than 250,000 meals to "foodinsecure" residents of both counties; and

WHEREAS, since beginning in 2004, this annual effort by both counties has now raised over $2.5 MILLION for the Food Bank; and

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of Contra Costa County-does hereby applauds all of the tireless department team leaders and congratulates all participating Contra Costa County departments, department heads, and employees for their inspiring efforts on behalf of their communities and those in need; and

BE IT FURTHER RESOLVED that the Board of Supervisors of Contra Costa County thanks all County employees and

residents who participated in the 2025 Counties Care Holiday Food Fight. We urge all citizens of Contra Costa County and their communities to recognize and match the generosity and public spirit of County employees, by giving generously to the Food Bank of Contra Costa and Solano regularly and often, through the Food Bank's beneficial programs.

File #: RES 2026-81 **Agenda Date:** 3/17/2026 **Agenda #:** C.27.

To: **Board of Supervisors**

From: Ken Carlson, District IV Supervisor

Report Title: Adopt resolution recognizing John A. Burgh on the occasion of his Retirement from the Contra Costa Water District Board of Directors.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

Adopt resolution recognizing John A. Burgh on the occasion of his Retirement from the Contra Costa Water District Board of Directors.

FISCAL IMPACT:

N/A

BACKGROUND:

See resolution text

CONSEQUENCE OF NEGATIVE ACTION:

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA

and for Special Districts, Agencies and Authorities Governed by the Board

IN THE MATTER OF recognizing John A. Burgh on the occasion of his Retirement from the Contra Costa Water District Board of Directors.

WHEREAS, Director John Burgh has served the residents of Pleasant Hill, Martinez, Port Costa, and portions of Concord, representing Division 2 on the Board of Directors of the Contra Costa Water District (CCWD) since 2004; and

WHEREAS, during his 22-year tenure on the Board, he has provided thoughtful leadership, including in his role as Chair of the Public Information & Conservation Committee, Operations & Engineering, Finance, and Retirement & OPEB Joint Advisory Committees; and

WHEREAS, Director Burgh brought to CCWD more than four decades of professional engineering experience, including 42 years working as an engineer on water and wastewater projects throughout the world, bringing a wealth of professional experience and perspective to the CCWD Board; and

WHEREAS, his technical expertise translated to thoughtful policy decisions ensuring CCWD makes sound investments in critical infrastructure to the benefit of all customers, including future generations; and

WHEREAS, while serving on the CCWD Board, his highest priorities have been transparency in spending public dollars, regional collaboration and smart infrastructure investments based on the best available data; and

WHEREAS, Director Burgh's commitment to service extends beyond his professional and public agency work, including his role as past President of the Contra Costa County Historical Society, his membership in the Pleasant Hill Rotary Club, and his volunteer service as a Meals on Wheels driver delivering meals to homebound senior citizens; and

WHEREAS, as a resident of Concord for more than 35 years, Director Burgh has demonstrated a deep and enduring commitment to the well-being of the communities he has represented and served.

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of Contra Costa County does

hereby honor John A. Burgh upon his retirement and recognize his 22 years of dedicated service to the residents of Contra Costa County.

Staff Report

File #: RES 2026-83 **Agenda Date:** 3/17/2026 **Agenda #:** C.28.

To: Board of Supervisors

From: Thomas Geiger, County Counsel

Report Title: ADOPT Resolution No. 2026- recognizing the retirement of Kate Andrus from Contra Costa County

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ADOPT Resolution recognizing the retirement of Kate Andrus from Contra Costa County, as recommended by the County Counsel.

FISCAL IMPACT:
None.

BACKGROUND:
See Resolution Text

CONSEQUENCE OF NEGATIVE ACTION:
None.

The Board of Supervisors of Contra Costa County, California

IN THE MATTER OF Recognizing the Retirement of Kate Andrus from Contra Costa County

WHEREAS, Kate Andrus graduated from Cal State Hayward with a degree in Business Administration and spent 25 years as a professional in the commercial finance industry before attending law school and receiving her law degree from the University of California College of the Law, San Francisco (formerly UC Hastings) in 2005; and

WHEREAS, Kate came to the County Counsel's Office in July 2008 as a Deputy County Counsel and found a home specializing in complex real estate and business transactions that directly impact the lives of those who live and work in the County; and

WHEREAS, among her many accomplishments, Kate played an integral role in the County's Los Medanos Healthcare District dissolution project, working with the County Administrator's Office and Health Services Department to prepare the County's application to LAFCO to dissolve the district, which was approved and resulted in a new County grant program serving the health and wellness needs of area residents; and

WHEREAS, Kate provided legal advice and assistance to the County team tasked with redeveloping the Oak Park site in south Pleasant Hill, including drafting numerous agreements and other legal documents and negotiating contract terms with public agencies and developers, which resulted in a new library for Pleasant Hill, new homes, and future soccer fields; and

WHEREAS, during the COVID-19 pandemic, Kate advised County departments on critical real estate matters, including drafting emergency real estate agreements to secure sites for hospital bed overflow and temporary homeless shelters and working on the Project Homekey transaction, allowing the County to purchase a former motel for use as housing for homeless individuals, resulting in a 770% increase in the number of shelter beds permanently available in East County; and

WHEREAS, Kate worked on other real estate projects benefitting those experiencing, or at risk of experiencing, homelessness, including the lease and renovation of a former call center to create 54 microhousing units in San Pablo for use as permanent supportive housing, and the lease of approximately 40 motel rooms in Concord for use as transitional housing; and

WHEREAS, Kate's patience, hard work, and attention to detail has been invaluable in seeing all of the projects she has been involved with come to fruition; and

WHEREAS, Kate has the thanks and gratitude of the entire County Counsel's Office for all she has done to further the office's mission of providing excellent legal services to its clients and advancing the County's priorities; and

WHEREAS, Kate's presence in the County Counsel's Office will be missed not only for her leadership and commitment to public service, to the office, and to Contra Costa County, but also as a role model, mentor, and friend to all who have worked with her; and

WHEREAS, we are proud to celebrate this professional milestone in Kate's career, and to honor her and thank her for her leadership and dedicated service to Contra Costa County and the County Counsel's Office.

NOW, THEREFORE, BE IT RESOLVED that the Contra Costa County Board of Supervisors does hereby congratulate Kate Andrus on her retirement and extends its sincerest thanks to Kate for her 17 years and seven months of distinguished service to Contra Costa County.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-974 **Agenda Date:** 3/17/2026 **Agenda #:** C.29.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Appointment to the Los Medanos Health Advisory Committee

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPOINT Mayor Dionne Adams to the City of Pittsburg Seat #1 on the Los Medanos Health Advisory Committee (LMHAC), for a term ending on December 31, 2026.

FISCAL IMPACT:
There is no fiscal impact for this action.

BACKGROUND:
The committee consists of seven (7) seats. The initial term of office is 2 years, after which it is 3 years. The County Board of Supervisors will make the appointment. Residents and those who work in the health area's territory, primarily the Pittsburg/Bay Point area, are welcome to apply. This is a volunteer appointment - no stipends or reimbursements are authorized for this Committee.

The LMHAC is composed of seven seats nominated to the Board of Supervisors by the following: (2) from the Pittsburg City Council, (2) from the Bay Point Municipal Advisory Council (MAC), (2) from the Health Services Department (one from Public Health and one from Behavioral Health) and (1) from the Internal Operations Committee of the Board of Supervisors.

On February 3, 2026, the Clerk of the Board posted the vacancy for the City of Pittsburg Seat #1. On February 12, 2026, the Health Service Department was informed that Mayor Adams was nominated by the Pittsburg City Council to fill Seat #1 with a term ending December 31, 2026.

Mayor Dionne Adams was born and raised in Pittsburg and serves on the Pittsburg Chamber of Commerce Board, as an advocate for local and diverse businesses. In her professional career, she has worked for over 20 years in Diversity, Equity, and Inclusion, supplier diversity, marketing, operations, and public policy. She obtained her Bachelor of Science in Business Administration with an emphasis in Marketing from San Francisco State and earned her master’s in public policy from Golden Gate University. Mayor Adams currently serves on the City Council's Community and Economic Development, Infrastructure and Transportation, and Life Enrichment Subcommittees. She also serves as a city representative on the Tri-Delta Transit Board and the Association of Bay Area Governments (ABAG) Board.

CONSEQUENCE OF NEGATIVE ACTION:

The nominated appointee will not be able to serve on the LMHAC and the seat would remain vacant, which could impact the body's ability to achieve quorum and conduct business.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-975 **Agenda Date:** 3/17/2026 **Agenda #:** C.30.

To: Board of Supervisors

From: Internal Operations Committee

Report Title: Recommendation for appointment to the Hazardous Materials Commission

☐Recommendation of the County Administrator ☒ Recommendation of Board Committee

RECOMMENDATIONS:

APPOINT Maile Chinn to the vacant Environmental Engineering Firms Alternate seat to complete the current term that will end on December 31, 2029.

FISCAL IMPACT:

No fiscal impact.

BACKGROUND:

The Hazardous Materials Commission was established in 1986 to advise the Board, County Staff and the mayors, council members, and staffs of the cities within the County, on issues related to the development, approval and administration of the County Hazardous Waste Management Plan. Specifically, the Board charged the Commission with drafting a Hazardous Materials Storage and Transportation Plan and Ordinance, coordinating the implementation of the Hazardous Materials Release Response Plan and inventory program, and to analyze and develop recommendations regarding hazards materials issues with consideration to broad public input, and report back to the Board on matters referred to the Commission.

The Environmental Engineering Firms Alternate Seat is vacant. The bylaws of the Commission provide that the Commission shall consist of one (1) representative of environmental engineering firms located in Contra Costa County, nominated by such firms, screened by the Internal Operations Committee (IOC), and appointed by the Board of Supervisors. Innovex Environmental Management Inc has submitted a letter of nomination for Maile Chin, a former Hazardous Materials Commission student intern, for appointment to the Environmental Engineering Firm Alternate Seat. The Hazardous Materials Commission voted to recommend Maile Chin to the currently vacant Environmental Engineering Firm Alternate Seat during their January 22, 2026 meeting. The term for this seat will expire on December 31, 2029.

The IOC reviewed the applicant information at its February 17, 2026 meeting and recommends the appointment of Maile Chinn to the vacant Environmental Engineering Firms Alternate seat.

CONSEQUENCE OF NEGATIVE ACTION:

The alternate seat will remain vacant.

Hazardous Materials Commission
Current Roster
February 2026

Name	Position	Start date	End date	City
Vacancy	Business Seat 1 - West Co. Council of Industries	2/28/2023	12/31/2026	
Aaron Winer	Business Seat 1 Alt. - West Co. Council of Ind.	2/28/2023	12/31/2026	Richmond
Mark Hughes	Business Seat 2 - Industrial Association	1/1/2026	12/31/2029	Benicia
Amy McTigue	Business Seat 2 Alternate - Industrial Association	1/1/2026	12/31/2029	Lafayette
Andrew D Graham	Business Seat 3 - Contra Costa Taxpayers Assoc.	1/1/2025	12/31/2028	Pleasant Hill
Frank Qin	Business Seat 3 Alt. - Co. Co. Taxpayers Assoc.	1/1/2025	12/31/2028	Vallejo
Anthony L Tave	City Seat 1	2/28/2023	12/31/2026	Pinole
Cesar Zepeda	City Seat 1 Alternate	3/19/2024	12/31/2026	Richmond
Eduardo Martinez	City Seat 2	3/19/2024	12/31/2027	Richmond
Brianne Zorn	City Seat 2 Alternate	3/19/2024	12/31/2027	Martinez
Soheila V Bana	City Seat 3	1/1/2025	12/31/2028	Richmond
Marisol Rubio	City Seat 3 Alternate	1/1/2025	12/31/2028	San Ramon
Ronald Chinn	Environmental Engineering Firms	1/1/2026	12/31/2029	Concord
Vacancy	Environmental Engineering Firms Alternate	1/1/2022	12/31/2025	
Maureen M Brennan	Environmental Justice Representative	1/1/2026	12/31/2029	Rodeo
Sharon Pinkstaff	Environmental Justice Representative Alternate	1/1/2026	12/31/2029	Walnut Creek
Vacancy	Environmental Justice Representative Alternate	1/1/2026	1/1/2030	
Jamin Pursell	Environmental Organizations Seat 1	1/1/2025	12/31/2028	Richmond
Louis H Flores	Environmental Organizations Seat 1 Alternate	1/1/2025	12/31/2028	Pittsburg
Lisa A Martell	Environmental Organizations Seat 2	2/27/2024	12/31/2027	Crockett
Rohan Tyagi	Environmental Organizations Seat 2 Alternate	2/2/2024	12/31/2027	Brentwood
Tim Bancroft	General Public	1/1/2024	12/31/2027	Danville
Kenneth L Luther	General Public Alternate	1/1/2024	12/31/2027	Danville
Julian Vinatieri	Labor Seat 1 - Central Labor Council	3/21/2023	12/31/2026	Vacaville
Terry A Baldwin	Labor Seat 1 Alternate - Central Labor Council	2/28/2023	12/31/2026	Concord
Jim Payne	Labor Seat 2 - United Steel Workers Local 5	1/1/2024	12/31/2027	Martinez
Nick Plurkowski	Labor Seat 2 Alternate - United Steel Workers Local 5	2/27/2024	12/31/2027	Martinez
Marielle Boortz	League of Women Voters	1/1/2025	12/31/2028	Lafayette
Madeline Kronenberg	League of Women Voters Alternate	1/1/2025	12/31/2028	El Cerrito

Application Form

Profile

Maile
First Name

R
Middle Initial

Chinn
Last Name

[redacted]
Home Address

Suite or Apt

Laffyette
City

CA
State

94549
Postal Code

[redacted]
Primary Phone

[redacted]
Email Address

District Locator Tool

Resident of Supervisorial District:

☑ District 2

Innovex
Employer

Staff Scientist
Job Title

Length of Employment

3 Years

Do you work in Contra Costa County?

○ Yes ◉ No

If Yes, in which District do you work?

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

18 Years

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

○ Yes ◉ No

Board and Interest

Which Boards would you like to apply for?

Hazardous Materials Commission: Submitted

Seat Name

Environmental Engineering Firms – Alternate

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

○ Yes ◉ No

If Yes, how many meetings have you attended?

7

Education

Select the option that applies to your high school education *

☑ High School Diploma

College/ University A

Name of College Attended

UC Davis

Degree Type / Course of Study / Major

BS Environmental Policy Analysis and Planning Major -- In Process

Degree Awarded?

○ Yes ◉ No

College/ University B

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

○ Yes ○ No

College/ University C

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

○ Yes ○ No

Other Trainings & Occupational Licenses

Other Training A

HAZWOPER

Certificate Awarded for Training?

◉ Yes ○ No

Other Training B

Certificate Awarded for Training?

○ Yes ○ No

Occupational Licenses Completed:

Qualifications and Volunteer Experience

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

During my internship at Innovex Environmental Management, I gained valuable experience working on environmental projects at various sites across the Bay Area, ranging from gasoline service stations to the Superfund site at Hunters Point Naval Shipyard. My internship with the Contra Costa Hazardous Materials Commission gave me insight into the development of environmental policy, and how emerging technology and business needs are balanced by public interests. I am eager to contribute to this process and would appreciate the opportunity to serve on the Hazardous Materials Commission.

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

Innovex Environmental Management Staff Intern - 2021-2024 Contra Costa Hazardous Materials Commission Intern – 2024

Upload a Resume

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

○ Yes ◉ No

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

○ Yes ◉ No

If Yes, please explain:

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

○ Yes ◉ No

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

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

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

Conflict of Interest and Certification

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

○ Yes ◉ No

If Yes, please identify the nature of the relationship:

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

○ Yes ◉ No

If Yes, please identify the nature of the relationship:

Please Agree with the Following Statement

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

☑ I Agree

Important Information

1. This application and any attachments you provide to it is a public document and is subject to the California Public Records Act (CA Government Code §6250-6270).
2. All members of appointed bodies are required to take the advisory body training provided by Contra Costa County.
3. Members of certain boards, commissions, and committees may be required to: (1) file a Statement of Economic Interest Form also known as a Form 700, and (2) complete the State Ethics Training Course as required by AB 1234.
4. Meetings may be held in various locations and some locations may not be accessible by public transportation.
5. Meeting dates and times are subject to change and may occur up to two (2) days per month.
6. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.
7. As indicated in Board Resolution 2021/234, a person will not be eligible for appointment if he/she is related to a Board of Supervisors' member in any of the following relationships:
   (1) Mother, father, son, and daughter;
   (2) Brother, sister, grandmother, grandfather, grandson, and granddaughter;
   (3) Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
   (4) Registered domestic partner, pursuant to California Family Code section 297;
   (5) The relatives, as defined in 1 and 2 above, for a registered domestic partner;
   (6) Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.

INNOVEX
ENVIRONMENTAL MANAGEMENT, INC.

October 2, 2025

Mr. Adam Springer
Contra Costa Hazardous Materials Commission
1025 Escobar St.
Martinez, California 94553

RE: NOMINATION: HAZARDOUS MATERIALS COMMISSION
Environmental Engineering Firms – Alternate: Ms. Maile Chinn

Dear Mr. Springer:

On behalf of INNOVEX Environmental Management, Inc., we would like to submit Ms. Maile Chinn as a candidate for the Contra Costa Hazardous Materials Commission, serving as the representative for the Environmental Engineering Firms Alternate seat. Ms. Chinn is a former intern of the Contra Costa Hazardous Materials Commission, and would like to continue her involvement with the Commission.

We appreciate your consideration of Ms. Chinn for this seat. If you have any questions or would like to further discuss his qualifications, please feel free to call me at (925) 270-2438.

Sincerely,

INNOVEX Environmental Management, Inc.

Leigh Garcia
Controller

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-976 **Agenda Date:** 3/17/2026 **Agenda #:** C.31.

To: Board of Supervisors

From: Shanelle Scales-Preston, District V Supervisor

Report Title: Appointment to the Contra Costa Commission of Women and Girls.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

APPOINT Nakenya Allen to the District V Seat on the Contra Costa Commission for Women and Girls, for a term ending on February 28, 2029, DECLARE a vacancy in the At-Large 8 Seat for a term ending February 28, 2027, and DIRECT the Clerk of the Board to post the vacancy as recommended by Supervisor Scales-Preston.

FISCAL IMPACT:

None

BACKGROUND:

The Contra Costa Commission for Women and Girls (CCCWG) was established to educate the community and advise the Contra Costa County Board of Supervisors on issues related to the changing social and economic conditions affecting women and girls in Contra Costa County, with particular emphasis on those who are economically disadvantaged. The Commission's mission is to improve the economic status, social welfare, and overall quality of life for women and girls throughout Contra Costa County.

The Commission is composed of 16 appointed members serving four-year term, including 15 members (five District Appointees and 10 At-Large members) and one alternate.

Meetings are held monthly, generally on the fourth Tuesday of the month at 7:00 p.m., at 3338 Mt. Diablo Boulevard, Lafayette, CA 94549. All meetings are open to the public.

CONSEQUENCE OF NEGATIVE ACTION:

The suggested appointee will not be able to serve on the Contra Costa Commission of Women and Girls

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-977 **Agenda Date:** 3/17/2026 **Agenda #:** C.32.

To: Board of Supervisors

From: Dan Mierzwa, Treasurer-Tax Collector

Report Title: APPOINTMENT of Special District Alternate Representative to the Treasury Oversight Committee

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

ACCEPT the appointment of Dawn Morrow to the Special District Alternative Representative Seat on the Treasury Oversight Committee for a term ending April 30, 2030, as recommended by the Treasurer-Tax Collector.

FISCAL IMPACT:

None.

BACKGROUND:

The Board of Supervisors established the Treasury Oversight Committee on November 14, 1995, pursuant to Chapter 5, Article 6 of the California Government Code. The purpose of the Treasury Oversight Committee is to review and monitor the County Treasurer's annual investment policy, and to ensure an annual audit is conducted to determine the County's compliance with the investment policy.

The Committee will be composed of seven statutory members and three alternates. The Committee members are in three different categories as follows:

Category 1: Appointed officials (two statutory members and one alternate). Category 1 appointed members are the County Superintendent of Schools or his or her designee and a representative and an alternate of the Board or their designee.

Category 2: Elected members (two statutory members and two alternates). Category 2 includes one representative and one alternate elected by a majority of the school and community college districts; and one representative and one alternate elected by a majority of the special districts.

Category 3: Public members (three statutory members). Category 3 includes representatives from the public nominated by the County Treasurer and confirmed by the Board.

Dawn Morrow, Ironhouse Sanitary District Board Director, was reappointed by the Contra Costa Special Districts Association to fill the Alternate Special District's Representative seat on the Treasury Oversight Committee for the term of May 1, 2026 to April 30, 2030. Ms. Morrow was nominated by the membership at the January 26, 2026 general meeting.

CONSEQUENCE OF NEGATIVE ACTION:

There would be no Alternate representation by the legislative bodies of the special districts in the County on the Treasury Oversight Committee.

DAWN MORROW
[redacted] • [redacted]

PROFILE:

Dedicated and detail-oriented professional with over 16 years as a small business owner and extensive experience in local government administration. Proven expertise as a Government representative for Contra Costa County, demonstrating strong capabilities in legislative support, community engagement, and crisis communications. Committed to enhancing civic transparency and facilitating public engagement.

FOCUS:

Local Government Administration:

- Extensive experience as Special District Board Director overseeing a state-of-the-art Water Recycling Facility and Collection System with an annual budget exceeding $19 million.
- Strong leadership skills demonstrated through managing political campaigns and serving as District Representative for an elected County Supervisor.
- Proven track record in providing administrative support to elected officials, including managing staff and acting as a liaison between government bodies and constituents.

Community Engagement and Relationship Management:

- Strong relationship-building skills, established through meaningful interactions with community stakeholders, City Councils, and government agencies.
- Active involvement in advisory bodies related to Economic Development, Housing, and Health Services, contributing to effective decision-making and service delivery.

Crisis Communications:

- Effectively managed crisis communications during natural disasters and the COVID-19 pandemic by coordinating response strategies that supported more than 110,000 constituents.
- Developed communication plans following best practices and county policies to ensure clarity and transparency.

Event Planning and Digital Media Management:

- Planned and coordinated private and community events, managing official websites and social media campaigns for the County Supervisor.
- Demonstrated expertise in Brown Act-governed and public meeting planning and management, including virtual meetings using platforms like Zoom, GoTo Meetings, and Teams.

Professional Transition and Remote Work:

- Instrumental in transitioning the District office to fully remote operations in 2020, implementing MS Teams and maintaining effective inter-office communication throughout the COVID-19 pandemic.

Industrial Experience:

- 22 years of experience as a Journeyman Millwright, focusing on refinery and municipal projects, with expertise in machinery installation, facility construction, welding, and robotics.

PROFESSIONAL EXPERIENCE

District Representative - Contra Costa Board of Supervisors 2015-2022

- Provided administrative support to Supervisor Diane Burgis, overseeing County staff and acting as a liaison to constituents.
- Served as municipal clerk for various advisory committees, managing events, graphic design, video, web, and social media.

Dawn Morrow Design - Northern California: See Portfolio 2010-Present

- Develops small business identity packages, including logo design, print, signage, and web marketing.
- Political campaign management.

Production Artist - Mountain Hardwear, Richmond, CA 2004-2010

- Created illustrations for buyers' print catalogs.
- Managed large file assets.

Millwright - Millwright Local 102, Northern California 1981-2002

- Oversaw construction and installation projects for municipal and industrial facilities, demonstrating project management capabilities and attention to compliance with safety standards.

GOVERNING BOARD EXPERIENCE

- Ironhouse Sanitary District Board of Directors (2016 - Current)
- Contra Costa County Local Agency Formation Commission, Special Districts Alt. (Current)
- Contra Costa County Treasury Oversight Committee (Current)
- Contra Costa Special Districts Association, Vice President (Current)
- East County Water Management Association, Chair (Current)
- NorCal Carpenters Joint Apprenticeship Executive Committee

EDUCATION

- Los Medanos College - Graphic Communications
- California Special Districts Assoc. Leadership Academy
- East Bay Leadership Council training
- CCC Civic Plus training
- City of Oakley Leadership Academy
- Nor Cal Carpenters Millwright Apprenticeship

CERTIFICATIONS

- California Special Districts Association Board Secretary/Clerk Certificate 2023
- Brown Act Training
- Sexual Harassment Prevention Certificate
- AB 1234 Ethics Certificate
- Good Governance Certificate
- CSDA Leadership Academy
- Verbal Judo Tactical Communications
- C.E.R.T. Oakley Community Emergency Response Team

C/o Diablo Water District
87 Carol Ln Oakley, CA 94561
(925) 625-3798

CCSDA Officers

Dan Muelrath
President

Dawn Morrow
Vice President

Michael McGill
Member at Large

Jean-Marc Petit
Member at Large

January 27, 2026

Ronda Boler, Executive Secretary, Treasurer-Tax Collector's Office
625 Court Street, Room 100, Martinez CA 94553

County of Contra Costa--Website: www.cctax.us

Subject: Alternate Special District's Representative seat

Dear Ms. Boler,

I am pleased to confirm that the Contra Costa Special Districts Association has appointed Dawn Morrow, lronhouse Sanitary District Board Director, to fill the Alternate Special District's Representative seat for the term of 5/1/2026 -4/30/2030.

Ms. Morrow was nominated by the membership at their January 26, 2026 general meeting. Please let me know if anything else is needed.

Dan Muelrath

Dan Muelrath, President

Contra Costa Special Districts Association

Board of Directors

Angela Lowrey
President

Peter Zirkle
Vice-President

Dawn Morrow
Board Member

Chris Lauritzen
Board Member

Diego Verduzco
Board Member

Jean-Marc Petit
General Manager

J. Leah Castella
Legal Counsel

IRONHOUSE SANITARY DISTRICT

January 26, 2026

Ronda Boler, Executive Secretary, Treasurer Tax Collector's Office
625 Court Street, Room 100
Martinez, CA 94553
Contra Costa County

Subject: TOC Alternate Special District's Representative seat
Term: May 1, 2026 – May 21, 2028

Dear Ms. Boler,

At its January 20, 2026, Regular Board Meeting, the Board of Directors unanimously voted to approve and support Ironhouse Sanitary District Board Member Dawn Morrow's participation on the Contra Costa Treasury Oversight Committee, including formal support of the CCSDA nomination.

Please consider this letter as confirmation of the Board's action and endorsement.

Should you require any additional information, please do not hesitate to contact me.

Sincerely,

Jean-Marc Petit
General Manager

Cc: Contra Costa Special Districts Association

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1002 **Agenda Date:** 3/17/2026 **Agenda #:** C.33.

To: Board of Supervisors

From: Monica Nino, County Administrator

Report Title: 2025 Annual Report from the Contra Costa Commission for Women and Girls

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ACCEPT the 2025 Annual Report from the Contra Costa Commission for Women and Girls.

FISCAL IMPACT:
None.

BACKGROUND:
On January 7, 2020, the Board of Supervisors adopted Resolution No. 2020/1, which requires that each advisory board, commission, or committee report annually to the Board on its activities, accomplishments, membership attendance, required training/certification, and proposed work plan or objectives for the following year. This item fulfills that requirement for the Contra Costa Commission for Women and Girls.

CONSEQUENCE OF NEGATIVE ACTION:
The Commission for Women and Girls will not fulfill the requirements of Resolution 2020/1.

ADVISORY BODY ANNUAL REPORT

Advisory Body Name: Contra Costa Commission for Women and Girls (CCCWG)
Advisory Body Meeting Time/Location: 7 pm / 4th Tuesdays / 3338 Mt. Diablo Blvd., Lafayette
Chair (during the reporting period): Shauna Polk (Leal-Markham)
Staff Person (during the reporting period): Chrystine Robbins, County Administrator's Office
Reporting Period: January 2025 - December 2025

I. Activities (estimated response length: 1/2 page) *Describe the activities for the past year including areas of study, work, special events, collaborations, etc.*

FEB: **Gender 101: Practical Guidance for Community Service Providers**, Th. 2/20, 2–3:30 PM on Zoom. Organized by Ria Bhatt (D4) in partnership with PFLAG Danville-San Ramon Valley. Special guests included Contra Costa County D4 Supervisor Ken Carlson and Cherise Khaund from the Office of CA State Assemblymember Rebecca Bauer-Kahan (AD-16). The training focused on increasing understanding of gender diversity, terminology, and best practices for creating inclusive and affirming environments for community members.

The Commission also hosted the **SHEros Leadership Panel**, led by **Christy Lam-Julian, At-Large Commissioner representing District 1**. The event recognized women leaders and their impact across Contra Costa County, bringing together community members, advocates, and leaders for a discussion on leadership, empowerment, and service. The panel highlighted the accomplishments of women making a difference in the community and supported the Commission's mission to uplift and empower women and girls

MAR: **Women's History Month (WHM) Proclamation** presented by the Board of Supervisors on Tu. 3/11 in partnership with the National Council of Negro Women.. The panel included community leaders and featured a Rosie the Riveter representative and West Contra Costa Unified School District Trustee Jamela Smith Folds as guest speakers, highlighting women's leadership and historical contributions. Also, the commission participated in the annual **Rosie the Riveter Day event.**

APR: Chairwoman Shauna Polk had the honor of attending as a special guest at the **Soroptimist of the Delta Student Recognition Event**, where the organization recognized outstanding young women for their academic achievement, leadership, and dedication to community service.

JUN: **Tabling at the Martinez Juneteenth Celebration** focused on Black Women's Wellness, organized by Nakenya Allen (D5). The Commission shared resources and engaged community members on programs and services that support women and families throughout Contra Costa County.

NOV: **EM/Powered by WMN Women's World Summit.** The Commission sponsored members and social media followers to attend the summit, which focuses on leadership development, empowerment, and professional networking for women. Contra Costa Commission member **LéJon Payne served as a panelist speaker at the Empower Summit**, representing the Commission and highlighting the importance of women's leadership and advocacy in Contra Costa County.

DEC: **Bay Area Crisis Nursery (BACN) Volunteer Event.** Commissioners participated in a team-building volunteer effort assembling food and gift packages for Contra Costa families. BACN provides crisis nursery services for more than 2,000 families annually and operates weekly farmers' market distributions and a permanent baby/diaper boutique serving 50–200 families per week. Commissioners discussed opportunities to further promote BACN services through Supervisor newsletters to increase awareness for county families.

ONGOING:

• **HERstory Presentations at Monthly Meetings.** Each Commission meeting featured a HERstory presentation highlighting women leaders, nonprofit organizations, students, and advocates working to improve the lives of women and girls in Contra Costa County. These presentations also helped the Commission learn about resources available to residents. Presenters included:

- **Karina Soto – OoGubi Children's Sensory Play**, presenting on the importance of inclusive sensory play environments for children and families.

- **Rosie the Riveter Trust**, highlighting the history of women's contributions to the WWII workforce and ongoing community education programs honoring women's leadership and resilience. The Commission supported Rosie the Riveter events and looks forward to continuing collaboration and participation in upcoming programming in **2026**.

- **Krystal Jugarap – EM/Powered by WMN**, presenting on women's leadership and empowerment initiatives and opportunities for professional development through the Women's World Summit.

- **Sophie Khouri – Contra Costa Community College District Student Trustee**, a 17-year-old senior at Contra Costa College working toward both her high school diploma and Associate's Degree. She shared her advocacy work supporting students, including efforts to explore student housing opportunities and the development of a peer mentor program to support student success.

- **Tamia Brown – Contra Costa County Workforce Development Board**, presenting on workforce programs serving youth, adults, and dislocated workers. The Workforce Development Board operates a $7 million federally funded program supporting employment opportunities through 12 locations across the county, including programs that help women enter non-traditional careers such as healthcare professions. The WDB also provides rapid response funding to help businesses retain staff and prevent layoffs.

- **Theresa San Luis Teller – Author and Mental Health Advocate**, presenting on mental health awareness and her book My Brain Makes Me Proud, sharing personal experiences to reduce stigma and promote emotional wellbeing.

• **Community Engagement and Partnerships.** The Commission continued collaboration with organizations such as the National Council of Negro Women, Bay Area Crisis Nursery, and Rosie the Riveter Trust while expanding outreach through social media platforms **@womenscommission** to highlight events, resources, and opportunities for community participation.

II. Accomplishments (estimated response length: 1/2 page) *Describe the accomplishments for the past year, particularly in reference to your work plan and objectives.*

Through social media, the Commission has been able to reach more women and girls throughout Contra Costa County. Our platforms allow us to share valuable information and resources with the community, including housing resources, sensory play opportunities, Head Start programs, library services, animal safety information, free job training courses, free student meal programs, outdoor movie nights, summer camps, and local job postings. We also highlight community outreach opportunities, emergency preparedness resources, and other programs that support families across the county. One of our most meaningful efforts has been helping keep our audience informed about **local legislation and public policy issues impacting women and families**, ensuring that residents stay engaged and aware of developments that affect their communities.

The Commission increased its reach and engagement with the public through both in-person events and virtual participation opportunities. Social media engagement continued to grow significantly. Facebook total followers increased by **26.48% (438 to 554)** with **127 new followers**, representing a **746% increase from 2024**. Page visits increased by **271%**. Instagram followers increased by **12.36%**, gaining **135 new followers**. Instagram post views increased by **240.29% with more than 22,000 views**, while Instagram Reel engagement grew dramatically with views increasing by **10,514%** (from 23 to 2,229) and reach increasing by **11,375%** (from 16 to 1,836).

Email engagement also increased significantly. Email campaigns saw a **74.64% increase**, with a **31.31% open rate** compared to the industry average of 28.59%. Click rates increased by **32.97% to 9.35%**, while unsubscribe rates decreased by **243.77% to 0.46%**. Total contacts in the Commission's email list increased by **39%**.

The Commission successfully continued the **HERstory Initiative**, which features guest presentations at each monthly meeting highlighting women leaders, students, nonprofit organizations, and advocates working to improve the lives of women and girls in Contra Costa County. These presentations provided valuable information about community resources and programs available to residents.

The Commission strengthened partnerships with community organizations including the **National Council of Negro Women**, **Bay Area Crisis Nursery**, **Rosie the Riveter Trust**, and **EM/Powered by WMN**. These collaborations expanded opportunities for leadership development, community engagement, and resource sharing.

The Commission supported and participated in the **EM/Powered by WMN Women's World Summit**, where Contra Costa Commission member **LeJon Payne served as a panelist speaker**, highlighting women's leadership and advocacy efforts in the county.

The Commission continued its annual participation in **Women's History Month**, including a **Board of Supervisors Proclamation** and the **SHEros Leadership Panel**, which highlighted women leaders and historical contributions. The Commission values this opportunity each year to recognize and celebrate the impact of women throughout Contra Costa County.

III. Attendance/Representation (estimated response length: 1/4 page) *Describe your membership in terms of seat vacancies, diversity, level of participation, and frequency of achieving a quorum at meetings.*

At the end of 2025, the Commission had one District 5 vacancy pending consideration by Supervisor Scales-Preston. All At-Large and Alternate positions were filled at the end of the reporting period, though some roster changes are occurring in early 2026. As of March 2026, the Commission also has a newly vacant District 4 seat and one At-Large vacancy. Two current At-Large members may transfer into the open district seats, which would create three additional At-Large openings.

At the March meeting, the Commission expects to vote to move one application forward to the Board of Supervisors for consideration. This will still leave four additional strong candidates currently under review.

Due to the growing interest in serving on the Commission, members have identified the need to establish clearer **policies and procedures for the application and selection process**. The Commission plans to develop a fair and transparent evaluation system to ensure each applicant receives equal consideration as the process becomes more competitive. For the first time in several years, the Commission now has a **waiting list of interested applicants**.

The Commission continues to receive strong interest from community members wishing to serve. More than **10 applicants are currently under consideration**, and the Commission is working to review applications and recommend candidates to the Board of Supervisors with consideration for diversity of background, geographic representation, professional experience, and policy focus.

The Commission successfully achieved **quorum at seven monthly meetings in 2025**, with scheduled breaks during the summer and holiday periods.

Meetings regularly include **2–4 members of the public** attending in person or virtually, demonstrating growing community engagement and interest in the Commission's work.

Commissioners also maintain ongoing collaboration and meeting participation with members of the **National Council of Negro Women**, strengthening community partnerships and shared initiatives.

IV. Training/Certification (estimated response length: 1/4 page) *Describe any training that was provided or conducted, and any certifications received, either as a requirement or done on an elective basis by members. NOTE: Please forward copies of any training certifications to the Clerk of the Board.*

Commission members participated in several trainings to ensure compliance with county requirements and to strengthen their ability to serve effectively in their roles.

- **Gender 101: Practical Guidance for Community Service Providers**, co-sponsored with PFLAG Danville–San Ramon Valley, provided education on gender diversity and inclusive practices for community service organizations.

- Commissioners continued to complete required **Brown Act**, **Implicit Bias**, and **Ethics** trainings in accordance with county advisory body requirements. As of March 10, 2026, certifications are on file with the Clerk of the Board for 7 out of 11 active members.

These trainings support the Commission's commitment to transparency, equity, and effective governance.

V. Proposed Work Plan/Objectives for Next Year (estimated response length: 1/2 page)
Describe the advisory body's workplan, including specific objectives to be achieved in the upcoming year.

Conduct a **countywide survey assessing the needs of women in Contra Costa County**, including employment, economic opportunity, leadership development, and access to services.

Host **Leadership and Local Appointments Workshops** in District 1 and District 5 to encourage women to apply for local boards, commissions, and leadership opportunities.

Establish a **New Member Committee** to develop clearer protocols and recommendations for the appointment process given the growing number of applicants interested in serving on the Commission.

Develop **formal policies and procedures** outlining roles, responsibilities, and operational practices for the Commission to ensure consistency, transparency, and sustainability as the organization continues to grow.

Maintain a **fully staffed roster**, ensuring representation from all districts as well as at-large and alternate positions.

Ensure that all Commissioners complete required **government trainings and certifications**, including Brown Act, Ethics, and Implicit Bias training.

Utilize remaining funds from the **Women's Recovery Response Grant** to expand communication efforts, increase community outreach, and improve awareness of resources for women and girls in Contra Costa County.

Host a **professional holiday photo and headshot workshop** for community members, with events distributed across **East, Central, and West Contra Costa County** to improve accessibility and provide professional development opportunities for women and community leaders.

Organize a **community service and team-building event** for Commissioners to support a local nonprofit organization serving women and families in Contra Costa County while strengthening collaboration among members.

The Commission anticipates that its current **social media and communications partnership may conclude in October 2026 due to the exhaustion of grant funding**. For the past three years, the communications team has played a critical role in strengthening the Commission's public presence by helping develop a consistent brand identity, expanding social media engagement, and launching a regular newsletter to better inform the community about programs, events, and resources. The Commission recognizes this partnership as a major accomplishment in its organizational development and will seek additional **funding opportunities to sustain communications and outreach efforts moving forward.**

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-978 **Agenda Date:** 3/17/2026 **Agenda #:** C.34.

To: Board of Supervisors

From: Susan Brajkovic, Director of Risk Management

Report Title: ACEEO Resignation

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ACCEPT the resignation of Leonard Ramirez, DECLARE a vacancy in the Veterans seat on the Advisory Council on Equal Employment Opportunity, and DIRECT the Clerk of the Board to post the vacancy for a term ending November 30, 2027.

FISCAL IMPACT:

None

BACKGROUND:
The Advisory Council on Equal Employment Opportunity (ACEEO) assists with the implementation of the County's Equal Employment Opportunities and Contracting Programs and serves as an advisory committee to the Board of Supervisors. The Equal Employment Opportunity Advisory Council is composed of thirteen (13) members appointed by the Board of Supervisors. Four (4) members of the Advisory Council shall be representative of the community; (3) members shall be representative of employee organizations; two (2) members shall be representative of County management; one (1) member shall be representative of education; (1) one member shall be representative of the disability community; (1) member shall be representative of the business community; and one (1) member shall be representative of veterans.

For many years, the Internal Operations Committee served as the reviewing committee for ACEEO nominations; however, the mission of the ACEEO is more consistent with the Board's Equity Committee, which is now designated as the reviewing committee for ACEEO nominations. The process for the above seats is that the Equal Employment Officer conducts recruitment for membership, the ACEEO or a subcommittee thereof will screen applications or candidates and then forward its nominations to the Equity Committee for consideration and possible recommendation to the Board of Supervisors.

CONSEQUENCE OF NEGATIVE ACTION:
The seat will not be declared vacant.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-979 **Agenda Date:** 3/17/2026 **Agenda #:** C.35.

To: Board of Supervisors

From: Candace Andersen, District II Supervisor

Report Title: RESIGNATION FROM THE CONTRA COSTA COUNTY PLANNING COMMISSION

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ACCEPT the resignation of Sanjiv Bhandari from the District II seat on the Contra Costa County Planning Commission, DECLARE a vacancy in the District II seat for a term ending June 30, 2029, and DIRECT the Clerk of the Board to post the vacancy, as recommended by Supervisor Candace Andersen.

FISCAL IMPACT:
NONE

BACKGROUND:
The Planning Commission's powers and duties include:

1. Exercise all powers and duties prescribed by law (statute, ordinance or board order), including consideration of matters referred to it by the Zoning Administrator except those powers and duties specifically reserved or delegated to other divisions of the planning agency;

2. Initiate preparation of general plans, specific plans, regulations, programs and legislation to implement the planning power of the county;

3. Be generally responsible for advising the legislative body of matters relating to planning, which, in the opinion of the commission, should be studied;

4. Be the advisory agency as designated in Title 9 of this code for the purpose of passing on subdivisions;

5. Hear and decide all applications or requests for proposed entitlements estimated to generate one hundred or more peak hour trips unless otherwise provided by this code or board order;

6. Hear and make recommendations regarding proposed development agreements when it is hearing the related project applications being processed concurrently with the development agreements

CONSEQUENCE OF NEGATIVE ACTION:
The seat will not be vacated.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-980 **Agenda Date:** 3/17/2026 **Agenda #:** C.36.

To: Board of Supervisors

From: Marla Stuart, Employment and Human Services Director

Report Title: Resignation City of Clayton seat on the Advisory Council On Aging

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

ACCEPT the resignation of Mary Sheila Driscoll, DECLARE a vacancy of the City of Clayton seat on the Advisory Council on Aging for term ending on September 30, 2027, and DIRECT the Clerk of the Board to post the vacancy, as recommended by the Employment and Human Services Director.

FISCAL IMPACT:

None.

BACKGROUND:

Mary Shelia Driscoll was appointed by the Board of Supervisors to the City of Clayton seat on the Advisory Council on Aging (ACOA) on September 21, 2025, with a term ending on September 30, 2027.

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

CONSEQUENCE OF NEGATIVE ACTION:

The seat will not be declared vacant and a new appointment to the position will not be able to be made. This could cause issues with achieving quorum for the Council and potentially impact their ability to hold meetings.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-981 **Agenda Date:** 3/17/2026 **Agenda #:** C.37.

To: Board of Supervisors

From: Candace Andersen, District II Supervisor

Report Title: APPOINTMENT TO THE ALAMO MUNICIPAL ADVISORY COUNCIL

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
MOVE Michael Sene from the Alternate Seat to the Appointee 1 Seat on the Alamo Municipal Advisory Council for a term with an expiration date of December 31, 2028; DECLARE a vacancy in the Alternate Seat, and DIRECT the Clerk of the Board to post the vacancy, for a term ending December 31, 2028, as recommended by Supervisor Candace Andersen.

FISCAL IMPACT:
NONE

BACKGROUND:
The Alamo MAC may advise the Board of Supervisors on services that are or may be provided to the Alamo community by Contra Costa County or other local government agencies. Such services include, but are not limited to, parks and recreation, lighting and landscaping, public health, safety, welfare, public works, code enforcement, land use and planning, transportation and other infrastructure. The Council may also provide input and reports to the District Supervisor, Board of Supervisors, County staff or any County hearing body on issues of concern to the community. The Council may represent the Alamo community before the Board of Supervisors, County Planning Commission and the Zoning Administrator. The Council may also represent the Alamo community before the Local Agency Formation Commission on proposed boundary changes effecting the community. The Council may advocate on parks and recreation issues to the Town of Danville and the San Ramon Valley Unified School District

CONSEQUENCE OF NEGATIVE ACTION:
The Move will not occur.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-982 **Agenda Date:** 3/17/2026 **Agenda #:** C.38.

To: Board of Supervisors

From: Candace Andersen, District II Supervisor

Report Title: APPOINTMENT TO THE COUNTY SERVICE AREA P-5 (Roundhill) CITIZEN ADVISORY COMMITTEE

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
MOVE Corey Berla from the Alternate Seat to the Appointee 2 Seat of the County Service Area P-5 Citizen Advisory Committee for a term with an expiration date of December 31, 2027; DECLARE a vacancy in the Alternate Seat, and DIRECT the Clerk of the Board to post the vacancy, for a term ending December 31, 2026, as recommended by Supervisor Candace Andersen.

FISCAL IMPACT:
NONE

BACKGROUND:
Established on April 18, 1972, by Resolution Number 72/257, the purpose of the County Service Area P-5 Citizen Advisory Committee is to act as a liaison between the citizens of the P-5 Police District and the Office of the Sheriff of Contra Costa County by: Advising the Board of Supervisors and the Office of the Sheriff of the community's needs and desires regarding police protection; Promoting public safety in the areas of home safety, traffic safety, vacation security and crime prevention through the neighborhood watch program; and maintaining oversight of expenditures of the public funds accruing in the P-5 Police District.

CONSEQUENCE OF NEGATIVE ACTION:
The move will not occur.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-983 **Agenda Date:** 3/17/2026 **Agenda #:** C.39.

To: Board of Supervisors

From: Candace Andersen, District II Supervisor

Report Title: **APPOINTMENT TO THE FISH & WILDLIFE COMMITTEE**

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
REAPPOINT Susan Heckly to the District II seat on the Fish & Wildlife Committee for a four-year term with an expiration date of February 28, 2030, as recommended by Supervisor Candace Andersen.

FISCAL IMPACT:
NONE

BACKGROUND:
The Fish and Wildlife Committee advises the Contra Costa County Board of Supervisors on fish and wildlife issues that may affect the County. It makes recommendations to the Board for the expenditure of funds from the Fish and Wildlife Propagation Fund pursuant to Fish and Game Code Section 13103. It addresses issues surrounding the enforcement of fish and game laws and regulations in the County.

The Fish and Wildlife Committee has ten regular positions, five nominated by individual members of the Board of Supervisors, four “At-Large” positions and one “Alternate to At-Large” position nominated by the Internal Operations Committee of the Board of Supervisors. The Internal Operations Committee considers applications from all interested individuals even when an existing At-Large member or an existing Alternate to At-Large member seeks reappointment. The Internal Operations Committee requests recommendations from the Fish and Wildlife Committee on appointments to At-Large and Alternate to At-Large positions.

Supervisor Andersen is pleased with the work that Ms. Heckly has been doing on the Fish & Wildlife Committee and would like her to continue for another term.

CONSEQUENCE OF NEGATIVE ACTION:
The seat will become vacant.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-984 **Agenda Date:** 3/17/2026 **Agenda #:** C.40.

To: Board of Supervisors

From: Kristin Connelly, Clerk-Recorder

Report Title: Budget Amendment No. BDA-26-00574 for Elections Technology Expenses

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE Budget Amendment No. BDA-26-00574 authorizing new revenue from the California Secretary of State in the amount of $2,302,275 to the Clerk-Recorder Department for the Voter System Replacement (VSR) Grant, and authorizing the use of General Fund Reserve assigned fund balance for Elections Technology Replacement Surcharge Funds in the amount of $1,621,925, and appropriating the total of $3,924,200 in new revenue to the Elections Department for eligible expenses.

FISCAL IMPACT:
The budget amendment anticipates up to $2,302,275 in State grants, requiring a 25% local match of $767,425. These actions will reduce the Elections Technology fund balance by $1,621,925, covering the grant match and $854,500 for non-reimbursable technology expenses.

BACKGROUND:
On January 13, 2026, the Board of Supervisors allowed the Clerk-Recorder to accept a $2,302,275 grant from the California Secretary of State for voting system replacement costs. The required 25% local match will come from the Elections Technology fund.

On February 3, 2026, the Board of Supervisors approved changing the Elections Capital Replacement fund to the Elections Technology fund, expanding its use to include election system software, vendor support, and hardware costs. These funds aim to cover significant election software, systems, and equipment expenses.

The Clerk-Recorder has identified current-year costs that need expenditure from the Elections Technology fund. Additionally, the new grant requires appropriation for eligible costs and their reimbursement. The attached Budget Amendment addresses these appropriations.

Budget Amendment No. BDA-26-00574 authorizes new revenue from the California Secretary of State in the amount of $2,302,275 to the Clerk-Recorder Department (2351-9851), authorizes the use of General Fund Reserve assigned fund balance for Elections Technology Replacement Surcharge Funds in the amount of $1,621,925 (0005-9990), and appropriates the total of $3,924,200 for increased expenditure authority in the Elections Department (2351-2479/2251/2270/4951) for eligible expenses.

CONSEQUENCE OF NEGATIVE ACTION:

If the Board rejects the recommendation, the Clerk-Recorder will lose the Secretary of State grant, and capital and technology expenses will burden the County General Fund instead of the Elections Technology funds.

View Budget Amendment: Budget Amendment: FY 2025-26 - Operating Budget on 03/10/2026 : BDA-26-00574

Company	Contra Costa County
Budget Template	Operating Budget : FY 2025-26 Operating Budget
Budget	FY 2025-26 Operating Budget
Organizing Dimension Type	
Amendment ID	BDA-26-00574
Amendment Date	03/10/2026
Description	To appropriate Elections Tech Surcharge and State VSR Grant to fund elections equipment/software expenses
Amendment Type	Appropriation / Estimated Revenue Adjustment
Balanced Amendment	Yes
Entry Type	Mid-Year Adjustments
Status	In Progress

Budget Amendment Entries

Period	*Ledger Account/Summary	Home Organization	*Cost Center	*Fund	Debit Amount	Credit Amount	Memo	Exceptions
FY 2025-26 Year (FY 2025-26 Operating Budget)	9851:INTERFUND REV - GOV/GOV	2350 CLERK-RECORDER ADMIN (Home Org)	2351 ELECTIONS CAP REPLACEMENT	100300 GENERAL	$0.00	$2,302,275.00	Maximum SOS VSR Grant Revenue	Warning : - Home Org on Budget Line Not Equal Initiator's Home Org
FY 2025-26 Year (FY 2025-26 Operating Budget)	4951:OFFICE EQUIP & FURNITURE	2350 CLERK-RECORDER ADMIN (Home Org)	2351 ELECTIONS CAP REPLACEMENT	100300 GENERAL	$2,046,500.00	$0.00	Grant eligible technology	Warning : - Home Org on Budget Line Not Equal Initiator's Home Org
FY 2025-26 Year (FY 2025-26 Operating Budget)	2479:OTHER SPECIAL DPMTAL EXP	2350 CLERK-RECORDER ADMIN (Home Org)	2351 ELECTIONS CAP REPLACEMENT	100300 GENERAL	$961,700.00	$0.00	Grant eligible technology=$888,200 and non-grant technology = $73,500	Warning : - Home Org on Budget Line Not Equal Initiator's Home Org
FY 2025-26 Year (FY 2025-26 Operating Budget)	2251:COMPUTER SOFTWARE COST	2350 CLERK-RECORDER ADMIN (Home Org)	2351 ELECTIONS CAP REPLACEMENT	100300 GENERAL	$135,000.00	$0.00	Grant eligible technology	Warning : - Home Org on Budget Line Not Equal Initiator's Home Org
FY 2025-26 Year (FY 2025-26 Operating Budget)	2270:MAINTENANCE - EQUIPMENT	2350 CLERK-RECORDER ADMIN (Home Org)	2351 ELECTIONS CAP REPLACEMENT	100300 GENERAL	$781,000.00	$0.00	Non-grant technology	Warning : - Home Org on Budget Line Not Equal Initiator's Home Org

View Budget Amendment: Budget Amendment: FY 2025-26 - Operating Budget on 03/10/2026 : BDA-26-00574

Period	*Ledger Account/Summary	Home Organization	*Cost Center	*Fund	Debit Amount	Credit Amount	Memo	Exceptions
FY 2025-26 Year (FY 2025-26 Operating Budget)	9990:APPROPRIATED FUND BAL	2350 CLERK-RECORDER ADMIN (Home Org)	0005 REVENUE - GENERAL COUNTY	100300 GENERAL	$0.00	$1,621,925.00	From Elections Technology Surcharge assigned fund balance	Warning : - Home Org on Budget Line Not Equal Initiator's Home Org

Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Budget Amendment Event	Budget Amendment Event	Step Completed	03/10/2026 03:47:32 PM	03/11/2026	Kwame Reed	1	
Budget Amendment Event	Review Budget Amendment	Not Required		03/11/2026		0	
Budget Amendment Event	Approval by Department Approver – Budget Amendment	Approved	03/11/2026 10:35:25 AM		Helen Nolan (Department Approver – Budget Amendment)	1	
Budget Amendment Event	Review Budget Amendment	Awaiting Action		03/11/2026	Analiza Pinlac (Budget Specialist (Auditor Office))	3	
					Xia Zhang (Budget Specialist (Auditor Office))		
					Yesenia Campos (Budget Specialist (Auditor Office))		

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-985 **Agenda Date:** 3/17/2026 **Agenda #:** C.41.

To: Board of Supervisors

From: Kristin Connelly, Clerk-Recorder

Report Title: Contract Amendment with DMT Solutions Global Corporation

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the County Clerk-Recorder, or designee, to execute a contract amendment with DMT Solutions Global Corporation (dba Bluecrest) to increase the payment limit by $638,700 to a new payment limit of $1,100,000 for the purchase, maintenance, and installation of Relia-Vote 360 Software on the Relia-Vote Vantage System mail election ballot sorter, with no change to the term.

FISCAL IMPACT:
$181,839 (100% Technology Fund).

BACKGROUND:
The Department contracted with DMT Solutions Global Corporation (dba Bluecrest) in October 2019 to purchase the Relia-Vote Vantage System mail ballot sorter for accurate and timely processing of vote-by-mail ballots, as required by Uniform Vote Counting Procedures. The system scans and captures VBM envelope signatures, sorts them for verification using barcode tracking, then re-sorts and opens them for ballot extraction.

In 2019, the original contract had a payment limit of $461,300. Annual licensing and maintenance of the system is $58,009, plus subsequent upgrades made to the system since its purchase. Expenses against the contract to date total $918,160.97. The contract renews automatically each year until termination.

CONSEQUENCE OF NEGATIVE ACTION:

The Department will be unable to continue utilizing and maintaining its mail ballot envelope scanning and sorting capability, delaying the processing of mail ballots and election results. The Department would be required to obtain an alternate solution, resulting in a substantial investment in time and resources.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-986 **Agenda Date:** 3/17/2026 **Agenda #:** C.42.

To: Board of Supervisors

From: Kristin Connelly, Clerk-Recorder

Report Title: Purchase Order with R-Computer for Pointnext Tech Care Essential Service

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Purchasing Agent, on behalf of the Clerk-Recorder, to execute a purchase order with R-Computer in an amount not to exceed $15,946 to provide Pointnext Tech Care Essential Service which supports the Elections Information Management System server, for the period of August 1, 2025, through to March 31, 2028.

FISCAL IMPACT:
$15,946 General Fund. The costs of this purchase are within the Department's operating budget.

BACKGROUND:

The Elections Division requires the purchase of this warranty support coverage for the production server hosting the Elections Information Management System applications and database.

The Terms and Conditions for the HPE Pointnext Tech Care contain a Limitation of Liability clause that states HP's liability is capped at the amount paid for the service, neither HP nor the County can claim indirect or consequential damages, and HP is not responsible for delays or failures outside its control.

By executing this purchase order, the County agrees to defend, indemnify, and hold HPE harmless for any claims arising out of its performance under the purchase order agreement.

CONSEQUENCE OF NEGATIVE ACTION:
The Department will not have warranty coverage on its Election Information Management System servers in case of defect, breakage, or failure, which could result in the inability to backup data on the Elections servers.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-987 **Agenda Date:** 3/17/2026 **Agenda #:** C.43.

To: Board of Supervisors

From: Kristin Connelly, Clerk-Recorder

Report Title: Contract with California Secrtary of State for Help America Vote Act (HAVA) Federal Security Grant Program

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

APPROVE and AUTHORIZE the Clerk-Recorder, or designee, to execute a contract with the California Secretary of State to reimburse the County an amount not to exceed $8,324.38 to enhance election technology and improve election security under the Help America Vote Act for the period of July 1, 2025, through December 31, 2026.

FISCAL IMPACT:

100% Federal funds. No County matching funds are required.

BACKGROUND:

The contract will secure the use of funding offered by the Secretary of State, as a result of the federal Help America Vote Act grant, to improve the administration of elections for Federal office, including enhancing election technology and making election security improvements.

CONSEQUENCE OF NEGATIVE ACTION:

The County will not receive funding and will not be able to utilize the grant opportunity through the Secretary of State.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-988 **Agenda Date:** 3/17/2026 **Agenda #:** C.44.

To: Board of Supervisors

From: Kristin Connelly, Clerk-Recorder

Report Title: Purchase Order with General Datatech, L.P. for NetApp Support and Maintenance

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Purchasing Agent, on behalf of the Clerk-Recorder, to execute a purchase order with General Datatech, LP (GDT) in an amount not to exceed $5,746, and a related service agreement with NetApp, to provide secure electronic data storage, support, and maintenance for the period April 1, 2026, through March 31, 2027.

FISCAL IMPACT:
The total purchase of $5,746 will not have any impact on the General Fund as it will be funded 100% by the Department's Recorder Micrographics/Modernization Fund.

Extending the support saves the Department money, once support runs out, and the servers reach end-of-life, they must be replaced.

BACKGROUND:
The Clerk-Recorder's office stores the entirety of its electronic data on two clustered NetApp Systems. This solution has been serving the department well for over the last 15 years. NetApp storage systems are known for their reliability and high performance, which is necessary when handling the public record which is stored in perpetuity.

NetApp storage solutions are highly scalable, allowing the Clerk-Recorder to easily expand capacity and data needs. Since 2006 the department has gone from 5TB of storage to 216TB of storage. This scalability ensures that business operations can adapt to changing requirements without disrupting overall operations.

NetApp offers robust data protection features, including built-in data encryption, data backup, and disaster recovery solutions. These features help the Clerk-Recorder safeguard data against unauthorized access, data loss, and downtime.

The management tools provided by the NetApp allow Clerk-Recorder administrators centralized control and visibility over the storage infrastructure. This simplifies storage provisioning, monitoring, and troubleshooting, leading to improved operational efficiency and real time redundancy.

By executing this purchase order, the County is agreeing to defend, indemnify, and hold NetApp harmless for

any claims arising out of its performance under the purchase order agreement.

CONSEQUENCE OF NEGATIVE ACTION:

If this authorization is not approved the Department's IT team will not have access to technical assistance from NetApp which can lead to prolonged downtime. The Department's IT team will struggle to address technical challenges efficiently, leading to delays in resolving issues and potential data loss without the expertise of NetApp support. With no support, this also means no access to firmware updates, security patches, and software upgrades, this will leave the NetApp units and all the public records vulnerable to security threats and may cause compatibility issues with other systems and software. This would increase the risk of extended downtime and data loss if critical components fail.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-989 **Agenda Date:** 3/17/2026 **Agenda #:** C.45.

To: Board of Supervisors

From: John Kopchik, Director, Conservation and Development

Report Title: Solid Waste and Recycling Collection Services in the Unincorporated Central County Areas Served by Allied Waste Systems, Inc. to Extend the Term of the Franchise Agreement

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

1. APPROVE and AUTHORIZE the Chair of the Board of Supervisors to execute, on behalf of the County, an amendment to a franchise agreement with Allied Waste Systems, Inc. (Allied), to extend the agreement termination date from March 31, 2026, to a new termination date of May 31, 2026, for continued solid waste, recycling, and organics collection in its Central County service area.

2. FIND that the Fifth Amendment is exempt from the California Environmental Quality Act (CEQA) pursuant to Section 15061 (b)(3) of the CEQA guidelines, as the Fifth Amendment will not cause potentially significant impacts on the environment.

3. DIRECT the Department of Conservation and Development (DCD) Director or designee to file a CEQA Notice of Exemption with the County Clerk.

4. DIRECT the Director of DCD, or designee, to arrange for payment of the $50 handling fee to the County Clerk for filing the Notice of Exemption.

FISCAL IMPACT:

The costs for County staff time spent administering the Franchise Agreement with Allied, and any related consulting services are covered by solid waste/recycling collection franchise fees.

BACKGROUND:

In August 1995, the County entered into the Agreement with Allied's predecessor company, Pleasant Hill Bayshore Disposal, Inc., to govern collection services provided in unincorporated Central County areas. The Agreement has been amended four times, and said amendments were approved by both Parties on or about July 21, 2015, July 8, 2025, September 9, 2025, and November 18, 2025.

The Agreement grants Allied the exclusive privilege and duty to collect solid waste, recyclables and organics routinely generated by residential and commercial customers within the unincorporated service area (Franchise

Area).

The Franchise Area covers the following unincorporated communities:

1. Alhambra Valley (portion) - District I
2. Canyon - District II
3. Antioch, Unincorporated - District III
4. Morgan Territory - District IV
5. Concord, Unincorporated (portion) - District IV
6. Clayton, Unincorporated (Marsh Creek) - District IV
7. Pleasant Hill, Unincorporated - District IV
8. Martinez, Unincorporated /Pacheco/ Vine Hill - District V
9. Bay Point (Eastern) - District V
10. Cummings Skyway (portion) - District V

The current Franchise Agreement with Allied continues through March 31, 2026. The purpose of this Fifth Amendment is to extend the term of the Agreement through May 31, 2026. There are no service or rate changes in this Fifth Amendment to the Franchise Agreement.

CONSEQUENCE OF NEGATIVE ACTION:

After March 31, 2026, solid waste, recycling, and organics collection services in the unincorporated Central County area currently served by Allied would no longer be regulated under a franchise agreement as required by County Code Chapter 418-7.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-990 **Agenda Date:** 3/17/2026 **Agenda #:** C.46.

To: Board of Supervisors

From: John Kopchik, Director, Conservation and Development

Report Title: Solid Waste and Recycling Collection Services in the Unincorporated East County Areas Served by Garaventa Enterprises, Inc., to Extend the Term of the Franchise Agreement

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

1. APPROVE and AUTHORIZE the Chair of the Board of Supervisors to execute, on behalf of the County, an amendment to a franchise agreement with Garaventa Enterprises, Inc., to extend the agreement termination date from March 31, 2026, to a new termination date of May 31, 2026, for continued solid waste, recycling, and organics collection in its East County service area.

2. FIND that the proposed amendment is exempt from the California Environmental Quality Act (CEQA) pursuant to Section 15061 (b)(3) of the CEQA guidelines, as the proposed amendment will not cause potentially significant impacts on the environment.

3. DIRECT the Department of Conservation and Development (DCD) Director or designee to file a CEQA Notice of Exemption with the County Clerk.

4. DIRECT the Director of DCD, or designee, to arrange for payment of the $50 handling fee to the County Clerk for filing the Notice of Exemption.

FISCAL IMPACT:

The costs for County staff time spent administering the Franchise Agreement with Garaventa Enterprises, Inc., and any related consulting services are covered by solid waste/recycling collection franchise fees.

BACKGROUND:

In May of 1995, the County entered into the Agreement with Garaventa Enterprises, Inc. (dba Mt. Diablo Resource Recovery or MDRR) to govern collection services provided in unincorporated East County areas. The Agreement has been amended seven times and said amendments were approved by both Parties on or about January 8, 2000, January 25, 2011, August 9, 2011, July 14, 2020, April 15, 2025, August 12, 2025, and December 9, 2025. The Agreement grants MDRR the exclusive privilege and duty to collect solid waste and recyclable material (including organics) routinely generated by residential and commercial customers within

the unincorporated service area (Franchise Area).

The Franchise Area covers the following unincorporated communities, all but one of which is located in East County:

1. Part of Bay Point (western portion)
2. Bethel Island
3. Brentwood, unincorporated
4. Part of Byron (outside the Byron Sanitary District service area)
5. Discovery Bay
6. Knightsen
7. North Concord, unincorporated
8. Oakley, unincorporated

The current Franchise Agreement with MDRR continues through March 31, 2026. The purpose of this Eighth Amendment is to extend the term of the Agreement through May 31, 2026. There are no service or rate changes in this Eighth Amendment to the Franchise Agreement.

CONSEQUENCE OF NEGATIVE ACTION:

After March 31, 2026, solid waste, recycling, and organics collection services in the unincorporated East County area currently served by MDRR would no longer be regulated under a franchise agreement as required by County Code Chapter 418-7.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-991 **Agenda Date:** 3/17/2026 **Agenda #:** C.47.

To: Board of Supervisors

From: John Kopchik, Director, Conservation and Development

Report Title: Purchase Order with Bludot Technologies, Inc.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Purchasing Agent to execute, on behalf of the Department of Conservation and Development, a purchase order with Bludot Technologies, Inc., in an amount not to exceed $10,000 for a customer relationship management software license for the twelve month period from December 19, 2025 through December 19, 2026.

FISCAL IMPACT:
Costs will be fully funded with Land Development fees. 100% Land Development Fees.

BACKGROUND:
The Department of Conservation and Development (DCD) proposes to secure software license from Bludot Technologies, Inc., to provide licensing for a customer relationship management software application (CRM Platform). The CRM Platform software is used to expand efforts in cultivating relationships between the County and its local small businesses. The software allows for communication and analysis of data points that will be useful going forward for the County's economic development efforts. DCD currently uses the Bluedot platform, finds it effective and wishes to continue the service.

Bludot's CRM Platform is a web solution that allows a local government's economic development team to manage, track and engage with their local businesses. It is pre-populated with comprehensive data for all businesses within the jurisdiction. It includes functionalities to segment businesses, analyze in a map, centralize all touch-points for each business in one profile, send targeted communication to select group of businesses, track open rates and responses, integrate surveys and more. It offers a platform where staff members can collaborate and share knowledge that is critical in local business retention and expansion as well as attraction efforts.

The Bludot Technologies Agreement's Terms and Conditions, includes a limitation of liability provision which caps damages at the amount paid to the company for the services under this agreement for the twelve months prior to the act that gave rise to the liability. The Bludot Technologies Agreement's Terms and Conditions, also includes the following indemnity provision.

INDEMNITY

Company shall hold Customer harmless from liability to third parties resulting from infringement by the Services of any United States patent or any copyright or misappropriation of any trade secret, provided Company is promptly notified of any and all threats, claims and proceedings related thereto and given reasonable assistance and the opportunity to assume sole control over defense and settlement; Company will not be responsible for any settlement it does not approve in writing. The foregoing obligations do not apply with respect to portions or components of the Services (i) not supplied by Company, (ii) made in whole or in part in accordance with Customer specifications, (iii) that are modified after delivery by Company, (iv) combined with other products, processes or materials where the alleged infringement relates to such combination, (v) where Customer continues allegedly infringing activity after being notified thereof or after being informed of modifications that would have avoided the alleged infringement, or (vi) where Customer's use of the Services is not strictly in accordance with this Agreement. If, due to a claim of infringement, the Services are held by a court of competent jurisdiction to be or are believed by Company to be infringing, Company may, at its option and expense (a) replace or modify the Services to be non-infringing provided that such modification or replacement contains substantially similar features and functionality, (b) obtain for Customer a license to continue using the Services, or (c) if neither of the foregoing is commercially practicable, terminate this Agreement and Customer's rights hereunder and provide Customer a refund of any prepaid, unused fees for the Services.

CONSEQUENCE OF NEGATIVE ACTION:
If approval is not granted, this software would not be available to aid with the County's economic development efforts.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-992 **Agenda Date:** 3/17/2026 **Agenda #:** C.48.

To: Board of Supervisors

From: John Kopchik, Director, Conservation and Development

Report Title: Solid Waste and Recycling Collection Services in the Unincorporated West County Areas Served by Crockett Sanitary Service, Inc., to Extend the Term of the Franchise Agreement

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

1. APPROVE and AUTHORIZE the Chair of the Board of Supervisors to execute, on behalf of the County, an amendment to a franchise agreement with Crockett Sanitary Service, Inc., to extend the agreement termination date from March 31, 2026, to a new termination date of May 31, 2026, for continued solid waste, recycling, and organics collection in its West County service area.

2. FIND that the Seventh Amendment is exempt from the California Environmental Quality Act (CEQA) pursuant to Section 15061 (b)(3) of the CEQA guidelines, as the Seventh Amendment will not cause potentially significant impacts on the environment.

3. DIRECT the Department of Conservation and Development (DCD) Director or designee to file a CEQA Notice of Exemption with the County Clerk.

4. DIRECT the Director of DCD, or designee, to arrange for payment of the $50 handling fee to the County Clerk for filing the Notice of Exemption.

FISCAL IMPACT:

The costs for County staff time spent administering the Franchise Agreement with Crockett Sanitary Services, Inc., and any related consulting services are covered by solid waste/recycling collection franchise fees.

BACKGROUND:

On November 5, 1996, the County entered into a franchise agreement with Walter Botta, the sole proprietor of the Crockett Garbage Company, to provide collection and recycling services for the unincorporated communities of Crockett, Port Costa and Tormey. Walter Botta immediately assigned his rights and obligations under the Agreement to Crockett Garbage Service, Inc. (name was subsequently changed to Crockett Sanitary Service, Inc.), which is a subsidiary of Richmond Sanitary Service, Inc. (owned by Republic Services).

The Agreement has been amended six times and said amendments were approved by both Parties on or about

November 1, 2016, December 20, 2016, February 14, 2017, July 22, 2025, September 30, 2025, and December 9, 2025.

The Franchise Agreement grants Crockett Sanitary Service, Inc. the exclusive privilege and duty to collect solid waste, recyclables and organics routinely generated by residential and commercial customers within the designated Crockett service area (also known as the "Franchise Area"). The Crockett Franchise Area covers the following three (3) unincorporated areas of District V:

1. Crockett
2. Tormey
3. Port Costa

The current Franchise Agreement with Crockett Sanitary Service, Inc. continues through March 31, 2026. The purpose of this Seventh Amendment is to extend the term of the Agreement through May 31, 2026. There are no service or rate changes in this Seventh Amendment to the Franchise Agreement.

CONSEQUENCE OF NEGATIVE ACTION:

After March 31, 2026, solid waste, recycling, and organics collection services in the unincorporated West County area currently served by Crockett Sanitary Service, Inc would no longer be regulated under a franchise agreement as required by County Code Chapter 418-7.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-993 **Agenda Date:** 3/17/2026 **Agenda #:** C.49.

To: Board of Supervisors

From: John Kopchik, Director, Conservation and Development

Report Title: Memorandum of Understanding with Urban Tilth to contribute North Richmond Solar Funds for the North Richmond Farm Solar Power Project.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Department of Conservation and Development Director, or designee, to execute a memorandum of understanding with Urban Tilth to contribute $60,000 of North Richmond Solar Funds for a solar energy installation project at Urban Tilth's North Richmond Farm, for the period of March 17, 2026 through March 31, 2027, subject to approval by the County Administrator and approval as to form by the County Counsel.

FISCAL IMPACT:
North Richmond Solar Funds contributed to the County by development projects in the North Richmond area will be used to fund the project. 100% North Richmond Solar Funds.

BACKGROUND:
Project Description
Urban Tilth has partnered with GRID Alternatives, a 501(c)(3) non-profit based in Oakland, California, to include solar power to meet energy needs associated with farm operations, electrical vehicle charging, and community facilities on Urban Tilth's North Richmond farm. The North Richmond Farm Solar Power Project will be completed in three phases. The current funding request is for Phase 2 of the project and includes the design, permitting, installation, inspection, and interconnection of photovoltaic systems on the farm's tool shed and the watershed workshop. Phase 2 of the project will cost an estimated $60,000 per GRID Alternatives.

North Richmond Solar Funds Background
North Richmond Solar Funds have been generated by voluntary contributions associated with certain industrial development projects in North Richmond with significant emissions and/or truck traffic, as provided in the conditions of approval for these projects. North Richmond Solar Funds are intended to benefit the North Richmond community by paying for establishment of solar energy that can benefit North Richmond residents.

Urban Tilth's North Richmond Farm builds a more sustainable, healthy, and just local food system. Urban Tilth helps the North Richmond community cultivate food; trains and employs local youth; teaches residents about the relationships among food, health, poverty, and justice; and forges partnerships with local small farmers to

increase demand for their produce. The proposed Phase 2 of the North Richmond Farm Solar Power Project is consistent with the intended use of the North Richmond Solar Fund.

CONSEQUENCE OF NEGATIVE ACTION:

If the funds are not authorized, it is likely Urban Tilth will not be able to complete the project.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: RES 2026-90 **Agenda Date:** 3/17/2026 **Agenda #:** C.50.

To: **Board of Supervisors**

From: Monica Nino, County Administrator

Report Title: Resolution approving the Side Letter between Contra Costa County and the Physicians' and Dentists' Organization of Contra Costa

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

ADOPT a Resolution approving the Side Letter between Contra Costa County and the Physicians' and Dentists' Organization of Contra Costa (PDOCC) modifying Section 32.4 - Duration of Agreement of the Memorandum of Understanding to extend the contract from December 31, 2025 through February 28, 2026.

FISCAL IMPACT:

This action has no fiscal impact.

BACKGROUND:

This Side Letter extends the current Memorandum of Understanding from December 31, 2025 through February 28, 2026, to allow both parties to work together to negotiate an agreement.

CONSEQUENCE OF NEGATIVE ACTION:

Members will continue working under an expired contract.

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA

and for Special Districts, Agencies and Authorities Governed by the Board

IN THE MATTER OF

The Side Letter Agreement between the County of Contra Costa and the Physicians' and Dentists' Organization of Contra Costa, extending the duration of the current Memorandum of Understanding. The Contra Costa County Board of Supervisors acting solely in its capacity as the governing board of the County of Contra Costa.

NOW, THEREFORE, BE IT RESOLVED

Effective October 31, 2025, the attached Side Letter of Agreement dated February 25, 2026, between the County of Contra Costa and the Physicians' and Dentists' Organization of Contra Costa, be ADOPTED.

SIDE LETTER AGREEMENT
Duration of Agreement

This Side Letter is by and between the County of Contra Costa ("County") and the Physicians' and Dentists' of Contra Costa ("PDOCC") and is effective upon approval of the Board of Supervisors.

This Side Letter modifies Section 32.4 Duration of Agreement of the Memorandum of Understanding (MOU) (November 1, 2022 – October 31, 2025) between the County and PDOCC by extending the current MOU from January 31, 2026 to February 28, 2026. The parties acknowledge that proper written notice was provided to commence negotiations for a successor MOU as required by Section 32.4.

The effect of this Side Letter is that all other terms and conditions of the MOU are extended accordingly for the new term of the MOU between the County and PDOCC (November 1, 2022 – February 28, 2026). This extension agreement is made without prejudice to PDOCC's bargaining demands that the terms and duration of the new MOU be made effective to November 1, 2025.

Date: 2/25/26

Contra Costa County:
(Signature / Printed Name)

/ TIA WILBOURN
/ Kristin Owen
/ DAVID K WILBERSON
/ Sergio Ucuyo, MD
/ Jeff Stowe
/

PDOCC:
(Signature / Printed Name)

/ David Macdonald
/ Michael Stamm, MD
/ Nathan Brooks, MD
/ Carla G. Castillo, MD
/ Darleen Garcia
/ David Lee
/ Joanna Chin

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1091 **Agenda Date:** 3/17/2026 **Agenda #:** C.51.

To: Board of Supervisors

From: Monica Nino, County Administrator

Report Title: Contract for Measure X Needs Assessment and Program Evaluation - Alta Planning + Design, Inc.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the County Administrator, or designee, to execute a Contract with Alta Planning + Design, Inc., in an amount not to exceed $249,998, to conduct a Measure X Needs Assessment and Program Evaluation, and to provide 256 gifts cards with a total value of $6,400 (128 Target $25 gift cards and 128 Walmart $25 gift cards) for the period of March 18, 2026 through January 1, 2027.

FISCAL IMPACT:
Approval of this contract will result in contractual expenditures of up to $249,998 and is funded 100% by Measure X funds.

BACKGROUND:
On June 10, 2025, the Board of Supervisors approved an allocation of $250,000 to conduct a Measure X Needs Assessment and Program Evaluation. This comprehensive assessment is intended to deepen understanding of community needs and current Measure X programs' impacts to support future policy and funding decisions. The contractor will conduct countywide quantitative and qualitative research, including a representative survey, focus groups, stakeholder interviews, and analysis of program data and reports. The scope also includes refining program performance indicators, creating a standardized annual reporting tool, training County staff to use the new framework, and delivering a final assessment report and presentations to the Board of Supervisors and stakeholder groups.

To implement the Measure X allocation for the needs assessment, the County Administrator's Office presented a draft Request for Proposals (RFP) for the services at the November 3, 2025 Finance Committee meeting, which was approved to move forward and officially issued on November 5, 2025. The RFP sought a qualified provider to conduct a countywide analysis of community needs, service gaps, and program performance for Measure X-funded programs. The response period closed on December 8, 2025, with the County receiving 26 proposals. The County's Purchasing Division facilitated the evaluation process, and an RFP review panel of three internal and external subject matter experts was convened, including representatives from the Contra Costa County Fire Protection District, Contra Costa Health Services, and the San Mateo County Executive's Office.

Review Panel members received the 26 RFP responses on December 9, 2025. The panel convened on January

14, 2026, to discuss initial feedback and determine which respondents would be invited to provide presentations. On February 4, 2026, the panel held virtual presentations with the top seven respondents. Following deliberation, the Review Panel unanimously recommended Raimi & Associates, Inc. for the contract award.

On February 11, 2026, the County was notified that Raimi & Associates, Inc. is merging with Alta Planning + Design, Inc. and there would be no change to the identified team members, proposed scope of services, or cost structure.

The County Administrator seeks authority to contract with the awarded bidder from the competitive RFP process. The contract also authorizes the Contractor to provide gift card incentives to participants in focus groups and other community engagement activities. These incentives are intended to support participation from residents who contribute their time to the assessment. All costs associated with participant incentives are included within the approved project budget and will be administered by the Contractor in coordination with the County.

Project Timeline
The project will be carried out from March through November and includes a structured series of engagement, data collection, analysis, and reporting activities. Major milestones and public-facing engagement events are summarized below.

Key Activities

- March - Project kickoff, background data review, and initial development of engagement tools and the program inventory
- April-June - Initial presentation to the Measure X Community Advisory Board (MXCAB) and other key stakeholder groups; launch and administration of the countywide representative and convenience surveys; continued development of engagement tools; refinement of KPIs
- May-August - Qualitative data collection, including focus groups and stakeholder interviews; continued program inventory development; development of the standardized annual reporting tool/template
- July-August - Staff training on the evaluation framework and reporting tools
- August-September - Preparation of the draft assessment and evaluation report
- September-October - Finalization of the assessment and evaluation report and companion summary
- October-November - Presentations of findings and recommendations to the Measure X Community Advisory Board, Board of Supervisors, and other key stakeholder groups

CONSEQUENCE OF NEGATIVE ACTION:

If the Board does not approve the contract, the County will be unable to conduct the Measure X Needs Assessment and Program Evaluation.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1092 **Agenda Date:** 3/17/2026 **Agenda #:** C.52.

To: Board of Supervisors

From: Monica Nino, County Administrator

Report Title: Adopt Clarification on Resolution No. 23-538

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ADOPT CLARIFICATION that on September 12, 2023, the Board's approval of Resolution No. 23-538 regarding compensation and benefits for unrepresented fire safety management classifications in the Contra Costa County Fire Protection District included approval of a verbal amendment to delete Section 27. No Vacation Buy Back, in its entirety, so as to provide the vacation buy back benefit to the Fire Chief going forward from September 12, 2023, in the same manner as the other safety management classifications.

FISCAL IMPACT:
No additional fiscal impact from this clarification. Adoption of the clarification would allow the fire chief to sell up to 1/3 of their annual vacation accruals in given twelve-month period. The cost of vacation buy back is dependent on usage.

BACKGROUND:
On September 12, 2023, the Board of Supervisors approved Resolution No. 23-538 regarding compensation and benefits for unrepresented fire safety management classifications in the Contra Costa County Fire Protection District. The presentation included a verbal modification to delete Section 27 from the Resolution, which was followed by the approval of the item by the Board of Supervisors. This action is intended to provide clarification of the Board's intent to incorporate the verbal modification to eliminate Section 27. No Vacation Buy Back in its approval of Resolution No. 23-538.

CONSEQUENCE OF NEGATIVE ACTION:
The record of Board approval of Resolution 23-538 will lack clarity on the verbal amendment to delete Section 27. No Vacation Buy Back from Resolution No. 23-538.

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CONTRA COSTA COUNTY

Staff Report

File #: 26-1003 **Agenda Date:** 3/17/2026 **Agenda #:** C.53.

To: Board of Supervisors

From: Thomas L. Geiger, County Counsel

Report Title: Conflict of Interest Code of the Contra Costa County Employees' Retirement Association

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

APPROVE amendments to the Conflict of Interest Code of the Contra Costa County Employees' Retirement Association.

FISCAL IMPACT:

None.

BACKGROUND:

The Contra Costa County Employees' Retirement Association ("CCCERA") has amended its conflict of interest code and submitted the revised code, attached as Exhibit A, to the Board for approval pursuant to Government Code sections 87306 and 87306.5.

The conflict of interest code in Exhibit A has been revised pursuant to Senate Bill 852, which made changes to the Political Reform Act by adding "public officials who manage public investments" to the list of individuals for whom the Fair Political Practices Commission is the filing officer as of January 1, 2026. This change will ensure that the conflict of interest code for CCCERA accurately reflects its current positions and organizational structure and is consistent with the recent legislation. A red-lined version of the conflict of interest code is attached as Exhibit B.

CONSEQUENCE OF NEGATIVE ACTION:

None.

cc: Monica Nino, Clerk of the Board of Supervisors; Hannah M. Shafsky, Deputy County Counsel; Christina Dunn, Chief Executive Officer, CCCERA

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CONTRA COSTA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION
BOARD OF RETIREMENT

CONFLICT OF INTEREST CODE

I. AUTHORITY

Pursuant to the provisions of Government Code Sections 87300, *et seq.*, the Board of Retirement of the Contra Costa County Employees' Retirement Association adopts this Conflict of Interest Code. This Conflict of Interest Code and any amendments thereto become effective upon approval by the Contra Costa County Board of Supervisors. (Government Code Sections 87303 and 82011(b).)

II. DESIGNATED POSITIONS AND EMPLOYEES

The positions listed in Appendix "A" attached hereto are "designated positions". Every person holding any designated position is deemed to make, or participate in the making of, decisions which could affect his or her personal economic interests. Designated positions are assigned the disclosure categories set forth in Appendix "A". Each person holding any designated position shall file an annual statement of economic interest disclosing that person's interest in investments, business positions, real property and income designated as reportable under the category to which the employee's position is assigned.

The positions listed in Appendix "B" attached hereto manage public investments for purposes of Section 87200 of the Government Code and are "Code filers." Each Code filer shall file an annual statement of economic interest.

III. INCORPORATION OF FPPC REGULATION 18730

The California Fair Political Practices Commission (FPPC) has adopted Regulation 18730, which contains the terms of a standard conflict of interest code. (2 Cal. Code of Regs. 18730.) Regulation 18730 may be amended from time to time. The terms of Regulation 18730, and any amendments to it duly adopted by the FPPC, are hereby incorporated by reference as Appendix "C".

IV. FPPC FORM 700 – STATEMENT OF ECONOMIC INTERESTS

Disclosure statements shall be made on FPPC Form 700 – Statement of Economic Interests. The Form 700 is published annually by the FPPC. The Form 700 filing shall be as follows:

(a) Every person holding any designated position listed in Appendix "A" shall file their Form 700 with the Contra Costa County Clerk of the Board of Supervisors using the County's electronic filing system. To the extent any designated position listed in Appendix "A" is deemed to be a "public official who manages public investments" under 87500(a)(2)(O), they shall file their Form 700 via the FPPC's electronic filing system.
(b) Every person holding a position listed in Appendix "B" shall file their Form 700 with the FPPC using the FPPC's electronic filing system.

(c) All Form 700 filers must file the Form 700 at the times prescribed by law. Failure to file statements on time may result in penalties including but not limited to late fines.

HISTORY

Adopted: 02/24/1976

Amended: 11/06/02, 11/17/04, 04/08/09, 12/8/10, 09/10/14, 09/28/16, 02/09/22, 09/14/22,

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APPENDIX A

Designated Positions	Disclosure Category
Deputy Chief Executive Officer	General
Accounting Manager	1
Administrative Services Manager	2
Human Resources Manager	2
General Counsel and Deputy General Counsel	1
Internal Auditor	1
Investment Analyst and Investment Officer	1
Senior Investment Analyst and Senior Investment Officer	1
Outside fiduciary counsel	1
Outside investment consultant and other consultants	1

- Consultants shall be included in the list of designated positions and shall disclose pursuant to the broadest disclosure category in the code subject to the following limitation: The Chief Executive Officer may determine in writing that a particular consultant, although a "designated position", is hired to perform a range of duties that is limited in scope and thus is not required to fully comply with the disclosure requirements described in this code. Such written determination shall include a description of the consultant's duties and, based upon that description, a statement of the extent of disclosure requirements. The Chief Executive Officer's determination is a public record and shall be retained for public inspection in the same manner and location as this conflict of interest code.

Disclosure Categories

General:

Employees designated in Disclosure Category "General" above shall complete all schedules of Form 700. An investment, interest in real property, or income is reportable if the business entity in which the investment is held, the interest in real property, or the income or source of income may foreseeably be affected materially by any decision made or participated in by the designated employee by virtue of the employee's position.

Designated Employees in Category 1:

Employees designated in Disclosure Category 1 above shall complete all schedules of Form 700 unless there are no reportable interests for that schedule. A "reportable interest" shall be any business entity or source of income of a type in which the Board is authorized to invest.

Designated Employees in Category 2:

Employees designated in Disclosure Category 2 above shall complete all schedules of Form 700 except those relating to interests in real property (Form 700, Schedules B and C), unless there are no reportable interests for a schedule. A "reportable interest" shall be any business entity or source of income which, within the filing period has contracted, or

in the foreseeable future may contract with the Board to provide products or services, to the Retirement System or the Retirement Office.

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APPENDIX B

Agency Positions that Manage Public Investments
For Purposes of Section 87200 of the Government Code

Pursuant to Government Code Section 87314, the following is a list of each position with the Retirement Board and CCCERA for which an individual occupying the position is required to file a Form 700 - Statement of Economic Interests as a public official who manages public investments within the meaning of Government Code Section 87200:

Members of the Board of Retirement, including Alternate Members
Chief Executive Officer
Chief Investment Officer

APPENDIX C

(Regulations of the Fair Political Practices Commission, Title 2, Division 6, California Code of Regulations)

§ 18730. Provisions of Conflict of Interest Codes.

(a) Incorporation by reference of the terms of this regulation along with the designation of employees and the formulation of disclosure categories in the Appendix referred to below constitute the adoption and promulgation of a conflict of interest code within the meaning of Section 87300 or the amendment of a conflict of interest code within the meaning of Section 87306 if the terms of this regulation are substituted for terms of a conflict of interest code already in effect. A code so amended or adopted and promulgated requires the reporting of reportable items in a manner substantially equivalent to the requirements of article 2 of chapter 7 of the Political Reform Act, Sections 81000, et seq. The requirements of a conflict of interest code are in addition to other requirements of the Political Reform Act, such as the general prohibition against conflicts of interest contained in Section 87100, and to other state or local laws pertaining to conflicts of interest.

(b) The terms of a conflict of interest code amended or adopted and promulgated pursuant to this regulation are as follows:

(1) Section 1. Definitions.

The definitions contained in the Political Reform Act of 1974, regulations of the Fair Political Practices Commission (Regulations 18110, et seq.), and any amendments to the Act or regulations, are incorporated by reference into this conflict of interest code.

(2) Section 2. Designated Employees.

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The persons holding positions listed in the Appendix are designated employees. It has been determined that these persons make or participate in the making of decisions which may foreseeably have a material effect on economic interests.

(3) Section 3. Disclosure Categories.

This code does not establish any disclosure obligation for those designated employees who are also specified in Section 87200 if they are designated in this code in that same capacity or if the geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction in which those persons must report their economic interests pursuant to article 2 of chapter 7 of the Political Reform Act, Sections 87200, et seq.

In addition, this code does not establish any disclosure obligation for any designated employees who are designated in a conflict of interest code for another agency, if all of the following apply:

(A) The geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction of the other agency;

(B) The disclosure assigned in the code of the other agency is the same as that required under article 2 of chapter 7 of the Political Reform Act, Section 87200; and

(C) The filing officer is the same for both agencies. [FN1]

Such persons are covered by this code for disqualification purposes only. With respect to all other designated employees, the disclosure categories set forth in the Appendix specify which kinds of economic interests are reportable. Such a designated employee shall disclose in the employee's statement of economic interests those economic interests the employee has which are of the kind described in the disclosure categories to which the employee is assigned in the Appendix. It has been determined that the economic interests set forth in a designated employee's

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disclosure categories are the kinds of economic interests which the employee foreseeably can affect materially through the conduct of the employee's office.

(4) Section 4. Statements of Economic Interests: Place of Filing.

The code reviewing body shall instruct all designated employees within its code to file statements of economic interests with the agency or with the code reviewing body, as provided by the code reviewing body in the agency's conflict of interest code or with the Fair Political Practices Commission using the Commission's electronic filing system as required under Section 87500. [FN2]

(5) Section 5. Statements of Economic Interests: Time of Filing.

(A) Initial Statements. All designated employees employed by the agency on the effective date of this code, as originally adopted, promulgated and approved by the code reviewing body, shall file statements within 30 days after the effective date of this code. Thereafter, each person already in a position when it is designated by an amendment to this code shall file an initial statement within 30 days after the effective date of the amendment.

(B) Assuming Office Statements. All persons assuming designated positions after the effective date of this code shall file statements within 30 days after assuming the designated positions, or if subject to State Senate confirmation, 30 days after being nominated or appointed.

(C) Annual Statements. All designated employees shall file statements no later than April 1. If a person reports for military service as defined in the Servicemember's Civil Relief Act, the deadline for the annual statement of economic interests is 30 days following the person's return to office, provided the person, or someone authorized to represent the person's interests, notifies the filing officer in writing prior to the applicable filing deadline that the person is subject to that

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federal statute and is unable to meet the applicable deadline, and provides the filing officer verification of the person's military status.

(D) Leaving Office Statements. All persons who leave designated positions shall file statements within 30 days after leaving office.

(5.5) Section 5.5. Statements for Persons Who Resign Prior to Assuming Office.

Any person who resigns within 12 months of initial appointment, or within 30 days of the date of notice provided by the filing officer to file an assuming office statement, is not deemed to have assumed office or left office, provided the person did not make or participate in the making of, or use the person's position to influence any decision and did not receive or become entitled to receive any form of payment as a result of the person's appointment. Such persons shall not file either an assuming or leaving office statement.

(A) Any person who resigns a position within 30 days of the date of a notice from the filing officer shall do both of the following:

(1) File a written resignation with the appointing power; and

(2) File a written statement with the filing officer declaring under penalty of perjury that during the period between appointment and resignation the person did not make, participate in the making, or use the position to influence any decision of the agency or receive, or become entitled to receive, any form of payment by virtue of being appointed to the position.

(6) Section 6. Contents of and Period Covered by Statements of Economic Interests.

(A) Contents of Initial Statements.

Initial statements shall disclose any reportable investments, interests in real property and business positions held on the effective date of the code and income received during the 12 months prior to the effective date of the code.

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(B) Contents of Assuming Office Statements.

Assuming office statements shall disclose any reportable investments, interests in real property and business positions held on the date of assuming office or, if subject to State Senate confirmation or appointment, on the date of nomination, and income received during the 12 months prior to the date of assuming office or the date of being appointed or nominated, respectively.

(C) Contents of Annual Statements. Annual statements shall disclose any reportable investments, interests in real property, income and business positions held or received during the previous calendar year provided, however, that the period covered by an employee's first annual statement shall begin on the effective date of the code or the date of assuming office whichever is later, or for a board or commission member subject to Section 87302.6, the day after the closing date of the most recent statement filed by the member pursuant to Regulation 18754.

(D) Contents of Leaving Office Statements.

Leaving office statements shall disclose reportable investments, interests in real property, income and business positions held or received during the period between the closing date of the last statement filed and the date of leaving office.

(7) Section 7. Manner of Reporting.

Statements of economic interests shall be made on forms prescribed by the Fair Political Practices Commission and supplied by the agency, and shall contain the following information:

(A) Investment and Real Property Disclosure.

When an investment or an interest in real property [FN3] is required to be reported, [FN4] the statement shall contain the following:

1. A statement of the nature of the investment or interest;

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2. The name of the business entity in which each investment is held, and a general description of the business activity in which the business entity is engaged;

3. The address or other precise location of the real property;

4. A statement whether the fair market value of the investment or interest in real property equals or exceeds $2,000, exceeds $10,000, exceeds $100,000, or exceeds $1,000,000.

(B) Personal Income Disclosure. When personal income is required to be reported, [FN5] the statement shall contain:

1. The name and address of each source of income aggregating $500 or more in value, or $50 or more in value if the income was a gift, and a general description of the business activity, if any, of each source;

2. A statement whether the aggregate value of income from each source, or in the case of a loan, the highest amount owed to each source, was $1,000 or less, greater than $1,000, greater than $10,000, or greater than $100,000;

3. A description of the consideration, if any, for which the income was received;

4. In the case of a gift, the name, address and business activity of the donor and any intermediary through which the gift was made; a description of the gift; the amount or value of the gift; and the date on which the gift was received;

5. In the case of a loan, the annual interest rate and the security, if any, given for the loan and the term of the loan.

(C) Business Entity Income Disclosure. When income of a business entity, including income of a sole proprietorship, is required to be reported, [FN6] the statement shall contain:

1. The name, address, and a general description of the business activity of the business entity;

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2. The name of every person from whom the business entity received payments if the filer's pro rata share of gross receipts from such person was equal to or greater than $10,000.

(D) Business Position Disclosure. When business positions are required to be reported, a designated employee shall list the name and address of each business entity in which the employee is a director, officer, partner, trustee, employee, or in which the employee holds any position of management, a description of the business activity in which the business entity is engaged, and the designated employee's position with the business entity.

(E) Acquisition or Disposal During Reporting Period. In the case of an annual or leaving office statement, if an investment or an interest in real property was partially or wholly acquired or disposed of during the period covered by the statement, the statement shall contain the date of acquisition or disposal.

(8) Section 8. Prohibition on Receipt of Honoraria.

(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept any honorarium from any source, if the member or employee would be required to report the receipt of income or gifts from that source on the member's or employee's statement of economic interests.

(B) This section shall not apply to any part-time member of the governing board of any public institution of higher education, unless the member is also an elected official.

(C) Subdivisions (a), (b), and (c) of Section 89501 shall apply to the prohibitions in this section.

(D) This section shall not limit or prohibit payments, advances, or reimbursements for travel and related lodging and subsistence authorized by Section 89506.

(8.1) Section 8.1. Prohibition on Receipt of Gifts in Excess of $630.

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(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept gifts with a total value of more than $630 in a calendar year from any single source, if the member or employee would be required to report the receipt of income or gifts from that source on the member's or employee's statement of economic interests.

(B) This section shall not apply to any part-time member of the governing board of any public institution of higher education, unless the member is also an elected official.

(C) Subdivisions (e), (f), and (g) of Section 89503 shall apply to the prohibitions in this section.

(8.2) Section 8.2. Loans to Public Officials.

(A) No elected officer of a state or local government agency shall, from the date of the election to office through the date that the officer vacates office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the elected officer holds office or over which the elected officer's agency has direction and control.

(B) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the public official holds office or over which the public official's agency has direction and control. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.

(C) No elected officer of a state or local government agency shall, from the date of the election to office through the date that the officer vacates office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer

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has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status.

(D) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while the official holds office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.

(E) This section shall not apply to the following:

1. Loans made to the campaign committee of an elected officer or candidate for elective office.

2. Loans made by a public official's spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such persons, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.

3. Loans from a person which, in the aggregate, do not exceed $500 at any given time.

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4. Loans made, or offered in writing, before January 1, 1998.

(8.3) Section 8.3. Loan Terms.

(A) Except as set forth in subdivision (B), no elected officer of a state or local government agency shall, from the date of the officer's election to office through the date the officer vacates office, receive a personal loan of $500 or more, except when the loan is in writing and clearly states the terms of the loan, including the parties to the loan agreement, date of the loan, amount of the loan, term of the loan, date or dates when payments shall be due on the loan and the amount of the payments, and the rate of interest paid on the loan.

(B) This section shall not apply to the following types of loans:

1. Loans made to the campaign committee of the elected officer.

2. Loans made to the elected officer by his or her spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such person, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.

3. Loans made, or offered in writing, before January 1, 1998.

(C) Nothing in this section shall exempt any person from any other provision of Title 9 of the Government Code.

(8.4) Section 8.4. Personal Loans.

(A) Except as set forth in subdivision (B), a personal loan received by any designated employee shall become a gift to the designated employee for the purposes of this section in the following circumstances:

1. If the loan has a defined date or dates for repayment, when the statute of limitations for filing an action for default has expired.

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2. If the loan has no defined date or dates for repayment, when one year has elapsed from the later of the following:

a. The date the loan was made.

b. The date the last payment of $100 or more was made on the loan.

c. The date upon which the debtor has made payments on the loan aggregating to less than $250 during the previous 12 months.

(B) This section shall not apply to the following types of loans:

1. A loan made to the campaign committee of an elected officer or a candidate for elective office.

2. A loan that would otherwise not be a gift as defined in this title.

3. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor has taken reasonable action to collect the balance due.

4. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor, based on reasonable business considerations, has not undertaken collection action. Except in a criminal action, a creditor who claims that a loan is not a gift on the basis of this paragraph has the burden of proving that the decision for not taking collection action was based on reasonable business considerations.

5. A loan made to a debtor who has filed for bankruptcy and the loan is ultimately discharged in bankruptcy.

(C) Nothing in this section shall exempt any person from any other provisions of Title 9 of the Government Code.

(9) Section 9. Disqualification.

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No designated employee shall make, participate in making, or in any way attempt to use the employee's official position to influence the making of any governmental decision which the employee knows or has reason to know will have a reasonably foreseeable material financial effect, distinguishable from its effect on the public generally, on the official or a member of the official's immediate family or on:

(A) Any business entity in which the designated employee has a direct or indirect investment worth $2,000 or more;

(B) Any real property in which the designated employee has a direct or indirect interest worth $2,000 or more;

(C) Any source of income, other than gifts and other than loans by a commercial lending institution in the regular course of business on terms available to the public without regard to official status, aggregating $500 or more in value provided to, received by or promised to the designated employee within 12 months prior to the time when the decision is made;

(D) Any business entity in which the designated employee is a director, officer, partner, trustee, employee, or holds any position of management; or

(E) Any donor of, or any intermediary or agent for a donor of, a gift or gifts aggregating $630 or more provided to, received by, or promised to the designated employee within 12 months prior to the time when the decision is made.

(9.3) Section 9.3. Legally Required Participation.

No designated employee shall be prevented from making or participating in the making of any decision to the extent the employee's participation is legally required for the decision to be made. The fact that the vote of a designated employee who is on a voting body is needed to break a tie does not make the employees' participation legally required for purposes of this section.

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(9.5) Section 9.5. Disqualification of State Officers and Employees.

In addition to the general disqualification provisions of section 9, no state administrative official shall make, participate in making, or use the official's position to influence any governmental decision directly relating to any contract where the state administrative official knows or has reason to know that any party to the contract is a person with whom the state administrative official, or any member of the official's immediate family has, within 12 months prior to the time when the official action is to be taken:

(A) Engaged in a business transaction or transactions on terms not available to members of the public, regarding any investment or interest in real property; or

(B) Engaged in a business transaction or transactions on terms not available to members of the public regarding the rendering of goods or services totaling in value $1,000 or more.

(10) Section 10. Disclosure of Disqualifying Interest.

When a designated employee determines that the employee should not make a governmental decision because the employee has a disqualifying interest in it, the determination not to act may be accompanied by disclosure of the disqualifying interest.

(11) Section 11. Assistance of the Commission and Counsel.

Any designated employee who is unsure of the duties under this code may request assistance from the Fair Political Practices Commission pursuant to Section 83114 and Regulations 18329 and 18329.5 or from the attorney for the employee's agency, provided that nothing in this section requires the attorney for the agency to issue any formal or informal opinion.

(12) Section 12. Violations.

This code has the force and effect of law. Designated employees violating any provision of this code are subject to the administrative, criminal and civil sanctions provided in the

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Political Reform Act, Sections 81000-91014. In addition, a decision in relation to which a violation of the disqualification provisions of this code or of Section 87100 or 87450 has occurred may be set aside as void pursuant to Section 91003.

[FN1]

Designated employees who are required to file statements of economic interests under any other agency's conflict of interest code, or under article 2 for a different jurisdiction, may expand their statement of economic interests to cover reportable interests in both jurisdictions, and file copies of this expanded statement with both entities in lieu of filing separate and distinct statements, provided that each copy of such expanded statement filed in place of an original is signed and verified by the designated employee as if it were an original. See Section 81004.

[FN2]

See Section 81010 and Regulation 18115 for the duties of filing officers and persons in agencies who make and retain copies of statements and forward the originals to the filing officer.

[FN3]

For the purpose of disclosure only (not disqualification), an interest in real property does not include the principal residence of the filer.

[FN4]

Investments and interests in real property which have a fair market value of less than $2,000 are not investments and interests in real property within the meaning of the Political Reform Act. However, investments or interests in real property of an individual include those held by the individual's spouse and dependent children as well as a pro rata share of any investment or interest in real property of any business entity or trust in which the individual, spouse and

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dependent children own, in the aggregate, a direct, indirect or beneficial interest of 10 percent or greater.

[FN5]

A designated employee's income includes the employee's community property interest in the income of the employee's spouse but does not include salary or reimbursement for expenses received from a state, local or federal government agency.

[FN6]

Income of a business entity is reportable if the direct, indirect or beneficial interest of the filer and the filer's spouse in the business entity aggregates a 10 percent or greater interest. In addition, the disclosure of persons who are clients or customers of a business entity is required only if the clients or customers are within one of the disclosure categories of the filer.

Note: Authority cited: Section 83112, Government Code. Reference: Sections 87103(e), 87300-87302, 89501, 89502 and 89503, Government Code.

History

1. New section filed 4-2-80 as an emergency; effective upon filing (Register 80, No. 14). Certificate of Compliance included.

2. Editorial correction (Register 80, No. 29).

3. Amendment of subsection (b) filed 1-9-81; effective thirtieth day thereafter (Register 81, No. 2).

4. Amendment of subsection (b)(7)(B)1. filed 1-26-83; effective thirtieth day thereafter (Register 83, No. 5).

5. Amendment of subsection (b)(7)(A) filed 11-10-83; effective thirtieth day thereafter (Register 83, No. 46).

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6. Amendment filed 4-13-87; operative 5-13-87 (Register 87, No. 16).

7. Amendment of subsection (b) filed 10-21-88; operative 11-20-88 (Register 88, No. 46).

8. Amendment of subsections (b)(8)(A) and (b)(8)(B) and numerous editorial changes filed 8-28-90; operative 9-27-90 (Reg. 90, No. 42).

9. Amendment of subsections (b)(3), (b)(8) and renumbering of following subsections and amendment of Note filed 8-7-92; operative 9-7-92 (Register 92, No. 32).

10. Amendment of subsection (b)(5.5) and new subsections (b)(5.5)(A)-(A)(2) filed 2-4-93; operative 2-4-93 (Register 93, No. 6).

11. Change without regulatory effect adopting Conflict of Interest Code for California Mental Health Planning Council filed 11-22-93 pursuant to title 1, section 100, California Code of Regulations (Register 93, No. 48). Approved by Fair Political Practices Commission 9-21-93.

12. Change without regulatory effect redesignating Conflict of Interest Code for California Mental Health Planning Council as chapter 62, section 55100 filed 1-4-94 pursuant to title 1, section 100, California Code of Regulations (Register 94, No. 1).

13. Editorial correction adding History 11 and 12 and deleting duplicate section number (Register 94, No. 17).

14. Amendment of subsection (b)(8), designation of subsection (b)(8)(A), new subsection (b)(8)(B), and amendment of subsections (b)(8.1)-(b)(8.1)(B), (b)(9)(E) and Note filed 3-14-95; operative 3-14-95 pursuant to Government Code section 11343.4(d) (Register 95, No. 11).

15. Editorial correction inserting inadvertently omitted language in footnote 4 (Register 96, No. 13).

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16. Amendment of subsections (b)(8)(A)-(B) and (b)(8.1)(A), repealer of subsection (b)(8.1)(B), and amendment of subsection (b)(12) filed 10-23-96; operative 10-23-96 pursuant to Government Code section 11343.4(d) (Register 96, No. 43).

17. Amendment of subsections (b)(8.1) and (9)(E) filed 4-9-97; operative 4-9-97 pursuant to Government Code section 11343.4(d) (Register 97, No. 15).

18. Amendment of subsections (b)(7)(B)5., new subsections (b)(8.2)-(b)(8.4)(C) and amendment of Note filed 8-24-98; operative 8-24-98 pursuant to Government Code section 11343.4(d) (Register 98, No. 35).

19. Editorial correction of subsection (a) (Register 98, No. 47).

20. Amendment of subsections (b)(8.1), (b)(8.1)(A) and (b)(9)(E) filed 5-11-99; operative 5-11-99 pursuant to Government Code section 11343.4(d) (Register 99, No. 20).

21. Amendment of subsections (b)(8.1)-(b)(8.1)(A) and (b)(9)(E) filed 12-6-2000; operative 1-1-2001 pursuant to the 1974 version of Government Code section 11380.2 and Title 2, California Code of Regulations, section 18312(d) and (e) (Register 2000, No. 49).

22. Amendment of subsections (b)(3) and (b)(10) filed 1-10-2001; operative 2-1-2001. Submitted to OAL for filing pursuant to *Fair Political Practices Commission v. Office of Administrative Law,* 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements) (Register 2001, No. 2).

23. Amendment of subsections (b)(7)(A)4., (b)(7)(B)1.-2., (b)(8.2)(E)3., (b)(9)(A)-(C) and footnote 4. filed 2-13-2001. Submitted to OAL for filing pursuant to *Fair Political Practices Commission v. Office of Administrative Law,* 3 Civil C010924, California Court of Appeal, Third

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Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements) (Register 2001, No. 7).

24. Amendment of subsections (b)(8.1)-(b)(8.1)(A) filed 1-16-2003; operative 1-1-2003. Submitted to OAL for filing pursuant to *Fair Political Practices Commission v. Office of Administrative Law,* 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements) (Register 2003, No. 3).

25. Editorial correction of History 24 (Register 2003, No. 12).

26. Editorial correction removing extraneous phrase in subsection (b)(9.5)(B) (Register 2004, No. 33).

27. Amendment of subsections (b)(2)-(3), (b)(3)(C), (b)(6)(C), (b)(8.1)-(b)(8.1)(A), (b)(9)(E) and (b)(11)-(12) filed 1-4-2005; operative 1-1-2005 pursuant to Government Code section 11343.4 (Register 2005, No. 1).

28. Amendment of subsection (b)(7)(A)4. filed 10-11-2005; operative 11-10-2005 (Register 2005, No. 41).

29. Amendment of subsections (a), (b)(1), (b)(3), (b)(8.1), (b)(8.1)(A) and (b)(9)(E) filed 12-18-2006; operative 1-1-2007. Submitted to OAL pursuant to *Fair Political Practices Commission v. Office of Administrative Law,* 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements) (Register 2006, No. 51).

30. Amendment of subsections (b)(8.1)-(b)(8.1)(A) and (b)(9)(E) filed 10-31-2008; operative 11-30-2008. Submitted to OAL for filing pursuant to *Fair Political Practices Commission v. Office of Administrative Law*, 3 Civil C010924, California Court of Appeal, Third Appellate District,

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nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements and not subject to procedural or substantive review by OAL) (Register 2008, No. 44).

31. Amendment of section heading and section filed 11-15-2010; operative 12-15-2010. Submitted to OAL for filing pursuant to *Fair Political Practices Commission v. Office of Administrative Law*, 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements and not subject to procedural or substantive review by OAL) (Register 2010, No. 47).

32. Amendment of section heading and subsections (a)-(b)(1), (b)(3)-(4), (b)(5)(C), (b)(8.1)-(b)(8.1)(A) and (b)(9)(E) and amendment of footnote 1 filed 1-8-2013; operative 2-7-2013. Submitted to OAL for filing pursuant to *Fair Political Practices Commission v. Office of Administrative Law,* 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements and not subject to procedural or substantive review by OAL) (Register 2013, No. 2).

33. Amendment of subsections (b)(8.1)-(b)(8.1)(A), (b)(8.2)(E)3. and (b)(9)(E) filed 12-15-2014; operative 1-1-2015 pursuant to section 18312(e)(1)(A), title 2, California Code of Regulations. Submitted to OAL for filing and printing pursuant to *Fair Political Practices Commission v. Office of Administrative Law,* 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements) (Register 2014, No. 51).

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34. Redesignation of portions of subsection (b)(8)(A) as new subsections (b)(8)(B)-(D), amendment of subsections (b)(8.1)-(b)(8.1)(A), redesignation of portions of subsection (b)(8.1)(A) as new subsections (b)(8.1)(B)-(C) and amendment of subsection (b)(9)(E) filed 12-1-2016; operative 12-31-2016 pursuant to Cal. Code Regs. tit. 2, section 18312(e). Submitted to OAL for filing pursuant to *Fair Political Practices Commission v. Office of Administrative Law,* 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements and not subject to procedural or substantive review by OAL) (Register 2016, No. 49).

35. Amendment of subsections (b)(8.1)-(b)(8.1)(A) and (b)(9)(E) filed 12-12-2018; operative 1-11-2019 pursuant to Cal. Code Regs., tit. 2, section 18312(e). Submitted to OAL for filing and printing pursuant to *Fair Political Practices Commission v. Office of Administrative Law,* 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements and not subject to procedural or substantive review by OAL) (Register 2018, No. 50).

36. Amendment of subsections (b)(8.1)-(8.1)(A) filed 12-23-2020; operative 1-1-2021 pursuant to Cal. Code Regs., tit. 2, section 18312(e). Submitted to OAL for filing pursuant to *Fair Political Practices Commission v. Office of Administrative Law,* 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements and not subject to procedural or substantive review by OAL) (Register 2020, No. 52).

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37. Amendment of subsections (b)(3)(C), (b)(5)(C), (b)(5.5), (b)(5.5)(A)(2), (b)(7)(D), (b)(8)(A), (b)(8.1)(A), (b)(8.2)(A), (b)(8.2)(C)-(D), (b)(8.3)(A), (b)(9), (b)(9.3), (b)(9.5), (b)(10) and (b)(11) and footnote 5 filed 5-12-2021; operative 6-11-2021 pursuant to Cal. Code Regs., tit. 2, section 18312(e). Submitted to OAL for filing pursuant to *Fair Political Practices Commission v. Office of Administrative Law,* 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements and not subject to procedural or substantive review by OAL) (Register 2021, No. 20).

38. Amendment of subsections (b)(8.1)-(b)(8.1)(A) and (b)(9)(E) filed 12-20-2022; operative 1-19-2023 pursuant to Cal. Code Regs., tit. 2, section 18312(e). Submitted to OAL for filing pursuant to Fair Political Practices Commission v. Office of Administrative Law, 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements and not subject to procedural or substantive review by OAL) (Register 2022, No. 51).

39. Amendment of subsections (b)(8.1)-(b)(8.1)(A) and (b)(9)(E) filed 2-18-2025; operative 3-20-2025 pursuant to Cal. Code Regs., tit. 2, section 18312(e). Submitted to OAL for filing pursuant to *Fair Political Practices Commission v. Office of Administrative Law*, 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements and not subject to procedural or substantive review by OAL) (Register 2025, No. 8).

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40. Amendment of subsection (b)(4) filed 5-8-2025; operative 6-7-2025 pursuant to Cal. Code Regs., tit. 2, section 18312(e). Submitted to OAL for filing pursuant to *Fair Political Practices Commission v. Office of Administrative Law*, 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements and not subject to procedural or substantive review by OAL) (Register 2025, No. 19).

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CONTRA COSTA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION
BOARD OF RETIREMENT

CONFLICT OF INTEREST CODE

I. AUTHORITY

Pursuant to the provisions of Government Code Sections 87300, *et seq.*, the Board of Retirement of the Contra Costa County Employees' Retirement Association adopts this Conflict of Interest Code. This Conflict of Interest Code and any amendments thereto become effective upon approval by the Contra Costa County Board of Supervisors. (Government Code Sections 87303 and 82011(b).)

II. DESIGNATED POSITIONS AND EMPLOYEES

The positions listed in Appendix "A" attached hereto are "designated positions". Every person holding any designated position is deemed to make, or participate in the making of, decisions which could affect his or her personal economic interests. Designated positions are assigned the disclosure categories set forth in Appendix "A". Each person holding any designated position shall file an annual statement of economic interest disclosing that person's interest in investments, business positions, real property and income designated as reportable under the category to which the employee's position is assigned.

The positions listed in Appendix "B" attached hereto manage public investments for purposes of Section 87200 of the Government Code and are "Code filers." Each Code filer shall file an annual statement of economic interest.

III. INCORPORATION OF FPPC REGULATION 18730

The California Fair Political Practices Commission (FPPC) has adopted Regulation 18730, which contains the terms of a standard conflict of interest code. (2 Cal. Code of Regs. 18730.) Regulation 18730 may be amended from time to time. The terms of Regulation 18730, and any amendments to it duly adopted by the FPPC, are hereby incorporated by reference as Appendix "C".

IV. FPPC FORM 700 – STATEMENT OF ECONOMIC INTERESTS

Disclosure statements shall be made on FPPC Form 700 – Statement of Economic Interests. The Form 700 is published annually by the FPPC~~, available on the FPPC website at fppc.ca.gov and supplied by the Contra Costa County Clerk of the Board of Supervisors~~. The Form 700~~place and time of~~ filing shall be as follows:

(a) Every person holding any designated position listed in Appendix "A" shall file their ~~original of his or her statement of financial interests~~Form 700 with the Contra Costa County Clerk of the Board of Supervisors using the County's electronic filing system. To the extent any designated position listed in Appendix "A" is deemed to be a "public official who manages

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public investments" under 87500(a)(2)(O), they shall file their Form 700 via the FPPC's electronic filing system.

(b) Every person holding a position listed in Appendix "B" shall file their ~~original of his or her statement of financial interests~~Form 700 with the FPPC using the FPPC's electronic filing system~~Contra Costa County Clerk - Elections Division~~.

(c) All Form 700 filers must file the Form 700 at the times prescribed by law. Failure to file statements on time may result in penalties including but not limited to late fines.

HISTORY

Adopted: 02/24/1976

Amended: 11/06/02, 11/17/04, 04/08/09, 12/8/10, 09/10/14, 09/28/16, 02/09/22, 09/14/22.

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APPENDIX A

Designated Positions	Disclosure Category
Deputy Chief Executive Officer	General
Accounting Manager	1
Administrative Services Manager	2
Human Resources Manager	2
General Counsel and Deputy General Counsel	1
Internal Auditor	1
Investment Analyst and Investment Officer	1
Senior Investment Analyst and Senior Investment Officer	1
Outside fiduciary counsel	1
Outside investment consultant and other consultants	1

- Consultants shall be included in the list of designated positions and shall disclose pursuant to the broadest disclosure category in the code subject to the following limitation: The Chief Executive Officer may determine in writing that a particular consultant, although a "designated position", is hired to perform a range of duties that is limited in scope and thus is not required to fully comply with the disclosure requirements described in this code. Such written determination shall include a description of the consultant's duties and, based upon that description, a statement of the extent of disclosure requirements. The Chief Executive Officer's determination is a public record and shall be retained for public inspection in the same manner and location as this conflict of interest code.

Disclosure Categories

General:

Employees designated in Disclosure Category "General" above shall complete all schedules of Form 700. An investment, interest in real property, or income is reportable if the business entity in which the investment is held, the interest in real property, or the income or source of income may foreseeably be affected materially by any decision made or participated in by the designated employee by virtue of the employee's position.

Designated Employees in Category 1:

Employees designated in Disclosure Category 1 above shall complete all schedules of Form 700 unless there are no reportable interests for that schedule. A "reportable interest" shall be any business entity or source of income of a type in which the Board is authorized to invest.

Designated Employees in Category 2:

Employees designated in Disclosure Category 2 above shall complete all schedules of Form 700 except those relating to interests in real property (Form 700, Schedules B and C), unless there are no reportable interests for a schedule. A "reportable interest" shall be any business entity or source of income which, within the filing period has contracted, or

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in the foreseeable future may contract with the Board to provide products or services, to the Retirement System or the Retirement Office.

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APPENDIX B

Agency Positions that Manage Public Investments
For Purposes of Section 87200 of the Government Code

Pursuant to Government Code Section 87314, the following is a list of each position with the Retirement Board and CCCERA for which an individual occupying the position is required to file a Form 700 - Statement of Economic Interests as a public official who manages public investments within the meaning of Government Code Section 87200:

Members of the Board of Retirement, including Alternate Members
Chief Executive Officer
Chief Investment Officer

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APPENDIX C

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(Regulations of the Fair Political Practices Commission, Title 2, Division 6, California Code of Regulations)

§ 18730. Provisions of Conflict of Interest Codes.

(a) Incorporation by reference of the terms of this regulation along with the designation of employees and the formulation of disclosure categories in the Appendix referred to below constitute the adoption and promulgation of a conflict of interest code within the meaning of Section 87300 or the amendment of a conflict of interest code within the meaning of Section 87306 if the terms of this regulation are substituted for terms of a conflict of interest code already in effect. A code so amended or adopted and promulgated requires the reporting of reportable items in a manner substantially equivalent to the requirements of article 2 of chapter 7 of the Political Reform Act, Sections 81000, et seq. The requirements of a conflict of interest code are in addition to other requirements of the Political Reform Act, such as the general prohibition against conflicts of interest contained in Section 87100, and to other state or local laws pertaining to conflicts of interest.

(b) The terms of a conflict of interest code amended or adopted and promulgated pursuant to this regulation are as follows:

(1) Section 1. Definitions.

The definitions contained in the Political Reform Act of 1974, regulations of the Fair Political Practices Commission (Regulations 18110, et seq.), and any amendments to the Act or regulations, are incorporated by reference into this conflict of interest code.

(2) Section 2. Designated Employees.

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The persons holding positions listed in the Appendix are designated employees. It has been determined that these persons make or participate in the making of decisions which may foreseeably have a material effect on economic interests.

(3) Section 3. Disclosure Categories.

This code does not establish any disclosure obligation for those designated employees who are also specified in Section 87200 if they are designated in this code in that same capacity or if the geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction in which those persons must report their economic interests pursuant to article 2 of chapter 7 of the Political Reform Act, Sections 87200, et seq.

In addition, this code does not establish any disclosure obligation for any designated employees who are designated in a conflict of interest code for another agency, if all of the following apply:

(A) The geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction of the other agency;

(B) The disclosure assigned in the code of the other agency is the same as that required under article 2 of chapter 7 of the Political Reform Act, Section 87200; and

(C) The filing officer is the same for both agencies. [FN1]

Such persons are covered by this code for disqualification purposes only. With respect to all other designated employees, the disclosure categories set forth in the Appendix specify which kinds of economic interests are reportable. Such a designated employee shall disclose in the employee's statement of economic interests those economic interests the employee has which are of the kind described in the disclosure categories to which the employee is assigned in the Appendix. It has been determined that the economic interests set forth in a designated employee's

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disclosure categories are the kinds of economic interests which the employee foreseeably can affect materially through the conduct of the employee's office.

(4) Section 4. Statements of Economic Interests: Place of Filing.

The code reviewing body shall instruct all designated employees within its code to file statements of economic interests with the agency or with the code reviewing body, as provided by the code reviewing body in the agency's conflict of interest code or with the Fair Political Practices Commission using the Commission's electronic filing system as required under Section 87500. [FN2]

(5) Section 5. Statements of Economic Interests: Time of Filing.

(A) Initial Statements. All designated employees employed by the agency on the effective date of this code, as originally adopted, promulgated and approved by the code reviewing body, shall file statements within 30 days after the effective date of this code. Thereafter, each person already in a position when it is designated by an amendment to this code shall file an initial statement within 30 days after the effective date of the amendment.

(B) Assuming Office Statements. All persons assuming designated positions after the effective date of this code shall file statements within 30 days after assuming the designated positions, or if subject to State Senate confirmation, 30 days after being nominated or appointed.

(C) Annual Statements. All designated employees shall file statements no later than April 1. If a person reports for military service as defined in the Servicemember's Civil Relief Act, the deadline for the annual statement of economic interests is 30 days following the person's return to office, provided the person, or someone authorized to represent the person's interests, notifies the filing officer in writing prior to the applicable filing deadline that the person is subject to that

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federal statute and is unable to meet the applicable deadline, and provides the filing officer verification of the person's military status.

(D) Leaving Office Statements. All persons who leave designated positions shall file statements within 30 days after leaving office.

(5.5) Section 5.5. Statements for Persons Who Resign Prior to Assuming Office.

Any person who resigns within 12 months of initial appointment, or within 30 days of the date of notice provided by the filing officer to file an assuming office statement, is not deemed to have assumed office or left office, provided the person did not make or participate in the making of, or use the person's position to influence any decision and did not receive or become entitled to receive any form of payment as a result of the person's appointment. Such persons shall not file either an assuming or leaving office statement.

(A) Any person who resigns a position within 30 days of the date of a notice from the filing officer shall do both of the following:

(1) File a written resignation with the appointing power; and

(2) File a written statement with the filing officer declaring under penalty of perjury that during the period between appointment and resignation the person did not make, participate in the making, or use the position to influence any decision of the agency or receive, or become entitled to receive, any form of payment by virtue of being appointed to the position.

(6) Section 6. Contents of and Period Covered by Statements of Economic Interests.

(A) Contents of Initial Statements.

Initial statements shall disclose any reportable investments, interests in real property and business positions held on the effective date of the code and income received during the 12 months prior to the effective date of the code.

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(B) Contents of Assuming Office Statements.

Assuming office statements shall disclose any reportable investments, interests in real property and business positions held on the date of assuming office or, if subject to State Senate confirmation or appointment, on the date of nomination, and income received during the 12 months prior to the date of assuming office or the date of being appointed or nominated, respectively.

(C) Contents of Annual Statements. Annual statements shall disclose any reportable investments, interests in real property, income and business positions held or received during the previous calendar year provided, however, that the period covered by an employee's first annual statement shall begin on the effective date of the code or the date of assuming office whichever is later, or for a board or commission member subject to Section 87302.6, the day after the closing date of the most recent statement filed by the member pursuant to Regulation 18754.

(D) Contents of Leaving Office Statements.

Leaving office statements shall disclose reportable investments, interests in real property, income and business positions held or received during the period between the closing date of the last statement filed and the date of leaving office.

(7) Section 7. Manner of Reporting.

Statements of economic interests shall be made on forms prescribed by the Fair Political Practices Commission and supplied by the agency, and shall contain the following information:

(A) Investment and Real Property Disclosure.

When an investment or an interest in real property [FN3] is required to be reported, [FN4] the statement shall contain the following:

1. A statement of the nature of the investment or interest;

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2. The name of the business entity in which each investment is held, and a general description of the business activity in which the business entity is engaged;

3. The address or other precise location of the real property;

4. A statement whether the fair market value of the investment or interest in real property equals or exceeds $2,000, exceeds $10,000, exceeds $100,000, or exceeds $1,000,000.

(B) Personal Income Disclosure. When personal income is required to be reported, [FN5] the statement shall contain:

1. The name and address of each source of income aggregating $500 or more in value, or $50 or more in value if the income was a gift, and a general description of the business activity, if any, of each source;

2. A statement whether the aggregate value of income from each source, or in the case of a loan, the highest amount owed to each source, was $1,000 or less, greater than $1,000, greater than $10,000, or greater than $100,000;

3. A description of the consideration, if any, for which the income was received;

4. In the case of a gift, the name, address and business activity of the donor and any intermediary through which the gift was made; a description of the gift; the amount or value of the gift; and the date on which the gift was received;

5. In the case of a loan, the annual interest rate and the security, if any, given for the loan and the term of the loan.

(C) Business Entity Income Disclosure. When income of a business entity, including income of a sole proprietorship, is required to be reported, [FN6] the statement shall contain:

1. The name, address, and a general description of the business activity of the business entity;

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2. The name of every person from whom the business entity received payments if the filer's pro rata share of gross receipts from such person was equal to or greater than $10,000.

(D) Business Position Disclosure. When business positions are required to be reported, a designated employee shall list the name and address of each business entity in which the employee is a director, officer, partner, trustee, employee, or in which the employee holds any position of management, a description of the business activity in which the business entity is engaged, and the designated employee's position with the business entity.

(E) Acquisition or Disposal During Reporting Period. In the case of an annual or leaving office statement, if an investment or an interest in real property was partially or wholly acquired or disposed of during the period covered by the statement, the statement shall contain the date of acquisition or disposal.

(8) Section 8. Prohibition on Receipt of Honoraria.

(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept any honorarium from any source, if the member or employee would be required to report the receipt of income or gifts from that source on the member's or employee's statement of economic interests.

(B) This section shall not apply to any part-time member of the governing board of any public institution of higher education, unless the member is also an elected official.

(C) Subdivisions (a), (b), and (c) of Section 89501 shall apply to the prohibitions in this section.

(D) This section shall not limit or prohibit payments, advances, or reimbursements for travel and related lodging and subsistence authorized by Section 89506.

(8.1) Section 8.1. Prohibition on Receipt of Gifts in Excess of $630.

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(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept gifts with a total value of more than $630 in a calendar year from any single source, if the member or employee would be required to report the receipt of income or gifts from that source on the member's or employee's statement of economic interests.

(B) This section shall not apply to any part-time member of the governing board of any public institution of higher education, unless the member is also an elected official.

(C) Subdivisions (e), (f), and (g) of Section 89503 shall apply to the prohibitions in this section.

(8.2) Section 8.2. Loans to Public Officials.

(A) No elected officer of a state or local government agency shall, from the date of the election to office through the date that the officer vacates office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the elected officer holds office or over which the elected officer's agency has direction and control.

(B) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the public official holds office or over which the public official's agency has direction and control. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.

(C) No elected officer of a state or local government agency shall, from the date of the election to office through the date that the officer vacates office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer

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has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status.

(D) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while the official holds office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.

(E) This section shall not apply to the following:

1. Loans made to the campaign committee of an elected officer or candidate for elective office.

2. Loans made by a public official's spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such persons, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.

3. Loans from a person which, in the aggregate, do not exceed $500 at any given time.

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4. Loans made, or offered in writing, before January 1, 1998.

(8.3) Section 8.3. Loan Terms.

(A) Except as set forth in subdivision (B), no elected officer of a state or local government agency shall, from the date of the officer's election to office through the date the officer vacates office, receive a personal loan of $500 or more, except when the loan is in writing and clearly states the terms of the loan, including the parties to the loan agreement, date of the loan, amount of the loan, term of the loan, date or dates when payments shall be due on the loan and the amount of the payments, and the rate of interest paid on the loan.

(B) This section shall not apply to the following types of loans:

1. Loans made to the campaign committee of the elected officer.

2. Loans made to the elected officer by his or her spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such person, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.

3. Loans made, or offered in writing, before January 1, 1998.

(C) Nothing in this section shall exempt any person from any other provision of Title 9 of the Government Code.

(8.4) Section 8.4. Personal Loans.

(A) Except as set forth in subdivision (B), a personal loan received by any designated employee shall become a gift to the designated employee for the purposes of this section in the following circumstances:

1. If the loan has a defined date or dates for repayment, when the statute of limitations for filing an action for default has expired.

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2. If the loan has no defined date or dates for repayment, when one year has elapsed from the later of the following:

a. The date the loan was made.

b. The date the last payment of $100 or more was made on the loan.

c. The date upon which the debtor has made payments on the loan aggregating to less than $250 during the previous 12 months.

(B) This section shall not apply to the following types of loans:

1. A loan made to the campaign committee of an elected officer or a candidate for elective office.

2. A loan that would otherwise not be a gift as defined in this title.

3. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor has taken reasonable action to collect the balance due.

4. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor, based on reasonable business considerations, has not undertaken collection action. Except in a criminal action, a creditor who claims that a loan is not a gift on the basis of this paragraph has the burden of proving that the decision for not taking collection action was based on reasonable business considerations.

5. A loan made to a debtor who has filed for bankruptcy and the loan is ultimately discharged in bankruptcy.

(C) Nothing in this section shall exempt any person from any other provisions of Title 9 of the Government Code.

(9) Section 9. Disqualification.

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No designated employee shall make, participate in making, or in any way attempt to use the employee's official position to influence the making of any governmental decision which the employee knows or has reason to know will have a reasonably foreseeable material financial effect, distinguishable from its effect on the public generally, on the official or a member of the official's immediate family or on:

(A) Any business entity in which the designated employee has a direct or indirect investment worth $2,000 or more;

(B) Any real property in which the designated employee has a direct or indirect interest worth $2,000 or more;

(C) Any source of income, other than gifts and other than loans by a commercial lending institution in the regular course of business on terms available to the public without regard to official status, aggregating $500 or more in value provided to, received by or promised to the designated employee within 12 months prior to the time when the decision is made;

(D) Any business entity in which the designated employee is a director, officer, partner, trustee, employee, or holds any position of management; or

(E) Any donor of, or any intermediary or agent for a donor of, a gift or gifts aggregating $630 or more provided to, received by, or promised to the designated employee within 12 months prior to the time when the decision is made.

(9.3) Section 9.3. Legally Required Participation.

No designated employee shall be prevented from making or participating in the making of any decision to the extent the employee's participation is legally required for the decision to be made. The fact that the vote of a designated employee who is on a voting body is needed to break a tie does not make the employees' participation legally required for purposes of this section.

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(9.5) Section 9.5. Disqualification of State Officers and Employees.

In addition to the general disqualification provisions of section 9, no state administrative official shall make, participate in making, or use the official's position to influence any governmental decision directly relating to any contract where the state administrative official knows or has reason to know that any party to the contract is a person with whom the state administrative official, or any member of the official's immediate family has, within 12 months prior to the time when the official action is to be taken:

(A) Engaged in a business transaction or transactions on terms not available to members of the public, regarding any investment or interest in real property; or

(B) Engaged in a business transaction or transactions on terms not available to members of the public regarding the rendering of goods or services totaling in value $1,000 or more.

(10) Section 10. Disclosure of Disqualifying Interest.

When a designated employee determines that the employee should not make a governmental decision because the employee has a disqualifying interest in it, the determination not to act may be accompanied by disclosure of the disqualifying interest.

(11) Section 11. Assistance of the Commission and Counsel.

Any designated employee who is unsure of the duties under this code may request assistance from the Fair Political Practices Commission pursuant to Section 83114 and Regulations 18329 and 18329.5 or from the attorney for the employee's agency, provided that nothing in this section requires the attorney for the agency to issue any formal or informal opinion.

(12) Section 12. Violations.

This code has the force and effect of law. Designated employees violating any provision of this code are subject to the administrative, criminal and civil sanctions provided in the

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Political Reform Act, Sections 81000-91014. In addition, a decision in relation to which a violation of the disqualification provisions of this code or of Section 87100 or 87450 has occurred may be set aside as void pursuant to Section 91003.

[FN1]

Designated employees who are required to file statements of economic interests under any other agency's conflict of interest code, or under article 2 for a different jurisdiction, may expand their statement of economic interests to cover reportable interests in both jurisdictions, and file copies of this expanded statement with both entities in lieu of filing separate and distinct statements, provided that each copy of such expanded statement filed in place of an original is signed and verified by the designated employee as if it were an original. See Section 81004.

[FN2]

See Section 81010 and Regulation 18115 for the duties of filing officers and persons in agencies who make and retain copies of statements and forward the originals to the filing officer.

[FN3]

For the purpose of disclosure only (not disqualification), an interest in real property does not include the principal residence of the filer.

[FN4]

Investments and interests in real property which have a fair market value of less than $2,000 are not investments and interests in real property within the meaning of the Political Reform Act. However, investments or interests in real property of an individual include those held by the individual's spouse and dependent children as well as a pro rata share of any investment or interest in real property of any business entity or trust in which the individual, spouse and

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dependent children own, in the aggregate, a direct, indirect or beneficial interest of 10 percent or greater.

[FN5]

A designated employee's income includes the employee's community property interest in the income of the employee's spouse but does not include salary or reimbursement for expenses received from a state, local or federal government agency.

[FN6]

Income of a business entity is reportable if the direct, indirect or beneficial interest of the filer and the filer's spouse in the business entity aggregates a 10 percent or greater interest. In addition, the disclosure of persons who are clients or customers of a business entity is required only if the clients or customers are within one of the disclosure categories of the filer.

Note: Authority cited: Section 83112, Government Code. Reference: Sections 87103(e), 87300-87302, 89501, 89502 and 89503, Government Code.

History

1. New section filed 4-2-80 as an emergency; effective upon filing (Register 80, No. 14). Certificate of Compliance included.

2. Editorial correction (Register 80, No. 29).

3. Amendment of subsection (b) filed 1-9-81; effective thirtieth day thereafter (Register 81, No. 2).

4. Amendment of subsection (b)(7)(B)1. filed 1-26-83; effective thirtieth day thereafter (Register 83, No. 5).

5. Amendment of subsection (b)(7)(A) filed 11-10-83; effective thirtieth day thereafter (Register 83, No. 46).

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6. Amendment filed 4-13-87; operative 5-13-87 (Register 87, No. 16).

7. Amendment of subsection (b) filed 10-21-88; operative 11-20-88 (Register 88, No. 46).

8. Amendment of subsections (b)(8)(A) and (b)(8)(B) and numerous editorial changes filed 8-28-90; operative 9-27-90 (Reg. 90, No. 42).

9. Amendment of subsections (b)(3), (b)(8) and renumbering of following subsections and amendment of Note filed 8-7-92; operative 9-7-92 (Register 92, No. 32).

10. Amendment of subsection (b)(5.5) and new subsections (b)(5.5)(A)-(A)(2) filed 2-4-93; operative 2-4-93 (Register 93, No. 6).

11. Change without regulatory effect adopting Conflict of Interest Code for California Mental Health Planning Council filed 11-22-93 pursuant to title 1, section 100, California Code of Regulations (Register 93, No. 48). Approved by Fair Political Practices Commission 9-21-93.

12. Change without regulatory effect redesignating Conflict of Interest Code for California Mental Health Planning Council as chapter 62, section 55100 filed 1-4-94 pursuant to title 1, section 100, California Code of Regulations (Register 94, No. 1).

13. Editorial correction adding History 11 and 12 and deleting duplicate section number (Register 94, No. 17).

14. Amendment of subsection (b)(8), designation of subsection (b)(8)(A), new subsection (b)(8)(B), and amendment of subsections (b)(8.1)-(b)(8.1)(B), (b)(9)(E) and Note filed 3-14-95; operative 3-14-95 pursuant to Government Code section 11343.4(d) (Register 95, No. 11).

15. Editorial correction inserting inadvertently omitted language in footnote 4 (Register 96, No. 13).

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16. Amendment of subsections (b)(8)(A)-(B) and (b)(8.1)(A), repealer of subsection (b)(8.1)(B), and amendment of subsection (b)(12) filed 10-23-96; operative 10-23-96 pursuant to Government Code section 11343.4(d) (Register 96, No. 43).

17. Amendment of subsections (b)(8.1) and (9)(E) filed 4-9-97; operative 4-9-97 pursuant to Government Code section 11343.4(d) (Register 97, No. 15).

18. Amendment of subsections (b)(7)(B)5., new subsections (b)(8.2)-(b)(8.4)(C) and amendment of Note filed 8-24-98; operative 8-24-98 pursuant to Government Code section 11343.4(d) (Register 98, No. 35).

19. Editorial correction of subsection (a) (Register 98, No. 47).

20. Amendment of subsections (b)(8.1), (b)(8.1)(A) and (b)(9)(E) filed 5-11-99; operative 5-11-99 pursuant to Government Code section 11343.4(d) (Register 99, No. 20).

21. Amendment of subsections (b)(8.1)-(b)(8.1)(A) and (b)(9)(E) filed 12-6-2000; operative 1-1-2001 pursuant to the 1974 version of Government Code section 11380.2 and Title 2, California Code of Regulations, section 18312(d) and (e) (Register 2000, No. 49).

22. Amendment of subsections (b)(3) and (b)(10) filed 1-10-2001; operative 2-1-2001. Submitted to OAL for filing pursuant to *Fair Political Practices Commission v. Office of Administrative Law,* 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements) (Register 2001, No. 2).

23. Amendment of subsections (b)(7)(A)4., (b)(7)(B)1.-2., (b)(8.2)(E)3., (b)(9)(A)-(C) and footnote 4. filed 2-13-2001. Submitted to OAL for filing pursuant to *Fair Political Practices Commission v. Office of Administrative Law,* 3 Civil C010924, California Court of Appeal, Third

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Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements) (Register 2001, No. 7).

24. Amendment of subsections (b)(8.1)-(b)(8.1)(A) filed 1-16-2003; operative 1-1-2003. Submitted to OAL for filing pursuant to *Fair Political Practices Commission v. Office of Administrative Law,* 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements) (Register 2003, No. 3).

25. Editorial correction of History 24 (Register 2003, No. 12).

26. Editorial correction removing extraneous phrase in subsection (b)(9.5)(B) (Register 2004, No. 33).

27. Amendment of subsections (b)(2)-(3), (b)(3)(C), (b)(6)(C), (b)(8.1)-(b)(8.1)(A), (b)(9)(E) and (b)(11)-(12) filed 1-4-2005; operative 1-1-2005 pursuant to Government Code section 11343.4 (Register 2005, No. 1).

28. Amendment of subsection (b)(7)(A)4. filed 10-11-2005; operative 11-10-2005 (Register 2005, No. 41).

29. Amendment of subsections (a), (b)(1), (b)(3), (b)(8.1), (b)(8.1)(A) and (b)(9)(E) filed 12-18-2006; operative 1-1-2007. Submitted to OAL pursuant to *Fair Political Practices Commission v. Office of Administrative Law,* 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements) (Register 2006, No. 51).

30. Amendment of subsections (b)(8.1)-(b)(8.1)(A) and (b)(9)(E) filed 10-31-2008; operative 11-30-2008. Submitted to OAL for filing pursuant to *Fair Political Practices Commission v. Office of Administrative Law*, 3 Civil C010924, California Court of Appeal, Third Appellate District,

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nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements and not subject to procedural or substantive review by OAL) (Register 2008, No. 44).

31. Amendment of section heading and section filed 11-15-2010; operative 12-15-2010. Submitted to OAL for filing pursuant to *Fair Political Practices Commission v. Office of Administrative Law*, 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements and not subject to procedural or substantive review by OAL) (Register 2010, No. 47).

32. Amendment of section heading and subsections (a)-(b)(1), (b)(3)-(4), (b)(5)(C), (b)(8.1)-(b)(8.1)(A) and (b)(9)(E) and amendment of footnote 1 filed 1-8-2013; operative 2-7-2013. Submitted to OAL for filing pursuant to *Fair Political Practices Commission v. Office of Administrative Law,* 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements and not subject to procedural or substantive review by OAL) (Register 2013, No. 2).

33. Amendment of subsections (b)(8.1)-(b)(8.1)(A), (b)(8.2)(E)3. and (b)(9)(E) filed 12-15-2014; operative 1-1-2015 pursuant to section 18312(e)(1)(A), title 2, California Code of Regulations. Submitted to OAL for filing and printing pursuant to *Fair Political Practices Commission v. Office of Administrative Law,* 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements) (Register 2014, No. 51).

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34. Redesignation of portions of subsection (b)(8)(A) as new subsections (b)(8)(B)-(D), amendment of subsections (b)(8.1)-(b)(8.1)(A), redesignation of portions of subsection (b)(8.1)(A) as new subsections (b)(8.1)(B)-(C) and amendment of subsection (b)(9)(E) filed 12-1-2016; operative 12-31-2016 pursuant to Cal. Code Regs. tit. 2, section 18312(e). Submitted to OAL for filing pursuant to *Fair Political Practices Commission v. Office of Administrative Law,* 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements and not subject to procedural or substantive review by OAL) (Register 2016, No. 49).

35. Amendment of subsections (b)(8.1)-(b)(8.1)(A) and (b)(9)(E) filed 12-12-2018; operative 1-11-2019 pursuant to Cal. Code Regs., tit. 2, section 18312(e). Submitted to OAL for filing and printing pursuant to *Fair Political Practices Commission v. Office of Administrative Law,* 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements and not subject to procedural or substantive review by OAL) (Register 2018, No. 50).

36. Amendment of subsections (b)(8.1)-(8.1)(A) filed 12-23-2020; operative 1-1-2021 pursuant to Cal. Code Regs., tit. 2, section 18312(e). Submitted to OAL for filing pursuant to *Fair Political Practices Commission v. Office of Administrative Law,* 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements and not subject to procedural or substantive review by OAL) (Register 2020, No. 52).

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37. Amendment of subsections (b)(3)(C), (b)(5)(C), (b)(5.5), (b)(5.5)(A)(2), (b)(7)(D), (b)(8)(A), (b)(8.1)(A), (b)(8.2)(A), (b)(8.2)(C)-(D), (b)(8.3)(A), (b)(9), (b)(9.3), (b)(9.5), (b)(10) and (b)(11) and footnote 5 filed 5-12-2021; operative 6-11-2021 pursuant to Cal. Code Regs., tit. 2, section 18312(e). Submitted to OAL for filing pursuant to *Fair Political Practices Commission v. Office of Administrative Law,* 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements and not subject to procedural or substantive review by OAL) (Register 2021, No. 20).

38. Amendment of subsections (b)(8.1)-(b)(8.1)(A) and (b)(9)(E) filed 12-20-2022; operative 1-19-2023 pursuant to Cal. Code Regs., tit. 2, section 18312(e). Submitted to OAL for filing pursuant to Fair Political Practices Commission v. Office of Administrative Law, 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements and not subject to procedural or substantive review by OAL) (Register 2022, No. 51).

39. Amendment of subsections (b)(8.1)-(b)(8.1)(A) and (b)(9)(E) filed 2-18-2025; operative 3-20-2025 pursuant to Cal. Code Regs., tit. 2, section 18312(e). Submitted to OAL for filing pursuant to *Fair Political Practices Commission v. Office of Administrative Law*, 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements and not subject to procedural or substantive review by OAL) (Register 2025, No. 8).

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40. Amendment of subsection (b)(4) filed 5-8-2025; operative 6-7-2025 pursuant to Cal. Code Regs., tit. 2, section 18312(e). Submitted to OAL for filing pursuant to *Fair Political Practices Commission v. Office of Administrative Law*, 3 Civil C010924, California Court of Appeal, Third Appellate District, nonpublished decision, April 27, 1992 (FPPC regulations only subject to 1974 Administrative Procedure Act rulemaking requirements and not subject to procedural or substantive review by OAL) (Register 2025, No. 19).

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1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1004 **Agenda Date:** 3/17/2026 **Agenda #:** C.54.

To: Board of Supervisors

From: Thomas L. Geiger, County Counsel

Report Title: Public report of litigation settlement agreements that became final during the period January 1, 2026, through February 28, 2026.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

RECEIVE public report of litigation settlement agreements that became final during the period January 1, 2026, through February 28, 2026.

FISCAL IMPACT:

Settlement amounts are listed below.

BACKGROUND:

Three agreements to settle pending litigation, as defined in Government Code section 54956.9, became final during the period January 1, 2026, through February 28, 2026.

Krystal Edwards v. Contra Costa County, et al., Contra Costa County Superior Court, Case No. C24-02473: On December 9, 2025, the Board of Supervisors approved a settlement in this childhood sexual assault case. The Board approved the settlement for $250,000 in closed session by a 4-0 vote, with Supervisor Burgis absent. The settlement agreement was fully executed on January 13, 2026. The funding source is the Risk Management Liability Internal Service Fund.

Andrea Albrecht v. Contra Costa County, Contra Costa County Superior Court, Case No. 24-01157: On January 20, 2026, the Board of Supervisors approved a settlement in this employment case. The Board approved the settlement for $135,000 in closed session by a vote of 5-0. The settlement agreement was fully executed on January 22, 2026. The funding source is the Risk Management Liability Internal Service Fund.

Tracy Pachote v. County of Contra Costa, et al., United States District Court, Northern District of California, Case No. 21-04097 SK: On December 9, 2025, the Board of Supervisors approved a settlement in this excessive force case. The Board approved the settlement for $600,000 in closed session by a 4-0 vote, with Supervisor Burgis absent. The settlement agreement was fully executed on January 5, 2026. The funding source is the Risk Management Liability Internal Service Fund.

CONSEQUENCE OF NEGATIVE ACTION:

The report would not be accepted.

cc: Monika L. Cooper, Assistant County Counsel; Susan Brajkovic, Director of Risk Management

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CONTRA COSTA COUNTY

Staff Report

File #: 26-1005 **Agenda Date:** 3/17/2026 **Agenda #:** C.55.

To: Board of Supervisors

From: Diana Becton, District Attorney

Report Title: Purchase Order and Related Terms of Use Agreement with Baressays.com LLC.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Purchasing Agent or designee to execute, on behalf of the District Attorney, a purchase order and related terms of use agreement with Baressays.com LLC, in an amount not to exceed $1,575 for the usage of a legal study tool for the period June 1, 2026 through May 31, 2027.

FISCAL IMPACT:
Approval of this action will result in expenditures of up to $1,575 which will be included in the Department's FY26-27 Budget.

BACKGROUND:
The District Attorney's Office provides users with access to the Baressays.com LLC legal study platform, which is designed to improve legal writings through example-based learning. Approval of the Terms of Use Agreement will allow the District Attorney's Office to continue to use this legal study platform.

The Terms of Use Agreement includes limitation of liability and indemnification under which the County agrees to hold Baressays.com harmless from any claims arising out of the performance under this agreement.

CONSEQUENCE OF NEGATIVE ACTION:
Without executing the purchase order and the related terms of use agreement with Bareessays.com LLC, the District Attorney's Office cannot provide users access to essential legal study resources.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1006 **Agenda Date:** 3/17/2026 **Agenda #:** C.56.

To: Board of Supervisors

From: Diana Becton, District Attorney

Report Title: Purchase Order and Related Software License Agreement with Foxit Software Inc.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Purchasing Agent or designee to execute, on behalf of the District Attorney, a purchase order and related license agreement with Foxit Software, Inc. through R-Computer, in an amount not to exceed $28,745 for perpetual Foxit PDF software volume tier licenses to be effective March 18, 2026 with no expiration date.

FISCAL IMPACT:
Approval of this action will result in expenditures up to $28,745 which have been included in the Department's FY25-26 Budget.

BACKGROUND:
The District Attorney's Office utilizes a core document control and compliance tool provided by Foxit Software, Inc. to support litigation preparation, statutory disclosure requirements, records security, and administrative efficiency within a prosecutorial environment.

Approval of the purchase order and the related Software License Agreement will allow the District Attorney's Office to continue using this document control and compliance tool. The Software License Agreement includes a warranty disclaimer, a limitation of liability and indemnification under which the County agrees to hold Foxit Software, Inc., harmless from any claims arising out of the performance under this agreement.

CONSEQUENCE OF NEGATIVE ACTION:
Without executing the purchase order and the related Software License Agreement with Foxit Software, Inc., the District Attorney's Office will be unable to continue using this essential document control and compliance tool.

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MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1108 **Agenda Date:** 3/17/2026 **Agenda #:** C.57.

To: Board of Supervisors

From: Diana Becton, District Attorney

Report Title: Office for Victims of Crime FY25 Enhanced Collaborative Model (ECM) Task Force to Combat Human Trafficking Grant Application

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the District Attorney, or designee, to apply for and accept the Office for Victims of Crime FY25 Enhanced Collaborative Model (ECM) Task Force to Combat Human Trafficking grant from the U.S. Department of Justice, Office of Justice Programs, in an amount not to exceed $750,000 for the period July 1, 2026 through June 30, 2029.

FISCAL IMPACT:
The County will receive up to $750,000 federal grant funding over the 3-year award period. If awarded, the grant will require a $250,000 County match ($83,333 annually), for a total project of up to $1,000,000. The required match of $83,333 for year one has been included in the District Attorney's FY26-27 budget. The remainder of the required match for years two and three will continue to be absorbed within the Department's existing allocations for FY27-28 and FY28-29. There will be no new general fund allocations or ongoing additional personnel costs requested during the award period. If awarded, the $750,000 federal grant revenue will be included in the departmental budget through a mid-year budget amendment.

BACKGROUND:
The Contra Costa County District Attorney's Office previously received both the FY18 and FY22 Enhanced Collaborative Model (ECM) Task Force to Combat Human Trafficking grant programs from the Federal Office for Victims of Crime (OVC) for the award periods of FY18-22 and FY22-26. The District Attorney's Office intends to apply for a new cycle of this grant funding under the OVC FY25 ECM Task Force to Combat Human Trafficking grant program for the period FY26-29. The ECM program strengthens multidisciplinary task forces that integrate law enforcement and victim service providers to prevent, detect, investigate, and prosecute sex and labor trafficking offenses while ensuring survivors receive coordinated, trauma-informed, culturally responsive, and victim-centered services.

As the law enforcement lead agency for the Task Force, the Contra Costa County District Attorney's Office will use grant funds to support personnel costs for Task Force staff; expand proactive, intelligence-driven sex and labor trafficking investigations and enforcement operations; implement a comprehensive countywide human trafficking prevention and public awareness campaign; develop multilingual and culturally appropriate outreach and educational materials; enhance training and capacity-building efforts for law enforcement, service providers, and other key stakeholders; conduct strategic planning to strengthen long-term sustainability and

interagency coordination; and expand the Task Force's survivor leadership program to inform policy development, improve service delivery, and strengthen community-based responses throughout Contra Costa County.

CONSEQUENCE OF NEGATIVE ACTION:
If not approved, the District Attorney's Office will be unable to apply for and accept these federal funds to support and expand the County's coordinated response to human trafficking.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1109 **Agenda Date:** 3/17/2026 **Agenda #:** C.58.

To: Board of Supervisors

From: Diana Becton, District Attorney

Report Title: Office for Victims of Crime FY25 Services for Victims of Human Trafficking Grant Application

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the District Attorney, or designee, to apply for and accept the Office for Victims of Crime FY25 Services for Victims of Human Trafficking grant from the U.S. Department of Justice, Office of Justice Programs, in an amount not to exceed $950,000 for the period July 1, 2026 through June 30, 2029.

FISCAL IMPACT:
The County will receive up to $950,000 federal grant funding over the 3-year award period. If awarded, the grant will require a $316,667 County match ($105,556 annually), for a total project of up to $1,266,667. The required match of $105,556 for year one has been included in the District Attorney's FY26-27 budget. The remainder of the required match for years two and three will continue to be absorbed within the Department's existing allocations for FY27-28 and FY28-29. There will be no new general fund allocations or ongoing additional personnel costs requested during the award period. If awarded, the $950,000 federal grant revenue will be included in the departmental budget through a mid-year budget amendment.

BACKGROUND:
The Contra Costa County District Attorney's Office intends to apply for funding under the Office for Victims of Crime FY25 Services for Victims of Human Trafficking grant program. If awarded funds under the grant, the District Attorney's Office will employ Human Trafficking Victim Advocates to provide direct services to victims of sex and labor trafficking. Advocates will support minor victims, commercially sexually exploited children (CSEC), and adult victims of human trafficking. Grant funding will help to expand the identification of victims and the services available to survivors. District Attorney's Human Trafficking Advocates will provide training to community partners regarding victims' rights and services available to trafficking victims. This funding will help ensure that comprehensive services are provided to victims through collaborative work with justice partners and community-based organizations.

CONSEQUENCE OF NEGATIVE ACTION:
If not approved, the District Attorney's Office will be unable to apply for and accept these federal funds to support and expand the County's comprehensive services to victims of human trafficking.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1007 **Agenda Date:** 3/17/2026 **Agenda #:** C.59.

To: Board of Supervisors

From: Diana Becton, District Attorney

Report Title: Budget Amendment to Appropriate New Revenue from California Department of Industrial Relations for Wage Theft Prevention Program

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE Budget Amendment No. BDA-26-00567 authorizing new revenue from the California Department of Industrial Relations (DIR) Labor Commissioner's Office (LCO) in the amount of $809,633 to the District Attorney's Office to fund a Wage Theft Prevention Unit for the period August 1, 2025 through July 31, 2026.

FISCAL IMPACT:
100% state funding, matching funds are not required. This action will increase Fiscal Year 25-26 revenue by $809,633 and increase corresponding expenditure by the same amount.

BACKGROUND:
The District Attorney's Office received Board of Supervisors' approval and authorization on June 24, 2025, to apply for and accept grant funding from the California Department of Industrial Relations (DIR) Labor Commissioner's Office (LCO) in an amount not to exceed $700,000 to continue to fund a Wage Theft Prevention Unit for the period August 1, 2025 through July 31, 2026. The LCO subsequently announced that the Contra Costa District Attorney's Office has been awarded $360,000 for the grant period August 1, 2025 through July 31, 2026. In addition, the LCO approved the prior year unspent grant funding rollover in the amount of $449,633 for the same program into the current grant period. Therefore, the total approved grant revenue from LCO for the DA's Wage Theft Prevention Unit is $809,633 for the period August 1, 2025 through July 31, 2026.

The purpose of this board order is to appropriate revenues and expenditures for FY25-26 which is consistent with the acceptance of the grant as previously approved by the Board.

CONSEQUENCE OF NEGATIVE ACTION:
The District Attorney's Office will not be able to appropriate revenues and expenditures consistent with acceptance of the State grant for the Wage Theft Prevention Program as approved by the Board.

View Budget Amendment: Budget Amendment: FY 2025-26 - Operating Budget on 03/03/2026 : BDA-26-00567

Company	Contra Costa County
Budget Template	Operating Budget : FY 2025-26 Operating Budget
Budget	FY 2025-26 Operating Budget
Organizing Dimension Type	
Amendment ID	BDA-26-00567
Amendment Date	03/03/2026
Description	Appropriate new revenue from State grant
Amendment Type	Appropriation / Estimated Revenue Adjustment
Balanced Amendment	Yes
Entry Type	Mid-Year Adjustments
Status	In Progress

Budget Amendment Entries

Period	*Ledger Account/Summary	Home Organization	*Cost Center	*Fund	Debit Amount	Credit Amount	Memo	Exceptions
FY 2025-26 Year (FY 2025-26 Operating Budget)	9362:ST AID CRIME CONTROL	2800 DISTRICT ATTORNEY ADMIN (Home Org)	2852 REGIONAL ANTI-DRUG PROGRM	100300 GENERAL	$0.00	$809,633.00	Increase State Wage Theft grant revenue	Warning : - Home Org on Budget Line Not Equal Initiator's Home Org
FY 2025-26 Year (FY 2025-26 Operating Budget)	1013:TEMPORARY SALARIES	2800 DISTRICT ATTORNEY ADMIN (Home Org)	2820 D A INVESTIGATIONS	100300 GENERAL	$809,633.00	$0.00	Increase Temp Salaries to work on state wage theft grant funded program	Warning : - Home Org on Budget Line Not Equal Initiator's Home Org

Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Budget Amendment Event	Budget Amendment Event	Step Completed	03/03/2026 05:16:41 PM	03/04/2026	Siwen Carlisle	1	
Budget Amendment Event	Review Budget Amendment	Not Required		03/04/2026		0	
Budget Amendment Event	Approval by Department Approver – Budget Amendment	Approved	03/04/2026 08:39:46 AM		Zhongzhou Zhu (Department Approver – Budget Amendment)	1	
Budget Amendment Event	Review Budget Amendment	Awaiting Action		03/04/2026	Analiza Pinlac (Budget Specialist (Auditor Office))	3	

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
					Xia Zhang (Budget Specialist (Auditor Office))		
					Yesenia Campos (Budget Specialist (Auditor Office))		

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CONTRA COSTA COUNTY

Staff Report

File #: 26-1015 **Agenda Date:** 3/17/2026 **Agenda #:** C.60.

To: Board of Supervisors

From: Marla Stuart, Employment and Human Services Director

Report Title: Interagency Agreement with Pittsburg Power Company for Construction Pre-Apprentice Training Services for Workforce Innovation Opportunity Act (WIOA) Adult participants

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Employment and Human Services Director, or designee, to execute an interagency agreement with Pittsburg Power Company in an amount not to exceed $300,000 to administer year-round Adult Pre-apprenticeship Construction Training Services in Contra Costa County under the Workforce Innovation and Opportunity Act to East County residents, for the period January 1, 2026, through December 31, 2026.

FISCAL IMPACT:
Funded with 100% Federal Workforce Innovation and Opportunity Act (WIOA) revenues, of which 50% is budgeted in FY 2025-26, and 50% will be budgeted in FY 2026-27.

BACKGROUND:
Pittsburg Power Company (Agency) was selected via Request for Proposals (RFP) #1225 for the provision of Workforce Innovation and Opportunity Act (WIOA) Adult Pre-Apprenticeship Training Services. On May 7, 2024, the Workforce Development Board (WDB) Executive Committee approved the development and release of an RFP to procure Pre-Apprenticeship Training Services under WIOA. On November 4, 2025, WDB Full Board approved the selection of the WIOA Adult Pre-Apprentice Service Provider and authorized WDB to enter contract negotiations to execute an agreement with the awarded organization Pittsburg Power Company in an amount not to exceed $300,000.

CONSEQUENCE OF NEGATIVE ACTION:
Without this agreement, the County will be hampered in providing adequate pre-apprentice training services to WIOA adult participants in East County.

CHILDREN'S IMPACT STATEMENT:
The services provided under this agreement support three of the five of Contra Costa County's community outcomes: (3)"Families that are Economically Self-Sufficient"; (4) "Families that are Safe, Stable and

Nurturing"; and (5)"Communities that are Safe and Provide a High Quality of Life for Children and Families" by providing career support services for families of adult and dislocated workers.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1016 **Agenda Date:** 3/17/2026 **Agenda #:** C.61.

To: Board of Supervisors

From: Marla Stuart, Employment and Human Services Director

Report Title: Payment for Services Provided by Trio Community Meals

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

APPROVE and AUTHORIZE the Auditor Controller, or designee, to make a payment of $37,395.48 to Trio Community Meals, for the preparation and packaging of meals for older adults, from June 1, 2025, through June 30, 2025, which exceeded the contract payment limit and were provided in good faith.

FISCAL IMPACT:

Approval of this action will result in a one-time expenditure in an amount not to exceed $37,395.48 and will be funded by 100% County Measure X funds and is budgeted in FY25/26.

BACKGROUND:

Trio Community Meals has been preparing and packaging nutritious meals for seniors for more than 15 years. For fiscal year 24-25, these services were provided by a contract agreement with EHSD, which the Board approved on July 23, 2024 (C.31.) for the period of July 1, 2024, through June 30, 2025, with a total payment limit of $3,132,067. Subsequently, the Board approved an amendment on 6/24/2025 (C.51.) for the period of July 1, 2024, through June 30, 2025, to increase the payment in the amount of $286,377 for a total payment of $3,418,444.

On August 8, 2025, EHSD received an invoice in the amount of $37,395.48, which exceeded the contract limit by $20,047.92. The overage was a result of miscommunication regarding the remaining dollars available in the contract. The contractor purchased food and provided service.

The contractor is entitled to payment for the reasonable value of its services under the equitable theory of quantum merit. The theory provides that where a Contractor has been asked to provide services without a valid Contract, and the Contractor does so to the benefit of the County, the Contractor is entitled to recover the reasonable value of those services. The Contractor has provided services at the request of the County after the original payment limit had been reached. The Department cannot pay Contractor for services rendered that exceed the contract limits. As such, the Department recommends that the Board authorize the Auditor-Controller to issue a one-time payment not to exceed $37,395.48 payable to Trio Community Meals.

CONSEQUENCE OF NEGATIVE ACTION:

If payment is not approved, the Contractor will not be paid for services requested by County staff and provided by Contractor in good faith.

CHILDREN'S IMPACT STATEMENT:

This contract supports four of Contra Costa County's community outcomes of the Children's Report Card: (1) "Children and Youth Health and Preparing for Productive Adulthood"; (2) "Families that are Economically Self -Sufficient"; (3) "Families that are Safe, Stable and Nurturing"; and (4) "Communities that are Safe and Provide a High Quality of Life for Children and Families."

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1017 **Agenda Date:** 3/17/2026 **Agenda #:** C.62.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contract #74-732 with California Mental Health Services Authority (CalMHSA)

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute on behalf of the County, Participation Agreement (Contract #74-732) with California Mental Health Services Authority (CalMHSA), a government agency, in an amount not to exceed $170,200 to provide a behavioral healthcare information exchange platform for the period March 17, 2026 through March 16, 2027.

FISCAL IMPACT:
Approval of this Contract will result in annual budgeted expenditures of up to $170,200 and will be funded 100% by Alcohol and Other Drug Services (AODS).

BACKGROUND:
This Contract meets the needs of the County by providing software as a service. CalMHSA will provide the County with its managed interoperability Software as a Service solution, to assist County in meeting state and federal interoperability requirements. Through its Interoperability Solution Program, CalMHSA will provide, CalMHSA Connex, a managed interoperability to facilitate the exchange of Protected Health Information, Personally Identifiable Information and other information between organizations and connecting County with larger exchange networks.

This Contract was approved by Health Services Personnel to ensure there is no conflict with labor relations. The Behavioral Health's Quality Management, Utilization Management and Contract Monitor Staff meet on a regular basis to ensure monitoring and performance measures in the Contract are upheld. A summary of service contract deliverables, including measurable outcomes required of the Contractor to be monitored by the department in compliance with Section III (B)(7) of the Purchasing Policy include planning and coordination, project management, technical support for County's use under the license grant, and access to maintenance and support. This Contractor was approved by the Public Works Department's Purchasing Division on June 9, 2025, in compliance with Administrative Bulletin 600.3 requirements.

The contract limits CalMHSA's liability to the amount paid by County under the contract during the 12 months preceding the claim. Amounts due under contract: Year 1: $130,000; Year 2: $40,000.

Under this Contract #74-732 the parties will execute a Participation Agreement to allow the Contractor to provide software and services through March 16, 2027.

CONSEQUENCE OF NEGATIVE ACTION:
If this Contract is not approved, County will be non-compliant with federal and state requirements including meeting contractual obligations.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1018 **Agenda Date:** 3/17/2026 **Agenda #:** C.63.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Order Form #23-898 Inovalon Provider, Inc.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County an Order Form #23-898 with Inovalon Provider, Inc., a corporation, in an amount not to exceed $442,739, for a clinical drug surveillance and patient care management software solution for Contra Costa Regional Medical Center's (CCRMC) Pharmacy for the period from January 1, 2026 through December 31, 2030, and for successive one (1) year terms thereafter until terminated.

FISCAL IMPACT:
Approval of this Order Form will result in contractual service expenditures of up to $442,739, over a five-year period and will be funded 100% by Hospital Enterprise Fund I.

BACKGROUND:
This Contract meets the needs of CCRMC Pharmacy by providing a clinical drug surveillance and patient safety solution and (related) services designed to identify opportunities to avoid or minimize patient harm, improve safety, and communicate with providers regarding necessary changes in dosage and prescription drug validation. Inovalon's VigiLanz, provides clinical surveillance, patient safety, and related clinical data connectivity utilized by pharmacy's to directly care for patients and communicate with providers to make necessary changes in prescription drug or dosage by optimizing patient specific dosage calculations using validated drug models and patient data, ensuring precise individualized dosage while adhering to clinical polices. Vigilanz, a module of InavolaonOne® Platform, a data-driven, cloud-based Software as a Service (SaaS) solution that enables healthcare organizations to improve clinical outcomes and economics by bringing together national-scale connectivity, real-time primary source data access, and advanced analytics, utilized by CCRMC Pharmacy for compressive, real-time decision support regarding patient care and management to satisfy clinical, operational, and regulatory requirements

This Contractor was approved by the Public Works Department's Purchasing Division on October 22, 2025; a summary of service contract deliverables includes configuration, implementation, ongoing monitoring, management of the SaaS, and telephone support. This Contract was approved by Health Services Personnel to ensure there is no conflict with labor relations.

On August 5, 2025, the Board of Supervisors approved execution of (1) a Software and Service Agreement and (2) an Order Form, (County Contract #23-867) with Inovalon Provider, Inc., in an amount not to exceed

$52,000, for the provision of Medicare eligibility data management software and services for Contra Costa Health for the period June 10, 2025 through March 31, 2027, and for successive 12-month terms until terminated.

Under this County Contract #23-898, the parties will execute an Order Form under the existing Software and Service Agreement with Inovalon (County Contract #23-867, including mutual indemnification, the County's Health Insurance Portability and Accountability (HIPAA) Business Associate Addendum (BAA)). Under the Software and Service Agreement, Inovalon's liability for a breach of Protected Health Information is limited to $2,000,000. The Software and Service Agreement will automatically renew for additional one (1) year terms unless terminated as provided under the terms of the contract, or when no active Order Forms are in effect (per term specified in each Order Form). Under the Contract, the County is obligated to indemnify Inovalon for third-party claims arising out of the County's negligent performance of the agreement.

Approval of this Order Form #23-898 will allow the Contractor to provide patient care management software and services through December 31, 2030. Thereafter, the Order Form renews for successive one (1) year terms until terminated under the agreement. The Division is requesting a retroactive effective date for this Order Form due to delays caused by negotiations between the parties.

CONSEQUENCE OF NEGATIVE ACTION:
If this Order Form is not approved, CCRMC Pharmacy will lose access to its real-time patient safety monitoring suite utilized by clinical pharmacists to conduct more thorough medication real-time oversight to identify, anticipate and prevent adverse drug events, resulting in a negative impact on patient safety and care.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1019 **Agenda Date:** 3/17/2026 **Agenda #:** C.64.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Purchase Order with Cepheid

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute on behalf of the Health Services Director, a purchase order with Cepheid in an amount not to exceed $272,649 and their Multi-Year Reagent Agreement for the purchase of reagents and supplies for COVID-19 testing for the Clinical Laboratory at the Contra Costa Regional Medical Center (CCRMC), for the period from January 15, 2026 through January 14, 2029.

FISCAL IMPACT:
Approval of this action will result in expenditures of up to $272,649 over a three-year period and will be funded by Hospital Enterprise Fund I revenues.

BACKGROUND:
Cepheid was selected due to its proprietary reagents and testing kits, which are specifically designed for use with the GeneXpert analyzer currently utilized in the CCRMC Laboratory. This testing platform replaced the Abbott ID system in 2020, significantly expanding the laboratory's testing capacity by enabling the processing of multiple patient samples in a single run. This contrasts with the previous single-specimen testing model, which required more time and resources.

The Cepheid GeneXpert system provides real-time PCR diagnostic results, supporting faster and more informed clinical decision-making and improving the timeliness of patient care and treatment. In addition, the Cepheid GeneXpert reagents and testing kits enable combined testing for COVID-19, RSV, and Influenza A/B from a single patient sample, increasing efficiency and diagnostic accuracy.

On November 1, 2022, the Board of Supervisors approved item C.31 to execute purchase order #26852 with Cepheid in an amount not to exceed $2,910,000 for the purchase of reagents and supplies for COVID-19 testing for the Clinical Laboratory at the CCRMC, for the period from January 15, 2023, through January 14, 2026. Delays were encountered due to extended negotiations with the vendor and in part due to further negotiations due to the vendor no longer being a Vizient contracted vendor. On January 13, 2026 the Purchasing Agent approved the continued use of Cepheid.

Under the Cepheid Standard Terms and Conditions, Cepheid shall have no strict liability, goods liability, or negligence, whether active or passive. County's exclusive remedy under this warranty is limited to repair or

replacement. Cepheid is not liable for any special, indirect, incidental, consequential, or exemplary loss or damage (including, without limitation, loss of use, data, profits, or goodwill) arising out of or in connection with the agreement, whether arising in contract, tort (including active, passive, or imputed negligence and strict liability), or otherwise. The foregoing limitation applies even if Cepheid was advised of the possibility of such loss or damage or any remedy has failed of its essential purpose. In no event shall Cepheid's aggregate liability arising out of or in connection with this agreement exceed the amount actually paid to cepheid by customer for the products that are the subject of or gave rise to the claim. Additionally Cepheid shall not be liable for any incidental or consequential damages arising out of a patent infringement. Cepheid's liability hereunder shall not exceed the purchase price paid by Customer for the allegedly infringing Cepheid Products.

Approval of this action will allow Cepheid testing to proceed without interruption, ensuring timely critical care diagnostics and supporting efficient patient management.

CONSEQUENCE OF NEGATIVE ACTION:
If this action is not approved, CCRMC will experience delays in critical care testing, which could lead to increased workload and saturation levels within the hospital. Patient care may be impacted, including delays in implementing treatment protocols, longer times to discharge or transfer patients to other facilities, and extended patient isolation periods.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1020 **Agenda Date:** 3/17/2026 **Agenda #:** C.65.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Purchase Order with Therapeutic Research Center, LLC

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute on behalf of the Health Services Director, a purchase order with Therapeutic Research Center, LLC in an amount not to exceed $685 and Service Order Form for Pharmacy Math Skills eLearning Competency verification subscription for the Contra Costa Regional Medical Center (CCRMC) Inpatient Pharmacy for the period from February 1, 2026 through November 30, 2026, and annually thereafter until terminated by one of the parties.

FISCAL IMPACT:
Approval of this action will result in expenditures of up to $685 for the Math Competency subscription and will be funded in the Hospital Enterprise Fund I budget.

BACKGROUND:
The Inpatient Pharmacy uses Therapeutic Research Center, LLC for competency learning. This Math Skills competency verification subscription is a USP 797 regulatory requirement because we are a licensed sterile compounding pharmacy.

On September 24, 2024 the Board of Supervisors approved agenda item C.69 to execute purchase order #31238 with Therapeutic Research Center, LLC in the amount of $775 for a Pharmacy Math Skills eLearning Competency verification subscription for CCRMC Inpatient Pharmacy for the period from August 1, 2024 through July, 31, 2025.

Due to negotiations between Therapeutic Research Center, LLC and Contra Costa County the submission of this subscription was delayed. The Pharmacy Math Skills eLearning Competency subscription was not utilized after the purchase order expiration while negotiations were being finalized. The Inpatient Pharmacy will submit renewals in a timely manner. Approval of this action would allow the subscription to be available to the Inpatient Pharmacy through November 30, 2026, and annually thereafter until terminated by one of the parties.

The Terms and Conditions of the Therapeutic Research Center, LLC Service Order Form obligate the County to indemnify Therapeutic Research Center, LLC and its affiliates from and against any claims, arising out of the County's breach of the agreement, unauthorized use of service, or the negligence or willful misconduct of the County. The vendor’s liability under this agreement is limited to the amount paid by the County in the twelve months preceding the claim.

CONSEQUENCE OF NEGATIVE ACTION:
If this action is not approved, the Inpatient Pharmacy will not be able to purchase the Pharmacy Math Skills eLearning and competency verification subscription.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1021 **Agenda Date:** 3/17/2026 **Agenda #:** C.66.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contract #27-799-16 with Health Management Systems, Inc.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #27-799-16 with Health Management Systems, Inc., a corporation, in an amount not to exceed $2,000,000, to provide professional auditing services to the Contra Costa Health Plan (CCHP) claims unit for the period January 1, 2026 through December 31, 2028.

FISCAL IMPACT:
Approval of this Contract will result in contractual service expenditures of up to $2,000,000 over a three-year period and will be funded 100% by CCHP Enterprise Fund II revenues.

BACKGROUND:
CCHP is mandated by State and Federal law to have professional auditing services which includes measures that prevent, detect, and correct noncompliance, insurance billing, provider recoupment, insurance verifications and coordination of benefits with the Centers for Medicare and Medicaid Services (CMS) program requirements. This Contract is mandatory to provide the needed Managed Care Audit Services of Insurance Billing and Provider Recoupment to comply with mandated requirements of the State of California Department of Managed Health Care Services (DMHC) and Department of Health Care Service (DHCS). Contractor has been fostering a deep understanding of the CCHP organization's mission, values, and long-term objectives since May 2010.

This Contract is entered into under and subject to the following legal authorities: California Government Code §§ 26227 and 31000; Health and Safety Code § 1451. Health Services Personnel approved this Contract to ensure no conflicts with labor relations. Contractor cooperates and participates in the County's Quality Management Program which consists of quality improvement activities to improve the quality of care, services and member experience. Cooperation includes collection and evaluation of performance measurement data and participation in the organization's clinical and service measure Quality Improvement Programs. This Contractor was approved by the Public Works Department's Purchasing Division on February 11, 2026.

On February 6, 2024, the Board of Supervisors approved Contract #27-799-13 with Health Management Systems, Inc., in an amount not to exceed $2,000,000, to provide professional auditing services to the CCHP Claims Unit for the period January 1, 2024 through December 31, 2025.

On June 25, 2024, the Board of Supervisors approved Contract Amendment #27-799-14 with Health Management Systems, Inc., effective May 1, 2024, to modify contract provisions to conform to DMHC requirements with no change in the contract payment limit of $2,000,000 or term.

On January 28, 2025, the Board of Supervisors approved Contract Amendment #27-799-15 with Health Management Systems, Inc., effective June 1, 2025, to provide additional professional auditing services for the CCHP claims unit with no change in the payment limit of $2,000,000 or term.

Approval of Contract #27-799-16 will allow Contractor to continue to provide professional auditing services, including insurance billing, provider recoupment, and insurance verifications for CCHP through December 31, 2028. This Contract is delayed due to extended negotiations of contract provisions between Division and Contractor.

CONSEQUENCE OF NEGATIVE ACTION:
If this Contract is not approved, CCHP will be out of compliance with Medi-Cal Audit Corrective Action Plan, DHCS and DMHC requirements.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1022 **Agenda Date:** 3/17/2026 **Agenda #:** C.67.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Transportation Vouchers for Contra Costa Central County Adult Behavioral Health Services

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Purchasing Agent, or designee, to purchase on behalf of the Health Services Director, up to 600 Central Contra Costa Transit Authority (County Connection) bus transportation vouchers each with a $2.50 value for a total amount not to exceed $1,500 individuals receiving services, treatment and/or support at the Contra Costa Central County Adult Behavioral Health clinic.

FISCAL IMPACT:
This $1,500 expenditure will be funded by the Contra Costa Central County Adult Behavioral Health clinic. There is no impact to the County General Fund.

BACKGROUND:
The Central County Adult Behavioral Health clinic serves a culturally diverse community including Medicaid qualified, low-income and unhoused individuals. The clinic provides services and support to adults and young adults struggling with severe and persistent mental illness and/or co-occurring disorders including substance use disorders. The clinic provides collaborative-care treatment.

Care teams include psychiatrists, clinicians, case managers and peer support staff. Services provided include mental health services, suicide prevention, case management, transportation assistance, and regular and intensive outpatient treatment. Additional support includes housing services, assistance with obtaining social services, mentor/peer support, group counseling (individual, group, and family), employment counseling/training and recovery coaches. The clinic also provides psychiatric services, assessment and evaluation, medical support and medication evaluation/management.

The Central Contra Costa County Transit Authority provides transportation bus services for those individuals to and from their behavioral health appointments at the clinic. To ensure transportation services and access to services, care and support at the clinic, these individuals will need the transportation vouchers. Approval of this purchase will support individuals accessing necessary mental health services and support provided by this clinic.

CONSEQUENCE OF NEGATIVE ACTION:
If this action is not approved, there will be no transportation bus vouchers available to individuals, limiting access to mental health services, treatment and support for those who wish to seek services or who are currently

receiving services from the Central County Adult Behavioral Health clinic but do not have the means or funds to go to and from the clinic.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1023 **Agenda Date:** 3/17/2026 **Agenda #:** C.68.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contract #72-278 with Primary Diagnostics, Inc.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute on behalf of the County Master Software License and Services Agreement (County Contract #72-278) with Primary Diagnostics, Inc., a corporation, in an amount not to exceed $95,000, to provide Public Health emergency communications network software and support for the Contra Costa Health Department's Public Health Division, for the period from March 17, 2026 through March 16, 2027, and annually thereafter until terminated per the terms of the agreement.

FISCAL IMPACT:
This Contract will result in contractual service expenditures of up to $95,000 over a 1-year period and will be funded 100% by General Fund.

BACKGROUND:
This Contract meets the needs of the County by providing Contra Costa Public Health Laboratory a Location Information Server (LIS) interface with other California public health laboratories. The services provided under this Master Software License and Services Agreement (MSA) allow Primary Diagnostics, Inc., to maintain the existing integration between Contra Costa Public Health Laboratory and the California statewide public health lab interoperability network. This connection enables secure, bidirectional exchange of electronic test orders and results with other public health labs during emergencies, allowing the continued operation and maintenance of the existing laboratory interoperability connection between County and Primary for the purpose of emergency bidirectional laboratory data exchange (the "Primary.Health LabConnect Network" or "PH LabConnect"), which was established under prior funding from the California Department of Public Health (CDPH). While the current configuration will remain operational as previously established, this MSA also allows for mutually agreed-upon modifications or improvements to the connection, provided such changes are within the scope of work and funded by the County. This arrangement serves as a bridge between the conclusion of CDPH-pandemic funded services and a longer-term agreement, ensuring no lapses in service while the parties work to finalize a new contracting and funding vehicle for the CDPH lead effort.

This Contract meets the solicitation requirements of Administrative Bulletin 600.3; the Division conducted an RFP prior to the requirements. Costa Public Health will monitor measurable service contract deliverables regarding its access to the network in compliance with Section III (B)(7) including network connection. This Contract was approved by Health Services Personnel to ensure there is no conflict with labor relations.

Approval of this Contract #72-278 allows the parties to execute Primary's Master Software License and Services Agreement (including mutual indemnification and the County's Health Insurance Portability and Accountability (HIPAA) Business Associate Addendum (BAA) and a Statement of Work), to allow Primary to continue to provide its PH LabConnect to Contra Costa Health's Departments Public Health Division through March 16, 2027, and continue for as long as a SOW or Schedule is in effect, unless earlier terminated per the terms of the MSA.

Under the Master Software License and Services Agreement, Primary's liability is limited to the amount paid by County in the twelve months preceding a claim, provided that this limitation of liability does not apply to Primary's indemnification obligations under the MSA or Primary's breach of Protected Health Information.

Under the Primary Master Agreement, the County is obligated to indemnify and defend Primary against third party claims arising from County's breach of the Agreement or county's negligence or willful misconduct in performing this Agreement.

CONSEQUENCE OF NEGATIVE ACTION:
If this Contract is not approved, Contra Costa Health Department's Public Health Division will lose access to its emergency communications system putting County constitutes at risk concerning public health and safety.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1024 **Agenda Date:** 3/17/2026 **Agenda #:** C.69.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: One-Time Purchase Order with Carl Zeiss Meditec USA, Inc.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute, on behalf of the Health Services Director, a one-time purchase order with Carl Zeiss Meditec USA, Inc. in an amount not to exceed $211,442 for the purchase of CIRRUS 6000 Angioplex and HFA3 Instrument 860 for the Pittsburg Health Center (PHC) at Contra Costa Regional Medical Center (CCRMC).

FISCAL IMPACT:
Approval of this amendment will result in a one-time expenditure of $211,442 and is 100% budgeted in Hospital Enterprise Fund I.

BACKGROUND:
Carl Zeiss Meditec USA, Inc. provides advanced optical and digital visualization solutions for ophthalmology, neurosurgery, dentistry, and other medical fields. The company offers products such as surgical microscopes, diagnostic imaging systems, ophthalmic lasers, and refractive surgery solutions.

The current CIRRUS 6000 AngioPlex and HFA3 Instrument 860 units have reached end-of-life status and are experiencing frequent, unplanned downtime. These ongoing equipment failures have resulted in cancelled and rescheduled patient appointments at PHC. To ensure continuity of care and maintain patient access to essential diagnostic testing, it is necessary to replace these units. Timely replacement will allow the Eye Specialty Clinics at PHC to continue operating efficiently, minimize disruption to patient care, and prevent further appointment cancellations.

Approval of this purchase will enable PHC to maintain uninterrupted diagnostic services within the Eye Specialty Clinics, and it will reduce equipment-related downtime, prevent further appointment cancellations, and ensure timely access to care for our patients.

Carl Zeiss Meditec USA, Inc. is a member of the Vizient Group Purchasing Organization (GPO), which allows Contra Costa Regional Medical Center to leverage pricing discounts and deliver high-quality, cost-effective healthcare solutions.

CONSEQUENCE OF NEGATIVE ACTION:
If this purchase order is not approved, Pittsburg Health Center will continue to experience ongoing equipment

failures and unplanned downtime, leading to additional cancelled or delayed patient appointments. This disruption will negatively impact patient access to essential ophthalmic diagnostic services and may delay timely diagnosis and treatment.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1025 **Agenda Date:** 3/17/2026 **Agenda #:** C.70.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contract Amendment #76-846-1 with Storage Solutions Technology Group Inc.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the Amendment No. 1 (Contract Amendment #76-846-1) with Storage Solutions Technology Group Inc., a California corporation, effective February 5, 2026, to amend Contract #76-846, to increase the payment limit by $27,470, from $24,000 to a new payment limit of $51,470, and extend termination date from February 5, 2026 to February 5, 2028, for additional maintenance services for medical imaging equipment for Contra Costa Regional Medical Center (CCRMC).

FISCAL IMPACT:
Approval of this Amendment will result in additional annual expenditures of up to $27,470 and will be funded as budgeted by the department in FY's 2026-28, by 100% Hospital Enterprise Fund I. (Rate increase)

BACKGROUND:
This Contract meets the needs of the County by providing proprietary hardware and software maintenance services for Digital Imaging and Communications in Medicine Compact Disc (DICOM CD) burners used by the Diagnostic Imaging unit of CCRMC and its Health Centers. The CD burners import images into CCRMC's Picture Archiving and Communications System (PACS). The software provides portability, greater storage capacity, and digital importing advantages. The software is proprietary, with Original Equipment Manufacturer (OEM) hardware maintenance performed directly by Storage Solutions Technology Group Inc. (SST). Health Services Personnel approved this Contract to ensure no conflicts with labor relations. This Contractor was approved by the Public Works Department's Purchasing Division on February 10, 2026, in compliance with Administrative Bulletin 600.3 requirements. A summary of service contract deliverables, including measurable outcomes required of the Contractor to be monitored by the department in compliance with Section III (B)(7) of the Purchasing Policy include 2nd business day Advanced Exchange on the hardware and unlimited phone and internet software support.

On February 6, 2024, the Board of Supervisors approved Contract #76-846 with Storage Solutions Technology Group Inc., in an amount not to exceed $24,000 for the provision of maintenance services for medical imaging equipment, for the period from February 6, 2024 through February 5, 2026.

Under Contract #76-846, the parties executed a Software and Services Agreement and Quote regarding the provision of the hardware and software maintenance, obligating each party to indemnify the other party against

third party claims arising out of any negligent or wrongful acts by a party in the performance of the agreement.

Approval of this Amendment No. 1 (Contract Amendment #76-846-1) allows the Contractor to provide additional software and hardware maintenance regarding DICOM CD burners through February 5, 2028. The Division is requesting a retroactive effective date for this Amendment due to delays caused by negotiations between the parties.

CONSEQUENCE OF NEGATIVE ACTION:
If this Amendment is not approved, specialized medical imaging equipment requiring servicing from the OEM will go unmaintained and unrepaired, negatively affecting CCRMC's PACS.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1026 **Agenda Date:** 3/17/2026 **Agenda #:** C.71.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contract Amendment #77-711-1 with Chris E. Esguerra, M.D., P.C. (dba Esteem Health PSC)

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract Amendment #77-711-1 with Chris E. Esguerra, M.D., P.C. (dba Esteem Health PSC), a corporation, effective March 1, 2026, to amend Contract #77-711, to include the Dual Eligible Special Needs Plan (D-SNP) obligations and requirements, authorizing Contractor to provide specialized care to beneficiaries who are dually eligible for Medicare and Medi-Cal and offer care coordination and wrap-around services with no change in the payment limit of $400,000 or term ending September 30, 2026.

FISCAL IMPACT:
Approval of this Contract Amendment will not impact the payment limit of $400,000 and is funded 100% by CCHP Enterprise Fund II revenues. (No rate increase)

BACKGROUND:
CCHP has an obligation to provide telehealth behavioral health therapy services to CCHP members and County recipients under the terms of their Individual and Group Health Plan membership Contracts with the County. This Contractor has been with CCHP providing these services and fostering a deep understanding of the CCHP organization's mission, values, and long-term objectives since October 1, 2024.

This Contract is entered into under and subject to the following legal authorities: California Government Code §§ 26227 and 31000; Health and Safety Code § 1451. Health Services Personnel approved this Contract to ensure no conflicts with labor relations. Contractor currently cooperates and participates in CCHP's Quality Management Program which consists of quality improvement activities to improve the quality of care, services and member experience. Cooperation includes collection and evaluation of performance measurement data and participation in the organization's clinical and service measure Quality Improvement Programs. These contracted services were determined to be exempt from Administrative Bulletin 600.3 solicitation requirements by the Public Works Department's Purchasing Division.

On September 24, 2024, the Board of Supervisors approved Contract #77-711 with Chris E. Esguerra, M.D., P.C. (dba Esteem Health PSC), in an amount not to exceed $400,000 for the provision of telehealth behavioral health therapy services for CCHP members and County recipients for the period October 1, 2024 through September 30, 2026.

Approval of Contract Amendment #77-711-1 will allow the Contractor to provide D-SNP specialized care to beneficiaries who are dually eligible for Medicare and Medi-Cal through September 30, 2026.

CONSEQUENCE OF NEGATIVE ACTION:
If this Contract Amendment is not approved, CCHP will not be compliant with Center for Medicare and Medicaid Services (CMS) Network Adequacy regulatory requirements.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1027 **Agenda Date:** 3/17/2026 **Agenda #:** C.72.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contract #76-549-10 with Yana R. Wirengard, M.D.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #76-549-10 with Yana R. Wirengard, M.D., an individual, in an amount not to exceed $1,872,000, to provide general surgery services for Contra Costa Regional Medical Center (CCRMC) and Contra Costa Health Center patients, for the period February 1, 2026 through January 31, 2029.

FISCAL IMPACT:
Approval of this contract will result in contractual service expenditures of up to $1,872,000 over a three-year period and will be funded 100% by Hospital Enterprise Fund I revenues. (Rate increase)

BACKGROUND:
Due to the limited number of specialty providers available within the community, CCRMC and Health Centers rely on contractors to provide necessary specialty health services to their patients. This contractor has been providing general surgery services, including but not limited to: clinic coverage, consultation, medical and/or surgical procedures, administrative duties and on-call coverage for CCRMC patients since July 2016. This Contract is entered into under and subject to the following legal authorities: California Government Code §§ 26227 and 31000; and Health and Safety Code § 1451. Health Services Personnel approved this Contract to ensure no conflicts with labor relations in December 2023. Per Administrative Bulletin 600.3, CCRMC Physician services are exempt from Solicitation requirements.

On February 6, 2024, the Board of Supervisors approved Contract #76-549-9 with Yana R. Wirengard, M.D., in an amount not to exceed $1,100,000, for the provision of general surgery services for CCRMC and Health Center patients, for the period February 7, 2024 through January 31, 2026.

Under Contract #76-549-10 contractor will provide general surgery services through January 31, 2029.

CONSEQUENCE OF NEGATIVE ACTION:
If the contract is not approved, certain specialized general surgery services for CCRMC patients will not be provided and may cause a delay is services required for patient care.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1028 **Agenda Date:** 3/17/2026 **Agenda #:** C.73.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contract #76-724-3 with Staci Talan, D.C. (dba Talan Chiropractic)

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #76-724-3 with Staci Talan, D.C. (dba Talan Chiropractic), a sole proprietor, in an amount not to exceed $210,000, to provide chiropractic services for Contra Costa Regional Medical Center (CCRMC) and Contra Costa Health Center patients, for the period February 1, 2026 through January 31, 2029.

FISCAL IMPACT:
Approval of this contract will result in contractual service expenditures of up to $210,000 over a three-year period and will be funded 100% by Hospital Enterprise Fund I revenues. (Rate increase)

BACKGROUND:
Due to limited number of specialty providers available within the community, CCRMC and Health Centers rely on contractors to provide necessary specialty health services to their patients. This contractor has been providing chiropractic services as part of the CCRMC integrative chronic pain clinic since February 2021. This Contract is entered into under and subject to the following legal authorities: California Government Code §§ 26227 and 31000; and Health and Safety Code § 1451. Health Services Personnel approved this Contract to ensure no conflicts with labor relations in December 2023. Per Administrative Bulletin 600.3 CCRMC Physician services are exempt from Solicitation requirements.

On March 18, 2022, the County Administrator approved Contract #76-724-1 with Staci Talan, D.C. (dba Talan Chiropractic), in an amount not to exceed $140,000, for the provision of chiropractic services for CCRMC and Health Center patients, for the period February 1, 2022 through January 31, 2024.

On January 16, 2024, the County Administrator approved Contract #76-724-2 with Staci Talan, D.C. (dba Talan Chiropractic), in an amount not to exceed $140,000, for the provision of chiropractic services for CCRMC and Health Center patients, for the period February 1, 2024 through January 31, 2026.

Under Contract #76-724-3 contractor will provide chiropractic services through January 31, 2029.

CONSEQUENCE OF NEGATIVE ACTION:
If the contract is not approved, certain specialized chiropractic services for CCRMC and Health Center patients will not be provided and may cause a delay in services required for patient care.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1029 **Agenda Date:** 3/17/2026 **Agenda #:** C.74.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contract #27-908-8 with Fairmount Podiatry Group

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #27-908-8 with Fairmount Podiatry Group, a general partnership, in an amount not to exceed $600,000, to provide podiatry and orthotic services to Contra Costa Health Plan (CCHP) members and County recipients, for the period April 1, 2026 through March 31, 2029.

FISCAL IMPACT:
Approval of this Contract will result in annual expenditures of up to $600,000 over a three-year period and will be funded 100% by CCHP Enterprise Fund II revenues.

BACKGROUND:
CCHP has an obligation to provide certain podiatry and orthotic services for its members under the terms of their Individual and Group Health Plan Membership Contracts with the County. This Contractor has been a member of the CCHP Provider Network providing these services and fostering a deep understanding of the CCHP organization's mission, values and long-term objectives since April of 2013.

This Contract is entered into under and subject to the following legal authorities: California Government Code §§ 26227 and 31000; Health and Safety Code § 1451. Health Services Personnel approved this Contract to ensure no conflicts with labor relations. Contractor currently cooperates and participates in CCHP's Quality Management Program which consist of quality improvement activities to improve the quality of care, services and member experience. Cooperation includes collection and evaluation of performance measurement data and participation in the organization's clinical and service measure Quality Improvement Programs. Per Administrative Bulletin 600.3 CCHP Physician Services are exempt from solicitation requirements.

In March 2023, the County Administrator approved and the Purchasing Services Manager executed Contract #27-908-6 with Fairmount Podiatry Group, in an amount not to exceed $150,000 for the provision of podiatry and orthotic services for CCHP members and County recipients, for the period April 1, 2023 through March 31, 2026.

In October 2025, the Purchasing Services Manager approved and executed Contract Amendment #27-908-7 with Fairmount Podiatry Group, effective January 1, 2026, to include Dual Eligible Special Needs Plan (D-SNP) requirements and obligations, to allow Contractor to provide specialized care to beneficiaries who are

dually eligible for Medicare and Medi-Cal and offer care coordination and wrap-around services with no change in the payment limit of $150,000 or term.

Approval of Contract #27-908-8 will allow the Contractor to continue to provide podiatry and orthotic services through March 31, 2029.

CONSEQUENCE OF NEGATIVE ACTION:
If this Contract is not approved, certain podiatry and orthotic services for CCHP members under the terms of their Individual and Group Health Plan membership contracts with the county will not be provided and may cause a delay in services to CCHP members.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1030 **Agenda Date:** 3/17/2026 **Agenda #:** C.75.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contract #77-513-3 with Strawberry Creek Medical Group of California, P.C. (dba Side Health)

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #77-513-3 with Strawberry Creek Medical Group of California, P.C. (dba Side Health), a professional corporation, in an amount not to exceed $500,000, to provide primary care physician (PCP), and medical specialist services for Contra Costa Health Plan (CCHP) members and County recipients, for the period January 1, 2026 through December 31, 2028.

FISCAL IMPACT:
Approval of this Contract will result in contractual service expenditures of up to $500,000 over a three-year period and will be funded 100% by CCHP Enterprise Fund II revenues.

BACKGROUND:
CCHP has an obligation to provide certain PCP and medical specialist services including otolaryngology, sleep medicine, allergy and nephrology services for its members under the terms of their Individual and Group Health Plan membership Contracts with the County. This Contractor has been a part of the CCHP Provider Network providing these services and fostering a deep understanding of the CCHP organizations mission, values, and long-term objectives since January 1, 2023. This Contract is entered into under and subject to the following legal authorities: California Government Code §§ 26227 and 31000; Health and Safety Code § 1451. Health Services Personnel approved this Contract to ensure no conflicts with labor relations. Contractor currently cooperates with and participates in CCHP's Quality Management Program which consists of quality improvement activities to improve the quality of care and services and member experience. Cooperation includes collection and evaluation of performance measurement data and participation in the organization's clinical and service measure Quality Improvement Programs. Per administrative Bulletin 600.3 CCHP Physician services are exempt from solicitation requirements.

On January 21, 2025, the Board of Supervisors approved Contract #77-513-2 with Strawberry Creek Medical Group of California, P.C. (dba Side Health), in an amount not to exceed $500,000, for the provision of PCP and medical specialist services including otolaryngology, sleep medicine, allergy and nephrology services for CCHP Members and County recipients for the period January 1, 2025 through December 31, 2025.

Approval of Contract #77-513-3 will allow the Contractor to continue providing PCP and medical specialist services including otolaryngology, sleep medicine, allergy and nephrology services for CCHP members and

County recipients through December 31, 2028. This Contract was delayed due to extended negotiations between Division and Contractor.

CONSEQUENCE OF NEGATIVE ACTION:
If this Contract is not approved, certain PCP and medical specialist services for CCHP members under the terms of their Individual and Group Health Plan membership Contracts with the County will not be provided and may cause a delay in services to CCHP members.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1031 **Agenda Date:** 3/17/2026 **Agenda #:** C.76.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contract Amendment #26-583-40 with Specialty Laboratories, Inc. (dba Quest Diagnostics Nichols Institute of Valencia)

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract Amendment #26-583-40 with Specialty Laboratories, Inc. (dba Quest Diagnostics Nichols Institute of Valencia), a corporation, effective March 1, 2026, to amend Contract #26-583-37, to provide additional outside clinical laboratory testing services at Contra Costa Regional Medical Center (CCRMC) and Contra Costa Health Centers with no change in the payment limit of $5,000,000 or term ending December 31, 2027.

FISCAL IMPACT:
Approval of this Contract Amendment will not impact the payment limit of $5,000,000 which is funded 100% by Hospital Enterprise Fund I. (No rate increase)

BACKGROUND:
CCRMC and Contra Costa Health Centers have an obligation to provide laboratory testing services to patients. On occasion, county contracts with outside laboratory testing services in order to provide testing that requires special equipment not available at county facilities. Contractor has been providing outside clinical laboratory testing services for CCRMC and Contra Costa Health Centers since January 2007.

This Contract is entered into under and subject to the following legal authorities: California Government Code Section 26227 and 31000; Health and Safety Code § 1451. This Contract was approved by Health Services Personnel to ensure there is no conflict with labor relations. CCRMC's Quality Management, Utilization Management and Contract Monitor Staff meet on a regular basis to ensure monitoring and performance measures in the Contract are upheld. Contractor is a member of the Vizient Group Purchasing Organization (GPO) and per Administrative Bulletin 600.3, GPO members are exempt from solicitation requirements.

On March 25, 2025, the Board of Supervisors approved Contract #26-583-37 with Specialty Laboratories, Inc. (dba Quest Diagnostic Nichols Institute), in an amount not to exceed $5,000,000, for the provision of outside clinical laboratory testing services at CCRMC and Contra Costa Health Centers, for the period January 1, 2025 through December 31, 2027.

Approval of Contract Amendment #26-583-40 will allow the Contractor to provide additional services through December 31, 2027.

CONSEQUENCE OF NEGATIVE ACTION:
If this Contract Amendment is not approved, CCRMC and Contra Costa Health Centers will not have access to Contractor's outside clinical laboratory testing services which may delay services to patients.

Staff Report

File #: 26-1032 **Agenda Date:** 3/17/2026 **Agenda #:** C.77.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contract #26-410-5 with La Clinica de La Raza, Inc.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #26-410-5 with La Clinica de La Raza, Inc., a non-profit corporation, to provide transfer and coordination of care for patients requiring emergency medical care at Contra Costa Regional Medical Center (CCRMC) for the period March 1, 2026 through February 29, 2028.

FISCAL IMPACT:
This is a non-financial agreement.

BACKGROUND:
The goal of this Care Transition Agreement is to provide continuity of care for La Clinica de La Raza, Inc. patients who are treated at CCRMC and ensure that these patients are connected with their primary medical home after a hospital visit. The County has been contracting with La Clinica de La Raza, Inc. to provide transfer and coordination of care services for patients requiring emergency medical care at CCRMC, while fostering a deep understanding of the organization's mission, values and long-term objectives since March 2016.

This Contract is entered into under and subject to the following legal authorities: California Government Code §§ 26227 and 31000. Health Services Personnel approved this Contract to ensure no conflicts with labor relations. Contractor will cooperate and participate in the County's Quality Management Program which consists of quality improvement activities to improve the quality of care, services and member experience. Cooperation includes collection and evaluation of performance measurement data and participation in the organization's clinical and service measure Quality Improvement Programs. This Contract is exempt from the solicitation requirements of Admin Bulletin 600.3, as this is a non-financial agreement.

On March 5, 2024, the Board of Supervisors approved Contract #26-410-4 with La Clinica de La Raza, to provide transfer and coordination of care for patients requiring emergency medical care at CCRMC, for the period March 1, 2024 through February 28, 2026.

Approval of Contract #26-410-5 will articulate the roles of the parties with regard to transfer and coordination of care for patients who have been hospitalized at CCRMC, through February 29, 2028. This Contract includes mutual indemnification to defend, indemnify, and hold harmless both parties for any claims arising out of the

performance of this Contract.

CONSEQUENCE OF NEGATIVE ACTION:
If this Contract is not approved, the transfer and coordination of care for these patients may not be in compliance with all applicable Federal and State statutes and regulations, including the Emergency Medical Treatment and Labor Act (EMTALA).

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1033 **Agenda Date:** 3/17/2026 **Agenda #:** C.78.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contract #24-385-57 with Bay Area Community Services, Inc.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #24-385-57 with Bay Area Community Services, Inc., a non-profit corporation, in an amount not to exceed $1,180,349 to provide mental health outreach and support services for homeless adults with mental illness and who have a disability at the Don Brown Shelter in East Contra Costa County, for the period November 1, 2025 through June 30, 2026.

FISCAL IMPACT:
Approval of this Contract will result in annual budgeted expenditures of up to $1,180,349 and will be funded by 42% Mental Health Realignment; 43% Substance Abuse and Mental Health Services Administration and 15% Mental Health Services Act revenues.

BACKGROUND:
This Contract meets the social needs of County's population by providing ongoing operational funding for a mental health homeless shelter in East Contra Costa County. The County has been contracting with Bay Area Community Services, Inc., since June 2019 to provide mental health outreach and support services including peer and group counseling, advocacy, assistance with mental health, medical, dental and eye appointments, obtaining identification, social security, and linkage to other services as necessary for homeless and disabled adults with mental illness at the Don Brown Shelter in East Contra Costa County.

This Contract is entered into under and subject to the following legal authorities: California Government Code §§ 26227 and 31000. The Behavioral Health's Quality Management, Utilization Management and Contract Monitor Staff meet on a regular basis to ensure monitoring and performance measures in the contract are upheld. This Contract was approved by Health Services Personnel to ensure there is no conflict with labor relations. This Contractor was approved by the Public Works Department's Purchasing Division on February 23, 2026.

On September 9, 2025, the Board of Supervisors approved Contract #24-385-56 with Bay Area Community Services, Inc., in an amount not to exceed $475,839 for the provision mental health outreach and supportive services at the Don Brown Shelter for homeless and disabled mentally ill adults in East Contra Costa County, for the period from July 1, 2025 through October 31, 2025.

Approval of Contract #24-385-57 will allow the Contractor to continue providing mental health outreach and support services for homeless and disabled adults at the Don Brown Shelter in East Contra Costa County through June 30, 2026. Contract delay was due to extended negotiations between County and Contractor.

CONSEQUENCE OF NEGATIVE ACTION:
If this Contract is not approved, County's homeless adults with mental illness will experience reduced access to core survival and support services at the Don Brown Shelter in East Contra Costa County.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1034 **Agenda Date:** 3/17/2026 **Agenda #:** C.79.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contract #23-904 with Acuvance, LLC

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #23-904 with Acuvance, LLC, a Limited Liability Company, in an amount not to exceed $478,080, to provide an assessment of Contra Costa Health's operations, infrastructure, and financial performance, for the period from March 1, 2026 through April 30, 2027.

FISCAL IMPACT:
Approval of this contract will result in expenditures of up to $478,080 over the contract term. This contract will be funded 100% by Hospital Enterprise Fund I as budgeted by the Health Services Department.

BACKGROUND:
The Health Services Department requires specialized consultation and technical assistance to conduct a comprehensive assessment of Contra Costa Health's operations, infrastructure, and financial performance. This assessment is discretionary but essential for identifying opportunities to improve efficiency, strengthen operational practices, and enhance long-term financial sustainability.

The services under this contract support the Office of the Director/Finance in evaluating eight (8) key focus areas: Revenue Cycle, Supply Chain & Purchased Services, Pharmacy, Ambulatory & Physician Enterprise, Workforce, Healthcare Information Technology, Clinical Operations, and Strategy. Contractor's activities will include data collection and validation, benchmarking and key performance indicator analysis, stakeholder interviews, onsite observation, and development of a Findings & Recommendations Report and Implementation Roadmap.

Acuvance, LLC was competitively selected by the California Association of Public Hospitals (CAPH) as the statewide subject-matter expert in labor and non-labor expense management for all CAPH member organizations. Through this role, they have developed extensive expertise in the operational, financial, and workforce challenges unique to California's public health systems and currently advises multiple CAPH organizations on sustainable cost-management strategies. This Contractor was approved by Public Works Purchasing in March 2026.

Acuvance, LLC will deliver validated data analysis, a comprehensive Findings & Recommendations Report, prioritized initiatives with estimated financial impacts, and a preliminary implementation plan. The department

will monitor all deliverables in accordance with Section III(B)(7) of the Purchasing Policy.

Approval of Contract #23-904 will allow the Contractor to provide assessment activities and support implementation planning, through April 30, 2027. The agreement has a modified indemnity provision, which limits the Contractor's indemnification obligation to all actual, out-of-pocket costs incurred by the County.

CONSEQUENCE OF NEGATIVE ACTION:
If this contract is not approved, Contra Costa Health will not be able to complete a comprehensive operational and financial assessment. This would delay identification of needed improvements, limit the department's ability to pursue cost savings, and hinder strategic planning efforts.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1035 **Agenda Date:** 3/17/2026 **Agenda #:** C.80.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contract #23-324-23 with Toyon Associates, Inc.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #23-324-23 with Toyon Associates, Inc., a corporation, in an amount not to exceed $900,000 to provide consultation and technical assistance regarding healthcare finance issues, including Medicare and Medi -Cal auditing and reporting, for the period from January 1, 2026 through December 31, 2028.

FISCAL IMPACT:
Approval of this contract will result in budgeted expenditures of up to $900,000 over a 3-year period and will be funded 100% by Hospital Enterprise Fund I.

BACKGROUND:
Toyon Associates, Inc. provides professional healthcare financial consultation, technical research, and timely advice to Contra Costa Health finance staff. Contractor's services include providing consultation and advice to finance staff with regard to healthcare financial report preparation, documenting Medicare and Medi-Cal crossover bad debt recoveries, technical research with regard to analyzing cost reports with regard to Medicare Disproportionate Share Hospital (DSH) eligible days, provide DSH Point of Service (POS) to obtain aid codes from the Department of Health Care Services Medi-Cal eligibility database, consultation services to meet annual Medicare and Medi-Cal cost reporting obligations, and assistance with any necessary cost report appeals to overturn adverse audit findings or Uncompensated Care revenue recognition services specific to public hospitals like Contra Costa Regional Medical Center.

As a local small business, this contractor is available to respond immediately, and is able to come onsite for face-to-face meetings if necessary. They have demonstrated the ability to manage and provide accurate guidance, stringent oversight, and timely reporting of all assigned tasks. Contractor's staff are highly specialized professionals who provide services specific to health care financial cost reporting and other reporting and reimbursement services, enabling the department to achieve optimal funding. This Contractor was approved by Public Works Purchasing in March 2026.

On January 9, 2024, the Board of Supervisors approved Contract #23-324-22 with Toyon Associates, Inc., in an amount not to exceed $575,000, to provide consultation and technical assistance regarding Medicare and Medi-Cal Auditing and Reporting, including technical research and advice, for the period from January 1, 2024 through December 31, 2025.

Approval of Contract #23-324-23 will allow Contractor to continue providing services through December 31, 2028.

CONSEQUENCE OF NEGATIVE ACTION:
If this contract is not approved, the hospital will be unable to complete required Medicare & Medi-Cal cost reports and will be unable to run interim cost reports to ensure that expected revenues are within the funding range included in the annual adopted budget.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1036 **Agenda Date:** 3/17/2026 **Agenda #:** C.81.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contract Amendment #74-704-1 with Contra Costa Interfaith Transitional Housing, Inc. (dba Hope Solutions)

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract Amendment #74-704-1 with Contra Costa Interfaith Transitional Housing, Inc. (dba Hope Solutions), a non-profit corporation, effective March 1, 2026, to amend Contract #74-704, to increase the payment limit by $130,000, from $870,000 to a new payment limit of $1,000,000, for additional housing and case management, and property management services for adults and families eligible for Mental Health Services Act (MHSA) housing and who are referred by the County with no change in the term ending June 30, 2026.

FISCAL IMPACT:
Approval of this Contract Amendment will result in additional expenditures of up to $130,000 funded 100% by MHSA funds. (No rate increase)

BACKGROUND:
This Contract meets the social needs of the county's population by providing housing options to support adults and families who are eligible for services under MHSA. Contractor will provide up to ten (10) housing units for adults and families who have been assessed and referred for services by the Behavioral Health Services Division (BHSD). Contractor's services also include case management and property management to assist in housing stability plan development, supportive services referrals, housing placement, lease management, rent collection, unit inspections, maintenance support, and landlord relations.

This Contract is entered into under and subject to the following legal authorities: California Government Code § 26227 and 31000. This Contract was approved by Health Services Personnel to ensure there is no conflict with labor relations. The BHSD Contract Monitoring staff meet on a regular basis to ensure monitoring of performance measures set forth in the Contract are upheld. This Contractor has been a longstanding partner in previous projects, fostering a deep understanding of our organization's mission, values, and long-term objectives. This Contractor was approved by the Public Works Department's Purchasing Division on November 6, 2023.

On May 14, 2024, the Board of Supervisors approved Contract #74-704 with Contra Costa Interfaith Transitional Housing, Inc. (dba Hope Solutions), in an amount not to exceed $870,000, to provide housing and case management and property management services to adults and families eligible for MHSA housing and are

referred by the County for the period March 15, 2024 through June 30, 2026.

Approval of Contract Amendment #74-704-1 will allow the Contractor to provide additional housing and case management and property management services through June 30, 2026.

CONSEQUENCE OF NEGATIVE ACTION:
If this Contract Amendment is not approved, County residents and families who are homeless or at risk of becoming homeless will not have access to Contractor's additional housing services.

CHILDREN'S IMPACT STATEMENT:
This program supports the following Board of Supervisors' community outcomes: "Families that are Safe, Stable, and Nurturing"; and "Communities that are Safe and Provide a High Quality of Life for Children and Families". Expected program outcomes include an increase in positive social and emotional development as measured by the Child and Adolescent Functional Assessment Scale (CAFAS).

File #: 26-1037 **Agenda Date:** 3/17/2026 **Agenda #:** C.82.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contract Amendment #77-629-2 with Pinnacle SJIR, P.C. (dba Naadi Healthcare Manteca)

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract Amendment #77-629-2 with Pinnacle SJIR, P.C. (dba Naadi Healthcare Manteca), a corporation, effective March 1, 2026, to amend Contract #77-629-1, to include the Dual Eligible Special Needs Plan (D-SNP) requirements and obligations, authorizing Contractor to provide specialized care to beneficiaries who are dually eligible for Medicare and Medi-Cal and offer care coordination and wrap-around services with no change in the payment limit of $300,000 or term ending September 30, 2028.

FISCAL IMPACT:
Approval of this Contract Amendment will not impact the payment limit of $300,000 and is funded 100% by CCHP Enterprise Fund II revenues.

BACKGROUND:
CCHP has an obligation to provide certain specialized medical specialty services, including outpatient vascular surgery and interventional radiology services, to CCHP members under the terms of their Individual and Group Health Plan membership Contracts with the County. This Contractor has been with CCHP providing these services and fostering a deep understanding of the CCHP organization's mission, values, and long-term objectives since October 1, 2023.

This Contract is entered into under and subject to the following legal authorities: California Government Code §§ 26227 and 31000; Health and Safety Code § 1451. Health Services Personnel approved this Contract to ensure no conflicts with labor relations. Contractor currently cooperates and participates in CCHP's Quality Management Program which consists of quality improvement activities to improve the quality of care, services and member experience. Cooperation includes collection and evaluation of performance measurement data and participation in the organization's clinical and service measure Quality Improvement Programs. Per Administrative Bulletin 600.3 CCHP Physician services are exempt from Solicitation requirements.

On November 4, 2025, the Board of Supervisors approved Contract #77-629-1 with Pinnacle SJIR, P.C. (dba Naadi Healthcare Manteca), in an amount not to exceed $300,000 to provide outpatient vascular surgery and interventional radiology services for CCHP members and County recipients for the period October 1, 2025 through September 30, 2028.

Approval of Contract Amendment #77-629-2 will allow Contractor to provide D-SNP specialized care to beneficiaries who are dually eligible for Medicare and Medi-Cal through September 30, 2028.

CONSEQUENCE OF NEGATIVE ACTION:
If this Contract Amendment is not approved, CCHP will not be compliant with Center for Medicare and Medicaid Services (CMS) Network Adequacy regulatory requirements.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1038 **Agenda Date:** 3/17/2026 **Agenda #:** C.83.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contract #77-817 with NorCal Orthopedic Surgery Center LLC

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #77-817 with NorCal Orthopedic Surgery Center LLC, a limited liability company, in an amount not to exceed $900,000, to provide ambulatory orthopedic surgery center services to Contra Costa Health Plan (CCHP) members and County recipients, for the period May 1, 2026 to April 30, 2029.

FISCAL IMPACT:
Approval of this Contract will result in contractual service expenditures of up to $900,000 over a three-year period and will be funded 100% by CCHP Enterprise Fund II revenues.

BACKGROUND:
CCHP has an obligation to provide certain specialized health care services, including ambulatory orthopedic surgery center services for its members under the terms of their Individual and Group Health Plan membership contracts with the County. This Contractor is new to the CCHP Provider Network and will provide ambulatory orthopedic surgery center services while fostering a deep understanding of the CCHP organization's mission, values and long-term objectives beginning May 1, 2026.

This Contract is entered into under and subject to the following legal authorities: California Government Code §§ 26227 and 31000; Health and Safety Code § 1451. Health Services Personnel approved this Contract to ensure no conflicts with labor relations. This contractor will cooperate with CCHP's Quality Management Program which consists of quality improvement activities to improve the quality of care, services, and member experience. Cooperation includes collection and evaluation of performance measurement data and participation in the organization's clinical and service measure Quality Improvement Programs. Per Administrative Bulletin 600.3 CCHP Physician services are exempt from solicitation requirements.

Approval of new Contract #77-817 will allow the Contractor to provide ambulatory orthopedic surgery center services for CCHP members and County recipients through April 30, 2029.

CONSEQUENCE OF NEGATIVE ACTION:
If this Contract is not approved, certain ambulatory orthopedic surgery center services for CCHP members under the terms of their Individual and Group Health Plan membership contracts with the County will not be provided and may cause a delay in service to CCHP members.

File #: 26-1039 **Agenda Date:** 3/17/2026 **Agenda #:** C.84.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contract #77-545-3 with Fremont Ambulatory Surgery Center, L.P. (dba Fremont Surgery Center)

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #77-545-3 with Fremont Ambulatory Surgery Center, L.P. (dba Fremont Surgery Center), a limited partnership, in an amount not to exceed $3,000,000, to provide ambulatory surgery center (ASC) services for Contra Costa Health Plan (CCHP) members and County recipients for the period April 1, 2026 through March 31, 2029.

FISCAL IMPACT:
Approval of this Contract will result in contractual service expenditures of up to $3,000,000 over a three-year period and will be funded 100% by CCHP Enterprise Fund II revenues.

BACKGROUND:
CCHP has an obligation to provide certain specialized health care services, including ASC services for its members under the terms of their Individual and Group Health Plan Membership Contracts with the County. This Contractor has been a member of the CCHP Provider Network providing these services and fostering a deep understanding of the CCHP organization's mission, values and long-term objectives since April 2023.

This Contract is entered into under and subject to the following legal authorities: California Government Code §§ 26227 and 31000; Health and Safety Code § 1451. Health Services Personnel approved this Contract to ensure no conflicts with labor relations. Contractor currently cooperates and participates in CCHP's Quality Management Program which consist of quality improvement activities to improve the quality of care, services and member experience. Cooperation includes collection and evaluation of performance measurement data and participation in the organization's clinical and service measure Quality Improvement Programs. Per Administrative Bulletin 600.3 CCHP Physician Services are exempt from solicitation requirements.

On March 19, 2024, the Board of Supervisors approved Contract #77-545-1 with Fremont Ambulatory Surgery Center, L.P. (dba Fremont Surgery Center), in an amount not to exceed $620,000 for the provision of ASC services for CCHP members and County recipients for the period April 1, 2024 through March 31, 2026.

On October 7, 2025, the Board of Supervisors approved Contract Amendment #77-545-2 with Fremont Ambulatory Surgery Center, L.P. (dba Fremont Surgery Center), effective January 1, 2026, to include Dual

Eligible Special Needs Plan (D-SNP) requirements and obligations, to allow Contractor to provide specialized care to beneficiaries who are dually eligible for Medicare and Medi-Cal and offer care coordination and wrap-around services with no change in the payment limit of $620,000 or term.

Approval of Contract #77-545-3 will allow the Contractor to continue to provide ASC services through March 31, 2029.

CONSEQUENCE OF NEGATIVE ACTION:
If this Contract is not approved, certain ASC services for CCHP members under the terms of their Individual and Group Health Plan membership contracts with the County will not be provided and may cause a delay in services to CCHP members.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1040 **Agenda Date:** 3/17/2026 **Agenda #:** C.85.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contract #76-794-4 with Amir Manuchehry, M.D.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #76-794-4 with Amir Manuchehry, M.D., an individual, in an amount not to exceed $572,000, to provide anesthesiology services at Contra Costa Regional Medical Center (CCRMC) and Contra Costa Health Centers, for the period March 1, 2026 through February 28, 2027.

FISCAL IMPACT:
Approval of this Contract will result in contractual service expenditures of up to $572,000 and will be funded 100% by Hospital Enterprise Fund I revenues.

BACKGROUND:
Due to the limited number of specialty providers available within the community, CCRMC and Contra Costa Health Centers rely on contractors to provide necessary specialty health services to its patients. Contractor's anesthesiology services will include clinic coverage, consultation, training, medical procedures, and on-call coverage. Dr. Manuchehry has been providing anesthesiology services at CCRMC and Contra Costa Health Centers since September 2022.

This Contract is entered into under and subject to the following legal authorities: California Government Code §§ 26227 and 31000; Health and Safety Code § 1451. Health Services Personnel approved this Contract to ensure no conflicts with labor relations. CCRMC's Quality Management, Utilization Management and Contract Monitor Staff meet on a regular basis to ensure monitoring and performance measures in the Contract are upheld. Per Administrative Bulletin 600.3, CCRMC Physician services are exempt from solicitation requirements.

On March 21, 2023, the Board of Supervisors approved Contract #76-794-2 with Amir Manuchehry, M.D., in an amount not to exceed $1,440,000, for the provision of anesthesiology services at CCRMC and Contra Costa Health Centers, for the period March 1, 2023 through February 28, 2026.

Approval of Contract #76-794-4 will allow the Contractor to continue providing anesthesiology services through February 28, 2027.

CONSEQUENCE OF NEGATIVE ACTION:

If this Contract is not approved, the necessary specialty anesthesiology services needed for patient care will not be available or will create increased wait times due to the limited number of specialty providers available within the community.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1041 **Agenda Date:** 3/17/2026 **Agenda #:** C.86.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Participation Agreement Amendment #74-754-1 with California Mental Health Services Authority

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Participation Agreement Amendment #74-754-1 with California Mental Health Services Authority (CalMHSA), a government agency, effective January 1, 2025, to amend Participation Agreement #74-754, to decrease the payment limit by $16,200, from $81,000 to a new payment limit of $64,800, and to decrease the scope of reportable measures regarding the Alcohol and Other Drug Services (AODS) Division's participation in the Healthcare Effectiveness Data and Information Set (HEDIS) Performance Measurement Program with no change in the term of January 1, 2025 through December 31, 2029.

FISCAL IMPACT:
Approval of this Agreement Amendment will result in a decrease of expenditures of $16,200 funded by Alcohol and Other Drug Services (AODS) Administrative funds. (No rate increase)

BACKGROUND:
California Advancing and Innovating Medi-Cal (CalAIM) Act requires each state Medicaid agency to produce a written quality strategy to access and improve the quality of health care and services. CalMHSA is a National Committee for Quality Assurance (NCQA) Certified vendor for all NCQA performance measures. This Participation Agreement with CalMHSA will support Behavioral Health's AODS division in meeting the mandated State requirements. This Agreement included support services for Behavioral Health's Mental Health division however the Mental Health division will not be necessitating services provided by this Agreement. This Agreement Amendment removes all mental health support services to ensure consistency with the scope of services and reduce the total payment amount by $16,200.

This Agreement was approved by Health Services Personnel to ensure there is no conflict with labor relations. This Contractor was approved by the Public Works Department's Purchasing Division on November 5, 2025.

On December 16, 2025, the Board of Supervisors approved Participation Agreement #74-754 with California Mental Health Services Authority, in an amount not to exceed $8100, to support AODS in meeting the Behavioral Health Accountability Set (BHAS) reporting requirements for the HEDIS Performance Measurement Program for the period January 1, 2025 through December 31, 2029. This Agreement included a mutual indemnification provision that requires the parties to defend, indemnify, save and hold harmless each

other for claims arising under the Agreement. After review of the Agreement, it was determined mental health support services needed to be removed and backdating the effective date to January 1, 2025.

Approval of Agreement Amendment #74-754-1 will allow the parties to amend the contract to accurately reflect the reporting measures that are required for the County's Drug Medi-Cal Organized Delivery System Plan through December 31, 2029.

CONSEQUENCE OF NEGATIVE ACTION:
If this Agreement Amendment is not approved, the Agreement will continue to list mental health support services which are inconsistent with the intent of the Agreement.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1042 **Agenda Date:** 3/17/2026 **Agenda #:** C.87.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Agreement #29-604-10 with the City of Walnut Creek

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Agreement #29-604-10 with the City of Walnut Creek, to pay the County an amount not to exceed $23,065 for the operation of the Coordinated Outreach, Referral and Engagement (CORE) Program to provide homeless outreach services on nights and weekends, for the period from July 1, 2025 through June 30, 2026.

FISCAL IMPACT:
Approval of this Agreement will allow the County to receive funds in an amount not to exceed $23,065 from City of Walnut Creek's Community Development Block Grant (CDBG) and Homeless Services Fund (HSF) for Fiscal Year 2025-26. No County match is required.

BACKGROUND:
The CORE Program will serve as an entry point into the Coordinated Entry System and identify, engage, stabilize and house chronically homeless individuals and families. CORE teams will contact a minimum of 880 homeless individuals to provide basic needs supplies, counseling, benefits assistance, linkages to healthcare, shelter placement, and referrals and transportation to C.A.R.E. Centers. The County has been receiving funds from the City of Walnut Creek for the CORE program since January 2017.

On December 17, 2024, the Board of Supervisors approved Grant Agreement #29-604-9 with the City of Walnut Creek to receive CDBG and HSF funds in an amount not to exceed $20,000 for the operation of the CORE Program to provide homeless outreach services from July 1, 2024 through June 30, 2025.

Approval of Agreement #29-604-10 will allow County to continue to receive CDBG and HSF funds to provide homeless outreach services through June 30, 2026. This Agreement includes County agreeing to indemnify, defend, and hold harmless the City for any claims arising out of County's performance or failure to perform under this Agreement except for claims arising from City's negligence and willful misconduct. This Agreement was delayed due to County not receiving the Agreement from the City of Walnut Creek until January 6, 2026.

CONSEQUENCE OF NEGATIVE ACTION:
If this Agreement is not approved, County will not receive funding, and the CORE program will have to operate at a reduced capacity.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1043 **Agenda Date:** 3/17/2026 **Agenda #:** C.88.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Agreement #29-817-8 with the City of Walnut Creek

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Agreement #29-817-8 with the City of Walnut Creek, to pay the County an amount not to exceed $283,915 for the Coordinated Outreach, Referral and Engagement (CORE) Program to provide homeless outreach services on weekdays, for the period from July 1, 2025 through June 30, 2026.

FISCAL IMPACT:
Approval of this Agreement will allow the County to receive an amount not to exceed $283,915 for FY 2025-26 from the City of Walnut Creek. No County match is required.

BACKGROUND:
The CORE Program services locate and engage homeless clients throughout Contra Costa County. CORE teams serve as an entry point into the County's coordinated entry system for unsheltered persons and work to locate, engage, stabilize and house chronically homeless individuals and families. The County has been receiving funds from City of Walnut Creek for the CORE program since July 2017.

On December 17, 2024, the Board of Supervisors approved Agreement #29-817-7 to receive funds in an amount not to exceed $267,096 from the City of Walnut Creek for the provision of the CORE Program, for the period from July 1, 2024, through June 30, 2025.

Approval of Agreement #29-817-8 will allow County to continue to receive funds for weekday homeless outreach services through June 30, 2026. This Agreement includes agreeing to indemnify, defend, and hold harmless the City for claims arising out of County's performance or failure to perform under this Agreement except for claims arising from the City's negligence and willful misconduct. There was a delay in requesting approval of this Contract due to County not receiving the Agreement from the City of Walnut Creek until January 9, 2026.

CONSEQUENCE OF NEGATIVE ACTION:
If this Agreement is not approved, County will not receive funding, and the CORE program will have to operate at a reduced capacity.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1044 **Agenda Date:** 3/17/2026 **Agenda #:** C.89.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contract #76-655-2 with H&C Finishers

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #76-655-2 with H&C Finishers, a sole proprietorship, in an amount not to exceed $350,000, to provide furniture upholstery and repair services at Contra Costa Regional Medical Center (CCRMC) and Contra Costa Health Centers for the period March 1, 2026 through February 28, 2029.

FISCAL IMPACT:
Approval of this Contract will result in annual budgeted expenditures of up to $350,000 over a three-year period and will be funded 100% by Hospital Enterprise Fund I revenues.

BACKGROUND:
The purpose of this Contract is to provide reupholstery services for CCRMC and Contra Costa Health Centers furniture using healthcare-grade materials that meet safety, durability, and infection control requirements to ensure the timely reupholstery and maintenance. The Contractor shall work in coordination with Environmental Services (EVS), hospital leadership, nursing units, and clinic coordinators. EVS will conduct analysis at CCRMC and Contra Costa Health Centers to identify furniture reupholstery needs, prioritize work, and communicate service requests to the Contractor.

This Contract is entered into under and subject to the following legal authorities: California Government Code §§ 26227 and 31000 This Contract was approved by Health Services Personnel to ensure there is no conflict with labor relations. CCRMC's Quality Management, Utilization Management and Contract Monitor Staff meet on a regular basis to ensure monitoring and performance measures in the Contract are upheld. Following a Request for Proposal (RFP), this Contract was awarded to H&C Finishers by Public Works Department on January 13, 2026.

Approval of new Contract #76-655-2 will allow the Contractor to provide furniture upholstery and repair services at CCRMC and Contra Costa Health Centers through February 28, 2029.

CONSEQUENCE OF NEGATIVE ACTION:
If this Contract is not approved, CCRMC and Contra Costa Health Centers will not have access to Contractor's furniture upholstery and repair services, needed to meet safety, durability, and infection control requirements.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1045 **Agenda Date:** 3/17/2026 **Agenda #:** C.90.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contract Amendment #77-720-1 with Lyon-Martin Community Health Services

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract Amendment #77-720-1 with Lyon-Martin Community Health Services, a non-profit corporation, effective March 1, 2026, to amend Contract #77-720, to include the Dual Eligible Special Needs Plan (D-SNP) obligations and requirements, authorizing Contractor to provide specialized care to beneficiaries who are dually eligible for Medicare and Medi-Cal and offer care coordination and wrap-around services with no change in the payment limit of $800,000 or term ending November 30, 2026.

FISCAL IMPACT:
Approval of this Contract Amendment will not impact the payment limit of $800,000 and is funded 100% by CCHP Enterprise Fund II revenues. (No rate increase)

BACKGROUND:
CCHP has an obligation to provide primary care physician (PCP), Medical specialist, and non-physician services including gynecological care, obstetrics and gynecology (OB/GYN), behavioral health therapy services, physical and speech therapy, dietician and acupuncture services to CCHP members and County recipients under the terms of their Individual and Group Health Plan membership Contracts with the County. This Contractor has been with CCHP providing these services and fostering a deep understanding of the CCHP organization's mission, values, and long-term objectives since December 1, 2024.

This Contract is entered into under and subject to the following legal authorities: California Government Code §§ 26227 and 31000; Health and Safety Code § 1451. Health Services Personnel approved this Contract to ensure no conflicts with labor relations. Contractor currently cooperates and participates in CCHP's Quality Management Program which consists of quality improvement activities to improve the quality of care, services and member experience. Cooperation includes collection and evaluation of performance measurement data and participation in the organization's clinical and service measure Quality Improvement Programs. Per Administrative Bulletin 600.3 CCHP Physician services are exempt from Solicitation requirements.

On December 3, 2024, the Board of Supervisors approved Contract #77-720 with Lyon-Martin Community Health Services, in an amount not to exceed $800,000 to provide PCP, medical specialist and non-physician services for CCHP members and County recipients for the period December 1, 2024 through November 30, 2026.

Approval of Contract Amendment #77-720-1 will allow the Contractor to provide D-SNP specialized care to beneficiaries who are dually eligible for Medicare and Medi-Cal through November 30, 2026.

CONSEQUENCE OF NEGATIVE ACTION:
If this Contract Amendment is not approved, CCHP will not be compliant with Center for Medicare and Medicaid Services (CMS) Network Adequacy regulatory requirements.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1046 **Agenda Date:** 3/17/2026 **Agenda #:** C.91.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contract #76-682-6 with The Regents of the University of California, on behalf of UC Davis Health

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #76-682-6, with The Regents of the University of California, on behalf of University of California Davis Health, a government agency, in an amount not to exceed $13,000 to provide specialized outside laboratory testing services for Contra Costa Regional Medical Center (CCRMC) for the period November 1, 2025 through October 31, 2026.

FISCAL IMPACT:
Approval of this Contract will result in an annual budgeted expenditure of up to $13,000 and will be funded 100% by Hospital Enterprise Fund I revenues.

BACKGROUND:
CCRMC has an obligation to provide laboratory testing services to patients. Therefore, the County contracts with outside laboratory testing service providers in order to provide testing services not available at County facilities, to ensure patient care is provided as required. This Contractor has been providing outside laboratory testing services since November 1, 2019.

This Contract is entered into under and subject to the following legal authorities: California Government Code §§ 26227 and 31000; and Health and Safety Code § 1451. Health Services Personnel approved this Contract to ensure no conflicts with labor relations. CCRMC's Quality Management, Utilization Management and Contract Monitor Staff meet on a regular basis to ensure monitoring and performance measures in the Contract are upheld. Per Administrative Bulletin 600.3 Intergovernmental service contracts are exempt from Solicitation requirements.

On March 11, 2025, the Board of Supervisors approved Contract #76-682-4, with The Regents of the University of California, on behalf of University of California Davis Health in an amount not to exceed $13,000 for the provision of specialized outside laboratory testing services for CCRMC for the period November 1, 2024 through October 31, 2025.

On October 7, 2025, the Board of Supervisors approved Contract Amendment #76-682-5, with The Regents of the University of California, on behalf of University of California Davis Health, effective August 15, 2025, to

increase the payment limit by $10,000, to an amount not to exceed $23,000 to provide additional outside laboratory testing services at CCRMC with no change in the term ending October 31, 2025.

Approval of Contract #76-682-6 will allow the Contractor to continue providing specialized outside laboratory testing services through October 31, 2026. This Contract includes mutual indemnification to defend, indemnify, save and hold harmless each party for claims arising under this Contract. The delay of this Contract was due to ongoing negotiations between the Contractor and the Division.

CONSEQUENCE OF NEGATIVE ACTION:
If this Contract is not approved, patients requiring specialized outside laboratory testing services at CCRMC will not have access to Contractor's infectious disease testing services.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1047 **Agenda Date:** 3/17/2026 **Agenda #:** C.92.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Single Case Agreements for Specialty Mental Health Services with Other County Jurisdictions

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE two (2) forms of Single Case Agreements for Specialty Mental Health Services to govern the provision and payment of Specialty Mental Health Services for youth placed into congregate care facilities by county agencies pursuant to California Welfare and Institutions Code Section 14717.25; AUTHORIZE the Health Services Director, or designee, to execute the form agreement with other county jurisdictions, in an amount not to exceed $200,000, to place Contra Costa County clients outside the county; and AUTHORIZE the Health Services Director, or designee, to execute the form agreement with other county jurisdictions to receive funding for non-county clients placed within Contra Costa County.

FISCAL IMPACT:
There is no fiscal impact for this action.

BACKGROUND:
AB 1299, effective July 1, 2017, added Welfare & Institutions Code section 14717.1, establishing Presumptive Transfer, which requires that the responsibility for provision and payment of Specialty Mental Health Services (SMHS) promptly transfers from the county of original jurisdiction (COJ) to the county in which a foster child resides or is being placed in, the county of residence (COR), subject to any exceptions established pursuant to that section. AB 1051, effective July 1, 2024, was enacted to correct AB 1299 in the instances of placements into Short Term Residential Therapeutic Programs (STRTPs) and Crisis Residential programs which are designed to be short term in nature and occur on very short notice. Under AB 1299, counties are allowed to Presumptively Transfer or to contract with and pay STRTPs directly, and also allowed placing counties the ability to pay their own Medicaid match. Under AB 1051 counties are required to retain jurisdictional responsibility when placing a youth out of county (for STRTP or Crisis Residential). This complicated the process and led many STRTP providers to not accept direct county contracts. This combination of not being able to Presumptively Transfer, and in most instances not being able to directly contract with the STRTP/Crisis Residential provider, has led to counties being required to directly contract with each other to pay the county in which the child is placed. Counties are requiring this agreement between the jurisdiction county and the residence county in order to ensure the residence county is not left with the jurisdiction county's related costs.

By their nature, STRTP and Crisis Residential placements are urgent and occur on an as needed basis without sufficient time to bring them individually to obtain prior approval from the Board of Supervisors. Approval of this action would allow Contra Costa Health Services to enter into single case agreements on a per client basis

or multi-case jurisdictional agreements with other counties to both receive their funds if their clients are placed in Contra Costa County or to be able to provide funding for Contra Costa County clients being placed outside the county.

Contra Costa Health Services has drafted the attached templates for Single Case Agreements (aka Letters of Agreement- LoA) to address arrangement and payment of Specialty Mental Health Services (SMHS) for youth admitted into out-of-county Children's Crisis Residential Programs (CCRP) or placed out of county into congregate care facilities (Short Term Residential Therapeutic Programs - STRTPs, Community Treatment Facilities - CTFs, and Group Homes) by placing agencies (Child Welfare or Probation). Under those circumstances, arrangement and payment of SMHS falls under AB 1051. See BHIN 24-025 ACL 24-23 Presumptive Transfer Policy, also attached. AB 1051 was implemented statewide, however no statewide template contract was adopted for use among participating counties. Many counties developed and approved templates of this kind.

There are two versions of the LoA to address whether a Contra Costa County (CCC) youth is placed out of county, or whether a youth from another county is placed into Conta Costa. The LoA labeled CCC=COJ covers the situation when CCC is the County of Jurisdiction (COJ) and places a minor into another county, the LoA labeled CCC=COR covers the opposite, when other county placed a youth into CCC. The County of Residence (COR) pays for the mental health services provided at a contracted residential facility within its boundaries, and the COJ reimburses the COR the local share of medically necessary SMHS.

Under each Single Case Agreement, both COR and COJ will defend, indemnify, save, and hold harmless each party and its officers and employees from any and all claims, demands, losses, costs, expenses, and liabilities for any damages, fines, sickness, death, or injury to person(s) or property, including any and all administrative fines, penalties or costs imposed as a result of an administrative or quasi-judicial proceeding, arising directly or indirectly from or connected with the services provided hereunder that are caused, or claimed or alleged to be caused, in whole or in part, by the negligence or willful misconduct of the other party, its officers, employees, agents, contractors, subcontractors, or any persons under its direction or control. If requested by either party, the indemnifying party will defend any such suits at its sole cost and expense. If the indemnified party elects to provide its own defense, the other party will reimburse the indemnified party for any expenditures, including reasonable attorney's fees and costs.

Each party's indemnification obligations exist regardless of concurrent negligence or willful misconduct on the part of the other party or any other person; provided, however, that COR and COJ are not required to indemnify each other for the proportion of liability a court determines is attributable to the sole negligence or willful misconduct of the other party. This provision will survive the expiration or termination of the Agreements.

CONSEQUENCE OF NEGATIVE ACTION:
If this action is not approved, Contra Costa County Health Services would not have approved templates for Single Case Agreements for Specialty Mental Health Services, which will impact the County's ability to quickly address the, often, urgent arrangement and payment of Specialty Mental Health Services youth placement.

CHILDREN'S IMPACT STATEMENT:
The recommendation supports the following children's outcomes: Children Ready for and Succeeding in

School; Children and Youth Healthy and Preparing for Productive Adulthood; and Communities that are Safe and Provide a High Quality of Life for Children and Families.

SINGLE CASE AGREEMENT FOR SPECIALTY MENTAL HEALTH SERVICES REQUIRED UNDER ASSEMBLY BILL 1051 and WELFARE AND INSTITUTIONS CODE SECTION 14717.25

BETWEEN _____ (COUNTY OF RESIDENCE) AND
County of Contra Costa on behalf of the Behavioral Health Services Division
(COUNTY OF JURISDICTION)

Whereas, _____, acting through its _____ and its Mental Health Plan hereafter referred to as "COUNTY OF RESIDENCE (COR)" and **County of Contra Costa** hereafter referred to as "COUNTY OF JURISDICTION (COJ)," seek to enter into a one-time single case Agreement ("Agreement") for the provision of Specialty Mental Health Services (SMHS) provided by COR to a member of COJ's Mental Health Plan as required by Assembly Bill 1051 and Welfare and Institutions Code Section 14717.25.

1. TERM AND DESCRIPTION OF SERVICES. This Agreement establishes the coordination of care and reimbursement process for COR to provide SMHS to the COJ member listed below. COR shall provide all services and furnish all materials necessary to provide the treatment described as "Treatment/Services Required" and for the term and rates specified in the table below to the COJ member. Additional services not within the scope of this Agreement require either a written authorization from COJ or an additional and separate agreement.

COJ Member Name:	
Date of Birth:	
Medi-Cal Number:	
Term:	
Treatment / Services Authorized:	1) Assessment 2) Plan Development 3) Therapy (Individual, Group, and Family) 4) Rehabilitation Services, including Intensive Home-Based Services (IHBS) and Therapeutic Behavioral Services (TBS) 5) Wraparound Services 6) Targeted Case Management, including Intensive Care Coordination 7) Medication Support Services 8) Day Treatment Intensive 9) Day Rehabilitation 10) Crisis Intervention 11) Crisis Stabilization

Compensation Rate (s) Agreed:	Payments to the COR for the Federal Financial Participation (FFP) SMHS will be based on the COR's approved Department of Healthcare Services (DHCS) SMHS Rates as identified on the DHCS Medi-Cal Behavioral Health Fee Schedules Fiscal Year 2024-25, SMHS Outpatient Rates Sheet, as maybe updated annually or periodically by the DHCS. COR shall bill DCHS for the FFP SMHS amount. Link to website of rates: Medi-Cal Behavioral Health Fee Schedules FY24-25 (https://www.dhcs.ca.gov/services/MH/Pages/medical-behavioral-health-fee-schedules-FY2425.aspx). COJ will Reimburse the COR for the costs of local match as indicated within the 835 file as Intergovernmental Transfer (IGT) on the Medi-Cal Behavioral Health Specialty Mental Health Fees Schedule Effective July 1, 2024. The current rates for Contra Costa County are located here: [insert links to rates]

2. COJ RESPONSIBILITIES. To coordinate and facilitate services to COJ member, COJ shall complete the following responsibilities:

    a. Adhere to all provisions of law that address placement, notifications, payment provisions, and data reporting requirements, pursuant to AB 1051.

    b. Ensure COJ's liaison provides timely notice to COR of a COJ member requiring SMHS and provides all required COJ member information needed to coordinate care.

    c. Coordinate COJ member's SMHS needs with COR. COJ will:

        i. Communicate with COR to determine that the member's symptoms continue to demonstrate the need for SMHS.

        ii. Establish a communication routine so that any information related to the member is conveyed between the COJ and COR.

        iii. Provide copies of the client chart, including documentation, as requested.

        iv. Participate in child and family team meetings with COR.

        v. Facilitate the transfer of the member to the COJ for any continued services after the completion of approved treatment plan.

d. Coordinate with COR in a timely manner if there are difficulties experienced with coordinating COJ member care.

3. COR RESPONSIBILITIES. To coordinate and facilitate services to COJ member, COR shall complete the following responsibilities:

    a. Adhere to all provisions of law that address placement, notifications, invoicing/payment provisions, and data reporting requirements, pursuant to AB 1051.

    b. Ensure COR's liaison collaborates in a timely manner with COJ to facilitate the provision of SMHS to COJ member in COR.

    c. Collect COJ member information and SMHS service needs to ensure the coordination and delivery of SMHS to COJ member.

    d. Participate in child and family team meetings with COJ.

    e. Coordinate with COJ in a timely manner if there are difficulties experienced with coordinating COJ member care.

4. COR and COJ LIASIONS. COR and COJ agree to appoint the following treatment team liaisons to coordinate service delivery and facilitate clinical discussions about COJ member:

    a. COR Liaison:

    b. COJ Liaison:

5. CONFIDENTIALITY OF MEMBER INFORMATION. COR and COJ must comply with applicable state and federal laws and regulations related to the disclosure of information in their possession related to the services covered by this Agreement. COR and COJ agree that they will establish mutually satisfactory methods for the exchange of such information as may be necessary in order that COR and COJ may perform their duties under law toward the COJ member and for the functions under this Agreement. COR and COJ will develop appropriate procedures to ensure all information is safeguarded from unauthorized disclosure in accordance with applicable state and federal laws and regulations.

COR and COJ acknowledge that each is a "Covered Entity," as defined in the Health and Insurance Portability and Accountability Act of 1996 (HIPAA) (45 C.F.R. Parts 160 and 164). Each party agrees that it will protect the confidentiality and security of Protected Health Information (as defined in HIPAA) in accordance with the Privacy and Security Rule in HIPAA (as set forth in 45 C.F.R. Part 164) and all other applicable California privacy laws, including, but not limited to, California Welfare and Institutions Code sections 5328 through 5329, and California Civil Code sections 56 et seq. To the extent the information obtained or shared pursuant to this Agreement constitutes substance use disorder (SUD) information, the parties agree that they will protect it in accordance with 42 C.F.R. Part 2.

6. NOTICES. Notice shall be deemed to have been served five (5) calendar days after the notice is deposited in the United States Mail, registered or certified, postage prepaid, and addressed as follows:

   To COR: To COJ:

   Either party may, by giving written notice in accordance with this paragraph, change the names or addresses of the persons or entities designated for receipt of future notices. When addressed in accordance with this paragraph and deposited in the United States mail, certified or registered mail, postage prepaid, notices shall be deemed given on the third day following such deposit in the United States mail. In all other instances, notices shall be deemed given at the time of actual delivery.

7. CONFLICT RESOLUTION. Any disputes between COR and COJ will be brought to the attention of the Directors of Behavioral Health of the COR and COJ or their designees. The dispute shall be resolved by mutual agreement between the Directors of Behavioral Health of the COR and COJ, or their designees, and the decision will be final.

8. INSURANCE. As public agencies, both COR and COJ are authorized self-insured entities for purposes of General Liability, Automobile Liability, Worker's Compensation and Professional Liability coverage and warrants that through their program of self-insurance, they have adequate coverage or resources to protect against liabilities arising out of the terms, conditions and obligations of this Agreement.

9. INDEMNIFICATION. Both COR and COJ will defend, indemnify, save, and hold harmless each party and its officers and employees from any and all claims, demands, losses, costs, expenses, and liabilities for any damages, fines, sickness, death, or injury to person(s) or property, including any and all administrative fines,

penalties or costs imposed as a result of an administrative or quasi-judicial proceeding, arising directly or indirectly from or connected with the services provided hereunder that are caused, or claimed or alleged to be caused, in whole or in part, by the negligence or willful misconduct of the other party, its officers, employees, agents, contractors, subcontractors, or any persons under its direction or control. If requested by either party, the indemnifying party will defend any such suits at its sole cost and expense. If the indemnified party elects to provide its own defense, the other party will reimburse the indemnified party for any expenditures, including reasonable attorney's fees and costs.

Each party's obligations under this section exist regardless of concurrent negligence or willful misconduct on the part of the other party or any other person; provided, however, that COR and COJ are not required to indemnify each other for the proportion of liability a court determines is attributable to the sole negligence or willful misconduct of the other party. This provision will survive the expiration or termination of this Agreement.

10. AMENDMENTS. This Agreement may be amended upon mutual agreement of COR and COJ. Such modification shall be in writing and effective upon the execution of a written amendment to this Agreement by COR and COJ.

11. TERMINATION. Both COR and COJ reserve the right to terminate this Agreement, with or without cause, upon providing thirty (30) calendar days advance written notice to the other party. Any written notice of termination shall state the date on which the termination shall become effective and be deemed served in compliance with the provisions specified in Section 6, NOTICES.

12. COMPENSATION AND INVOICING. For the services described in Section 1, COJ agrees to pay COR for the local match, as indicated by the IGT on the 835 file, and per the requirements specified below.

    a. The total sum of all payments made by COJ to COR for services provided under this Agreement shall be at a not to exceed amount of $200,000 ("Maximum Allowable Compensation").

    b. COR shall invoice COJ for the services described in Section 1 in arrears, monthly, following receipt of 835 files for services rendered. COR and COJ will collaborate to determine the information needed to support all invoices. COJ questions related to invoicing may be directed to:

    c. COR will send invoices to COJ for reimbursement to:

d. COJ will remit payment to COR within forty-five (45) business days of receipt of a complete and correct invoice. COJ shall remit payment to:

e. If COJ and COR are both members of the CalMHSA Presumptive Transfer (PT) Portal, reimbursement of the local match for Medi-Cal Specialty Mental Health Services can be reconciled via CalMHSA PT Portal, provided that the Portal's expansion to include services provided to clients placed out-of-county into congregate care (Group Homes, Short Terms Residential Therapeutic Programs, or Community Treatment Facilities) is operational.

13. This Agreement constitutes the entire written agreement between the parties with respect to the provision of, and payment for, services to the COJ member.

14. This Agreement may be executed in counterparts, each of which shall constitute an original, and all of which taken together shall constitute one and the same instrument.

15. The parties hereto agree that this Agreement may be transmitted and signed by electronic or digital means by either/any or both/all parties and that such signatures shall have the same force and effect as original signatures, in accordance with California Government Code section 16.5 and California Civil Code section 1633.7.

IN WITNESS WHEREOF, the parties hereto duly authorized on behalf of their governing authority, have executed this Agreement as of the day, month, and year first above written.

COUNTY OF JURISDICTION:	**COUNTY OF RESIDENCE:**
BY	BY
_____	_____
(authorized signature)	(authorized signature)
_____	_____
(print name and title)	(print name and title)

Date	Date

SINGLE CASE AGREEMENT FOR SPECIALTY MENTAL HEALTH SERVICES REQUIRED UNDER ASSEMBLY BILL 1051 and WELFARE AND INSTITUTIONS CODE SECTION 14717.25

BETWEEN _____ (COUNTY OF JURISDICTION) AND County of Contra Costa on behalf of the Behavioral Health Services Division (COUNTY OF RESIDENCE)

Whereas, **_____,** acting through its _____ and its Mental Health Plan hereafter referred to as "COUNTY OF JURISDICTION (COJ) " and **County of Contra Costa** hereafter referred to as "COUNTY OF RESIDENCE (COR)," seek to enter into a one-time single case Agreement ("Agreement") for the provision of Specialty Mental Health Services (SMHS) provided by COR to a member of COJ's Mental Health Plan as required by Assembly Bill 1051 and Welfare and Institutions Code Section 14717.25.

1. TERM AND DESCRIPTION OF SERVICES. This Agreement establishes the coordination of care and reimbursement process for COR to provide SMHS to the COJ member listed below. COR shall provide all services and furnish all materials necessary to provide the treatment described as "Treatment/Services Required" and for the term and rates specified in the table below to the COJ member. Additional services not within the scope of this Agreement require either a written authorization from COJ or an additional and separate agreement.

COJ Member Name:	
Date of Birth:	
Medi-Cal Number:	
Term:	
Treatment / Services Authorized:	1) Assessment 2) Plan Development 3) Therapy (Individual, Group, and Family) 4) Rehabilitation Services, including Intensive Home-Based Services (IHBS) and Therapeutic Behavioral Services (TBS) 5) Wraparound Services 6) Targeted Case Management, including Intensive Care Coordination 7) Medication Support Services 8) Day Treatment Intensive 9) Day Rehabilitation 10) Crisis Intervention 11) Crisis Stabilization

Compensation Rate (s) Agreed:	Payments to the COR for the Federal Financial Participation (FFP) SMHS will be based on the COR's approved Department of Healthcare Services (DHCS) SMHS Rates as identified on the DHCS Medi-Cal Behavioral Health Fee Schedules Fiscal Year 2024-25, SMHS Outpatient Rates Sheet, as maybe updated annually or periodically by the DHCS. COR shall bill DCHS for the FFP SMHS amount. Link to website of rates: Medi-Cal Behavioral Health Fee Schedules FY24-25 (https://www.dhcs.ca.gov/services/MH/Pages/medical-behavioral-health-fee-schedules-FY2425.aspx). COJ will Reimburse the COR for the costs of local match as indicated within the 835 file as Intergovernmental Transfer (IGT) on the Medi-Cal Behavioral Health Specialty Mental Health Fees Schedule Effective July 1, 2024. The current rates for Contra Costa County are located here: [insert links to rates]

2. COJ RESPONSIBILITIES. To coordinate and facilitate services to COJ member, COJ shall complete the following responsibilities:

    a. Adhere to all provisions of law that address placement, notifications, payment provisions, and data reporting requirements, pursuant to AB 1051.

    b. Ensure COJ's liaison provides timely notice to COR of a COJ member requiring SMHS and provides all required COJ member information needed to coordinate care.

    c. Coordinate COJ member's SMHS needs with COR. COJ will:

        i. Communicate with COR to determine that the member's symptoms continue to demonstrate the need for SMHS.

        ii. Establish a communication routine so that any information related to the member is conveyed between the COJ and COR.

        iii. Provide copies of the client chart, including documentation, as requested.

        iv. Participate in child and family team meetings with COR.

        v. Facilitate the transfer of the member to the COJ for any continued services after the completion of approved treatment plan.

d. Coordinate with COR in a timely manner if there are difficulties experienced with coordinating COJ member care.

3. COR RESPONSIBILITIES. To coordinate and facilitate services to COJ member, COR shall complete the following responsibilities:

    a. Adhere to all provisions of law that address placement, notifications, invoicing/payment provisions, and data reporting requirements, pursuant to AB 1051.

    b. Ensure COR's liaison collaborates in a timely manner with COJ to facilitate the provision of SMHS to COJ member in COR.

    c. Collect COJ member information and SMHS service needs to ensure the coordination and delivery of SMHS to COJ member.

    d. Participate in child and family team meetings with COJ.

    e. Coordinate with COJ in a timely manner if there are difficulties experienced with coordinating COJ member care.

4. COR and COJ LIASIONS. COR and COJ agree to appoint the following treatment team liaisons to coordinate service delivery and facilitate clinical discussions about COJ member:

    a. COR Liaison:

    b. COJ Liaison:

5. CONFIDENTIALITY OF MEMBER INFORMATION. COR and COJ must comply with applicable state and federal laws and regulations related to the disclosure of information in their possession related to the services covered by this Agreement. COR and COJ agree that they will establish mutually satisfactory methods for the exchange of such information as may be necessary in order that COR and COJ may perform their duties under law toward the COJ member and for the functions under this Agreement. COR and COJ will develop appropriate procedures to ensure all information is safeguarded from unauthorized disclosure in accordance with applicable state and federal laws and regulations.

COR and COJ acknowledge that each is a "Covered Entity," as defined in the Health and Insurance Portability and Accountability Act of 1996 (HIPAA) (45 C.F.R. Parts 160 and 164). Each party agrees that it will protect the confidentiality and security of Protected Health Information (as defined in HIPAA) in accordance with the Privacy and Security Rule in HIPAA (as set forth in 45 C.F.R. Part 164) and all other applicable California privacy laws, including, but not limited to, California Welfare and Institutions Code sections 5328 through 5329, and California Civil Code sections 56 et seq. To the extent the information obtained or shared pursuant to this Agreement constitutes substance use disorder (SUD) information, the parties agree that they will protect it in accordance with 42 C.F.R. Part 2.

6. NOTICES. Notice shall be deemed to have been served five (5) calendar days after the notice is deposited in the United States Mail, registered or certified, postage prepaid, and addressed as follows:

   To COR: To COJ:

   Either party may, by giving written notice in accordance with this paragraph, change the names or addresses of the persons or entities designated for receipt of future notices. When addressed in accordance with this paragraph and deposited in the United States mail, certified or registered mail, postage prepaid, notices shall be deemed given on the third day following such deposit in the United States mail. In all other instances, notices shall be deemed given at the time of actual delivery.

7. CONFLICT RESOLUTION. Any disputes between COR and COJ will be brought to the attention of the Directors of Behavioral Health of the COR and COJ or their designees. The dispute shall be resolved by mutual agreement between the Directors of Behavioral Health of the COR and COJ, or their designees, and the decision will be final.

8. INSURANCE. As public agencies, both COR and COJ are authorized self-insured entities for purposes of General Liability, Automobile Liability, Worker's Compensation and Professional Liability coverage and warrants that through their program of self-insurance, they have adequate coverage or resources to protect against liabilities arising out of the terms, conditions and obligations of this Agreement.

9. INDEMNIFICATION. Both COR and COJ will defend, indemnify, save, and hold harmless each party and its officers and employees from any and all claims, demands, losses, costs, expenses, and liabilities for any damages, fines, sickness, death, or injury to person(s) or property, including any and all administrative fines,

penalties or costs imposed as a result of an administrative or quasi-judicial proceeding, arising directly or indirectly from or connected with the services provided hereunder that are caused, or claimed or alleged to be caused, in whole or in part, by the negligence or willful misconduct of the other party, its officers, employees, agents, contractors, subcontractors, or any persons under its direction or control. If requested by either party, the indemnifying party will defend any such suits at its sole cost and expense. If the indemnified party elects to provide its own defense, the other party will reimburse the indemnified party for any expenditures, including reasonable attorney's fees and costs.

Each party's obligations under this section exist regardless of concurrent negligence or willful misconduct on the part of the other party or any other person; provided, however, that COR and COJ are not required to indemnify each other for the proportion of liability a court determines is attributable to the sole negligence or willful misconduct of the other party. This provision will survive the expiration or termination of this Agreement.

10. AMENDMENTS. This Agreement may be amended upon mutual agreement of COR and COJ. Such modification shall be in writing and effective upon the execution of a written amendment to this Agreement by COR and COJ.

11. TERMINATION. Both COR and COJ reserve the right to terminate this Agreement, with or without cause, upon providing thirty (30) calendar days advance written notice to the other party. Any written notice of termination shall state the date on which the termination shall become effective and be deemed served in compliance with the provisions specified in Section 6, NOTICES.

12. COMPENSATION AND INVOICING. For the services described in Section 1, COJ agrees to pay COR for the local match, as indicated by the IGT on the 835 file, and per the requirements specified below.

    a. The total sum of all payments made by COJ to COR for services provided under this Agreement shall be at a not to exceed amount of $TBD ("Maximum Allowable Compensation").

    b. COR shall invoice COJ for the services described in Section 1 in arrears, monthly, following receipt of 835 files for services rendered. COR and COJ will collaborate to determine the information needed to support all invoices. COJ questions related to invoicing may be directed to:

    c. COR will send invoices to COJ for reimbursement to:

d. COJ will remit payment to COR within forty-five (45) business days of receipt of a complete and correct invoice. COJ shall remit payment to:

e. If COJ and COR are both members of the CalMHSA Presumptive Transfer (PT) Portal, reimbursement of the local match for Medi-Cal Specialty Mental Health Services can be reconciled via CalMHSA PT Portal, provided that the Portal's expansion to include services provided to clients placed out-of-county into congregate care (Group Homes, Short Terms Residential Therapeutic Programs, or Community Treatment Facilities) is operational.

13. This Agreement constitutes the entire written agreement between the parties with respect to the provision of, and payment for, services to the COJ member.

14. This Agreement may be executed in counterparts, each of which shall constitute an original, and all of which taken together shall constitute one and the same instrument.

15. The parties hereto agree that this Agreement may be transmitted and signed by electronic or digital means by either/any or both/all parties and that such signatures shall have the same force and effect as original signatures, in accordance with California Government Code section 16.5 and California Civil Code section 1633.7.

IN WITNESS WHEREOF, the parties hereto duly authorized on behalf of their governing authority, have executed this Agreement as of the day, month, and year first above written.

COUNTY OF JURISDICTION:	**COUNTY OF RESIDENCE:**
BY	BY
_____	_____
(authorized signature)	(authorized signature)
_____	_____
(print name and title)	(print name and title)
_____	_____

Date Date

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

GAVIN NEWSOM
GOVERNOR

CDSS
KIM JOHNSON
DIRECTOR

June 28, 2024

ALL COUNTY LETTER (ACL) NO. 24-43
BEHAVIORAL HEALTH INFORMATION NOTICE (BHIN) NO. 24-025
SUPERSEDES: ACL NO. 19-94 / BHIN NO. 19-041

TO:
ALL ADOPTION REGIONAL OFFICES
ALL CHIEF PROBATION OFFICERS
ALL COUNTY ADOPTION AGENCIES
ALL COUNTY WELFARE DIRECTORS
ALL FOSTER FAMILY AGENCIES
ALL GROUP HOME PROVIDERS
ALL TITLE IV-E AGREEMENT TRIBES
COUNTY BEHAVIORAL HEALTH PROGRAM DIRECTORS'
COUNTY DRUG & ALCOHOL ADMINISTRATORS
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA
COUNTY WELFARE DIRECTORS' ASSOCIATION OF CALIFORNIA
CHIEF PROBATION OFFICERS OF CALIFORNIA
CALIFORNIA STATE ASSOCIATION OF COUNTIES
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS
CALIFORNIA ASSOCIATION OF ALCOHOL & DRUG PROGRAM EXECUTIVES, INC.
CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES
CALIFORNIA OPIOID MAINTENANCE PROVIDERS

SUBJECT: PRESUMPTIVE TRANSFER RELATED TO CHILDREN AND YOUTH IN FOSTER CARE PLACED IN OUT-OF-COUNTY SHORT-TERM FACILITIES

PURPOSE: This BHIN and ACL provides county Mental Health Plans (MHPs) and placing agencies (county child welfare agencies and juvenile probation departments and Tribes with a IV-E agreement) with information and guidance regarding implementation of Assembly Bill (AB) 1051 (Bennett, Chapter 402, Statutes of 2022), which made changes to presumptive transfer requirements.

REFERENCE: Welfare and Institutions (W&I) Code sections 14714, 14717.1, 14717.2, 14717.25, and 14717.26; ACL 17-77/MHSUDSIN 17-032, and ACL 18-60/MHSUDSIN 18-027.

BACKGROUND:
AB 1299 (Ridley-Thomas, Chapter 603, Statutes of 2016), effective July 1, 2017, added W&I Code section 14717.1, which established presumptive transfer, requiring that when a child or youth in foster care is placed outside of their county of original jurisdiction, the responsibility to provide or arrange and pay for that child or youth's Specialty Mental Health Services (SMHS) transfers from the MHP in the county of original jurisdiction to the MHP in the county where the child or youth resides (also referred to as the "county of residence"). On a case-by-case basis, and when consistent with the medical rights of children and youth in foster care, presumptive transfer may be waived so that responsibility for the provision of and payment for SMHS remains with the county of original jurisdiction. Presumptive transfer is intended to ensure that children and youth in foster care who are placed outside of their county of original jurisdiction are able to access SMHS in a timely manner, consistent with their individual strengths and needs, and the requirements of federal Early and Periodic Screening, Diagnostic, and Treatment services.[1]

AB 1051 (Bennett, Chapter 402, Statutes of 2022) added W&I Code sections 14717.2, 14717.25, and 14717.26, with an implementation date of July 1, 2023, which was later amended by AB 118 (Ch. 42, § 161) to change the implementation date to July 1, 2024.

Through AB 1051, the Legislature declared that because certain residential placements are intended to be short term and specified admissions are intended to be time-limited based on medical necessity, the responsibility to provide and arrange for SMHS for children in such placements or admissions shall remain with the county of original jurisdiction, and that out-of-county placements or admissions should not disrupt continuity of care or adversely impact timely payment to providers. (W&I Code § 14717.2(a)(3) and (4).) AB 1051 also includes provisions that address notifications, payment provisions, and data reporting. (W&I Code §§ 14717.1, subd, (f)(2), 14717.25, and 14717.26.)

POLICY:
CHANGES TO PRESUMPTIVE TRANSFER APPLICABILITY
AB 1051 modifies the conditions and requirements for presumptive transfer when a child or youth in foster care is placed in certain out-of-county residential settings. Effective July 1, 2024, when a child or youth is placed outside of their county of original

[1] W&I Code section 14717.1, subd. (a)(2)

jurisdiction into a community treatment facility (CTF), group home (GH), or short-term residential therapeutic program (STRTP) or admitted to a children's crisis residential program (CCRP), the responsibility to provide or arrange and pay for SMHS shall remain with the MHP in the county of original jurisdiction unless specific circumstances exist (as described below).

The requirements for presumptive transfer, as described in W&I Code section 14717.1 and ACL 17-77/MHSUDS IN 17-032, continue to apply when children and youth in foster care are placed outside of their county of original jurisdiction with relatives, including non-related extended family members[2], resource families in Therapeutic Foster Care homes, or in any other setting not identified above.[3]

Pursuant to W&I Code section 14717.2, for placements or admissions commencing on or after July 1, 2024, the MHP in the county of original jurisdiction of a child or youth in foster care shall retain responsibility to provide or arrange, and pay for, SMHS if the child or youth in foster care is placed out of the county of original jurisdiction in a CTF, GH, or STRTP, or is admitted to a CCRP, unless either of the following circumstances exist:[4]

1. The child or youth's case plan specifies that the child or youth will transition to a less restrictive placement in the same county as the facility in which the child has been placed or admitted; or

2. The placing agency determines, as informed by the Child and Family Team (CFT), that the child or youth will be negatively impacted if responsibility for providing or arranging for SMHS is not transferred to the same county as the facility in which the child has been placed or admitted. The placing agency shall document the basis for making this determination in the case record.

   If either circumstance described above exists at any time during a child or youth's placement in an out-of-county CTF, GH, STRTP, or admission to a CCRP, the process for presumptive transfer set forth in W&I Code section 14717.1 shall apply, and the responsibility to arrange and provide SMHS will transfer to the MHP in the county of residence.[5]

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[2] See Tribal information exchange page 2
[3] As described in W&I Code Section 14717.1 and in ACL 17-77/MHSUDSIN 17-032 and ACL 18-60/MHSUDSIN 18-027;
[4] W&I Code, § 14717.2(b)(1)-(2).
[5] W&I Code section 14717.2(c)

Presumptive transfer requirements only pertain to children or youth who are in foster care. Children and youth who receive assistance under the Kinship Guardianship Assistance Payment Program (Kin-GAP) or who receive assistance under the Adoption Assistance Program (AAP) are no longer dependents of the court and are not in foster care, nor subject to court supervision, and are therefore not subject to the provisions of W&I Code section 14717.1&14717.2.[6]

PLACING AGENCY NOTIFICATION AND DOCUMENTATION REQUIREMENTS

1. Prior to placing a child or youth in an out-of-county CTF, GH, STRTP, or admitting a child or youth to an out-of-county CCRP, placing agencies shall notify the MHP that will be responsible for providing, arranging, and paying for their SMHS of the child or youth. The placing agency may make this notification through e-mail.[7]

   The placing agency should confirm with the responsible MHP that the communication was received. Strong communication and collaboration between the responsible MHP and the placing agency is critical to ensure that the child or youth in foster care receives timely SMHS. In the case of an Indian child, the placing agency shall provide information to the child's tribe about which MHP is responsible for arranging and paying for SMHS for the child.

2. If notification before placement is not possible, the placing agency shall notify the appropriate MHP no later than three (3) business days from the date the child or youth arrives at the facility.

   These notification responsibilities are consistent with the notifications required for placing agencies in ACL 17-77/MHSUDS IN 17-032. As described in the aforementioned guidance, as counties implement procedural steps for presumptive transfer, they should identify a single point of contact or unit and have a dedicated phone number and/or e-mail address for the MHP and placing agencies. In addition to posting the contact information to a public website to ensure timely communication.

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[6] For children and youth who receive assistance under Kin-GAP, the county of original jurisdiction continues to retain responsibility for authorizing and reauthorizing, and paying for, SMHS under the provisions of SB 785 (W&I Code §11376). For children and youth who receive assistance under AAP, the MHP in the county of residence of the child or youth's adoptive parents is responsible for providing SMHS and the MHP of the county of original jurisdiction retains responsibility for authorizing and reauthorizing, and paying for, SMHS under the provisions of (W&I Code §16125).

[7] W&I Code, § 14717.2, subd. (d)(1)-(2), (f).

3. The placing agency shall document in the case record which MHP is responsible for providing or arranging and paying for the SMHS of the child or youth who is placed outside of their county of original jurisdiction into one of the above-specified facilities.

FACILITY NOTIFICATIONS

Upon accepting placement or admission of a child or youth in foster care from another county, a CTF, GH, STRTP, or CCRP may notify the MHP responsible for arranging or providing SMHS that a child or youth has been placed in their facility. It is a best practice for the facility to notify the MHP responsible for arranging or providing SMHS as soon as possible upon accepting the placement or admission of a child or youth in foster care from another county.

MHP RESPONSIBILITIES

If the responsibility for providing or arranging and paying for SMHS for a child or youth placed in an out-of-county CTF, GH, STRTP, or CCRP is not transferred in accordance with Sections 14717.1 and 14717.2, the MHP in the county of original jurisdiction and the SMHS provider may choose one of the following agreed-upon options to ensure timely provision and payment of SMHS:[8]

1. Utilize an existing contract between the MHP in the county of original jurisdiction and the SMHS provider for payment of services within a mutually agreed upon timeframe.

2. Establish a contract for payment between the MHP in the county of original jurisdiction and the SMHS provider for one or multiple children or youth in foster care within a mutually agreed upon timeframe.

3. If neither option 1) or 2) is available, the MHP in the county of original jurisdiction shall make payment to the SMHS provider or shall reimburse the MHP in the county of residence through an agreement between the two MHPs.
    a. If reimbursement will occur between the two MHPs, the MHP in the county of original jurisdiction and the MHP in the county of residence shall enter into the agreement for payment of services within 30 days of notice, by either the placing agency or the placement provider, of the out-of-county placement.

[8] W&I Code, § 14717.25, subd. (b)-(c).

EXPECTATIONS FOR COLLABORATION

County placing agencies are obligated to follow the CFT process and convene CFT meetings per W&I Code §16501(a)(4). The placing agency and MHP, and all involved entities must coordinate to ensure that there is a single CFT for each child or youth and their family.[9]

The placing agency may include in a CFT meeting the MHP of the receiving county where the facility is located. Presumptive transfer must be discussed by the CFT in situations in which a child or youth is to be placed outside the county of original jurisdiction. In the case of an Indian child, the tribe is a required member of the CFT and must be consulted for placement decisions. The use of an effective CFT process is especially important when youth's mental health and child welfare services are coordinated an out-of-county placement is being considered because the CFT can ensure the child or youth's mental health and child welfare services are coordinated.

The intent of presumptive transfer is to ensure children or youth in foster care placed outside of their counties of original jurisdiction receive timely access to medically necessary SMHS. Delays or disruptions in care may occur if the placing agency and MHP understand presumptive transfer's purpose differently, or there is confusion regarding roles and responsibilities. As such, DHCS and CDSS remind MHPs and placing agencies that, consistent with Children and Youth System of Care Memoranda of Understanding, and California's Integrated Core Practice Model (ICPM) practices, MHPs and county placing agencies have a shared responsibility to ensure children, youth, and families are engaged and involved in the decision-making process via the CFT and, for CTF, GH, STRTP, or CCRP, via the Interagency Placement Committee. To this end, DHCS and CDSS expect placing agencies and MHPs to collaborate and communicate with all CFT members to meet the specific behavioral health needs of children or youth prior to implementing a recommendation from the CFT for any placement in a CTF, GH, STRTP or admission into a CCRP. This includes active efforts to collaborate with tribal representatives and ensuring access to culturally responsive care and appropriate resources when working with Indian children and their families. In the case of an Indian child, it is vital to include the tribe in these discussions.

To meet their obligations to have an appropriate network of providers and provide timely access to SMHS, MHPs shall be proactive by establishing contracts with CTFs, STRTPs, and CCRPs where children or youth in foster care from their counties are typically placed or admitted. MHPs should know the options available to allow them to enter into a contract quickly with an out-of-county SMHS provider. MHPs should also

[9] MHP Contract, Exh. A, Att. 2, para. 2 (A)(10) requires MHPs to provide medically necessary Intensive Care Coordination, which includes CFT meetings.

have policies and procedures to arrange and pay for SMHS within their timely access requirements (e.g., individual case agreements, single service agreements, or other payment agreements).

DATA REPORTING REQUIREMENTS
AB 1051 added W&I Code Section 14717.26(b), which requires DHCS and CDSS to collect data on the receipt of SMHS by children and youth in foster care that are placed out-of-county and include it on the DHCS Medi-Cal SMHS performance dashboard. The data shall include:

1. The number of children or youth in foster care that are placed out-of-county.

2. The number of children or youth in foster care that are placed out-of-county who receive SMHS.

3. For children or youth in foster care that are placed out-of-county and receive SMHS, the number for whom the county of original jurisdiction is responsible and the number for whom the county of residence is responsible for that provision or arrangement.

More information and resources regarding Presumptive Transfer can be found at CDSS's presumptive transfer page or by sending an e-mail to PresumptiveTransfer@dss.ca.gov.

Questions regarding SMHS for children or youth in foster care may be directed to: CountySupport@dhcs.ca.gov. Technical assistance and support for County Behavioral Health departments can be found at DHCS' County and Provider Monitoring page.

Sincerely,

Original signed by

ANGIE SCHWARTZ
DEPUTY DIRECTOR
Children and Family Services Division
California Department of Social Services

PAULA WILHELM
DEPUTY DIRECTOR
Behavioral Health
Department of Health Care Services

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1048 **Agenda Date:** 3/17/2026 **Agenda #:** C.93.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Integrated Plan for Behavioral Health Services and Outcomes for Fiscal Years 2026-2029

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ACCEPT the recommendation of the Behavioral Health Services Director to adopt the Integrated Plan for Behavioral Health Services and Outcomes for Fiscal Years 2026-29;

AUTHORIZE and DIRECT the Chair of the Board of Supervisors to sign the Integrated Plan certification that will be submitted to the Department of Health Care Services (DHCS) with the County's final Integrated Plan.

FISCAL IMPACT:
Approval of the Integrated Plan for submission to the State has no net fiscal impact and does not authorize the appropriation or expenditure of funds.

Counties will continue to receive Behavioral Health Services Act (BHSA) funding, formerly known as the Mental Health Services Act (MHSA), at anticipated levels. While BHSA component allocations have been revised to meet statutory compliance requirements, specifically Housing Programs (30%), Full-Service Partnerships (35%), and Behavioral Health Services and Supports (35%), this Board action does not change funding authority.

The Integrated Plan reflects the coordinated use of all Behavioral Health funding sources, including BHSA, Medi-Cal revenues, Substance Use Disorder funding, 1991 and 2011 Realignment, federal and state grants, and other applicable revenues.

Actual appropriations, budget adjustments, and expenditure authority will be incorporated through the County's annual budget adoption process and any subsequent Board-approved budget modifications.

BACKGROUND:
In 2024, Proposition 1 redesigned the Mental Health Services Act (MHSA) into the Behavioral Health Services Act (BHSA) and created funding for behavioral health treatment facilities. The new BHSA, which goes into effect July 1, 2026, is one of the cornerstones for Behavioral Health Transformation (BHT) in California. This transformation includes:

- New statewide goals,
- Establishment of priority populations to be served,
- Identification of required evidence-based practices,

- Resources for housing and employment, and
- Inclusion of services for both mental health and substance use conditions.

The BHSA is designed to modernize that state's behavioral health system with a focus on equity, transparency, and accountability.

The priority populations under BHSA are individuals with the most serious behavioral health needs, including those who are unhoused, at risk of involvement with the criminal justice system, and children at risk of out-of-home placement.

Goals within the Plan are to Improve:

- Care Experience
- Access to Care
- Prevention and treatment of co-occurring physical health conditions
- Quality of Life
- Social Connection
- Engagement in School
- Engagement in Work

and to Reduce:

- Suicides
- Overdoses
- Untreated behavioral health conditions
- Institutionalization
- Homelessness
- Justice-Involvement
- Removal of Children from home

Under WIC § 5963.02(a)(1), counties are instructed that they shall prepare and submit an integrated plan and annual updates to the Behavioral Health Services Oversight and Accountability Commission and the department.

Contra Costa's Three-Year Integrated Plan for Behavioral Health Services and Outcomes was developed with feedback obtained from over 63 community engagement events, including town halls, community conversations, and key informant interviews, along with 660 survey responses. Contra Costa submitted a Draft Integrated Plan to DHCS and received approval and posted the Draft Plan for 30-day public comment. In preparation for our final Plan submission to DHCS, we have revised the Plan to list the public comments received and, where appropriate, incorporated revisions into the Plan. At the conclusion of the public comment period, the Behavioral Health Board held a public hearing on the Draft Plan and recommended that the Board of Supervisors approve the Plan.

WIC §5963.02 (a) (3), states that a county's Board of Supervisors shall approve the Integrated Plan by June 30th prior to the fiscal year or years the integrated plan would cover, and as such we are requesting Board approval in advance of submitting the Final Integrated Plan to DHCS.

CONSEQUENCE OF NEGATIVE ACTION:
If this action is not approved by June 30, 2026, the county will be out of compliance with the WIC §5963.02 requirement.

CHILDREN'S IMPACT STATEMENT:
This recommendation supports all of the following children's outcomes: - Children Ready for and Succeeding in School; - Children and Youth Healthy and Preparing for Productive Adulthood; - Families that are Safe, Stable and Nurturing; and - Communities that are Safe and Provide a High Quality of Life for Children and Families.

BEHAVIORAL HEALTH SERVICES ACT INTEGRATED PLAN TEMPLATE VERSION 1

June 30, 2025

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Introduction

The Behavioral Health Services Act (BHSA) (Senate Bill (SB) 326, Chapter 90, Statutes of 2023) requires all county Behavioral Health Departments to submit a three-year Integrated Plan for Behavioral Health Services and Outcomes outlining intended use of funds and a budget for behavioral health programs administered, beginning with Fiscal Years (FY) 2026-2029 (July 1, 2026 – June 30, 2029). The Department of Health Care Services (DHCS) is developing a portal where counties will enter their Integrated Plans and updates (herein referred to as the "county portal").

This document is the template for the Three-Year Integrated Plan. The final release of the Integrated Plan will be available on the county portal and questions will be formatted to collect information in a streamlined manner. The county portal will include web form elements such as dropdown menus and text fields. Throughout this template, bracketed text represents planned user interface elements for the county portal. Additional information on standards for completing and submitting the
Integrated Plan is provided in the Behavioral Health Services Act County Policy Manual (herein referred to as the "Policy Manual") Chapter 3.



Figure 1. Integrated Plan Submission Workflow

*Recommended sequence. See details on the exemption submission process in the Integrated Plan Submission section (Policy Manual Chapter 3, Section E.4).

General Information

1. County, City, Joint Powers, or Joint Submission: **County**
2. Entity Name: **Contra Costa County**
3. Behavioral Health Agency Name: **Contra Costa Behavioral Health Services**
4. Behavioral Health Agency Mailing Address: **1340 Arnold Drive, Suite 200 Martinez, CA 94553**
5. Primary Mental Health Contact
    a. Name: **Suzanne Tavano**
    b. Email: **suzanne.tavano@cchealth.org**
    c. Phone: **925-957-5169**
6. Secondary Mental Health Contact
    a. Name: **Steve Hahn-Smith**
    b. Email: **steve.hahn-smith@cchealth.org**
    c. Phone: **925-957-5130**
7. Primary Substance Use Disorder Contact
    a. Name: **Fatima Matal Sol**
    b. Email: **fatima.matalsol@cchealth.org**
    c. Phone: **925-348-3279**
8. Secondary Substance Use Disorder Contact
    a. Name: **Mark Messerer**
    b. Email: **mark.messerer@cchealth.org**
    c. Phone: **925-335-3326**
9. Primary Housing Interventions Contact:
    a. Name: **Adam Down**
    b. Email: **adam.down@cchealth.org**
    c. Phone: **925-348-6839**

10. Compliance Officer for Specialty Mental Health Services (SMHS)
    a. Name: **Priscilla Aguirre**
    b. Email: **priscilla.aguirre@cchealth.org**
11. Compliance Officer for Drug Medi-Cal Organized Delivery System (DMC-ODS) Services
    a. Name: **Mark Messerer**
    b. Email: **mark.messerer@cchealth.org**
12. Behavioral Health Services Act (BHSA) Coordinator

Name	Email Address
Windy Murphy Taylor	**windy.taylor@cchealth.org**

13. Subtance Abuse and Mental Health Services Administration (SAMHSA) liaison:

Name	Email Address
Paul Reyes	**paul.reyes@cchealth.org**

14. Quality Assurance or Quality Improvement (QA/QI) lead

Name	Email Address
Steve Hahn-Smith	**steve.hahn-smith@cchealth.org**

15. Medical Director

Name	Email Address
Stephen Field	**stephen.field@cchealth.org**

Exemption Requests

Please complete the following section if the county is requesting a Housing Interventions exemption for the Integrated Plan (IP) covering Fiscal Years (FY) 2026-2029. Only counties with a population of less than 200,000 may request a Housing Interventions exemption for the FY 2026-2029 IP. Counties must submit their exemption request by March 31 of the fiscal year prior to the fiscal year covered in the IP (i.e., exemption requests for the FY 2026- 2029 IP must be submitted to DHCS by March 31, 2026) to facilitate timely review and approval.

If the county has a population of less than 200,000, according to the Department of Finance Population and Housing Estimates, the county is able to request a Housing Intervention exemption. To apply, select which Housing Intervention Exemption you would like to request (counties are able to request more than one exemption): **N/A**

- ☐ Behavioral Health Services Fund Housing Intervention Component Exemption
- ☐ Housing Intervention Funds for Chronically Homeless Exemption
- ☐ Housing Intervention Funds for Capital Development Exemption

Behavioral Health Services Fund (BHSF) Housing Interventions Component Exemption Request

1. **Behavioral Health Services Fund Housing Intervention Component:** For counties seeking an exemption to the requirement to allocate 30 percent of the BHSA funds (beyond transfer allowance) distributed to the county for Housing Intervention services. **N/A**

    a. What percentage of funds is the county requesting to utilize for the Housing Intervention Component?

    b. Of the percentage of funds above or below the required 30 percent being utilized for Housing Interventions, identify which allocation components and the percentage the funding will transfer from or into.

        i. Full-Service Partnerships

        ii. Behavioral Health Services and Supports

    c. Please select which Housing Interventions exemptions criteria the county meets.

        i. Very significant or very limited need

        ii. Sufficient/insufficient funding from other sources to address housing needs

iii. Other considerations

d. Please provide justification for this Housing Interventions exemption request

Supporting Data #1

e. Please upload supporting data

f. Please select the data source

i. Claims Data

ii. Coordinated Entry System Data

iii. Housing Inventory Count

iv. Homeless Management Information System Data

v. Point in Time Count

vi. Other

Housing Intervention Funds for Chronically Homeless Exemption Request

1. **Housing Intervention Funds for Chronically Homeless:** For counties seeking an exemption to the requirement to use 50 percent of Housing Intervention Component allocation for individuals who are chronically homeless. What percentage of Housing Intervention Component allocation is the county requesting to use for those who are chronically homeless? **N/A**

   Please select which Housing Interventions exemptions criteria the county meets:

   ☐ Very limited need

   ☐ Sufficient funding from other sources to address housing needs

   ☐ Other considerations

   a. Please provide justification for this Housing Interventions exemptions request.

   Supporting Data #1

   d. Please upload supporting data.

   e. Please select the data source:

   ☐ Claims Data

   ☐ Housing Inventory Count

☐ Homeless Management Information System Data

☐ Point in Time Count

☐ Other

Housing Intervention Funds for Capital Development Exemption Request

1. **Housing Interventions Funds for Capital Development:** For counties seeking an exemption to the requirement that no more than 25 percent of Housing Intervention Component allocation can be spent on capital development. **N/A**

   a. What percentage of Housing Intervention Component allocation is the county requesting to use for capital development projects?

   b. Please select which Housing Intervention exemptions criteria the county meets:

      ☐ Significant capital development required to meet housing needs of eligible population

      ☐ Other funding sources insufficient to address need

      ☐ Costs of accessibility improvements exceed 25 percent capital improvement limits

      ☐ Other

   c. Please provide justification for this Housing Interventions exemptions request.

Supporting Data #1

   d. Please upload supporting data.

   e. Please select the data source:

      ☐ Evidence of need for housing production

      ☐ Partnership agreements/letters of support

      ☐ Project budget with funding breakdown

      ☐ Other

Funding Transfer Requests

If the county aims to submit a funding transfer request for the Fiscal Years (FY) 2026-2029 Integrated Plan (IP) period, please complete the questions below. Counties must submit their request by March 31 of the FY prior to the FY covered in the IP (i.e., exemption requests for the FY 2026-2029 IP must be submitted to DHCS by March 31, 2026) to facilitate timely review and approval.

Counties with populations under 200,000 can assume that their request to reduce Housing Intervention Component funds from the required 30 percent is approved when completing the

1. Please enter the proposed allocation adjustments to the tables below.

Table 1. Proposed Allocation Adjustments for Each Funding Component

	Plan Year One	Plan Year Two	Plan Year Three
Behavioral Health Services and Supports	**0%**	**0%**	**0%**
Full Service Partnership	**0%**	**0%**	**0%**

	Plan Year One	Plan Year Two	Plan Year Three
Housing Interventions	**0%**	**0%**	**0%**
Housing Interventions for Outreach and Engagement	**0%**	**0%**	**0%**

Behavioral Health Services and Supports Transfers

1. Enter the proposed dollars transferred into/from Behavioral Health Services and Supports

Table 2. Behavioral Health Services and Supports Transfers

	Plan Year One	Plan Year Two	Plan Year Three
Dollars transferred **from** Full Service Partnerships	**$0**	**$0**	**$0**
Dollars transferred **from** Housing Interventions	**$0**	**$0**	**$0**
Dollars transferred **into** Full Service Partnerships	**$0**	**$0**	**$0**
Dollars transferred **into** Housing Interventions	**$0**	**$0**	**$0**

2. For Behavioral Health Services and Supports, please include a rationale for the funding allocation transfer request.

Full-Service Partnerships Transfers

1. Enter the proposed dollars transferred into/from Full-Service Partnerships

Table 3. Full-Service Partnerships Transfers

	Plan Year One	Plan Year Two	Plan Year Three
Dollars transferred **from** Behavioral Health Services and Supports	**$0**	**$0**	**$0**
Dollars transferred **from** Housing Interventions	**$0**	**$0**	**$0**
Dollars transferred **into** Behavioral Health Services and Supports	**$0**	**$0**	**$0**
Dollars transferred **into** Housing Interventions	**$0**	**$0**	**$0**

2. For Full-Service Partnerships, please include a rationale for the funding allocation transfer request

Housing Interventions Transfers

1. Enter the proposed dollars transferred into/from Housing Interventions

Table 4. Housing Interventions Transfers

	Plan Year One	Plan Year Two	Plan Year Three
Dollars transferred **from** Behavioral Health Services and Supports	**$0**	**$0**	**$0**
Dollars transferred **from** Full Service Partnerships	**$0**	**$0**	**$0**
Dollars transferred **into** Behavioral Health Services and Support	**$0**	**$0**	**$0**
Dollars transferred **into** Full Service Partnerships	**$0**	**$0**	**$0**

2. For Housing Interventions, please include a rationale for the funding allocation transfer request.

Supporting Information and Data

1. How does this funding transfer request respond to community needs and input?
2. Please include local data supporting the funding transfer request.

County Behavioral Health System Overview

Please provide the city/county behavioral health system (inclusive of mental health and substance use disorder) information listed throughout this section. The purpose of this section is to provide a high-level overview of the city/county behavioral health system's populations served, technological infrastructure, and services provided. This information is intended to support city/county planning and transparency for stakeholders. The Department of Health Care Services recognizes that some information provided in this section is subject to change over the course of the Integrated Plan (IP) period. All data should be based on FY preceding the year plan development begins.

Populations Served by County Behavioral Health System

Includes individuals that have been served through the county Medi-Cal Behavioral Health Delivery System and individuals served through other county behavioral health programs. Population-level behavioral health measures, including for untreated behavioral health conditions, are covered in the Statewide Behavioral Health Goals section and County Population-Level

Children and Youth

1. In the table below, please report the number of children and youth (under 21) served by the county behavioral health system who meet the criteria listed in each row. **Counts may be duplicated as individuals may be included in more than one category.**

Table 5. Number of Children and Youth Served

Criteria	Number of Children and Youth Under 21
Received Medi-Cal Specialty Mental Health Services (SMHS)	**7,130**
Received at least one substance use disorder (SUD) individual-level prevention and/or early intervention service	**1,321**
Received Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS) services	**1,526**

Received mental health (MH) and SUD services from the mental health plan (MHP) and DMC county or DMC-ODS plan	**6,561**
Accessed the Early Psychosis Intervention Plus Program, pursuant to Welfare and Institutions Code Part 3.4 (commencing with section 5835), Coordinated Specialty Care, or other similar evidence-based practices and community-defined evidence practices for early psychosis and mood disorder detection and intervention programs	**43**
Were chronically homeless or experiencing homelessness or at risk of homelessness	**238**
Were in the juvenile justice system	**226**
Have reentered the community from a youth correctional facility	**204**

Criteria	Number of Children and Youth Under 21
Were served by the Mental Health Plan and had an open child welfare case	**485**
Were served by the DMC County or DMC-ODS plan and had an open child welfare case	**19**
Have received acute psychiatric care	**1,274**

Adults and Older Adults

1. In the table below, please report the number of adults and older adults (21 and older) served by the county behavioral health system who meet the criteria listed in each row. Counts may be duplicated as individuals may be included in more than one category.

Table 6. Adults and Older Adults Served

Criteria	Number of Adults and Older Adults
Were dual-eligible Medicare and Medicaid members	**3,282**
Received Medi-Cal SMHS	**12,011**
Received DMC or DMC-ODS services	**1,656**
Received MH and SUD services from the MHP and DMC county or DMC-ODS plan	**7,876**
Were chronically homeless, or experiencing homelessness, or at risk of homelessness	**1,513**
Experienced unsheltered homelessness	**1,513**
Moved from unsheltered homelessness to being sheltered (emergency shelter, transitional housing, or permanent housing)	**482**
Of the total number of those who moved from unsheltered homelessness to being sheltered, how many transitioned into permanent housing	**444**
Criteria	**Number of Adults and Older Adults**
Were in the justice system (on parole or probation and not currently incarcerated)	**1,569**
Were incarcerated (including state prison and jail)	**1,570**
Reentered the community from state prison or county jail	**1,509**
Received acute psychiatric services	**2,960**

2. Input the number of persons in designated and approved facilities who were:
    a. Admitted or detained for 72-hour evaluation and treatment rate: **7,009**
    b. Admitted for 14-day and 30-day periods of intensive treatment: **1,114**
    c. Admitted for 180-day post certification intensive treatment: **000**
3. Please report the total population enrolled in Department of State Hospital (DSH) Lanterman- Petris-Short (LPS) Act programs:

    109
4. Please report the total population enrolled in DSH community solution projects:

    68 in MH Diversion
5. Of the data reported in this section, are there any areas where the county would like to provide additional context for DHCS's understanding?

    Yes. For Question 2: One of the designated facilities did not report their hold data for Quarter 1 and Quarter 2. Also, the measure admitted to 180-day post-certification intensive treatment is not a measure that we were required to report on and is not currently being tracked so "000" was recorded as a placeholder value to complete this section of the Plan.
6. Please describe the local data used during the planning process:

    Contra Costa examined a variety of different local data sources to inform its planning efforts for BHSA implementation. In addition to the data fields contained in the data fields for the population served by the behavioral health system and the county's performance on statewide goals, several other data sources were reviewed. Chiefs and Program Managers reviewed local data extracted from Contra Costa Mental Health Plan's EHR that summarized client hospitalizations, psychiatric emergency visits, mobile crisis calls, HEDIS measures, penetration reporting, and open admissions by client diagnoses. In addition to the EHR reporting, an evaluation report summarizing the county's existing FSP programs was reviewed to identify areas of strength and those areas needing enhancement. Reporting discussing estimation of clients eligible for ECM was reviewed to help inform estimates for FSPs and to inform the approach to estimating eligible clients and anticipating needed staffing. Current participation numbers in programs such as CSC FEP, High Fidelity Wraparound, and employment services were pulled to help inform capacity to serve eligible clients, and analysis of the percentage of clients enrolled in FSPs with the desire to work was examined. Referrals to the county's Mental Health Evaluation

Team (MHET) were also reviewed. A variety of different data sources were examined specific to children/youth at risk or currently in foster care, including Child Family Services Data, including allegations of abuse by county region and city, and racial identity. Dashboard data related to placement types and number of cases by month, and age categories were also reviewed, as was

Data, Casey Family Opportunity Maps, and Child Welfare Indications Project data were also reviewed as were data pertaining to domestic violence calls to law enforcement.

7. If desired, provide documentation on the local data used during the planning process.

County Behavioral Health Technical Infrastructure

Cities submitting their Integrated Plan independently from their counties do not have to complete this section.

1. Does the county behavioral health system use an Electronic Health Record (EHR)?
   Yes

   a. Please select which of the following EHRs the county uses

   ☐ Altera Digital Health

   ☐ Athena Health

   ☐ Clinicians Gateway

   ☐ CPSI eClinicalWorks

   ☑ **Epic Systems**

   ☐ GE Centricity

   ☐ Greenway Health

   ☐ MEDHOST

   ☐ MediTech

   ☐ Netsmart

   ☐ NextGen Healthcare ☐

   Oracle Cerner

   ☐ Practice Fusion

☐ Qualifacts Credible

☑ **SmartCare**

☐ TherapyNotes

☐ Other

2. Does the county behavioral health system participate in a Qualified Health Information Organization (QHIO)?

No

☐ Connex

☐ Cozeva

☐ Health Gorilla, Inc.

☐ Long Health, Inc.

☐ Los Angeles Network for Enhanced Services (LANES)

☐ Manifest MedEx

☐ Orange County Partners in Health HIE

☐ Serving Communities Health Information Organization

☐ San Diego Health Connect

☐ SacValley MedShare

Application Programming Interface Information

Counties are required to implement Application Programming Interfaces (API) in accordance with Behavioral Health Information Notice (BHIN) 22-068 and federal law.

1. Please provide the link to the county's API endpoint on the county behavioral health plan's website:

https://icproxy.mycclink.org/proxy-FHIR/api/FHIR/R4/metadata

2. Does the county wish to disclose any implementation challenges or concerns with these requirements?

Yes

a. Please describe these challenges and concerns.

Contra Costa Behavioral Health Services (BHP) and Contra Costa Health Plan

(MCP) share similar API requirements and they share an EHR (Epic); however the MCP's All Plan Letters (APLs) and the BHP's Behavioral Health Information Notices (BHINs) are distributed at different times and often contain different requirements which poses a challenge with working with IT vendors and technical teams because implementations have to be staggered and in some cases delayed, to ensure requirements for both entities can be met. Resource planning is also a challenge given the different timelines and requirements. Similarly, due to 42 CFR Part 2 considerations, all substance use disorder programs use SmartCare as the EHR, which involves yet another set of API configurations and this adds financial, resourcing, and additional technical challenges.

3. Counties are required to meet admission, discharge, and transfer data sharing requirements as outlined in the attachments to BHINs 23-056, 23-057, and 24-016. Does the county wish to disclose any implementation challenges or concerns with these requirements?
    a. Please describe these challenges and concerns.

    One of the challenges for meeting admission, discharge, and transfer data sharing requirements is many contracted providers do not have electronic health records that support ADT data transfer. Similarly, they do not all capture the data in a consistent manner and/or provide the data to us in a timely fashion.

County Behavioral Health System Service Delivery Landscape

Cities submitting their Integrated Plan independently from their counties do not have to complete this section.

Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH) Grant

1. Will the county participate in SAMHSA's PATH Grant during the Integrated Plan period?
   No
   a. Please select all services the county behavioral health system plans to provide under the PATH grant.

   ☐ Alcohol or Drug Treatment Services

   ☐ Case Management Services

   ☐ Community Mental Health Services

   ☐ Habilitation and Rehabilitation Services

   ☐ Outreach Services

   ☐ Referrals for Primary Health Care, Job Training, Educational Services, and Housing Services

   ☐ Screening and Diagnostic Treatment Services

   ☐ Staff Training, including the training of individuals who work in shelters, mental health clinics, substance use disorder programs, and other sites where homeless individuals require services

   ☐ Supportive and Supervisory Services in Residential Settings

2. Please select the county's referrals for Primary Health Care, Job Training, Educational Services, and Housing Services. **N/A**

   ☐ Costs Associated with Matching Eligible Homeless Individuals with Appropriate Housing Situations

   ☐ Improving the Coordination of Housing Services

   ☐ Minor Renovation, Expansion, and Repair of Housing

   ☐ One-time Rental Payments to Prevent Eviction

   ☐ Planning of Housing

☐ Security Deposits

☐ Technical Assistance in Applying for Housing

3. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

a. Please describe these challenges or concerns.

Community Mental Health Services Block Grant (MHBG)

1. Will the county behavioral health system participate in any MHBG set-asides during the Integrated Plan period?

Yes

a. Please select all set asides that the county behavioral health system plans to participate in under the MHBG.

☐ Children's System of Care Set-Aside

☑ **Discretionary/Base Allocation**

☑ **Dual Diagnosis Set-Aside**

☑ **First Episode Psychosis Set-Aside**

☐ Integrated Services Agency Set-Aside

2. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

a. Please describe these challenges or concerns.

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)

1. Will the county behavioral health system participate in any SUBG set asides during the Integrated Plan period?

Yes

a. Please select all set-asides that the county behavioral health system participates in under SUBG

☑ **Adolescent/Youth Set-Aside**

☑ **Discretionary**

☑ **Perinatal Set-Aside**

☐ Syringe Services Program Allowance

2. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

a. Please describe these challenges or concerns.

Opioid Settlement Funds (OSF)

1. Will the county behavioral health system have planned expenditures for OSF during the Integrated Plan period?

Yes

a. Please check all set asides the county behavioral health system participates in under OSF Exhibit E.

☑ **Address the Needs of Criminal Justice-Involved Persons**

☑ **Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome**

☑ **Connect People Who Need Help to The Help They Need (Connections to Care)**

☐ First Responders

☑ **Leadership, Planning, and Coordination**

☑ **Prevent Misuse of Opioids**

☑ **Prevent Overdose Deaths and Other Harms (Harm Reduction)**

☑ **Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids**

☑ **Research**

☑ **Support People in Treatment and Recovery**

☑ **Treat Opioid Use Disorder (OUD)**

☑ **Training**

2. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

a. Please describe these challenges or concerns.

Bronzan-McCorquodale Act

The county behavioral health system is mandated to provide the following community mental health services as described in the Bronzan-McCorquodale Act (BMA).

a. Case Management
b. Comprehensive Evaluation and Assessment
c. Group Services
d. Individual Service Plan
e. Medication Education and Management
f. Pre-crisis and Crisis Services
g. Rehabilitation and Support Services
h. Residential Services
i. Services for Homeless Persons
j. Twenty-four-hour Treatment Services
k. Vocational Rehabilitation

1. In addition, BMA funds may be used for the specific services identified in the list below. Select all services that are funded with BMA funds:

☑ **Assertive Community Treatment (ACT)**
☑ **Clubhouse Services**
☑ **Community Health Worker Services (CHW)**
☑ **Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)**
☑ **Forensic Assertive Community Treatment (FACT)**
☑ **Individual Placement and Support (IPS) Model of Supported Employment**
☐ Other Programs and Services
☐ Not applicable

2. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

a. Please describe these challenges or concerns.

Public Safety Realignment (2011 Realignment)

Context text: The county behavioral health system is required to provide the following services which may be funded under the Public Safety Realignment (2011 Realignment)

a. Drug Courts
b. Medi-Cal Specialty Mental Health Services, including Early Periodic Screening Diagnostic Treatment (EPSDT)
c. Regular and Perinatal Drug Medi-Cal Services
d. Regular and Perinatal DMC Organized Delivery System Services, including EPSDT
e. Regular and Perinatal Non-Drug Medi-Cal Services

1. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
   No

   a. Please describe these challenges or concerns.

Medi-Cal Specialty Mental Health Services (SMHS)

Context text: The county behavioral health system is mandated to provide the following services under SMHS authority (no action required).

a. Adult Residential Treatment Services
b. Crisis Intervention
c. Crisis Residential Treatment Services
d. Crisis Stabilization
e. Day Rehabilitation
f. Day Treatment Intensive
g. Mental Health Services
h. Medication Support Services
i. Mobile Crisis Services
j. Psychiatric Health Facility Services
k. Psychiatric Inpatient Hospital Services
l. Targeted Case Management
m. Functional Family Therapy for individuals under the age of 21

n. High Fidelity Wraparound for individuals under the age of 21
o. Intensive Care Coordination for individuals under the age of 21
p. Intensive Home-based Services for individuals under the age of 21
q. Multisystemic Therapy for individuals under the age of 21
r. Parent-Child Interaction Therapy for individuals under the age of 21
s. Therapeutic Behavioral Services for individuals under the age of 21
t. Therapeutic Foster Care for individuals under the age of 21
u. All Other Medically Necessary SMHS for individuals under the age of 21

1. Has the county behavioral health system opted to provide the specific Medi-Cal SMHS identified in the list below as of June 30, 2026?

☑ **Clubhouse Services**

☑ **CSC for FEP**

☑ **Enhanced CHW Services**

☑ **FACT**

☑ **IPS Supported Employment**

☑ **Peer Support Services**

2. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

Drug Medi-Cal (DMC)/Drug Medi-Cal Organized Delivery System (DMC-ODS)

1. Select which of the following services the county behavioral health system participates in.

☐ DMC Program
☑ **DMC-ODS Program**

Drug Medi-Cal Program (DMC)

The county behavioral health system is mandated to provide the following services as a part of the DMC Program:

a. All Other Medically Necessary Services for individuals under age 21
b. Intensive Outpatient Treatment Services

c. Medications for Addiction Treatment (including medication, counseling services, and behavioral therapy) (MAT)
d. Mobile Crisis Services
e. Narcotic Treatment Program (NTP) Services
f. Outpatient Treatment Services
g. Perinatal Residential Substance Use Disorder (SUD) Treatment for pregnant women and women in the postpartum period

1. Has the county behavioral health system opted to provide the specific services identified in the list below as of June 30, 2026? **N/A**

    a. Enhanced CHW Services
    b. IPS Supported Employment
    c. Peer Support Services

2. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program? **N/A**

    a. Please describe these challenges or concerns

Drug Medi-Cal Organized Delivery System (DMC-ODS)

The county behavioral health system is mandated to provide the following services as a part of the DMC-ODS Program (DHCS currently follows the guidance set forth in the American Society of Addiction Medicine (ASAM) Criteria, 3rd Edition)

a. Care Coordination Services
b. Clinician Consultation
c. Outpatient Treatment Services (ASAM Level 1)
d. Intensive Outpatient Treatment Services (ASAM Level 2.1)
e. Medications for Addiction Treatment (MAT), Including Narcotics Treatment
f. Program (NTP) Services
g. Mobile Crisis Services
h. Recovery Services
i. Residential Treatment services (ASAM Levels 3.1, 3.3., 3.5)
j. Traditional Healers and Natural Helpers
k. Withdrawal Management Services
l. All Other Medically Necessary Services for individuals under age 21
m. Early Intervention for individuals under age 21

1. Has the county behavioral health system opted to provide the specific Medi-Cal SUD

services identified in the list below as of June 30, 2026?

Yes

☐ Enhanced Community Health Worker (CHW) Services

☐ Inpatient Services (ASAM Levels 3.7 & 4.0)

☐ IPS Supported Employment

☐ Partial Hospitalization Services (ASAM Level 2.5)

☐ Peer Support Services

☑ **Recovery Incentives Program (Contingency Management)**

2. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

a. Please describe these challenges or concerns.

Other Programs and Services

Please list any other programs and services the county behavioral health system provides through other federal grants or other county mental health and SUD programs.

Mental Health

- **Assisted Outpatient Treatment (AOT) is funded through MHSA**
- **Mental Health Diversion is funded by the Department of State Hospitals**
- **CalAIM Justice Involved Initiative is partially funded under PATH**
- **CARE is supported by Medi-Cal and private insurance primarily, along with limited services billed directly to the State under State reimbursement rates**
- **Mental Health Evaluation Team (MHET) is not funded by State but receives partial Medi-Cal billing**
- **Mental Health Student Services Act (MHSSA) funded program (Wellness in Schools Program -WISP- located at Contra Costa Office of Education).**
- **Measure X funded Mental Health Services (prevention/early intervention type of services)**
- **Federal Appropriation to build out mobile crisis call center**
- **AB 109 Services: Contra Costa County BHS Forensic MH Services (FMHS) coordinates with the local probation department to provide services to AB 109 and General Supervision probationers.**

- **Mental Health Services funded by school districts for Medi-Cal eligible and uninsured students: Mt Diablo USD, Martinez, USD, Pittsburg USD, Antioch USD.**
- **Probation funded mental health services, incl Wraparound for Probation involved Medi-Cal eligible youth, Functional Family Therapy for Probation involved youth not enrolled in Medi-Cal**
- **MHBG for First Episode for First Hope**
- **Child Welfare funded coordination of services for foster care involved youth**
- **Vocational Services**

AOD

- **Intensive SUD Treatment in 2 Jails (CalAIMJI) pre-release services include coordination of care with the Medical team for the provision of Medication Assistance Treatment (MAT). Warm hand-off and linkages to treatment for clients reentering the community. Pre-release, and warm handoffs with SUD DMC-ODS network. Recovery support services are provided via a recovery coach for clients post release.**
- **Screening services in Courts and Care Management for justice involved populations including AB109 and MH Diversion Court for clients with SUD or COD**
- **Juvenile Hall SUD screening, treatment and support to youth in custody and transitioning back into the community through recovery support services by a recovery coach, who also provides parent navigation.**
- **Opioid Response Team (ORT)- early engagement and initiation at touchpoint locations in the field. Harm reduction approach to services at Syringe Service Programs, homeless shelters, and distribution of Narcan/Fentanyl strips. The DMC-ODS does not provide syringe exchange services.**
- **Cannabis Awareness and Education (Prop 64) in the majority of school districts as well as technical assistance to local jurisdictions to support implementation of local policies to regulate cannabis**
    - **Recovery Coaching to engage those Missing In Treatment (MIT): unhoused and justice-involved during "limbo" periods or transitions pre, during and post treatment.**
    - **SUD prevention services are delivered community and school based that aim at changing norms and perceptions about SUD, increasing protective factors and reducing risk factors at individual, community and societal level. Evidence Based Practices (EBPs) combine multiple prevention strategies across IOM classification, utilizing in some cases the public health approach to prevention. Programs that are school based use screening and brief intervention for early identification of SUD and referral to treatment.**
    - **SUD perinatal services, focus on women who use substances who meet the definition of perinatal, post-partum, and parenting. Services include**

education, targeted outreach at labor and delivery, coordination with family dependency court for women involved with Child Protective Services. The SUD perinatal outreach team conducts screenings at touchpoint locations, such as hospital's labor and delivery, health care for the homeless, WIC programs, Black Infant Health, Healthy Start Prenatal clinics, syringe support services homeless encampments. Other DMC-ODS programs, include childcare which eliminate barriers to SUD treatment for women with children.

Care Transitions

1. Has the county implemented the state-mandated Transition of Care Tool for Medi-Cal Mental Health Services (Adult and Youth)?

   Yes

2. Does the county's Memorandum of Understanding include a description of the system used to transition a member's care between the member's mental health plan and their managed care plan based upon the member's health condition?

   Yes

Statewide Behavioral Health Goals

Population-Level Behavioral Health Measures

The statewide behavioral health goals and associated population-level behavioral health measures must be used in the county Behavioral Health Services Act (BHSA) planning process and should inform resource planning and implementation of targeted interventions to improve outcomes for the fiscal year(s) being addressed in the IP. For more information on the statewide behavioral health goals, please see the Policy Manual Chapter 2, Section C.

Please review your county's status on each population-level behavioral health measure, including the primary measures and supplemental measures for each of the 14 goals. All measures are publicly available, and counties are able to review their status by accessing the measures via DHCS-provided instructions and the County Population-Level Behavioral Health Measure Workbook. As part of this review, counties are required to evaluate disparities related to the six priority statewide behavioral health goals. Counties are encouraged to use their existing tools, methods, and systems to support this analysis and may also incorporate local data sources to strengthen their evaluation.

Please note that several Phase 1 measures include demographic stratifications – such as race, sex, age, and spoken language – which are included in the prompts below. Counties may also use local data to conduct additional analyses beyond these demographic categories to strengthen their evaluation and better understand community needs.

Priority Statewide Behavioral Health Goals for Improvement

Counties are required to address the six priority statewide behavioral health goals in this section. Cities should utilize data that corresponds to the county they are located within. As such, the City of Berkeley should use data from Alameda County and Tri-City should use data from Los Angeles County.

Access To Care

Primary Measures

Specialty Mental Health Services (SMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023.

1. How does your county status compare to the statewide rate? [above, below, or same]
    a. For adults/older adults: **above**
    b. For children/youth: **same**
2. What disparities did you identify across demographic groups or special populations?

☐ Age

☐ Gender

☑ **Race or Ethnicity**

☐ Sex

☐ Spoken Language

☐ None Identified

☐ No Disparities Data Available

☐ Other

Non-Specialty Mental Health Services (NSMHS) Penetration Rates for Adults and Children & Youth DHCS), FY 2023

1. How does your county status compare to the statewide rate? [above, below, or same]
   a. For adults/older adults: **below**
   b. For children/youth: **below**

☐ Age

☐ Gender

☑ **Race or Ethnicity**

☐ Sex

☐ Spoken Language

☐ None Identified

☐ No Disparities Data Available

☐ Other

Drug Medi-Cal (DMC) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023

1. How does your county status compare to the statewide rate? **N/A**
   a. For adults/older adults:
   b. For children/youth:
2. What disparities did you identify across demographic groups or special populations? **N/A**

☐ Age

☐ Gender

☐ Race or Ethnicity

☐ Sex

☐ Spoken Language

☐ None Identified

☐ No Disparities Data Available

☐ Other

Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023

1. How does your county status compare to the statewide rate? [above, below, or same]
    a. For adults/older adults: **below**
    b. For children/youth: **below**
2. What disparities did you identify across demographic groups or special populations?

☑ **Age**

☐ Gender

☑ **Race or Ethnicity**

☐ Spoken Language

☐ None Identified

☐ No Disparities Data Available

☐ Other

Supplemental Measures

Initiation of Substance Use Disorder Treatment (IET-INI) (DHCS), FY 2023

1. How does your county status compare to the statewide rate? [above, below, or same]

Below

2. What disparities did you identify across demographic groups or special populations?

☐ Age

☐ Gender

☐ Race or Ethnicity

☐ Sex

☐ Spoken Language

☐ None Identified

☑ **No Disparities Data Available**

☐ Other

Disparities Analysis

1. For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

To measure disparity for race a representation index was calculated using the total Medi- Cal eligible population in Contra Costa County by race and the total count of beneficiaries with one or more SMHS or NSMHS visits by race.

For SMHS:

AAPI clients are underrepresented accessing SMHS services at a rate of .47 lower than the total AAPI population in the county. Hispanic clients are underrepresented accessing SMHS services at a rate .73 lower than the total Hispanic population in the county.

For NSMHS:

AAPI clients are underrepresented accessing NSHMS at a rate of .57 lower than the total AAPI population in the county. To measure disparity for spoken language, calMHSA's Access to Care Dashboard was used. Adult Spanish speakers are less likely to access NSMHS at rate of 5.3% vs Adult English speakers at 9.6%.

Children and youth are underrepresented accessing DMC-ODS services at a rate 0.03 lower than the total youth population in the county. Hispanic/Latino clients are underrepresented accessing DMC-ODS services at a rate 0.45 lower than the total Hispanic/Latino population in the county. AAPI clients are underrepresented accessing DMC-ODS services at a rate 0.18 lower than the total AAPI population in the county.
Native American clients are overrepresented accessing DMC-ODS services at a rate 2.36 higher than the total Native American population in the county. Clients who identified as Other race/ethnicity are underrepresented accessing DMC-ODS services at a rate 0.30 lower than the total population of county residents who identified as

Other race/ethnicity.

For IET:

No demographic-specific disparities by age, gender, race/ethnicity, sex, or spoken language are available. Contra Costa County's overall initiation rate of 33.8% is below the statewide mean of 36.6%, the statewide median of 34.3%, and the Minimum Performance Level of 44.3%.

Cross-Measure Questions

1. Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026, that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing.

To address lower penetration rates among AAPI and Spanish-speaking NSMH populations, CCBH will partner with CCHP on its "Outreach Plan for NSMHS," involving the Community Advisory Committee and the Quality Improvement and Health Equity Council. Current CCHP efforts include adding nearly 200 non-physician mental health providers in 2024 and developing bilingual one-page health education materials with local resources.

CCBH SMHS ranks above penetration rates for adults and older adults, but disparities by race/ethnicity remain. To reach underrepresented populations, CCBH plans to offer incentives to strengthen partnerships with community organizations serving these groups. They will focus on targeted RFPs to engage underserved populations, such as hiring native language speakers. Based on community feedback, CCBH will improve outreach to share information on accessing SMHS and leverage enhanced CHW services to assist. CCBH also plans a care-on-demand facility for clinical assessment and connection to long-term services, assigning each member a point person to aid retention in behavioral health.

In response to community feedback on low SUD penetration, CCBH will partner with trusted local organizations for targeted outreach, contract with CBOs for event support,

navigation. The county will improve treatment initiation and engagement by flagging clients with two or more no-shows, tracking ED admissions and SUD referrals in real time, and offering same-day or telehealth appointments. Follow-ups

will be scheduled before discharge, with recovery coaches providing reminders. A mobile IET unit will launch in spring to serve unsheltered and recently released clients, while three new outpatient providers will expand capacity.

2. Please identify the category or categories of funding that the county is using to address the access to care goal.

☑ **BHSA Behavioral Health Services and Supports (BHSS)**

☑ **BHSA Full Services Partnership (FSP)**

☑ **BHSA Housing Interventions**

☑ **1991 Realignment**

☑ **2011 Realignment**

☑ **State General Fund**

☑ **Federal Financial Participation (SMHS, Drug Medi-Cal/Drug Medi-Cal Organized Delivery System (DMC/DMC-ODS)**

☐ Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH)

☑ **Community Mental Health Block Grant (MHBG)**

☑ **Substance Use Block Grant (SUBG)**

☑ **Other [Opioid Settlement Funds, AB109, Grants, Local Funding]**
Measure X funding

Homelessness

Primary Measures

People Experiencing Homelessness Point-in-Time Count (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

1. How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region? [above, below, or same]

Below

2. What disparities did you identify across demographic groups or special populations?

☑ **Age**

☐ Gender

☑ **Race or Ethnicity**

☐ Sex

☐ None Identified

☐ No Disparities Data Available

☐ Other

Homeless Student Enrollment by Dwelling Type, California Department of Education (CDE), 2023 - 2024

1. How does your county status compare to the statewide rate? [above, below, or same]

Below

2. What disparities did you identify across demographic groups or special populations?

☑ **Age**

☐ Gender

☑ **Race or Ethnicity**

☐ Sex

☑ **Spoken Language**

☐ None Identified

☐ No Disparities Data Available

☐ Other

Supplemental Measures

PIT Count Rate of People Experience Homelessness with Severe Mental Illness, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

1. How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region? [above, below, or same]

Same

2. What disparities did you identify across demographic groups or special populations?

☐ Age

☐ Gender

☐ Race or Ethnicity

☐ Sex

☐ Spoken Language

☐ None Identified

☑ **No Disparities Data Available**

☐ Other

PIT Count Rate of People Experience Homelessness with Chronic Substance Abuse, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

1. How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region? [above, below, or same]

   Same

2. What disparities did you identify across demographic groups or special populations?

   ☐ Age

   ☐ Gender

   ☐ Race or Ethnicity

   ☐ Sex

   ☐ Spoken Language

   ☐ None Identified

   ☑ **No Disparities Data Available**

   ☐ Other

People Experiencing Homelessness Who Accessed Services from a Continuum of Care (CoC) Rate (BCSH), 2023 (This measure will increase as people access services.)

1. How does your local CoC's rate compare to the average rate across all CoCs? [above, below, or same]

   Below

2. What disparities did you identify across demographic groups or special populations?

   ☑ **Age**

   ☐ Gender

   ☑ **Race or Ethnicity**

   ☐ Sex

   ☐ Spoken Language

   ☐ None Identified

☐ No Disparities Data Available

☐ Other

Disparities Analysis

1. For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

People Experiencing Homelessness Point-in-Time Count:

Black county residents are overrepresented in the PIT count at a rate of 4.27 higher than the total Black population in the county. To measure disparity for age, CalMHSA's Homelessness Dashboard was used. The rate of homeless individuals aged 35 to 44 was 38 per 10,000 in Contra Costa County vs the overall Contra Costa County PIT rate which was 25 per 10,000.

Homeless Student Enrollment by Dwelling Type:

To measure disparity for race, a representation index was calculated using the total public school student population by race and the total count of homeless students by race in Contra Costa County. Black students are overrepresented in homelessness at a rate of 2.45 times higher than the total Black student population in the county. Hispanic students are overrepresented in homelessness at a rate of 1.42 times higher than the total Hispanic student population in the county. To measure disparity for gender, grade, and spoken language, CalMHSA's Homelessness Dashboard was used. Students in 12th grade have a higher rate of experiencing homelessness (3.2%) vs the overall rate of students experiencing homelessness (1.9%). Students identifying as English learners have a higher rate of experiencing homelessness (4.1%) vs the overall rate of students experiencing homelessness (1.9%).

People Experiencing Homelessness Who Accessed Services from a Continuum of Care (CoC) Rate:

To measure disparity for race, a representation index was calculated using the total census population by race and the total count of individuals accessing homelessness services by race in Contra Costa County's continuum of care. AAPI residents were underrepresented in accessing homelessness services at a rate of .17 lower than the total AAPI population in the county. Black Residents were overrepresented at a rate of 2.78 higher than the total Black population in the county.

Cross-Measure Questions

1. Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of homelessness in the population experiencing severe mental illness, severe SUD, or co-occurring conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing.

   CCBHS will build on existing efforts to address housing and homelessness by deepening its partnership with the Continuum of Care, administered by Contra Costa Health's Health, Housing and Homelessness (H3) division. The focus will be on better identifying and prioritizing housing for individuals with serious behavioral health conditions experiencing homelessness. Community feedback emphasized the importance of serving

   meet this need, CCBHS will invest in behavioral health-enriched interim housing modeled after the successful Behavioral Health Bridge Housing Program. These homelike settings aim to provide safe, welcoming environments that support client engagement.

   CCBHS also plans to contract for affinity-group housing to serve historically underserved populations, including LGBTQ+ individuals, Black/African Americans, monolingual Spanish speakers, and transitional age youth. These settings will help clients access and maintain long-term supportive housing through MCP Community Supports and wraparound services. Additionally, CCBHS will invest capital development and operating funds to expand housing options for those experiencing chronic homelessness. This includes supporting H3-led projects like a tiny home community in West County, as well as expanding short- and long-term scattered site rental subsidies to promote housing stability.

   Finally, in collaboration with H3, the Department of Conservation and Development, and the County's Measure X housing initiative, CCBHS will support the development of new housing units dedicated to chronically homeless individuals with serious behavioral health needs.

2. Please identify the category or categories of funding that the county is using to address the homelessness goal.

☐ BHSA BHSS

☐ BHSA FSP

☐ BHSA Housing Interventions

☐1991 Realignment

☑ **2011 Realignment**

☑ **State General Fund**

☑ **Federal Financial Participation (SMHS, DMC/DMC-ODS)**

☐ SAMHSA PATH

☐ MHBG

☑ **SUBG**

☑ **Other [Opioid Settlement Funds, Behavioral Health Bridge Housing (BHBH), SUBG Perinatal, Grant, AB109]**

Institutionalization

Context text: Per 42 CFR 435.1010, an institution is "an establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more persons unrelated to the proprietor." Institutional settings are intended for individuals with conditions including, but not limited to, behavioral health conditions.

Care provided in inpatient and residential (i.e., institutional) settings can be clinically appropriate and is part of the care continuum. Here, institutionalization refers to individuals residing in these settings longer than clinically appropriate. Therefore, the goal is not to reduce stays in institutional settings to zero. The focus of this goal is on reducing stays in institutional settings that provide a Level of Care that is not – or is no longer – the least restrictive environment.

Primary Measures

Inpatient administrative days (DHCS) rate, FY 2023

1. How does your county status compare to the statewide rate/average? [above, below, or same]
    a. For adults/older adults: **below**
    b. For children/youth: **N/A**
2. What disparities did you identify across demographic groups or special populations?

☐ Age

☐ Gender

☑ **Race or Ethnicity**

☐ Sex

☐ Spoken Language

☐ None Identified

☐ No Disparities Data Available

☐ Other

Supplemental Measures

Involuntary Detention Rates, FY 2021 - 2022

1. How does your county status compare to the statewide rate/average? [above, below, or same]
    a. 14-day involuntary detention rates per 10,000: **same**
    b. 30-day involuntary detention rates per 10,000: **above**
    c. 180-day post-certification involuntary detention rates per 10,000: **N/A**
2. What disparities did you identify across demographic groups or special populations?

☐ Age

☐ Gender

☐ Race or Ethnicity

☐ Sex

☐ Spoken Language

☑ **No Disparities Data Available**

☐ Other

Supplemental Measure: Conservatorships, FY 2021 - 2022

1. How does your county status compare to the statewide rate/average? [above, below, or same]
    a. Temporary Conservatorships: **N/A**
    b. Permanent Conservatorships: **N/A**
2. What disparities did you identify across demographic groups or special populations?

☐ Age

☐ Gender

☐ Race or Ethnicity

☐ Sex

☐ Spoken Language

☐ None Identified

☑ **No Disparities Data Available**

☐ Other

SMHS Crisis Service Utilization (Crisis Intervention, Crisis Residential Treatment Services, and Crisis Stabilization) (DHCS), FY 2023

1. How does your county status compare to the statewide rate/average? [above, below, or same]
    a. Crisis Intervention
        i. For adults/older adults: **below**
        ii. For children/youth: **above**
    b. Crisis Residential Treatment Services
        i. For adults/older adults: **below**
        ii. For children/youth: **below**
    c. Crisis Stabilization
        i. For adults/older adults: **above**
        ii. For children/youth: **above**
2. What disparities did you identify across demographic groups or special populations?

☐ Age

☐ Gender

☑ **Race or Ethnicity**

☐ Sex

☐ Spoken Language

☐ None Identified

☐ Other

Disparities Analysis

1. For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis.

To measure disparity for race a representation index was calculated using the total census population by race and the total count of beneficiaries using inpatient admin days and accessing crisis utilization services by race in the County.

Inpatient Administrative Days:

Black clients are overrepresented at a rate of 2.40 higher than the total Black population in the county. Clients identified as Other race are overrepresented at a rate 6.03 higher than the total population of county residents identified as Other.

Crisis Intervention:

AAPI clients are underrepresented at a rate of .26 lower than the total AAPI population in the county. Black residents are overrepresented at a rate of 2.58 times higher than the total black population in the county. Clients identified as other race are overrepresented at a rate of3.42 times higher than the total population of people identified as other race in the County.

Crisis Residential Treatment:

Black residents are overrepresented at a rate of 3.13 times higher than the total black population in the county. Clients identified as Other race are overrepresented at a rate of 2.27 times higher than the total population of people identified as 'other' race in Contra Costa County.

Crisis Stabilization:

AAPI clients are underrepresented at a rate of .25 lower than the total AAPI population in the county. Black residents are overrepresented at a rate of 2.61 times higher than the total black population in the county. Clients identified as other race are overrepresented at a rate of 4.68 times higher than the total population of people who identified as other race in Contra Costa County.

Cross-Measure Questions

1. What additional local data do you have on the current status of institutionalization in your county?

   Contra Costa Behavioral Health monitors census and financial data to determine length of stay and service efficacy. The County employs two registered nurses who manage all referrals into open contracted beds, maintain close relationships with referred clients and facilities and work in partnership with care pre-discharge planning and handoff to step down facilities. Client level data is captured in ccLink. Data regarding admission and discharge is currently captured at the client level in internally developed databases and may be aggregated to monitor service efficacy. The county has developed internal on- demand reporting that tracks hospitalization and CSU admits and discharges.

2. Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's rate of institutionalization. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing.

   By instituting HFW, CCBH will provide intensive community-based services that will help stabilize children within their families and other support systems. CCBH will build out its capacity to provide HFW to youth with complex needs, specifically to youth at risk of hospitalization and out-of-home residential treatment.

   Crisis residential:
   CCBH is working to build more infrastructure to address the need for crisis residential care and anticipate by the end of the 3-year Plan that we will add 16 adult crisis residential beds along with 16 social rehabilitation beds.

   Day Treatment Intensive:
   We will develop capacity to provide day treatment intensive for youth and adults via county operated and contracted programming.

CCBH will implement ACT/FACT. ACT/FACT strives for members to achieve stability in the community to prevent decompensating and need for a higher level of care in a more restrictive setting. CCBH will also implement FSP ICM to provide more intensive community-based care to reduce the need for treatment in more restrictive settings. FSP services provided in institutionalized settings will engage members to reduce recidivism.

CCBH IMD liaisons will continue to strengthen relationships with conservators, and staff in the institutional settings while assuring members connect with the appropriate community-based supportive services. Housing interventions along with the most intensive services will be utilized to help stabilize members in the community.

CCBH is above the statewide average of 30-day involuntary detention rates. Therefore, FSP Intervention aims to prevent member decompensation and factors that contribute to

Additionally, CCBH has robust crisis services and works to continue to enhance services and provide timely crisis response. These crisis services were not reflected in DHCS data.

3. Please identify the category or categories of funding that the county is using to address the institutionalization goal.

☐ BHSA BHSS

☑ **BHSA FSP**

☐ BHSA Housing Interventions

☑ **1991 Realignment**

☐ 2011 Realignment

☐ State General Fund

☑ **Federal Financial Participation (SMHS, DMC/DMC-ODS)**

☐ SAMHSA PATH

☐ MHBG

☐ SUBG

☐ Other

Justice-Involvement

Primary Measures

Arrests: Adult and Juvenile Rates (Department of Justice), Statistical Year 2023

1. How does your county status compare to the statewide rate/average? [above, below, or same]
    a. For adults/older adults: **below**
    b. For juveniles: **below**
2. What disparities did you identify across demographic groups or special populations?

☑ **Age**

☐ Gender

☑ **Race or Ethnicity**

☑ **Sex**

☐ Spoken Language

☐ None Identified

☐ No Disparities Data Available

☐ Other

Supplemental Measures

Adult Recidivism Conviction Rate (California Department of Corrections and Rehabilitation (CDCR)), FY 2019 - 2020

1. How does your county status compare to the statewide rate/average? [above, below, or same]

Below

2. What disparities did you identify across demographic groups or special populations?

☑ **Age**

☐ Gender

☑ **Race or Ethnicity**

☑ **Sex**

☐ Spoken Language

☐ None Identified

☐ No Disparities Data Available

☐ Other

Incompetent to Stand Trial (IST) Count (Department of State Hospitals (DSH)), FY 2023 Note: The IST count includes all programs funded by DSH, including, state hospital, Jail Based Competency Treatment (JBCT), waitlist, community inpatient facilities, conditional release, community-based restoration and diversion programs. However, this count excludes county- funded programs. As such, individuals with Felony IST designations who are court-ordered to county-funded programs are not included in this count.

1. How does your county status compare to the statewide rate/average? [above, below, or same]

   below

2. What disparities did you identify across demographic groups or special populations?

   ☐ Age

   ☐ Gender

   ☐ Race or Ethnicity

   ☐ Sex

   ☐ Spoken Language

   ☐ None Identified

   ☑ **No Disparities Data Available**

   ☐ Other

Disparities Analysis

1. For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis.

   It is well established in the literature that delinquent/criminal behavior is primarily engaged in by young males. This is further substantiated by the data provided by CalMHSA. Male juveniles are arrested at a rate 60% higher than the state average and a similar disparity (60%) is true for adult males. For adults ages 20-29 and adults ages 30- 39 their arrest rates are 72% and 98% higher than the state average respectively. Similar results exist for adult recidivism rates with those ages 18 and 19

at release having a rate 61% higher than the state-wide average. Whether a function of individual behavior or an artifact of police/court processing, black males have an arrest rate more than four times the state average.

Cross-Measure Questions

1. Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of justice-involvement for those living with significant behavioral health needs. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing.

   MH Diversion serves FIST clients with intensive outpatient services, leading to charges being dropped. A DSH Infrastructure grant will add 84 beds with supportive services to help clients succeed in diversion and reduce recidivism. A DSH grant also engages stakeholders across justice, health, and equity sectors to align resources and share data to reduce arrests tied to BH needs.

   CalAIMJI will expand to CCC custody facilities in 2026, focusing on prerelease planning, warm handoffs, and post-release contact to support care continuity and lower recidivism. CCBH will increase the focus on culturally attuned staffing. This is an opportunity to expand services to Black males, who are overrepresented in custody.

   CARE Court supports the vulnerable and underserved to remain in the community and avoid hospitalization or incarceration.

   AOT uses ACT and will add FACT capacity to the team to deliver integrated services: MH, substance use, housing, vocational support, peer/family support, and financial management, with close coordination with justice partners.

   MH will strengthen collaboration with probation, and DMC-ODS will expand substance use treatment in jails, courts, and the community, including MAT and housing, supporting successful probation completion and reducing recidivism.

   DMC-ODS will conduct in-custody assessments, initiate MAT, and provide treatment with warm handoffs at release. County jails allow direct calls to the Access Line.

ODS supports SUD treatment in jails for those with opioid use disorder. Clients continue MAT post-release; high-risk clients get low-barrier housing.

DUI programs serve as DMC-ODS entry points. Courts and attorneys refer repeat offenders to treatment.

Medi-Cal beneficiaries under Prop 36 access DMC-ODS benefits. County staff assess, report to courts, and coordinate placement.

MH Evaluation Teams of law enforcement and clinicians respond in-community to stabilize crises and connect individuals and families to ongoing care.

2. Please identify the category or categories of funding that the county is using to address the justice-involvement goal.

☐ BHSA BHSS

☐ BHSA FSP

☐ BHSA Housing Interventions

☐ 1991 Realignment

☐ 2011 Realignment

☐ State General Fund

☑ **Federal Financial Participation (SMHS, DMC/DMC-ODS)**

☐ SAMHSA PATH

☐ MHBG

☑ **SUBG**

☑ **Other**

- **Department of State hospitals (DSH): MHD grant, MHD infrastructure grant, IST Community Planning grant**
- **AB 109: Probation- mental health services, SUD Services**
- **MHSA: AOT program**
- **MHET**
- **PATH: is CalAIM**
- **SUBG perinatal**
- **OSF**
- **SUBG Perinatal**

- **Probation and School Funding**
- **Bureau of Justice Grant**
- **BHBH**

Removal Of Children from Home

Primary Measures

Children in Foster Care (Child Welfare Indicators Project (CWIP)), as of January 2025

1. How does your county status compare to the statewide rate? [above, below, or same]

Below

2. What disparities did you identify across demographic groups or special populations?

☑ **Age**

☐ Gender

☐ Race or Ethnicity

☐ Sex

☐ Spoken Language

☐ None Identified

☐ No Disparities Data Available

☐ Other

Supplemental Measures

Open Child Welfare Cases SMHS Penetration Rates (DHCS), 2022

1. How does your county status compare to the statewide rate? [above, below, or same]

Above

2. What disparities did you identify across demographic groups or special populations?

☑ **Age**

☐ Gender

☑ **Race or Ethnicity**

☐ Sex

☐ Spoken Language

☐ None Identified

☐ No Disparities Data Available

☐ Other

Child Maltreatment Substantiations (CWIP), 2022

1. How does your county status compare to the statewide rate? [above, below, or same]

Below

2. What disparities did you identify across demographic groups or special populations?

☑ **Age**

☐ Gender

☑ **Race or Ethnicity**

☐ Sex

☐ Spoken Language

☐ None Identified

☐ No Disparities Data Available

☐ Other

Disparities Analysis

1. For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis.

For children in foster care, there is a two-tailed disparity distribution. Children under 1 and those ages 1-2 have a 48% and a 36% higher rate respectively of being in foster care than the state average. Additionally, children ages 16-17 have a 27% higher rate. For open child welfare cases, children ages 6-11 and 12-17 have a 14% and 21% higher SMHS penetration rate respectively and White children had a 10% higher rate than the state average. Child maltreatment substantiations for children under 1 were almost three times that of the state average with Black children 2.5 times that of the state.

Cross-Measure Questions

1. Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of the removal of children from home. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing.

Problem Statement:

a) **Children under 1 and those ages 1-2 have a 48% and a 36% higher rate respectively of being in foster care than the state average. Additionally, children ages 16-17 have a 27% higher rate. Child maltreatment substantiations for children under 1 were almost**

b) **Children ages 16-17 have a 27% higher rate of being in foster care than**

statewide. Strategies:

- **Collaborate with AB 2083 Interagency Leadership Team (ILT) and community partners to identify high-risk communities and populations with the goal of devising targeted early intervention programming, including Mental Health Consultation at preschools and early childhood learning centers.**
- **Expand family-based interventions in under-resourced communities, including parent education programming and evidence-based culturally responsive intervention such as Parent Child Interactive Therapy, Child Parent Psychotherapy, and other trauma- informed practices aimed at young children and their families.**
- **Expand interventions aimed at reducing the risk of children becoming system-involved, including High Fidelity Wraparound, Functional Family Therapy and Multi- systemic Therapy.**
- **Contra Costa will work with Child Welfare and the Comprehensive Prevention Plan (CPP) committee to evaluate to what extent Title IV-E funding can be leveraged to use to make these evidence-based family-based interventions available to children and families who are may not be eligible for specialty mental health services, particularly in regions that were identified as areas of high need in Contra Costa's CPP plan. "Contra Costa County – Comprehensive Prevention Plan" uploaded.**

2. Please identify the category or categories of funding that the county is using to address the removal of children from home goal.

☐ BHSA BHSS

☑ **BHSA FSP**

☐ BHSA Housing Interventions

☐ 1991 Realignment

☑ **2011 Realignment**

☐ State General Fund

☑ **Federal Financial Participation (SMHS, DMC/DMC-ODS)**

☐ SAMHSA PATH

☐ MHBG

☐ SUBG

☑ **Other: Measure X**

Untreated Behavioral Health Conditions

Primary Measures

Follow-Up After Emergency Department Visits for Substance Use (FUA-30), 2022

1. How does your county status compare to the statewide rate/average? [above, below, or same] [43]

   a. For the full population measured: **same**

2. What disparities did you identify across demographic groups or special populations?

☐ Age

☐ Gender

☐ Race or Ethnicity

☐ Sex

☐ Spoken Language

☐ None Identified

☑ **No Disparities Data Available**

☐ Other

Follow-Up After Emergency Department Visits for Mental Illness (FUM-30), 2022

1. How does your county status compare to the statewide rate/average? [above, below, or same]

    a. For the full population measured: **above**

2. What disparities did you identify across demographic groups or special populations?

    ☐ Age

    ☐ Gender

    ☐ Race or Ethnicity

    ☐ Sex

    ☐ Spoken Language

    ☐ None Identified

    ☑ **No Disparities Data Available**

    ☐ Other

Supplemental Measures

Adults that needed help for emotional/mental health problems or use of alcohol/drugs who had no visits for mental/drug/alcohol issues in past year (CHIS), 2023

1. How does your county status compare to the statewide rate/average? [above, below, or same]

    a. For the full population measure: **below**

2. What disparities did you identify across demographic groups or special populations?

    ☐ Age

    ☑ **Gender**

    ☑ **Race or Ethnicity**

    ☐ Sex

    ☐ None Identified

    ☐ No Disparities Data Available

    ☐ Other

Disparities Analysis

1. For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis.

- **Gender: Males 18 and over in Contra Costa (53.1%) are above statewide rate for males 18+ (50.5%)**
- **Race or Ethnicity: Black or African American identifying individuals age 18+ in Contra Costa (82.4%) far exceed statewide rate for Black/African Americans 18+ (56.0%)**

Cross-Measure Questions

1. Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026, that may decrease your county's level of untreated behavioral health conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes).

Contra Costa's BH Plan (BHP), in partnership with CCHP, participated in the IHI collaborative (Apr 2024–Jun 2025) to improve FUA and FUM rates. Interventions included: strengthening partnerships with MCPs and the county hospital/ER, launching a real-time dashboard, outreach to disengaged members post-discharge, forming a county and ER Substance Use Navigators workgroup, and creating a peer-led ER engagement video. For Phase 2 (Fall 2025–Summer 2026), BHP is engaging Kaiser to improve FUA/FUM rates, particularly in West County.

In alignment with AB 2242, the county, PES, and YSU are implementing refining processes to ensure patients discharged from LPS holds receive coordinated care plans and timely follow-up, aiming to reduce no-show rates and improve connection to care.

BHP is working with Child & Family Services and community partners on a Comprehensive Prevention Plan to screen and connect underserved families to family- based mental health care. Efforts also aim to better support foster youth needing services.

Through the Wellness in Schools grant program, BHP collaborates with the County Office

Additionally, BHP partners with Probation to connect justice-involved youth to family-based interventions for successful reentry or prevention.

In 2023, Contra Costa had 178 opioid overdose deaths—disproportionately affecting African American residents. In response, the county launched a multi-pronged opioid strategy, including a mobile Opioid Response Team (ORT), jail-based counselors, post- release recovery housing, and MAT support. ORT also partners with HEPAC for harm reduction, provides outreach at NTPs, distributes naloxone/fentanyl strips, and engages in data-driven planning.

A countywide collaboration is underway with MCPs, Public Health, the County Hospital, and local EDs to improve referral processes for individuals with SUD and track follow-up care via internal FUA reporting.

2. Please identify the category or categories of funding that the county is using to address the untreated behavioral health condition's goal.

☐ BHSA BHSS

☐ BHSA FSP

☑ **BHSA Housing Interventions**

☐ 1991 Realignment

☑ **2011 Realignment**

☑ **State General Fund**

☑ **Federal Financial Participation (SMHS DMC/DMC-ODS)**

☐ SAMHSA PATH

☐ MHBG

☑ **SUBG**

☑ **Other:**

- **Opioid Settlement Funds**
- **Local Funding**
- **Bureau of Justice Administration (BJA) Grant**
- **Local Office of Education Grant**

Additional Statewide Behavioral Health Goals for Improvement

Please review your county's status on the remaining eight statewide behavioral health goals using the primary measure(s) to compare your county to the statewide status and review the

supplemental measure(s) for additional insights in the County Performance Workbook. These measures should inform the overall strategy and where relevant, be incorporated into the planning around the six priority goals.

In the next section, the county will select AT LEAST one goal from below for which your county is performing below the statewide rate/average on the primary measure(s) to improve on as a priority for the county.

Care Experience

Primary Measures

Perception of Cultural Appropriateness/Quality Domain Score (Consumer Perception Survey (CPS)), 2024

1. How does your county status compare to the statewide rate/average? [above, below, or same]

    a. For adults/older adults: **same**
    b. For children/youth: **same**

Quality Domain Score (Treatment Perception Survey (TPS)), 2024

1. How does your county compare to the statewide rate/average? [above, below, or same]

    a. For adults/older adults: **same**
    b. For children/youth: **same**

Engagement In School

Primary Measures

Twelfth Graders who Graduated High School on Time (Kids Count), 2022

1. How does your county status compare to the statewide rate/average? [above, below, or same]

    Same

Supplemental Measures

Meaningful Participation at School (California Healthy Kids Survey (CHKS), 2023

1. How does your county status compare to the statewide rate/average? [above, below, or same]

    Below

Student Chronic Absenteeism Rate (Data Quest), 2022

1. How does your county status compare to the statewide rate/average? [above, below, or same]

    Below

Engagement In Work

Primary Measures

Unemployment Rate (California Employment Development Department (CA EDD), 2023

1. How does your county status compare to the statewide rate/average? [above, below, or same]

Below

Supplemental Measures

Unable to Work Due to Mental Problems (California Health Interview Survey (CHIS)), 2023

1. How does your county status compare to the statewide rate/average? [above, below, or same]

Overdoses

Primary Measures

All Drug-Related Overdose Deaths (California Department of Public Health (CDPH), 2022

1. How does your county status compare to the statewide rate/average? [above, below, or same]
    a. For the full population measure: **below**
    b. For adults/older adults: **below**
    c. For children/youth: **below**

Supplemental Measures

All-Drug Related Overdose Emergency Department Visits (CDPH), 2022

1. How does your county status compare to the statewide rate/average? [above, below, or same]
    a. For the full population measure: **below**
    b. For adults/older adults: **below**
    c. For children/youth: **above**

Prevention And Treatment of Co-Occurring Physical Health Conditions

Primary Measures

Adults' Access to Preventive/Ambulatory Health Service & Child and Adolescent Well-Care Visits (DHCS), 2022. Please indicate above, below, or same.

1. How does your county status compare to the statewide rate/average? [above, below, or same]
    a. For adults: **same**
    b. For children/youth: **above**

Supplemental Measures

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications & Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing (DHCS), 2022

1. How does your county status compare to the statewide rate/average? [above, below, or same]

    a. For adults/older adults (specific to Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications): **same**

    b. For children/youth (specific to Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing): **above**

Quality Of Life

Primary Measures

Perception of Functioning Domain Score (CPS), 2024

1. How does your county status compare to the statewide rate/average? [above, below, or same]

    a. For the full population measured: **N/A**
    b. For adults/older adults: **same**
    c. For children/youth: **same**

Supplemental Measures

Poor Mental Health Days Reported (Behavioral Risk Factor Surveillance System (BRFSS), 2024

1. How does your county status compare to the statewide rate/average? [above, below, or same]

    a. For the full population measure: **same**

Social Connection

Primary Measures

Perception of Social Connectedness Domain Score (CPS), 2024

1. How does your county status compare to the statewide rate/average? [above, below, or same]

    a. For the full population measured: **N/A**
    b. For adults/older adults: **same**
    c. For children/youth: **same**

Supplemental Measures

Caring Adult Relationships at School (CHKS), 2023

1. How does your county status compare to the statewide rate/average? [above, below, or same]

   Below

Suicides

Primary Measures

Suicide Deaths, 2022

1. How does your county status compare to the statewide rate/average? [above, below, or same]

   a. For the full population measured: **same**

Supplemental Measures

Non-Fatal Emergency Department Visits Due to Self-Harm, 2022

1. How does your county status compare to the statewide rate/average? [above, below, or same]

   a. For the full population measured: **below**
   b. For adults/older adults: **below**
   c. For children/youth: **above**

County-Selected Statewide Population Behavioral Health Goals

Based on your county's performance or inequities identified, select at least one additional goal to improve on as a priority for the county for which your county is performing below the statewide rate/average on the primary measure(s). For each county-selected goal, provide the information requested below.

Goal #1: **Suicide**

Contra Costa County recommends <u>suicide</u> as an additional goal grounded in epidemiological trends, community priorities, and alignment with BHSA funding and system transformation goals.

In addition to focusing on reducing suicides overall along with the demographic disparities outlined, Contra Costa will work to <u>decrease non-fatal ED visits</u> due to self-harm as an additional supplemental measure and goal.

b. What disparities did you identify across demographic groups or priority populations among the Additional Statewide Behavioral Health Goals?

In support of the statewide goal to reduce suicides and self-harm, Contra Costa County identified significant disparities across age, gender, and racial/ethnic groups.

- **Suicide Disparities:**
  In 2023, Contra Costa's suicide rate rose to 11.3 per 100,000 - exceeding the state average (10.7) for the first time since 2016. Males had a significantly higher rate (18.2), and adults aged 25–84 were most impacted, particularly those 25–44 (15.7). White residents had the highest rate (16.9), while Asian (8.3) and Hispanic (7.2) residents had lower rates, though these may reflect underreporting or access barriers. These trends point to systemic gaps in culturally responsive care and access for men, White residents, and mid-to-late life adults.
- **Youth Self-Harm Disparities:**
  While Contra Costa's overall self-harm ED visit rate in 2022 (75.2 per 100,000) was below the state average (85.8), youth aged 15–19 had a much higher rate (378.2), exceeding the statewide youth rate (348.6). In 2023, disparities widened:
  - **Teen girls were nearly 3x more likely than boys to visit the ED for self-harm (464.8 vs. 162.2).**
  - **Black youth had the highest local rate (503.4), exceeding the state average (475.7).**
  - **Multiracial youth (155.2) and Hispanic youth (275.7) also exceeded state averages.**
  - **Asian youth had a lower rate (124.6 vs. 151.5).**

These disparities echoed in community input from 62 engagement events and 660 surveys, where suicide prevention, stigma, and lack of culturally competent care were top concerns. Notably, 17% of respondents reported they did not know how to access services in their language.

A recent UC Berkeley study further supports these findings, highlighting a 75% increase in self-harm among multiracial teens since 2016 and identifying multiracial girls as having the highest rates of nonfatal self-harm in California. Researchers emphasized the need for intersectional, equity-focused interventions to address this growing crisis (UC Berkeley News, April 2025).

c. Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may improve your county's level of [selected goal] and refer to any data that was used to make this decision:

According to our review of the California Department of Public Health data on deaths by suicide as well as community feedback, the County recognizes that

reinforcement is needed for a continuum of early intervention that includes:

- **Trauma-informed care**
- **Peer and family engagement and resilience support**
- **Post-crisis stabilization and follow-up**

County plans to:

- **Enhance crisis response (e.g., ED, A3, PES, mobile teams).**
- **Reduce institutionalization through stabilization and linkage.**
- **Improve care continuity across justice, housing, and mental health systems.**

According to our review of the California Department of Public Health data on self-harm, as well as community feedback, the County recognizes that reinforcement is needed for a continuum of early intervention that includes:

- **School-based mental health supports help seeking and self-harm ideation**

a. **Youth mental health literacy for early identification of distress**

- **Peer and youth navigation outreach to increase engagement and reduce stigma**
- **Digital support for daily coping and mindfulness use**

In addition to the plans for our Suicide goal above, for the self-harm supplemental measure the County plans to:

- **Support school based and youth outlets for mental health literacy**
- **Improve care continuity across justice, housing, and education systems.**
- **Address stigma through peer-led and culturally responsive models.**
- **For repeat ED visits refer to existing evidence-based practice treatment that address self-harm among youth 15-19**

d. Please identify the category or categories of funding that the county is using to address this goal.

☑ **BHSA BHSS**

☐ BHSA FSP

☐ BHSA Housing Interventions

☐ 1991 Realignment

☐ 2011 Realignment

☐ State General Fund

☐ SAMHSA PATH

☐ MHBG

☐ SUBG

☐ Other

Community Planning Process

Stakeholder Engagement

1. Please indicate the type of engagement used to obtain input on the planning process.

☑ **County outreach through social media**

☑ **County outreach through Town Hall meetings**

☐ County outreach through traditional media (e.g., television, radio, newspaper)

☑ **Focus group discussions**

☑ **Key informant interviews with subject matter experts**

☑ **Meeting(s) with county**

☑ **Provided data to county**

☐ Public e-mail inbox submission

☑ **Survey participation**

☑ **Training, education, and outreach related to community planning**

☑ **Workgroups and committee meetings**

☐ Other

2. Please specify the other strategies that demonstrate the meaningful partnerships with stakeholders.

AB109 Probation Officers and MHET Team. As a result of our strong partnerships, a community conversation was held with youth at Juvenile Hall and with TAY youth who are on Probation. Adult clients in the jail, were able to respond to survey questions using tablets. To understand the needs of the Unhoused population, two sessions were held with the leadership team of the Health, Housing and Homeless program, which is responsible for the Conty's Coordinated Entry, the second session

included the Homeless Council. The close coordination with Homeless stakeholders gave us access to Point in Count results in real time. County social services and child welfare agencies were our first Stakeholder Specific Listening Session, which allowed the county to further understand

3. Include date(s) of stakeholder engagement for each type of engagement [question repeats for each type of engagement selected above] [format date box MM/DD/YYYY, option to add multiple entries]

   County Outreach Townhall Meetings: 05/20/2025, 05/22/2025, 05/29/2025, 06/17/2025 • County Outreach Through Social Media: 05/20/2025, 05/27/2025 • Focus Group Discussions: 05/01/2025, 05/02/2025, 05/08/2025, 05/09/2025, 05/12/2025, 05/13/2025, 05/14/2025, 05/15/2025, 05/16/2025, 05/19/2025, 05/20/2025, 05/23/2025, 05/27/2025, 05/29/2025, 05/30/2025, 05/31/2025, 06/05/2025, 06/06/2025, 06/11/2025, 06/24/2025, 07/12/2025, 07/18/2025 61 • Key Informant Interviews with Subject Matter Experts: 05/16/2025, 05/23/2025, 05/27/2025, 06/06/2025, 06/10/2025, 06/23/2025 • Meeting with County: 06/13/2025, 06/10/2025, 2/10/2026 • Survey Participants: 05/11/2025, 05/21/2025, 05/27/2025 • Workgroup and Committee Meetings: 05/01/2025, 05/08/2025, 05/12/2025, 05/13/2025, 05/14/2025, 05/15/2025, 05/27/2025, 06/05/2025, 06/06/2025
4. Please list specific stakeholder organizations that were engaged in the planning process. Please do not include specific names of individuals.

   Agape's Restore & Renew Home; Alameda Cnty Health; Alt Fam Svcs; Antioch CARES; Aspiranet TBS; Bay Area Comm Rsrcs; BH Advis Brd; BH Prtnrshp; Bi-Bett; CCC (Advisory Cncl Aging; Board of Spvsrs; Employ & Human Svcs; Educ.; Sheriff; Dept of Cons. & Dev.; In-Home Support Svcs; VA Svcs; Cncl on Hmlssnss; Contra Costa Crisis Center (operator of 988 Suicide & Crisis Lifeline and 211 Information & Referral); Housing Authrty; Health Plan; Reg Med Ctr; Youth Srvc Bureau); Brookside/Concord/Don Brown Shelters; Cali House; CA Dept of Rehab; Caminar; Care Parent Ntwk; Ctr for Human Dev; Child Abuse Prev Cncl; Child Advocates; Choice in Aging; Cities: Antioch/Pittsburg/Richmond; CoCoKids; Comm Corrections Ptnrshp; Comm Health for Asian Americans; Connections Clubhouse; CCC Comm College; Crestwood Healing Ctr; Delta Peers; US Dept of VA; Early Childhood MH; East/West Adult & Child MH Clinics; ELDA House; Embrace; Familias Unidas; FIERCE Advocates; First 5 CCC; Focus Strategies; Fresh Lifelines for Youth; Healthcare for Homeless; Homebase; Hope Solutions; Human Svcs Alliance; ILS Health; Int. Human Svcs Grp; James Morehouse

Proj; John Muir Health; Juv. Hall; Kaiser Health; La Cheim School; Clinica De La Raza; Concordia Wellness Ctr; Lao Fam Comm Dev; Lincoln Fams; Lynn Ctr; Men & Women of Purpose; MH Connections; Mobility Matters; Mt Diablo USD; NAMI; Nuevos Comienzos; Off. of Sup. Andersen, Burges, & Carlson; Oxford Houses; Prtnrshp for Bay's Future; Peer Connections Ctrs; Pittsburg HS Parents; PRISM; Psynergy; Rainbow Comm Ctr; RCF Connects; REACH Proj; Regnl Ctr East Bay; Rectory Women's Res; Restore; Richmond Commission on Aging; RYSE; Rock Harbor Christian Flwshp; Safe Return Proj; San Pablo PD; Scotts Valley Tribal TANF; Seneca; Senior Mobility Action Cncl; Strengthening Fams - Helms MS; Sutter Health; Telecare Hope House; Hume Ctr; Latina Ctr; Trinity Ctr; Uilkema House; Ujima Outpatient; Village Comm Rsrc Ctr; VistAbility; We Care; WC Det. Faclty; WCUSD; WestCare; White Pony Express; Youth Homes.

5. What are the five most populous cities in counties with a population greater than 200,000? For counties with a population over 200,000, this field is required.
    1. **Concord**
    2. **Richmond**
    3. **Antioch**
    4. **San Ramon**
    5. **Pittsburg**

6. Which required stakeholders/groups were engaged in the planning process?

    ☑ **Area agencies on aging**

    ☑ **BHSA eligible adults and older adults (individuals with lived experience)**

    ☑ **Community-based organizations serving culturally and linguistically diverse constituents**

    ☑ **Continuums of care, including representatives from the homeless service provider community**

    ☑ **County social services and child welfare agencies**

    ☑ **Disability insurers**

    ☑ **Early childhood organizations**

    ☑ **Emergency medical services**

    ☑ **Families of BHSA eligible children and youth, eligible adults, and eligible**

older adults (with lived experience)

☑ Higher education partners

☑ Health care organizations, including hospitals

☑ Health care service plans, including Medi-Cal managed care plans

☑ Independent living centers

☑ Individuals with behavioral health experience, including peers and families

☑ Labor representative organizations

☑ Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+) communities

☑ Local education agencies

☑ Local public health jurisdictions

☑ Organizations specializing in working with underserved racially and ethnically diverse communities

☑ People with lived experience of homelessness

☑ Providers of mental health services

☑ Providers of substance use disorder treatment services

☑ Public safety partners, including county juvenile justice agencies

☑ Regional centers

☑ The five most populous cities in counties with a population greater than 200,000

☑ Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes

☑ Veterans and representatives from veterans' organizations

☑ Victims of domestic violence and sexual abuse

☑ Youth from historically marginalized communities

☑ Youths (individuals with lived experience), youth mental health organizations, or youth substance use disorder organizations

7. Please indicate whether you engaged stakeholders from this group during the

planning process.

☐ **Yes**
☐ No
☐ Attempted but did not receive a response

☐ Stakeholder group is not applicable to county

8. What was the reason stakeholder was not engaged?

☐ Stakeholders declined to participate

☐ Unable to contact

☐ Other:

9. Please describe and provide documentation (such as meeting minutes) to support how diverse stakeholder viewpoints were incorporated into the development of the Integrated Plan, including any community-identified strengths, needs, and priorities

Across 63 community engagement events—including town halls, community conversations, and key informant interviews—and English and Spanish surveys totaling 660 responses, county BHS gathered input on strengths, needs, and priorities from individuals representing 29 of the 30 DHCS-required stakeholder groups ~~(excluding Disability Insurers, pending state clarification).~~ Notes and survey responses were compiled into a single feedback database, with Spanish responses translated into English. A small research team analyzed the data using a mixed-methods approach: reading responses, extracting key quotes by theme, and using AI tools to identify common themes by stakeholder group. These findings were verified with county staff who facilitated the events. Community-identified strengths included crisis-response and peer- led programs, culturally respectful providers, and individualized treatment plans. Needs included broader outreach across channels, deeper engagement with trusted community messengers (e.g., pastors), and tailored approaches for groups such as transition-age youth, older adults, justice-involved individuals, veterans, LGTBQ and culturally diverse communities. Challenges included systemic and navigational barriers, cultural and linguistic gaps, lack of supportive housing, duplication of services by multiple providers, transportation issues and stigma around behavioral health. Key themes and representative quotes were presented to the Behavioral Health Transformation Steering Committee on July 7, during a working session where BHS leaders were tasked with incorporating community feedback into the Integrated Plan—and into ongoing program decisions.

Local Health Jurisdiction (LHJ)

Cities submitting their Integrated Plan independently from their counties do not have to complete this section.

1. Did the county work with its LHJ on the development of the LHJ's recent Community Health Assessment (CHA) and/or Community Health Improvement Plan (CHIP)? Additional information regarding engagement requirements with other local program planning processes can be found in Policy Manual Chapter 3, Section B.2.3.

☐ Yes.

☐ No.

☑ **Other.**

The CHA is currently in planning phase, with an estimated completion date in Fall 2026. In 2025, the LHJ/Public Health convened a community-based steering committee to guide its CHA, and BH has initiated collaboration through an initial meeting with public leadership focused on future data sharing and coordinated

initiated. The LHJ will assist with amplifying messaging regarding primary data collection and connecting to key populations served by BH once these efforts are initiated.

2. Please describe how the county engaged with LHJs, along with Medi-Cal managed care plans (MCPs), across these three areas in developing the CHA and/or CHIP: collaboration, data-sharing, and stakeholder activities. **N/A**

3. Did the county utilize the County-LHJ-MCP Collaboration Tool provided via technical assistance? **N/A**

Collaboration

1. Please select how the county collaborated with the LHJ [multi-select list]

☐ Attended key CHA and CHIP meetings as requested.

☐ Served on CHA and CHIP governance structures and/or

subcommittees as requested.

☑ **Other.**

BH has partnered with the LHJ through data sharing and community engagement.

Data-Sharing

Data-Sharing to Support the CHA/CHIP

1. Select Statewide Behavioral Health Goals that were identified for data-sharing to support behavioral health-related focus areas of the CHA and CHIP [multi-select list]

☐ Access to Care

☐ Care Experience

☐ Engagement in School

☐ Engagement in Work

☐ Homelessness

☐ Institutionalization

☐ Justice Involvement

☐ Overdoses

☐ Prevention of Co-Occurring Physical Health Conditions

☐ Quality of Life

☐ Removal of Children from Home

☐ Social Connection

☐Untreated Behavioral Health (BH) Conditions (e.g., substance use disorder, depression, maternal and child behavioral disorders, other adult mental health conditions)

☑ **Other:**

The LHJ's CHA/CHIP was not current at the time this plan was developed but they initiated a CHA/CHIP cycle in January 2025. In the absence of a CHA and/or a CHIP, Behavioral Health conducted a key informant stakeholder interview with the local Public Health Agency. In addition, data and reports were shared by the LHJ to help BH inform the plan. Data corresponding to the number of screenings at schools, health care for the homeless and MAT were provided to help BH inform the plan. The LHJ, pointed out during the interview several service gaps and unmet needs for some of the populations of focus, such as children and youth with BH conditions, unhoused individuals and specifically the lack of SUD

treatment services for adolescents where they can be referred following identification of SUD.

2. Was data shared? **Yes**

Data-Sharing from MCPS and LHJs to Support IP development

1. Select Statewide Behavioral Health Goals that were identified for data-sharing to inform IP development.

☐ Access to Care

☐ Care Experience

☐ Engagement in School

☐ Engagement in Work

☐ Homelessness

☐ Institutionalization

☐ Justice Involvement

☐ Overdoses

☐ Prevention of Co-Occurring Physical Health Conditions

☐ Quality of Life

☐ Removal of Children from Home

☐ Social Connection

☐ Untreated BH Conditions (e.g., substance use disorder, depression, maternal and child behavioral disorders, other adult mental health conditions)

☑ **Other:**

Data corresponding to the number of screenings at schools, health care for the homeless and MAT were provided to help BH inform the plan. The LHJ, pointed out during the interview several service gaps and unmet needs for some of the populations of focus, such as children and youth with BH conditions, unhoused individuals and specifically the lack of SUD treatment services for adolescents where they can be referred following identification of SUD.

2. Was data shared? **Yes**

Stakeholder Activities

1. Select which stakeholder activities the county has coordinated for IP development with the LHJ engagement on the CHA/CHIP. Please note that although counties must coordinate stakeholder activities with LHJ CHA/CHIP processes (where feasible), the options below are for illustrative purposes only and are not required forms of stakeholder activity coordination (e.g., counties do not need to conduct each of these activities).

☐ Collaborated with LHJ to identify shared stakeholders that are key for both the IP and CHA/CHIP process.

☐ Collaborated on joint surveys, focus groups, and/or interviews that can be used to inform both the IP and CHA/CHIP.

☐ Co-hosted community sessions, listening tours, and/ or other community events that can be used to strengthen stakeholder engagement for both the IP and CHA/CHIP.

☐ Coordinated messaging and stakeholder events calendars (e.g., governance meetings) around IP development and CHA/CHIP engagement.

☑ **Other:**

The county engaged with the local health jurisdiction through a series of collaborative discovery sessions to share strategies, identify barriers and future opportunities to align and coordinate efforts. The LHJ's CHA and CHIP are in the early stages of development thus there will be more opportunities to coordinate in the future.

Most Recent Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) or Strategic Plan

1. Has the county considered either the LHJ's most recent CHA/CHIP or strategic plan in the development of its IP? Additional information regarding engagement requirements with other local program planning processes can be found in Policy Manual Chapter 3, Section B.2.3
    a. **Yes**
        i. Provide a brief description of how the county has considered the LHJ's CHA/CHIP or strategic plan when preparing its IP.

CCBH reviewed the last completed Community Health Assessment (CHA). However, Contra Costa County has not completed a formal CHA since 2010. As a result of the existing CHA being dated, CCBH relied on alternative sources to inform the Integrated Plan, including existing behavioral health strategic priorities, program-level needs assessments, service utilization data, equity-focused analyses, and stakeholder and community input. The absence of a current CHA highlights an important opportunity for future collaboration and alignment and efforts as noted in the response above are underway.

Medi-Cal Managed Care Plan (MCP) Community Reinvestment

1. Please list the Managed Care Plans (MCP) the county worked with to inform the MCPs' respective community reinvestment planning and decision-making processes.
    - **Contra Costa Health Plan**
    - **Kaiser**
2. Which activities in the MCP Community Reinvestment Plan submissions address needs identified through the Behavioral Health Services Act community planning process and collaboration between the county, MCP, and other stakeholders on the county's Integrated Plan?

    The MCP Community Reinvestment Plan is not due to DHCS until Q3 2026, and early internal discussions have just begun. The plan will involve input from key stakeholders, including the County Behavioral Health and Public Health Directors. However, submission is only required if the MCP reports net profits, and current projections indicate a financial loss, meaning no reinvestment may be required for this cycle.

    Given this, it is too early to determine alignment with the BHSA community planning process or the county's Integrated Plan (IP). The County will continue to monitor progress and collaborate with the MCP as planning develops.

Comment Period and Public Hearing

1. Date the draft Integrated Plan (IP) was released for stakeholder comment: **11/10/2025**
2. Date the stakeholder comment period closed: **12/10/2025**

3. Date of behavioral health board public hearing on draft IP: **1/7/2026**
   a. Please provide proof of a public posting with information on the public hearing. Please select the county's preferred submission modality [single-select list]
      i. **Link**
         1. [If link selected] Please provide the link to the public posting ii. PDF, image, or other document
         https://www.cchealth.org/home/showpublisheddocument/32686/638983905095470000
            1. [if PDF, image, or document selected] Please upload the PDF image, or other file documenting the public posting
4. [Optional] If the county uses an existing landing page or other web-based location to publicly post IPs for comment, please provide a link to the landing page [validate link or option to upload PDF]
5. Please select the process by which the draft plan was circulated to stakeholders
   ☑ **Public posting**
   ☑ **Email outreach** [if selected, attach email (no file type restrictions)] **See Appendix** A**: Comment Period and Public Hearing – Email Outreach**
   ☐ Other [logic: if selected, populate question 6 below]
6. Please specify the other process the draft plan was circulated to stakeholders [narrative box]
7. Please describe stakeholder input in the table below. Please add each stakeholder group into their own row in the table **See Appendix** B: Stakeholder Input

Table 7. Stakeholder Input

Stakeholder group that provided feedback	Summarize the substantive revisions recommended this stakeholder during the comment period

8. Please describe any substantive recommendations made by the local behavioral health board that are not included in the final Integrated Plan or update. If no substantive revisions were recommended by stakeholders during the comment period, please input N/A. [**N/A**]

County Behavioral Health Services Care Continuum

The Behavioral Health Care Continuum is composed of two distinct frameworks for substance use planned expenditures across key service categories in their service continuum. Questions on the Behavioral Health Care Continuum are in the Integrated Plan Budget Template.

County Provider Monitoring and Oversight

Cities submitting their Integrated Plan independently from their counties do not have to complete the Medi-Cal Quality Improvement Plan questions or Question 1 under All BHSA Provider Locations.

Medi-Cal Quality Improvement Plans

1. For Specialty Mental Health Services (SMHS) or for integrated SMHS/Drug Medi-Cal Organized Delivery System (DMC-ODS) contracts under Behavioral Health Administrative Integration, please upload a copy of the county's current Quality Improvement Plan (QIP) for State Fiscal Year (SFY) 2026-2027

   See Appendix C**: MH QI Work Plan FY26-27 uploaded**

2. Does the county operate a standalone DMC-ODS program (i.e., a DMC-ODS program that is not under an integrated SMHS/DMC-ODS contract)?

   Yes

   a. For standalone DMC-ODS, please upload a copy of the county's current QIP for SFY 2026-2027.

      See Appendix D**:** AODS **QI Work Plan FY26-27 uploaded**

Contracted BHSA Provider Locations

1. As of the date this report is submitted, please provide the total number of contracted Behavioral Health Services Act (BHSA) provider locations offering non-Housing services for SFY 2025-26. I.e., BHSA-funded locations that are (i) not owned or operated by the county, and (ii) offer BHSA services other than Housing Interventions services.

Table 8. Contracted BHSA Provider Locations Offering Non-Housing Services

Services Provided	Number of Contracted BHSA Provider Locations
Mental Health (MH) services only	**46**

Substance Use Disorder (SUD) services only	**0**
Both MH and SUD services	**0**

2. Among the county's contracted BHSA provider locations, please identify the number of locations that also participate in the county's Medi-Cal Behavioral Health Delivery System

Table 9. Contracted BHSA Provider Locations that Participate in Medi-Cal BHDS

Services Provided	Number of Contracted BHSA Provider locations
SMHS only	**11**
DMC/DMC-ODS only	**0**
Both SMHS and DMC/DMC-ODS systems	**0**

All BHSA Provider Locations

1. Among the county's BHSA funded SMHS provider locations (county-operated and contracted) that offer services/Levels of Care that may be covered by Medi-Cal MCPs as non-specialty mental health services (NSMHS), what percentage of BHSA funded SMHS providers contract with at least one MCP in the county for the delivery of NSMHS Note: DHCS will provide each county with a list of their SMHS providers that also contract with MCPs. Counties will then calculate a final percentage after excluding SMHS providers that do not offer any services that may be covered as NSMHS.

18%

a. Please describe the county's plans to enhance rates of MCP contracting starting July 1, 2027, and over the subsequent two years among the BHSA provider locations that are providing services that can/should be reimbursed by Medi-Cal MCPs.

The rate listed above (18%) was provided by DHCS for the county SMHS provider sites that also contract with Medi-Cal MCPs for NSMHS. CCBH has a strong partnership with our primary MCP and will add the initiative to enhance rates of MCP contracting for these provider sites to our quarterly meetings to discuss strategies and progress. CCBHS will coordinate with the MCP on outreach and

communication to providers to increase awareness around this initiative.

2. To maximize resource efficiency, counties must, as of July 1, 2027, require their BHSA providers to (subject to certain exceptions).
    a. Check whether an individual seeking services eligible for BHSA funding is enrolled in Medi-Cal and/or a commercial health plan, and if uninsured, refer the individual for eligibility screening.
    b. Bill the Medi-Cal Behavioral Health Delivery System for covered services for which the provider receives BHSA funding; and
    c. Make a good faith effort to seek reimbursement from Medi-Cal Managed Care Plans (MCPs) and commercial health plans for covered services for which the provider receives BHSA funding.
        i. Does the county wish to describe implementation challenges or concerns with these requirements? **No**
            1. Please describe any implementation challenges or concerns with the requirements for BHSA providers.
3. Counties must monitor BHSA-funded providers for compliance with applicable requirements under the Policy Manual, the county's BHSA contract with DHCS, and state law and regulations. Effective SFY 2027-2028, counties must (1) adopt a monitoring schedule that includes periodic site visits and (2) preserve monitoring records, including monitoring reports, county-approved provider Corrective Action Plans (CAPs), and confirmations of CAP resolutions. Counties shall supply these records at any time upon DHCS's request. DHCS encourages counties to adopt the same provider monitoring schedule as under Medi-Cal: annual monitoring with a site visit at least once every three years. For providers that participate in multiple counties' BHSA programs, a county may rely on monitoring performed by another county.

    Does the county intend to adopt this recommended monitoring schedule for BHSA funded providers that:

    a. Also participate in the county's Medi-Cal Behavioral Health Delivery System? **Yes**
        i. If not, please describe how the county will monitor these providers for compliance with BHSA requirements
    b. Do not participate in the county's Medi-Cal Behavioral Health Delivery System?

Yes

i. If not, please describe how the county will monitor these providers for compliance with BHSA requirements Behavioral Health Services Act/Fund Programs.

Behavioral Health Services Act/Fund Programs

Behavioral Health Services and Supports (BHSS)

General

1. Please select the specific Behavioral Health Services and Supports (BHSS) that are included in your plan [multi-select list]

☐ Children's System of Care (non-Full Service Partnership (FSP))

☑ **Adult and Older Adult System of Care (non-FSP)**

☑ **Early Intervention Programs (EIP) – 51%**

☐Outreach and Engagement (O&E)

☑ **Workforce, Education and Training (WET)**

☑ **Capital Facilities and Technological Needs (CFTN)**

Children's System of Care (Non-Full Service Partnership (FSP)

For each program or service of the county's BHSS funded Children's System of Care (non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add additional program" button.

Program One: N/A

1. Please select the service types provided under Program One. **N/A**

☐ Mental health services

☐ Supportive services

☐ Substance Use Disorder treatment services

2. Please describe the specific services provided. **N/A**

Mental Health Services:
Supportive Services:
Substance Use Services

Please provide the projected number of individuals served during the plan period by fiscal

year (FY) in the table below.

Table 10. Number of Individuals in the Children's System of Care (Non-FSP) Served During the Plan Period by Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	**N/A**
FY 2027 – 2028	**N/A**
FY 2028 – 2029	**N/A**

3. Please describe any data or assumptions your county used to project the number of individuals served through the Children's System of Care. **N/A**

Adult and Older Adult System of Care (Non-Full-Service Partnership (FSP))

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides
more than one program or service type, use the "Add additional program" button.

1. Please select the service type provided under Program One.

   ☑ **Supportive services**

   a. Substance Use Disorder (SUD) treatment services

2. Please describe the specific services provided.

   In the Adult/Older adult system of care, clients receive support services in a variety of settings such as outpatient clinics, in the field and in the county run adult CSU. Support services include linkage to services and programs, psychosocial rehabilitation, financial support and management, psychoeducation, peer support, system navigation, linkage to SUD services, and maintain engagement. Staff assigned to the Adult CSU provide linkage to both behavioral health programs and SUD outpatient and residential programs.

   Additional staff will be added to the outpatient clinic to provide supportive and mental health services to all adults and older adults served in specialty mental health. This will prevent clients from falling out of care and avoid unnecessary

institutionalization.

3. Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below.

Table 11. Number of Individuals in the Adult and Older Adult Systems of Care (Non-FSP) Served During the Plan Period by Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	**6300**
FY 2027 – 2028	**6500**
FY 2028 – 2029	**6700**

4. Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care

Projections were based on estimates of the number of current clients receiving supportive services and an expansion to those clients with unmet needs.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "add additional program" button.

Program One

1. Program or service name: **At Risk Youth Engagement**

2. Please select which of the three EI components are included as part of the program or service

☑ **Outreach**

☑ **Access and Linkage: Screenings**

☐ Access and Linkage: Assessments

☑ **Access and Linkage: Referrals**

☐ Access and Linkage: Other

☐ Treatment Services and Supports: Services to address first episode

psychosis (FEP)

☑ **Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide**

☑ **Treatment Services and Supports: Services to address co-occurring mental health and substance use issues**

☐ Treatment Services and Supports: Other

3. Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs.
   a. **No**
   b. Please select the EBPs and CDEPs that apply.
4. Please describe intended outcomes of the program or service.
   a. **Reduce onset and severity of mental illness in children and youth.**
   b. **Increase resilience, social-emotional development, and coping skills.**
   c. **Improve school attendance, academic engagement, and peer relationships.**
   d. **Provide early identification and supports for youth experiencing behavioral health concerns.**
   e. **Address co-occurring risks, including substance use and trauma exposure.**
   f. **Services will include education, screening, and referral pathways for youth at risk of developing substance use disorders, with early supports to reduce co-occurring MH/SUD challenges**
   g. **Mental/Emotional Health: improved emotional regulation, reduced symptoms of MH disorders, improved self-esteem, enhanced coping/resilience, decreased suicidal ideation/self-harm.**
   h. **Social/Relational: improved social skills, increased prosocial behavior, positive relationships with peers/adults, reduced high-risk peer associations, improved family relationships.**
5. Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2 **N/A**
   b. Please describe for each additional priority why the county opted to include this priority and metrics to assess the effectiveness of the program.
6. Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY) in the table below

Table 12. Estimated Number of Individuals Served in Early Intervention Programs by Plan Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	**1700**
FY 2027 – 2028	**1775**
FY 2028 – 2029	**1850**

a. Please describe any data or assumptions the county used to project the number of individuals served through EI programs.

The county's projections are informed by annual reporting from both historical and current contractors serving this population. These reports establish a baseline of individuals reached each year. Projections also include a modest year-over-year increase to account for anticipated growth in program participation.

Program Two

1. Program or service name: **LGBTQ+ engagement**

2. Please select which of the three EI components are included as part of the program or service.

☑ **Outreach**

☑ **Access and Linkage: Screenings**

☐ Access and Linkage: Assessments

☑ **Access and Linkage: Referrals**

☐ Access and Linkage: Other

☐ Treatment Services and Supports: Services to address first episode psychosis (FEP)

☑ **Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide**

☑ **Treatment Services and Supports: Services to address co-occurring mental health and substance use issues**

☐ Treatment Services and Supports: Other

☐ Please specify "other" type of Access and Linkage

☐ Please specify "other" type of Treatment Services and Supports

3. Please indicate if the program or service includes evidence-based practices

(EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs.

No

a. Please select the EBPs and CDEPs that apply. **N/A**

4. Please describe intended outcomes of the program or service.

a. **Reduce disparities in access to culturally competent behavioral health services.**
b. **Improve mental health outcomes for LGBTQ+ children, youth, and adults.**
c. **Decrease stigma, discrimination, and isolation experienced by LGBTQ+ participants.**
d. **Increase protective factors, including family acceptance, peer support, and affirming community networks.**
e. **Provide early intervention for co-occurring MH/SUD issues disproportionately affecting LGBTQ+ populations.**
f. **Given higher rates of substance use among LGBTQ+ youth and young adults, programs shall integrate culturally competent SUD prevention and treatment linkages.**
g. **Mental & Emotional Health: reduce elevated rates of depression, anxiety, PTSD, and suicidal ideation/self-harm for LGBTQ+ youth, via disparities reduction, stigma reduction, protective factors, co-occurring MH/SUD, culturally competent supports.**
h. **Social & Relational: stronger positive peer/family relationships, reduced association with high-risk peers, improved family communication.**

5. Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

a. Additional priority name

b. Please describe for each additional priority why the county opted to include this priority and metrics to assess the effectiveness of the program.

6. Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY) in the table below

Estimated Number of Individuals Served in Early Intervention Programs by Plan Year Plan (can add up to 10):

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	**550**
FY 2027 – 2028	**600**
FY 2028 – 2029	**650**

b. Please describe any data or assumptions the county used to project the number of individuals served through EI programs.

The county's projections are informed by annual reporting from both historical and current contractors serving this population. These reports establish a baseline of individuals reached each year. Projections also include a modest year-over-year increase to account for anticipated growth in program participation.

Program Three

1. Program or service name: **Culturally and linguistically specific outreach/engagement**
2. Please select which of the three EI components are included as part of the program or service

☑ **Outreach**

☑ **Access and Linkage: Screenings**

☐ Access and Linkage: Assessments

☑ **Access and Linkage: Referrals**

☐ Access and Linkage: Other

☐ Treatment Services and Supports: Services to address first episode psychosis (FEP)

☑ **Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide**

☑ **Treatment Services and Supports: Services to address co-occurring mental health and substance use issues**

☐ Treatment Services and Supports: Other

☐ Please specify "other" type of Access and Linkage

☐ Please specify "other" type of Treatment Services and Supports

3. Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

No

a. Please select the EBPs and CDEPs that apply.

4. Please describe intended outcomes of the program or service.

a. **Reduce barriers to behavioral health services for underserved cultural and linguistic groups.**
b. **Increase early identification and engagement in treatment and support.**
c. **Reduce stigma and cultural isolation surrounding behavioral health.**
d. **Address cultural trauma, acculturation stress, and intergenerational impacts.**
e. **Programs shall provide culturally relevant education and referrals for prevention and treatment of mental health and substance use disorders, addressing stigma and access barriers.**
f. **Social & Relational: stronger family communication and relationships, reduced association with high-risk peers, improved social skills.**
g. **Mental & Emotional Health: improved emotional regulation, reduced MH symptoms, enhanced coping.**

5. Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

a. Additional priority name

b. Please describe for each additional priority why the county opted to include this priority and metrics to assess the effectiveness of the program

6. Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY) in the table below

Estimated Number of Individuals Served in Early Intervention Programs by Plan Year Plan (can add up to 10):

Table 12. Estimated Number of Individuals Served in Early Intervention Programs by Plan Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	**1600**
FY 2027 – 2028	**1675**
FY 2028 – 2029	**1750**

The county's projections are informed by annual reporting from both historical and current contractors serving this population. These reports establish a baseline of individuals reached each year. Projections also include a modest year-over-year increase to account for anticipated growth in program participation.

Program Four . Program or service name: **Parent/caregiver education/support**

2. Please select which of the three EI components are included as part of the program or service.

☑ **Outreach**

☑ **Access and Linkage: Screenings**

☐ Access and Linkage: Assessments

☑ **Access and Linkage: Referrals**

☐ Access and Linkage: Other

☐ Treatment Services and Supports: Services to address first episode psychosis (FEP)

☐ Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide

☐ Treatment Services and Supports: Services to address co-occurring mental health and substance use issues

☐ Treatment Services and Supports: Other

☐ Please specify "other" type of Access and Linkage

☐ Please specify "other" type of Treatment Services and Supports

3. Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

No

a. Please select the EBPs and CDEPs that apply.

4. Please describe intended outcomes of the program or service.

a. **Increase positive parenting practices and family stability.**
b. **Reduce child abuse, neglect, and family violence.**
c. **Reduce parental stress, anxiety, and depression.**
d. **Enhance caregiver capacity to support children's social-emotional development.**
e. **Strengthen protective factors, including parental resilience and social connections.**
f. **Reduce caregiver stress and improve mental health help-seeking.**
g. **Programs should equip caregivers with tools to recognize early signs of substance use for self and in youth and connect families to prevention and treatment services.**
h. **Social/Relational: improved family relationships and communication, improved social skills, increased prosocial behavior.**
i. **Mental/Emotional Health: improved emotional regulation in both parents and children, reduced MH symptoms, enhanced coping/resilience.**

5. Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

b. Please describe for each additional priority why the county opted to include this priority and metrics to assess the effectiveness of the program.

6. Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY) in the table below

Estimated Number of Individuals Served in Early Intervention Programs by Plan Year Plan (can add up to 10):

Table 12. Estimated Number of Individuals Served in Early Intervention Programs by Plan Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	**750**
FY 2027 – 2028	**800**
FY 2028 – 2029	**850**

The county's projections are informed by annual reporting from both historical and current contractors serving this population. These reports establish a baseline of individuals reached each year. Projections also include a modest year-over-year increase to account for anticipated growth in program participation.

Program Five

1. Program or service name: **Peer and family support**

2. Please select which of the three EI components are included as part of the program or service.

☑ **Outreach**

☑ **Access and Linkage: Screenings**

☐ Access and Linkage: Assessments

☑ **Access and Linkage: Referrals**

☐ Access and Linkage: Other

☐ Treatment Services and Supports: Services to address first episode psychosis (FEP)

☑ **Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide**

☑ **Treatment Services and Supports: Services to address co-occurring mental health and substance use issues**

☐ Treatment Services and Supports: Other

☐ Please specify "other" type of Access and Linkage

☐ Please specify "other" type of Treatment Services and Supports

3. Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs.

No

a. Please select the EBPs and CDEPs that apply

4. Please describe intended outcomes of the program or service.

a. **Increase coping skills, self-advocacy, and recovery-oriented behaviors.**
b. **Improve family and peer support networks for individuals living with mental illness.**
c. **Reduce hospitalization, relapse, and crisis episodes.**
d. **Support skill-building for employment, education, and housing stability.**
e. **Foster inclusion and reduce isolation through community-based activities.**
f. **Peer support programs will emphasize wellness and recovery, including support for individuals and families impacted by substance use disorders.**
g. **Mental/Emotional Health: improved self-esteem, emotional regulation, and decreased symptoms of MH disorders.**
h. **Social/Relational: improved peer/family communication, stronger positive relationships, reduced association with high-risk peers.**

5. Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

a. Additional priority name

b. Please describe for each additional priority why the county opted to include this priority and metrics to assess the effectiveness of the program.

6. Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY) in the table below

Estimated Number of Individuals Served in Early Intervention Programs by Plan Year Plan (can add up to 10):

Table 12. Estimated Number of Individuals Served in Early Intervention Programs by Plan Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	**750**
FY 2027 – 2028	**800**
FY 2028 – 2029	**850**

The county's projections are informed by annual reporting from both historical and current contractors serving this population. These reports establish a baseline of individuals reached each year. Projections also include a modest year-over-year increase to account for anticipated growth in program participation.

Program Six

1. Program or service name: **Outreach and Engagement of Older Adults**

2. Please select which of the three EI components are included as part of the program or service.

☑ **Outreach**

☑ **Access and Linkage: Screenings**

☐ Access and Linkage: Assessments

☑ **Access and Linkage: Referrals**

☐ Access and Linkage: Other

☐ Treatment Services and Supports: Services to address first episode psychosis (FEP)

☑ **Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide**

☐ Treatment Services and Supports: Services to address co-occurring mental health and substance use issues

☐ Treatment Services and Supports: Other

☐ Please specify "other" type of Access and Linkage

☐ Please specify "other" type of Treatment Services and Supports

3. Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs.

No

a. Please select the EBPs and CDEPs that apply.

4. Please describe intended outcomes of the program or service.

a. **Reduce isolation, depression, and anxiety in older adults.**
b. **Improve overall wellness, functioning, and quality of life.**
c. **Reduce suicide risk factors associated with aging, bereavement, and physical illness.**
d. **Increase access to case management, supports, and linkages to behavioral health**
e. **Programs shall include screening and referral for co-occurring mental health/substance use conditions.**
f. **Mental/Emotional Health: reduced depression, improved coping/resilience, decreased suicidal ideation.**
g. **Social/Relational: improved relationships, reduced isolation, increased prosocial engagement.**

5. Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

a. Additional priority name

b. Please describe for each additional priority why the county opted to include this priority and metrics to assess the effectiveness of the program

6. Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY) in the table below

Estimated Number of Individuals Served in Early Intervention Programs by Plan Year Plan (can add up to 10):

Table 12. Estimated Number of Individuals Served in Early Intervention Programs by Plan Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	**200**
FY 2027 – 2028	**225**
FY 2028 – 2029	**250**

The county's projections are informed by annual reporting from both historical and current contractors serving this population. These reports establish a baseline of individuals reached each year. Projections also include a modest year-over-year increase to account for anticipated growth in program participation.

Program Seven

1. Program or service name: **Early Intervention for Veterans**

2. Please select which of the three EI components are included as part of the program or service

☑ **Outreach**

☑ **Access and Linkage: Screenings**

☐ Access and Linkage: Assessments

☑ **Access and Linkage: Referrals**

☐ Access and Linkage: Other

☑ **Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide**

☑ **Treatment Services and Supports: Services to address co-occurring mental health and substance use issues**

☐ Treatment Services and Supports: Other

☐ Please specify "other" type of Access and Linkage

☐ Please specify "other" type of Treatment Services and Supports

3. Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

No

a. Please select the EBPs and CDEPs that apply

4. Please describe intended outcomes of the program or service

a. **Increase access to veteran-affirming behavioral health and recovery supports through system navigation, especially by using peer supports.**
b. **Improve reintegration into civilian life, including employment and housing stability.**
c. **Address co-occurring SUD and mental health concerns.**
d. **Programs should provide early intervention and recovery-oriented supports for veterans experiencing substance use challenges, including linkage to VA and community-based SUD treatment.**
e. **Mental/Emotional Health: reduced PTSD/depression symptoms, decreased suicidal ideation, improved resilience and coping.**
f. **Social/Relational: improved family relationships, stronger bonds with prosocial peers, mentors, and community.**

5. Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

a. Additional priority name

b. Please describe for each additional priority why the county opted to include this priority and metrics to assess the effectiveness of the program

6. Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY) in the table below

Table 12. Estimated Number of Individuals Served in Early Intervention Programs by Plan Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	**125**
FY 2027 – 2028	**150**
FY 2028 – 2029	**175**

The county has not historically done outreach, engagement and early intervention with veterans but given this was a need identified during community/stakeholder engagement, the county plans to address this need. However, there is no baseline for projected number of individuals served so this is an estimate and may be adjusted.

Program Eight

1. Program or service name: **Early intervention for those at high risk for suicide**

2. Please select which of the three EI components are included as part of the program or service

☑ **Outreach**

☑ **Access and Linkage: Screenings**

☐ Access and Linkage: Assessments

☑ **Access and Linkage: Referrals**

☐ Access and Linkage: Other

☐ Treatment Services and Supports: Services to address first episode psychosis (FEP)

☑ **Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide**

☑ **Treatment Services and Supports: Services to address co-occurring mental health and substance use issues**

☐ Treatment Services and Supports: Other

☐ Please specify "other" type of Access and Linkage

☐ Please specify "other" type of Treatment Services and Supports

3. Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

No

a. Please select the EBPs and CDEPs that apply

4. Please describe intended outcomes of the program or service

a. **Reduce suicide attempts and deaths through early intervention.**
b. **Increase access to crisis support, safety planning, and postvention services.**
c. **Improve identification of individuals at elevated risk (e.g., LGBTQ+, veterans,**

youth, older adults).

d. **Strengthen community-based safety nets and reduce barriers to care.**
e. **Programs should recognize and respond to the strong link between substance misuse and suicide risk, integrating screening and referral to SUD treatment in**
f. **Mental & Emotional Health: reduced mental health symptoms, improved coping skills, decreased suicidal ideation/self-harm**
g. **Social & Relational: increase strong bonds with peers, mentors, and family and natural supports as protective factors against suicide.**

5. Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

a. Additional priority name

b. Please describe for each additional priority why the county opted to include this priority and metrics to assess the effectiveness of the program

6. Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY) in the table below

Table 12. Estimated Number of Individuals Served in Early Intervention Programs by Plan Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	**200**
FY 2027 – 2028	**250**
FY 2028 – 2029	**300**

The county's projections are informed by annual reporting from both historical and current contractors serving this population. These reports establish a baseline of individuals reached each year. Projections also include a modest year-over-year increase to account for anticipated growth in program participation.

Coordinated Specialty Care for First Episode Psychosis (CSC) program

1. Please provide the following information on the county's Coordinated Specialty Care for First Episode Psychosis (CSC) program

a. CSC program name: **Clinical High Risk & First Episode Psychosis, First Hope**

b. CSC program description

Contra Costa's First Hope Program is a Coordinated Specialty Care program for early intervention in psychosis. Encompassing two components, First Hope supports individuals who show early signs of developing psychosis (component 1, Clinical High-Risk Program – CHRP) and individuals who are in the early stages of a psychotic disorder (component 2, First Episode Program – FEP). By providing immediate access to services uniquely suited to their needs, we engage clients in recovery-oriented services and prevent the problems associated with chronicity and multiple relapses.

Through early intervention in psychosis, the programs aims to decrease hospitalization and institutional placement, and to reduce the morbidity and

participation in the program, clients and families actively engage in furthering their understanding of physical and mental health. Clients and families participate in a program that includes psychoeducation, a focus on improved functioning, and the development of skills that support the client's life goals. While family involvement is not a requirement for treatment, including the family (as defined by the client) whenever possible increases the strength of the support system available to the client. Comprising multi-disciplinary teams, First Hope offers evidence-based treatment in CHRP and FEP. The CHRP is modeled after the Portland Identification and Early Referral program (PIER) and the FEP after RAISE /NAVIGATE. Both components promote client-driven, recovery-oriented services based on engaging with clients' goals and promoting functioning, rather than focusing solely on symptom reduction. Clients and families are provided with an array of services suited to their individualized needs. First Hope actively engages the community by providing outreach presentations and training with the goals of identifying individuals needing support early.

2. Please review the total estimated number of individuals who may be eligible for CSC (based on the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence Based Practice (EBP) Policy Guide and the Policy Manual Chapter 7, Section A.7.5). Please input the estimates provided to the county in the table below.

Table 13. Estimated Number of Individuals Eligible for CSC and Estimated Number of Teams Needed to Serve Total Eligible Population

CSC Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	**133**
Number of Uninsured Individuals	**12**
CSC Practitioners and Teams Needed	**Estimates**
Number of Practitioners Needed to Serve Total Eligible Population	**17**
Number of Teams Needed to Serve Total Eligible Population	**4**

3. Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for BHSS, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide CSC over this Integrated Plan period, by fiscal year.

Table 14. Total Number of CSC Practitioners and Teams

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	**25**	**25**	**25**
Total Number of Teams	**6**	**6**	**6**

4. Will the county's CSC program be supplemented with other (non-BHSA) funding source(s)?
Yes

a. Please list the other funding source(s).

MHBG and Realignment to cover services that are not accounted for in the model.

Outreach and Engagement (O&E)

For each program or activity that is part of the county's standalone O&E programs provide the following information. If the county provides more than one program or activity, use the "Add additional program" button.

Program One: N/A

1. Program or activity name

2. Please describe the program or activity

3. Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Table 15. Estimated Number of Individuals Served in O&E Programs by Plan Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	**N/A**
FY 2027 – 2028	**N/A**
FY 2028 – 2029	**N/A**

4. Please describe any data or assumptions the county used to project the number of individuals served through O&E programs.

County Workforce, Education, and Training (WET)

As described in the Policy Manual, WET activities should supplement, but not duplicate, funding available through other state-administered workforce initiatives, including the Behavioral Health Community-Based Organized Networks of Equitable Care and

Health Care Access and Information (HCAI). Counties should prioritize available BHCONNECT and other state-administered workforce programs whenever possible. Responses in this section should address the county's cft program. Other workforce efforts should be addressed in the Workforce Strategy section of the Integrated Plan
(IP).

For each program or activity that is part of the county's overall WET program, provide the following information. If the county provides more than one program or activity type, use the "Add additional program" button.

Program One

1. Program or activity name: **Loan Repayment Program**
2. Please select which of the following categories the activity falls under:

☐ Continuing Education

☐ Internship and Apprenticeship Programs

☑ **Loan Repayment**

☐ Professional Licensing and/or Certification Testing and Fees

☐ Retention Incentives and Stipends

☐ Staff time spent supervising interns and/or residents who are providing direct county behavioral health services through an internship or residency program

☐ Workforce Recruitment, Development, Training, and Retention

☐Other

a. Please describe efforts to address disparities in the Behavioral Health workforce. Additional information regarding diversity of the behavioral health workforce can found in Policy Manual Chapter 7, Section A.4.9

Loan Repayment Program: CCBHS will continue its County funded Loan Repayment Program supported through contracting with CalMHSA to deliver payment. This program assists in addressing diversity equity and inclusion and critical staff shortages, such as language need, and hard-to-fill, hard-to-retain positions with a primary focus on filling psychiatric and nurse practitioner shortages within CCBHS. Additionally, CCBHS has partnered with CalMHSA to administer the Workforce Education and Training Greater Bay Area Regional Partnership Loan Repayment Program. This partnership is between the Bay Area counties, the California Department of Health Care Information Access (HCAI), formerly known as the Office of Statewide Health Planning and Development (OSHPD), and CalMHSA. No additional funds were allocated this fiscal year, as CCBHS provided the necessary 33% matching funds in 2022 to CalMHSA, as part

of the contingency from HCAI, which provided the remaining 67% of funding. This loan repayment program is patterned

amount awarded to each individual, and the County selecting the awardees based upon workforce needs. This program focuses but is not limited to providers such as; Registered Nurses, Psychologists, LCSWs, LMFTs, LPCCs, and peer providers, and other behavioral health professionals prioritizing providers with language and cultural capacity to fill needs both within CCBHS and contracted CBO partners.

- **Training contracts**
- **BHS Internship Program**
- **WET Positions**
- **SPIRIT**
- **NAMI**
- **Senior Peer Counseling Program**
- **Transitional Work Program**
- **MOTIVO**
- **Medi-Cal Peer Support Certification Program**
- **Enhanced Community Health Workers**

Capital Facilities and Technological Needs (CFTN)

For each project that is part of the county's CFTN project, provide the following information. If the county provides more than one project, use the "Add additional project" button. Additional information on CFTN policies can be found in Policy Manual Chapter 7, Section A.5.

Project One

1. Project name: **El Portal Social Rehabilitation Campus**
2. Please select the type of project

   ☑ **Capital facilities project**

   ☐Technological needs project

3. Please describe the project: **Develop new crisis residential and transitional residential programs in West County**
4. If capital facilities project, please indicate which of the following categories the project falls under.

   ☑ **Acquiring, renovating, or constructing buildings that are or will be county- owned.** The building can be owned and operated by a non-profit

if the non- profit is providing behavioral health services under contract with the county.

☐ Acquiring facilities not secured to a foundation that is permanently affixed to the ground

☐ Establishing a capitalized repair or replacement reserve

☐ Meeting match requirements for Behavioral Health Continuum Infrastructure Program (Bond BHCIP) award

☐ Renovating or constructing buildings that are privately owned

5. Please indicate if the project involves leasing or renting to own a building

No. building is already owned.

a. Please explain why purchase of the building was not possible.

Project Two

6. Project name: **Repair and renovation of Hope House**
7. Please select the type of project

☑ **Capital facilities project**

☐Technological needs project

8. Please describe the project: **Structural repair and renovation of Hope House, a county- owned crisis residential facility**,
9. If capital facilities project, please indicate which of the following categories the project falls under.

☑ **Acquiring, renovating, or constructing buildings that are or will be county-owned.** The building can be owned and operated by a non-profit if the non-profit is providing behavioral health services under contract with the county.

☐ Acquiring facilities not secured to a foundation that is permanently affixed to the ground

☐ Establishing a capitalized repair or replacement reserve

☐ Meeting match requirements for Behavioral Health Continuum Infrastructure Program (Bond BHCIP) award

☐ Renovating or constructing buildings that are privately owned

10. Please indicate if the project involves leasing or renting to own a building.

No

a. Please explain why purchase of the building was not possible.

N/A

Project Three

1. Project name: **Interoperability**
2. Please select the type of project:

☐ Capital facilities project

☑ **Technological needs project**

3. Please describe the project: **Interoperability is a key goal on the BHP IT priority list. In particular, Contra Costa is assessing various possibilities for sharing both claiming and**

services. The county currently has on its project list two options for improving interoperability – one focused on claim submission using batch service files or a HIPAA compliant claim submission, and a second option that would lead to more sharing of clinical information. The latter requires further evaluation to determine the most feasible solution for sharing clinical data between the county and contract agencies.

These are in addition to the DHCS mandates for the various interoperability APIs and implementation of an interface with an HIE and/or a QHIO.

4. If Technological Needs Project, please select the focus area(s) of the project.

☐ **Data exchange and interoperability**

☐ Data security and privacy

☐ Data warehouse

☐ Electronic health record system

☐ Individual/family access to computing resources

☐ Imaging/paper conversion

☐ Monitoring

☐ Online information resources for individuals/families

☐ Personal health record system

☐ Resources to support web content and mobile app accessibility

☐ System maintenance costs

☐ Telemedicine

☐ Other

Project Four

1. Project name: **eSignature**
2. Please select the type of project:

   ☐ Capital facilities project

   ☐ **Technological needs project**

3. Please describe the project: **Contra Costa BHP has a high number of both contracting agencies as well as individual providers who render services for clients in the system of care. There is a need for robust and secure interfaces for common workflows such as secure e-signatures for providers who are not on the county's EHR (Epic, aka ccLink).**

4. If Technological Needs Project, please select the focus area(s) of the project [multiselect dropdown]

   ☐ **Data security and privacy**

   ☐ Data warehouse

   ☐ Electronic health record system

   ☐ Individual/family access to computing resources

   ☐ Imaging/paper conversion

   ☐ Monitoring

   ☐ Online information resources for individuals/families

   ☐ Personal health record system

   ☐ Resources to support web content and mobile app accessibility

   ☐ System maintenance costs

☐ Telemedicine

☐ Other

Project Five

1. Project name: **ASCMI**
2. Please select the type of project:

   ☐ Capital facilities project

   ☐ **Technological needs project**

3. Please describe the project: **BHS will be implementing the ASCMI consent form and will need to integrate into the EHRs for AODS and MH. The ASCMI is the Authorization to Share Confidential Member Information, a standardized form in California designed to address the challenges of sharing sensitive health, behavioral health, and social services information among various "Care Partners" such as providers, health plans, and community organizations.**

4. If Technological Needs Project, please select the focus area(s) of the project.

   ☐ Data exchange and interoperability

   ☐ **Data security and privacy**

   ☐ Data warehouse

   ☐ Electronic health record system

   ☐ Individual/family access to computing resources

   ☐ Monitoring

   ☐ Online information resources for individuals/families

   ☐ Personal health record system

   ☐ Resources to support web content and mobile app accessibility

   ☐ System maintenance costs

   ☐ Telemedicine

   ☐ Other

Project Six:

1. Project name: **Bed Management Utilization Software**
2. Please select the type of project:

   ☐ Capital facilities project

   ☐ **Technological needs project**

3. Please describe the project: **Given the magnitude of the Contra Costa BHP investment in residential level of care, Contra Costa BHP will implement a software solution for managing beds at all levels of care (inclusive of county owned MHRC, adult residential treatment facilities, county owned and contracted crisis residential facilities, detox and withdrawal management programs. Bed management and utilization in this context not only includes census and utilization but also tracking ongoing costs and contract monitoring.**

4. If Technological Needs Project, please select the focus area(s) of the project [multiselect dropdown]

   ☐ Data exchange and interoperability

   ☐ Data security and privacy

   ☐ Data warehouse

   ☑ **Electronic health record system**

   ☐ Individual/family access to computing resources

   ☐ Imaging/paper conversion

   ☐ Monitoring

   ☐ Online information resources for individuals/families

   ☐ Personal health record system

   ☐ Resources to support web content and mobile app accessibility

   ☐ System maintenance costs

   ☐ Telemedicine

   ☐ Other

Project Seven:

1. Project name: **EBP Program Performance and Fidelity Data Tracking**
2. Please select the type of project:

   ☐ Capital facilities project

   ☑ **Technological needs project**

3. Please describe the project: **Contra Costa BHP will implement changes in the EHR (Epic) to handle bundled billing, a new format for sending claims to DHCS which includes major configuration changes to ccLink Professional Billing (PB), care teams, prior authorizations, where applicable, referrals and any necessary documentation changes. Similarly, to support tracking of EBP outcomes and fidelity monitoring, Contra Costa BHP will need to develop extracts from the EHR (Epic) and interfaces, where feasible, to Center of Excellence IT systems**.

4. If Technological Needs Project, please select the focus area(s) of the project [multiselect dropdown]

   ☐ Data exchange and interoperability

   ☐ Data security and privacy

   ☐ Data warehouse

   ☑ **Electronic health record system**

   ☐ Individual/family access to computing resources

   ☐ Imaging/paper conversion

   ☑ **Monitoring**

   ☐ Online information resources for individuals/families

   ☐ Personal health record system

   ☐ Resources to support web content and mobile app accessibility

   ☐ System maintenance costs

   ☐ Telemedicine

   ☐ Other

Project Eight:

1. Project name: **Scheduling Expansion and Improvements**
2. Please select the type of project

   ☑ **Technological needs project**

3. Please describe the project: **This project includes expansion of EHR (Epic) scheduling features, mobile scheduling, standardization of scheduling protocols and workflows, and will improve client access to services, clinic efficiency, No Show Tracking, and is necessary for the full implementation of the patient portal.**

4. If Technological Needs Project, please select the focus area(s) of the project

   ☐ Data exchange and interoperability

   ☐ Data security and privacy

   ☐ Data warehouse

   ☑ **Electronic health record system**

   ☐ Individual/family access to computing resources

   ☐ Imaging/paper conversion

   ☐ Monitoring

   ☐ Online information resources for individuals/families

   ☐ Personal health record system

   ☐ Resources to support web content and mobile app accessibility

   ☐ System maintenance costs

   ☐ Telemedicine

   ☐ Other

Project Nine:

1. Project name: **Dashboards and Reporting**
2. Please select the type of project:
   - ☐ Capital facilities project
   - ☑ **Technological needs project**
3. Please describe the project: **This includes development of reports and dashboards for revenue integrity, quality outcomes, and fraud waste and abuse for county and contracting agencies. In addition performance measures are needed to understand effectiveness of clinical services.**

4. If Technological Needs Project, please select the focus area(s) of the project.
   - ☐ Data security and privacy
   - ☐ Data warehouse
   - ☐ Electronic health record system
   - ☐ Individual/family access to computing resources
   - ☐ Imaging/paper conversion
   - ☑ **Monitoring**
   - ☐ Online information resources for individuals/families
   - ☐ Personal health record system
   - ☐ Resources to support web content and mobile app accessibility
   - ☐ System maintenance costs
   - ☐ Telemedicine
   - ☐ Other

Project Ten:

1. Project name: **Client Portal Optimization**
2. Please select the type of project:
   - ☐ Capital facilities project
   - ☑ **Technological needs project**
3. Please describe the project: **This project includes improving functionality in MyChart,**

the client portal to include features such as secure messaging and client self-scheduling. Adding this functionality will require testing, training, and ongoing maintenance but will provide much improved access to services for clients.

4. If Technological Needs Project, please select the focus area(s) of the project [multiselect dropdown]

- ☐ Data exchange and interoperability
- ☐ Data security and privacy
- ☐ Data warehouse
- ☐ Electronic health record system
- ☐ Individual/family access to computing resources
- ☐ Imaging/paper conversion
- ☐ Monitoring
- ☐ Online information resources for individuals/families
- ☐ Resources to support web content and mobile app accessibility
- ☐ System maintenance costs
- ☐ Telemedicine
- ☐ Other

Full-Service Partnership Program

[Context text: DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for each EBP. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population, in consideration of BHSA funding availability.

These projections are not binding and are for planning purposes only. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA FSP requirements.]

1. Please review the total estimated number of individuals who may be eligible for each of the following Full-Service Partnership (FSP) services (consistent with the Service Criteria

in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence-Based Practice (EBP) Policy Guide, the Policy Manual Chapter 7, Section B, and forthcoming High-Fidelity Wraparound (HFW) Medi-Cal Guidance): Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT), Full-Service Partnership (FSP) Intensive Case Management (ICM), HFW and Individual Placement and Support (IPS) Model of Supported Employment). Please input the estimates provided to the county in the table below

Table 16. Estimated Number of Individuals Eligible for Full Service Partnership Services This table uses Diagnosis-Based SMI Projections from CalMHSA for ages 19-64. Does not include Children. Thes numbers accurately reflect CalMHSA preliminary Diagnosis-based SMI for ADULT FSP only.

Total Adult FSP Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	**2085**
Number of Uninsured Individuals	**239**
Number of Total FSP Eligible Individuals with Some Justice-System Involvement	**616**

Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) Eligible Population

1. Please input the estimates provided to the county in the table below

Table 17. Estimated Number of Individuals Eligible for ACT and FACT and Estimated Number of Teams Needed to Serve Total Eligible Population

ACT and FACT Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	**229**
Number of Uninsured Individuals	**26**
Number of Total FSP Eligible Individuals with Some Justice-System Involvement	**127**

ACT and FACT Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	**40**
Number of Teams Needed to Serve Total Eligible Population	**4**

2. Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., fulcurrent and new FTEs) to provide ACT and FACT over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and Technical Assistance (TA) to assist counties with completing these fields.

Table 18. Total Number of ACT and FACT Practitioners and Teams

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	**55**	**55**	**55**
Total Number of Teams	**5**	**5**	**5**

Full-Service Partnership (FSP) Intensive Case Management (ICM) Eligible Population

1. Please input the estimates provided to the county in the table below

Table 19. Estimated Number of Individuals Eligible for FSP ICM and Estimated Number of Teams Needed to Serve Total Eligible Population

FSP ICM Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	**1742**
Number of Uninsured Individuals	**200**
FSP ICM Practitioners and Teams Needed	**Estimates**
Number of Practitioners Needed to Serve Total Eligible Population	**80**
Number of Teams Needed to Serve Total Eligible Population	**16**

2. Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide FSP ICM over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

Table 20. Total Number of FSP ICM Practitioners and Teams

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	**78**	**78**	**78**
Total Number of Teams	**12**	**12**	**12**

High Fidelity Wraparound (HFW) Eligible Population

1. Please input the estimates provided to the county in the table below

   Note: HFW guidance is forthcoming; DHCS will provide these estimates in accordance with HFW guidance

Table 21. Estimated Number of Individuals Eligible for HFW and Estimated Number of Teams Needed to Serve Total Eligible Population

HFW Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	**200**
Number of Uninsured Individuals	**25**
HFW Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	**61**
Number of Teams Needed to Serve Total Eligible Population	**23**

2. Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide HFW over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

Table 22. Total Number of HFW Practitioners and Teams

County Actuals			
	FY 26-27	**FY 27-28**	**FY 28-29**
Total Number of Practitioners	**61**	**61**	**61**
Total Number of Teams	**23**	**23**	**23**

Individual Placement and Support (IPS) Eligible Population

1. Please input the estimates provided to the county in the table below

Table 23. Estimated Number of Individuals Eligible for IPS and Estimated Number of Teams Needed to Serve Total Eligible Population

IPS Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	**3395**
Number of Uninsured Individuals	**388**
IPS Practitioners and Teams Needed	**Estimates**
Number of Practitioners Needed to Serve Total Eligible Population	**238**
Number of Teams Needed to Serve Total Eligible Population	**95**

2. Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide IPS over this Integrated Plan period, by fiscal year.

Table 24. Total Number of IPS Practitioners and Teams

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	**13**	**20**	**20**
Total Number of Teams	**6**	**9**	**9**

Full Service Partnership (FSP) Program Overview

Please provide the following information about the county's BHSA FSP program

1. Will any of the estimated number of practitioners the county plans to utilize (provided above) be responsible for providing more than one EBP?

   No

   a. Please describe how the estimated practitioners will provide more than one EBP

2. Please describe how the county is employing a whole-person, trauma-informed approach, in partnership with families or an individual's natural supports.

   FSPs (whether contracted or county-operated) should be guided by the insight that behavioral disturbances are frequently an expression of the adverse experiences in childhood and beyond. Programs need to be able to screen for adverse and traumatic experiences and engage families with the understanding that their presenting problems may be an adaptation to adverse circumstances. Programs will need to be able to provide trauma-focused treatment.

   BHSA FSP employs a whole-person approach by assuring multidisciplinary teams are diversly staffed to meet the unique and complex needs of individuals. CCBHS recognizes the importance of clients' spiritual wellbeing, as defined by the individual and team members will support and incorporate this into care when applicable. BHSA FSP lead staff provide oversight to assure appropriate coordination of care between primary
   care, behavioral health, housing and other supports. FSP team members are trained to identify and strengthen members natural supports as an integral part of the member working towards achieving long term stability in their community. In cases where natural supports are not available, development of these supports becomes prioritized. Staff supervision and training emphasize provision of services are to be done through a trauma informed lens. This approach reflects the understanding that trauma can impact all aspects of a member's wellbeing. Each team member brings value, experience and contributes to maintaining the culture of trauma informed, whole person care. Each team will include peer providers who's essential role is to provide feedback to the team through the lens of their lived experience. CCBH will establish a framework for levels of care within specialty mental health which will enable members to step down to outpatient from FSP and still receive robust supports.

3. Please describe the county's efforts to reduce disparities among FSP participants.
   Representation indices were calculated to assess the proportional representation of county-enrolled Full Service Partnership (FSP) clients by race relative to their representation in the overall county population and in the certified Medi-Cal–eligible population. Data were drawn from the Commission for Behavioral Health dashboard for FY 2022–23 and compared with 2023 American Community Survey (ACS) population

estimates and California Health and Human Services (CalHHS) data for Medi-Cal certified eligibles in Contra Costa County for calendar year 2023.

Results indicate significant underrepresentation for several groups. Asian and Pacific Islander (API) residents had a representation index of 0.26 when compared to the general county population and 0.50 when compared to the Medi-Cal–eligible population. Latino residents were also underrepresented, with representation indices of
0.91 relative to the ACS population and 0.67 relative to the Medi-Cal–eligible population.

To address these disparities, Contra Costa Behavioral Health (CCBH) will implement several targeted strategies. First, CCBH will release an RFP for a community-based organization to conduct outreach, engagement, and Intensive Case Management (ICM) services, with an emphasis on Spanish language capacity and culturally responsive service delivery. In addition, CCBH will incorporate explicit language access and cultural capacity expectations into upcoming Health, Family & Workforce (HFW) RFPs to strengthen engagement with underrepresented populations.

Further, Community-Based Organizations and Prevention and Early Intervention (PEI) providers contracted to conduct outreach and engagement with underrepresented populations—particularly API and Latino communities—will receive training on FSP eligibility criteria and referral processes. These providers will maintain active coordination with FSP programs to support timely referrals and warm handoffs into FSP-level services when indicated.

In addition, Contra Costa County is preparing an RFP using Measure X funds to conduct a comprehensive behavioral health needs assessment focused on API communities. The assessment will examine behavioral health needs, disparities, strengths, and service gaps to inform culturally responsive early intervention and treatment strategies aligned with the Behavioral Health Services Act (BHSA), CalAIM, and the Children and Youth Behavioral Health Initiative (CYBHI). Objectives include identifying unmet needs; assessing access, engagement, and quality of services; documenting cultural and linguistic barriers; mapping community assets; and producing actionable recommendations with an implementation roadmap.

Findings from these efforts, along with new partnerships developed through the RFP processes, will inform ongoing strategies to reduce FSP enrollment disparities. CCBH will routinely monitor and trend FSP enrollment demographics to assess the

effectiveness of outreach and engagement strategies and to guide continuous quality improvement and course correction as needed.

4. Select which goals the county is hoping to support based on the county's allocation of FSP funding.

   All statewide goals: Overdoses, Untreated BH conditions, Institutionalizations, Homelessness, Justice involvement, removal of children from home, access to care, social connection, prevention and treatment of co-occurring physical health conditions, engagement in work, engagement in school, quality of life, suicides.

5. Please describe what actions or activities the county behavioral health system is doing to provide ongoing engagement services to individuals receiving FSP ICM.
   Contra Costa Behavioral Health FSP ICM programs will engage in assertive outreach and engagement to continually engage members in their own care. Treatment plans are individualized and created in collaboration with the member increasing member engagement in their care. CCBH works to build on members' strengths and to involve members in goal setting based on their readiness for change. CCBH works to identify barriers to care so that strategies can be implemented to overcome those barriers. CCBH embraces the 'whatever it takes' approach, which allows staff to be flexible with service delivery and meet clients where they are in the community. CCBH providers work with members where they are both physically and emotionally. Peer providers are key members of every team and play a key role in helping the members navigate the healthcare system. Peers also have the opportunity to educate team members from a lived experience perspective in strategies to continue to keep members engaged in care.

   a. Ongoing engagement services is a required component of ACT, FACT, IPS, and HFW. Please describe any ongoing engagement services the county behavioral health system will provide beyond what is required of the EBP

6. Please describe how the county will comply with the required FSP levels of care.

   CCBH will have regional ACT/FACT teams to serve the most vulnerable and highest-needed population. To assure members meet medical necessity criteria for this intensive service, prior authorization will be required. As a step down from ACT/FACT, BH will have regional FSP ICM teams. FSP ICM may also serve as a step down from hospitalization or crisis residential when clients do not meet criteria for ACT/FACT. BH will maintain outpatient treatment for clients stepping down from

FSP ICM but still meet criteria for SMHS. Members will be assessed regularly to assure they are being served at the most appropriate level of care. Staff will be trained regarding criteria for the different levels of care to assure clients receive appropriate referrals and receive the care that meets their individual needs.

7. Please indicate whether the county FSP program will include any of the following optional and allowable services:

   Contra Costa Behavioral Health's FSP program will include the following optional and allowable services: Outreach activities related to enrolling individuals living with significant behavioral health needs in an FSP and Other recovery-oriented services, such as MAT and Co-occurring (COD) Capable FACT and ACT teams.

   a. Primary substance use disorder (SUD) FSPs: **No**

      i. If Y, please describe

   b. Outreach activities related to enrolling individuals living with significant behavioral health needs in an FSP: **Yes**

      i. Please describe the outreach activities the county will engage in to enroll individuals living with significant behavioral health needs into the county's FSP program

         CCBH Transition team was designed with the goal of minimizing the number of members not successfully accessing specialty mental health services.
         CCBH will leverage the existing Transition team as they are designed to outreach to severely and persistently mentally ill clients, who are utilizing hospital based psychiatric services but are not connected to outpatient specialty mental health. Transition team connects with referral sources including psychiatric hospitals, outpatient programs, Mobile Crisis, homeless service staff and family members. Transition team engages with and outreaches to individuals who qualify for FSP programs and provide warm handoffs to FSP teams.

   c. Other recovery-oriented services:

      Yes

      i. Please describe the other recovery-oriented services the county's FSP program will include.

Outreach, Recovery Support Services and Care Management. Each ACT and/or FACT team will include substance abuse counselors who will lean on their skills to coordinate the SUD needs of the clients and provide crisis/relapse prevention interventions as needed. Recovery Support services will be offered and include referrals to self-help groups as needed by the client.

8. If there are other services not described above that the county FSP program will include, please list them here. For team-based services, please include number of teams.

MAT and Co-occurring (COD) Capable. FACT and ACT Teams to ensure greater effectiveness and broader reach to highly vulnerable populations, whether those are justice involved or the unsheltered, the county proposes to make all ACT or FACT Teams be COD and MAT capable in 2 (two) phases. During the first phase the goal will be to comprise all the FSPs by integrated teams with capacity to serve clients with COD under the notion that co-occurring conditions are an expectation and not an exception.
Training to increase understanding of Medication Assisted Treatment (MAT) will start in phase 1 (one) to include Naloxone training, understanding of addiction, crisis treatment through Motivational interviewing. Regardless, in phase 1 (one) all teams will carry Naloxone and fentanyl strips. The second phase will ensure that all medical providers in the FSP team are MAT prescribers who can initiate someone on all FDA approved medications for SUD including Medications for Opioid Use Disorders (MOUD). Training in substance use disorders to all FSP staff will continue on an ongoing basis via contract with UCLA and a local contractor. Counselors in the FSPs will hand- hold each beneficiary who was just initiated to their next appointment to a MAT provider, to guarantee follow up to their first appointment to and establish care. In addition, if willing depending on where they are on stage of change beneficiaries with a history of overdoses, will be offered low-barrier housing, or a recovery residence.

9. What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth in the development of the county's FSP program (e.g., review data, engage with stakeholders, analyze research, etc.) who are:

   a. In, or at-risk of being in, the juvenile justice system:

   The county conducted two separate community conversations with young

people at the Juvenile Hall facility to understand their unique needs. In addition, county staff conducted a Community Conversation with Transition Age Youth (TAY), many of whom had been formerly in custody or in the Foster Care system. At the time, of the Community Conversation they were all on Probation. The latter group is supported by a community-based organization that specifically serves youth who are justice involved, the county then conducted a Stakeholder-specific session with this provider (FLY) to elicit their perspective about unmet needs, quality and access to services. Lastly, the county reviewed existing data from the electronic health record system and reports made available through Probation. Both youth and providers, expressed to increase awareness about BH services that ease access to services and reduce incarceration. TAY youth expressed the need for more system navigation support during high school and before graduation considered by them a pivotal moment in their lives.

b. Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+):

In alignment with our Community Engagement Planning process, two groups were actively engaged in our input efforts. The Rainbow Center and ScoutQ were extremely outspoken about the specific needs of the LGTBQ+ community. Social isolation, current environment/fear, need for BH support and housing were clearly at the top of their priorities.

c. In the child welfare system:

The County conducted focus groups with the AB 2083 Interagency Leadership Committee and the Comprehensive Prevention Plan (CPP) workgroup to understand the unique needs of Child Welfare Involved youth. Furthermore, Contra Costa regularly reviews data about youth entering foster care, placement

10. What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults in the development of the county's FSP (e.g., review data, engage with stakeholders, analyze research, etc.) who are:

    a. Older adults:

    As part of the community planning process, behavioral health leadership presented BHSA FSP informative materials to community be stakeholders specific to this population and engaged in discussion designed to obtain feedback and better understand barriers and needs specific to this population for consideration in the planning process. Leadership staff overseeing services

for the older adult population played an instrumental role in the planning process for BHSA FSP programs to assure feedback specific to the needs of the older adult population are incorporated. FSP ICM teams located within the older adult program have a staffing pattern to meet the needs of this population including geropsychiatrists and a lower staff to client ratio. Both prescribing and non-prescribing staff can meet clients in their community. Additionally, team make up includes dedicated staff assisting members in addressing barriers to appointments including primary care needs.

b. Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+):

As part of the community planning process, CCBH received feedback from LGBTQIA+ community members and allies. Adult FSP programs will continue to require training focusing on service provision to the LGBTQ+ community. All staff including FSP staff are required to complete evidence-based cultural competency training regarding providing trans-inclusive healthcare. CCBH plans to ensure staff are aware of LGBTQ+ resources in the community and how to connect members. The teams will incorporate staff with lived experience and ongoing education about identified resources that are welcoming of the LGBTQ+ community. The staff will also focus on efforts to increase the resources available.

c. In, or are at risk of being in, the justice system:

BHS currently operates an AOT program using the ACT model. Based on successful outcomes, we estimated the need for a FACT team. We also analyzed data from our CARE program launched in December 2024 and used six months of outcomes to further inform planning. Our experience with AOT ACT supported the development of a coordinated FACT team serving both civil court programs.

Additional input came from existing programs with probation, Mental Health Diversion court, and the CalAIM JI initiative. Using data from these efforts, we proposed a FACT team to engage individuals involved in or at risk of justice system involvement. Community outreach included conversations with law enforcement BH liaisons, probation teams, youth on probation, and individuals currently in custody. These groups provided valuable insights that inform planning, training, and implementation of FACT/ACT services.

In partnership with Forensic Mental Health Services, CCBH will establish a dedicated FACT team and forensic FSP ICM team. All regional ACT teams will also be structured to deliver FACT services. FMH's ACT team includes staff with lived experience, and this model will be expanded to all FACT-capable teams.

The county held stakeholder sessions with unsheltered and incarcerated individuals, and professionals supporting them. Housing and housing-related services, including transportation, ranked as top needs. Law enforcement emphasized the importance of a specialized BH team to coordinate client care, reduce fragmentation, and support continuity, especially after events like hospitalizations or incarcerations. Others highlighted that lack of family connections and employment post-release were major stressors contributing to recidivism.

Assertive Field-Based Substance Use Disorder (SUD) Questions

1. Please describe the county behavioral health system's approach and timeline(s) to support and implement assertive field-based initiation for SUD treatment services program requirements by listing the existing and new programs (as applicable) that the county will leverage to support the assertive field-based SUD program requirements and provide the current funding source, BHSA service expansion, and the expected timeline for meeting programmatic requirements to expand existing programs and/or stand up new initiatives before July 1, 2029. Counties should include programs not funded directly or exclusively by BHSA dollars. Additional information regarding assertive field-based initiation for SUD treatment services can be found in the BHSA Policy Manual Chapter 7, Section B.6.

   MAT and Co-occurring (COD) Capable. FACT and ACT Teams. To ensure greater effectiveness and broader reach to highly vulnerable populations, whether those are justice involved or unhoused, the county proposes to comprise all ACT or FACT Teams be COD and MAT capable in 2-phases. During the first phase the goal will be to all of the FSPs by integrated teams with capacity to serve clients with COD under the notion that co-occurring conditions are an expectation and not an exception.
   Training to increase understanding of Medication Assisted Treatment (MAT) will start in phase 1 to include Naloxone training, understanding of addiction, crisis intervention and harm reduction approaches to engage individuals not ready for

treatment through Motivational Interviewing. Regardless, in phase 1 all teams will carry Naloxone and fentanyl strips. The second phase will ensure that all medical providers in the FSP team are MAT prescribers who can initiate someone on all FDA approved medications for SUD including Medications for Opioid Use Disorders (MOUD). Contra Costa proposes to include recovery coaches who will hold hands of clients to continue their F/Us MAT appointments. Recovery Residences or low barrier

housing will be included, to support stabilization and adherence to treatment. While in housing, staff will address all social determinants of health through DMC care management.

Table 25. Existing Programs for Assertive Field-Based SUD Treatment Services

Requirement	Existing Program	Program Description	Current Funding Source	BHSA Changes to Existing Program(s) to Meet BHSA Requirements	Expected Timeline of Operation
Targeted Outreach	**Opioid Response Team (ORT) Outreach at Syringe Services Programs Perinatal Outreach Homeless Shelters & Encampments**	**Distribution of Naloxone /Fentanyl Strips Early engagement to MAT Follow Up to first MAT appointment**	**Opioid Settlement Funds**	**n/a**	**Available now, not a part of a FACT/ACT**
Mobile Field-Based Program(s)	**ORT, Perinatal Outreach Services in Jails and Courts AB-109 Mobile BH-treatment on demand (TOD) Clinic**	**Specific outreach to clients with OUD and who are Pregnant and using drugs**	**OSF SUBG Perinatal AB109 DMC-FFP**	**n/a**	**The services are available now**
Open-Access Clinic(s)		**n/a**	**n/a**	**n/a**	**n/a**

Table 26. New Programs for Assertive Field-Based SUD Treatment Services

Requirement	New Program(s)	Program Description(s)	Planned Funding	Planned Operations	Expected Timeline of implementation
Targeted Outreach	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
Requirement	**New Program(s)**	**Program Description(s)**	**Planned Funding**	**Planned Operations**	**Expected Timeline of implementation**
Mobile Field-Based Program(s)	**AB-109 Treatment on Demand (TOD) mobile clinic**	**COD and MAT capable, comprised by a Behavioral Health team that will be able to initiate justice involved clients on MAT and link to a wide-variety of BH services, including scheduling to appointments post-release**	**Initially, AB109, then OSF and DMC**	**In the field, outside the jail in West County and at the Reentry Clinic**	**July 1, 2026**

Open-Access Clinic(s)	**There are 5 new residential program certified by DHCS under the Bridge program for MAT access that cover the central and eastern part of the county. All 5 programs will have open access to MAT for clients administer in**	**All 5 programs are MAT certified by DHCS and still undergoing development. MAT services will be accessible to anyone open to outpatient and residential SUD services. Following on the success of Bridge's low-threshold emergency department (ED) buprenorphine treatment, the 5 programs are considered an expansion of MAT services throughout the County. We currently have 3 methadone/Bupe clinic per region which provide treatment on**	**The 5 new clinics are expected to be funded by Bridge funding through State General Funds and State Opioid Response Program. The Oak Grove center will be funded under Measure X.**	**All 5 Bridge funded programs are expected to go live in the Fall of 2026.** **New added programs will be expected to go in operations on July 1 2027**	**There are currently:** **3 licensed Methadone/ Buprenorphine licensed clinics, one in each main region of the county** **7 FQHCs, the county has 7 buprenorphine clinics, which also provide same day appointments, the clinics are part of our Choosing Change program operated by hospitals and clinics**

	residential treatment. The County will release an RFP to replicate the Bridge model for a residential program in West County and 3 outpatient programs, in addition to a Sobering Center in East County which will include a Youth MAT open access clinic for youth. Oak Grove Center in Concord area (Central	**demand, with same day appointments. In addition, under FQHCs, the county has 7 buprenorphine clinics, which also provide same day appointments, the clinics are part of our Choosing Change program operated by hospitals and clinics. Referrals all come through the Behavioral Health Access Line. The Choosing Change program is also established at the 3 jails in the county, with a large number of MAT prescribers. With implementation of CalAIMJI, the Choosing Change program will cover FDA approved medications for SUD as required by CalAIMJI.**			**1 Health Care for the Homeless under Public Health MAT low barrier clinic** **5 Bridge-funded residential treatment facilities – Fall, 2026** **RFPs released on July 1, 2026** **1 New West County residential facility and 3 outpatient (regional) – July 1, 2027** **1 Open Access MAT-capable Sobering Center and 1 MAT**

	Contra Costa)	**The Oak Grove center combines a wide range of BH disciplines to support the needs of Medi-Cal**		**The Oak Grove Center is expected to operate 5**	**Outpatient Youth on July 1, 2028** **The Oak Grove Program is**

		beneficiaries. The Oak Grove Center will provide same day appointments, crisis support, MAT access, coordination of care, and BH system navigation. Staffing includes prescribers, Psychiatrists, nurses, peer counselors, mental health clinicians, substance abuse counselors, etc.		**days a week and incrementally add weekend appointments, leading into some evening hours once the demand is established. The expected operation is: same day appointments, crisis support, drop-ins and MAT access as well as substance use support. Clients will receive immediate care with the goal of reestablishing care at the local MH provider or SUD program. The program will provide access to MAT for all SUD FDA-approved medications.**	**expected to launch July 1, 2026**

Medications for Addiction Treatment (MAT) Details

1. Describe how the county will assess the gap between current county MAT resources (including programs and providers) and MAT resources that can meet estimated needs.

   The county has analyzed the number of clients in the jail who are on MAT on any given day as well as the number of unhoused clients who are on MAT. In addition, the county collects monthly reports of clients in MH clinics who are on MAT. The county has compared those numbers against the number of people receiving MAT treatment in the community and compared with those who are eligible but not receiving treatment. The county has pulled the number of clients who only showed to their first appointment with multiple missed appointments. The majority of such clients are unhoused, lack transportation and phones, with multiple admissions to the jail and hospital. The county will target those who are Missing in Treatment (MITs) defined as: 1) Just released from jail, disengaged from treatment but frequently visiting Syringe Exchange Services, multiple (more than 2) admissions to the hospital and overdoses, unhoused and 3) Tri- morbidity

2. Select the following practices the county will implement to ensure same day access to MAT

   ☑ **Contract directly with MAT providers in the county**

   ☐ Operate MAT clinics directly

   ☑ **Enter into referral agreements with other MAT providers including providers whose services are covered by Medi-Cal MCPs and/or Fee-For-Service (FFS) Medi-Cal**

   ☑ **Leverage telehealth model(s)**

   a. Partner with neighboring counties: **No**
      i. Please provide the names of the neighboring counties [narrative box]

   b. Contract with MAT providers in other counties:
      Yes
      i. Please provide the names of neighboring counties:

         We have contracted with Berkeley Addiction Treatment Services (BATS) and Horizons in Alameda County.

   c. Other strategy:

As an integrated Health System, the County already collaborates with Choosing Change, a MAT provider under all FQHCs operated by County Health Services. We do not have referral agreements; there are workflows already in place in Epic (EHR) to ensure referrals to MAT from the point of contact. While we have contracts in place with several MAT and NTP providers, the strategy works extremely well for those motivated to receive MAT treatment. Contra Costa's approach will aggressively target the MITs. Lastly, we have secured a contract for two consecutive years with Recover, this is a telehealth provider with an ability to prescribe on

d. **Housing Interventions Recovery Residences as well as low barrier housing have been secured already for individuals who may still not be ready for abstinence, should be compliant with medications (all), with a history of overdoses/suicides. This intervention is not just to house people, Behavioral Health will provide recovery coaches to support people seeking recovery and help from SUD/OUD. Housing Interventions are critical in the process of stabilization for MAT, secure independence, improve other health care needs, increase self-worth and self- reliance, as well as reinforce accountability and restore human dignity.**

3. What forms of MAT will the county provide utilizing the strategies selected above?

☑ **Buprenorphine**

☑ **Methadone**

☑ **Naltrexone**

☐ Other

Planning

System Gaps

1. Please identify the biggest gaps facing individuals experiencing homelessness and at risk of homelessness with a behavioral health condition who are Behavioral Health Services Act (BHSA) eligible in the county. Please use the following definitions to inform your response: No gap – resources and connectivity available; Small gap – some resources available but limited connectivity; Medium gap – minimal resources and limited connectivity available; Large gap – limited or no resources and connectivity available; Not applicable – county does not have setting and does not consider there to be a gap. Counties should refer to

their local Continuum of Care (CoC) Housing Inventory Count (HIC) to inform responses to this question.

a. Supportive housing: **Medium gap**
b. Apartments, including master-leased apartments: **Medium gap**
c. Single and multi-family homes: **Small gap**
d. Housing in mobile home communities: **Large gap**
e. (Permanent) Single room occupancy units: **Medium gap**
f. (Interim) Single room occupancy units: **Medium gap**
g. Accessory dwelling units, including junior accessory dwelling units: **Small gap**
h. (Permanent) Tiny homes: **Medium gap**
i. Shared housing: **No gap**
j. (Permanent) Recovery/sober living housing, including recovery-oriented housing: **Medium gap**
k. (Interim) Recovery/sober living housing, including recovery-oriented housing: **Small gap**
l. Assisted living facilities (adult residential facilities, residential facilities for the elderly,
m. License-exempt room and board: **Small gap**
n. Hotel and Motel stay: **Small gap**
o. Non-congregate interim housing models: **Medium gap**
Congregate settings that have only a small number of individuals per room and sufficient common space (does not include behavioral health residential treatment settings): **Medium gap**
p. Recuperative Care: **Medium gap**
q. Short-Term post-hospitalization housing: **Large gap**
r. (Interim) Tiny homes, emergency sleeping cabins, emergency stabilization units: **Large gap**
s. Peer Respite: **N/A**
t. Permanent rental subsidies: **Large gap**
u. Housing supportive services: **Small gap**

2. What additional non-BHSA resources (e.g., county partnerships, vouchers, data sharing agreements) or funding sources will the county behavioral health system utilize (local, state, and federal) to expand supply and/or increase access to housing for BHSA eligible individuals?

- **CCCBHS funding sources**
    - **Behavioral Health Continuum Infrastructure Program (BHCIP) grant**

    - **Community Care Expansion (CCE) Grant**
- **Contra Costa Health Plan (our Managed Care Plan)**
- **Health, Housing, and Homeless Services (H3)**
- **Contra Costa Continuum of Care (CoC), funded by Housing and Urban Development (HUD)**
- **Homeless Management Information System (HMIS)**
- **Housing Authority of the County of Contra Costa (HACCC)**
- **Contra Costa County Department of Conservation and Development (DCD) including their "Affordable Housing" developments**
- **Contra Costa County Employment and Human Services Department (EHSD) including Children & Family Services (CFS)**
- **Contra Costa County Probation Department including Office of Reentry and Justice (ORJ)**
- **Local cities including the cities of Richmond, Antioch, San Pablo which have secured Encampment Resolution Funding (ERF) grants**
- **Non-Profit Developers**
- **CBO partners**
- **California Department of Housing and Community Development (HCD)**
- **Department of Veteran Affairs (VA)**

3. How will BHSA Housing Interventions intersect with those other resources and supports to strengthen or expand the continuum of housing supports available to BHSA eligible

BHCIP Grant: Seek additional funding to enhance crisis residential services during crisis without affecting participants' return to stable living situations.

CCE Preservation Grant: Encourage licensed adult and senior care homes serving SSI/SSP or CAPI recipients to apply for operating subsidies and capital funding.

CCHP, H3, CoC: Collaborate on referrals, data sharing, and streamlining access to Community Supports while leveraging funding opportunities.

HMIS: Use our EHR to track eligibility, services, program impact, and gaps, enabling data-driven decisions across providers.

HACCC: Through CoC, identify disability unit referrals and supportive services. Strengthen partnerships for capital development and rental subsidy programs.

DCD: As a CoC Council member, will align BHSA funds with affordable housing loans, grants, and development initiatives.

EHSD: Supports programs via H3 and CoC including APS HomeSafe, CFS, and CalWORKS housing. Families/children can access BHSA housing; funds will enhance existing services.

ORJ: May serve as a referral source.

ERF Grantees: Potential partners to extend program reach or transition individuals into long-term BHSA-supported programs.

Nonprofit Developers: Vital to affordable housing creation. We will allocate funds for subsidies, services, and rent assistance to increase BHSA-eligible unit access.

CBO Partners: CBOs (e.g., Hope Solutions, Shelter Inc.) provide master leases and services. We will contract with CBOs to expand service access.

HCD: Will engage in programs like Homekey and No Place Like Home to fund and develop supportive housing.

VA: For BHSA-eligible veterans in VA housing, BHSA may provide behavioral health support.

4. What is the county behavioral health system's overall strategy to promote permanent housing placement and retention for individuals receiving BHSA Housing Interventions?

We employ a comprehensive strategy to promote permanent housing placement and retention for individuals receiving Behavioral Health Services Act (BHSA) interventions, focusing on those with serious mental illness, substance use disorders, or co-occurring conditions—particularly those experiencing or at risk of homelessness. This approach integrates recovery-oriented, person-centered care, cross-system collaboration, and evidence-based practices in resource development and management to ensure long-term housing stability.

Integrated Services: CCBHS funds—and aims to enhance—a robust Housing Support Services Team delivering on-site mental health, substance use, and housing support services. The team provides linkage to clinic-based and Full-Service Partnership (FSP) services, as needed, to prevent housing loss and help individuals find and keep housing.

Cross-System Collaboration: Partnerships with the Contra Costa County Continuum of Care, H3, CBOs, and housing/development partners are essential to building a full continuum of housing resources tailored to individual needs. Coordination with managed care plans will help leverage Community Supports and transitional rental assistance.

Resource Development and Management: CCBHS views permanent housing as a goal for every participant. Our strategy is to meet clients where they are with appropriate services. This includes culturally responsive, dual-diagnosis capable interim housing to support exits from homelessness, longer recovery residence stays, adequate adult residential facility access, and the use of BHCIP funds to expand adult residential treatment options. We also provide rental subsidies and develop dedicated permanent supportive housing (PSH) units using BHSA-funded landlord mitigation, operating subsidies, and field-based supportive services.

5. What actions or activities is the county behavioral health system engaging in to connect BHSA eligible individuals to and support permanent supportive housing (PSH) (e.g., rental subsidies for individuals residing in PSH projects, operating subsidies for PSH projects, providing supportive services to individuals in other permanent housing settings, capital development funding for PSH)?

Contra Costa County Behavioral Health Services (CCBHS) is implementing several initiatives to connect individuals with Behavioral Health needs to permanent supportive housing (PSH), ensuring stability through rental subsidies, operating subsidies, supportive services, and capital development.

Rental Subsidies: CCBHS provides rental subsidies via two master lease programs and Behavioral Health Bridge Housing, which the County will continue as a Housing Intervention after sunset. CCBHS may offer subsidies in existing affordable and/or supported housing developments to expand access.

Operating Subsidies: CCBHS participated in the 2007 MHSA Housing Program, which provided capitalized operating subsidies for PSH targeting individuals with serious mental illness experiencing homelessness. This model continues to yield dedicated PSH units. Under BHSA, CCBHS plans to partner with community and development organizations to create operating subsidies in affordable housing, expanding PSH for those with serious behavioral health conditions.

Supportive Services: Supportive services are central to CCBHS' strategy for long-term

housing stability. CCBHS continues to develop high-quality field- and development-based supportive service teams. Through successful partnerships under the No Place Like Home program, CCBHS has delivered development-based services. Supportive services offset operating costs in PSH projects and may be paired with rental or operating subsidies.

Capital Development: A portion of BHSA funds will be allocated to create permanent housing for individuals with serious behavioral health conditions who are chronically homeless. Expanding this housing stock is critical to addressing chronic homelessness.

Coordination: CCBHS collaborates with the Contra Costa Continuum of Care (administered by H3), the Housing Authority, Department of Conservation and Development, and parole. Oversight is provided by a County steering committee with leadership from all partners.

6. Please describe how the county behavioral health system will ensure all Housing Interventions settings provide access to clinical and supportive behavioral health care and housing services.

BHS has a comprehensive strategy to integrate clinical and supportive behavioral health care with housing services, ensuring stability for individuals with mental health and SUD needs.

Supportive Services: BHS embeds mental health and SUD services in housing support teams and programs through care management and clinical support. Housing Support teams may provide tenancy support, health and safety visits, referrals to financial counseling, and landlord dispute resolution, prioritizing those with serious mental illness or chronic conditions. BHS integrates case management, peer support, and community workers into housing programs to assist with care coordination and recovery plans that integrate Taking Action for Whole Health and Wellbeing, formerly Wellness Recovery Action Plan (WRAP). Partnerships with organizations like NAMI Contra Costa offer peer- driven support and culturally responsive services for diverse populations.

Clinical Behavioral Health Access: Housing support staff are able to create direct linkage to the County operated regional mental health clinics and contracted CBO's offering outpatient services like psychiatric assessments, medication management, therapy, and crisis intervention. A 24/7 Access Line connects residents to care and referrals.

Specialized programs like First Hope, for youth with early psychosis, and Assisted Outpatient Treatment (AOT) provide tailored clinical support, including 24-hour responses.

Crisis Intervention: The Measure X-funded Anyone, Anywhere, Anytime (A3) program provides 24/7 mobile crisis response to prevent housing loss. Diversion programs with law enforcement support individuals transitioning from incarceration with housing and behavioral health care.

Accessibility and Equity: BHS accepts Medi-Cal/Medicare and offers low-cost services. The Access Line and community partners provide language interpretation and culturally competent care, including BIPOC-focused programs.

Eligible Populations

1. Please describe how the county behavioral health system will identify, screen, and refer individuals eligible for BHSA Housing Interventions.

Contra Costa County Behavioral Health will continue to use a structured approach to ensure those who are eligible for BHSA Housing Interventions are identified, screened, and referred. The process focuses on collaboration, equity, and timely access to supportive housing resources for individuals with serious behavioral health needs

Identification: Eligible individuals will be identified through the following access points in our system of care.

- **Inpatient psychiatric hospitals, outpatient mental health clinics, mobile crisis response teams, 24/7 Access Line, community-based organizations, detention facilities, homeless outreach teams, and coordinated entry systems**

Screening: Referrals are screened and prioritized based on an individual's vulnerability.

- **Assessment of behavioral health diagnosis and their presence of impairment**
- **Homeless status: What is their situation? On the street, car, shelter, etc.**
- **Screening tools: CCBH will use a screen using a needs assessment tool.**

Referral: Individuals who are qualified will be referred to BHSA housing interventions using a coordinated process where referrals are tracked in our ccLink/Epic EHR to ensure compliance with BHSA housing supports requirements and prevent duplication of services. Referral pathways use a "no wrong door" approach and can include:

- **Referrals from multiple identified access points to BHSA housing supports through**
  - **ccLink/Epic EHR**
  - **Email referral forms directly to BHSA housing provider**
  - **Coordinated Entry**
  - **Direct Phone Contact**
  - **Weekly care coordination meeting**

2. Will the county behavioral health system provide BHSA-funded Housing Interventions to individuals living with a substance use disorder (SUD) only?
   Yes
   a. Please indicate why the county behavioral health system will not provide BHSA funded Housing Interventions to individuals living with a SUD only and include data to support.
      ☐ Insufficient need
      ☐ Other
   b. Please explain why there is insufficient need to provide BHSA-funded Housing Interventions living with a SUD only.
   c. Please explain why there are insufficient resources to provide BHSA-funded Housing Interventions to individuals living with an SUD only.
   d. Other than insufficient need or insufficient resources, please explain why the county is not providing BHSA-funded Housing Interventions to individuals living with a SUD only.

3. What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth in the development of the county's Housing Interventions services who are:
   a. In, or at risk of being in, the juvenile justice system

   Across 63 community engagement English and Spanish bilingual events—including town halls, community conversations, and key informant interviews at various times and locations—and English and Spanish surveys totaling 660 responses, county BHS gathered input on strengths, needs, and priorities from individuals representing 29 of the 30 DHCS-required stakeholder groups (excluding Disability Insurers, pending state clarification).

Specifically, meetings were held at Juvenile Hall with Transition Age Youth (TAY), at County Probation, and with the REACH Project to solicit feedback from youth in the juvenile justice system. Various other meetings specifically engaged children, youth, and families.

Community-identified strengths included crisis-response and peer-led programs, culturally respectful providers, and individualized treatment plans. Needs included broader outreach across channels, deeper engagement with trusted community messengers (e.g., pastors), and tailored approaches for groups such as transition-age youth, older adults, justice-involved individuals, veterans, LGTBQ and culturally diverse communities. Challenges included systemic and navigational barriers, cultural and linguistic gaps, lack of supportive housing, duplication of services by multiple providers, transportation issues and stigma around behavioral health.

b. Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)

Across 63 community engagement English and Spanish bilingual events—including town halls, community conversations, and key informant interviews at various times and locations—and English and Spanish surveys totaling 660 responses, county BHS gathered input on strengths, needs, and priorities from individuals representing 29 of

the 30 DHCS-required stakeholder groups (excluding Disability Insurers, pending state clarification).

Specifically, we held an English and Spanish meeting that focused on LGBTQ+ social inclusion and were facilitated by our Service Provider Individualized Recovery Intensive Training (SPIRIT) program team to solicit feedback from LGBTQ+ community members including youth.

Community-identified strengths included crisis-response and peer-led programs, culturally respectful providers, and individualized treatment plans. Needs included broader outreach across channels, deeper engagement with trusted community messengers (e.g., pastors), and tailored approaches for groups such as transition-age youth, older adults, justice-involved individuals, veterans, LGTBQ and culturally diverse communities. Challenges included systemic and navigational barriers, cultural and linguistic gaps, lack of supportive housing,

duplication of services by multiple providers, transportation issues and stigma around behavioral health.

c. In the child welfare system:

Across 63 community engagement English and Spanish bilingual events—including town halls, community conversations, and key informant interviews at various times and locations—and English and Spanish surveys totaling 660 responses, county BHS gathered input on strengths, needs, and priorities from individuals representing 29 of the 30 DHCS-required stakeholder groups (excluding Disability Insurers, pending state clarification).

Specifically, we held various English and Spanish meeting that engaged children, youth, families, and schools. We also held one English and Spanish meeting with Childhood Prevention and Intervention providers and stakeholder to solicit their feedback.

Community-identified strengths included crisis-response and peer-led programs, culturally respectful providers, and individualized treatment plans. Needs included broader outreach across channels, deeper engagement with trusted community messengers (e.g., pastors), and tailored approaches for groups such as transition-age youth, older adults, justice-involved individuals, veterans, LGTBQ and culturally diverse communities. Challenges included systemic and navigational barriers, cultural and linguistic gaps, lack of supportive housing, duplication of services by multiple providers, transportation issues and stigma around behavioral health.

4. What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults in the development of the county's Housing Interventions services who are:

a. Older adults:

Across 63 community engagement English and Spanish bilingual events—including town halls, community conversations, and key informant interviews at various times and locations—and English and Spanish surveys totaling 660 responses, county BHS gathered input on strengths, needs, and priorities from individuals representing 29 of the 30 DHCS-required stakeholder groups (excluding Disability Insurers, pending state clarification).

Specifically, meetings were held throughout the County at shelters, health centers, the Elder Wellness and Advocacy Coalition, and with Board and Care Operators.
Through these meetings, we engaged with older adults as well as individuals who care for and advocate for older adults.

Community-identified strengths included crisis-response and peer-led programs, culturally respectful providers, and individualized treatment plans. Needs included broader outreach across channels, deeper engagement with trusted community messengers (e.g., pastors), and tailored approaches for groups such as transition-age youth, older adults, justice-involved individuals, veterans, LGTBQ and culturally diverse communities. Challenges included systemic and navigational barriers, cultural and linguistic gaps, lack of supportive housing, duplication of services by multiple providers, transportation issues and stigma around behavioral health.

b. In, or are at risk of being in, the justice system:
Across 63 community engagement English and Spanish bilingual events—including town halls, community conversations, and key informant interviews at various times and locations—and English and Spanish surveys totaling 660 responses, county BHS gathered input on strengths, needs, and priorities from individuals representing 29 of the 30 DHCS-required stakeholder groups (excluding Disability Insurers, pending state clarification).

Specifically, English and Spanish meetings were held throughout the County at shelters, health facilities, recovery residences, and Alcoholics Anonymous meetings to engage with and solicit feedback from individuals who are in, or at risk of being in, the justice system. We also engaged with and solicited feedback from advocates and administrators who work with individuals in, or at risk of being in, the justice system. Surveys were also conducted with individuals detained in the County jail.

Community-identified strengths included crisis-response and peer-led programs, culturally respectful providers, and individualized treatment plans. Needs included broader outreach across channels, deeper engagement with trusted community messengers (e.g., pastors), and tailored approaches for groups such as transition-age youth, older adults, justice-involved individuals, veterans,

LGTBQ and culturally diverse communities. Challenges included systemic and navigational barriers, cultural

and linguistic gaps, lack of supportive housing, duplication of services by multiple providers, transportation issues and stigma around behavioral health.

c. In underserved communities:

Across 63 community engagement English and Spanish bilingual events—including town halls, community conversations, and key informant interviews at various times and locations—and English and Spanish surveys totaling 660 responses, county BHS gathered input on strengths, needs, and priorities from individuals representing 29 of the 30 DHCS-required stakeholder groups (excluding Disability Insurers, pending state clarification).

Specifically, meetings were held with Scotts Valley Band of Pomo Indians Tribal staff and participants from the Tribal Temporary Assistance for Needy Families (TANF) program. The meetings were facilitated by our Service Provider Individualized Recovery Intensive Training (SPIRIT) program team with the goal of generating feedback regarding their social inclusion. Several meetings were held in English and Spanish to ensure engagement and feedback.

Community-identified strengths included crisis-response and peer-led programs, culturally respectful providers, and individualized treatment plans. Needs included broader outreach across channels, deeper engagement with trusted community messengers (e.g., pastors), and tailored approaches for groups such as transition-age youth, older adults, justice-involved individuals, veterans, LGTBQ and culturally diverse communities. Challenges included systemic and navigational barriers, cultural and linguistic gaps, lack of supportive housing, duplication of services by multiple providers, transportation issues and stigma around behavioral health.

Local Housing System Engagement

11. How will the county behavioral health system coordinate with the Continuum of Care (CoC) and receive referrals for Housing Interventions services?

CCBHS collaborates with the CoC in a variety of ways. The most important aspect is the bi-directional case conferencing over the by name list for housing targeted for those living with serious behavioral health conditions. In addition, there are monthly coordination meetings between leaderships of both organizations. Going

forward both entities will coordinate over the provision and management of community support referrals and transitional rent. CCBH is currently participating in the redesign of the prioritization tool redesign.

12. Please describe the county behavioral health system's approach to collaborating with the local CoC, Public Housing Agencies, Medi-Cal managed care plans (MCPs), Enhanced Care Management (ECM) and Community Supports providers, as well as other housing partners, including existing and prospective PSH developers and providers in

    a. Local CoC:

    There is a Behavioral Health dedicated seat on the CoC board. There is a coordinated focus group for integration plans.

    b. Public Housing Agency:

    Maintains a seat on the CoC board. Frequent connection over new site-based vouchers and new project development.

    c. MCPs:

    We have two MOUs with two MCPs: Kaiser Permanente and Contra Costa Health Plan (CCHP). Moreover, we have an integrated health system where CCHP acts as our primary MCP. Behavioral Health is a contracted ECM provider with MCP CCHP. This includes monthly provider meetings and quarterly joint operations meetings with the MCP to ensure that ECM is being provided in accordance with the MCP and DHCS requirements.

    d. ECM and Community Supports Providers:

    Behavioral Health ECM has established relationships with other ECM providers that provide services to other Populations of Focus (POF) and has established relationships with the various Community Supports providers with emphasis on the Community Supports that are utilized the most by the population being served. CCBH leadership has a monthly meeting with the ECM providers.

    e. Other (e.g., CalWORKS/TANF housing programs, child welfare housing programs, PSH developers and providers, etc.)

    The CoC partners with Contra Costa Employment and Human Services Department administer CalWORKS housing programs including the Bringing Families Home program from Children and Family Services, HousingWORKS, and HomeSafe with Adult Protective Services.

i. Please define:

CCBHS may access these programs through Coordinated Entry and in partnership with the CoC. When appropriate CCBHS can provide critical housing interventions to prevent family separation due to homelessness and support reunification efforts in partnership with EHSD, H3, and CBO providers.

13. How will the county behavioral health system work with Homekey+ and supportive housing sites to provide services, funding, and referrals that support and house BHSA eligible individuals?

Our County applied for a small Homekey+ project as a portion of a campus. In addition, the County partnered with the City of Antioch in another application agreeing to provide on-site supportive services if awarded.

14. Did the county behavioral health system receive Homeless Housing Assistance and Prevention Grant Program (HHAP) Round 6 funding?

No

a. How will the county coordinate the use of HHAP dollars to support the housing needs of BHSA eligible individuals in your community? **N/A**

BHSA Housing Interventions Implementation

Rental Subsidies (Chapter 7. Section C.9.1)

1. Is the county providing this intervention?
   Yes
   a. Please explain why the county is not providing this intervention. **N/A**
2. Is the county providing this intervention to chronically homeless individuals?
   Yes
3. How many individuals does the county behavioral health system expect to serve with rental subsidies under BHSA Housing Interventions on an annual basis?
   Approximately 185 individuals – Shelter Inc., Hope Solutions, BHBH
   Approximately 800 individuals in recovery housing with an average length of stay of 3 months.
   a. How many of these individuals will receive rental subsidies for permanent housing on an annual basis?
      Approximately 185 individuals
   b. How many of these individuals will receive rental subsidies for interim housing on an annual basis?

Approximately 40 individuals currently, which is the approximate target moving forward.

4. What is the county's methodology for estimating total rental subsidies and total number of individuals served in interim and permanent settings on an annual basis?

CCBHS's methodology includes:

- **Program Data Tracking**
- **Funding Allocation**
- **Partnership Coordination**
- **Annual Reporting**

For Individuals Served in Interim and Permanent Settings:

- **Service Tracking Systems**:

  BHS tracks individuals through case management and service coordination systems. For example, BHS's Full-Service Partnerships (FSP) provide intensive support with detailed client tracking.

- **Facility and Program Data**:
  Related to capacity.

- **Crisis and Outpatient Services**:

  The A3 Miles Hall Crisis Call Center and mobile response teams track individuals served during behavioral health crises, many of whom are connected to interim or permanent housing.

- **Community Partner Data**:
  CBOs that CCBHS partners with to support mental health consumers within the county MH system.
- **MHSA Metrics**:
  The MHSA framework emphasizes outcomes for underserved populations, including those in housing programs. BHS's annual reports under MHSA likely include counts of individuals served in housing-related services, based on program enrollment and service delivery data.
- **Planning:**
  Available funding drives the number of individuals that we can serve in recovery residences. Annual gap analysis is based on data collected from prior years,

provider's Annual Reports that capture the number of residents they served and demographics, and trends in the community that further identify special populations like women/perinatal, individuals with an opioid use disorder, etc. Client's identified needs are measured through surveys, providers reports, focus groups, etc. We engage in ongoing fiscal analysis, forecasting, and budget management. We incorporate DMC- ODS's annual evaluation of the recovery residences service delivery network, which includes several metrics such as length of stay, grievances, dismissals, clients who gained employment, achievement of permanent housing and financial stability, and reunification with family. Lastly, we look at utilization reports and fiscal reconciliation reports.

5. For which setting types will the county provide rental subsidies?

Non-Time-Limited Permanent Settings:

☑ **Supportive housing**

☑ **Apartments, including master-leased apartments**

☑ **Single and multi-family homes**

☑ **Single room occupancy units**

☑ **Shared housing**

☑ **Recovery/Sober Living housing, including recovery-oriented housing**

☑ **Assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care)**

☑ **License-exempt room and board**

☑ **Other settings identified under the Transitional Rent benefit Time Limited Interim Settings:**

☑ **Hotel and motel stay**

☑ **Non-congregate interim housing models**

☑ **Congregate settings that have only a small number of individuals per room and sufficient common space (not larger dormitory sleeping halls) (does not include behavioral health residential treatment settings)**

☐ Short-Term Post-Hospitalization housing

☑ **Peer respite**

5. Will this Housing Intervention accommodate family housing?
   Yes

6. Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding.

   We leverage funding from the Behavioral Health Services Act (BHSA), passed as Proposition 1 in March 2024, to support housing interventions for individuals and families with significant mental health and substance use disorder (SUD) needs. Specific uses of BHSA Housing Interventions funding in Contra Costa County include:

   - **Rental Subsidies: Providing financial assistance to cover rent for eligible families, helping them secure stable housing.**
   - **Operating Subsidies: Supporting operational costs for housing facilities to ensure sustainability of housing programs.**
   - **Shared Housing: Funding programs that facilitate shared living arrangements for families and individuals to reduce housing costs and promote stability.**
   - **Family Housing for Eligible Children and Youth: Allocating funds to provide housing solutions tailored for families with children and youth who have behavioral health needs.**
   - **Non-Federal Share of Transitional Rent: Covering transitional rent costs not funded by federal programs to bridge gaps during housing transitions.**

   Additionally, Contra Costa Health secured significant funding from the Behavioral Health Continuum Infrastructure Program (BHCIP) in the effort to integrate housing with behavioral health services to better support families and individuals. Master lease housing supports adult head-of-household with minor children. Children may be the qualifying party.

7. Will the county behavioral health system provide rental assistance through project-based (tied to a particular unit) or tenant-based (tied to the individual) subsidies?

   ☑ **Project-based**

   ☑ **Tenant-based**

8. How will the county behavioral health system identify a portfolio of available units for placing BHSA eligible individuals, including in collaboration with other county partners and as applicable, Flex Pools (e.g., Master Leasing)? Please include partnerships and collaborative efforts your county behavioral health system will engage in.

To identify a portfolio of available units the County will continue to partner with local housing service providers to maintain existing master lease contracts and seek partners with affordable housing developers, Contra Costa County Housing Authority, local jurisdictions as well as by using internally funded housing navigators to maintain and identify new unit's resources. The County intends to continue funding landlord outreach and mitigation resources currently being used under the Behavioral Health Bridge Housing program. In partnering with developers and the housing authority the County will seek to leverage operating subsidies, rental subsidies and onsite service provision to make partnership more attractive and develop additional access opportunities for BHSA eligible individuals. In addition, the County is developing workflows and coordination around community support and rent with H3, a sister agency in Contra Costa Health, who has been designated as the primary provider of community support benefits and is also the administrator for the Continuum of Care to ensure maximum access BHSA eligible clients to all the County's portfolio of interim and supported units.

9. Total number of units funded with BHSA Housing Interventions per year:
   855

10. (Optional question) Please provide additional details to explain if the county is funding rental subsidies with BHSA Housing Interventions that are not tied to a specific number of units.

Operating Subsidies (Chapter 7, Section C.9.2)

1. Is the county providing this intervention?
   Yes
   a. Please explain why the county is not providing this intervention. **N/A**
2. Is the county providing this intervention to chronically homeless individuals?
   Yes
3. Anticipated number of individuals served per year:
   100

4. Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding.

   The County intends to budget for operating subsidies to develop additional resources for individuals experiencing chronic homelessness with serious behavioral health conditions. The County is preparing to fund a small Homekey+ project with these subsidies. While no specific projects have been identified at this time, operating subsidy funds will be made available through a Request for Proposal (RFP) process that will be advertised as a continuous solicitation until budget limits are reached. This strategy is intended to open the funding opportunity to the community and supporting the braiding of funds with other State funding opportunities—such as Encampment Resolution Funding (ERF) grants—as well as with private and/or non-profit developers who dedicate units for the target population.

5. For which setting types will the county provide operating subsidies?

   Non-Time-Limited Permanent Settings:

   ☑ **Supportive housing**

   ☑ **Apartments, including master-leased apartments**

   ☑ **Single and multi-family homes**

   ☐ Housing in mobile home communities

   ☑ **Single room occupancy units**

   ☐ Accessory dwelling units, including Junior Accessory Dwelling units

   ☑ **Tiny Homes**

   ☑ **Shared housing**

   ☑ **Recovery/Sober Living housing, including recovery-oriented housing**

   ☑ **Assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care)**

   ☐ License-exempt room and board

   ☐ Other settings identified under the Transitional Rent benefit

Time Limited Interim Settings:

☑ **Non-congregate interim housing models**

☑ **Congregate settings that have only a small number of individuals per room and sufficient common space (not larger dormitory sleeping halls) (does not include behavioral health residential treatment settings)**

☐ Recuperative Care

☐ Short-Term Post Hospitalization Housing

☑ **Tiny homes, emergency sleeping cabins, emergency stabilization units**

☐ Other settings identified under the Transitional Rent benefit

6. Will this be a scattered site initiative?
   Yes
7. Will this Housing Intervention accommodate family housing?
   Yes
8. Total number of units funded with BHSA Housing Interventions per year.

   50

9. [Optional question] Please provide additional details to explain if the county is funding operating subsidies with BHSA Housing Interventions that are not tied to a specific number of units.

   Operating subsides total includes bundled and non-bundled units.

Landlord Outreach and Mitigation Funds (Chapter 7, Section C.9.4.1)

1. Is the county providing this intervention?
   Yes
   a. Please explain why the county is not providing this intervention. **N/A**
2. Is the county providing this intervention to chronically homeless individuals?
   Yes
3. Anticipated number of individuals served per year.
   25

4. Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding.

The County intends to fund Landlord Outreach and Mitigation to develop and maintain a portfolio of units for County referral as well as to support individuals who, through work with housing navigators, are experiencing challenges obtaining housing in the private market. This intervention will augment, not supplant, Community Support benefits.

5. Total number of units funded with BHSA Housing Interventions per year.
   50

6. [Optional question] Please provide additional details to explain if the county is providing landlord outreach and mitigation funds with BHSA Housing Interventions that are not tied to a specific number of units.

   Landlord outreach and mitigation funds will be determined on a case-by-case basis subject to client preference and need. Budgeted amount intended to support 50 potential units/clients.

Participant Assistance Funds (Chapter 7, Section C.9.4.2)

1. Is the county providing this intervention?
   a. Please explain why the county is not providing this intervention. **N/A**
2. Is the county providing this intervention to chronically homeless individuals?
   Yes
3. Anticipated number of individuals served per year.
   150
4. Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding.

   Housing interventions funding for participant assistance will be used to support eligible clients to remove housing barriers and support immediate housing needs. Participant Assistance funds will be used if/when another Medi-Cal benefit is not available and may include but is not limited to:

   - **Obtaining government issued identification or other documents.**
   - **Housing application fees**
   - **Security Deposits (when not covered by community support)**
   - **Pet deposits**
   - **Utility deposits**
   - **Rent and utility arrears**
   - **Other supports necessary for successful tenancy.**

Housing Transition Navigation Services and Tenancy Sustaining Services (Chapter 7, Section C.9.4.3)

1. Is the county providing this intervention?

Yes

a. Please explain why the county is not providing this intervention. **N/A**

2. Is the county providing this intervention to chronically homeless individuals?

Yes

1. Anticipated number of individuals served per year. **485**
2. Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding.

BHSA Housing Interventions provide innovative, housing-focused solutions to support mental health and stability, particularly for chronically homeless individuals. Key features:

- **Housing First Principles: Prioritizes tenant selection without barriers like sobriety, treatment completion, or poor credit/history. Offers tenant-driven supportive services.**
- **Comprehensive Support: Includes prevention, early intervention, treatment, and housing stabilization through PSH, recovery housing, or other state-defined supports.**
- **Non-Discrimination: Protects those using addiction treatment or authorized medications from discrimination.**

Funding Uses (non-duplicative of Medi-Cal Managed Care Plans):

- **Permanent Supportive Housing: Acquiring, developing, or operating housing with integrated mental health and support services for chronically homeless individuals.**
- **Recovery Housing: Recovery-focused housing supporting harm reduction and voluntary service participation, aligned with HUD definitions.**
- **Capital Development: Constructing or rehabilitating housing units for chronically homeless individuals meeting WIC Section 5830(a) criteria.**
- **Project-Based Assistance: Supporting master leasing or subsidies to secure housing for chronically homeless individuals.**

- **Family Housing: Providing housing for eligible children, youth, and families to promote stability and reunification.**
- **Other Housing Supports: Includes state-defined services like housing navigation, tenancy support, and move-in assistance to prevent homelessness.**
- **Housing Navigation & Tenancy Support: Offers move-in assistance, tenancy skill-building, and landlord engagement for housing stability.**
- **Non-Federal Medi-Cal Share: If federally approved, covers non-federal share of Medi-Cal-eligible housing-related services not covered by MCPs.**
- **Wraparound Services: Provides flexible, individualized supports (e.g., case management, peer support) to address mental health, substance use, or housing retention barriers.**

Housing Interventions Outreach and Engagement (Chapter 7, Section C.9.4.4)

1. Is the county providing this intervention?

   No

   Please explain why the county is not providing this intervention.

   Outreach and Engagement is well supported through other parts of the Health delivery system. The County currently operates a fully functioning outreach team, known as Coordinated, Outreach, Referral and Engagement (CORE) through our Health, Housing and Homeless (H3) division. It is also anticipated that support teams such as those assigned to CARE and FSP as well as the Transition Team, that supports inpatient discharges and crisis residential referrals, will provide adequate outreach services to the BHSA eligible individual. Outreach and Engagement is well supported through other parts of the Health.

2. Is the county providing this intervention to chronically homeless individuals?

   N/A

3. Anticipated number of individuals served per year:

   0

4. Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding.

   N/A

Capital Development Projects (Chapter 7, Section C.10)

1. Counties may spend up to 25 percent of BHSA Housing Interventions on capital development projects. Will the county behavioral health system use BHSA Housing Interventions for capital development projects?

   Yes

   a. Please explain why the county is not providing this intervention. **N/A**
2. Is the county providing this intervention to chronically homeless individuals?

   Yes
3. How many capital development projects will the county behavioral health system fund with BHSA Housing Interventions?

   5

Capital Development Project Specific Information

Please complete the following questions for each capital development project the county will fund with BHSA Housing Interventions.

1. Name of Project:

   Forthcoming
2. What setting types will the capital development project include? [

   Non-Time-Limited Permanent Settings:

   ☑ **Supportive housing**

   ☐ Apartments, including master-leased apartments

   ☐ Single room occupancy units

   ☐ Shared housing

   ☐ Recovery/Sober Living housing, including recovery-oriented housing

   Time Limited Interim Settings:

   ☑ **Non-congregate interim housing models**

   ☑ **Tiny homes, emergency sleeping cabins, emergency stabilization units**
3. Capacity (Anticipated number of individuals housed at a given time):

   35
4. Will this project braid funding with non-BHSA funding source(s)?

   Yes

5. Total number of units in project, inclusive of BHSA and non-BHSA funding sources:

   35

6. Total number of units funded with Housing Interventions funds only:

   0

7. [Optional question] Please provide additional details to explain if the county is funding capital development projects with BHSA Housing Interventions that are not tied to a specific number of units.

   The County intends to budget for capital development to develop additional resources for individuals experiencing chronic homelessness with serious behavioral health conditions. While no specific projects have been identified at this time operating subsidy funds will be made available through a Request for Proposal process that will be advertised as a continuous solicitation until budget limits are reached. This strategy is intended to open funding opportunities to the community including supporting braiding of funding with other State funding opportunities or with private and/or non-profit developers who would dedicate units for the target population.

8. Anticipated date of unit availability (Note: DHCS will evaluate unit availability date to ensure projects become available within a reasonable timeframe)

   07/01/2027

9. Expected cost per unit (Note: the BHSA Housing Intervention portion of the project must be equal to or less than $450,000)

   $371,428

10. Have you utilized the "by right" provisions of state law in your project?

    No

    a. If you have not incorporated use of the "by right" provisions into your project, please explain why.

       Finalized project details are not full available at this time. Projects in planning have not explored this feature until funding is approved and available.

Other Housing Interventions (Optional)

1. If the county is providing another type of Housing Interventions not listed above, please describe the intervention. **N/A**

a. Is the county providing this intervention to chronically homeless individuals?
b. Anticipated number of individuals served per year

Continuation of Existing Housing Programs

1. Please describe if any BHSA Housing Interventions funding will be used to support the continuation of housing programs that are ending (e.g., Behavioral Health Bridge housing)
   Contra Costa County is eager to continue the investments in interim and low barrier housing, participant assistance, landlord outreach and mitigation funds, shared housing and rental subsides developed through the Behavioral Health Bridget Housing Program. The community planning process has also highlighted the need for the maintenance of this program.

Relationship to Housing Services Funded by Medi-Cal Managed Care Plans

1. Which of the following housing-related Community Supports is the county behavioral health system an MCP-contracted provider of? **None**
   - ☐ Housing Transition Navigation Services
   - ☐ Housing Deposits
   - ☐ Housing Tenancy and Sustaining Services
   - ☐ Short-Term Post-Hospitalization Housing
   - ☐ Recuperative Care
   - ☐ Day Habilitation
   - ☐ Transitional Rent
2. For which of the following services does the county behavioral health system plan to become an MCP-contracted provider of? **None**
   - ☐ Housing Transition Navigation Services
   - ☐ Housing Deposits
   - ☐ Housing Tenancy and Sustaining Services
   - ☐ Short-Term Post-Hospitalization Housing
   - ☐ Recuperative Care
   - ☐ Day Habilitation
   - ☐ Transitional Rent

4. How will the county behavioral health system identify, confirm eligibility, and refer Medi-Cal members to housing-related Community Supports covered by MCPs (including Transitional Rent)

Our policies and procedures will describe how our County staff will:

- **Identify Medi-Cal members who could benefit from housing-related Community Supports through targeted outreach followed by clinical assessments and individualized care planning. For example, all clients who are authorized for the Behavioral Health ECM program would meet criteria for specialty mental health and/or DMC, DMC-ODS services and that will support in identifying and confirming eligibility for housing-related Community Supports covered by MCPs.**
- **Confirm eligibility in compliance with DHCS guidelines and BHSA Policy Manual program requirements**
- **Refer to Medi-Cal Managed Care Plans (MCPs) through a collaborative and MCPs are the entities responsible for delivering and reimbursing Community Supports. For example, there will be established protocols for referrals to H3 for Housing Deposits.**

4. Please describe coordination efforts and ongoing processes to ensure the county behavioral health contracted provider network for Housing Interventions is known and shared with MCPs serving your county.

Contra Costa Health operates as an integrated health department which streamlines coordination with the primary MCP, the Contra Conta Health Plan (CCHP), Behavioral Health, H3, and contracted housing providers. H3 has been identified as the designated hub for community supports benefit referrals from County agencies. CCBHS is actively meeting with H3 to develop share training regarding accessing community supports benefits and is working jointly to develop workflows for transitional rent. H3 acts as liaison for both BH and the provider community to CCHP through their regular contract provider meetings. BH has also begun meeting with the other MCP, Kaiser, to coordinate housing interventions including community support benefits and transitional rent.

5. Does the county behavioral health system track which of its contracted housing providers are also contracted by MCPs for housing-related Community Supports (provided in questions #1 and #2 above)?
   No
   a. Please describe the county behavioral health system's coordination efforts to align network development. **N/A**

6. What processes does the county behavioral health system have in place to ensure Medi-Cal members living with significant behavioral health conditions do not experience gaps in service once any of the MCP housing services are exhausted, to the extent resources are available?

   By leveraging ECM and the expansion of the FSPs as required by BHSA, the system should be able to provide high level case/care management services to those who were unable to access MCP housing services prior to those being exhausted.

Flexible Housing Subsidy Pools

Flexible Housing Subsidy Pools ("Flex Pools") are an effective model to streamline and simplify administering rental assistance and related housing supports. DHCS released the Flex Pools TA Resource Guide that describes this model in more detail linked here: Flexible Housing Subsidy Pools - Technical Assistance Resource. Please reference the TA Resource Guide for descriptions of the Flex Pool model and roles referenced below including the Lead Entity, Operator, and Funder.

1. Is there an operating Flex Pool (or elements of a Flex Pool, which includes (1) coordinating and braiding funding streams, (2) serving as a fiscal intermediary, (3) identifying, securing, and supporting a portfolio of units for participants, and/or (4) coordinating with providers of housing supportive services) in the county (please refer to DHCS' Flex Pools TA Resource Guide)?
   No
   a. Is the county behavioral health system participating in or planning to participate in the Flex Pool? **N/A**
      i. Please explain why the county is not participating in the Flex Pool.
   b. What role does the county behavioral health system have or plan to have in the Flex Pool? **N/A**
      ☐ Lead Entity
      ☐ Operator

☐ Funder

☐ Housing Supportive Services Provider

c. What organization is serving as the Operator? **N/A**

d. Does the county plan to administer some or all Housing Interventions funds through or in coordination with the Flex Pool?

i. Which Housing Interventions does the county plan to administer through or in coordination with the Flex Pool?

2. [Is the county behavioral health system involved in planning efforts to launch a Flex Pool in the county?

No

a. What role does the county behavioral health system plan to have in the Flex Pool?

☐ Lead Entity

☐ Operator

☐ Funder

☐ Housing Supportive Services Provider

b. Have you identified an Operator of the Flex Pool? **N/A**

c. What organization will serve as the Operator? **N/A**

d. Does the county plan to administer some or all Housing Interventions funds through or in coordination with the Flex Pool? **N/A**

i. Which Housing Interventions does the county plan to administer through or in coordination with a Flex Pool? **N/A**

3. Please describe any other roles and functions the county behavioral health system plans to take to support the operations or launch and scaling of a Flex Pool in addition to those described above. **N/A**

Behavioral Health Services Fund:

For each innovative program or pilot provide the following information. If the county provides

1. Does the county's plan include the development of innovative programs or pilots?

Yes

Program One:

1a. What Behavioral Health Services Act (BHSA) component will fund the innovative program?

☐ Housing Interventions

☐ Full-Service Partnership

☑ **Behavioral Health Services and Supports**

1b. Please describe how the innovative program or pilot will help build the evidence base for the effectiveness of new statewide strategies.

The Psychiatric Advanced Directives (PADs) project will build the evidence based by testing a peer-driven, multi-county model for implementing standardized PAD templates and training tools to support treatment decision-making during mental health crisis. The project will evaluate the feasibility and impact of a customized, cloud-based PAD technology platform that enhances access and utilization while maintaining privacy standards outside of HIPAA constraints. Through structured evaluation and stakeholder collaboration, the project will generate data on the effectiveness of PADS in promoting client autonomy, improving crisis response coordination, and informing statewide best practices for consumer-directed care planning.

1.c. Please describe intended outcomes of the project.

- **Increased understanding and utilization of Psychiatric Advanced Directives among consumers, families, and providers.**
- **Enhanced cross-system collaboration and peer engagement in treatment planning.**
- **Development of a scalable, standardized PAD template and multilingual training toolkit.**
- **Improved crisis response outcomes and client self-determination during mental health emergencies.**
- **Generation of replicable models and best-practice guidelines to inform future statewide strategies for consumer-led care planning.**

Program Two:

1.a. What Behavioral Health Services Act (BHSA) component will fund the innovative program?

☐ Housing Interventions

☑ **Behavioral Health Services and Supports**

1.b.Please describe how the innovative program or pilot will help build the evidence base for the effectiveness of new statewide strategies

The Community-Defined Practices (CDP) innovation project will build the evidence base by supporting and evaluating culturally rooted approaches that

promote equitable access to behavioral health care for underserved and unserved communities, including AAPI, Latino/a/x, Black/African American, and LGBTQ+ populations. Through a competitive RFP process, the project funds local community organizations to design and implement practices grounded in the traditions, values, and beliefs of their communities. Evaluation activities will capture how these community-defined practices enhance engagement, trust, and wellness outside traditional systems of care. Findings will inform statewide strategies for integrating community-driven and culturally responsive models into the broader behavioral health continuum.

1.c. Please describe intended outcomes of the project

- **Increased access to culturally relevant behavioral health supports historically underserved populations.**
- **Strengthened community partnerships and trust between county behavioral health systems and diverse cultural groups.**
- **Identification and documentation of effective community-defined practices that can be replicated or adapted statewide.**
- **Greater inclusion of peers, traditional healers, and community health workers as providers of culturally grounded wellness services.**
- **Improved mental health outcomes, engagement, and wellness among targeted populations through approaches that reflect each community's values and definitions of healing.**

Program Three:

1.a. What Behavioral Health Services Act (BHSA) component will fund the innovative program?

☐ Housing Interventions

☐ Full-Service Partnership

☑ **Behavioral Health Services and Supports**

1b. Please describe how the innovative program or pilot will help build the evidence base for the effectiveness of new statewide strategies

The PIVOT Innovation Project will build the evidence base by piloting a comprehensive framework to strengthen infrastructure, coordination, and evaluation systems essential for Behavioral Health Transformation. The project will test new implementation processes for integrating community-defined practices,

Through evaluation and iterative learning, PIVOT will generate evidence on how streamlined operational supports, workforce development, and technology integration can improve service quality and equity across the behavioral health continuum. Findings will inform statewide strategies for aligning county behavioral health systems with the Behavioral Health Services Act transformation goals.

1.c. Please describe intended outcomes of the project

- **Improved infrastructure and operational capacity for implementing Behavioral Health Transformation requirements.**
- **Streamlined processes for community-defined and evidence-based practices within county systems of care.**
- **Expanded support for Full-Service Partnership (FSP) and Housing Interventions through integrated service delivery models.**
- **Enhanced workforce readiness through targeted education and training initiatives.**
- **Better data collection, monitoring, and outcome evaluation through BH- CONNECT technology integration.**
- **Strengthened coordination between county programs and statewide initiatives to ensure alignment, sustainability, and equitable access to behavioral health services.**

Workforce Strategy

Maintain an Adequate Network of Qualified and Culturally Responsive Providers

The county must ensure its county-operated and county-contracted behavioral health workforce is well-supported and culturally and linguistically responsive with the population to be served.

Through existing Medi-Cal oversight processes, the Department of Health Care Services (DHCS) will assess whether the county:

1. Maintains and monitors a network of providers that is sufficient to provide adequate access to services and supports for individuals with behavioral health needs; and
2. Meets federal and state standards for timely access to care and services, considering the urgency of the need for services.

3. The county must ensure that Behavioral Health Services Act (BHSA)-funded providers are qualified to deliver services, comply with nondiscrimination requirements, and deliver services in a culturally competent manner. Effective FY 2027-2028, DHCS encourages counties to require their BHSA providers to comply with the same standards as Medi-Cal providers in these areas (i.e. requiring the same standards regardless of whether a given service is reimbursed under BHSA or Medi-Cal), as described in the Policy Manual. Does the county intend to adopt this recommended approach for BHSA-funded providers that
   a. Also participate in the County's Medi-Cal Behavioral Health Delivery System?

      Yes

      i. If not, please describe how the county will ensure that BHSA-funded providers are qualified to deliver services, comply with nondiscrimination requirements, and deliver services in a culturally competent manner

   b. Do not participate in the county's Medi-Cal Behavioral Health Delivery System?

      Yes

      i. If not, please describe how the county will ensure that BHSA-funded providers are qualified to deliver services, comply with nondiscrimination requirements, and deliver services in a culturally competent manner.

Build Workforce to Address Statewide Behavioral Health Goals

Assess Workforce Gaps

1. What is the overall vacancy rate for permanent clinical/direct service behavioral health positions in the county (including county-operated providers)?

   16%

2. Upload any data source(s) used to determine vacancy rate [optional file upload]

3. For county behavioral health (including county-operated providers), please select the five positions with the greatest vacancy rates

   ☐ Advanced Emergency Medical Technicians

   ☐ Certified Nurse Specialist

   ☑ **Community Health Workers (CHW) defined in the Enhanced Community Health Workers Services benefit**

   ☐ Community Paramedics

☐ Emergency Medical Technicians

☐ Licensed Clinical Social Worker

☐ Licensed Marriage and Family Therapist

☐ Licensed Professional Clinical Counselor

☑ **Licensed Psychologist**

☐ Licensed Vocational Nurse

☐ Medical assistant

☐ Medi-Cal Certified Peer Support Specialist

☑ **Nurse practitioner**

☐ Occupational Therapist

☐ Pharmacist

☐ Physician

☐ Physician assistant

☐ Psychiatric Technician (PT)

☐ Psychiatrist

☐ Registered nurse

☑ **Substance Use Disorder Counselor**

☑ **Other: MH Specialist**

4. Please describe any other key workforce gaps in the county.

The positions above reflect the classifications with the highest vacancy rate, however, that rate may not reflect the largest system needs, or classifications with the highest number of vacancies. For example, the classifications of Community Health Worker and Licensed Psychologist have under 6 vacancies each, but due to having a relatively low number of slots overall, rank as having one of the highest vacancy rates. Other key workforce gap, particularly as we build out our ACT/FACT, FSP-ICM which include Prescribers (psychiatrist or NPs) who are willing to go out into the community to provide services and medical providers who are MAT prescribers.

5. How does the county expect workforce needs to shift over the next three FYs given new and forthcoming requirements, including implementation of new evidence-based practices under Behavioral Health Transformation (BHT) and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)?

   CCBH expects the workforce needs to shift given the growth of new programming to meet the needs of the most vulnerable populations. Achieving the staffing needed will include re-allocating current staffing where applicable and possible, hiring new staff when current staffing cannot meet that capacity, and contracting services where necessary. There is a need for more supervisors dedicated to the implementation of FFT, MST, and PCIT and a HFW supervisor/fidelity coach. There is also a need for additional Spanish speaking direct service providers.

   In the adult system of care, as providers shift into roles supporting BH-CONNECT EBP's and FSP ICM, the general outpatient programs will need additional positions including direct service providers and supervisors to assure adequate support to non-FSP clients as well as assure members receive timely access to care (e.g., assessments, medication support, therapy, groups and care management). The adult system will also need staff to

Address Workforce Gaps

If the county is planning to leverage the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative to address workforce gaps including FSP and CSC for FEP, such as through applying for and/or encouraging providers to apply for the following BH-CONNECT workforce programs, please specify below.

1. Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Scholarship Program?

   Yes

   a. Please explain any actions or activities the county is engaging in to leverage the program.

      CCBHS intends to leverage the Behavioral Health Scholarship Program to expand the local pipeline of culturally responsive behavioral health professionals.

      Scholarships will target undergraduate and graduate students pursuing

degrees in psychology, social work, marriage and family therapy, psychiatric nursing, and related behavioral health disciplines. The program will be promoted through existing collaborations with Contra Costa College, Cal State East Bay, and local internship sites that host behavioral health trainees. Priority outreach will focus on individuals with lived experience and bilingual/multicultural backgrounds to strengthen workforce diversity and representation within Full-Service Partnership (FSP) and Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP) programs.

2. Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Student Loan Payment Program?

Yes

a. Please explain any actions or activities the county is engaging in to leverage the program.

CCBHS will apply for the Behavioral Health Student Loan Repayment Program to improve recruitment and retention of licensed professionals serving in high-need programs, including FSP, Crisis Services, and CSC for FEP. The loan repayment option will serve as a critical incentive for clinicians—particularly those in underserved` geographic areas of the county—helping to stabilize the workforce and reduce turnover. This initiative aligns with Contra Costa's WET priorities by supporting long-term retention of licensed clinicians, supervisors, and bilingual providers. Coordination with the County HR Department and Behavioral Health Finance unit will ensure integration with internal retention strategies, including ongoing training, supervision support, and career development pathways.

3. Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Recruitment and Retention Program?

a. Please explain any actions or activities the county is engaging in to leverage the program.

CCBHS will leverage the BH-CONNECT Community-Based Provider Training Program to expand training opportunities for community-based organizations and county staff. Training priorities will include evidence-based practices such as Cognitive Behavioral Therapy for Psychosis (CBTp), Motivational Interviewing, Trauma-Informed Care, and Integrated Co-Occurring Disorder (COD) interventions. Through collaboration with Stanford University, UCLA, and

local partners, CCBHS will coordinate statewide and local training contracts to ensure equitable access for contracted providers. These trainings will directly address workforce gaps in specialized service delivery for youth and adults with serious mental illness and co- occurring disorders.

4. Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Community-Based Provider Training Program?

   Yes

   a. Please explain any actions or activities the county is engaging in to leverage the program.

      CCBHS provides paid internships within county-operated and contracted agencies, preparing clinicians to practice in the public mental health system, focusing on culturally responsive and linguistically competent trainees in FSP, CSC, and crisis programs. We plan to participate in and leverage the Behavioral Health Community-Based Provider Training Program to expand supervised postgraduate clinical placements within county-operated and contracted behavioral health programs. Training will emphasize multidisciplinary learning and clinical supervision under licensed staff, preparing associates for full licensure in marriage and family therapy, clinical social work, and clinical psychology. Placements will be prioritized in high-need service areas, including FSP, CSC for FEP, and Crisis Response programs. The program will complement existing WET-funded supervision support (e.g., Motivo Clinical Supervision Project) and create a sustainable pipeline from trainee to licensed clinician.

5. Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Residency Program?

   Yes

   a. Please explain any actions or activities the county is engaging in to leverage:

      CCBH will build on current efforts to expand the pipeline of qualified adult and child psychiatrists within the county behavioral health system through the CalMedForce+ Grant. This grant supports the creation of a Psychiatry Residency has approved the launch of a residency class of four trainees per year. Training will occur at Contra Costa Regional Medical Center (CCRMC) and affiliated Behavioral Health Services (BHS) outpatient clinics. The program aims to

cultivate a diverse and locally trained psychiatric workforce equipped to meet the complex behavioral health needs of the community. By developing this residency program, Contra Costa seeks to strengthen long-term workforce sustainability and improve access to timely, high-quality psychiatric care across the county.

6. Please describe any other efforts underway or planned in the county to address workforce gaps aside from those already described above under Behavioral Health Services Act Workforce, Education, and Training.

CCBHS continues to advance workforce development through its Behavioral Health Workforce, Education, and Training (WET) initiatives. These other efforts include:

- **Countywide 5150 Designation Training Program: Ensuring readiness and compliance among qualified licensed staff.**
- **Motivo Remote Supervision Platform: Providing accessible clinical supervision to registered associates and contracted partners to accelerate licensure pathways.**
- **Behavioral Health Transformation Implementation Plan: Integrating cross-sector training in cultural humility, behavioral health integration for co-occurring mental health and substance use disorders, and data-driven service redesign.**
- **Peer and Family Workforce Expansion: The SPIRIT Peer Career Pathway program strengthens career pathways for peers and family advocates through training, certification, and partnership with community colleges.**
- **Together, these efforts support a coordinated approach to workforce development, ensuring a competent, diverse, and sustainable behavioral health workforce for Contra Costa County.**

Budget And Prudent Reserve

Download and complete the budget template using the button below before starting this section

1. Please upload the completed budget template See Appendix E: Budget Template Uploaded
2. Please indicate how the county plans to spend the amount over the maximum allowed prudent reserve limit for each component if the county indicated they would allocate excess prudent reserve funds to a given Behavioral Health Services Act component in Table Nine of the budget template.
    a. Behavioral Health Services and Supports (BHSS): **no excess prudent reserve**
    b. Full-Service Partnership (FSP): **no excess prudent reserve**
3. Enter date of last prudent reserve assessment: **10/01/2024**
4. Please describe how the use of excess prudent reserve funds drawn down from the local prudent reserve aligns with the goals of the Integrated Plan.
    a. BHSS: **no excess prudent reserve**
    b. FSP: **no excess prudent reserve**
    c. Housing Interventions: **no excess prudent reserve**

Plan Approval and Compliance

Behavioral Health Director Certification

1. I hereby certify that **Contra Costa County** has complied with all statutes, regulations, and guidelines in preparing and submitting this Three-Year Integrated Plan (IP) for Behavioral Health Services and Outcomes, including all fiscal accountability and stakeholder participation requirements. I further certify that (please select all below) [multi-select list]
    - ✓ The information, statements, and attachments included in the Three-Year IP are, to the best of my knowledge and belief, true and correct
    - ✓ I understand and agree that the Department of Health Care Services (DHCS) reserves the right to request clarification regarding unclear or ambiguous statements made in the IP and other supporting documents submitted in the IP
    - ✓ The County will use Behavioral Health Services Act (BHSA) funds to serve the targeted population(s) as described in statute, regulations, and guidance

- ✓ Behavioral Health funding from all sources will be spent only on allowable uses as stated in statute, statute, regulations, and guidance
- ✓ BHSA funding will supplement, and not supplant, other funding available from existing state or county funds utilized to provide mental health services or substance use disorder treatment services (except that this non-supplant rule does not apply to the use of 2011 realignment funds provided to counties from the Behavioral Health Subaccount or Behavioral Health Services Growth Special Account)
- ✓ The IP was submitted to the local behavioral health board

2. Does the county wish to disclose any implementation challenges or concerns with these requirements? **No**

    a. Please describe any implementation challenges or concerns with the BHSA fiscal accountability and stakeholder participation requirements

Contact information

1. County Name: **Contra Costa County**
2. Certification for:

   ☐ Annual Update
3. County Behavioral Health Agency Director

   a. Name: **Suzanne Tavano**

   b. Title: **Director**

   c. Phone: **925-957-5169**

   d. Email: **suzanne.tavano@cchealth.org**
4. [optional additional contact for counties with separate MH and SUD directors]
   County Behavioral Health Agency Director **N/A**

   a. Name: **N/A**

   b. Title: **N/A**

   c. Phone: **N/A**

   d. Email: **N/A**

Printed Name

Suzanne Tavano, Ph.D

Title: Behavioral Health Director:

Signature Date

See Appendix F**: Behavioral Health Director Certification**

County Administrator or Designee Certification

The County Administrator may be known by other titles such as Chief Executive, County Manager, or Chief Administrative Officer. The County Administrator must be the individual who serves as the top staff member in county government and hold the highest level of administrative authority in the county or be the designee of that individual. This individual or their designee must work within the executive office of county government, and they may not be the county behavioral health director.

1. I hereby certify that (please select all below) [multi-select list]
    a. The County will use Behavioral Health Services Act (BHSA) funds to serve the targeted population(s) as described in statute
    b. Behavioral Health funding from all sources will be spent only on allowable uses as stated in statute
    c. BHSA funding will supplement, and not supplant, other funding available from existing state or county funds utilized to provide mental health services or substance use disorder treatment services (except that this non-supplant rule does not apply to the use

       of 2011 realignment funds provided to counties from the Behavioral Health Subaccount or Behavioral Health Services Growth Special Account)
2. Does the county wish to disclose any implementation challenges or concerns with these requirements? **No**
    a. Please describe any implementation challenges or concerns with the BHSA fiscal accountability and stakeholder participation requirements [narrative box]

Printed Name

Monica Nino

Title **Chief Administration Officer**

Signature Date

Contact information

1. County Name **Contra Costa County**
2. Certification for
   - ✓ **Three-Year Integrated Plan**
   - Annual Update
3. County Chief Administration Officer
   - ✓ Name **Monica Nino**
   - ✓ Phone: **925-655-2075**
   - ✓ Email: **monica.nino@cao.cccounty.us**

See Appendix G**: County Administrator or Designee Certification**

Board of Supervisors Certification

[optional file upload]

1. [Entity name] Board of Supervisors certifies the following (please select all below) [multi-select list]
   a. [Entity name] Board of Supervisors has reviewed and approved this Integrated Plan for the period of [FY-FY]
   b. County will meet its realignment obligations pursuant to W&I Code section 14197, including but not limited to time or distance standards and appointment time standards set forth in W&I Code section 14197 or other applicable guidance, without utilizing waitlists
2. Does the county wish to disclose any implementation challenges or concerns with these requirements? [Yes/No radio button; if Y, populate question 2.a below]

   realignment obligations [narrative box]

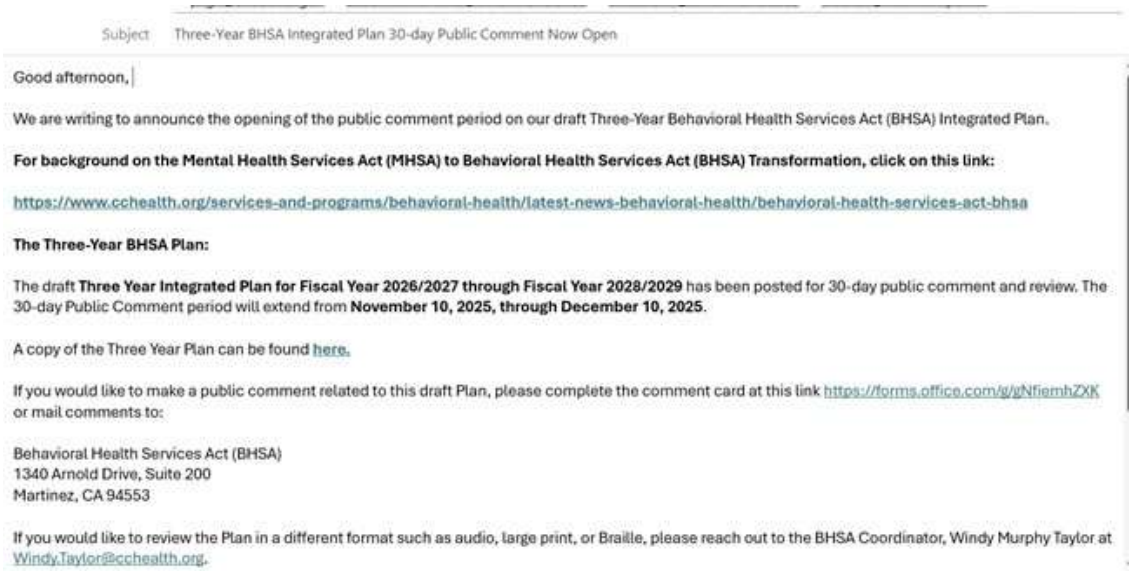
Printed Name

_____

Title: Designated Representative, [Entity Name] Board of Supervisors

Signature Date

Appendix A



Subject Three-Year BHSA Integrated Plan 30-day Public Comment Now Open

Good afternoon,

We are writing to announce the opening of the public comment period on our draft Three-Year Behavioral Health Services Act (BHSA) Integrated Plan.

For background on the Mental Health Services Act (MHSA) to Behavioral Health Services Act (BHSA) Transformation, click on this link:

https://www.cchealth.org/services-and-programs/behavioral-health/latest-news-behavioral-health/behavioral-health-services-act-bhsa

The Three-Year BHSA Plan:

The draft **Three Year Integrated Plan for Fiscal Year 2026/2027 through Fiscal Year 2028/2029** has been posted for 30-day public comment and review. The 30-day Public Comment period will extend from **November 10, 2025, through December 10, 2025**.

A copy of the Three Year Plan can be found here.

If you would like to make a public comment related to this draft Plan, please complete the comment card at this link https://forms.office.com/g/gNfiemhZXK or mail comments to:

Behavioral Health Services Act (BHSA)
1340 Arnold Drive, Suite 200
Martinez, CA 94553

If you would like to review the Plan in a different format such as audio, large print, or Braille, please reach out to the BHSA Coordinator, Windy Murphy Taylor at Windy.Taylor@cchealth.org.

Table 7. Stakeholder Input

Stakeholder group that provided feedback	Summarize the substantive revisions recommended this stakeholder during the comment period

Stakeholder: International Rescue Committee, Northern California,
Service Provider Comment: As partners serving refugees, asylees, trafficking survivors, and immigrant crime victims, we note these populations aren't explicitly named in the plan, which makes it difficult to ensure their needs are tracked and addressed. We recommend explicitly including these newcomer and survivor populations in the equity framework and strengthening language access standards and integration metrics to align with the County's commitment to culturally responsive care.
CCBHS Response: Services directed toward culturally and linguistically specific outreach, engagement, and treatment are included in the BHSA Integrated Plan under our Early Intervention programs. The county intends to collaborate with community agencies to best serve these vulnerable groups through releasing RFPs. These and many other priority vulnerable populations with unique needs have been identified through our community planning process and review and analysis of county and state data for disparities. The county intentd to meet their needs through proposed services provided internally and by community partners that our rooted in trauma-informed whole person care models delivered with cultural humility.

Stakeholder: RYSE
Comment: Under Community Planning Process – Stakeholder Engagement (Item 4, pg. 61): “Richmond Youth Serv. and Empowerment” should be “RYSE.”
CCBHS Response: The Plan has been revised accordingly.

Stakeholder: Contra Costa Crisis Center
Comment 1: Contra Costa Crisis Center is not identified as being a core component of the county's crisis continuum in its role in operating the 988 line, and its role in suicide prevention, and coordination with A3, PES, EDs, emergency responders, APS/CPS and others is not described in the IP.
CCBHS Response: In the BHSA Integrated Plan, Contra Costa did not name and describe the role of non-county agencies that are part of our continuum of care throughout the proposal. A significant change is the State shall direct 4% of funds for Population-Based prevention under BHSA, so the Plan centers efforts to reduce suicides under Early Intervention initiatives. Contra Costa will be releasing an RFP under its early intervention initiatives and welcomes responses from community agencies to partner to address this need.
Comment 2: Asks to have reference to the agency and its role in supporting various initiatives inserted throughout the Plan in 6 different sections (1. requests using a fuller name in stakeholder section (from “Crisis Center/211” to "Contra Costa Crisis Center (operator of 988 Suicide & Crisis Lifeline and 211 Information & Referral"), 2. be named and role described in crisis continuum section, 3. be named and role described in suicide reduction goal section, 4. be named and role described in early intervention in suicide section, 5. be named and role described in access and linkage section, and 6. be named and role described in youth self-harm section).
CCBHS Response: The Integrated Plan has been revised to reflect the full agency name recommended in the stakeholder section. As described above, non-county agencies that are part of contra costa's care continuum are not described in the Plan.

Comment 3: Offered technical assistance in ensuring the Integrated Plan fully reflects the crisis continuum as outline in AB-988 and related state guidance, with the recommendation that the Integrated Plan explicitly identify the 988 Suicide & Crisis Lifeline, name the Contra Costa Crisis Center as the county's 988 provider, and describe how 988 integrates across the crisis continuum.

Stakeholder: First 5 Contra Costa
Comment:
We urge Contra Costa Health to:
- Increase Early Intervention funding
- Partner to leverage our public funding for young children
- Detail specific supports in the IP for children under 6 and families
CCBHS Response: Services aimed at very young children and their families are not limited to "Early Intervention" programs. Many of our SMHS programs are aimed at young children and their families. Under the BHSA Integrated Plan, 35% of the funding is directed to Behavioral health Services and Supports and at least 51% of the BHSS funding is for Early Intervention, with 51% of the early intervention funding targeted for eligible individuals who are under 25 years old. Included in the BHSA Integrated Plan is a new evidence-based treatment, Parent-Child Interaction Therapy, PCIT, targeted for children ages 2 to 7 to help improve children's emotional and social development. The County will be releasing a series of RFPs to partner with community agencies to provide early intervention services, including caregiver/parent education as indicated in your comment. Measure X funds are also used to support contracts with providers serving 0-5 year old children, including child welfare contracts. The county also offers Child Parent Psychotherapy to clients age 0-5 and their caregivers, and works with partners across the system to address the needs of this population.

Stakeholder: CCBHS Service Provider
Comment: The number of children receiving services from the BHP reported to have child welfare involvement does not look accurate.
CCBHS Response The number was revised to 485 served in CY 2022 using External Quality Review organization (EQRO) Reporting.

Stakeholder: Hume
Comment : Broaden definition of co-occurring conditions (developmental, neurological, aging, physical). A consistent point of contact should follow a client across levels of care.
CCBHS Response: The county employs a whole person care lens in assessing clients and tailors care to meet their co-occurring conditions. Under BHSA, enhanced community health workers will be hired for each adult county-administered outpatient clinic to help support clients managing physical health needs that co-occur with behavioral health conditions. The Integrated Plan describes team based FSP services that have team leads.

Stakeholder: Hume
Comment: Flexible funding for housing stability is underrepresented and is also needed to support clients' treatment adherence.
CCBHS Response; CCBHS budgeted $300k annually to support flexible funding in housing programs. Additionally, Transitional Rent, Housing Deposits, Housing Transition Navigation Services, Housing Tenancy and Sustaining Services, and Recuperative Care are currently managed care benefits that will be accessed through community supports and need to be expended before BHSA funds can be utilized as required by BHSA. FSP programs also have flex funds that can support client treatment adherence.

Stakeholder: Hume
Comment : Support CBO access to proposed reporting/dashboard systems, improved interoperability for claims and billing, and development of secure ADT data transfer systems with comprehensive referral processes to enable timely intakes and transfers.
CCBHS Response: Under the BHSA integrated Plan, interoperability is a key goal and initiatives for improving interoperability are included in the Plan.

Stakeholder: Hume
Comment : CBOs have robust training pipelines that fill positions. The County should invest in training current providers and implement retention and job promotion strategies.
CCBHS Response: Workforce initiatives in the Integrated Plan include loan repayment programs to help fill the needs within CCHBS and with contracted CBO partners, including peer providers. Health Care Information Access (HCAI) provides scholarships. Under the IP, CBO and county staff providing EBPs will receive extensive training and technical assistance in the EBPs from Centers of Excellence selected by the State and will be part of care teams, receiving effective supervision, further expanding providers' professional development. The county's internship program is another avenue for job promotion.

Stakeholder: Hume
Comment: A stronger focus on early intervention is needed, including skill-building and psychoeducation for families and caregivers, veterans, and diverse communities.
CCBHS Response: Under the BHSA Integrated Plan, 35% of the funds are required to be directed to Behavioral Health Services and Supports (BHSS) and at least 51% of the BHSS funds must be used for Early Intervention. The BHSA Integrated Plan addresses psychoeducation for parents/caregivers, veterans, and underserved cultural and linguistic groups as part of our early intervention initiatives and a series of RFPs will be released so the county can partner with community agencies on providing these services.

Stakeholder: Hume
Comment: Support the county's commitment to trauma-informed and Whole Person Care and urge explicit inclusion of spiritual well-being as a core component. Multidisciplinary teams should explicitly include spiritual care providers and be trained to address both the protective and potentially harmful aspects of spiritual experiences.
CCBHS Response: The Integrated Plan has been revised to include spiritual well-being as part of FSPs and spiritual well-being will also be included in the RFP process for Early Intervention services. Outreach to spiritual communities will occur to identify and engage clients in care. Client-centered, culturally responsive services proposed under the Plan are strengths-based and accordingly, for clients who identify spirituality as important, practitioners are expected to incorporate that into their clinical practice.

Stakeholder: Hume
Comment: Better and affordable housing options would be great.
CCBHS Response: 30% of BHSA funding is dedicated for housing interventions, with the explicit goal of reducing homelessness and a focus on chronically homeless populations. Additional funds have been developed to create additional housing options through capital development projects.

Stakeholder: Hume
Comment: More nurses are needed to ensure timely monthly injections and reduce wait times.
CCBHS Response: As part of the Assertive Community Treatment (ACT) and Forensic ACT (FACT) services outlined in the BHSA Integrated Plan, nurses are identified as an important part of clients' care teams and will be incorporated into

these multidisciplinary teams to ensure the County is in compliance with fidelity criteria. Workforce education and training initiatives such as loan repayment programs are also included to help enhance recruitment of harder-to-fill positions such as RNs. County outpatient clinics have nurses and contracted providers determine their staffing model and can get compensated for having that classification in their systems.

Stakeholder: Hume
Comment: Would like more home visits to provide support with standing firm on my decision as a roommate and education of my privacy rights.
CCBHS Response: BHS is committed to empowering clients in behavioral health housing to understand and exercise their rights, including privacy protections under state and federal law. These rights may vary by facility type, program, and whether rooms or common areas are shared. We welcome the opportunity to strengthen staff communication and improve educational materials so clients know their rights and who to contact for support. Questions and concerns can be directed to the facility manager and/or BHS staff point of contact. Clients may also call the Contra Costa Health 24-hour Privacy Hotline at 1-800-659-4611, including to file a complaint. Under the BHSA Integrated Plan, Contra Costa will be implementing the evidence-based practice, Individual Placement and Support, to help clients obtain and maintain competitive employment. On-the-job supports are a key component of this model. Comment: Add job shadowing opportunities.

Stakeholder: Hume
Comment: Supports the BHSA Plan's trauma-focused treatment emphasis in FSPs. Underscores that many clients have underlying trauma intensifying psychotic symptoms. Trauma-trained clinicians are essential to prevent caregivers from unknowingly reinforcing clients' dysfunctional interactional patterns.
CCBHS Response: More training access to Specialty Mental Health for non specialty providers would be beneficial. The county currently provides evidence-based trauma treatment and plans to continue this practice at its outpatient clinics and infuse trauma-focused treatment into its FSPs, recognizing behavioral disturbances are often expressions of adverse experiences. Under the direction of the Centers of Excellence for ACT and FACT, providers will receive foundational training on trauma-informed care. Services provided under the plan will involve close staff supervision, training, and technical assistance, emphasizing trauma-focused treatment. The County is invested in continuing its efforts to become a fully actualized trauma-informed system.

Stakeholder: Hume
Comment: Consider releasing an acronym guide and clarifying terms like "Above and Below" (which direction is positive) to help all stakeholders understand the Integrated Plan. While we understand this document is primarily for the state, these resources would enable fuller feedback from community stakeholders.
CCBHS Response: CCBHS will post an acronym guide and clarification on template instructions on its website along with the final Integrated Plan and will take this feedback under advisement for future public comment periods.

Stakeholder: Hume
Comment: Supports wraparound "whatever it takes" care with increased substance use supports. Ability to make easy referrals is important as are culturally/linguistically specific services. More training differentiating symptomology is needed (PTSD and schizophrenia).
CCBHS Response: The FSPs described in the BHSA Integrated Plan will provide team-based services, and teams will be SUD capable and provide culturally and linguistically appropriate care. Included in the BHSA Integrated Plan is the intention to ensure providers are trained on FSP eligibility criteria and referral processes.

Stakeholder: Hume
Comment: Room and Board and Board and Care facilities need regular monitoring and enforceable standards, as vulnerable clients are often neglected in these placements.
CCBHS Response: Under BHSA, all facilities funded with BHSA dollars must meet county and state habitability standards for safety, quality, and client rights. Room and Board housing are unlicensed settings where BHS performs pre-screening for habitability before placement. BHS also conducts ongoing site visits to ensure compliance with standards.
Board and Care facilities are licensed settings regulated by the California Department of Social Services (CDSS) Community Care Licensing Division (CCLD). BHS manages referrals to Board and Care facilities, with county case managers and Full Service Partnership (FSP) providers providing regular on-site support—including client check-ins, transportation assistance, and specialized programming like Cognitive Behavioral Social Skills Training (CBSS). While the state regulates Board and Care facilities, BHS maintains a supportive oversight role by tracking complaints, advocating for residents, and coordinating with state inspectors.
Our overall goal is to create additional housing options through capital development projects to meet client needs and reduce these types of placements as well as time spent there.

Stakeholder: Hume
Comment 1: Not enough detail provided about how equity will be implemented, funded, and enforced. There is inadequate attention to culturally/responsive care, workforce pipelines from impacted communities, services for immigrants and refugees, and incarcerated youth.
CCBHS Response: The BHSA Integrated Plan is centered around eliminating health care disparities and serving the county's most vulnerable populations with "whatever it takes" wraparound care. Extensive analysis of local and state data and community feedback to identify inequities undergird the entire Plan, and proposed housing, FSP, workforce education and training, and early intervention services are structured to address the needs of historically underserved populations. The Plan contains early intervention services that the county will contract with community organizations to address such as cultural/linguistic communities, LGBTQ+ youth, veterans, older adults, and other vulnerable populations. Additionally, the county intends to launch a TAY FSP team and an FSP team for Spanish-speakers. To address the needs of youth at risk for involvement with the juvenile justice or foster care systems, evidence based practices such as Multisystemic Therapy (MST) and Functional Family Therapy (FFT) will be provided. In addition, the Plan describes an RFP to conduct a comprehensive needs assessment focused on the API communities, which local data have shown to be under-served. The county will be held to the state's standards in prioritizing equity, cultural responsiveness, transparency, and uniform reporting and evaluation. The Plan template does not provide for detailed program implementation action planning, but the BHSA and related BH-Connect programs have stringent requirements for meeting established benchmarks in launching programs and delivering services to fidelity as assessed by external
review.
Comment 2: Provide competitive compensation and address trauma and burnout among providers, invest in retention, supervision, clinical training**.**
CCBHS Response: For many Contra Costa County employees, compensation is established by collective bargaining agreements that establish salary ranges for each classification. Community Based Organizations establish their own salaries. Workforce initiatives described in the BHSA Integrated Plan include a county-funded loan repayment program to assist in recruiting and retaining diverse staff and staff in hard-to-fill and hard-to-retain positions. The Plan also describes partnerships with CalMHSA to administer a loan repayment program for Bay Area Counties in partnership with the California Departments of Health Care Access and Information (HCAI). Additional scholarships are available to individuals through HCAI. CBO and county staff providing EBPs will receive extensive training and technical assistance in the EBPs from the Centers of Excellence selected by the State and will be part of robust care teams, receiving effective supervision, further expanding staff professional development**.**
Comment 3: Plan makes grassroot providers secondary. True transformation requires direct investment and power sharing.

CCBHS Response: The county looks forward to collaborating with community partners to transform our system. CCBHS plans to release a series of RFPs to address the early intervention initiatives for underserved groups and FSPs to serve TAY and Spanish-speaking clients. Community agencies play a critical role in the county's continuum of care under this Plan.

Comment 4: The Plan lacks clear implementation timelines and evaluation measures.

CCBHS Response: The Integrated Plan template does not allow for detailed implementation timelines and evaluation plans, however, guidance from the State in its policy manual details required timelines for program implementation and fidelity conformance. DHCS closely monitors counties' performance on many metrics contained in this Plan through providing review of annual program updates and information reported on the Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR) in addition to annual external quality reviews and other state oversight.

Comment 5. Requests CCBHS re-open community engagement, strengthen workforce investments, center community agencies, build in accountability and transparency measures. And allocate explicit equity safeguards.

CCBHS Response: Extensive feedback was obtained from over 125 diverse community stakeholders. The county is centering equity in its services proposed under the BHSA Integrated Plan, and RFPs are currently being developed to partner with community agencies to help develop services to serve the most vulnerable populations identified through community planning and data analysis.

Appendix C

Contra Costa Behavioral Health

2026-2027 FY Quality Improvement Plan

Contra Costa Behavioral Health – Quality Improvement & Quality Assurance Unit (QIQA)

Quality Improvement and Performance Improvement (QAPI) Program Description

Contra Costa Behavioral Health Services' Quality Improvement and Quality Assurance (QI/QA) Unit oversees the Quality Assessment and Performance Improvement Program in Behavioral Health to support service delivery, enhance care processes and better meet beneficiary needs. The Unit is led by the Quality Management Coordinator, who also chairs the Quality Improvement Committee (QIC).

The QIC, composed of Behavioral Health leadership, QI/QA staff, providers, and beneficiaries, meets monthly and operates under the guidance of the Quality Improvement Work Plan (QIWP). Its core functions include:

- Collecting and analyzing data to assess progress on prioritized goals
- Identifying and acting on improvement opportunities
- Collaborating with other relevant committees to share information
- Gathering input from providers, clients, and families to identify service barriers
- Designing and implementing interventions to improve care
- Evaluating outcomes and integrating successful strategies into operations
- Monitoring and reviewing grievances, appeals, clinical records, and service trends
- Monitoring timeliness, satisfaction, access, penetration, and retention
- Working with Ethnic Services and Training to improve workforce development and promote cultural competency

Based on these activities, the QIC makes policy recommendations, monitors progress, initiates follow-ups, and documents all decisions in meeting minutes.

FY 2026–2027 Quality Improvement Work Plan

The FY 2026–2027 QIWP was developed based on the QIC's oversight activities, State and County-level priorities, and feedback from the External Quality Review (EQR) team. The plan enables Behavioral Health Services to:

1. Meet QI requirements under the State DHCS Mental Health Plan contract
2. Address quality issues identified through oversight of the Mental Health

The QIWP is reviewed annually to track progress toward identified goals. Each activity is marked as *new*, *ongoing*, or *completed*, along with its frequency (e.g., annual, quarterly). Activities related to both Mental Health and Substance Use Disorder services are shaded gray. Activities that are in Monitoring status are shaded green.

The plan is organized into the following sections:

- Service Capacity [page 2]
- Accessibility of Services [pages 3-4]
- Beneficiary Satisfaction [page 5]
- Cultural and Linguistic Responsiveness [page 6]
- Client Safety and Medication Practices [page 7]
- Service Delivery and Clinical Issues [pages 8-10]
- Establishing Beneficiary and System Outcomes [pages 11-12]

Service Capacity

Behavioral Health DHCS Contractual Element: Assess the capacity of service delivery for beneficiaries, including monitoring the number, type, and geographic distribution of services within the delivery system. Behavioral Health Information Notice: 23-04: The physical location where beneficiaries receive services shall meet the State's time or distance standards or an approved Alternative Access Standard request. Title 42 Code of Federal Regulations (CFR) Part 438.68, 438.206, and 438.207; Welfare and Institutions Code (WIC) section 14197: For outpatient mental health services: Up to 15 miles or 30 minutes from the beneficiary's place of residence.

Goal 1: Monitor service delivery measurements	
Objectives	**Actions/Frequency**
1. Ensure network adequacy for service delivery.	1. Provider psychiatry ratios meet network adequacy standards. [ongoing] [Annually]
	2. Provider ratios for outpatient SMHS meet network adequacy standards. [ongoing] [Annually]
	3. The MHP meets time and distance standards of providing outpatient mental health service within 15 miles or 30 minutes of clients' homes or approved alternative access standard. [ongoing] [Annually]
	4. If network adequacy or time and distance standards are not being met, identify opportunities for improvement, implement interventions, and measure effectiveness of new interventions. [ongoing] [Annually]

Goal 2: Perform credentialing and certification for delivery system	
1. Perform Provider credentialing and monitoring	1. Credential all staff (County, CBO, network) seeking to provide services and claim payments. [new]
2. Certify/recertify county and CBO sites.	1. Perform site certifications for new sites and re-certification as required to ensure compliance with all federal and state guidelines. [new]

Accessibility of Services

Behavioral Health DHCS Contractual Elements: Assess the accessibility of services within service delivery area, including:

- *Timeliness of routine appointments;*
- *Timeliness of services for urgent conditions;*
- *Access to after-hours care; and*
- *Responsiveness of the 24 hour, toll free telephone number.*

Goal 3: Beneficiaries will have timely access to the services they need	
Objectives	**Actions/Frequency**
1. Clients requesting non-urgent mental health services are provided an initial appointment and follow-up within 10 business days.	1. At least 80% of first appointments are offered to clients within 10 business days. [ongoing] [Quarterly]
	2. Report the average number of business days offered for follow-up non-psychiatric treatment appointments. [ongoing] [quarterly]
	3. 80% of follow-up appointments with a non-physician are offered within 10 business days of the prior appointment. [ongoing] [quarterly]
2. Clients meeting medical necessity are offered an initial psychiatric appointment within 15 business days.	1. At least 80% of first appointments are offered to clients within 15 business days. [ongoing] [Quarterly]
3. Disparities in access to timely care will be identified.	1. The MHP will analyze timeliness data by demographic factors to identify disparities by gender, race, ethnicity, and language. [ongoing] [Quarterly]
4. Clients will receive timely access to network-provided services.	1. Monitor timeliness metrics for network referrals. [new] [Quarterly]
	2. Track resolution of timeliness grievances for referrals to network services. [new] [Quarterly]
5. Urgent care mental health service requests are offered an appointment within 48 hours.	1. 80% of urgent outpatient mental health appointments are offered within 48 hours of request. [ongoing] [Quarterly]
	2. Track the percentage of urgent service requests resulting in a completed urgent assessment. [ongoing] [Quarterly]
6. Clients discharged from hospitals receive a follow-up	1. Clients receive an outpatient appointment within an average of 7 calendar days from hospital discharge. [ongoing] [Quarterlyl]
7. Clients discharged from Emergency Departments will receive timely follow-up care.	1. Clients receive an outpatient appointment within an average of 7 calendar days from ED discharge. [ongoing] [Quarterly]

Goal 4: Improve penetration and retention in SMHS	
Objectives	***Actions/Frequency***
1. Increase penetration rates for underserved populations, Asian/Pacific Islanders, Birth to Five, and Older Adults.	1. By 6/30/2027, penetration rates for underserved populations increase from previous years. [ongoing] [Quarterly]
2. Increase Engagement in SMHS.	1. By 6/30/2027, increase the percentage of clients, from last year, who receive 5+ services during the year. [ongoing] [Quarterly]

Goal 5: Improve the Behavioral Health Access Line triaging and referral processes into the behavioral health system of care	
Objectives	**Actions/Frequency**
1. The MHP will provide beneficiaries with accurate information on how to access services.	1. On quarterly basis, conduct 15 test calls, 10 (including 4 in Spanish) during business hours and 5 (including 2 in Spanish) after hours. [ongoing] [Quarterly]
	2. Meet requirements for business hour test calls to provide callers with accurate information on how to access Specialty Mental Health Services (SMHS) at least 80% of the time. [ongoing] [Quarterly]
	3. Monitor test calls to ensure requirement to provide information about services needed to treat urgent conditions is met. [ongoing] [Quarterly]
	4. The MHP will conduct 4 calls quarterly to test the Access Line on beneficiary problem resolution and fair hearing process, 2 calls during business hours and 2 calls after-hours. [ongoing] [Quarterly]

Beneficiary Satisfaction

Behavioral Health DHCS Contractual Elements: Assess beneficiary or family satisfaction at least annually by:

- *Surveying beneficiary/family satisfaction with services;*
- *Informing providers of the results of beneficiary/family satisfaction activities.*

Goal 6: Monitor client/family satisfaction	
Objectives	**Actions/Frequency**
1. Obtain client feedback on services.	1. Conduct the Mental Health Statistics Improvement Program (MHSIP) during the DHCS designated period. [ongoing] [Annually]
2. Monitor client satisfaction on the survey domain means on the MHSIP survey.	1. Client scores on MHSIP are 4.0 or higher for all domains, indicating satisfaction with care. [ongoing] [Annually]
	2. Client scores improve on the MHSIP domains of Outcomes and Functioning. [ongoing] [Annually]
	3. Client scores improve on MHSIP domain of Social Connectedness. [ongoing] [Annually]
	4. Report satisfaction survey findings to clinics and contracted providers.
	5. Implement changes based on survey data. [ongoing] [Annually]
3. Ensure provider agencies are actively participating in MHSIP efforts.	1. Track the number of completed surveys by provider agency to ensure provider compliance. [ongoing] [Annually]

Cultural and Linguistic Responsiveness

Behavioral Health DHCS Contractual Elements: Comply with the requirements for cultural and linguistic competence.

Goal 7: Provide all clients with culturally- and linguistically-appropriate client-centered care	
Objectives	**Actions/Frequency**
1. All services are delivered in a culturally responsive manner.	1. By 6/30/2027, update the Cultural Humility Plan, incorporating DHCS cultural competency plan requirements and National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Healthcare by HHS. [ongoing] [Annually]
	2. 100% of staff complete cultural humility training by 6/30/2027. [ongoing] [Annually]
	3. At least 75% of staff will complete cultural humility training within recommended timeframe of 1 year. [ongoing] [Annually]
2. Increase Access to services for non/limited English speakers.	1. Monitor accessibility of Access Line services to non-English speakers by conducting quarterly test calls. [ongoing] [Quarterly]
	2. Monitor number of HCIN interpretation encounters to gauge other language needs. [ongoing] [Quarterly]
	3. Monitor volume of Language Line use for encounters. [ongoing] [Quarterly]

Client Safety and Medication Practices

Behavioral Health DHCS Contractual Elements: Monitor safety and effectiveness of medication practices.

Goal 8: Promote safe and effective medication practices	
Objectives	**Actions/Frequency**
1. Identify behavioral health clients who are medication stable.	1. Collaborate with treating psychiatrists and primary care doctors to review 100% of charts of clients who are stable on anti-depressants and ADHD medication to address Level of Care and Utilization Management Strategies. [ongoing] [Annually]
2. Monitor safe medication practices.	1. Review safe medication reports quarterly. [ongoing] [Quarterly]
	2. Use established reporting for data driven improvement projects and care enhancements. [ongoing]
3. Ensure access to medications will be provided.	1. Pharmacy services are provided within 24 hours for prescriptions with prior authorization, and within 72 hours for emergency supply. [ongoing]
	2. Pharmacy services are provided within 10 miles or 30 minutes of client place of

Goal 9: Promote safe and effective medication practices	
Objectives	**Actions/Frequency**
1. Meet HEDIS measures for children and adolescents, including foster care children.	1. Monitor clients prescribed ADHD medication in children's System of Care for three to four appointments. [ongoing] [Quarterly]
	2. Monitor clients prescribed multiple concurrent antipsychotic medications. [ongoing]
	3. Monitor the percentage of children and adolescents who had psychosocial care as first-line treatment before new prescription for an antipsychotic. [ongoing] [Quarterly]
	4. Increase the percentage of children and adolescents who had psychosocial care as a first-line treatment before new prescription for an antipsychotic. [ongoing] [Annually]
2. Promote medication adherence for adults.	1. Increase medication adherence for clients diagnosed with schizophrenia and schizoaffective disorder prescribed antipsychotic medication. [ongoing] [Quarterly]
	2. Monitor clients newly treated with antidepressant medication to determine whether they remain on their medications for at least 84 days (12 weeks). [ongoing] [Quarterly]
	3. Monitor effective continuation of clients treated with antidepressant medication to determine whether they remain on their medication for at least 180 days (6 months). [ongoing] [Quarterly]
3. Monitor clients taking antipsychotic medications for	1. Use established reports to track clients for diabetes and cholesterol screening. [ongoing] [Quarterly]

Service Delivery and Clinical Issues

Behavioral Health DHCS Contractual Elements:

a. Address meaningful clinical issues affecting beneficiaries system-wide.
b. Monitor appropriate and timely intervention of occurrences that raise quality of care concerns.
c. Evaluate beneficiary grievances, appeals, and fair hearings.
d. Evaluate requests to change persons providing services.

Goal 10: Implement Performance Improvement Projects to improve client care and outcomes	
Objectives	**Actions/Frequency**
1. Increase the percentage of appointments meeting timeliness standards.	1. Convene clinic improvement workgroups for clinics not meeting standards to implement interventions. [Non-Clinical PIP] [ongoing]
2. Increase adherence to Antipsychotic Medications for Individuals with Schizophrenia.	1. Implement interventions to ensure clients maintain medication adherence. [Clinical PIP] [ongoing]

Goal 11: Increase utilization of targeted EBPs in the Adult System of Care	
Objectives	**Actions/Frequency**
1. Increase the number of clients enrolled in targeted EBPs.	1. By 6/30/2027, increase enrollment numbers from prior year for ACT, FACT, CSC for FEP, IPS, CHWS, and Peer Support. [ongoing] [Quarterly]

Goal 12: Increase utilization of targeted EBPs in the Children System of Care	
Objectives	**Actions/Frequency**
1. Increase the number of clients enrolled in targeted EBPs and FSP.	1. By 6/30/2027, increase enrollment numbers from prior year for the number of youth enrolled in MST, FFT, PCIT, and HFW. [ongoing] [Quarterly]

Goal 13: Increase utilization of Enhanced Care Management (ECM)	
Objectives	**Actions/Frequency**
1. Increase enrollment in ECM	1. Increase the number of clients enrolled in ECM. [ongoing] [Quarterly]

Goal 14: Improve tracking and monitoring of Evidence Based Practices (EBPs) in adult and children's systems of care	
Objectives	**Actions/Frequency**
1. EBP outcome measures data available to programs on demand.	1. Develop iSite reports and dashboards to allow for real time access to outcome data for targeted EBPs. [ongoing]

Goal 15: Evaluate client grievances, unusual occurrence notifications, and change of provider appeal requests	
Objectives	**Actions/Frequency**
1. Review and respond to 100% of grievances, change of provider, and appeal requests within the policy guidelines and state regulations to identify system improvement issues.	1. Collect and analyze behavioral health service grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, and provider appeals to examine patterns that may inform the need for changes in policy or programing. [ongoing] [Annually]
	2. Collect and analyze change of provider requests for patterns that may inform need for policy or programming changes. [ongoing] [Annually]
	3. Track and trend the number of grievances and appeals received over time. [ongoing] [Annually]
	4. Present finding to the QIC to identify strategies to improve reporting and address issues related to grievances, appeals, and state hearings. [ongoing] [Annually]
	5. Respond to 100% of grievances and appeals. [ongoing] [Annually]
	6. Respond to 100% of change of provider requests. [ongoing] [Annually]
2. Review 100% of unusual occurrences to identify trends.	1. Collect and analyze trends in unusual occurrences using SERS. [ongoing] [Annually]
	2. Track and trend unusual occurrences. [ongoing] [Annually]
	3. Report on unusual occurrences annually to the QIC. [ongoing] [Annually]

Goal 16: Inform clients of decisions to deny, modify, terminate, reduce or defer a service or when failing to meet standards of timely access	
Objectives	**Actions/Frequency**
1. NOABDs will be issued to all clients when an adverse benefit determination has been made.	1. Sample at least 8 clients per quarter from the NOABD report to ensure compliance with NOABD issuance. [ongoing] [Quarterly]
	2. Track and trend compliance for clients sampled. [ongoing] [Quarterly]
	3. Track and trend NOABDs issued. [ongoing] [Quarterly]

Goal 17: Monitor utilization management	
Objectives	**Actions/Frequency**
1. Track over-and under-utilization.	1. Identify and evaluate clients for step-down. [new] [Quarterly]

Goal 18: Establish clinical practice guidelines	
Objectives	**Actions/Frequency**
1. Establish clinical practice guidelines for at least 2	1. Identify and adopt at least 2 evidence-based clinical practice guidelines for adults by 6/30/2027. [new] [Quarterly]

Goal 18: Establish clinical practice guidelines	
Objectives	**Actions/Frequency**
behavioral health conditions for adults.	
2. Establish at least 1 clinical practice guideline for a behavioral health condition for children/adolescents.	2. Identify and adopt at least 1 evidence-based clinical practice guideline for children/adolescents by 6/30/2027. [new] [Quarterly]

Establishing Beneficiary and System Outcomes

Behavioral Health DHCS Contractual Elements: conduct performance monitoring activities throughout operations, including beneficiary and system outcomes.

Goal 19: Improve clients' outcomes	
Objectives	**Actions/Frequency**
1. Improve health outcomes and QOL among clients receiving ACT.	1. Reduce Emergency Department (ED) visits among members receiving ACT. [ongoing] [Quarterly]
	2. Reduce hospital admission among clients receiving ACT. [ongoing] [Quarterly]
	3. Reduce the rate of homelessness among clients receiving ACT. [ongoing] [Quarterly]
	4. Reduce justice involvement among clients receiving ACT. [ongoing] [Quarterly]
	5. Increase QOL among clients receiving ACT. [ongoing] [Quarterly]
2. Improve health outcomes and QOL among clients receiving FACT.	1. Reduce Emergency Department (ED) visits among clients receiving FACT. [ongoing] [Quarterly]
	2. Reduce hospital admission among clients receiving FACT. [ongoing] [Quarterly]
	3. Reduce the rate of homelessness among clients receiving FACT. [ongoing] [Quarterly]
	4. Reduce justice involvement among clients receiving FACT. [ongoing] [Quarterly]
	5. Increase QOL among clients receiving FACT. [ongoing] [Quarterly]
3. Improve health outcomes and QOL among members receiving CSC for FEP.	1. Reduce ED visits among clients receiving CSC for FEP. [ongoing] [Quarterly]
	2. Reduce hospital admission among clients receiving CSC for FEP. [ongoing] [Quarterly]
	3. Reduce homelessness among clients receiving CSC for FEP. [ongoing] [Quarterly]
	4. Increase school/work involvement among clients receiving CSC for FEP. [ongoing] [Quarterly]
	5. Increase QOL among clients receiving CSC for FEP. [ongoing] [Quarterly]
4. Improve health outcomes among clients receiving supported employment.	1. Reduce ED visits among clients receiving Supported Employment. [ongoing] [Quarterly]
	2. Decrease hospital admissions among clients receiving Supported Employment. [ongoing] [Quarterly]
	3. Increase school/work involvement among clients receiving Supported Employment. [ongoing] [Quarterly]
	4. Increase QOL among clients receiving Supported Employment. [ongoing] [Quarterly]

Goal 20: Increase use of outcome measures	
Objectives	**Actions/Frequency**
1. Use aggregate data to evaluate client progress.	1. Track and trend CANS data quarterly. [ongoing] [Annually]
	2. Strengths identified on CANS will increase by 10% by 6/30/27. [ongoing] [Annually]

Goal 20: Increase use of outcome measures	
Objectives	**Actions/Frequency**
2. Improve CANS data collection.	1. Increase CANS discharges. [ongoing]
3. Build internal HEDIS dashboards.	1. Build HEDIS dashboards for the following measures: 1. FUM, 2. FUH, 3. AMM, 4. APP, and 5. SAA by 9/30/2026. [new]

Goal 21: Maintain effective and consistent practices to safeguard Protected Health Information (PHI)	
Objectives	**Actions/Frequency**
1. Decrease the rate of HIPAA incidents	1. 100% of staff complete HIPAA training by 6/30/27. [ongoing] [Annually]
	2. Increase the % of staff who complete HIPPA training within recommended timeframe of 1

Goal 22: Evaluate QI Program	
Objectives	**Actions/Frequency**
1. Evaluate the QI Program	1. By 12/31/27, complete an evaluation of the QI program. [new] [Annually]

Appendix D

FY 2026-27 Quality Improvement Work Plan

Contra Costa Behavioral Health Alcohol and Other Drugs Services

September 2025

CONTRA COSTA HEALTH

Contra Costa Behavioral Health Services' Quality Improvement and Quality Assurance (QI/QA) Unit monitors service delivery with the aim of improving the processes of providing care and better meeting the needs of beneficiaries. The Quality Management Coordinator oversees the Unit and chairs the Quality Improvement Committee (QIC). The Quality Improvement Committee comprised of Behavioral Health Management, QIQA staff, providers and beneficiaries, meets on a monthly basis and is informed by the Quality Improvement Plan. QIC activities include collecting and analyzing data to measure against the goals or prioritized areas of improvement that have been identified; identifying opportunities for improvement and deciding which opportunities to pursue; identifying relevant committees and workgroups to ensure appropriate exchange of information with the QIC; obtaining input from substance use disorder providers, beneficiaries, and family members in identifying barriers to delivery of clinical care and administrative services; designing and implementing interventions for improving performance; measuring effectiveness of the interventions; incorporating successful interventions into the operations of behavioral health services; and reviewing beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review. The QIC also reviews timeliness of services, client satisfaction, penetration and retention rates, service accessibility, and other service trends. In addition, the QIC works in collaboration with the Behavioral Health Services Act (BHSA) Work Force Education & Training manager to monitor and improve the quality of offered training and education for its workforce, inclusive of promoting greater cultural diversity, humility, and competency. As a result of the monitoring activities described above, the QIC recommends policy decisions, reviews and evaluates the results of quality improvement activities including performance improvement projects, institutes needed quality improvement actions, ensures follow-up of QI processes, and documents QIC meeting minutes regarding decisions and actions taken.

Guided by the above, the BHSD developed its FY 2026-2027 Quality Improvement Plan. The contents of the Quality Improvement Plan were also informed by feedback from our External Quality review team. This Quality Improvement Plan provides a vehicle for BHSD management to: 1) meet quality improvement requirements specified in the Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan contract with the State Department of Health Care Services (DHCS) for the expenditure of Medi-Cal (Medicaid) dollars; 2) meet quality improvement requirements specified under the DMC-ODS; and 3) address and resolve quality issues raised in the monitoring of the CCMH and DMC-ODS Plans.[1] The QI Plan is evaluated annually to assess progress towards identified goals and actions. Activities are marked in brackets as being new, ongoing (continuing from the previous year), and/or completed in comparison to previous years. The frequency which activities are conducted (e.g., annually, quarterly, etc.) is also included in brackets. The quality improvement activities are divided into the following sections:

Service Capacity [p 2]
Access to Care [p 3-5]

Beneficiary Satisfaction [p 5-6]

Cultural and Linguistic Competence [p 7]
Medication Practices [p 8]

Service Delivery and Clinical Issues [p 8-9]
Continuity and Coordination of Care [p 10]
Opioid Response [p 11]

Housing [p 1]

Prevention [p 12-13]

Prop 64 [p 13-14]

Service Capacity

Behavioral Health DHCS Contractual Element: Assess the capacity of service delivery for beneficiaries, including monitoring the number, type, and geographic distribution of services within the delivery system.

Goal 1: Monitor service delivery capacity			
Objectives	**Actions/Frequency**	**Person Responsible**	**Baseline/Achieved**
1. Ensure network adequacy for service delivery.	1. Monitor the number of zip codes requiring alternative access standards. [Continuing]	David Kekuewa Fatima Matal Sol	FY 2022-2023: 0 FY 2023-2024: 17 FY 2024-2025: 0
	2. Review network adequacy to prioritize expansion of services to meet clients' needs. [Continuing]	David Kekuewa Fatima Matal Sol	
	3. Ensure West County Outpatient provider becomes operational in FY 25-26. [New]	Fatima Matal Sol	
	1. Add 1FTE Program Manager for youth. [New]	Fatima Matal Sol	
2. Expand services to meet network adequacy standards.	2. Expand residential programs for youth. [New]	Fatima Matal Sol	FY 2023-2024: None FY 2024-2025: None
3. Increase service utilization among Latino communities.	1. Continue targeted outreach to Latino communities. [Continuing]	Marissa Ibarra Fatima Matal Sol SUD Latino Workgroup	CY 2021: 0.44% CY 2022: 0.52%
4. Increase services for Spanish-speaking clients.	1. Continue to hire Spanish speaking staff throughout AODS [Continuing]	Fatima Matal Sol David Kekuewa	FY 2022-2023: 8 FY 2023-2024: 11 FY 2024-2025: 12
	2. Provide residential services for Spanish Speaking monolingual women. [Continuing]	Fatima Matal Sol	FY 2023-2024: 0 FY 2024-2025: 0
	3. Develop measures to evaluate effectiveness of Latino Outreach and SUD Latino Work Group. [Continuing]	Fatima Matal Sol Marissa Ibarra	
	4. Monitor number of claims for services provided through Nuevo Comienzo. [Continuing]	Fatima Matal Sol David Kekuewa	FY 2023–2024: 4085 FY 2024–2025: 5396

Access to Care

Behavioral Health DHCS Contractual Elements: Assess the accessibility of services within service delivery area, including:

- *Timeliness of routine appointments*
- *Timeliness of services for urgent conditions*
- *Access to after-hours care*
- *Responsiveness of the 24-hour, toll-free telephone number*

Goal 2: Beneficiaries will have timely access to the services they need			
Objectives	**Actions**	**Person Responsible**	**Baseline/Achieved**
1. 90% of screened clients will be offered routine care services within 10 days of initial request for appointments.	1. At least 90% of first appointments are offered to clients within 10 business days. [Quarterly]	Sofia Campos	FY 2022-2023: 90.2% FY 2023-2024: 100% FY 2024-2025: 100%
	2. Monitor compliance with timeliness. [Quarterly]	Mark Messerer Sofia Campos	
2. Monitor timeliness of first dose of MAT provided by NTPs	1. Monitor timeliness of first dose of MAT provided by NTPs. [Monthly]	Mark Messerer	
3. 50% of clients successfully discharged from residential treatment will be offered appointments to lower level of care within 7 days.	1. Track and Monitor percentage of Level of Care (LOC) transfer from residential by Treatment Program and explore new initiatives to enhance LOC transfer. [Quarterly]	Sofia Campos Mark Messerer	
	2. Report on WM data in the Data Quality Workgroup. [Annually]	Mark Messerer Sofia Campos	
4. Enhance continuity of care for clients transitioning from residential treatment.	1. Continue to hold Care Coordination reviews with residential providers every other week.	Fatima Matal Sol	
	2. Expand Recovery Support Services and Care Management.	Faye L. Ferguson-Manly Fatima Matal Sol	

	3. Monitor Claims Data for Recovery Support Services.	Davud Kekuewa Fatima Matal Sol	FY 2023–2024: 0 FY 2024–2025: 3424
	4. Review Recovery Support Services Claim Data in the SUD Data Quality Workgroup and Staff Meetings. [Continuing] [Quarterly]	Mark Messerer, Fatima Matal Sol	
	5. Analyze readmission data to identify new interventions for clients with more than one readmission. [Continuing]	Mark Messerer	
5. Ensure timely follow-up after SUD treatment. (HEDIS FUA measure)	1. Track percentage of clients who receive a follow-up service within 7 days (residential) or 30 days (outpatient) of discharge. [Monthly] [New]	Mark Messerer Marissa Ibarra	

Goal 3: Improve the Behavioral Health Access Line triaging and referral processes into the AODS system of care			
Objectives	**Actions**	**Person Responsible**	**Baseline/Achieved**
1. Reduce the percentage of calls answered by clerks.	1. No more than 20% of calls were answered by clerks. [Continuing]	Mark Messerer	FY 2022-2023: 42% FY 2023-2024: 31%
2. Access Line call abandonment rate is under 10%.	1. Reduce the percentage of calls that are abandoned. [Quarterly] [Continuing]	Mark Messerer Mitch Brown	FY 2022-2023: 16% FY 2023-2024: 14%

Goal 4: Reduce appointment no-show rates			
Objectives	**Actions**	**Person Responsible**	**Baseline/Achieved**
1. Enhance recovery support and referral processes by strengthening linkages between hospital and public health and reducing missed intake appointments. (15% AODS)	1. Improve no show rate for initial appointment. [Quarterly] [Continuing]	Sofia Campos Fatima MatalSol Sonya Blunt Jesse Farrar	FY 2022-2023: 26.1%

Beneficiary Satisfaction

Behavioral Health DHCS Contractual Elements: Assess beneficiary or family satisfaction at least annually by:

- *Surveying beneficiary/family satisfaction withservices*
- *Evaluating beneficiary grievances, appeals, and fair hearings*
- *Evaluating requests to change persons providing services*
- *Informing providers of the results of beneficiary/family satisfaction activities*

Goal 5: Evaluate client grievances, unusual occurrence notifications, and change of provider and appeal requests			
Objectives	**Actions**	**Person Responsible**	**Baseline/Achieved**
1. Review and respond to 100% of grievances and appeal requests within the policy guidelines and state regulations to identify system improvement issues.	1. Collect and analyze Behavioral Health Services grievances and appeals to examine patterns that may inform the need for changes in policy or programming. [Continuing]	Katherine Alpi	FY 2021-2022: 100% FY 2022-2023: 100% FY 2023-2024: 100% FY 2024-2025: 100%
	2. Collect and analyze State Fair Hearing requests.	Katherine Alpi	
	3. Compare grievances and appeals received from last FY to this FY.	Katherine Alpi	FY 2022-2023: Grievance: 24, Appeals: 0 FY 2023-2024: Grievances: 16, Appeals: 0 FY 2024-2025:

			Grievance: 13, Appeals: 0
	4. Respond to 100% of grievances, appeals, and expedited appeals within the Final Rule timelines.	Katherine Alpi	
	5. Present findings to the QIC and DMC- ODS system of care on a quarterly basis to identify strategies to improve reporting and address issues.	Katherine Alpi	
2. Review 100% of unusual occurrences to identify trends	1. Collect and analyze trends in unusual occurrences. [Quarterly]	Katherine Alpi	
	2. Report on unusual occurrences quarterly to the QIC and DMC-ODS system of care. [Quarterly]	Katherine Alpi	
	3. Track type of grievances and create intervention if needed.	Katherine Alpi Mark Messerer	

Goal 6: Monitor client/family satisfaction			
Objectives	**Actions**	**Person Responsible**	**Baseline/Achieved**
1. All TPS survey means are 4.0 or higher (indicating clients and/or their families are satisfied with their care).	1. Conduct an annual Treatment Perception Survey to gather quantitative and qualitative data about satisfaction with services. [Annually]	Mark Messerer	
	2. Report satisfaction survey findings to contracted providers. [Annually]	Mark Messerer	
	3. Monitor participation in TPS by treatment programs. [Annually]	Mark Messerer	2022: 16 2023: 617 2024: 627
2. Conduct survey to obtain feedback from families of clients receiving SUD services.	1. Engage providers in identifying opportunities to obtain feedback from families of clients receiving SUD Services. [Quarterly]	Mitchell Brown Fatima Matal Sol	

Cultural and Linguistic Competence

Behavioral Health DHCS Contractual Elements: Comply with the requirements for cultural and linguistic competence.

Goal 7: Provide all clients with welcoming, engaging, and culturally- and linguistically appropriate client-centered care			
Objectives	**Actions**	**Person Responsible**	**Baseline/Achieved**
1. All services are delivered in a culturally responsive manner.	1. Update the Cultural Humility Plan, incorporating DHCS cultural competency plan requirements. [Annually]	Annamarie Baker Fatima Matal Sol	
	2. Invite the BHSA Work Force Education & Training to the QI Workplan Committee	Fatima Matal Sol Annamarie Baker	
2. 100% of clients are served in their preferred language.	1. Monitor accessibility of Access Line and services to non-English speakers. [Quarterly]	Mark Messerer	
	2. Monitor CBOs utilization of translation services and hearing-impaired line. [Annually]	Fatima Matal Sol Sonya Blunt	
	3. All materials are translated into threshold languages. [Continuing]	Fatima Matal Sol Sofia Campos	
3. 100% of staff complete a cultural competency training.	1. 100% of all AODS county and provider staff complete cultural competency training in recommended timeframe of one year. [Annually] [Continuing]	Annamarie Baker	FY 2021-FY 2022: 74.0% FY 2023-2024: 82.5% FY 2024-2025: 100%
4. Ensure all clients are served in a culturally competent manner.	1. Monitor new Residential treatment providers and Recovery Residences have procedures in place regarding LGBTQ+ population. [Annually] [Continuing]	Fatima Matal Sol Faye L. Ferguson-Manly Darren Webb	

Medication Practices

Behavioral Health DHCS Contractual Elements: Monitor safety and effectiveness of medication practices.

Goal 8: Promote safe and effective medication practices			
Objectives	**Actions**	**Person Responsible**	**Baseline/Achieved**
1. Increase use of Medication Assisted Treatment (MAT) for clients with Alcohol Use Disorder (AUD) or Opioid Use Disorder (OUD).	1. Monitor programs for MAT referrals through chart review and site visits. [Annually]	Mark Messerer	
2. Ensure clients using Pharmacotherapy for Opioid Use Disorder (POD) will maintain medication for at least 180 days.	1. Track and monitor continuation of medication for clients using Pharmacotherapy for Opioid Use Disorder (POD) [PIP]	Sofia Campos	

Service Delivery and Clinical Issues

Behavioral Health DHCS Contractual Elements:

- *Address meaningful clinical issues affecting beneficiaries' system-wide.*
- *Monitor appropriate and timely intervention of occurrences that raise quality of care concerns.*

Goal 9: Expand services and improve provider collaboration			
Objectives	**Actions**	**Person Responsible**	**Baseline/Achieved**
1. Maintain collaborative relations with contract providers.	1. Continue to host various meetings and workgroups with SUD providers to address specific topics and system concerns. [Quarterly]	Fatima Matal Sol, Mark Messerer	
	2. Provide real time updates to providers using "SUD Newsflash" communication tool and Brown Bags. [Monthly]	Fatima Matal Sol Myesha Jamerson	

Goal 10: Increase use of evidence-based practices			
Objectives	**Actions**	**Person Responsible**	**Baseline/Achieved**
1. Plan and implement Contingency Management Program.	1. Track and Monitor clients in Recovery Incentives Programs. [Monthly]	Fatima Matal Sol Faye L. Ferguson-Manly Marissa Ibarra	FY 23-24: 60
	2. Expand Recovery Incentive services in Central County. [New]	Fatima Matal Sol Faye L. Ferguson-Manly	
	3. Analyze Recovery Incentives data. [Quarterly]	Marissa Ibarra	

Goal 11: Effectively collect data and communicate data findings to staff and the community			
Objectives	**Actions**	**Person Responsible**	**Baseline/Achieved**
1. Review data regularly to identify areas of quality improvement.	1. Report CalOMS data at Data Quality Workgroup. [Quarterly]	Mark Messerer	
	2. Review performance measurement data during management team and system of care meetings.	Mark Messerer Sofia Campos	
	3. Monitor and reduce CalOMS administrative discharge rate.	Mark Messerer	
2. Monitor and review women in treatment data	1. Track number of women who enter treatment. [Monthly] [Continuing]	Sonya Blunt	
	2. Monitor AODS perinatal counselor data. [Quarterly]	Sony Blunt Marissa Ibarra	

Goal 12: Maintain effective and consistent utilization review practices			
Objectives	**Actions**	**Person Responsible**	**Baseline/Achieved**
1. Improve communication with those who interface with or are part of the UR Team.	1. Hold periodic UR meetings with providers as needed. [Annually]	Mark Messerer Fatima Matal Sol Regina Griffiths Scott Alexander	

Continuity and Coordination of Care

Behavioral Health DHCS Contractual Elements: Work to ensure continuity and coordination of care with physical health care providers. Coordinate with other human services agencies used by beneficiaries.

Goal 13: Integrate behavioral health services with other County Hospitals			
Objectives	**Actions**	**Person Responsible**	**Baseline/Achieved**
1. Coordinate Drug Medi-Cal services with mental health services.	1. Track and increase referral numbers from AODS to SUD Treatment programs by 5% for clients referred from counselor at PES. [Quarterly]	Jesse Farrar Fatima Matal Sol Marissa Ibarra	
2. Coordinate Drug Medi-Cal services for justice involved clients	1. Participate in the HSD CalAIM justice involved initiative including CARE Court. [New]	Fatima Matal Sol Sonya Blunt Darren Webb	
	2. Coordinate and track services for justice involved clients and those stepping down from prison via warm hand offs [New]	Fatima Matal Sol Darren Webb	
	3. Continue monitoring implementation of CrossRoad (RSAT grant) to provide SUD treatment in jail. [Monthly]	Fatima Matal Sol Sofia Campos Darren Webb	
	4. Provide individual and group services in West County and Martinez Detention Facilities.	Darren Webb Melissa Mata Eric Clark	

Opioid Pandemic Response

Goal 14: Respond to Opioid Pandemic and Reduce Adverse Outcome in Community			
Objectives	**Actions**	**Person Responsible**	**Baseline/Achieved**
1. Monitor opioid overdoses within Contra Costa County.	1. Continue to monitor California Overdose Surveillance Dashboard and share data with stakeholders. [Monthly]	Elissa Kim Fatima Matal Sol	
2. Provide Opioid overdose related training and harm reduction to community.	1. Continue to partner with MEDS Coalition to provide Naloxone trainings within Contra Costa County. [Continuing]	Elissa Kim MEDS coalition Fatima MatalSol	
	2. Track numbers of Naloxone kits distributed to the community. [Continuing] [Annually]	Elissa Kim Jessica Recinos MEDS Coalition	
	3. Track numbers of Fentanyl strips distributed to the community. [Continuing] [Annually]	Jessica Recinos Elissa Kim MEDS Coalition Staff	
3. Continue use of Opioid Settlement Funds and monitor implementation.	1. Collaborate with Public Health and Sheriff to purchase Public Health Naloxone Vending Machine to place at 2 Detention Facilities. [Continuing]	Elissa Kim Fatima Matal Sol	
4. Continue use of Opioid Settlement Funds and monitor implementation.	1. Offer guidance and support for implementation of services outlined in executed RFPs (Request for Proposal). [Continuing] [New]	Elissa Kim	

Recovery Residences

Goal 15: Offer Housing for clients with Co-Occurring disorders who otherwise will not be able to access housing			
Objectives	**Actions**	**Person Responsible**	**Baseline/Achieved**
1. Monitor and coordinate with Recovery Residences	1. Monitor capacity and demand of Recovery Housing needs. [Continuing]	Darren Webb	
	2. Collect pre and post for all recovery residence surveys for clients. [Continuing]	Sofia Campos Darren Webb Shelter Inc. Staff	

Prevention

Goal 16: Strengthen countywide substance use prevention through strategic planning, resource development, and education for youth and families.			
Objectives	**Actions/Frequency**	**Person Responsible**	**Baseline/Achieved**
1. Implement year one of a comprehensive five-year County Strategic Prevention Plan (2026–2031) to guide substance use prevention efforts and align with DHCS Substance Use Prevention Plan (SUPP).	1. Identify priority areas and measurable goals for substance use prevention based on assessment findings. [Annually]	Sofia Campos Jessica Recinos Fatima Matal Sol	
	2. Monitor implementation and make adjustments as needed. [Annually]	Sofia Campos Jessica Recinos Fatima Matal Sol	
	3. Present new County Strategic Prevention Plan as needed. [New]	Jessica Recinos	
2. Expand awareness and capacity for substance use education among parents and youth throughout the county.	1. Develop and distribute educational materials for parents and youth, including fact sheets, guides, and online resources. [Continuing]	Jessica Recinos	
	2. Host community workshops and webinars focused on substance use prevention and early intervention strategies. [Continuing]	Jessica Recinos	

Goal 17: Ensure effective monitoring and support of the Cannabis Awareness Prevention Project (CAPP) for successful cannabis awareness and prevention outcomes.			
Objectives	**Actions/Frequency**	**Person Responsible**	**Baseline/Achieved**
1. Conduct consistent contract monitoring and technical assistance to support successful implementation of the CAPP.	1. Provide ongoing technical assistance (TA) to Office of Education regarding implementation and ongoing services. [Monthly]	Jorge Flores	

Cannabis Control and Community Engagement (Prop 64)

Support the implementation of cannabis control policies aimed at reducing youth access and mitigating the public health impacts of cannabis legalization on vulnerable populations, including monitoring community engagement activities, policy development, and community education efforts.

Goal 18: Enhance Youth Engagement and Leadership in Cannabis Control Efforts			
Objectives	**Actions/Frequency**	**Person Responsible**	**Baseline/Achieved**
1. Form and maintain a youth/adult coalition to lead cannabis control activities focused on policy, systems, and environmental changes.	1. Recruit about 6-12 youth/adult members from underserved communities and schools to participate in coalition activities.	Jorge Flores	
	2. Host at least six (6) youth/adult coalition meetings annually to educate youth on cannabis-related issues	Jorge Flores Marissa Ibarra	
	3. Organize three (3) non-meeting activities each year, such as community events or school presentations, to engage the coalition and increase public awareness on cannabis control activities.	Jorge Flores Marissa Ibarra	
2. Provide training for coalition members to effectively participate in cannabis control advocacy.	1. Conduct 4-6 trainings on public speaking, policy advocacy, community education, and other relevant skills.	Jorge Flores Marissa Ibarra	

Goal 19: Support Policy Development to Reduce Cannabis-Related Harms			
Objectives	**Actions/Frequency**	**Person Responsible**	**Baseline/Achieved**
1. Advance the adoption of a local cannabis-related policy under Prop 64.	1. Conduct key informant interviews with elected officials and policymakers to gather insights on cannabis policy needs and considerations. [New]	Marissa Ibarra Jorge Flores	
	2. Gather input from community stakeholders to inform policy considerations. [New]	Marissa Ibarra Jorge Flores	
	3. Draft policy proposals based on collected feedback. [New]	Marissa Ibarra Jorge Flores	
	4. Track progress and refine policy drafts as needed. [New]	Marissa Ibarra Jorge Flores	

Appendix E

REVISED FOR BOS SUBMISSION: 02/27/2026

Instructions

Counties shall report their planned expenditures for all behavioral health funding sources, not limited to only BHSA, along the Behavioral Health Care Continuum in Tab One.
For Annual Updates, counties should review and make updates only to the next fiscal year. For Intermittent Updates, counties should review and make updates to the current fiscal year.
Column C: counties shall indicate whether they provide each category of services using the check box.

Columns D through I: counties shall include their estimated total expenditures for the Integrated Plan period across all behavioral health funding sources and programs by each Behavioral Health Care Continuum category. Counties should consider children/youth as 21 and under for Columns G - I.
Columns J and K: counties shall input their estimated total count of all individuals served through the county behavioral health system across all funding sources/programs. These counts may be duplicated. Counties should consider eligible children/youth as 21 and under for Column K.
Row 39: the total projected expenditures in columns D through I and total projected individuals served annually in columns J and K will be auto-populated from rows 21 through 37.
Note: For a list of all funding streams that should be included in the projected expenditures calculation for each BH Care Continuum Category, please see the Behavioral Health Services Act (BHSA) County Policy Manual Chapter 3, Section A.

Reminder: 1) Counties must comply, and must ensure their providers comply, with all applicable conditions for each source of funding, as defined in applicable laws, regulations, and guidance, including the BHSA County Policy Manual. 2) Counties must promote access to care through efficient use of state and county resources as outlined in Chapter 6, Section C of the BHSA County Policy Manual, including requiring BHSA-funded providers to bill appropriately for services covered by the county's Medi-Cal Behavioral Health Delivery System and make a good faith effort to seek reimbursement from Medi-Cal managed care plans and commercial health insurance. These policies apply only to non-Housing services that are eligible for both BHSA funding and another funding source, such as Medi-Cal payment, commercial payment, etc.

Table One: Behavioral Health Care Continuum Projected Expenditures

	Services Are Provided in County	Total Projected Expenditures On Adults and Older Adults			Total Projected Expenditures on Children/Youth (under 21)			Projected Individuals to be Served Annually (May be duplicated)	
		Year One	Year Two	Year Three	Year One	Year Two	Year Three	Eligible Adults and Older Adults	Eligible Children/Youth
Substance Use Disorder (SUD) Services									
Primary Prevention Services	☑	$ 2,190,680.00	$ 2,322,594.00	$ 2,465,085.00	$ 2,494,653.00	$ 2,744,119.00	$ 3,018,531.00	380.00	1450.00
Early Intervention Services	☑	$ 2,367,919.00	$ 2,474,664.00	$ 2,588,182.00	$ 1,383,955.00	$ 1,515,906.00	$ 1,660,859.00	200	500.00
Outpatient Services	☑	$ 10,065,343.00	$ 10,988,240.00	$ 12,000,918.00	$ 1,248,581.00	$ 1,343,079.00	$ 1,446,115.00	1930	250.00
Intensive Outpatient Services	☑	$ 4,608,926.00	$ 5,069,819.00	$ 5,576,801.00	$ 1,222,499.00	$ 1,344,749.00	$ 1,479,224.00	781	100.00
Crisis and Field-Based Services	☑	$ 3,678,614.00	$ 3,818,028.00	$ 3,964,531.00	$ 466,890.00	$ 492,862.00	$ 520,810.00	834	145.00
Residential Treatment Services	☑	$ 16,958,986.00	$ 18,495,923.00	$ 20,181,784.00	$ -	$ -	$ -	1463	50.00
Inpatient Services	☑	$ 7,341,695.00	$ 7,876,946.00	$ 8,459,755.00	$ -	$ -	$ -	50	10.00
Mental Health (MH) Services									
Primary Prevention Services	☐	$ -	$ -	$ -	$ -	$ -	$ -	#	#
Early Intervention Services	☑	$ 7,107,529.00	$ 8,877,466.00	$ 7,197,810.00	$ 15,872,118.00	$ 18,247,857.00	$ 17,022,775.00	2004	4271
Outpatient and Intensive Outpatient Services	☑	$ 114,638,565.00	$ 120,507,060.00	$ 123,425,086.00	$ 63,983,158.00	$ 64,451,898.00	$ 64,956,969.00	15796	9099
Crisis Services	☑	$ 32,863,152.00	$ 33,539,437.00	$ 34,247,144.00	$ 1,527,612.00	$ 1,586,665.00	$ 1,648,398.00	5796	2982
Residential Treatment Services	☑	$ 1,559,978.00	$ 1,557,965.00	$ 1,556,328.00	$ 4,609,862.00	$ 4,603,911.00	$ 4,599,074.00	426	81
Hospital and Acute Services	☑	$ 69,890,411.00	$ 69,881,388.00	$ 69,874,053.00	$ -	$ -	$ -	860	540
Subacute and Long-Term Care Services	☑	$ 9,295,078.00	$ 9,283,079.00	$ 9,273,326.00	$ -	$ -	$ -	151	3
Housing Services (MH + SUD)									
Housing Services	☑	$ 41,536,258.00	$ 38,714,596.00	$ 39,897,348.00	$ -	$ -	$ -	1951	200
Total Projected Expenditures and Individuals Served									
Total Projected Expenditures and Individuals Served (auto-populated)		$ 324,103,134.00	$ 333,407,205.00	$ 340,708,151.00	$ 92,809,328.00	$ 96,331,046.00	$ 96,352,755.00	32622	19681

Instructions

Counties shall report their planned expenditures for all behavioral health services and activities, not limited to only BHSA funded services and activities, other than those that are part of the Behavioral Health Care Continuum in Tab Two.

Rows 18 through 21: counties shall include their estimated total expenditures for the Integrated Plan period across all behavioral health funding sources and programs for each category listed. These costs are those that do not easily fit under the categories in Tab One, "BH CoC Expenditures."

Row 23: total projected expenditures will be auto-populated from rows 18 through 21.

For a list of all funding streams that should be included in the projected expenditures calculation for Table Two: Other County Expenditures please see the Behavioral Health Services Act County Policy Manual Chapter 3 Section A.

Reminder: 1) Counties must comply, and must ensure their providers comply, with all applicable conditions for each source of funding, as defined in applicable laws, regulations, and guidance, including the BHSA County Policy Manual. 2) Counties must promote access to care through efficient use of state and county resources as outlined in Chapter 6, Section C of the BHSA County Policy Manual, including requiring BHSA-funded providers to bill appropriately for services covered by the county's Medi-Cal Behavioral Health Delivery System and make a good faith effort to seek reimbursement from Medi-Cal managed care plans and commercial health insurance. These policies apply only to non-Housing services that are eligible for both BHSA funding and another funding source, such as Medi-Cal payment, commercial payment, etc.

Table Two: Other County Expenditures			
Other Expenditures	**Total Projected Expenditures**		
	Year One	**Year Two**	**Year Three**
Capital Infrastructure Activities	$ 25,384,680.00	$ 21,346,498.00	$ 22,283,208.00
Workforce Investment Activities	$ 3,941,089.00	$ 4,005,054.00	$ 4,071,784.00
Quality & Accountability, Data Analytics, and Plan Management & Administrative Activities (including indirect administrative activities)	$ 41,879,788.00	$ 44,356,993.00	$ 48,637,860.00
Other County Behavioral Health Agency Services/Activities (e.g., Public Guardian, CARE Act, LPS Conservatorships, DSH for Housing, Court Diversion Programs)	$ 19,046,574.00	$ 19,445,398.00	$ 19,861,059.00
Total Projected Expenditures			
Total Projected Expenditures (auto-populated)	$ 90,252,131.00	$ 89,153,943.00	$ 94,853,911.00

Instructions

Counties shall report their planned revenue across the county behavioral health delivery system to support all behavioral health services and programs by funding source in Tab Three.

Rows 18 through 33: counties shall report projected expenditures for each funding source/program.

Row 21: for State General Fund, include funds received for the non-federal share of Medi-Cal payments.

Row 26: for Commercial Insurance (including Medicare), reporting reflects planned reimbursement obtained by county-operated providers, not county-contracted providers.

Row 35: total expenditures will be auto-populated from rows 18 through 33.

Row 36: will be auto-validated by DHCS against rows 35, 37, and 38. Validation: total projected expenditure variance should total out to $0.

Rows 37 and 38: will be auto-validated by DHCS against total projected expenditures in Tabs One and Two.

Reminder: 1) Counties must comply, and must ensure their providers comply, with all applicable conditions for each source of funding, as defined in applicable laws, regulations, and guidance, including the BHSA County Policy Manual.

2) Counties must promote access to care through efficient use of state and county resources as outlined in Chapter 6, Section C of the BHSA County Policy Manual, including requiring BHSA-funded providers to bill appropriately for services covered by the county's Medi-Cal Behavioral Health Delivery System and make a good faith effort to seek reimbursement from Medi-Cal managed care plans and commercial health insurance. These policies apply only to non-Housing services that are eligible for both BHSA funding and another funding source, such as Medi-Cal payment, commercial payment, etc.

Table Three: Projected Annual Expenditures by County BH Funding Source			
	Total Annual Projected Expenditures (Year One)	**Total Annual Projected Expenditures (Year Two)**	**Total Annual Projected Expenditures (Year Three)**
BHSA	$ 108,383,872.00	$ 118,305,871.00	$ 121,529,012.00
1991 Realignment (Bronzan-McCorquodale Act)	$ 41,964,597.00	$ 42,422,741.00	$ 43,695,423.00
2011 Realignment (Public Safety Realignment)	$ 62,924,967.00	$ 64,184,461.00	$ 67,217,434.00
State General Fund	$ 17,902,257.00	$ 18,392,667.00	$ 18,931,210.00
FFP (SMHS, DMC/DMC-ODS, NSMHS)	$ 161,081,300.00	$ 161,464,686.00	$ 168,161,797.00
Projects for Assistance in Transition from	$ -	$ -	$ -
Community Mental Health Block Grant (MHBG)	$ 2,701,265.00	$ 2,701,265.00	$ 2,701,265.00
Substance Use Block Grant (SUBG)	$ 6,837,706.00	$ 6,837,706.00	$ 6,837,706.00
Commercial Insurance	$ 520,000.00	$ 520,000.00	$ 520,000.00
County General Fund	$ 41,640,000.00	$ 41,640,000.00	$ 41,640,000.00
Opioid Settlement Funds	$ 10,757,891.00	$ 11,709,802.00	$ 12,602,459.00
Other Funding Sources	**Total Annual Projected Expenditures (Year One)**	**Total Annual Projected Expenditures (Year Two)**	**Total Annual Projected Expenditures (Year Three)**
Other federal grants	$ 1,206,614.00	$ 1,229,000.00	$ 1,252,863.00
Other state funding (including DSH funding)	$ 40,916,896.00	$ 39,041,638.00	$ 36,258,773.00
Other county mental health or SUD funding	$ 10,327,228.00	$ 10,442,357.00	$ 10,566,875.00
Other foundation funding	$ -	$ -	$ -
Summary	**Total Annual Projection (Year One)**	**Total Annual Projection (Year Two)**	**Total Annual Projection (Year Three)**
Total projected expenditures (all BH funding streams/ programs) (auto-populated)	$ 507,164,593.00	$ 518,892,194.00	$ 531,914,817.00
Total Projected Expenditure Variance	$ -	$ -	$ -
Auto-validation: Table 1: Behavioral Health Care Continuum Projected Expenditures	$ 416,912,462.00	$ 429,738,251.00	$ 437,060,906.00
Auto-validation: Table 2: Other County Expenditures	$ 90,252,131.00	$ 89,153,943.00	$ 94,853,911.00

Instructions

Counties shall report their base BHSA funding allocations, approved Housing Intervention Component Exemptions, and planned transfers on this sheet. All counties must complete this sheet.

Rows 39-41: input your county's base BHSA funding allocation by component and year.

Rows 45-54: this section will be auto-populated from the sections below it.

Rows 45, 50, and 53: the total adjusted allocation percentages for each component, inclusive of both exemptions and transfers.

Rows 46, 51, and 54: is the projected amount of funding, in dollars, based on the adjusted total allocation percentages.

Row 47: reflects the unspent MHSA funding that will be transferred to each of the Behavioral Health Services Act (BHSA) component allocations.

Row 48: reflects the excess prudent reserve funding that will be transferred to each of the BHSA components.

Rows 59, 82, and 105: the base funding amount for Housing Interventions will auto-populate from Column C, rows 39-41.

Rows 60, 83, and 106: if your county has an approved housing exemption, enter the percent of funds you are moving out of Housing Interventions into the other components. Enter this percentage as a positive value. It will automatically display as a negative value in the cell.

Rows 61, 84, and 107: if your county has an approved housing exemption, enter the percent of funds you are moving out of the other components and into Housing interventions. Enter this percentage as a positive value.

Rows 64, 87, 110: the base funding amount for Full Service Partnerships will auto-populate from Column D, rows 39-41.

Rows 69, 92, 115: the base funding amount for Behavioral Health Services and Supports will auto-populate from Column E, rows 39-41.

Rows 65, 70, 88, 93, 111, and 116: enter the percentage transferred out of Full Service Partnerships (FSP) and Behavioral Health Services and Supports (BHSS) into Housing Interventions, respectively.

Rows 66, 71, 89, 94, 112, and 117: enter the percentage transferred from Housing Interventions into Full Service Partnerships (FSP) and Behavioral Health Services and Supports (BHSS), respectively.

Rows 75, 98, 121: the updated base percentage will be auto-populated for Housing Interventions, FSP, and BHSS, respectively. Ensure the validation states "Row Equals 100%."

Rows 76, 99, 122: enter the amount you are transferring out of each component as a positive number. It will automatically display as a negative value. Ensure the validation states, "Row Does Not Exceed 14%."

Rows 77, 100, 123: enter the amount you are transferring into each component as a positive number. Ensure the validation states, "Transfers Out and In Equal."

Note: If your county plans to use Housing Intervention funds (up to 7 percent) to provide outreach and engagement, the amount of funds the county can transfer out of the Housing Intervention component (Row 76) must be decreased by the corresponding amount. Counties will document the amount dedicated to outreach and engagement in Tab 5. Housing Interventions.

Rows 78, 101, 124: the updated base percentage will be auto-populated for Housing Interventions, FSP, and BHSS, respectively. Ensure the validation states, "Row Equals 100%."

Rows 127-132: enter the amount of MHSA funds by component allocation transferring to each BHSA component. Encumbered unspent MHSA funds tied to WET, CFTN, or INN should be included; unencumbered INN funds should also be included. Please see Policy Manual Chapter 6, Section 7 for additional information.

Row 133: the total dollar amount of MHSA Transfers to BHSA is auto-populated.

Row 136: enter the dollar amount of prior year prudent reserve ending balance

Row 137: enter the prudent reserve maximum for your county.

Row 138: the dollar amount of excess prudent reserve funding to be transferred out of the prudent reserve will auto-populate. Negative values indicate no transfer is necessary.

Rows 139-141: enter the amount of excess prudent reserve funds allocated to each component.

Row 142: the total transferred excess prudent reserve is auto-populated.

Reminder: 1) Counties must comply, and must ensure their providers comply, with all applicable conditions for each source of funding, as defined in applicable laws, regulations, and guidance, including the BHSA County Policy Manual. 2) Counties must promote access to care through efficient use of state and county resources as outlined in Chapter 6, Section C of the BHSA County Policy Manual, including requiring BHSA-funded providers to bill appropriately for services covered by the county's Medi-Cal Behavioral Health Delivery System and make a good faith effort to seek reimbursement from Medi-Cal managed care plans and commercial health insurance. These policies apply only to non-Housing services that are eligible for both BHSA funding and another funding source, such as Medi-Cal payment, commercial payment, etc.

Table Four: BHSA Transfers				
County Base BHSA Funding Allocations				
	Housing Intervention	Full-Service Partnership	Behavioral Health Services and Support	Total
Year 1 Component Allocation (dollars)	$ 29,353,487.00	$ 34,245,735.00	$ 34,245,735.00	$ 97,844,957.00
Year 2 Component Allocation (dollars)	$ 28,809,759.00	$ 33,611,385.00	$ 33,611,385.00	$ 96,032,529.00
Year 3 Component Allocation (dollars)	$ 28,636,825.00	$ 33,409,630.00	$ 33,409,630.00	$ 95,456,085.00

Summary (auto-populated)				
	Housing Intervention	**Full-Service Partnership**	**Behavioral Health Services and Support**	**Totals**
Year One				
Adjusted Total Allocation Percentages (Exemptions and Transfers)	30%	35%	35%	100%
Projected Component Allocation (Based on Adjusted Allocation Percentages)	$ 29,353,487.00	$ 34,245,735.00	$ 34,245,735.00	$ 97,844,957.00
Unspent Mental Health Services Act (MHSA) to BHSA	$ 30,984,636.00	$ 42,771,226.00	$ 48,447,643.00	$ 122,203,505.00
Excess Prudent Reserve (PR) to BHSA	$ -	$ -	$ -	$ -
Year Two				
Adjusted Total Allocation Percentages (Exemptions and Transfers)	30%	35%	35%	100%
Projected Component Allocation (Based on Adjusted Allocation Percentages)	$ 28,809,759.00	$ 33,611,385.00	$ 33,611,385.00	$ 96,032,529.00
Year Three				
Adjusted Total Allocation Percentages (Exemptions and Transfers)	30%	35%	35%	100%
Projected Component Allocation (Based on Adjusted Allocation Percentages)	$ 28,636,825.00	$ 33,409,630.00	$ 33,409,630.00	$ 95,456,085.00

Funding Transfer Request Allocations		
Year 1		
Behavioral Health Services Fund (BHSF) Housing Intervention Component Exemption (Ability to change component's overall percentage)		
Base Component	**Housing Intervention Percentage**	**Housing Intervention Funds**
Base Percentage and Funding	30%	$ 29,353,487.00
Percentage Reduced	0%	$ -
Percentage Added	0%	$ -
New Housing Interventions Base Percentage (auto-populated)	30%	$ 29,353,487.00
Transferred To/From	**Full Service Partnership Percentage**	**Full Service Partnership Funds**
Base Percentage and Funding	35%	$ 34,245,735.00
Percentage Reduced	0%	$ -
Percentage Added	0%	$ -
New FSP Base Percentage (auto-populated)	35%	$ 34,245,735.00
Transferred To/From	**Behavioral Health Services and Support Percentage**	**Behavioral Health Services and Support Funding**
Base Percentage and Funding	35%	$ 34,245,735.00
Percentage Reduced	0%	$ -
Percentage Added	0%	$ -
New BHSS Base Percentage (auto-populated)	35%	$ 34,245,735.00

Transfers				
	Housing Intervention (1)	**Full-Service Partnership**	**Behavioral Health Services and Support**	**Validation**
Base Percentage after Housing Intervention Component Exemption (auto-populated)	30%	35%	35%	Row Equals 100%
Amount Transferring Out	0%	0%	0%	Row Does Not Exceed 14%
Amount Transferring In	0%	0%	0%	Transfers Out and In Equal
New Base Percentage after Funding Transfer Request (auto populated)	30%	35%	35%	Row Equals 100%

Year 2		
Behavioral Health Services Fund (BHSF) Housing Intervention Component Exemption (Ability to change component's overall percentage)		
Base Component	**Housing Intervention Percentage**	**Housing Intervention Funds**
Base Percentage and Funding	30%	$ 28,809,759.00
Percentage Reduced	0%	$ -
Percentage Added	0%	$ -
New Housing Interventions Base Percentage (auto-populated)	30%	$ 28,809,759.00
Transferred To/From	**Full Service Partnership Percentage**	**Full Service Partnership Funds**
Base Percentage and Funding	35%	$ 33,611,385.00
Percentage Reduced	0%	$ -
Percentage Added	0%	$ -
New FSP Base Percentage (auto-populated)	35%	$ 33,611,385.00
Transferred To/From	**Behavioral Health Services and Support Percentage**	**Behavioral Health Services and Support Funding**
Base Percentage and Funding	35%	$ 33,611,385.00
Percentage Reduced	0%	$ -
Percentage Added	0%	$ -
New BHSS Base Percentage (auto-populated)	35%	$ 33,611,385.00

Transfers				
	Housing Intervention (1)	**Full-Service Partnership**	**Behavioral Health Services and Support**	**Validation**
Base Percentage after Housing Intervention Component Exemption (auto-populated)	30%	35%	35%	Row Equals 100%
Amount Transferring Out	0%	0%	0%	Row Does Not Exceed 14%
Amount Transferring In	0%	0%	0%	Transfers Out and In Equal
New Base Percentage after Funding Transfer Request (auto populated)	30%	35%	35%	Row Equals 100%

Year 3		
Behavioral Health Services Fund (BHSF) Housing Intervention Component Exemption (Ability to change component's overall percentage)		
Base Component	**Housing Intervention Percentage**	**Housing Intervention Funds**
Base Percentage and Funding	30%	$ 28,636,825.00
Percentage Reduced	0%	$ -
Percentage Added	0%	$ -
New Housing Interventions Base Percentage (auto-populated)	30%	$ 28,636,825.00
Transferred To/From	**Full Service Partnership Percentage**	**Full Service Partnership Funds**
Base Percentage and Funding	35%	$ 33,409,630.00
Percentage Reduced	0%	$ -
Percentage Added	0%	$ -
New FSP Base Percentage (auto-populated)	35%	$ 33,409,630.00
Transferred To/From	**Behavioral Health Services and Support Percentage**	**Behavioral Health Services and Support Funding**
Base Percentage and Funding	35%	$ 33,409,630.00
Percentage Reduced	0%	$ -
Percentage Added	0%	$ -
New BHSS Base Percentage (auto-populated)	35%	$ 33,409,630.00

Transfers				
	Housing Intervention (1)	**Full-Service Partnership**	**Behavioral Health Services and Support**	**Validation**
Base Percentage after Housing Intervention Component Exemption (auto-populated)	30%	35%	35%	Row Equals 100%
Amount Transferring Out	0%	0%	0%	Row Does Not Exceed 14%
Amount Transferring In	0%	0%	0%	Transfers Out and In Equal
New Base Percentage after Funding Transfer Request (auto populated)	30%	35%	35%	Row Equals 100%

MHSA Transfers to BHSA				
MHSA Component	**Available Unspent BHSA Funds**	**Transferred to Housing Intervention**	**Transferred to Full-Service Partnership**	**Transferred to Behavioral Health Services and Support**
CSS	$ 76,179,025.00	$ 30,984,636.00	$ 39,517,973.00	$ 5,676,416.00
PEI	$ 26,459,825.00	$ -	$ 3,253,253.00	$ 23,206,572.00
Encumbered INN	$ 10,752,087.14	$ -	$ -	$ 10,752,087.14
Unencumbered INN	$ 4,264,364.86	$ -	$ -	$ 4,264,364.86
WET	$ 1,421,770.00			$ 1,421,770.00
CFTN	$ 3,126,433.00			$ 3,126,433.00
Total (auto-populated)	$ 122,203,505.00	$ 30,984,636.00	$ 42,771,226.00	$ 48,447,643.00

Excess Prudent Reserve to BHSA Components	
Transfer from Prudent Reserve to BHSA Component Allocation	**Amount**
Estimated Local Prudent Reserve Balance At End of Previous Fiscal Year	$ 8,465,231.00
Local Prudent Reserve Maximum (2)	$ 15,355,931.81
Excess Prudent Reserve Funding that must be transferred	**$ (6,890,700.81)**
Housing Intervention (3)	$ -
FSP	$ -
BHSS (4)	$ -
Total Transferred Excess Prudent Reserve (auto-populated)	$ -

References
1. BHSA County Policy Manual section 6.B.5 states counties may use up to seven percent of Housing Interventions component funds on outreach and engagement. The amount of funds transferred out of the Housing Interventions component into another funding component must be decreased by a corresponding amount. Counties are not required to use Housing Intervention component funding for outreach and engagement, or other funding transfer requests. It remains at the discretion of the counties to transfer up to a total of 14 percent of its BHSA funds in a fiscal year.
2. W&I Code § 5892, subdivision (b)(3)-(4) states a county's prudent reserve must not exceed 20% of average of the total funds distributed to the county Behavioral Health Services Fund over past five years (25% for counties with a population of less than 200,000).
3. W&I Code § 5892, subdivision (b)(6)(B) states prudent reserve funding cannot be spent on capital development.

Instructions

Counties shall report their projected expenditures for their BHSA Housing Interventions allocation component. Counties shall report projected expenditures for all other non-BHSA funding sources in Tab Five.

Rows 40-43: input the estimated total Housing Intervention component allocation received for each year. Row 40 will auto-populate from Tab Four in the BHSA Transfers tab. Input unspent MHSA dollars carried over to this component into row 42. Row 43 will auto-populate the sum of rows 40-42 to account for total funding.

Row 41: input the total dollar amount projected to be added to Housing Intervention component funds from the prudent reserve, if applicable. If you reported on Tab 4, row 139 that you will be transferring excess PR funds to Housing Interventions please report them here.

Rows 49-66: input the projected expenditures for each Housing Intervention component service category or program for each year.

Row 48: the aim of Housing Interventions is to help individuals achieve permanent housing stability. To the maximum extent possible, counties should seek to place individuals in permanent housing settings. Housing Interventions may only be used for placement in interim settings for a limited time, 6 months for BHSA eligible individuals who have exhausted the Transitional Rent benefit and 12 months for BHSA eligible individuals not eligible to receive Transitional Rent through their Medi-Cal MCP.

Row 53: pursuant to W&I Code section 5830, subdivision (c)(2), BHSA Housing Interventions may not be used for housing services covered by Medi-Cal Managed Care Plans (MCP). Please indicate the projected expenditures for BHSA funding ONLY in columns C, D, and E. Please indicate the projected expenditures for all other funding sources excluding BHSA in columns F, G, and H.

Row 65: input expenditures for BHSA-funded innovation pilots or projects.

Row 66: input expenditures for any encumbered MHSA INN Projects with services that do NOT align with the sub-allocations above.

Row 67: the sub-total will be auto-populated, excluding the percentage of rental and operating subsidies administered through Flex Pools.

Row 69: input the total dollar amount projected to be transferred out of Housing Intervention component funds into the prudent reserve.

Row 71: enter the total amount of direct and indirect costs required to implement this component. (See Policy Manual Chapter 6. BHT Fiscal Policies, Section B.8.2 Direct Costs and Indirect Costs).

Row 72: the overall total of Housing Intervention expenditures will be auto-populated from rows 67, 69, and 71.

Row 74: input the total dollar amount for Housing Intervention component programs and services that will be dedicated to the chronically homeless population. This amount should equal 50% of Housing Interventions component allocation.

Row 75: input the total dollar amount for Housing Intervention component programs and services that will be dedicated to serving individuals with only a substance use disorder, if provided by the county. DHCS recognizes there may be duplication with funds captured in row 74.

Row 77: the proportion of funds dedicated to capital development will be auto-populated.

Row 78: the proportion of funds dedicated to the chronically homeless population will be auto-populated.

Row 79: the proportion of funds dedicated to Outreach and Engagement will be auto-populated.

Rows 81-82: input the estimated unduplicated count of individuals that will be served across all Housing Intervention component services.

Row 84: auto-populates projected estimated amount of MHSA Encumbered INN funds that will be available in the BHSA HI component for each year.

Reminder: 1) Counties must comply, and must ensure their providers comply, with all applicable conditions for each source of funding, as defined in applicable laws, regulations, and guidance, including the BHSA County Policy Manual.

2) Counties must promote access to care through efficient use of state and county resources as outlined in Chapter 6, Section C of the BHSA County Policy Manual, including requiring BHSA-funded providers to bill appropriately for services covered by the county's Medi-Cal Behavioral Health Delivery System and make a good faith effort to seek reimbursement from Medi-Cal managed care plans and commercial health insurance. These policies apply only to non-Housing services that are eligible for both BHSA funding and another funding source, such as Medi-Cal payment, commercial payment, etc.

Table Five: BHSA Components			
Total Housing Interventions Funding (1)			
	Year 1	**Year 2**	**Year 3**
Total Estimated Housing Intervention Funding Received (BHSA Funds)	$ 29,353,487.00	$ 28,809,759.00	$ 28,636,825.00
Transfers into Housing Intervention component from Local Prudent Reserve	$ -	$ -	$ -
Total Estimated Housing Intervention Funding Allocated (MHSA - Unspent Carryover Funds)	$ 12,334,661.00	$ 8,743,302.00	$ 9,906,673.00
Total Estimated Housing Intervention Funding (BHSA + MHSA Funds)	$ 41,688,148.00	$ 37,553,061.00	$ 38,543,498.00

Housing Interventions Category						
Type of Service	**Projected Expenditures - Unspent MHSA and BHSA Funding Only**			**Projected Expenditures - All Other Funding Sources**		
	Year 1	**Year 2**	**Year 3**	**Year 1**	**Year 2**	**Year 3**
Housing Interventions Component Programs/Services						
Non-Time Limited Permanent Settings (e.g., supportive housing, apartments, single and multi-family homes, shared housing) (2)						
Rental Subsidies	$ -	$ 1,362,690.00	$ 1,430,825.00	$ 1,297,800.00	$ -	$ -
Operating Subsidies	$ -	$ 174,269.00	$ 179,497.00	$ 169,193.00	$ -	$ -
Bundled Rental and Operating Subsidies	$ 18,741,229.00	$ 21,524,200.00	$ 22,150,524.00	$ 1,087,751.00	$ -	$ -
% of Rental and Operating Subsidies Administered through Flex Pools	0%	0%	0%	0%	0%	0%
Time Limited Interim Settings (e.g., hotel and motel stays, non-congregate interim housing models, recuperative care) (2)						
Rental Subsidies	$ 1,250,000.00	$ 2,130,114.00	$ 2,236,620.00	$ 967,869.00	$-	$-
Operating Subsidies	$ 207,571.00	$ 213,798.00	$ 220,212.00	$ 492,970.00	$ 492,970.00	$ 507,759.00
Bundled Rental and Operating Subsidies	$ 5,661,482.00	$ 7,570,848.00	$ 7,819,563.00	$ 2,834,984.00	$ 719,671.00	$ 719,671.00
% of Rental and Operating Subsidies Administered through Flex Pools	0%	0%	0%	0%	0%	0%
Other Housing Interventions						
Other Housing Supports: Landlord Outreach and Mitigation Funds (2)	$ 100,000.00	$ 100,000.00	$ 10,000.00	$ 52,080.00	$ -	$ -
Other Housing Supports: Participant Assistant Funds (2)	$ 50,000.00	$ 250,000.00	$ 250,000.00	$ 291,000.00	$ -	$ -
Other Housing Supports: Housing Transition Navigation Services and Housing Tenancy Sustaining Services (2)	$ -	$ -	$ -	$ -	$ -	$ -
Other Housing Supports: Outreach and Engagement (2)	$ -	$ -	$ -	$ -	$ -	$ -
Capital Development Projects	$ 5,858,913.00	$ 1,438,700.00	$ 1,415,206.00	$ -	$ -	$ -
Housing Flex Pool Expenditures (start-up expenditures)	$ -	$ -	$ -	$ -	$ -	$ -
BHSA Innovative Housing Intervention Pilots and Projects	$ -	$ -	$ -	$ -	$ -	$ -
MHSA INN Projects	$ -	$ -	$ -	$ -	$ -	$ -
Subtotal (auto-populated)	$ 31,869,195.00	$ 34,764,619.00	$ 35,712,447.00	$ 7,193,647.00	$ 1,212,641.00	$ 1,227,430.00

Housing Interventions Transfer Information	Year 1	Year 2	Year 3
Transfers out of Housing Intervention component into Local Prudent Reserve (6)	$ -	$ -	$ -
Housing Interventions Component Administrative Information	**Year 1**	**Year 2**	**Year 3**
Housing Interventions Component Admin Expenses	$ 645,967.00	$ 727,142.00	$ 746,257.00
Total Housing Interventions Expenditures (auto-populated)	$ 32,515,162.00	$ 35,491,761.00	$ 36,458,704.00
Housing Interventions Populations to be Served	**Year 1**	**Year 2**	**Year 3**
Total Housing Interventions Component Funds Dedicated to Chronically Homeless Population (5)	$ 20,844,074.00	$ 18,776,530.50	$ 19,271,749.00
Total Housing Interventions Component Funds Dedicated to Serving Individuals with a SUD only (5)	$ 1,250,000.00	$ 1,312,500.00	$ 1,378,125.00
Housing Interventions Component Funds Validation (auto-populated based on inputs above)	**Year 1**	**Year 2**	**Year 3**
Housing Intervention Component Funds Dedicated to Capital Development/Total Housing Interventions Funding (7) (auto-populated)	14.1%	3.8%	3.7%
Housing Interventions Component Funds Dedicated to Chronically Homeless Population/Total Housing Intervention Component Funding (8) (auto-populated)	50.0%	50.0%	50.0%
Housing Interventions Component Funds Used for Outreach and Engagement (2) (auto-populated)	0.0%	0.0%	0.0%
Projected Individuals to be Served (Unduplicated)	**Year 1**	**Year 2**	**Year 3**
Eligible Children/TAY (25 years and younger)	100	110	125
Eligible Adults/Older Adults	1125	1175	1190
Projected MHSA-Origin Encumbered INN Funds Available (exempt from suballocation requirements)	**Year 1**	**Year 2**	**Year 3**
MHSA "Encumbered" INN	$ -	$ -	$ -

References
1. W&I Code § 5892, subdivision (a)(1)(A)(i) states 30% of BHSA funds distributed to counties shall be used for Housing Interventions.
2. See Policy Manual Section 7.C.9 Allowable Expenditures and Related Requirements for further information regarding allowable Housing Interventions expenditures.
3. Single room occupancy and recovery housing can be interim or permanent. If interim, Housing Interventions is limited to 6 months for those who have exhausted Transitional Rent or 12 months for those not eligible for Transitional Rent. Appendix B of the Policy Manual includes a crosswalk of coverage by select programs.
4. Congregate settings that have only a small number of individuals per room and sufficient common space (not larger dormitory sleeping halls) and does not include behavioral health residential treatment settings.
5. Counties must provide Housing Intervention services to eligible children, youth, and adults (defined in W&I Code section 5892) who are chronically homeless, experiencing homelessness, or at risk of homelessness. The provision of BHSA-funded Housing Interventions specifically for individuals with a substance use disorder is optional for counties, per W&I Code section 5891, subdivision (a)(2).
6. W&I Code § 5892, subdivision (b)(2).
7. W&I Code § 5892, subdivision (a)(1)(A)(iii) states no more than 25% of Housing Interventions funds may be used for capital development.
8. W&I Code § 5892, subdivision (a)(1)(A)(ii) states 50% of Housing Interventions funds shall be used for housing interventions for persons who are chronically homeless, with a focus on those in encampments.

Instructions

Counties shall report their projected expenditures of their Full Service Partnership (FSP) funding for their BHSA allocation component, federal financial participation, and all other non-BHSA funding sources in Tab Six.

Rows 25-28: input the total estimated FSP component allocation received for each year. Row 25 will auto-populate from Tab Four in the BHSA Transfers tab.
Input unspent MHSA dollars carried over to this component into row 27. Row 28 will auto-populate the sum of rows 25-27 to account for total funding.

Row 26: input the total dollar amount projected to be added to FSP from the prudent reserve, if applicable. If you reported on Tab 4, row 140 that you will be transferring excess PR funds to FSP please report them here.

Rows 33-42: input the projected expenditures for each FSP service category or program for each year.

Note: DHCS expects other required uses of FSP funding (e.g., mental health services, supportive services, substance use disorder (SUD) treatment services, ongoing engagement services) to be captured within rows 33-38. Any mental health and supportive service or SUD treatment service expenditures not included in these rows should be accounted for in rows 39-40, accordingly.

Row 41: input expenditures for BHSA-funded innovation pilots or projects.

Row 42: input expenditures for any encumbered MHSA INN Projects with services that do NOT align with the sub-allocations above.

Row 43: the subtotal of FSP programs/services will be auto-populated from rows 33-42.

Row 45: input the total dollar amount projected to be transferred out of FSP into the prudent reserve.

Row 47: enter the total amount of direct and indirect costs required to implement this component. (See Policy Manual Chapter 6. BHT Fiscal Policies, Section B.8.2 Direct Costs and Indirect Costs).

Row 48: total projected expenditures for FSP for each year will be auto-populated from rows 43, 45, and 47.

Rows 50 and 51: input the estimated unduplicated count of individuals that will be served across all FSP programs.

Row 53: auto-populates projected estimated amount of MHSA Encumbered INN funds that will be available in the BHSA FSP component for each year.

Reminder: 1) Counties must comply, and must ensure their providers comply, with all applicable conditions for each source of funding, as defined in applicable laws, regulations, and guidance, including the BHSA County Policy Manual.

2) Counties must promote access to care through efficient use of state and county resources as outlined in Chapter 6, Section C of the BHSA County Policy Manual, including requiring BHSA-funded providers to bill appropriately for services covered by the county's Medi-Cal Behavioral Health Delivery System and make a good faith effort to seek reimbursement from Medi-Cal managed care plans and commercial health insurance. These policies apply only to non-Housing services that are eligible for both BHSA funding and another funding source, such as Medi-Cal payment, commercial payment, etc.

Table Six: BHSA Components

Total Full Service Partnership (FSP) Funding			
	Year 1	**Year 2**	**Year 3**
Total Estimated Full Service Partnership Funding Received (BHSA Funds)	$ 34,245,735.00	$ 33,611,385.00	$ 33,409,630.00
Transfers into Full Service Partnership component from Local Prudent Reserve	$ -	$ -	$ -
Total Estimated Full Service Partnership Funding Allocated (MHSA - Unspent Carryover Funds)	$ 14,257,075.00	$ 14,257,075.33	$ 14,257,075.33
Total Estimated Full Service Partnership Funding (BHSA + MHSA Funds)	$ 48,502,810.00	$ 47,868,460.00	$ 47,666,705.00

Full Service Partnership Category (1)									
Type of Service	**Projected Expenditures - Unspent MHSA and BHSA Funding Only**			**Projected Expenditures - Federal Financial Participation**			**Projected Expenditures - All Other Funding Sources**		
	Year 1	**Year 2**	**Year 3**	**Year 1**	**Year 2**	**Year 3**	**Year 1**	**Year 2**	**Year 3**
FSP Programs/Services									
Assertive Community Treatment (ACT)(2)	$ 3,098,327.00	$ 3,253,243.00	$ 3,415,905.00	$ 2,500,000.00	$ 2,500,000.00	$ 2,500,000.00	$ -	$ -	$ -
Forensic Assertive Community Treatment (FACT) Fidelity (2)	$ 3,880,133.00	$ 4,074,139.00	$ 4,277,846.00	$ 1,125,000.00	$ 1,125,000.00	$ 1,125,000.00	$ -	$ -	$ -
FSP Intensive Case Management	$ 8,112,575.00	$ 8,473,383.00	$ 9,004,480.00	$ 2,620,000.00	$ 2,620,000.00	$ 2,620,000.00	$ -	$ -	$ -
High Fidelity Wraparound	$ 5,964,101.00	$ 6,262,306.00	$ 6,575,422.00	$ 2,900,000.00	$ 2,900,000.00	$ 2,900,000.00	$ -	$ -	$ -
Individual Placement and Support (IPS) Model of Supported Employment (2)	$ 1,816,675.00	$ 3,633,349.00	$ 5,450,024.00	$ 500,000.00	$ 500,000.00	$ 500,000.00	$ -	$ -	$ -
Assertive Field-Based Initiation for SUD Treatment Services	$ 223,891.00	$ 234,586.00	$ 245,815.00	$ -	$ -	$ -	$ -	$ -	$ -
Other mental health or supportive services not already captured above (e.g., outreach, other recovery-oriented services, peers, etc.): Please define	$ 14,635,298.00	$ 15,262,526.00	$ 13,341,463.00	$ -	$ -	$ -	$ -	$ -	$ -
Other substance use disorder treatment services not already captured above (primary SUD FSP programs, innovation, etc.): Please define	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
BHSA Innovative FSP Pilots and Projects	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
MHSA INN Projects	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subtotal (auto-populated)	$ 37,731,000.00	$ 41,193,532.00	$ 42,310,955.00	$ 9,645,000.00	$ 9,645,000.00	$ 9,645,000.00	$ -	$ -	$ -

FSP Transfer Information	**Year 1**	**Year 2**	**Year 3**
Transfers out of FSP component into Local Prudent Reserve	$ -	$ -	$ -

FSP Administrative Information	**Year 1**	**Year 2**	**Year 3**
FSP Component Admin Expenses	$ 203,355.00	$ 213,523.00	$ 224,199.00
Total Full Service Partnership Expenditures (auto-populated)	$ 37,934,355.00	$ 41,407,055.00	$ 42,535,154.00

Projected Individuals to be Served (Unduplicated)	**Year 1**	**Year 2**	**Year 3**
Eligible Children/TAY (25 years and younger)	616	616	616
Eligible Adults/Older Adults	2262	2262	2262

Projected MHSA-Origin Encumbered INN Funds Available (exempt from suballocation requirements)	**Year 1**	**Year 2**	**Year 3**
MHSA "Encumbered" INN	$ -	$ -	$ -

References
1. W&I Code § 5892, subdivision (a)(2)(A) states 35% of BHS funds distributed to counties shall be used for Full Service Partnership Programs.
2. May be bundled or un-bundled depending on county BH-CONNECT opt-in.

Instructions

Counties shall report their projected expenditures of their Behavioral Health Services and Supports funding for their BHSA allocation component, federal financial participation, and all other non-BHSA funding sources in Tab Seven.
Row 27-30: input the total estimated BHSS component allocation received for each year. Row 27 will auto-populate from Tab Four in the BHSA Transfers tab.
Row 28: input the total dollar amount projected to the BHSS funding component from the prudent reserve (if applicable). If you reported on Tab 4, row 141 that you will be transferring excess PR funds to BHSS please report them here.
Input unspent MHSA dollars carried over to this component into row 29. Row 30 will auto-populate the sum of rows 27-29.
Rows 35-48: input the projected expenditures for each BHSS service category or program for each year. Rows 37, 41, and 44 auto-populate from their sub rows.
Row 47: input expenditures for BHSA-funded innovation pilots or projects.
Row 48: input expenditures for any encumbered MHSA INN Projects with services that do NOT align with the sub-allocations above.
Row 49: the subtotal for projected expenditures will be auto-populated from rows 35 - 37, 40, 41, 44, 47, and 48.
Row 51: input the total dollar amount projected to be transferred out of the BHSS funding component into the prudent reserve.
Row 53: enter the total amount of direct and indirect costs required to implement this component. (See Policy Manual Chapter 6. BHT Fiscal Policies, Section B.8.2 Direct Costs and Indirect Costs).
Row 54: the total for projected BHSS expenditures will be auto-populated from rows 49, 51, and 53.
Row 56: input the total dollar amount of Youth-Focused (25 years and younger) Early Intervention Expenditures.
Row 58: the proportion of EI funds will auto-populate from rows 30 and 37. Note: MHSA WET, INN, and CF/TN funds in Rows 67-69 will be deducted from the revenue (excluded from the denominator).
Row 59: the proportion of Youth-Focused (25 years and younger) EI funds will auto-populate from rows 37 and 56.
Rows 61-62: input the estimated unduplicated count of individuals that will be served across all BHSA-funded programs.
Rows 64-65: input the estimated amount of BHSS funds that will be transferred to WET and CF/TN for each year.
Rows 67-69: auto-populates projected estimated amount of MHSA WET, CF/TN, and Encumbered INN funds that will be available in the BHSA BHSS component for each year.
Reminder: 1) Counties must comply, and must ensure their providers comply, with all applicable conditions for each source of funding, as defined in applicable laws, regulations, and guidance, including the BHSA County Policy Manual. 2) Counties must promote access to care through efficient use of state and county resources as outlined in Chapter 6, Section C of the BHSA County Policy Manual, including requiring BHSA-funded providers to bill appropriately for services covered by the county's Medi-Cal Behavioral Health Delivery System and make a good faith effort to seek reimbursement from Medi-Cal managed care plans and commercial health insurance.
These policies apply only to non-Housing services that are eligible for both BHSA funding and another funding source, such as Medi-Cal payment, commercial payment, etc.

Table Seven: BHSA Components

Total Behavioral Health Services and Supports (BHSS) Funding			
	Year 1	**Year 2**	**Year 3**
Total Estimated Behavioral Health Services and Support Funding Received (BHSA Funds)	$ 34,245,735.00	$ 33,611,385.00	$ 33,409,630.00
Transfers into Behavioral Health Services and Support component from Local Prudent Reserve	$ -	$ -	$ -
Total Estimated Behavioral Health Services and Support Funding Allocated (MHSA - Unspent Carryover Funds)	$ 15,221,144.00	$ 19,720,638.00	$ 13,505,861.00
Total Estimated Behavioral Health Services and Support Funding (BHSA + MHSA Funds)	$ 49,466,879.00	$ 53,332,023.00	$ 46,915,491.00

Behavioral Health Services and Supports Category (1)									
Type of Service	**Projected Expenditures - Unspent MHSA and BHSA Funding Only**			**Projected Expenditures - Federal Financial Participation**			**Projected Expenditures - All Other Funding Sources**		
	Year 1	**Year 2**	**Year 3**	**Year 1**	**Year 2**	**Year 3**	**Year 1**	**Year 2**	**Year 3**
BHSS Programs/Services									
Children's System of Care-Non FSP (25 years and younger)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Adult and Older Adult System of Care, Excluding Populations Identified in 5892(a)(1) and 5892(a)(2)-Non FSP	$ 1,108,155.00	$ 1,364,238.00	$ 1,628,991.00	$ 250,000.00	$ 250,000.00	$ 250,000.00	$ -	$ -	$ -
Early Intervention Expenditures	$ 20,377,936.00	$ 24,500,351.00	$ 21,571,297.00	$ 2,000,000.00	$ 2,000,000.00	$ 2,000,000.00	$ -	$ -	$ -
Coordinated Specialty Care for First Episode Psychosis	$ 4,188,771.00	$ 4,410,299.00	$ 4,624,665.00	$ -	$ -	$ -	$ -	$ -	$ -
All Other EI Expenditures	$ 16,189,165.00	$ 20,090,052.00	$ 16,946,632.00	$ 2,000,000.00	$ 2,000,000.00	$ 2,000,000.00	$ -	$ -	$ -
Outreach and Engagement	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Workforce Education and Training (WET)	$ 2,995,328.00	$ 3,051,463.00	$ 3,110,049.00	$ 750,000.00	$ 750,000.00	$ 750,000.00	$ -	$ -	$ -
Dedicated BHSA WET funds	$ 1,573,558.00	$ 3,051,463.00	$ 3,110,049.00	$ 750,000.00	$ 750,000.00	$ 750,000.00	$ -	$ -	$ -
Dedicated MHSA WET funds	$ 1,421,770.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Capital Facilities and Technological Needs (CFTN)	$ 2,995,328.00	$ 957,146.00	$ 1,893,856.00	$ -	$ -	$ -	$ -	$ -	$ -
Dedicated BHSA CF/TN funds	$ -	$ 826,041.00	$ 1,893,856.00	$ -	$ -	$ -	$ -	$ -	$ -
Dedicated MHSA CF/TN funds	$ 2,995,328.00	$ 131,105.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -
BHSA Innovative BHSS Pilots and Projects	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
MHSA INN Projects	$ 2,530,588.00	$ 2,632,117.00	$ 2,738,723.00	$ -	$ -	$ -	$ -	$ -	$ -
Subtotal (auto-populated)	$ 30,007,335.00	$ 32,505,315.00	$ 30,942,916.00	$ 3,000,000.00	$ 3,000,000.00	$ 3,000,000.00	$ -	$ -	$ -

BHSS Prudent Reserve Transfer Information	**Year 1**	**Year 2**	**Year 3**
Transfers out of BHSS component into Local Prudent Reserve	$ -	$ -	$ -
BHSS Administrative Information	**Year 1**	**Year 2**	**Year 3**
BHSS Component Admin Expenses	$ 7,927,020.00	$ 8,901,740.00	$ 11,592,238.00
Total Behavioral Health Services and Supports Expenditures (auto-populated)	$ 37,934,355.00	$ 41,407,055.00	$ 42,535,154.00
Youth-Focused Early Intervention Expenditures	**Year 1**	**Year 2**	**Year 3**
Total Youth-Focused (25 years and younger) Early Intervention Expenditures	$ 11,683,347.00	$ 13,837,558.00	$ 12,398,110.00
Behavioral Health Services and Supports Validation (auto-populated based on inputs above)	**Year 1**	**Year 2**	**Year 3**
BHSS Funds Early Intervention Expenditures/Total BHSS Funding (2)	59.6%	54.5%	52.2%
Youth-Focused (25 years and younger) Early Intervention Expenditures/Total Allocated Early Intervention Funds (3)	57.3%	56.5%	57.5%
Projected Individuals to be Served (Unduplicated)	**Year 1**	**Year 2**	**Year 3**
Eligible Children/TAY (25 years and younger)	5110	5350	5590
Eligible Adults/Older Adults	12560	12920	13280
Projected BHSS Funds transferred to WET or CF/TN	**Year 1**	**Year 2**	**Year 3**
BHSS transfer to WET	$ 1,573,558.00	$ 3,051,463.00	$ 3,110,049.00
BHSS transfer to CF/TN	$ -	$ 826,041.00	$ 1,893,856.00
Projected MHSA-Origin WET, CF/TN and Encumbered INN Funds Available (exempt from suballocation requirements)	**Year 1**	**Year 2**	**Year 3**
Estimated MHSA WET Funds	$ 1,421,770.00	$ -	$ -
Estimated MHSA CF/TN Funds	$ 3,126,433.00	$ 131,105.00	$ -
MHSA "Encumbered" INN	$ 10,752,087.14	$ 8,221,499.14	$ 5,589,382.14

References
1. W&I Code § 5892, subdivision (a)(3)(A) states 35% of BHS funds distributed to counties shall be used for Behavioral Health Services and Supports (BHSS).
2. W&I Code § 5892, subdivision (a)(3)(B)(i) states counties shall utilize at least 51% of BHSS funding for early intervention programs.
3. W&I Code § 5892, subdivision (a)(3)(B)(ii) states that at least 51% of funds allocated for early intervention programs must serve individuals 25 years of age and younger.
4. BHSA Policy Manual Ch. 6 § B.7.3 states that MHSA WET or CFTN funds transferred into BHSA BHSS will remain WET or CFTN funds and will not be subject to the suballocation requirements. Counties may set aside BHSS funds for WET and CFTN; the reversion period for these specific funds is ten years. All transfers into WET and CFTN are irrevocable and cannot be transferred out of WET and CFTN. Counties may continue to keep separate fund accounts to track their WET and CFTN funds.
5. BHSA Policy Manual Ch. 6 § B.8.2.2 states that the share of indirect costs attributed to BHSA funding should be in proportion to the extent the BHSA program benefits from the support activity. Proportional administrative and indirect costs will be verified through the Behavioral Health Outcomes Accountability and Transparency Report (BHOATR). Counties should ensure that their cost-allocation methodology complies with 2 CFR 200 and appropriately distributes costs in proportion.

Instructions

Counties shall report their projected spending for Behavioral Health Services Act (BHSA) plan administration in Tab Eight.

Row 27: the total dollar amount of BHSA component allocations dedicated to improvement and monitoring activities, including plan operations, quality and outcomes, data reporting pursuant to W&I Code § 5963.04, and monitoring of subcontractor compliance for all county behavioral health programs, including, but not limited to, programs administered by a Medi-Cal behavioral health delivery system, as defined in subdivision (i) of Section 14184.101, and programs funded by the Projects for Assistance in Transition from Homelessness grant, the Community Mental Health Services Block Grant, and other Substance Abuse and Mental Health Services Administration grants by year. Under W&I Code § 5892 (e)(2)(B), the total amount shall equal 2% or less of total projected annual revenues of the local behavioral health services fund for counties with a population over 200,000 or 4% of the total projected annual revenues of the local behavioral health services fund for counties with a population of less than 200,000. Any costs that exceed that amount will be included in the governor's budget. Administrative costs for improving and monitoring will only be reported on this tab, not the BHSA component tabs.

Row 28: input amounts of BHSA component allocations dedicated to county Integrated Plan annual planning costs, including stakeholder engagement in planning and local Behavioral Health Board activities by year. Under W&I Code § 5892 (e)(1)(B), this amount shall be 5% or less of total projected annual revenues of the local behavioral health services fund. Any costs that exceed that amount will be included in the governor's budget. Planning costs will only be reported on this tab, not the BHSA component tabs.

Row 29: input total dollar amount of new and ongoing county and behavioral health agency administrative costs to implement W&I Code § 5963-5963.06 and § 14197.71.

Row 31: select your county population size. This will ensure the formatting in the Admin Spending Overages section presents accurately.

Row 34: total projected annual revenues of the Local Behavioral Health Services Fund will be auto-populated.

Row 35: the proportion of funding used for improvement and monitoring will be auto-populated from rows 34 and 27.

Row 36: the proportion of funding used for planning expenditures will be auto-populated from rows 28 and 34.

Row 38-40: based upon the county population size selected in row 31, this calculator will auto-populate any Improvement and Monitoring expenditures that exceed (2%/4%) of the total projected annual revenues of the Local Behavioral Health Services Fund and any County Integrated Plan Annual Planning expenditures that exceed 5% of the total projected annual revenues of the Local Behavioral Health Services Fund.

Table Eight: BHSA Plan Administration			
INTEGRATED PLAN ADMINISTRATION AND MONITORING	**Year 1**	**Year 2**	**Year 3**
Total Projected Improvement and Monitoring Expenditures	$ 1,956,899.14	$ 1,920,650.60	$ 1,909,121.70
Total Projected County Integrated Plan Annual Planning Expenditures	$ 664,396.00	$ 684,328.00	$ 704,858.00
New and Ongoing Administrative Costs	$ -	$ -	$ -

Select County Population Size:	More than 200k

Administrative Information Validation			
Total Projected Annual Revenues of Local Behavioral Health Services Fund	$ 139,657,837.00	$ 138,753,544.00	$ 133,125,694.00
Improvement and Monitoring Expenditures/Total Annual Revenues of Local Behavioral Health Services Fund (auto-populated)	1.4%	1.4%	1.4%
Total Projected Planning Expenditures/Total Projected Annual Revenues for Local Behavioral Health Services Fund (auto-populated)	0.5%	0.5%	0.5%
Admin Spending Overages (in Dollars)			
Improvement & Monitoring	$ -	$ -	$ -
Planning	$ -	$ -	$ -
Total	**$ -**	**$ -**	**$ -**

References
1. W&I Code § 5963, subdivision (c) states that any costs incurred for BHSA implementation exceeding the required maximums set forth in W&I Code § 5892, subdivision (e)(1)(B) and W&I Code § 5892, subdivision (e)(2)(B) will be included in the Governors 2024-2025 May Revision.

Instructions

Counties shall report their estimated local prudent reserve maximums for each allocation component in Tab Nine.

Rows 18-19: dollar amounts will be auto-populated from Tab 4 rows 136-137.

Row 20: total excess prudent reserve dollars will be auto-populated from rows 18-19.

Rows 21-23: total dollar amounts will be auto-populated from Tab 4, rows 139-141.

Row 24: total excess prudent reserve funds allocated to BHSA components will be auto-populated from rows 21-23.

Row 25: auto-validates from rows 20 and 24 to check if the county has "No Excess" or if county must "Reduce Excess" prudent reserve.

Row 26: the total amount of planned contributions into the prudent reserve from all BHSA components allocations across all plan years will be auto-populated from Tab 5 row 69, Tab 6 row 45, and Tab 7 row 51.

Row 27: the total amount of planned distributions from the prudent reserve into the BHSA component allocations across all plan years will be auto-populated from Tab 5 row 41, Tab 6 row 26, and Tab 7 row 28.

Table Nine: Estimated Local Prudent Reserve Balance	
Estimated Local Prudent Reserve Balance At End of Previous Fiscal Year	$ 8,465,231.00
Local Prudent Reserve Maximum (1)	$ 15,355,931.81
Excess Prudent Reserve Funds (auto-populated)	$ (6,890,700.81)
Total prudent reserve funds above prudent reserve maximum allocated to Housing Interventions	$ -
Total prudent reserve funds above maximum allocated to Full Service Partnerships	$ -
Total prudent reserve funds above maximum allocated to Behavioral Health Services and Supports	$ -
Total Excess Prudent Reserve Funds allocated to BHSA Component Allocations (auto-populated)	$ -
Auto-validation: allocation of all excess Prudent Reserve Funds	NO EXCESS
Total Contributions Into the Local Prudent Reserve (auto-populated)	$ -
Total Distributions From the Local Prudent Reserve (auto-populated)	$ -
References	
1. W&I Code § 5892, subdivision (b)(3)-(4) states a county's prudent reserve must not exceed 20% of average of the total funds distributed to the county Behavioral Health Services Fund over past five years (25% for counties with a population of less than 200,000).	

Instructions

Counties will complete Tabs One through Nine prior to completing Tab Ten. Data on other tabs will auto-populate to Tab Ten.

Rows 25, 28, and 31: the new base percentage for each component will be auto-populated from Tab 4, rows 45, 50, and 53.

Rows 26, 29, and 32: the dollar amount allocated to each component for each year of the Integrated Plan will be auto-populated from Tab 5, row 40; Tab 6, row 25; and Tab 7, row 27, respectively.

Row 35: the total amount of BHSA funding for each component auto-populated from Tab 5, row 40; Tab 6, row 25; and Tab 7, row 27.

Rows 36, 43, and 50: the total amount of funding transferred from the prudent reserve into each BHSA component allocation for each plan year will be auto-populated from Tab 5, row 41; Tab 6, row 26; and Tab 7, row 28.

Row 37: the total amount of unspent MHSA-carryover funds from prior fiscal years, will be auto-populated from Tab 4 row 133.

Rows 38, 45, and 52: estimated total available funding will be auto-populated from rows 35-37, 42-44 and 49-51.

Rows 39, 46, and 53: the total amount of funding transferred from each BHSA component into the prudent reserve for each plan year will be auto-populated from Tab 5, row 69; Tab 6, row 45; and Tab 7, row 51.

Rows 40, 47, and 54: estimated expenditures for each component will be auto-populated from Tab 5, row 72; Tab 6, row 48; and Tab 7, row 54.

Rows 44 and 51: auto-populated by adding the existing year's carryover MHSA funds to any remaining funds (from all sources) not spent from the previous year.

Rows 57-59: the total amount of annual BHSA plan administration expenses from Tab 8, rows 27-29.

Reminder: 1) Counties must comply, and must ensure their providers comply, with all applicable conditions for each source of funding, as defined in applicable laws, regulations, and guidance, including the BHSA County Policy Manual.

2) Counties must promote access to care through efficient use of state and county resources as outlined in Chapter 6, Section C of the BHSA County Policy Manual, including requiring BHSA-funded providers to bill appropriately for services covered by the county's Medi-Cal Behavioral Health Delivery System and make a good faith effort to seek reimbursement from Medi-Cal managed care plans and commercial health insurance. These policies apply only to non-Housing services that are eligible for both BHSA funding and another funding source, such as Medi-Cal payment, commercial payment, etc.

Table Ten: BHSA Funding Summary (auto-populated)

	Housing Interventions	Full-Service Partnerships	Behavioral Health Services and Supports	Total
Year One				
Allocation Percentage, with Transfers	30%	35%	35%	100%
Component Allocations	$ 29,353,487.00	$ 34,245,735.00	$ 34,245,735.00	$ 97,844,957.00
Year Two				
Allocation Percentage, with Transfers	30%	35%	35%	100%
Component Allocations	$ 28,809,759.00	$ 33,611,385.00	$ 33,611,385.00	$ 96,032,529.00
Year Three				
Allocation Percentage, with Transfers	30%	35%	35%	100%
Component Allocations	$ 28,636,825.00	$ 33,409,630.00	$ 33,409,630.00	$ 95,456,085.00

BHSA Funding Summary	Housing Interventions	Full Service Partnerships	Behavioral Health Services and Supports	Totals
Year One				
Estimated Year One Component Allocations (BHSA Funding Only)	$ 29,353,487.00	$ 34,245,735.00	$ 34,245,735.00	$ 97,844,957.00
Transfers From PR Into Component	$ -	$ -	$ -	$ -
Estimated Unspent Funds From Prior Fiscal Years (Including MHSA Funds) (Unspent Carryover MHSA Funds)	$ 12,334,661.00	$ 14,257,075.00	$ 15,221,144.00	$ 41,812,880.00
Estimated Total Available Funding for Year One	$ 41,688,148.00	$ 48,502,810.00	$ 49,466,879.00	$ 139,657,837.00
Transfers from Component Into PR	$ -	$ -	$ -	$ -
Estimated Total Year One Expenditures	$ 32,515,162.00	$ 37,934,355.00	$ 37,934,355.00	$ 108,383,872.00
Year Two				
Estimated New Year Two Component Allocations (BHSA Funding Only)	$ 28,809,759.00	$ 33,611,385.00	$ 33,611,385.00	$ 96,032,529.00
Transfers From PR Into Component	$ -	$ -	$ -	$ -
Estimated Unspent Funds From Prior Fiscal Years (Including MHSA Funds)	$ 17,916,288.00	$ 24,825,530.33	$ 31,253,162.00	$ 73,994,980.33
Estimated Total Available Funding for Year Two	$ 46,726,047.00	$ 58,436,915.33	$ 64,864,547.00	$ 170,027,509.33
Transfers from Component Into PR	$ -	$ -	$ -	$ -
Estimated Total Year Two Expenditures	$ 35,491,761.00	$ 41,407,055.00	$ 41,407,055.00	$ 118,305,871.00
Year Three				
Estimated New Year Three Component Allocations (BHSA Funding Only)	$ 28,636,825.00	$ 33,409,630.00	$ 33,409,630.00	$ 95,456,085.00
Transfers From PR Into Component	$ -	$ -	$ -	$ -
Estimated Unspent Funds From Prior Fiscal Years (Including MHSA Funds)	$ 21,140,959.00	$ 31,286,935.67	$ 36,963,353.00	$ 89,391,247.67
Estimated Total Available Funding for Year Three	$ 49,777,784.00	$ 64,696,565.67	$ 70,372,983.00	$ 184,847,332.67
Transfers from Component Into PR	$ -	$ -	$ -	$ -
Estimated Total Year Three Expenditures	$ 36,458,704.00	$ 42,535,154.00	$ 42,535,154.00	$ 121,529,012.00

BHSA Plan Admin Expenses				
Plan Admin Category	**Year One**	**Year Two**	**Year Three**	**Total**
Total Projected Improvement and Monitoring Expenditures	$ 1,956,899.14	$ 1,920,650.60	$ 1,909,121.70	$ 5,786,671.44
Total Projected County Integrated Plan Annual Planning Expenditures	$ 664,396.00	$ 684,328.00	$ 704,858.00	$ 2,053,582.00
Total Projected New and Ongoing Administrative Expenditures	$ -	$ -	$ -	$ -

Budget Template Updates			
Version	**Revision Date**	**Description of Changes**	**Effective Date of Change**
2.0	10/25/2025	Tab 10 (BHSA Summary): Formula updated to avoid double counting of MHSA unspent carryover funds.	10/25/2025
2.0	10/25/2025	Tab 7 (BHSS): EI Threshold calculation should exclude MHSA transferred WET and CFTN funds as they are exempt from suballocation requirements, formula revised to remove WET and CFTN. Added a BHSS transfer to WET/CFTN for reversion tracking.	10/25/2025
2.0	10/25/2025	Tab 8 (BHSA Plan Admin): Updated instructions to clarify DHCS will not pre-populate data for "Total Projected Annual Revenues of BHSF". Counties must enter in the data.	10/25/2025
2.0	10/25/2025	Tab 5, 6, 7 (BHSA Conponents): Added unspent MHSA funds row for year 1, 2 and 3.	10/25/2025
2.0	10/25/2025	Tab 7 (BHSS): Added separate rows for unspent MHSA WET/CFTN expenditures.	10/25/2025
2.0	10/25/2025	Tabs 1-10: Fixed formula and instruction errors	10/25/2025
3.0	2/18/2026	Tab 4 (BHSA Transfers): Added Year 2 and Year 3 for exemption requests	2/18/2026
3.0	2/18/2026	Tab 4 (BHSA Transfers): Added validation check for funding transfers	2/18/2026
3.0	2/18/2026	Tab 4 (BHSA Transfers): Added two new rows for unspent MHSA “Encumbered” INN Funds and unspent MHSA “Unencumbered” INN Funds.	2/18/2026
3.0	2/18/2026	Tab 5, 6 and 7 (BHSA Components): Moved transfers from prudent reserve into the BHSA component funding section to be included with total revenue	2/18/2026
3.0	2/18/2026	Tab 5, 6, and 7 (BHSA Components): Included prudent reserve transfers as an expenditure	2/18/2026
3.0	2/18/2026	Tab 5, 6, and 7 (BHSA Components): Included prudent reserve transfers as an expenditure	2/18/2026
3.0	2/18/2026	Tab 5, 6 and 7 (BHSA Components): Added a row for projected MHSA “Encumbered” INN Project expenditures.	2/18/2026
3.0	2/18/2026	Tab 5 (Housing Interventions): Removed projected encumbered MHSA INN fund expenditures from the 50% HI funds dedicated to chronically homeless suballocation requirement calculation.	2/18/2026
3.0	2/18/2026	Tab 7 (BHSS): Removed projected encumbered MHSA INN fund expenditures from the 51% BHSS funds dedicated to Early Intervention suballocation requirement calculation	2/18/2026
3.0	2/18/2026	Tab 8 (BHSA Plan Admin): Updated to include a validation check for “Improvement and Monitoring” (2% or 4%) and “Planning” (5%)	2/18/2026
3.0	2/18/2026	Tab 9 (Prudent Reserve Assessment): Updated PR validation checks to “No Excess” or “Reduce Excess”	2/18/2026
3.0	2/18/2026	Tab 10 (BHSA Summary): Included component percentage breakdowns for all three years	2/18/2026
3.0	2/18/2026	Tab 10 (BHSA Summary): Include total administrative and planning expenditures from tab 8	2/18/2026

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Behavioral Health Director Certification

Certification

1. I hereby certify that Contra Costa Coun has complied with all statuses, regulations, and guidelines in preparing and submitting this Three-Year Plan (IP) for Behavioral Health Services and Outcomes, including all fiscal accountability and stakeholder participation requirements. I further certify that:

   - ✔ The information, statements, and attachments included in the Three-Year IP are, to the best of my knowledge and belief, true and correct
   - ✔ I understand and agree that the Department of Health Care Services (DHCS) reserves the right to request clarification regarding unclear or ambiguous statements made in the IP and other supporting documents submitted in the IP
   - ✔ The County will use Behavioral Health Services Act (BHSA) funds to serve the targeted population(s) as described in statute, regulations, and guidance
   - ✔ Behavioral Health funding from all sources will be spent only on allowable uses as stated in statute, statute, regulations, and guidance
   - ✔ BHSA funding will supplement, and not supplant, other funding available from existing state or county funds utilized to provide mental health services or substance use disorder treatment services (except that this non-supplant rule does not apply to the use of 2011 realignment funds provided to counties from the Behavioral Health Subaccount or Behavioral Health Services Growth Special Account)
   - ✔ The IP was submitted to the local behavioral health board

2. Does the county wish to disclose any implementation challenges or concerns with these requirements?

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- ○ Yes
- ◉ No

a. Please describe any implementation challenges or concerns with the BHSA fiscal accountability and stakeholder participation requirements

County Behavioral Health Agency Director contact information

3. County Name

Contra Costa County

4. Certification for

- ◉ Three-Year Integrated Plan
- ○ Annual Update
- ○ Intermittent Update

4a. Submission type

- ◉ Draft
- ○ Final

5. County Behavioral Health Agency Director name

Suzanne Tavano

6. County Behavioral Health Agency Director phone number

925-957-5169

7. County Behavioral Health Agency Director email

suzanne.tavano@cchealth.org

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Additional contact information for counties with separate MH and SUD directors (optional)

8. Name

9. Title

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10. Phone

11. Email

County Behavioral Health Agency Director signature

12. Print name

Suzanne Tavano

13. Title

Director

14. Date

November 3, 2025

15. Signature

Suzanne Tavano, Digitally signed by Suzanne Tavano, PhD Date: 2025.11.10 16:52:49 -

Additional signature for counties with separate MH and SUD directors (optional)

16. Print name

17. Title

18. Date

19. Signature

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County Administrator or Designee Certification

The County Administrator may be known by other titles such as Chief Executive, County Manager, or Chief Administrative Officer. The County Administrator must be the individual who serves as the top staff member in county government and hold the highest level of administrative authority in the county or be the designee of that individual. This individual or their designee must work within the executive office of county government, and they may not be the county behavioral health director.

Certification

1. I hereby certify that:
   - ✓ The County will use Behavioral Health Services Act (BHSA) funds to serve the targeted population(s) as described in statute
   - ✓ Behavioral Health funding from all sources will be spent only on allowable uses as stated in statute
   - ✓ BHSA funding will supplement, and not supplant, other funding available from existing state or county funds utilized to provide mental health services or substance use disorder treatment services (except that this non-supplant rule does not apply to the use of 2011 realignment funds provided to counties from the Behavioral Health Subaccount or Behavioral Health Services Growth Special Account)

2. Does the county wish to disclose any implementation challenges or concerns with these requirements?
   - ○ Yes
   - ◉ No

a. If answered yes above, please describe any implementation challenges or concerns with the BHSA fiscal accountability and stakeholder participation requirements

DHCS | County Portal

Signature

3. Print name
   Monica Nino
4. Date
   November 3, 2025
5. Signature
   Monica Nino

Contact information

6. County Name
   Contra Costa County
7. Certification for
   - ◉ Three-Year Integrated Plan
   - ○ Annual Update
   - ○ Intermittent Update

7a. Submission type
   - ◉ Draft

8. County Chief Administration Officer Name
   Monica Nino
9. County Chief Administration Officer Phone number
   925-655-2075
10. County Chief Administration Officer Email
    monica.nino@cao.cccounty.us

DHCS | County Portal

Board of Supervisors Certification

Certification

1. Contra Costa County Board of Supervisors certifies the following:

   ☑ Contra Costa County Board of Supervisors has reviewed and approved this Integrated Plan for the period of [FY2026-FY2029]

   ☑ County will meet its realignment obligations pursuant to W&I Code section 14197, including but not limited to time or distance standards and appointment time standards set forth in W&I Code section 14197 or other applicable guidance, without utilizing waitlists

2. Does the county wish to disclose any implementation challenges or concerns with these requirements?

   ○ Yes

   ◉ No

a. If answered yes above, please describe any implementation challenges or concerns with their realignment obligations (optional)

Signature

3. Printed name

4. Title

5. Date

6. Signature

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1049 **Agenda Date:** 3/17/2026 **Agenda #:** C.94.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Annual Update of the Contra Costa Health Plan Quality Improvement and Health Equity Transformation Program

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ACCEPT the Contra Costa Health Plan (CCHP) Quality and Health Equity Annual Documents, which include the 2026 Program Description, the 2026 Program Work Plan, and the 2025 Program Evaluation, of the Quality Improvement and Health Equity Transformation Program (QIHETP) as recommended by the CCHP Joint Conference Committee (JCC).

AUTHORIZE and DIRECT the Chair of the Board of Supervisors to accept the above three documents, which have been included as attachments, and provide an authorizing signature on the accompanying signature page.

FISCAL IMPACT:
There is no fiscal impact for this action.

BACKGROUND:
To maintain compliance with the California Department of Health Care Services (DHCS) contract requirements for Medi-Cal managed care plans, CCHP must submit an annual program evaluation, program description, and work plan of the QIHETP, approved and signed by the governing body.

Attachments A through C, the QIHETP 2026 Program Description, 2026 Program Work Plan, and 2025 Program Evaluation are included.

CONSEQUENCE OF NEGATIVE ACTION:
If this action is not accepted, CCHP will not be in compliance with the DHCS contract. Noncompliance can lead to audit findings, fines, and, ultimately, loss of funding.

Quality Improvement and Health Equity Transformation Program Description 2026

CONTRA COSTA HEALTH

ACCREDITED NCQA HEALTH PLAN ACCREDITED

January 2026

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2 INTRODUCTION

Contra Costa Health Plan (CCHP) is a federally qualified, state-licensed, and county-sponsored Health Maintenance Organization (HMO) serving Contra Costa County in the East Bay of the San Francisco Bay Area. Established in 1973, CCHP became the first county-sponsored HMO in the United States.

CCHP is a department within Contra Costa Health (CCH), the health services division of Contra Costa County's government. CCH integrates multiple departments that collectively support the health and well-being of the county's population. Other departments within CCH include:

- **Contra Costa Regional Medical Center (CCRMC),** a 166-bed public hospital, Level II trauma center that includes ten outpatient Federally Qualified Health Centers (FQHCs). CCRMC offers a comprehensive range of services, including a Cancer Care Program, and is home to a nationally recognized Family Medicine Residency Program.
- **County Behavioral Health Services**, which oversees specialty mental health and alcohol and other drug (AOD) services, carved out from Medi-Cal.
- **Community Health & Safety,** which houses a range of departments serving the entire county. The County Public Health Department operates a wide range of programs and services, including school health centers, health care for the homeless, case management programs, the Women, Infants, and Children (WIC) program, communicable disease control, HIV/AIDS Ryan White programs, family maternal and child health programs, and mobile clinics. Health, Housing, and Homelessness operates shelters, homeless street outreach, supportive housing, and other programs serving individuals experiencing homelessness. Environmental Health and HazMat focus on food safety, including restaurant licensing and inspections, as well as other public safety and environmental health initiatives such as hazardous materials (HazMat) management and response. Emergency Medical Services (EMS) provides oversight for prehospital care, ambulance services, and disaster preparedness.

All divisions of CCH, including CCHP, share centralized infrastructure for Human Resources, Finance, and Information Technology. This integrated structure enables collaboration and streamlines operations to support the mission of serving Contra Costa County residents.

According to the 2023 American Community Survey (1-year estimate) from the U.S. Census Bureau, Contra Costa County has a population of approximately 1.155 million residents. CCHP provides health insurance to roughly 270,000 members, covering over 20% of the county's population, including one-third of the county's children. Our membership is diverse and comprised of 42% Hispanic/Latino, 14.9% of White/Caucasian, 12% of Black/African American, 11.4% of Asian and 1.6% of more than one race. Language wise,

38% of CCHP members have preferred language other than English; besides English, Spanish is the most common preferred language at 28.6%, followed by Chinese (1.2%), Dari (0.9%) and Portuguese (0.75%).

Contra Costa Health Plan currently serves approximately 263,000 Medi-Cal members and is one of two Medi-Cal Health Plans serving the region.[1] CCHP serves over 85% of Medi-Cal members in Contra Costa County. Beginning in 2024, the Department of Managed Healthcare (DHCS) launched a new managed care contract and the managed care plan transition, in which members in various geographic regions were transitioned to new managed care plans. In 2024, Anthem Blue Cross left the Contra Costa service area and DHCS entered a direct contract with Kaiser Permanente. Previously, Kaiser Permanente was a delegate of CCHP.

CCHP also administers a commercial product for County employees, County retirees, and In-Home Support Services (IHSS) caregivers. CCHP covers approximately 6,500 commercial members with these product lines.

Starting in 2026, CCHP will be starting a new line of business for dually enrolled Medicare and Medicaid beneficiaries, a Dual-Special Needs Plan (D-SNP). CCHP has approximately 23,000 dual enrollees, and estimates that approximately 10% will enroll in the first year.

The CCHP provider network consists of Contra Costa Regional Medical Center and Health Centers and the Community Provider Network, which includes Federally Qualified Community Health Centers, contracted provider groups, and private practices.

The Quality Improvement and Health Equity Transformation Program (QIHETP) collaborates with Contra Costa Health divisions, CCHP internal departments, provider networks, and community-based organizations to facilitate safe, effective, cost efficient, equitable, and timely care to members. The Quality Council, a multi-disciplinary physician group, and the Equity Council, a group of community and provider stakeholders, guides the overall development, implementation, and evaluation of the quality and equity. The Joint Conference Committee was appointed by the Board of Supervisors to oversee the QIHETP for CCHP.

3 Program Purpose, Goals, and Scope

3.1 Program Purpose

CCHP is committed to the delivery of high-quality and equitable health care services to our culturally and linguistically diverse members. CCHP's Quality Improvement and Health Equity Transformation Program (QIHETP) is designed to measure, monitor, evaluate, and enhance the quality and safety of health care services, ensuring not only the equitable

[1] Kaiser Permanente is the other plan serving the Medi-Cal population, however, enrollment is limited to select populations according to Kaiser's direct contract with the California Department of Health Care Services (DHCS).

delivery of healthcare, but also promoting and achieving equitable health outcomes for all members.

3.2 Goals

The overarching quality and equity goals at CCHP are to:

- Achieve better health outcomes for members by closing gaps in care that are informed by evidence-based practice guidelines.
- Provide a robust population health management strategy to address the needs of members across the continuum of care services.
- Promote health equity and reduce disparities in care through a coordinated strategy with members, providers, and the community.
- Ensure patient safety by ensuring adequate and timely identification and investigation of issues.
- Improve the member experience of care, including timely access to care that is convenient and culturally competent.
- Avoid unnecessary utilization in the ED and hospital by investing in preventive care and coordinating care across settings.
- Stabilize or reduce health care costs by targeting the right resources to the patients who need them most.
- Optimize the provider experience through meaningful collaboration and reducing administrative barriers.

To achieve these goals, CCHP:

- Uses data from a variety of sources to identify areas for improvement in clinical care, member experience, and provider experience measures.
- Solicits input from our providers and members through various committees and provider meetings. This includes the Community Advisory Committee, Equity Council, Quality Council, and Joint Conference Committee.
- Collaborates with community-based organizations and providers in developing outreach and health education strategies.
- Establishes aims, measures, interventions, and improvement teams for Performance Improvement Projects (PIPs).
- Leverages technology and automation to establish proactive identification and outreach systems for services.
- Continuously monitors performance, sustain performance where targets are met, and develop an improvement strategy to address where performance falls short.
- Provide training and education to staff and providers to ensure all services provided are culturally and linguistically appropriate.

3.3 PROGRAM SCOPE

The QIHETP scope includes the provision of clinical care (medical and behavioral health) and service for all Medi-Cal and Commercial members. In partnership with CCHP departments, provider networks and facilities, community-based organizations, and Contra Costa Health (CCH) departments, the QIHETP Program encompasses all aspects of care and service including, but not limited to:

- Access to care
- Continuity and care coordination between primary care and specialty care, as well as primary care and behavioral health
- Developing and implementing a population health strategy
- Evaluating utilization, cost, and clinical trends
- Facility Site Reviews and ongoing monitoring to assess compliance with patient safety standards
- Health education
- Cultural and linguistic services
- Identifying and addressing health disparities through targeted performance improvement projects
- Identifying and addressing overuse and underuse of clinical services
- Addressing member appeals and grievances
- Ensuring excellent member experience with care and service outcomes
- Achieving NCQA Accreditation standards for the Medi-Cal product line
- Potential quality issues identification and resolution
- Preventive, chronic care and acute health care guidelines compliance
- Developing and educating on clinical practice guidelines
- Ensuring high provider satisfaction with CCHP services
- Quality measurement and implementing Performance Improvement Projects (PIPs) in underperforming measures

Healthcare settings within the Scope of Services include:

- Acute hospital services
- Ambulatory care services including preventive health care, family planning, perinatal care, and chronic disease management
- Ancillary services including, but not limited to lab, pharmacy, radiology, medical supplies, durable medical equipment (DME), and home health
- Behavioral health (mild/moderate and substance use disorder)
- Emergency services and urgent care
- Long-term care including skilled nursing facilities and rehabilitation care
- Specialty care and tertiary care providers

CCHP complies with applicable Federal civil rights laws and is responsible for ensuring that all medically necessary covered services are available and accessible to all members

regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sex, sexual orientation, gender identity, health status, or physical or mental disability, or identification with any other persons or groups defined in Penal Code 422.56, and that all covered services are provided in a culturally and linguistically appropriate manner.

4 Program Governance and Structure

4.1 Overview

Program governance and structure form the foundation of the program, ensuring effective oversight, accountability, and alignment with regulatory standards to meet the needs of members.

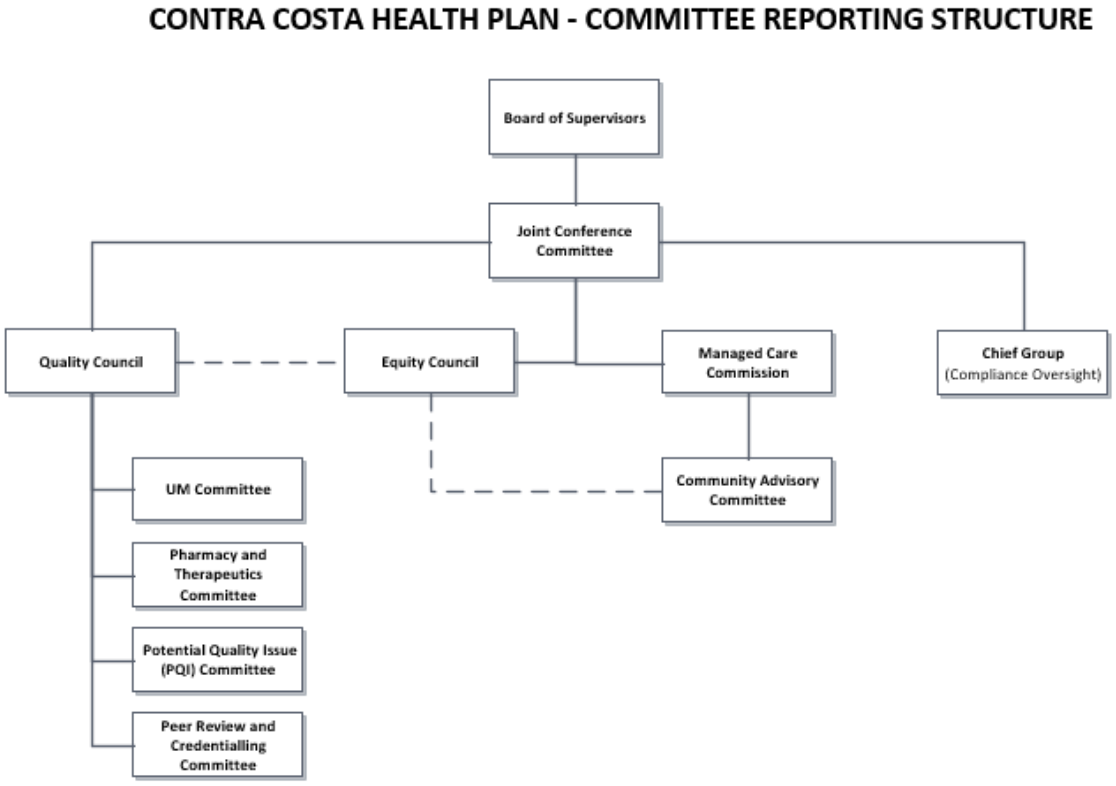
4.2 Program Governance

The Quality Council (QC) and the Equity Council (EC) are the principal committees for directing and overseeing quality, equity, and patient safety operations and activities for CCHP, including but not limited to, clinical and service-related performance improvement projects, access to care studies for medical and behavioral health, member grievances, potential quality issues, case management, utilization management, and oversight of delegated entities for utilization management and behavioral health. The Quality Council and Equity Council make recommendations to the Joint Conference Committee, which has been delegated the approval body for the Quality Program by the Contra Costa County Board of Supervisors.

As the governing body, the Joint Conference Committee gives authority to the Chief Medical Officer and the Chief Executive Officer of the Plan to ensure the QIHETP has the needed resources to meet its goals and to evaluate and monitor the program's progress toward reaching its goals. The CEO has authority over general administration of the Plan and reports to the JCC on the health plan's operations, including quality and equity.

4.2.1 Organizational Chart

Below is an organizational chart of the committee reporting structure.



4.2.2 Joint Conference Committee

The Joint Conference Committee (JCC) is one of the mechanisms by which the Contra Costa County Board of Supervisors exercises oversight of CCHP, including quality operations and activities. Two members of the Board of Supervisors are assigned to serve on the JCC. The other two JCC members are providers within the CCHP network, one representing CCRMC and one representing the CPN network. All meetings of the Joint Conference Committee are open to the public in accordance with the Brown Act. Responsibilities of the JCC include:

- Promote communication between the Board of Supervisors, the CCHP Quality Council, and CCHP administration.
- Assess and monitor the overall performance of CCHP and its contracted providers including, but not limited to, the quality of care and service provided to members.
- Review, evaluate, and make recommendations annually regarding modifications to the Annual QIHETP Program Description, Program Evaluation, and Work Plan.

- Receive, evaluate, and act on reports from the Quality Council and Equity Council on a quarterly basis or more frequently if needed. Any action taken by the JCC is subject to approval by the Board of Supervisors.

4.2.3 Quality Improvement and Health Equity Committee (QIHEC)

The California Department of Health Care Services (DHCS) requires all Medi-Cal managed care plans to establish a Quality Improvement and Health Equity Committee (QIHEC) to guide the integration of quality improvement and health equity efforts. Contra Costa Health Plan (CCHP) fulfilled this requirement through the coordinated work of two complementary committees: the Quality Council and the Equity Council. Starting in 2026, in alignment with DHCS requirements, CCHP has unified the Quality Council and Equity Council into a single QIHEC. This integrated committee guides the intersection of clinical quality and health equity to ensure comprehensive oversight of member care and outcomes.

The QIHEC is responsible for the oversight and assurance of clinical care quality, patient access, service excellence, health equity, and patient safety. The committee ensures that providers and community stakeholders are involved in the planning, prioritization, and implementation of initiatives that address health disparities and improve member experience.

Responsibilities of the QIHEC include:

- **Program Oversight:** Reviews and approvals of the QIHETP Program Description, Annual Evaluation, and Work Plan.
- **Subcommittee Management:** Evaluates and acts upon reports from all reporting subcommittees.
- **Regulatory & Delegation Review:** Annually reviews the status of contracted providers delegated for quality management, utilization management, credentialing, and member rights, making recommendations to the Joint Conference Committee or Board of Supervisors.
- **Grievance & Safety Monitoring:** Investigates reports concerning member grievances, potential quality issues (PQIs), and discrimination-related concerns to implement necessary corrective actions.
- **Performance Tracking:** Reviews HEDIS quality measures, CalAIM updates, population health management strategies, and access and availability reports.
- **Health Equity Integration:** Oversees NCQA Health Outcome Accreditation activities and ensures all quality improvement projects and member surveys are viewed through a health equity lens.
- **Policy & Guideline Approval**: Approves clinical practice guidelines, pharmacy and therapeutics updates, and policies related to cultural and linguistic services.

Leadership and Membership: The Chief Medical Officer serves as the Chair, with the Director of Quality and Health Equity serving as Co-Chair. The committee meets at least eight times per year. Voting members include the CMO and practicing network clinicians

representing specialties such as pediatrics, internal medicine, family medicine, OBGYN, psychiatry, and cardiology. Non-voting members include representatives from community-based organizations, public health, and CalAIM providers to ensure diverse community input.

4.2.4 Subcommittees Reporting to QIHEC

The Pharmacy and Therapeutics (P&T) Advisory Committee report to QIHEC annually and meets at least quarterly to review pharmaceutical management activities. P&T keeps the QIHEC and provider networks abreast of pharmacy overuse/underuse, clinical projects, and pharmacy operations including authorization turnaround time (TAT), inter-rater reliability (IRR), activities related to fraud, waste and abuse, and other activities related to pharmacy management. P&T also reviews formulary changes, drug safety updates, recalls, pharmacy restriction and preference guidelines and generic substitution, therapeutic interchange and step therapy, and other pharmaceutical management policies.

The Director of Provider Relations presents updates from the Peer Review and Credentialing Committee (PRCC) to the QIHEC semi-annually. The Chief Medical Officer chairs the PRCC. Updates include summary data on the credentialing operations including number of providers credentialed and recredentialed, nonclinical provider complaints, and Facility Site Reviews performed including CAPS issued and completed. PRCC recommendations are submitted directly to the Board of Supervisors for approval.

The Chief Medical Officer or delegate chairs the UM Committee and minutes are reviewed at QIHEC. This committee oversees all outpatient and inpatient Utilization Management activities including the UM Program, UM Evaluation activities, UM Work Plan, authorization TAT and IRR, and over/under utilization activities. Membership includes the Chief Medical Officer, Medical Directors, UM Director, UM Managers, UM Supervisors, and providers from the CCHP Provider Network. UM staff, Case Management Manager, and other department directors join on an ad-hoc basis. The committee meets at least every two months.

The potential quality issue (PQI) committee reviews all potential quality issues and levels cases. Voting members include the CCHP Medical Directors and Assistant Medical Directors. Nurses investigate cases and present to committee members who decide upon severity. The committee has oversight over PQI corrective actions.

4.2.5 The Community Advisory Committee

Contra Costa Health Plan (CCHP) has a Community Advisory Committee (CAC) to ensure that its members have meaningful impact into CCHP's policies and decision making and are engaged as partners in the delivery of Medi-Cal Covered Services. CCHP utilizes the CAC to promote community participation within the areas of cultural and linguistic services, health education, and health inequities. CAC members identify and are advocates for health disparities that exist in the member population and discuss improvement opportunities for CCHP. CAC members work directly with the leadership of the operational departments within CCHP to receive oversight and direction. The CAC makes recommendations to the Board of Supervisors, County Health Services Director, and Chief Executive Office of CCHP.

4.3 Quality Improvement and Health Equity Structure

The quality improvement and health equity structure at CCHP is organized to ensure that all departments and key personnel work collaboratively to deliver high-quality, equitable care to our members.

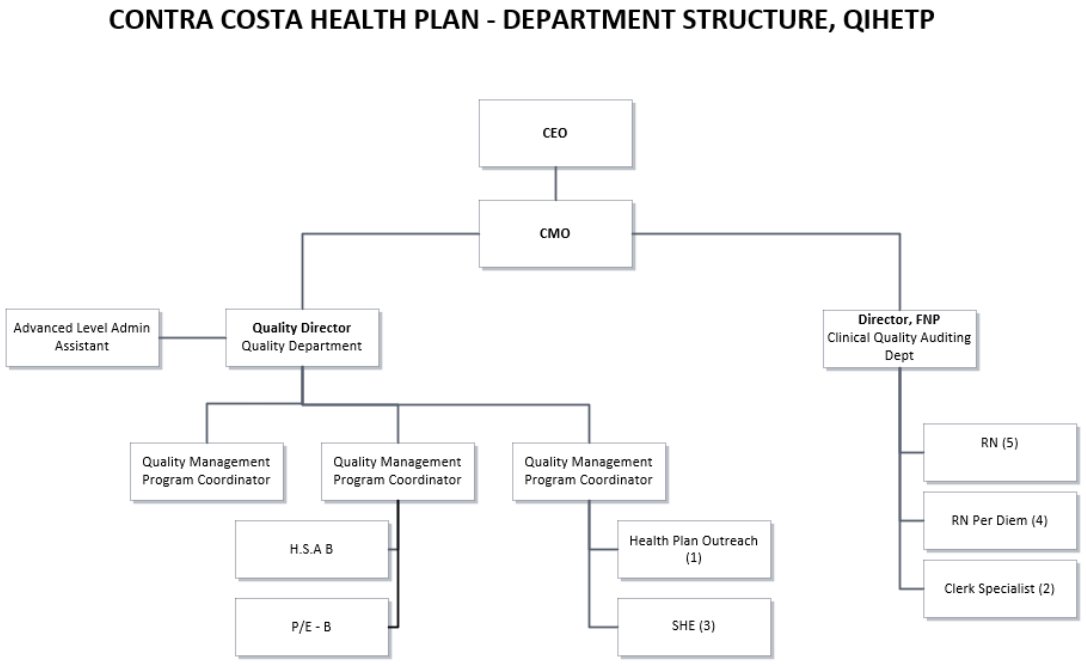
4.3.1 Key Departments Supporting Quality and Health Equity

The Quality and Health Equity Department and the Clinical Quality Auding (CQA) Department are the primary drivers of Contra Costa Health Plan's quality improvement initiatives. Together, these departments lead efforts to monitor, evaluate, and enhance the quality of care and services provided to our members. Their work encompasses quality measurement, patient safety, compliance, health equity, and strategic partnerships with other departments and providers to ensure continuous improvement.

The **Quality and Health Equity Department** is accountable for implementing quality measurement, quality improvement projects, health equity initiatives, cultural and linguistic services, health education, and population health management. Quality staff monitor quality indicators, implement, evaluate improvement activities, support CCHP leadership in strategic priorities, and collaborate with CCHP and CCH departments on the overall quality program. Additionally, the department ensures health equity is prioritized through the marketing strategy, policies, member and provider outreach, quality improvement activities, grievance and appeals, and utilization management. The Quality and Health Equity department collaborates with community-based organizations and develops targeted interventions designed to eliminate inequities. Population health management is a key aspect of the overall quality program, integrated into the Quality and Health Equity Department. Staff work together to achieve the shared goals of quality and population health initiatives. Both quality and population health report to the Director of Quality and Healthy Equity, who reports to the Chief Medical Officer (CMO).

The **Clinical Quality Auditing Department** is responsible for patient safety initiatives at CCHP. This includes conducting all facility site reviews, medical record reviews, and physical accessibility reviews for primary care providers (PCP) and providers with specialties that are considered high-volume and/or high impact. Responsibilities extend to investigating potential quality issues and provider preventable conditions and conducting ad hoc internal clinical audits. The team also conducts chart abstractions for HEDIS. This department reports to the Chief Medical Officer.

Below is an organizational chart of CCHP's quality and health equity department structure.



4.3.2 Supporting Departments in Quality

In addition to the Quality and CQA Departments, several other departments play vital roles in supporting Contra Costa Health Plan's quality improvement efforts. These departments include both Clinical Operations departments and non-Clinical operations. Each contribute through their specialized expertise and programs to ensure comprehensive, coordinated, and member-focused care.

The **Utilization Management (UM) Department** is responsible for ensuring the appropriate use of healthcare services. This includes reviewing both medical necessity and appropriateness of care through pre-authorization, concurrent review, and retrospective analysis. The UM department also oversees the coordination of care across service areas and is involved in monitoring over and under-utilization of health services. The department ensures that utilization practices align with the overall quality and health equity goals of the health plan, ensuring services are delivered efficiently, effectively, and equitably. This department reports to the Chief Medical Officer.

The **Behavioral Health Department** addresses the mental health and substance use needs of members. This department provides ensures behavioral health services are provided to members and staff facilitate transitions between carved-in and carved-out Medi-Cal services, collaborating closely with Contra Costa County Behavioral Health Services, which provided carved-out specialty mental health services and substance use services. Additionally, CCHP's Behavioral Health Department collaborates with primary care providers, school districts, and community organizations, and non-specialty mental health providers, ensuring treatment is provided for members. By providing culturally sensitive

and accessible care, CCHP works to reduce disparities in behavioral health access and outcomes, particularly for underserved communities.

The **Appeals and Grievance Department** is responsible for overseeing the formal process for handling member complaints, appeals, and grievances. The department ensures that all concerns are addressed promptly and thoroughly, and it plays an integral role in protecting member rights and improving member satisfaction. In addition to resolving individual issues, the department tracks trends in complaints and appeals, identifying opportunities for system improvements and enhancing the overall member experience and improving care quality.

The **Case Management Department** provides case management services and works closely with providers to ensure that high-risk and complex members receive the care and resources they need. This department helps to close gaps in care, manage chronic conditions, and provide a coordinated approach to treatment. It ensures members have access to the necessary healthcare services while also focusing on improving outcomes for vulnerable populations. The Care Management Department plays a crucial role in improving health equity by addressing disparities in access and outcomes for underserved groups and working on population health management with at-risk members and those needing care transitions.

The **CalAIM Department** at Contra Costa Health Plan plays a crucial role in connecting our most at-risk members to the services they need. This department works closely with Enhanced Care Management (ECM) and Community Supports (CS) providers to ensure that members facing complex health and social challenges are linked to appropriate, comprehensive care. By coordinating these services, the CalAIM Department helps to improve health outcomes and reduce disparities for vulnerable populations.

The **Member Services Department** is responsible for ensuring that members have positive experience with the health plan. This includes providing support in accessing healthcare services, resolving complaints and grievances, and offering education on health plan benefits and services. Member Services plays a vital role in health equity by ensuring that all members, especially those from historically underserved communities, receive the appropriate support to navigate the healthcare system. They are also involved in outreach and engagement efforts to improve member satisfaction and involvement in their care.

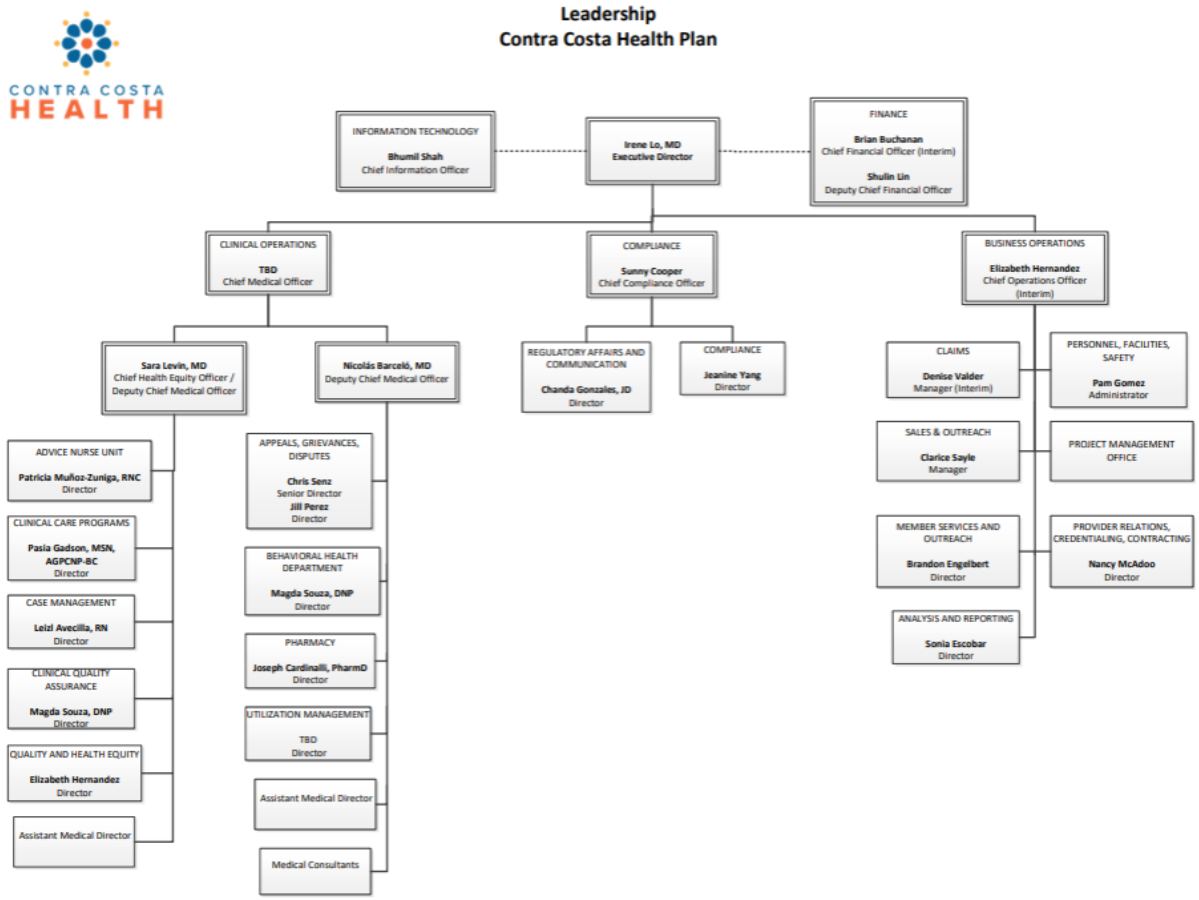
The **Provider Relations Department** serves as the primary liaison between Contra Costa Health Plan and our network of healthcare providers. This department is dedicated to building strong partnerships with providers, addressing their needs, and ensuring seamless communication. Provider Relations supports contracting, onboarding, and training, as well as assisting providers with operational issues to ensure they have the tools and resources needed to deliver high-quality care to our members.

The **Business Intelligence Department**, centrally located in Contra Costa Health Information Technology Department, is responsible for the collection, aggregation, and reporting of health data to measure and track performance against quality indicators. This

department provides data for HEDIS quality measures, develops dashboards, reports, and drives analysis that allow for continuous improvement and ensure the success of quality improvement initiatives. The team works closely with both clinical and operational departments to identify trends, monitor progress, and make data-driven decisions that can improve care delivery and address health disparities.

Each department collaborates closely to ensure the quality of care and health outcomes for all members, with a particular focus on eliminating health disparities and improving care for historically marginalized groups. This collaborative approach supports the overall mission of CCHP to provide high-quality, equitable care to its diverse member population.

Below is an organization chart of CCHP.



4.3.3 Key Quality Personnel

The key quality personnel at Contra Costa Health Plan (CCHP) provide leadership and expertise to drive quality improvement, ensure patient safety, and promote health equity efforts. These individuals oversee critical functions, including clinical quality, behavioral health, pharmacy, and equity initiatives, ensuring that CCHP delivers high-quality, equitable care to its diverse member population.

4.3.3.1 Chief Medical Officer

The Chief Medical Officer is the Chair of the Quality Council, Equity Council, Pharmacy & Therapeutics, Peer Review and Credentialing Committee, and Utilization Management Committee. The Chief Medical Officer provides oversight and guidance to the development of clinical guidelines, improvement projects, and other initiatives. The Chief Medical Officer makes determinations in potential quality issues, grievances and appeals and has authority over peer review. The Chief Medical Officer oversees all medical staff at CCHP, including the Medical Directors, medical consultants, and nursing.

4.3.3.2 Medical Director, Behavioral Health

The CCHP Medical Director oversees behavioral health services at CCHP. The Medical Director provides oversight and guidance on the provision of behavioral health services, utilization management of behavioral health services, and oversight of the partnership and collaboration with County Behavioral Health, which provides Special Mental Health Services and Alcohol and Other Drug program. The Medical Director is a member of the Quality Council and Equity Council. This position is an MD is psychiatry and reports to the CMO.

4.3.3.3 Director of Behavioral Health Services

Contra Costa County's Behavioral Health Services Director oversees Contra Costa's Specialty Mental Health, network of non-specialty mental health, and Alcohol and Other Drug treatment services. The County Behavioral Health Services Director is a member of the Quality Council and provides guidance and insight on all behavioral health aspects of the quality program at CCHP. This position is a PhD.

4.3.3.4 Director of Pharmacy

CCHP's Director of Pharmacy oversees pharmaceutical safety services, the development of formularies, pharmacy utilization review, and the oversight of CCHP's pharmacy benefit manager for the commercial line of business. The Director of Pharmacy is the co-chair of the Pharmacy & Therapeutics Committee. This position is a PharmD and reports to the CMO.

4.3.3.5 Director of Quality and Health Equity

The Director of Quality and Healthy Equity works closely with the Chief Medical Officer, the Quality Council, and Equity Council on developing, implementing, and evaluating the QIHETP activities. The Director of Quality and Health Equity is responsible for the oversight of the QIHETP work plan, population health management portfolio, and overseeing department staff. The Director of Quality and Healthy Equity reports to the Chief Medical Officer.

4.3.3.6 Clinical Quality Auditing Director

The Clinical Quality Auditing (CQA) Director works closely with the Chief Medical Officer (CMO), the Director of Quality and Healthy Equity, the Appeals and Grievances Department, and with the Quality Council, on adopting, assessing, and implementing clinical quality

activities. The CQA Director oversees the clinical quality nurses. The CQA Director reports to the CMO.

4.3.3.7 Quality Managers

The QIHETP has Quality Managers responsible for the day-to-day management of the quality improvement and equity activities. One is responsible for the NCQA health plan accreditation. The second is responsible for population health management activities, administering quality improvement projects, member experience surveys, disease management programs, HEDIS Program as well as D-SNP Stars Rating. The third serves as the Cultural and Linguistic Services Manager who is responsible for implementing all aspects of the Cultural & Linguistics program and cultural competency training according to state and federal regulations and providing technical assistance to providers to ensure provision of culturally sensitive and appropriate care to CCHP members. This position reviews member grievances with a health equity lens to identify any potential acts of discrimination against members. In addition, this position oversees CCHP's team of health educators and serves as CCHP's Qualified Health Educator for DHCS. These positions report to the Director of Quality and Health Equity.

4.3.3.8 Quality Nurses

Nurses in the clinical quality auditing department oversee Facility Site Reviews, Medical Record Reviews, Physical Accessibility Review Survey, HEDIS chart abstractions, potential quality issues, and ad hoc audits and oversight. The Quality Nurses report to the Clinical Quality Auditing Director.

4.3.3.9 Health Education Specialists

CCHP has three Senior Health Education Specialists that ensure that the health education program is responsive to members' needs. The health educators develop, implement, and evaluates the Health Education Program, which includes a range of health education resources and delivery modalities, and the position works internally with other departments to assess literacy levels of health education and member informing materials, including the member newsletter. The Senior Health Educator reports to the Quality Management Program Coordinators.

4.3.3.10 Health Services Planner/Evaluator

The Health Services Planner/Evaluator is responsible for leading quality performance initiatives for the Dual Eligible Special Needs Plan (DSNP) line of business, with a primary focus on achieving and maintaining high CMS Star Ratings. This role oversees the development, implementation, and evaluation of strategies to improve clinical and operational performance across all Star measures. This position plays a critical role in improving quality, enhancing member experience, and supporting the organization's commitment to excellence in care delivery.

4.3.3.11 Health Services Administrator

The Health Services Administrator is responsible for management HEDIS reporting and access and availability reporting. This person conducts analysis and develops reports for CCHP's quality measures. This position reports to Quality Management Program Coordinators.

4.3.3.12 Secretary Advanced Level

The Secretary Advanced Level is responsible for providing administrative support to the Quality and Equity Team. The Secretary organizes and takes minutes at the Quality Council and Equity Council meetings, provides administrative support to access studies, and coordinates encounter data validation chart abstractions. The Secretary reports to the Director of Quality and Healthy Equity.

5 Quality Improvement, Equity, and Population Health Programs

5.1 Quality Improvement and Health Equity Program Planning

CCHP incorporates ongoing documentation cycles that applies a systematic process of assessment, identification of opportunities, action implementation, and evaluation. This documentation cycles includes: Quality Program Description, Quality Work Plan, and Quality Program Evaluation. These documents, along with the quality council charter, are reviewed annually by the Quality Council.

5.1.1 QIHETP Program Description

The Quality Program Description is a document that outlines CCHP's structure and process to monitor and improve the quality and safety of care to members.

5.1.2 QIHETP Work Plan

The work plan identifies the scope of the quality programs and defines activities to be complete in the program year. The work plan is developed annually after completing the Quality Program Evaluation from the previous year. The work plan includes objectives, planned activities, timeframe, and staff members responsible.

5.1.3 QIHETP Program Evaluation

The quality program evaluation includes an annual summary of all quality activities, impact the program had on member care, an analysis of the achievement of goals, and an assessment of revisions.

5.2 NCQA Accreditation

5.2.1 NCQA Health Plan and Health Outcome Accreditation

The quality and health equity department takes the lead on interpreting standards, identifying gaps, consulting with other department functions on closing their gaps, ensuring submission of appropriate and timely documentation, and providing general oversight and maintenance of the NCQA accreditation status. CCHP was granted its fourth full three-year Accreditation early in 2023. The next review is February 2026. CCHP achieved Health Outcomes Accreditation in late 2025.

5.3 Measurement, Analytics, Reporting, and Data Sharing

CCHP in partnership with Contra Costa Health IT department has the technology infrastructure and data analytics capabilities to support goals for quality management and improvement activities. As an integrated health system, the centralized data infrastructure collects, analyzes, and integrates health plan data with clinical delivery system data and social services data to support quality activities. This integrated data warehouse allows for the collection of all quality performance data across the health plan and delivery system.

The Quality and Health Equity Department partners with our Business Intelligence team to collect HEDIS data annually for Managed Care Accountability Sets (MCAS), NCQA HEDIS Accreditation measures, and DMHC Health Equity and Quality Measure Set (HEQMS). This includes over 70 measures that cover clinical effectiveness, clinical resource utilization, access and availability, and member experience with care. CCHP utilizes a certified HEDIS engine for reporting. CCHP also contracts with a vendor to conduct the CAHPS survey. HEDIS data is stratified by race, ethnicity, language, provider network, provider and other key demographic variables to identify variations and opportunities to improve care and service. The Quality and Health Equity Department works with the BI and IT teams to develop and utilize dashboard and reports to evaluate performance and identify opportunities for improvement.

In addition to HEDIS reporting, CCHP regularly produces the following mandated reports: DMHC Timely Access to Care, Member and Provider experience, DHCS Encounter Data validation, DHCS Performance Improvement projects, and External Quality Review (EQR) reporting. CCHP also tracks internal quality metrics aimed at improving care and services for members. CCHP reviews the EQR technical report and evaluation recommendations to make improvements annually.

5.4 Performance Improvement Projects

5.4.1 Quality Improvement Framework

The Quality Program utilizes the Model for Improvement and PDSA cycles to continuously evaluate and improve care and services for our members. Our broader aims focus on

improving health, member experience, health equity, and cost efficiency. Work is prioritized by:

- Regulatory requirements from DHCS, DMHC, and NCQA
- Data-driven by performance in in HEDIS and other quality metrics
- Findings from the Population Needs Assessment
- Data on PQIs, member grievances, internal member surveys, and access studies
- Assessment on value and impact on members
- Synergies with the delivery system to identify areas where combined health plan and delivery system collaboration can best achieve results.

5.4.2 Active Performance Improvement Projects

CCHP has at least two active DHCS statewide performance improvement projects and, if needed, smaller mandated pilot projects for measures below the state's minimum performance level. Additionally, CCHP identifies additional performance improvements in the work plan based on an analysis of quality data. Annually, CCHP reviews quality metric data, assesses measurement areas that need improvement, and develops improvement projects to be added to the work plan. On a monthly basis, CCHP reviews quality metric data and may modify the work plan to add additional performance improvement projects. CCHP identifies areas where there is a decline in performance level or CCHP is below the desired quality target. Quality staff conduct a root cause analysis and develop a plan to implement a performance improvement project.

5.5 Population Health Management

The work of population health is to maximize health by co-creating services with members and providers which deliver primary and secondary evidence-based interventions for the prevention and management of illness in our assigned population. In 2023, the Department of Health Care Services (DHCS) launched Population Health Management, a key feature of CalAIM. Population Health Management will establish a cohesive, statewide approach that ensures Medi-Cal members have access to a comprehensive program that leads to longer, healthier and happier lives, improved health outcomes, and health equity. This will be accomplished through the following initiatives:

5.5.1 Population Needs Assessment, Strategy, and Impact Report

Annually, as part of NCQA accreditation, CCHP conducts a comprehensive Population Needs Assessment using available data sources to identify disparities and trends. CCHP utilizes the Population Needs Assessment to develop its Population Health Management Strategy, an annual document approved by the QIHEC that outlines the programs CCHP will implement to address the needs of the population. CCHP assesses the population health impact of the programs implemented in the strategy to determine the efficacy of programming and inform future programming. Population Needs Assessment is also used to identify priorities for Cultural and Linguistic Program.

CCHP also participates on the steering committee for Contra Costa County's Public Health Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). By aligning our Population Health Management Strategy with the overall needs identified in the CHA and CHIP, we ensure that our initiatives are responsive to broader community health priorities and foster collaborative, community-wide health improvements.

5.5.2 Gathering Member Information

Member data is fragmented between provider clinical systems, claims, and other administrative data systems, including social services. Screening questions to members are often duplicative across settings. Leveraging its integration within the county delivery system, CCHP utilizes comprehensive data systems, integrating data from claims, clinical data, detention health, EMS, social services, homeless systems, and public health into one unified member record to co-locate this information for population health management activities.

5.5.3 Risk Stratification, Segmentation, and Tiering

CCHP employs a comprehensive approach to risk stratification, segmentation, and tiering by leveraging data from diverse sources. Utilizing claims and encounter data, DHCS-provided data, screening and assessments, electronic health records, referral and authorization data, behavioral health data, pharmacy data, utilization data, and social services data, including homelessness and criminal justice data, CCHP establishes the foundational data for its risk stratification and tiering methodologies.

This diverse dataset enables CCHP to create individual member records based on risk, segmenting them into different risk categories, and tiering based on acuity. The incorporation of a broad range of data points facilitates the identification of interventions and eligibility criteria, allowing for the triaging of individuals to services. CCHP regularly evaluates its risk stratification methods for potential biases to ensure equitable resource allocation across all populations.

5.5.4 Population Health Services

CCHP has established a comprehensive population health program aimed at promoting overall well-being and addressing the varying needs of our members. This program focuses on keeping healthy members well, offering self-management resources for individuals with well-controlled chronic conditions, and providing case management support to those with poorly controlled chronic diseases. For our highest-need members, we offer Enhanced Care Management services tailored to those with significant healthcare utilization. Case Management Services, including Complex Case Management and Transitional Case Management, are structured around risk stratification to ensure the most appropriate support for those with the greatest needs. Additionally, our basic population health services provide health education, wellness promotion, and preventive care for all members.

5.5.4.1 Cultural and Linguistic Services

CCHP prioritizes culturally and linguistically sensitive care for its diverse membership, and ensures all services provided are non-discriminatory and meet all state and federal requirements. CCHP Cultural and Linguistic Services (C&L) program aims to prevent discrimination, offering culturally appropriate care to all members, including those with limited English proficiency and diverse backgrounds. CCHP C&L program advocates and uses the application of national standards for Culturally and Linguistically Appropriate Services (CLAS) developed by the Office of Minority Health to health plan operations by providing effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. To ensure members have access to cultural and linguistic services for effective communication during healthcare services, CCHP actively collects Race, Ethnicity, and Language (REAL) and sexual orientation and gender identity (SOGI) data to identify health disparities.

CCHP C&L Program coordinates and oversees all linguistic services to members, this includes 24-hour access to interpreter services, document translation, alternative format of information and ensures all critical materials are available in threshold languages. C&L Program provides annual training for staff and providers on health equity, communication skills, linguistic services, cultural competency, awareness and sensitivity. C&L program also develops and updates Diversity, Equity & Inclusion (DEI) training and Transgender, Gender Diverse, Intersex (TGI) cultural competency training, and ensures these trainings are incorporated within QIHETP goals. C&L program provides technical assistance to providers, collaborates with county health services and community agencies to reduce health disparities, and promptly responds to the cultural and linguistic needs of both providers and members. C&L program monitors cultural and linguistic needs and trends of CCHP's membership and works closely with Health Educators to ensure health education services meet the cultural and linguistic needs of our members.

In addition, C&L Program seeks community and member feedback through Community Advisory Committee, QIHEC, Population Health Assessment, member surveys and grievance monitoring to identify and prioritize opportunities for improving cultural and linguistic services.

5.5.4.2 Basic Population Health Management

Access, Utilization, and Engagement with Primary Care: CCHP ensures ongoing primary care access, member engagement, and strategies for non-duplication of services. The focus is on health equity, meeting National Standards for Culturally and Linguistically Appropriate Services (CLAS), and reporting on primary care spending.

Care Coordination, Navigation, and Referrals Across all Health and Social Services, Including Community Supports: CCHP guarantees access to needed services, partnering with primary care and other systems for effective care coordination, navigation, and

referrals. Closed Loop Referrals are emphasized, ensuring coordination with various community resources.

Information Sharing and Referral Support Infrastructure: CCHP implements information-sharing processes and referral support infrastructure, complying with privacy laws and professional standards.

Integration of Community Health Workers (CHWs): CHWs are integrated into PHM, addressing various health-related issues. The new CHW benefit facilitates reimbursement for basic population health management services.

Wellness and Prevention Programs: Contra Costa Health Plan provides health education resources that meet the needs of members as identified in the Population Needs Assessment and other sources such as HEDIS, Community Advisory Committee feedback, and member surveys. CCHP ensures members have access to low-literacy health education and self-management resources in all threshold languages. Resources are available on the CCHP website and through providers. CCHP provides classes, articles, videos, interactive tools for self-management, and links to community resources. CCHP maintains a directory of resources online and publishes this at least annually in the member and provider newsletters. Topics covered include health weight maintenance, smoking and tobacco use cessation, encouraging physical activity, healthy eating, managing stress, avoiding at-risk drinking, and identifying depressive symptoms.

Programs Addressing Chronic Disease: CCHP offers evidence-based disease management programs, focusing on improving member health and well-being. Key conditions, including diabetes, cardiovascular disease, asthma, and depression, are addressed through health education interventions, member engagement, and closing care gaps to enhance equity and reduce health disparities. Aligned with the Population Needs Assessment and Population Health Management Strategy, initiatives are tailored to the unique needs of diverse Medi-Cal populations, fostering collaboration with community programs and supporting overall health improvement.

Programs to Address Maternal Health Outcomes: CCHP works to improve maternal health outcomes, adhering to comprehensive perinatal service program standards.

PHM for Children: CCHP ensures ensure early and periodic screening, diagnostic, and treatment for children, meeting federal and state requirements, coordinating health and social services, and actively promoting preventive services. CCHP is developing MOUs with WIC providers, First 5 programs, and Local Education Agencies strengthen support for school-based services.

Behavioral Health: CCHP is responsible for mild to moderate behavioral health services for Medi-Cal and all behavioral health services for commercial members. For Medi-Cal, CCHP partners with the Contra Costa County Behavioral Health Services to triage patients to determine level of severity and to provide appropriate treatment. For members who are seen at FQHCs in the community, members are generally triaged and treated at those

facilities. Some Community Health Centers are providing embedded behavioral health services, and CCHP contracts with telehealth providers to further expand access. Quality activities for behavioral health focus on HEDIS measures, continuity and coordination of care for outpatient behavioral health, measuring behavioral health practitioner access and availability, and conducting an annual satisfaction survey aimed at those receiving behavioral health services. Updates on the quality activities are provided to the Quality Council quarterly and a Behavioral Health clinician is a member of the Quality Council.

5.5.4.3 Care Management

Care management services are designed to meet the needs of the most vulnerable members. CCHP has two essential programs - Complex Care Management (CCM) and Enhanced Care Management (ECM), both integral to addressing the diverse needs of MCP members. CCM, aligning with NCQA standards, provides extra support for higher- and medium-rising-risk members who are not covered by ECM. It offers chronic care coordination and interventions for episodic needs, emphasizing flexible eligibility criteria determined by CCHP. CCM includes comprehensive assessment, care plan, various interventions, and basic population health management integration. Care managers, assigned to each member, ensure effective communication and access to needed services, including Community Supports.

ECM, initiated in January 2022, is a community-based benefit addressing the clinical and nonclinical needs of Medi-Cal's highest-need members through intensive coordination. CCHP contracts with ECM providers, which include providers, county agencies and community-based organization. The ECM providers assign a lead care manager to each member for personalized in-person interactions. ECM eligibility is based on specific "Populations of Focus" criteria, rolled out in phases throughout 2022-2024. ECM and CCM operate on a continuum, with members transitioning from ECM to CCM as needed, ensuring comprehensive care management. DHCS monitors outcomes through quarterly reporting, evaluating and enhancing Populations of Focus definitions and policies over time to optimize the ECM benefit.

5.5.4.4 Transitional Care Services

The concept of care transitions encompasses the movement of members from one care setting to another, such as hospital discharges to home-based settings, community placements, or post-acute care facilities. Key responsibilities include services such as comprehensive medication reconciliation upon discharge and follow-up care by a provider. Individuals considered high risk are assigned a care manager upon discharge who coordinate transitional care services. Individuals considered low risk can access additional coordination services as needed by having a direct pathway to transitional care services.

5.6 Patient Safety Activities and Projects

Patient safety is addressed by multiple plan departments. Staff regularly review data from grievances and appeals, access and availability data, MCAS measures, satisfaction survey

results, utilization and case management data, studies on adherence to clinical guidelines, and data from facility site reviews and chart reviews to identify areas of risk to members' safety. Data is presented regularly to the Quality Council.

5.6.1 Potential Quality Issues and Provider Preventable Conditions

Any department, provider or member can identify a potential quality issue (PQI) and forward it to the Clinical Quality Auditing Department for investigation and resolution. Additionally, a quality nurse reviews a report that identifies Provider Preventable Conditions (PPCs) and develops PQIs as necessary. The quality nurses investigate all cases and present these to the PQI committee, which consists of the Chief Medical Officer, Medical Director, and Director of Pharmacy. The committee reviews and assigns levels to all PQIs. PQIs with a level of 3 will receive a Corrective Action Plan (CAP) and may be forwarded to the Peer Review and Credentialing Committee. Provider Relations further identifies any trends at the provider level where intervention is warranted. The PRCC uses data from facility site reviews, grievances, and PQIs. Trends, recommendations, and updates on PPCs and PQIs are provided to the Quality Council at least annually.

5.6.2 Pharmaceutical Safety

Pharmaceutical safety is also addressed through overuse/underuse use activities. These include: reviewing members with fifteen or more prescriptions and referring to case management if applicable, reviewing members with opioid prescriptions from multiple providers and/or pharmacies, reviewing members with potentially unsafe medication regimens, and reviewing prescription trends for potential fraud, waste, and abuse. Actions include notifying providers around medication safety and educating patients.

5.6.3 Facility Site Review and Medical Record Review

CCHP ensures that primary care provider sites operate in compliance with all applicable local, state, and federal regulations, and that sites can maintain patient safety standards. CCHP ensures that medical records follow legal protocols and provider have documented the provision of preventive care and coordination of primary care services. Facility Site Review nurses complete periodic full scope review of facilities and their medical records, and complete corrective action plans for cited deficiencies.

5.6.4 Clinical Practice Guidelines

CCHP reviews clinical practice guidelines annually through the Quality Council to ensure they reflect current, evidence-based standards of care. These guidelines are reviewed and approved by the Chief Medical Officer and the medical team, then distributed to all network providers to support consistent, high-quality clinical practices across the network.

5.7 Provider Collaboration

CCHP collaborates with provider stakeholders on improvement efforts. This includes the CCRMC system, Federally Qualified Community Health Centers (FQHCs), Community Provider Network providers, Behavioral Health, Public Health, Skilled Nursing Facilities, Hospitals, and Community Support and Enhanced Care Management providers. Joint

Operations Meetings (JOM) provide a platform for leadership discussions, facilitating communication among diverse entities. CCHP actively participates in the Safety Net Council structure, engaging with FQHCs and regional clinical consortiums. The commitment to collaboration includes participation in various operational, quality, and provider-focused meetings, underscoring the shared goal of enhancing healthcare quality and delivery.

CCHP hosts quarterly provider trainings that cover updates on quality activities and provides an opportunity for providers to share their input on the Quality Program. Efforts to support quality also focus on building partnerships through committee and workgroup participation. CCHP regularly meets with internal departments and external agencies to collaborate on quality improvement initiatives.

Examples of these supports to our providers and partners are listed below:

- CCHP CEO and CMO attend regular Joint Operations Meetings with hospitals.
- CMO, Provider Relations, Case Management, and Quality staff conduct regular provider site visits.
- Community clinics meet quarterly as part of the Safety Net Council with attendance by the CCHP's Chief Executive Officer, CMO and Director of Quality and Healthy Equity. FQHC CMOs meet monthly with the CCHP CMO and Medical Directors. CCHP Director of Quality and Healthy Equity meets every other month with individual FQHCs sites quality teams, going over quality projects and areas of opportunity. Providers from the RMC and CPN networks are members of CCHPs Quality Council, chaired by CCHP's Chief Medical Officer and Quality Management Director (CMO).
- The Medical Director of Case Management and Long-Term Care hosts quarterly Joint Operations Meetings with CalAIM providers.
- CCHP Director of Quality and Healthy Equity attends the Ambulatory Redesign workgroup, Quality Incentive Pool (QIP) improvements meetings, Outreach Committee, and presents annually at the Patient Safety/Performance Improvement Committee at CCRMC.
- CCHP Medical Director of Behavioral Health meets regularly with County Behavioral Health Services and CCHP Director of Quality and Health Equity meet regularly with County Behavioral Health Services quality team to coordinate on quality initiatives.
- Senior leaders and practitioners from Behavioral Health Services attend CCHP's monthly Quality Council meetings.
- The Chiefs across all CCH divisions meet at least monthly to collaborate on CCH strategies including population management.
- Updates on CCHP's population management activities are communicated regularly to our Board, the Joint Conference Committee.

5.8 Delegation

Delegated activities are supported by a delegation agreement that define the specific functions and responsibilities for the delegated entities. CCHP does not delegate any quality and health equity or utilization management functions.

2026 Quality Improvement and Health Equity Transformation Program (QIHETP) Work Plan

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
1. QIHETP Structure					
1.1	**QIHETP Program Documents**	By March 2025, approve annual quality program documents at March JCC meeting. Evaluate quality program to ensure that resources and priorities reflect organizational missions and strategies.	Conduct annual evaluation of the QIHETP program and develop written 2025 QIHETP Evaluation	January -February 2026	Quality Director Jersey Neilson, Quality Manager
1.2			Develop annual 2026 QIHETP Program Description, incorporating structural changes identified in the evaluation	January -February 2026	Quality Director Magda Souza, Clinical Quality Auditing Director
1.3			Develop annual 2026 QIHETP Work Plan, including monitoring of issues identified in prior years that require follow -up.	January -February 2026	Quality Director Magda Souza, Clinical Quality Auditing Director
1.4	**Quality Council**	Ensure Quality Council oversight of CCHP's quality and health equity program through regular meeting schedule	Convene monthly Quality Council meetings. Convene a minimum of 8 Quality Council meetings annually	January -November 2026	CMO Quality Director Arnold DeHerrera, Administrative Asst
1.5		Ensure program governance of Quality Council meeting	Revise Quality Council charter; approval of program description, evaluation and work plan	January -February 2026	Quality Director
1.6		Ensure there are policies and procedures to meet regulatory and operational needs	Review CCHP policies annually and upon any new APL changes	January 2026 - December 2026	Quality Director
1.7	**Equity Council**	Ensure Equity Council oversight of CCHP's quality and health equity program through regular meeting schedule	Implement the QIHETP work Plan and convene quarterly scheduled meetings	March, June, September, December 2026	CMO Hua Hsaun Liu, Quality Manager Quality Director Arnold Deherrera. Administrative
1.8		Ensure program governance of Equity Council meeting	Create Equity Council Charter and ensure approval of program description, evaluation and work plan.	January 2026-December 2026	CMO Quality Director
1.9		Ensure there are policies and procedures to meet regulatory and operational needs to ensure health equity is woven into the fabric of the organization	Review CCHP Policies with a specific view of health equity annually and update policies per APL changes.	January 2026-December 2026	Quality Director Hua Hsuan Liu, Quality Manager CMO
1.10	**Community Advisory Committee**	Ensure community feedback and incorporate member input into CCHP Quality and Health Equity policies and procedures	Engage with community based organizations and CCHP members through Quarterly CAC meetings.	January 2026-December 2026	Belkys Teutle, Member Services Manager Cynthia Laird, Member Services Supervisor Hua Hsuan Liu, Quality Manager
2. NCQA Accreditation					
2.1	**NCQA Health Plan Accreditation**	Achieve accreditation status by April 2026.	Complete submission materials on standards and guidelines according to project plan and timeline.	January 2026 - December 2026	Shari Jones, Quality Manager Quality Director
3. Measurement, Analytics, Reporting, and Data Sharing					
3.1	**HEDIS Reporting and Quality of Clinical Care (DHCS, NCQA, DMHC)**	1. By June 15, 2026, report HEDIS MY2025 scores for NCQA Health Plan Accreditation, the DHCS Managed Care Accountability Set (MCAS), and the DMHC Health Equity and Quality Measures Set (HEQMS) 2. Exceed the 50th percentile for all MCAS MPL measures and establish performance improvement plan for those near or at risk 3. Achieve 4.5 Stars on NCQA Health Plan Ratings. 4. Prepare for transition to ECDS by identifying efficiencies in data system measurement	Complete all annual HEDIS, MCAS, and HEQMS activities, ensuring compliance with quality measurement regulatory agencies, including NCQA, DHCS, EQRO, and DMHC.	January 2026 - June 2026	Dustin Peasley, HEDIS Manager Shari Jones, Quality Manager Business Intelligence Analysts CQA Nurses Quality Director
3.2			Complete annual HEDIS MY2025 report, analyzing yearly trends and identifying areas for improvement. Incorporate report into Population Health Needs Assessment.	July 2026 -September 2026	Dustin Peasley, HEDIS Manager Jersey Neilson, Quality Manager Quality Director
3.3			Identify areas of opportunity for data systems and data sources for MY2026	July 2026 - August 2026	Quality Director Dustin Peasley, HEDIS Manager Business Intelligence

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
3.4		5. Align HEDIS measurements to quality improvement projects and strategic goals for 2026	Develop and implement improvement projects targeting at risk measures and those measures that align with other strategic goals of CCHP	March 2026 - August 2026	Jersey Neilson, Quality Manager Quality Director
3.5	**CCHP Quality Measurement Infrastructure**	Create quality dashboard and quality monitoring program with feedback loop to providers to allow for ongoing tracking of all HEDIS MCAS measures, including measuring disparities, trends by year, and current rates	Maintain CCHP quality metric dashboard, updating to include rolling 12-month measurements for MCAS MPL measures	January 2026 - December 2026	Business Intelligence Quality Director
3.6			Maintain quality feedback mechanism for providers, which shares performance rates by provider group on CCHP priority measures and identify unique areas of opportunities	July 2026 - September 2026	Quality Director Jersey Neilson, Quality Manager
3.7			Maintain system of data sharing gap in care lists with CPN network to allow for ongoing quality improvement	January 2026 - December 2026	Quality Director Jersey Neilson, Quality Manager

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
3.8	**Member Experience and Quality of Service (NCQA, DHCS)**	By June 30, 2026, gather, analyze, and highlight areas of opportunity utilizing member experience surveys and grievances Develop member feedback channel through the Community Advisory Committee	Review and analyze CAHPS survey results trending results by year. Incorporate into Population Health Needs Assessment.	August 2026 - September 2026	Jersey Neilson, Quality Manager
3.9			Host internal CAHPS think tank to gather insights into member experience from cross-functional teams	July 2026 - August 2026	Jersey Neilson, Quality Manager
3.10			Review and analyze the limited English enrollee survey	August 2026 - September 2026	Hua Hsuan Liu, Quality Manager
3.11			Review and analyze behavioral health specific member experience surveys	October - November 2026	Jersey Neilson, Quality Manager
3.12			Develop report on MY2025 member experience	February - March 2026	Jersey Neilson, Quality Manager
3.13			Review and analyze grievance and appeals data according to NCQA methodology and review quality of service and quality of care. Complete annual report	February - March 2026	Jill Perez, Director of UM/AGD Jersey Neilson, Quality Manager Nicolas Barcelo, Medical Director
3.14			Develop survey tool to assess member experience with Case Management, conduct survey, analyze results	October 2026 - November 2026	Quality Director Leizl Avecilla, Case Management Director
3.15			Conduct new member survey to assess comprehension of new member materials	April 2026	Jersey Neilson, Quality Manager
3.16			Collect member experience on population health programs	March 2026 - August 2026	Health Educators Jersey Neilson, Quality Manager
3.17			Gather member input on member experience utilizing Community Advisory Committee. Incorporate into annual Population Health Needs Assessment, Impact Report, Strategy as well as Cultural & Linguistic Program.	April 2026 - September 2026	Hua Hsuan, Quality Manager Jersey Neilson, Quality Manager
3.18	**Provider Experience**	Implement standard process for collected provider experience and identify areas for opportunity	Implement Provider Experience Survey. Incorporate feedback into annual access report.	August 2026 - September 2026	Jersey Neilson, Quality Manager Nancy McAdoo, Director of Provider Relations
3.19	**Access to Care and Quality of Service (DMHC, DHCS)**	Achieve at least 70% compliance for urgent and non-urgent appointments during Provider Appointment Availability Survey Implement quality monitoring program on timely access standards	Complete all access monitoring through surveys and auditing calls: *DMHC Provider Appointment Availability Survey *NCQA High Impact/High Volume specialists *OB/GYN and midwife providers survey on first prenatal appointment *Initial Health Appointment *After hour triage and emergency access *In-office wait time *Telephone wait times and time to return call *Call Center wait times	March 2026, June 2026, September 2026, December 2026	Dustin Peasley, Quality Analyst
3.20			Develop process for DHCS quarterly access monitoring	March 2026 - May 2026	Dustin Peasley, Quality Analyst
3.21			Create comprehensive annual access report that identifies trends and identifies areas for opportunities	March 2026 - May 2026	Dustin Peasley, Quality Analyst Quality Director
3.22			Develop feedback loop to providers on their results from the annual PAAS/NCQA survey, providing education and timely access standards.	August - September 2026	Dustin Peasley, Quality Analyst

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
3.23	**CalAIM Reporting (DHCS)**	Complete all DHCS CalAIM reporting deliverables and maximize incentive dollars available through continuous improvement in pay for performance measures	Complete the quarterly Population Health Monitoring Reports, reviewing key KPIs on population health metrics	February, May, August, November	Quality Director
3.24			Complete DHCS quarterly CalAIM ECM-CS Quarterly Monitoring Reports, reporting enrollment and utilization of CalAIM services	February, May, August, November	Pasia Gadson, CalAIM Director Sara Levin, Medical Director
3.25			Complete the monthly JSON CalAIM reporting	January - December 2026	Tyler Heslinger, Business Intelligence
3.26	**REAL and SOGI Data**	Achieve 90% of race/ethnicity reporting for membership Improve collection of sexual orientation and gender identify data.	Input new member REAL and SOGI surveys into ccLink	January 2026 - December 2026	Student Interns Arnold DeHerrera, Executive Assistant
3.27	**CLAS Reporting**	Ensure cultural and linguistic needs of population are being met by provider network	Conduct annual CLAS analysis of patient and provider population	January - February 2026	Hua Hsuan Liu, Quality Manager
3.28	**Long Term Care and Long Term Support Services**	Develop quality measurement measure set that supports long-term care quality improvement and a systematic monitoring system for members with long term support services	Complete annual report on long term care and long term support services	May - July 2026	Eloisa Lopez-Valencia, Quality Intern
4. Performance Improvement Projects					
4.1	**Enrollment in Case Management after Emergency Department visit for Mental Health and Substance Use**	Increase the percentage of members who enroll in case management within 14-days of an ED visits for mental health or substance use. (Previously identified issue)	Develop workflow for authorizing and enrolling eligible individuals into case management after ED visit for mental health and substance use	March 2026 - December 2026	Jersey Neilson, Quality Manager Nicolas Barcelo, Medical Director ECM providers
4.2	**Well Care Visits in the First 15-Months of Life**	Narrow the health disparities gap between Black/African American and Asian members to 5%. (Previously identified issue)	Identify regional and provider level disparities in WCV completion performance and develop targeted improvement project.	March 2026 - December 2026	Jersey Neilson, Quality Manager Hua Hsuan Liu, Quality Manager
4.3	**IHI Improvement Projects**	1. Decrease racially disparities in W15 and W30 rates by 50%. 2. Increase FUM and FUA follow-up rates at local ED to achieve parity with other large health centers.	Complete IHI Child Health Equity Collaborative.	January - December 2026	Hua Hsuan Liu, Quality Manager Health Educators
4.4			Complete IHI Behavioral Health Collaborative with CCBHS.	January - December 2026	Jersey Neilson, Quality Manager CCBHS
4.5	**Topical Fluoride Treatment in Children***	Increase the percentage of member under 21 who complete Topical Fluoride Treatment by 5%. (Previously identified issue)	Conduct outreach to member who did not have tropical fluoride treatment in the last 12 months, develop and distribute dental benefits material.	January 2026 - December 2026	Jersey Neilson, Quality Manager Hua Hsuan Liu, Quality Manager
4.6	**Disparities in Well Care Visits**	Reduce the disparity in well care visits for African American and Native Hawaiian/Pacific Islander children by reducing the gap to the 50th percentile benchmark by 50%.	Conduct regular outreach to African American and Native Hawaiian/Pacific Islander children who have not seen provider for over 12 months, and connect them to services they need.	January 2026 - December 2026	Jersey Neilson, Quality Manager Hua Hsuan Liu, Quality Manager

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
4.7	**D-SNP QIP Planning**	Identify QIP options for D-SNP based on eligible Medicare Population	Research quality measures for Medicare-only population and identify areas for opportunity.	July 2026 - December 2026	Jersey Neilson, Quality Manager Quality Director
4.8	**ED Workgroup**	Understand areas for improvement with regards to ED utilization	Analyze impact of Advice Nurse Callback program on ED utilization	February 2026 - June 2026	CMO Michael Cleary, Medical Director Quality Director Jersey Neilson, Quality Manager
4.9	**Monitoring and rapid improvement cycles**	Develop process for monitoring MCAS and HEDIS measures and conduct rapid improvement for measures that are dipping below expected rates.	Develop and monitor dashboard, and deploy rapid improvement outreach efforts where needed for measures.	January 2026 - December 2026	Jersey Neilson, Quality Manager Quality Director
4.10	**Optimizing DME Utilization**	Reduce expenditures on DME claims and enhance member experience	Explore DME providers with anamolous billing rates and educate providers on different cost options	January 2026 - June 2026	Miranda Pena, Sr Health Education Specialist
			5. Population Health		
5.1	**Population Needs Assessment and Community Health Needs Assessment**	Understand member needs and health to create a responsive population health program	Complete MY 2025 population needs assessment according to NCQA guidelines	July 2026 - October 2026	Jersey Neilson, Quality Manager
5.2			Develop cross functional team collaborating with Contra Costa County Public Health in preparation for the 2026 Community Health Needs Assessment and Community Health Implementation Plan	January 2026 - December 2026	Lisa Demoiz, CCH Epidemiologist Ashley Kokotaylo, Public Health Quality Director Jersey Neilson, Quality Manager Business Intelligence
5.3			Engage CAC as part of CHNA process by reporting involvement and findings, obtain input/advice from CAC on how to use findings from the CHNA to influence strategies and workflows related to the Bold Goals, wellness and prevention, health equity, health education, cultural and linguistic needs to identify and prioritize opportunities for improvement.	October - December 2026	Hua Hsuan Liu, Quality Manager
5.4	**Population Health Management Strategy**	Develop population health strategy in alignment NCQA and DHCS requirements, involving delivery system, county, and community partners	Complete PHM Strategy in alignment with DHCS and NCQA guidelines	July 2026 - October 2026	Jersey Neilson, Quality Manager Quality Director
5.5	**Population Impact Report and Evaluation**	Develop framework for evaluating CCHP's population health program and measuring impact to ensure programs are achieved desired outcomes	Complete PHM Impact and Evaluation report	July 2026 - October 2026	Jersey Neilson, Quality Manager
5.6	**Initial Screening Process**	Provide streamlined new member experience, with regards to HIF/MET, HRA/LTSS, and other assessments. Develop an new member outreach workflow to maximize Initial Health Appointments and New member survey completion Ensure system exists so members with positive screenings are identified for the appropriate services Develop data system so screening questions are results are shared	Monitor ongoing HIF/MET and HRA completion rate and follow-up for positive screenings	September - December 2026	Quality Director Leizl Avecilla, Case Management Director Pasia Gadson, CalAIM Director
5.7			Implement electronic HIF/MET and HRA screenings utilizing myChart questionnaires	March 2026 - June 2026	Quality Director Leizl Avecilla, Case Management Director
5.8	**Initial Health Appointment***	Increase IHA completion rates. (Previously identified issue)	Conduct chart audits and give feedback and education to providers missing IHA elements	April 2026, October 2026	Magda Souza, FNP CQA Nurses
5.9	**DHCS Population Health Service/Risk Stratification, Segmentation, and Tiering**	Implement DHCS Population Health Service into existing workflow	Incorporate Medi-Cal Connect risk tiering into CCHP data.	January 2026 - June 2026	Quality Director Bhumil Shah, Assoc Chief Information Officer
5.10	**Ongoing Engagement with PCP**	Increase regular engagement with PCPs Close Member gaps in preventative care	Utilized disengaged member reports and connect Members with PCPs & close care gaps	January - December 2026	Jersey Neilson, Quality Manager Health Educators
5.11	**Wellness and Prevention Programs**	Improve preventative health of members with regards to: healthy weight, smoking/tobacco, physical activity, healthy eating, managing stress, avoiding at-risk drinking, identifying depressive symptoms	Educate providers and staff on available health education tools	January 2026 - December 2026	Jersey Neilson, Quality Manager Health Educators
5.12	**Colorectal Cancer Screening**	Increase colorectal cancer screening rates	Send out FIT kits monthly to Members due for colorectal cancer screening	January - December 2026	Regional Medical Center

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
5.13	**Chronic Disease Management**	Monitor Chronic Disease Management Programs	Monitor programs for the following chronic conditions: Diabetes, Cardiovascular Disease, Asthma, and Depression and identify any areas for improvement	March 2026 June 2026 Sept 2026 Dec 2026	Jersey Neilson, Quality Manager CMO Nicolas Barcelo, Medical Director Joseph Cardinalli, Pharmacy Director Quality Director
5.14	**Patient Registry: Long Term Care**	Actively manage patients in long term care to ensure members are residing at the right level of care	Develop a patient registry of patients in long term care facilities	April - September 2026	Sara Levin, Senior Medical Director Jersey Neilson, Quality Manager
5.15	**Maternal Health Outcomes**	Improve key maternal health outcomes across quality measures	Develop postpartum brochures for pregnant Members	January 2026 - March 2026	Jersey Neilson, Quality Manager Health Educators
5.16	**Keeping Members Healthy: Gaps in Care**	Notify members of gaps in care for needed preventive services	Continue mailing adult + pediatric birthday letters	January 2026 - December 2026	Jersey Neilson, Quality Manager Sr. Health Educators
5.17	**Health Education Materials and Resources**	Assure that members are provided health education materials and are informed on new community and medical services. Develop a strong community presence.	Publish member facing newsletter three times per year	February 2026, June 2026, November 2026	Jersey Neilson, Quality Manager Sr. Health Educators
5.18			Conduct outreach events at health clinics, CBOs, and other relevant locations.	January 2026 - December 2026	Jersey Neilson, Quality Manager Sr. Health Educators
5.19	**Culturally and Linguistically Competent Care**	Ensure systematic processes in place to promote cultural competent care and health equity by providing linguistics services, educational opportunities, current and up-to-date resources, and understanding of CLS needs. Less than 20% of respondent in member experience survey state they use friends/family for interpreter. More than 95% of respondent in member experience survey indicate they get interpreter services when request one.	Complete provider trainings and educate providers on interpretation requirements and resources, and reading level requirements	January 2026 - December 2026	Hua Hsuan Liu, Quality Manager
5.20			Facilitate translation and interpreter services request of educational materials, website, forms, and other documents.	January 2026 - December 2026	Hua Hsuan Liu, Quality Manager
5.21			Educate and advocate interpreter services to CCHP members.	January - December 2026	Hua Hsuan Liu, Quality Manager
5.22			Review, monitor and track all grievances related to discrimination, language access and trans-inclusive care.	January 2026 - December 2026	Hua Hsuan Liu, Quality Manager
5.23	**EPSDT / Medi-Cal for Teens and Kids**	Ensure coverage of and timely access to all medically necessary EPSDT services to correct or ameliorate defects and physical and mental illnesses and conditions. Ensure Members <21 must receive all age-specific assessments and services required by MCP contract and AAP/Bright Futures periodicity schedule.	Monitor and trend denials for Members <21 years old	March 2026 June 2026 Sept 2026 Dec 2026	Jill Perez, Director of UM/AGD
5.24			Conduct outreach and education for identified Members who have fallen off of the pediatric well care visit periodicity.	January 2026 - December 2026	Jersey Neilson, Quality Manager Health Educators
5.25			Annual notification to Members <21 years old regarding EPSDT services	February 2026	Jersey Neilson, Quality Manager
5.26	**Case Management Services**	Utilize RSS to identify individuals eligible for CCM, ECM, and other services and ensure eligibility for these services	Monitor automatic authorization pathways and utilize new and expanded data sources to expedite enrollment into ECM and CCM	January 2026 - December 2026	Leizl Avecilla, Case Management Director Pasia Gadson, CalAIM Director Sara Levin, Medical Director Quality Director

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
5.27	**Justice-Involved Reentry Coordination**	Ensure coordinated, comprehensive care for members transitioning from correctional facilities to the community.	• Maintain policies and procedures for coordination with correctional facilities and pre-release care managers, in alignment with the CalAIM Justice-Involved Initiative Policy and Operational Guide. • Designate a Justice-Involved liaison to serve as the primary point of contact for correctional facility coordination • Assign ECM providers to serve as pre-release care managers and/or post-release ECM providers. • Establish processes to coordinate transition of care from pre-release to post-release, including data sharing protocols. • Ensure access to medically necessary covered services including ECM, physical and behavioral health care, Community Supports, NEMT, and NMT	January 2026 - December 2026	Pasia Gadson, CalAIM Director Linae Altman, Quality Manager CCH Detention Health Emily Parmenter, CCH Special Projects and Strategy
5.28	**D-SNP CPIP Planning**	Develop comprehensive Chronic Care Improvement Program for D-SNP Population	Research regulatory requirements, conduct needs assessment of Medicare population, and develop comprehensive care improvement program.	January 2026 - December 2026	CMO Quality Director
5.29	**Transitional Care Services***	Ensure all high risk members receive transitional care services. (Previously identified issue)	Ensure high risk members receive referrals for transitional care services, utilizing automated referrals from ADT feeds as well as manual referral pathways.	January - December 2026	Leizl Avecilla, Case Management Director Sara Levin, Medical Director
5.30	**Managed Care Liaisons**	Ensure the designation, training, and notification processes for liaisons to support coordination, compliance, and oversight across key program areas.	Designate Tribal, LTSS, Transportation, CCS, Child Welfare, Dental, Justice, IHSS, MOUs, and Regional Center liaisons and provide training on rules, referrals, care coordination, and authorizations.	January 2026 - December 2026	Kaitlin Thomas (CCS) Coquise Fulgham (Child Welfare) Belkys Teutle (Dental) Pasia Gadson, FNP (Justice) Anna Marie Chan (LTSS) Jena Villena (IHSS) David Chen (MOU) Nicolas Barcelo, MD (Regional Center) Cynthia Laird (Transportation) Allison Liu (Tribal)
5.31	**Non Specialty Mental Health Outreach and Education**	Conduct member outreach and education to inform of Non Specialty Mental Health Services	Conduct outreach at community events and health clinic locations to inform members about NSMHS benefits.	January 2026 - December 2026	Health Educators
			6. Patient Safety		
6.1	**Potential Quality Issues (PQIs)**	Review and resolve potential quality issues within 120 days	Investigate and level all PQIs within timeframes. Issue CAPS according to leveling guidelines, report on trends.	January 2026 - December 2026	Maggie Souza, DNP - Clinical Quality Auditing Director
6.2	**Provider Preventable Conditions (PPCs)***	Review and investigate PPC through the PQI process	Capture all PPCs through accurate reports, Investigate all identified PPCs. Report to DHCS and track all confirmed PPCs, Provide education on PPCs for contracted network	January 2026 - December 2026	Maggie Souza, DNP, Director Clinical Quality Auditing Department
6.3	**Over/Under Utilization**	Develop a standard over-under utilization report and develop standards with how reporting is used to improve care	Define measures to track and identify areas of opportunity for improvement initiatives	April - June 2026	CMO
6.4		Reduce concurrent prescribing of opiate and benzodiazepine	Provide quarterly reports to providers on patients that are co-prescribed opioids and benzodiazepines	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.5		Reduce concurrent prescribing of opioids and anti-psychotic medications	Provide quarterly reports to providers on patients that are co-prescribed opioids and anti-psychotics	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
6.6	**Medication Safety**	Antipsychotic, anti-depressant and mood stabilization prescriptions for children	Quarterly audit to determine if these medications that are being prescribed to children have a qualifying diagnosis	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.7		Improve Hepatitis C medication adherence	Review HepC medication to ensure that members are fully completing their course of treatment	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.8		Ensure members can get their prescriptions filled after ED discharge	Audit Emergency Department discharges with prescriptions and confirm that individuals were able to fill their prescriptions; educate pharmacies on prescription benefits.	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.9		Reduce prescription opiate abuse	Review potential unsafe prescriptions where members have multiple opiate prescriptions from multiple prescribers and pharmacies—refer to case management for potential follow up with members and providers	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.10		Reduce patients co-prescribed amlodipine and simvastatin and lovastatin	Review quarterly reports to providers on patients that are co-prescribed these medications.	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.11		Reduce inappropriate concurrent use of DPP-4 inhibtors and GLP-1 receptor agonists.	Review quarterly reports to providers on patients that are co-prescribed these medications.	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.12		Ensure the appropriate dosing of semaglutide	Identify patients who remain on the initiation dose beyond the reocmmended time frame and educate providers on appropriate titration.	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.13		Monitor members for severe hypoglycemia ffrom glimepriride.	Review quarterly reports to providers on patients who are prescribed glimepiride.	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.14	**Facility Site Reviews**	Ensure PCP sites operate in compliance with all applicable local, state, and federal regulations, and that sites can maintain patient safety standards and practices.	Complete an initial Facility Site and Medical Record Review and the Physical Accessibility review Survey for newly contracted PCPs. Conduct periodic full scope reviews for PCPs. Complete corrective action plans for cited deficiencies.	January 2026 - December 2026	Maggie Souza, DNP - Clinical Quality Auditing Director Facility Site Review nursing team
6.15	**Medical Record Reviews**	Ensure medical records follow legal protocols and providers have documented the provision of preventive care and coordination of primary care services.	Conduct MRR of provider office in accordance with DHCS standards.	January 2026 - December 2026	Maggie Souza, DNP - Clinical Quality Auditing Director Facility Site Review nursing team
6.16	**Clinical Practice Guidelines**	Review clinical practice guidelines with Quality Council and train providers on practice guidelines	Annually Review and approve Clinical Practice Guidelines at Quality Council	November 2026	CMO Quality Council
6.17			Distribute and educate providers on Clinical Practice Guidelines during quarterly provider trainings and in quarterly newsletter	January - March 2026	CMO
7.Provider Engagement					
7.1	**Provider Training**	Conduct quarterly provider network trainings, increase attendance and satisfaction with trainings.	Develop and implement four Quarterly trainings covering a range of topics including regulatory changes/updates and topics that matter most to providers; solicit input from providers on agenda topics	January 2026, April 2026, July 2026, October 2026	CMO
7.2	**Provider Newsletters**	Provide regular communication to providers through provider newsletters	Provide quarterly provider newsletters covering a range of topics including regulatory changes/updates for providers	January 2026, April 2026, July 2026, October 2026	Provider Relations Compliance
7.3	**Quality Provider Meetings and Resources**	Conduct quality meetings with provider groups to discuss quality measures and improvement plans	Meet with the largest provider groups on a regular basis to discuss quality topics	January 2026 - December 2026	Quality Director
7.4	**Value Based Payment**	Implement newly created VBP program with provider groups to improve quality measurement activities	Implement newly created VBP program with large provider groups to increase quality measurement rates.	January 2026 - December 2026	Quality Director Nancy McAdoo, Director of Provider Relations

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
7.5	**Provider Portal and Panel Reports - Data Sharing**	Provider member level data on quality and gaps in cares to providers to assist in delivering needed services to members	Maintain daily update of provider portal with quality reports and gap in care reports. Implement new reports including well care periodicity schedules and admit, transfer, and discharge admittance data to providers on portal.	January 2026 - December 2026	Quality Director
7.6	**Provider Site Visits**	Conduct site visits with provider to update on health plan operations	Conduct site visits with ten or more medical offices to open communication channel with providers.	January 2026 - December 2026	CMO Quality Director Fabiola Quintara, Network Management
7.8	**Shared Decision-Making Aids**	Ensure all provider received evidence based shared decision making aids	Update website and provide evidence based decision aids to providers through regular communications	July 2026 - September 2026	Jersey Neilson, Quality Manager
****Previously Identified Issue***					

CONTRA COSTA HEALTH

QUALITY AND PERFORMANCE IMPROVEMENT PROGRAM EVALUATION 2025

CONTRA COSTA HEALTH

January 2026

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2 INTRODUCTION

The 2025 Annual Evaluation assesses Contra Costa Health Plan's (CCHP) Quality Improvement Program. It examines the effectiveness of initiatives implemented across CCHP departments in 2025, identifying successes, areas for improvement, and potential program modifications for the following year. The evaluation reviews committee and subcommittee structures, resource adequacy, internal and external reporting, practitioner participation, leadership involvement, and quantitative and qualitative data to assess program outcomes.

The Quality and Health Equity Department leads the evaluation, gathering input from stakeholders, including committees, departments, content experts, data analysts, and work plans. The assessment involves analyzing qualitative and quantitative data, identifying barriers, evaluating interventions, and determining opportunities for improvement. Findings inform next steps for program development.

2.1 MAJOR ACCOMPLISHMENTS

In 2025, CCHP led a number of initiatives with notable successes:

- In NCQA's Annual Health Plan Rating, CCHP ranked with 4.5 stars (out of 5). These ratings evaluate health plans on the quality-of-care patients receive, how satisfied patients are with their care, and health plans' efforts to keep improving.
- CCHP exceeded the 90th percentile nationally for 20 MCAS measures, including both Well-Child Visits in the First 30 Months of Life measures, Prenatal and Postpartum Care, Breast and Cervical Cancer Screenings, Childhood Immunization Status-Combo 10, and Glycemic Status Assessment - Poor Control (>9.0%), demonstrating CCHP's commitment to high quality patient care.
- CCHP expanded a Value Based Payments (VBP) program to incentivize and reward providers for providing high quality, efficient care to provider groups with at least 5,000 assigned patients.
- CCHP expanded reporting and automatic authorization for care management services from Admission, Discharge, and Transfer Feeds to allow for better real time identification of member discharges.
- Members due for Medi-Cal Redetermination, due for IHA, and recently hospitalized patient reports are now available on demand through the secure CCHP Provider Portal, ensuring that providers are able to access real time patient level data in a HIPAA compliant fashion.

- CCHP successfully produced a comprehensive perinatal services brochure that was distributed to over 2,500 members.
- The Quality Team expanded to include a Health Services Planner/Evaluator to implement the DSNP Stars program to ensure high quality care for our Medicare/Medi-Cal enrollees.
- CCHP enrolled 7,959 members in Enhanced Care Management, of which 1,672 were Adults at Risk for Avoidable Hospital or Emergency Department (ED) Utilization. CCHP is one of the highest amongst all health plans in the state in the provision of ECM according to overall membership size.
- CCHP provided Community Supports to 7,469 members, with 5,421 receiving medically tailored meals and 1,787 members receiving housing transition/navigation services.
- CCHP engaged in a wide array of performance improvement projects, including activities aimed at addressing well care visits, colorectal cancer screening, lead screening in children, topical fluoride application, and improve follow-up care after emergency department visits for mental health and substance use.
- CCHP received Health Equity/Health Outcome Accreditation from NCQA.

3 Program Purpose, Goals, and Scope

CCHP is a federally qualified, licensed, county sponsored Health Maintenance Organization serving Contra Costa County. In 1973, CCHP became the first county sponsored HMO in the United States.

Contra Costa County is located in the East Bay of the San Francisco Bay Area. In 2024, according to the American Community Survey 1-year estimate from the United States Census Bureau, the county population was 1.146 million residents. Contra Costa Health Plan serves more than 262,000 Medi-Cal members, providing health insurance to nearly one-quarter of the county population. CCHP also administers a commercial product for County employees and In-Home Support Services (IHSS) caregivers. It serves more than 6,000 commercial members.

The CCHP provider network consists of Contra Costa Regional Medical Center and the Community Provider Network (Federally Qualified Community Health Centers and contracted provider groups, and private practices). The Quality Program collaborates with internal departments, provider networks, and community-based organizations to facilitate safe, effective, cost-efficient, equitable, and timely care to members.

The Quality Council, a physician committee consisting of plan and network physicians, and the Equity Council, a multidisciplinary group including providers, community organizations, and public health, oversee the development, implementation, and evaluation of the Quality Program. The Joint Conference Committee was delegated by the Board of Supervisors to oversee the quality and health equity programs for CCHP. CCHP's quality program is designed to support its purpose and goals to improve the quality, safety, and equity of care and services provided to members. CCHP is committed to continuous quality improvement for both the health plan and its care delivery system.

CCHP's quality and health equity program is designed to measure, monitor, evaluate, and improve the quality, safety, and equity of care and services provided to members. CCHP's overarching quality goals are to achieve better health outcomes, refine population health management, promote health equity, ensure patient safety, improve member experience, avoid unnecessary ED and hospital utilization, stabilize or reduce healthcare costs, and enhance provider experience. To achieve these goals, CCHP utilizes data analysis, solicits input from providers and members through committees, collaborates with community-based organizations, sets aims, measures, and improvement teams for Performance Improvement Projects (PIPs), leverages technology for early identification, and continuously monitors and sustains performance.

The Quality Program encompasses clinical care and services for all Medi-Cal and Commercial members, involving partnerships with various entities. The scope includes access to care, care coordination, population health strategy, utilization evaluation, patient safety standards compliance, health education, cultural and linguistic services, addressing health disparities, managing clinical services usage, member appeals, grievances, and accreditation compliance. CCHP ensures accessibility to all members, regardless of demographics or health status, complying with applicable civil rights laws.

In 2025, there were no substantial change made to the overarching purpose, goals, and scope of the quality program to ensure the inclusion of health equity in all program aspects. The current framework effectively addresses the outlined goals, demonstrating the program's stability and effectiveness. Looking ahead to 2026, CCHP is working to ensure high performance on CMS Stars measures and ensure a comprehensive quality program that incorporates DSNP.

4 Program Structure and Governance

4.1 Overview

The Quality Council is the principal committee for directing and overseeing quality and patient safety operations and activities for CCHP. It plays a crucial role in directing clinical

and service-related performance improvement projects, access to care studies, member grievances, potential quality issues, utilization management, and other programs requiring quality oversight. The Equity Council is the committee responsible for addressing health equity, including reviewing discrimination grievances, identifying health inequities, and promoting interventions to reduce disparities in care and outcomes. The Quality and Equity Councils' recommendations to the Joint Conference Committee contribute to the approval process for the Quality Program by the Contra Costa County Board of Supervisors.

4.2 Quality Department Structure

Quality staff at CCHP play a vital role in implementing and monitoring quality projects and improvement activities, supporting CCHP leadership in strategic priorities, and collaborating with CCHP providers to ensure quality care for members. Led by the Chief Medical Officer, staff include directors, managers, analysts, health educators, and administrative support.

The Quality and Health Equity Department continues to lead ongoing initiatives, including quality measurement, access and availability monitoring, member and provider experience, PIPs, population health management, provider engagement, and NCQA accreditation oversight. In 2025, CCHP hired a Health Services Planner/Evaluator to oversee the CMS Stars program for dually enrolled members and ensure quality performance across all measures. Their expertise will enhance member experience and improve member outcomes for this vulnerable population.

4.3 Governing Body – Joint Conference Committee

The Joint Conference Committee (JCC) is one of the mechanisms by which the Contra Costa County Board of Supervisors provides oversight of CCHP, including quality operations and activities. With two Board of Supervisors members assigned to the JCC, it operates transparently under the Brown Act, ensuring accessibility to the public. The JCC meets quarterly, and its responsibilities include promoting communication between the Board of Supervisors, Quality and Equity Councils, and CCHP administration; assessing and monitoring the overall performance of CCHP and its contracted providers, including, but not limited to, the quality of care and services provided to members; reviewing, evaluating, and making recommendations regarding modifications to the Annual Quality Program Description, Annual Quality Program Evaluation, and Quality Work Plan; and reviewing, evaluating, and acting on quarterly reports on quality and health equity from CCHP's Quality Director and Chief Medical Officer.

Throughout 2025, the JCC actively engaged in activities aimed at overseeing and improving the quality of CCHP's operations. At each meeting, a comprehensive quality report was presented, facilitating a continuous assessment of the health plan's performance. The JCC approved essential program documents, including the Annual Quality Program Description, Quality Evaluation, and Quality Work Plan. The committee also conducted a detailed review and discussion of access and availability, evaluating the effectiveness of CCHP's strategies in ensuring timely access to care. Another focal point was the assessment of population health management, evaluating the overall effectiveness of CCHP's strategies in addressing broader health trends and enhancing the well-being of the population. The JCC reviewed CCHP's Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) results, involving a thorough examination of CCHP's performance against key quality measures in accordance with national standards.

4.4 Quality Improvement and Health Equity Committee (QIHEC)

The Quality Improvement and Health Equity Committee (QIHEC) is a requirement outlined by the California Department of Health Care Services (DHCS) for all Medi-Cal managed care plans. DHCS mandates that health plans establish a QIHEC to oversee the integration of quality improvement and health equity initiatives. At CCHP, this requirement is met through the collaboration of two distinct but complementary committees: the Quality Council and the Equity Council. These councils work together to ensure the ongoing development, implementation, and evaluation of quality and health equity programs. The Quality Council, clinically focused, includes providers across various specialties and monitors clinical care, performance improvement projects, and member outcomes. The Equity Council, which includes community organizations, addresses issues of health disparities, discrimination grievances, and the promotion of equitable care across the plan's member population. While the councils have distinct memberships, there is overlapping representation between the two, ensuring alignment and coordination of efforts to improve both quality and equity in care delivery. In 2025, two Quality Councils and one Equity Council meeting were held each quarter.

4.4.1 Quality Council

The Quality Council is responsible for reviewing and acting on subcommittee reports, approving program documents, and providing recommendations to governing bodies. Chaired by the Chief Medical Officer and co-chaired by the Quality and Health Equity Director, the Council is comprised of a multi-specialty group of clinicians who meet eight times per year. Voting members, including the Chief Medical Officer and network clinicians, represent specialties essential to the Medi-Cal population.

Subcommittees that report to the Quality Council, such as the Pharmacy and Therapeutics (P&T) Advisory Committee, Peer Review and Credentialing Committee (PRCC), Utilization Management (UM) Committee, and Potential Quality Issues (PQIs) Committee play key roles in pharmaceutical management, credentialing, overseeing outpatient and inpatient utilization management, and patient safety. These committees report regularly to the Quality Council for oversight.

Throughout 2025, the Quality Council's effectiveness and member participation were evaluated through feedback from members and a review of past meeting agendas and minutes. The assessment indicated consistent attendance from providers. Updates from the Quality Council focused the launch of a new Dual Eligible Special Needs Plan, expanded provider networks, and improvements in access to care, including behavioral health and specialty services. Key initiatives in 2025 emphasized clinical quality, equity, and care coordination, with notable progress in HEDIS, performance improvement projects, and policy updates aimed at supporting maternal health and value-based payments. Surveys on member and provider experience identified strengths in access but highlighted areas for improvement in communication and follow-up. Additional updates covered long-term care quality monitoring, behavioral health utilization changes, and preparations for the D-SNP launch in 2026, reinforcing CCHP's commitment to continuous quality improvement.

4.4.2 Equity Council

In 2025, one meeting per quarter was dedicated to overseeing equity-focused initiatives, engaging a broader group of stakeholders, including providers, community-based organizations, homeless services, public health, and other community health advocacy groups. These meetings prioritized achieving NCQA Health Equity/Health Outcome Accreditation and implementing mandatory DEI and TGI trainings for staff and providers. Discussions focused on resolving health disparities identified through stratified HEDIS data, specifically targeting improved outcomes for African American and Pacific Islander members. Additionally, the Council monitored language access grievances and oversaw the Community Advisory Committee to ensure member feedback directly informed health plan operations.

4.5 The Community Advisory Committee

CCHP established the Community Advisory Committee (CAC) to ensure meaningful member input into CCHP's policies and decision-making processes and to promote member engagement as partners in the delivery of Medi-Cal Covered Services. The CAC focuses on cultural and linguistic services, health education, and health equity, fostering community participation and advocacy. With a commitment to addressing health disparities, CAC

members contribute to discussions on preventive care practices, while CCHP's integration strategy enhances services with cultural and linguistic appropriateness.

In 2025, CCHP held four meetings that addressed health equity, Performance Improvement Projects (PIPs), health education priorities, member satisfaction survey results, culturally appropriate services, and plan marketing materials and campaigns with the Community Advisory Committee. We continue to recruit new members annually to ensure CAC reflects the membership we serve.

4.6 Quality Program Planning

CCHP employs a systematic documentation cycle for quality program planning, including the Quality Program Description, Quality Work Plan, and Quality Program Evaluation. These documents, along with the Quality Council charter, are reviewed annually by the Quality Council and Equity Council.

No major changes were made to the process in 2025. The process involved collaboration across departments to capture a comprehensive view of quality across CCHP. Additionally, the refined quality framework was shared with provider groups to encourage collaborative engagement in quality initiatives. Periodic reviews of the quality plan ensured that activities remained on track and met established deliverables. The evaluation provided a framework for developing the subsequent year's quality plan and overall program description.

5 NCQA Accreditation

The Quality and Health Equity Department plays a central role in interpreting standards, identifying gaps, collaborating with other department functions to address deficiencies, ensuring the submission of appropriate and timely documentation, and maintaining oversight of the NCQA health plan accreditation status.

In 2025, CCHP achieved Health Outcomes Accreditation and submitted documentation for the Health Plan Accreditation. The Health Plan Accreditation is on track to be awarded in early 2026. The HEDIS and Accreditation manager established a structure to ensure annual deliverables were met and a framework was set for ongoing meetings with relevant stakeholders.

6 Measurement, Analytics, Reporting, and Data Sharing

CCHP, in collaboration with Contra Costa Health's centralized IT department, boasts a robust technology infrastructure and data analytics capabilities that support quality management and improvement activities. As an integrated health system, the centralized data infrastructure collects, analyzes, and integrates health plan data with clinical delivery system data and social services data to bolster quality initiatives. This integrated data warehouse enables the comprehensive collection of all quality performance data across the health plan and delivery system.

6.1 Healthcare Effectiveness Data and Information Set (HEDIS)

The Quality and Health Equity Department collaborates with the CCH Business Intelligence team to annually collect HEDIS data. Medi-Cal Managed Care plans are mandated by both the DHCS, the Department of Managed Health Care (DMHC) and NCQA to report annually on three distinct sets of measures. DHCS requires Medi-Cal Managed Care plans to report annually on a set of quality measures, known as the Medi-Cal Managed Care Accountability Set (MCAS). DMHC requires health plan reported on a set of stratified measures called the Health Equity Quality Measure Set (HEQMS), while NCQA requires health plans report on a set of Health Plan Accreditation measures. In sum, this encompasses over 70 measures spanning clinical effectiveness, clinical resource utilization, access and availability, and member experience with care. CCHP utilizes a certified HEDIS benefits engine for reporting and undergoes compliance audits to ensure the certification of all measures by June 15 each year. In June 2025, CCHP reported 2024 measurement year data.

The MCAS measures are comprised of various health-related outcomes, HEDIS measures, and Center for Medicaid and Medicare (CMS) Core Measures. DHCS establishes the targets, or Minimum Performance Level (MPL), on qualifying measures based on the NCQA national Medicaid 50th percentile benchmark. CCHP's performance on Measurement Year (MY) 2024 MCAS measures and their trends over time are illustrated in Table 1.

Table 1. Summary Performance in MCAS Measures Overall MY 2020-2024

Measures	MY 2020	MY 2021	MY 2022	MY 2023	MY 2024	Trend	National Percentile
Adults' Access to Preventive/Ambulatory Health Services	-	-	69.75	71.99	67.27		25th
Antidepressant Medication Management - Effective Acute Phase Treatment	63.07	65.97	66.25	85.80	90.07		90th
Antidepressant Medication Management - Effective Continuation Phase Treatment	41.01	44.16	45.23	73.82	80.99		90th
Asthma Medication Ratio	63.93	64.48	75.23	83.22	79.48		90th
Breast Cancer Screening	58.33	58.66	63.95	63.81	61.72		75th
Cervical Cancer Screening	68.06	68.33	68.33	68.61	67.88		90th
Child and Adolescent Well-Care Visits	42.09	55.05	53.09	56.63	59.11		75th
Childhood Immunization Status - Combination 10	51.34	47.93	44.04	45.61	42.34		90th
Chlamydia Screening in Women	62.81	62.22	66.65	68.37	69.22		90th
Colorectal Cancer Screening	-	-	39.69	48.98	50.66		90th
Contraceptive Care – All Women - Ages 15-20	18.34	17.59	19.01	19.33	17.74		25th
Contraceptive Care – All Women - Ages 21-44	25.52	25.38	25.43	24.52	23.82		75th
Contraceptive Care – Postpartum - Ages 15-20: 60 Days	57.78	47.32	46.43	66.67	60.87		75th
Contraceptive Care – Postpartum - Ages 21-44: 60 Days	46.19	45.03	46.73	52.03	57.93		75th
Controlling Blood Pressure	64.96	62.37	67.27	67.21	72.75		90th
Depression Remission or Response- Follow-up	-	-	29.14	26.04	25.52		25th
Depression Remission or Response- Remission	-	-	8.26	3.29	3.06		25th
Depression Remission or Response- Response	-	-	11.48	7.37	6.64		25th
Depression Screening and Follow-Up for Adolescents and Adults - Screening	-	-	29.73	30.06	32.47		90th
Depression Screening and Follow-Up for Adolescents and Adults - Follow-up	-	-	81.66	75.21	77.44		50th
Developmental Screening in the First Three Years of Life	21.68	37.45	52.57	56.90	69.24		75th
Diabetes Screening for People Who Are Using Antipsychotic Medications	79.41	84.32	85.31	85.14	87.90		90th
Follow-up after ED for AOD - 7 Day	8.94	4.46	16.53	19.64	29.15		75th
Follow-up after ED for AOD - 30 Day	8.94	10.00	26.61	32.31	45.80		75th
Follow-up after ED for Mental Illness - 7 Day	11.74	15.21	27.02	41.59	41.52		50th
Follow-up after ED for Mental Illness - 30 Day	21.81	23.15	45.97	58.78	61.71		50th
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	62.50	48.65	62.50	59.42	55.68		50th
Glycemic Status Assessment for Diabetic Patients - Poor Control*	38.93	34.55	33.99	29.11	24.44		90th
Immunizations for Adolescents (IMA) - Combo2	43.80	44.28	53.36	55.56	52.89		90th
Lead Screening in Children	-	44.23	51.51	52.81	66.10		50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing	42.22	54.00	46.08	49.48	51.97		75th
Number of Outpatient ED Visits per 1000 Long-Stay Resident Days	-	-	-	0.40	0.43		-
Pharmacotherapy for Opioid Use Disorder	-	37.04	27.32	21.72	39.16		90th
Plan All-Cause Readmissions*	0.83	0.88	0.87	0.82	1.04		25th
Postpartum Care	90.97	91.19	90.48	89.94	93.02		90th
Postpartum Depression Screening and Follow Up- SCR	-	-	53.07	55.80	46.43		90th
Postpartum Depression Screening and Follow Up- FU	-	-	79.63	74.84	72.30		75th
Potentially Preventable 30-Day Post-Discharge Readmission Measure	-	-	-	0.77	2.84		-
Prenatal Care	93.40	94.34	93.88	93.08	93.60		90th
Prenatal Depression Screening and Follow Up- SCR	-	-	76.95	78.40	69.38		90th
Prenatal Depression Screening and Follow Up- FU	-	-	66.67	56.71	63.58		75th
Prenatal Immunization Status	-	46.11	46.05	42.99	45.07		90th
SNF Healthcare-Associated Infections Requiring Hospitalization	-	-	-	5.45	5.43		-
Topical Fluoride for Children	-	-	12.73	15.21	22.31		50th
Well-Child Visits in the First 30 Months of Life (31d-15m)	56.69	54.35	65.88	73.17	79.03		90th
Well-Child Visits in the First 30 Months of Life (15m-30m)	69.85	64.58	73.05	75.59	80.09		90th

CCHP improved performance in several key MCAS measures in MY 2024. CCHP accomplished this through data improvements, performance improvement initiatives, and increased collaboration with contracted providers. CCHP has more than doubled the number of MCAS measures at the High-Performance Level (HPL) from nine in MY 2022 to 20 in MY 2024. Additionally, CCHP achieved 75th percentile for 12 measures and the 50th percentile for another 6 measures. CCHP was under the 50th percentile for six measures, none of which were target measures.

CCHP has seen notable improvements in pediatric well care metrics between MY 2021 and MY 2024. For Well-Child Visits in the First 30 Months of Life (31d-15m), CCHP performed in the 90th percentile with a rate of 79.0%, leading to a 5.9 percentage point increase when compared to MY 2023 and a 24.7-point increase when compared to MY 2021. In the Well-Child Visits in the First 30 Months of Life (15m-30m) measure, CCHP performed in the 90th percentile and has increased rates by 4.5 percentage points since MY 2023 and 15.5 percentage points since MY 2021. CCHP also performed in the 75th percentile for Child and Adolescent Well Care Visits in MY 2024.

Follow-Up after ED for SUD – 7 Days (FUA-7), Follow-Up after ED for SUD – 30 Days (FUA-30), and Topical Fluoride for Children (TFL-CH), were below the MPL in MY 2023, but exceeded the MPL in MY 2024. All 21 measures subject to a minimum performance level exceeded the MPL, showcasing CCHP's strong and consistent commitment to quality healthcare.

6.2 Member Experience

Each year, CCHP surveys our members to help measure member satisfaction, access to services, and member experience with cultural and linguistic services. We also conduct a thorough analysis of member grievances to obtain a comprehensive understanding of the member experience and identify any opportunity for improvement.

The survey process encompasses three distinct instruments tailored to capture various aspects of the member experience. The Consumer Assessment of Healthcare Providers and System (CAHPS) Health Plan survey offers a comprehensive evaluation of overall experience and access to care. Additionally, the Experiences of Care and Health Outcomes (ECHO) survey specifically targets individuals receiving behavioral health services, aiming to delve deeper into their unique needs and experiences. Lastly, a specialized survey is administered to non-English speaking members, focusing on assessing the adequacy of language access services provided by CCHP.

By systematically gathering feedback through these surveys, CCHP gains valuable insights into members' perspectives, identifies areas for improvement, and aims to tailor services to better meet the diverse needs of its enrollees. This commitment to continuous assessment and enhancement underscores CCHP's dedication to providing accessible, culturally competent, and high-quality care to all members of the community.

The CAHPS survey sampled members who were continuously enrolled with CCHP for the last six months of 2024, with no more than one enrollment gap of 45 days or less. For the Adult Medicaid population, 1,650 members were mailed surveys and received 193 valid

responses, for a response rate of 11.7%. The data from the Adult Medi-Cal population in RY 2025 are presented in Table 2.

Table 2 CAHPS Results RY 2023-2025

Measure	RY 2023	RY 2024	RY 2025	Trend	Percent Change 24-25	Percentile	Goal	Goal Met
Overall Ratings								
Rating of all health care	78.2%	83.4%	81.6%		-2.2%	75th	70.0%	Y
Rating of personal doctor	80.8%	84.3%	83.6%		-0.8%	50th	70.0%	Y
Rating of specialist talked to most often	79.2%	88.1%	84.8%		-3.7%	50th	70.0%	Y
Rating of health plan	79.6%	79.1%	77.4%		-2.1%	33rd	70.0%	Y
Composite Scores								
Getting Needed Care	79.1%	80.8%	77.6%		-4.0%	10th	70.0%	Y
Getting Care Quickly	79.4%	75.2%	71.9%		-4.4%	5th	70.0%	Y
Communication	92.8%	91.4%	92.0%		0.7%	25th	70.0%	Y
Customer Service	85.2%	87.9%	86.7%		-1.4%	10th	70.0%	Y

In RY 2025, CCHP saw declines in both overall scores and national percentile ranking across all Overall Rating measures and most of the Composite CAHPS measures compared to the prior year. Despite this, the established performance goal of 70% was achieved for all measures. The observed decline is largely attributed to a lower survey response rate, which decreased by 0.8 percentage points from 12.5% in 2023 to 11.7% in 2024, along with a shift from oversampling membership to standard sampling.

In 2025, CCHP administered the ECHO survey to members who had utilized behavioral health services. For adult members, CCHP sent 2,250 surveys and received 276 responses, for an overall response rate of 12.6%. The response rate in 2025 was higher than the 11.5% behavioral health survey response rate in 2024. Results for the survey are presented in Table 3.

Table 3 ECHO Survey Results, RY 2023-2025

Measure	RY 2023	RY2024	RY2025	Percent Change	Goal	Goal Met Y/N
Getting Treatment Quickly	-	**61.4%**	**71.3%**	**16.1%** ▲	**70.0%**	**Y**
Usually or always got help by telephone	64.8%	53.3%	58.6%	10.0% ▲		
Usually or always got urgent treatment as soon as needed	59.6%	61.1%	72.9%	19.4% ▲		
Usually or always got appointment as soon as wanted	69.6%	69.2%	79.9%	15.5% ▲		
Communication	-	**91.5%**	**90.1%**	**-1.5%** ▼	**70.0%**	**Y**
Clinicians usually or always listened carefully	81.9%	92.0%	90.7%	-1.4% ▼		
Clinicians usually or always explained things	84.8%	94.2%	92.6%	-1.7% ▼		
Clinicians usually or always showed respect	89.4%	92.8%	93.2%	0.4% ▲		
Clinicians usually or always spent enough time	80.8%	87.7%	88.8%	1.3% ▲		
Usually or always felt safe with clinicians	95.3%	94.9%	92.4%	-2.7% ▼		
Usually or always involved as much as you wanted in treatment	77.9%	87.7%	83.4%	-4.9% ▼		
Getting Information	-	**45.2%**	**60.6%**	**34.1%** ▲	**70.0%**	**N**
Delays in treatment while waiting for plan approval were not a problem	53.2%	44.2%	60.7%	37.3% ▲		
Getting help from customer service was not a problem	42.4%	35.3%	55.8%	58.1% ▲		
Perceived Improvement	-	**66.7%**	**71.2%**	**6.7%** ▲	**70.0%**	**Y**
Better able to deal with daily problems	66.1%	75.1%	76.4%	1.7% ▲		
Better able to deal with social situations	61.3%	64.4%	67.1%	4.2% ▲		
Better able to accomplish things	59.2%	62.0%	69.3%	11.8% ▲		
Better able to deal with symptoms or problems	59.2%	66.3%	71.9%	8.4% ▲		
Information About Treatment Options	-	**46.0%**	**51.0%**	**10.9%** ▲	**70.0%**	**N**
Told about self help or consumer run programs	31.4%	36.8%	40.6%	10.3% ▲		
Told about different treatment options	46.2%	54.1%	60.5%	11.8% ▲		
Rating of Counseling & Treatment	**63.5%**	**71.4%**	**77.2%**	**8.1%** ▲	**70.0%**	**Y**

Overall results demonstrated increased performance in the Getting Treatment Quickly domain, as well as the Getting Information domain. The rating for Getting Treatment Quickly went up by 9.9 percentage points between 2024 and 2025, showcasing increasing member satisfaction regarding timely access to behavioral health services. Members' perceived improvement increased in 2025 compared to the 2024 administration, exceeding the stated goal of 70%, demonstrating the importance of connecting members to care. While more members responded positively to getting information in 2025 compared to 2024, the Getting Information and Information About Treatment Options domains are opportunities for improvement as both remained below the 70% goal. The 2025 Language Access Survey results offer critical insights into member experiences with interpreter services, health promotion and communication efforts. The surveys were sent to members if they utilized services in the previous 6 months and their preferred language is Spanish, Chinese, Dari, Farsi, Vietnamese, Arabic, Punjabi, Tagalog, Russian, Hindi, Korean, Cambodian, Thai, Japanese, Armenian, or Hmong. The results of this year's survey are presented in Table 4.

Table 4. Language Access Survey Results, 2024-2025

Measure	RY 2024	RY 2025	Percent Change
General			
How often did you get an interpreter when you needed one?	77.3%	80.0%	3.5% ▲
How often did your personal doctor show respect for what you had to say?	95.5%	93.5%	-2.1% ▼
How often were instructions for health conditions easy to understand?	91.5%	90.3%	-1.3% ▼
How often did you use a friend or family member as an interpreter?*	19.4%	25.8%	33.0% ▼
Rating of Interpreter			
Members who rated their interpreter positively	83.8%	72.0%	-14.1% ▼
Communication			
Email	38.1%	36.0%	-5.4% ▼
Text Messages	24.3%	32.7%	34.8% ▲
Mail Sent to my House	16.4%	13.1%	-20.0% ▼
CCHP Website	6.1%	5.6%	-8.4% ▼
In Person (Face-to-Face)	4.7%	5.1%	7.7% ▲
Voicemail/Phone Messages	4.7%	4.2%	-11.3% ▼
Materials With Large Text/Font Size	1.4%	2.3%	64.3% ▲
Online Video	2.8%	0.9%	-67.4% ▼
Social Media (Facebook, Twitter, Instagram)	1.0%	0.0%	-100.0% ▼
In Braille	0.2%	0.0%	-100.0% ▼

*Lower is better

This year's survey highlights improvements in some areas of language access services, such as increased access to interpreter services when compared to 2024. However, the rating of interpreters decreased by 11.8 percentage points when compared to 2024. Additionally, there was an increase of 6.4 percentage points in the rate of members that had to use friends or family for interpretation when compared to 2024. With these mixed results from the 2025 Language Access Survey, it is clear that there are still significant opportunities for improvement despite the increased access to interpreter services.

Understanding how well new members comprehend their benefits and how to navigate the health plan is essential for delivering accessible, equitable care. CCHP administered a member survey in 2024 and again in 2025 to assess new members' understanding of key topics such as how to access care, use support services, and get help when needed. Results are presented in Table 5.

Table 5. New Member Survey Results, 2024-2025

Question	% Responding Yes	
	2024	2025
Accessing Care		
Do you know the name of your Primary Care Provider	72.2%	82.4%
If you want to change your primary care provider, do you know how?	44.4%	41.2%
When your primary care provider is not available, do you know where to go for care?	53.3%	50.0%
Do you know how to find a pharmacy where you can get your prescriptions?	90.0%	88.2%
Do you know how to access mental health services?	53.3%	50.0%
Do you know how to find a Medi-Cal dentist?	51.1%	41.2%
Are you familiar with how to find a CCHP healthcare provider?	58.9%	64.7%
Support Services		
If you need help with rides or transportation to and from medical appointments or other Medi-Cal services, do you know what to do?	48.1%	30.4%
Do you know how to access interpreter services?	50.0%	77.8%
Do you know how to get help if you have questions or problems with CCHP or accessing health services?	58.6%	51.7%
Membership Information		
If you lose or don't have a CCHP member ID card, do you know how to get one?	53.3%	41.2%
Do you know how to file a complaint if you are not happy about CCHP, a CCHP decision, or the health care services you received?	46.7%	29.4%
Can you find your CCHP membership information online or on MyChart?	66.7%	79.4%
Clarity of Materials		
How easy or hard was it to understand the mail we sent you when you joined CCHP?	82.2%	70.6%

Areas that saw improvement included knowledge of PCP name (+10.2%), knowledge of how to find a network provider (+6.1%), knowledge of how to access interpreter services (+27.8%), and knowledge of MyChart (+12.7%).

While CCHP made important progress in several areas, significant gaps remain in helping members understand how to use foundational services. Patient knowledge of accessing dental services is low and CCHP has quality measures related to dental care.

More information about the ways in which CCHP evaluates the member experience can be found in the forthcoming 2025 Member Experience Report.

CCHP will work to improve member experience by garnering further input from members through the CAC. The CAC can provide valuable input on how to improve members' experiences by offering diverse perspective, insights, and recommendations that are informed by community needs and experiences. The CAC may offer some insights into the underlying factors contributing to areas with low scores and potential strategies for improvement, as well as identifying priority areas that warrant focused attention.

6.3 Network Adequacy

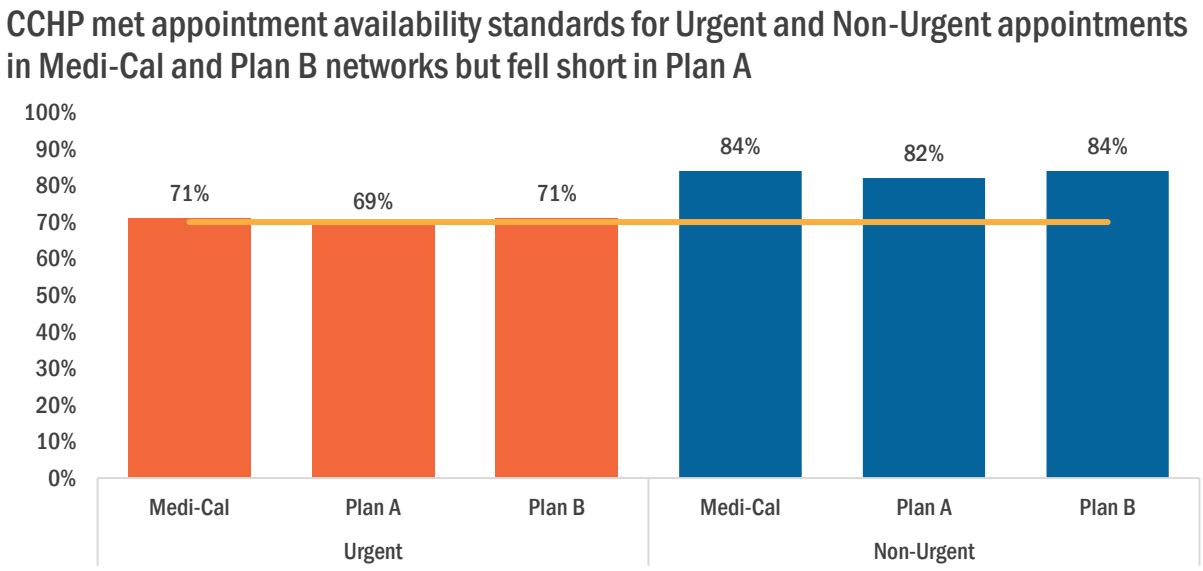
Effective healthcare delivery relies on the accessibility and availability of services when needed. CCHP adheres to access and availability standards as required by DMHC, DHCS, NCQA. Through analysis of provider appointment availability, enrollee experience,

provider satisfaction, and other key metrics, such as initial prenatal appointment availability, Initial Health Appointment (IHA) rates, in-office wait times, and others, CCHP assesses its performance in meeting regulatory standards while ensuring quality and timely service for its members.

The Provider Appointment Availability Survey (PAAS) assesses the readiness of network providers to deliver timely appointments to enrollees. The standard is that 70% of providers within the CCHP network must meet the standards for urgent and non-urgent appointments, and 80% meet standards for non-physician mental health follow-up appointments.

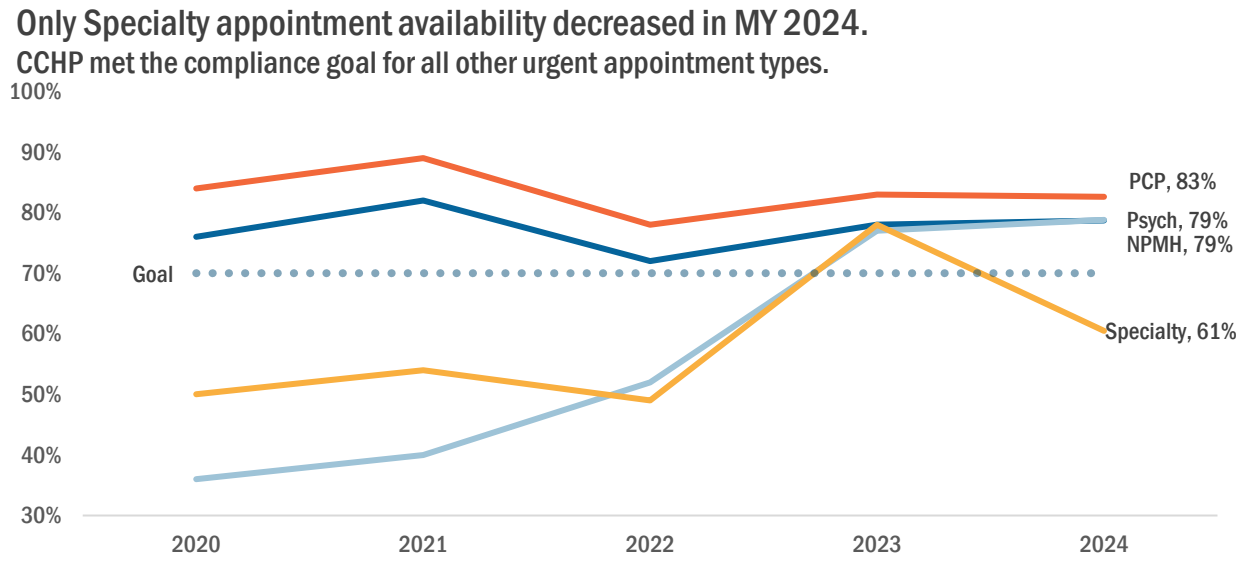
In 2024, CCHP met the standards across all lines of business for non-urgent appointments. For urgent appointments, the only line of business to fall short of the standard of 70% was Plan A with a rate of 69%.

Figure 1. PAAS Compliance Rates for Urgent and Non-Urgent Appointments by Line of Business



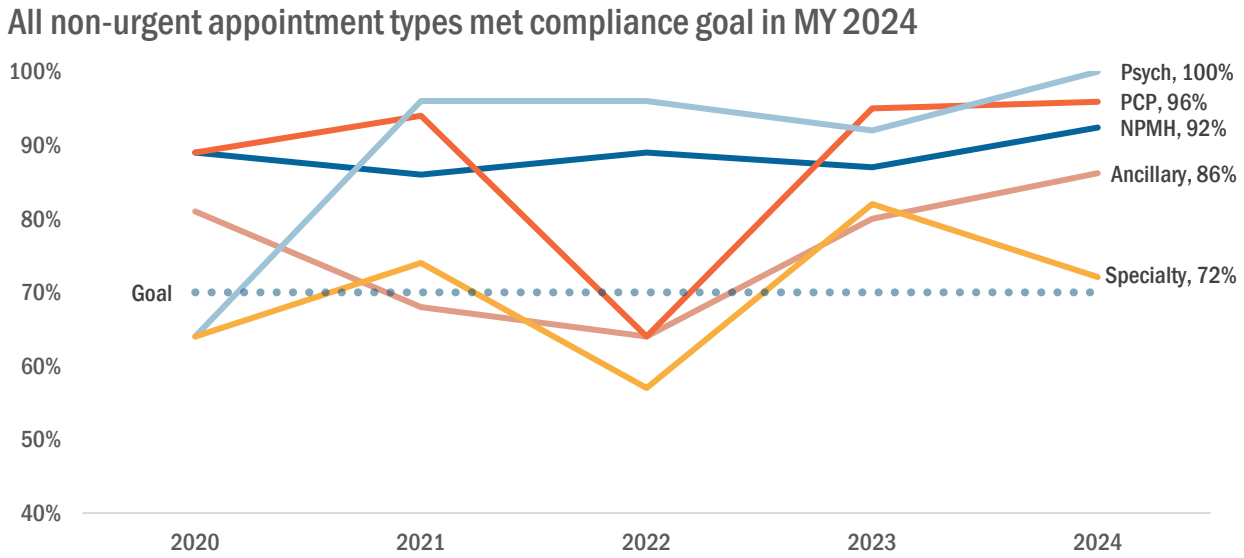
When stratifying urgent appointments by provider type, CCHP saw an increase across most provider types, with primary care, non-physician mental health, and psychiatry experiencing an increase in rating and exceeding the threshold. However, specialty urgent appointments experienced a decrease in rating of 17 percentage points between 2023 and 2024, bringing the rating below the threshold of 70%.

Figure 2. PAAS Urgent Appointment Compliance Over Time



Similarly, non-urgent appointments saw an increase across several provider types in 2024 compared to 2023. Notably, psychiatric appointments increased from 92% to 100%, and ancillary appointments increased from 80% to 86%. Specialty appointments were the only type to experience a decrease in rating, dropping by 10 percentage points between 2023 and 2024. All non-urgent appointment types met the threshold of 70%.

Figure 3. PAAS Non-Urgent Appointment Compliance Over Time



CCHP implemented several targeted interventions based on the opportunities for improvement identified in the MY 2023 Access and Availability Report. The three main priorities were improving provider education on appointment standards, increasing the specialty network, and improving patient education around after-hours and behavioral

healthcare. More comprehensive information about how CCHP assesses its network adequacy can be found in the 2024 Annual Report on Access and Availability.

6.4 Long-Term Care and Long-Term Support Services

Following state guidelines, CCHP developed a comprehensive Quality Assurance Performance Improvement Program (QAPI) to ensure members receiving care in Skilled Nursing Facilities (SNFs) and other institutional Long-Term Care (LTC) settings receive high quality services. This report, written in 2025, analyzes quality data from 2024, reviewing primary and secondary sources to present a comprehensive picture of LTC quality. In 2024, CCHP had 1,914 members placed during the reporting period, for a total of 3,182 facility placements. Of these, 1,792 members were placed into an in-network SNF, and 242 members were placed out-of-network.

In 2024, CCHP identified 26 (29.2%) of our facilities had survey deficiencies above the state average and 2 (2.2%) were significantly above average (more than 50% above the state average). Five of our high-volume facilities had higher than average survey deficiencies. For complaints and facility reported incidents, 22.5% of CCHP facilities were above average and approximately 6.7% were significantly above average. Six of our highest volume SNF had complaints and facility reported incidents above the state average.

CCHP reviewed LTC facility data on the CMS Care compare website and recorded the ratings for each facility in the overall, health inspections, staffing, and quality measures categories. The average overall rating for in-network LTC facilities was 3.82, which is higher than the state average of 3.2. There was a total of eight facilities (13.8%) with an overall 1- and 2-star rating. When looking at the individual quality measures, CCHP was above or very close to the state average in 8 of the 12 measures but fell below in four measures related to emergency department visits, antipsychotics use and pressure ulcers.

CCHP also reported on three MCAS measures specific to long-term care facilities:

- Healthcare-Associated Infections Requiring Hospitalization (HAI)
- Number of Out-patient ED Visits per 1,000 Long Stay Resident Days (OED)
- Potentially Preventable 30-day Post-Discharge Readmission (PPR)

In 2024, CCHP's rate Outpatient ED Visits per 1,000 Long Stay Resident Days (LTC-OED) increased significantly to 4.31 compared to 2023's rate of 1.86, which was more closely aligned with benchmarks.

Table 6. Comparison of LTC MCAS Measures to State and National Average.

	RY 2023			RY 2024			CCHP % Change
	CCHP	CA Avg	National Avg	CCHP	CA Avg	National Avg	
LTC-HAI	5.45%	NA	6.9%	5.43%	NA	7.1%	-0.4%
LTC-OED	1.86	1.38	1.65	4.31	1.53	1.74	+131.7%
LTC-PPR	0.77%	NA	10.5%	2.84%	NA	10.5%	+268.8%

*Lower is better

The report presents strengths and areas for improvement within the LTC facilities that serve CCHP members. The data shows CCHP has a strong in-network placements, ensuring continuity of care, improved health outcomes, and closer alignment with quality oversight activities. However, the evaluation also revealed a subset of facilities deviate from state and national averages in survey deficiencies, complaints, and CMS Care Compare ratings. More detailed information is presented in the 2024 Long Term Care Quality Assurance and Performance Improvement Report.

6.5 Other Quality Measurement Activities

In 2025, CCHP successfully completed a number of other quality reporting activities including DHCS encounter data validation, a provider satisfaction survey, and comprehensive reporting on CalAIM requirements, including Enhanced Care Management and Community Supports monitoring reports, and Incentive Payment Program reports.

A noteworthy achievement in 2025 was the improvement of sharing quality information with network providers. CCHP expanded the reporting available in the CCHP Provider Portal from provider empanelment reports, lead screening reports, and gap in care reports available to also include reports informing providers about their members due for Initial Health Appointments, Medi-Cal Redetermination, and those who had ED visits & hospitalizations in past 30 days. Primary Care Providers are now able to access these reports on-demand, in a more secure fashion. This demonstrates CCHP's commitment to patient privacy while maintaining real-time feedback loops with network providers.

7 Performance Improvement Projects

The Quality Program at CCHP is dedicated to enhancing care and services for members through continuous evaluation and improvement, utilizing the Model for Improvement and Plan-Do-Study-Act (PDSA) cycles. Goals focus on improving health outcomes, member experience, health equity, and cost efficiency. Project prioritization considers regulatory

requirements from DHCS, DMHC, and NCQA, along with insights from HEDIS and other quality metrics, findings from the Population Needs Assessment, PQIs, member grievances, member and provider experience surveys, and access studies.

CCHP identifies additional performance improvements through annual reviews of quality metric data. This analysis assesses areas needing improvement, leading to the development of projects added to the work plan. Monthly reviews allow for timely adjustments to the work plan, addressing areas of declining performance or those falling below desired quality targets. Quality staff conduct root cause analyses and formulate plans for implementing performance improvement projects.

7.1 DHCS Performance Improvement Projects

CMS and DHCS require CCHP to conduct a minimum of two Performance Improvement Projects annually as part of External Quality Review (EQR). CCHP has at least two active DHCS statewide performance improvement projects and, if needed, smaller mandated pilot projects for measures below the state's minimum performance level.

In 2025, CCHP submitted MY2024 data and a summary of implemented interventions for the 2023-2026 DHCS PIPs. Both PIPs met 100% of the methodological evaluation elements and received high confidence rating for methodology. The clinical PIP, Improving W30-6 Measure Rate Among Black Members, focuses on reducing disparities in well care visit rates between Black/African American children and children of other races. CCHP's non-clinical PIP, Improving the Percentage of Members Enrolled in Care Management Within 14 Days of SMH/SUD Diagnosis, focuses on connecting members with Case Management (CM) services after an ED visit for mental health or substance use diagnoses.

7.1.1 Improving W30-6 Measure Rate Among Black Members

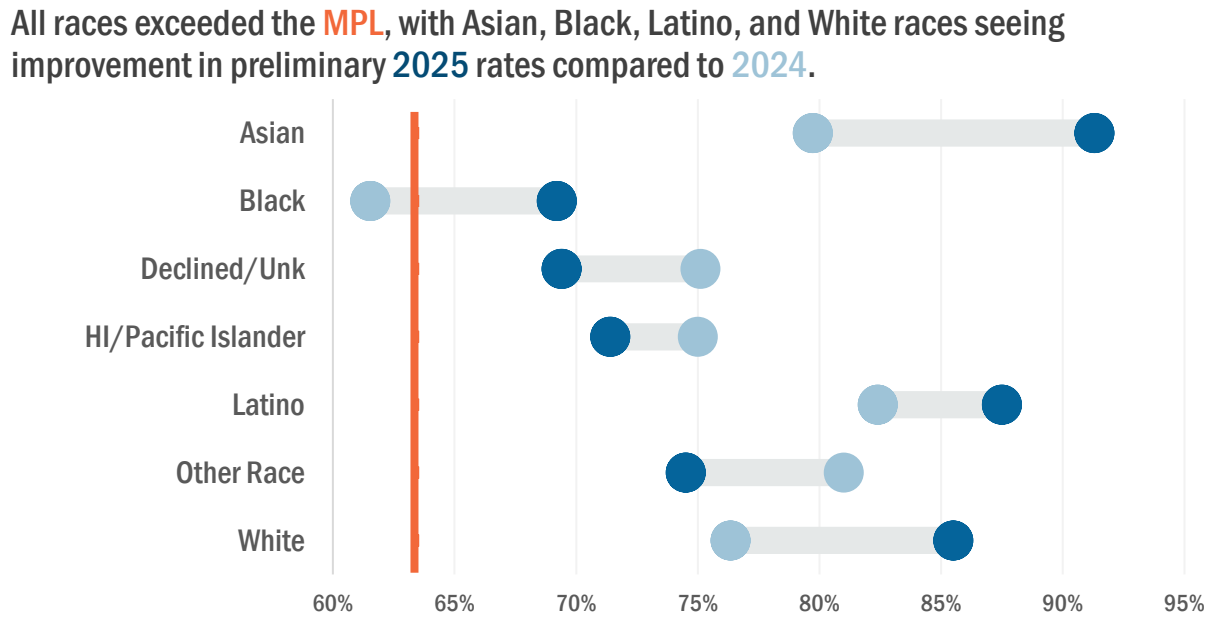
In 2024, CCHP achieved the 90th percentile for the W30-6 measure, with 79.03% of continuously enrolled patients completing at least 6 well care visits with a PCP by 15 months of age. CCHP has demonstrated marked improvement in this measure since 2021, with 2024 rates up +24.68 percentage points.

However, despite CCHPs performance, disparities in WCV completion rates exist between racial categories. In MY 2024, Latino members had a W30-6 completion rate of 82.4%, compared to only 61.54% of Black/African American members. If the completion rate for Black members was the same as for Latino, 14 additional Black members would have been compliant with the measure. This equates to lost opportunities for vaccinations and

important screenings, like lead and anemia, which have further downstream effects on the W30-6 completion rate for this population.

Though these disparities are present in the W30-6 measure for Black/African American members, there was a great amount of progress in the rating for this group. The rate increased by 7.7 percentage points between MY 2023 and MY 2024, leading to a rate of 69.24%, exceeding the established MPL of 63.4% by 5.8 percentage points.

Figure 4. W30-6 Rates by Race, 2024-2025.



To achieve the DHCS' Bold Goal of reducing the disparities seen amongst well child visits between races, CCHP conducted outreach to members ages 0-15 months who were overdue for a well care visit, with a particular focus on Black/African American members, members with a declined/unknown race, and Hawaiian/Pacific Islander members. For patients within the Regional Medical Center (RMC) network, CCHP staff offered to directly book appointments for patients and offered caregivers an incentive to complete the appointment. For patients in the Community Provider Network (CPN), CCHP staff informed caregivers about the child's overdue well care visit and offered them the phone number of the appointment scheduling unit for their child's PCP. If a caregiver was not reached, they were eligible for an additional phone call seven days after the first.

In 2025, CCHP health education staff placed 539 calls to 384 members, contact was made with a caregiver for 154 (40.1%) members. Overall, 125 (29.1%) patients who received an outreach call had a completed WCV within 75 days of patient outreach. The average time from the call to visit was 34.3 days and the average age at the time of visit was 7.7 months. Despite outreach efforts, CCHP knew that the stated goal would not be achieved. In Q3 of

2025, CCHP partnered with Contra Costa Black Infant Health to conduct focus groups with parents/caregivers of Black/African America infants within the county to determine barriers for WCV. From this focus group, a mailer informing parents/caregivers of the WCV cadence was developed to be tested in Q1 of 2026.

7.1.2 Improving the Percentage of Members Enrolled in Care Management within 14 Days of SMH/SUD Diagnosis

CCHP's non-clinical PIP is focused on improving enrollment in case management following an emergency department visit for mental health or substance use. Previous data analysis demonstrated that members who were previously enrolled in Enhanced Care Management (ECM) or Complex Case Management (CCM) were more likely than members not enrolled in care management (CM) to receive a clinical follow up visit after their ED visit for mental health or substance use.

According to baseline data, between 0-10% of members are authorized for case management within 14 days of an emergency department visit for behavioral health. One reason for this is claims lag, which prevents CCHP from identifying individuals for case management in a timely fashion and establishing workflows to trigger authorizations for needed services. In Q3 2024, CCHP implemented an automated process to authorize and triage potentially eligible members from Admit, Discharge, and Transfer (ADT) feeds. Enrollment in ECM and CM within 14 days of the ED visit increased from 0.9% in 2023 to a rate of 1.5% in 2024, an increase of 0.6%-points (+66.7%) (most recent reporting year). Efforts in 2025 focused on engaging with ED providers to increase follow-up with the Access Line.

7.2 PIPs for Low Performing MCAS Measurement

CCHP regularly monitors HEDIS and MCAS measures and develops improvement plans based on low performing measures. In MY 2024 (reported in 2025) CCHP identified lead screening and topical fluoride application as low performing measures.

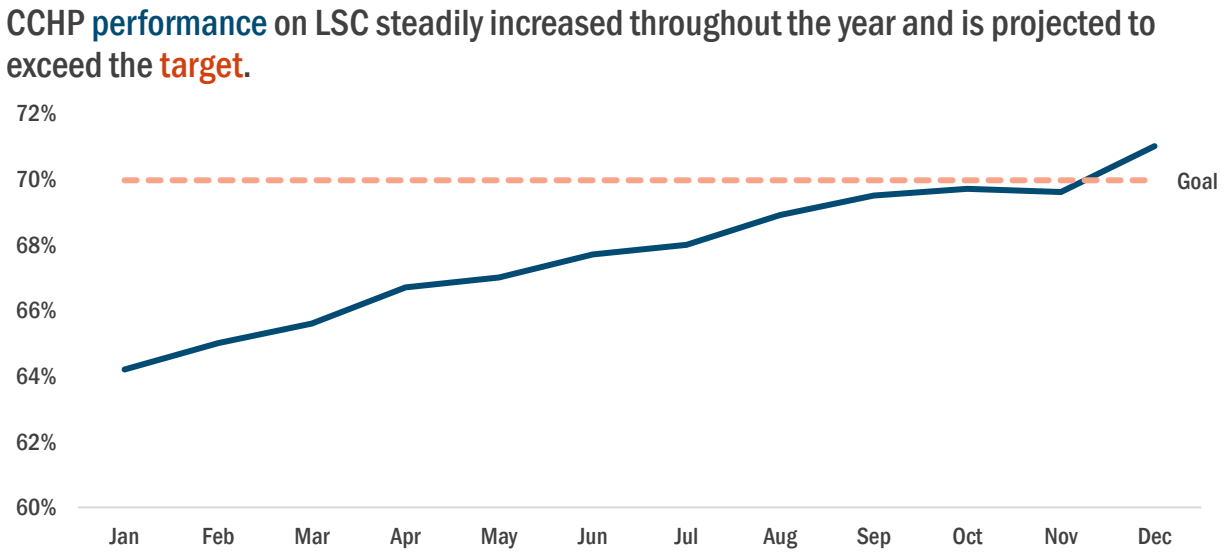
7.2.1 Lead Screening in Children

Lead Screening in Children (LSC) is a measure that CCHP must perform at the 50th percentile or better when compared to other HMO Medicaid plans. LSC rates have increased considerably since MY2021, rising from 44.23% to 66.10%, exceeding the 63.84% target in MY2024. The target for LSC increased considerably in MY2025, to 69.96%, so CCHP sustained the lead outreach campaign initially implemented in 2024. This multimodal outreach strategy includes outreach by health education staff to caregivers of

members approaching their second birthday who have not had the recommended blood lead test, as well as quarterly lead mailings. For the health education outreach, caregivers are called and informed of the importance of lead screening and how their child can get screened. In 2025, a total of 709 calls were made to 382 members' caregivers (avg. 1.9 calls/person) and a caregiver was reached for 280 (73.3%) of members. Ultimately, 62 (16.2%) of members who were outreached had a lead test that was collected within two weeks of outreach. In total, 202 (52.9%) members in this population had a lead screening by the end of 2025, with 61 (16.0%) of these screenings occurring before the member's second birthday. Members were eligible for the lead mailing campaign if they were overdue for a lead screen and their second birthday was in quarter following the mailing, leading to 1,165 packets sent in 2025. Mailers included a letter informing patients of their overdue lead screening status, as well as educational fliers that had been previously developed with the Contra Costa Health Public Health department. Of the 1,165 members mailed a letter, 213 (18.3%) had a lead screen by the end of 2025, with 103 (8.8%) of those screenings occurring before the member's second birthday. CCHP partnered with the Contra Costa Lead Poisoning Prevention Program to present about lead to the Stege Elementary School community in May 2025 and for Lead Poisoning Prevention Week in October 2025.

Preliminary MY 2025 HEDIS results for CCHP demonstrate increased improvement in LSC to 72.55%, which exceeds the MY2025 target.

Figure 5. Lead Screening Rate by Month in 2025.



7.2.2 Topical Fluoride Varnish

While CCHP increased performance on TFL from 15.21% in MY 2023 to 22.31% in MY 2024, CCHP anticipates marginal improvements in MY 2025 rates and the MPL has

increased to 21.60%. In order to improve TFL rates and meet the MPL, CCHP implemented an outreach campaign to members ages 0-20, with a specific focus on members ages 6-20 who are only eligible for fluoride varnish at a dental visit. CCHP placed over 4,500 calls to parents/caregivers and members to educate them about their dental benefits, as well as to inform them of dental providers in their area who are accepting Smile, California dental insurance. Dental services are a carved-out benefit and CCHP does not control the dental network, so education and outreach is one of the few activities CCHP can engage in to address this rate. In addition to outreach calls, CCHP distributed over 500 Denti-Cal fliers at 34 distribution sites throughout 2025.

7.3 Institute for Healthcare Improvement Projects

In March 2024, DCHS announced a partnership with the Institute for Healthcare Improvement (IHI) to implement two improvement projects for all Medi-Cal Managed Care plans. Through a series of biweekly coaching calls, IHI committed to supporting Medi-Cal plans through the implementation evidence-based interventions to address pediatric well care visit completion rates and behavioral health follow-up visit rates. Critical elements to achieve this goal include effective team-based care, automation and effective use of technology, including Electronic Health Records, population health management, and addressing social drivers of health. These projects were completed at the end of quarter one in 2025.

7.3.1 Child Health Equity

To improve health equity in the pediatric domain, CCHP partnered with Brighter Beginnings, a provider group with 3 locations throughout the county. CCHP and Brighter Beginnings conducted a thorough data analysis and together decided to focus on improving the Well Care Visit rate for members ages 18-21 from 11.0% to 48.1% by March 2025. At the end of this collaborative, which included activities such as weekend morning clinics and a social media campaign, while Brighter Beginnings did not achieve the stated goal of 48.1% of 18-21-year-olds completing a WCV, they did increase performance in this group by 107% to 22.8%. In Q3 of 2025, CCHP started Round 2 of the Child Health Equity Collaborative, this time focusing on improving well child visits in the first 15 months of life and from 15-30 months of life with the Contra Costa Regional Medical Center.

7.3.2 Behavioral Health

CCHP partnered with Contra Costa Health Behavioral Health Services (CCBHS), the specialty mental health and Drug Medi-Cal-Organized Delivery System plan in Contra Costa, to increase the follow-up visits for behavioral health by 5% from baseline for HEDIS FUM

and FUA measures by the end of Q1 2025. Interventions including improved data reporting utilizing Admission, Discharge, and Transfer feeds, outreach by the Behavioral Health Access Line, and in-service presentations to local ED staff. By the end of the collaborative, CCHP achieved a 13.5% increase in FUA rates, but only a 2.5% increase in FUM rates. In addition to the improvements in FUM and FUA rates, the Access Line completed over 2,500 outreach calls, 344 connections were made to mental health and AOD services, and 41 patients were enrolled into Enhanced Care Management (ECM). CCHP decided to participate in round two of the collaborative, with participation from, and an enhanced focus on, an Emergency Department with lower linkage rates and high patient volumes.

8 Population Health Management

Population Health Management (PHM) at CCHP is dedicated to maximizing health by collaboratively designing services with members and providers. This involves delivering primary and secondary evidence-based interventions for illness prevention and management within our assigned population.

In 2025, CCHP continued our work to enhance the PHM program. This involved a comprehensive series of meetings engaging key CCHP leadership and collaborating with provider, county, and community partners. The ongoing collaboration with stakeholders demonstrates CCHP's dedication to advancing population health initiatives and adapting to the evolving landscape of healthcare services.

8.1 Population Needs Assessment, Strategy, and Impact Report

Annually, CCHP conducts a Population Needs Assessment, leveraging diverse data sources to identify disparities and trends. The outcomes guide the formulation of the Population Health Management Strategy—an annual document approved by the Quality Council, delineating the programs CCHP will implement to address population needs. Concurrently, CCHP conducts an annual Population Health Impact report to evaluate the effectiveness of the implemented programs.

Utilizing these various data sources, CCHP responded proactively to population needs, expanding programs for patients with complex needs (patients experiencing homelessness, patients with avoidable emergency room and hospitalizations, patients with experience of incarceration, and members with substance use and severe mental health), diabetes management, and asthma services. Furthermore, CCHP bolstered programs in homeless services, long term support services, doula services, and behavioral health.

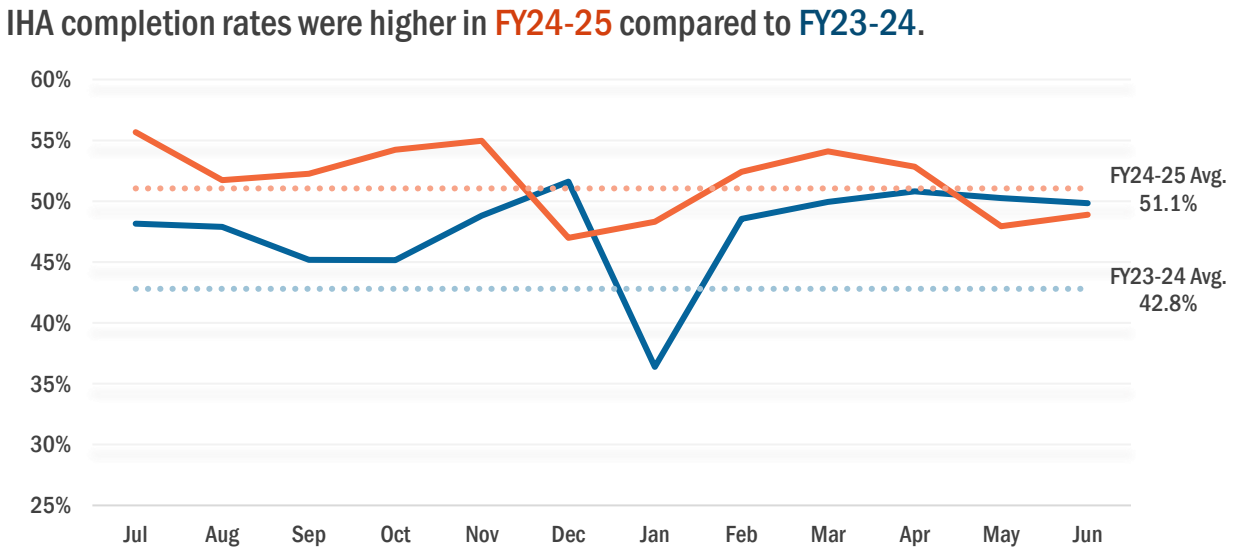
As part of continuous improvement, CCHP acknowledges the complexity of evaluating these programs due to regression to the mean and is actively developing a framework and evaluation methodology for program impact assessment. Propensity score matching and other methodologies are being explored to comprehensively assess program effectiveness, ensuring a data-driven approach to population health management.

In addition to CCHP efforts, collaborative efforts with the Public Health Department's epidemiologist and quality team were initiated to align with Contra Costa's Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). CCHP was an active stakeholder in Contra Costa County's CHA, which began planning in 2025, and participated in 14 meetings as a key member of the CHA steering committee.

8.2 Initial Health Appointments

CCHP ensures that adult and pediatric members receive timely initial health appointments and comprehensive preventive services upon enrollment with the plan. CCHP previously identified improving IHA completion rates as a priority and has undertaken several efforts to increase rates over the past two years. Efforts in 2025 included chart audits of the largest provider groups with feedback on compliance, provider education on IHA requirements via the Provider Network Training and provider bulletins, and on-demand reports on the CCHP Provider Portal showing members due for an IHA. Figure 6 demonstrates the improvement in IHA rates in FY24-25 compared to FY23-24. Compared to FY22-23, IHA completion rates are up 8.0 percentage points (+18.6% change), demonstrating the success of efforts to improve rates.

Figure 6. IHA Completion rates FY23-24 to FY24-25.



8.3 Risk Stratification, Segmentation and Tiering

CCHP employs a comprehensive approach to risk stratification, segmentation, and tiering by harnessing data from diverse sources. Utilizing claims and encounter data, DHCS-provided data, screening and assessments, electronic health records, referral and authorization data, behavioral health data, pharmacy data, utilization data, and social services data including homelessness data, criminal justice data CCHP establishes the foundational data for its risk stratification and tiering methodologies.

This dataset enables CCHP to create individual member records based on risk, segmenting them into different risk categories and tiering based on acuity. Beyond classification, CCHP leverages this data to generate automatic referrals, proactively directing members to appropriate services and programs for which they may qualify. This ensures that individuals not only receive accurate risk assessment but are also seamlessly connected to the care and support they need. The incorporation of a broad range of data points facilitates the identification of interventions and eligibility criteria, allowing for the triaging of individuals to services.

In 2025, CCHP expanded on previous work that developed infrastructure to utilize ADT feeds for risk identification and program eligibility. These data have then been leveraged to automatically identify and refer people to services, without the need of a practitioner referrals. CCHP was able to expand referrals to include Transitional Care Services referrals for recently hospitalized pregnant members assigned to the RMC network and ECM referrals for the Birth Equity population of focus.

In summer 2025, DHCS launched Medi-Cal Connect, a platform to aggregate individual and population-level data from various state data sources in order to risk stratify members. CCHP has reviewed the initial risk segmentation data from Medi-Cal Connect and is working to incorporate it into the population health program.

Finally, CCHP launched an annual reassessment of LTSS and Children with Special Health Care Needs (CSHCN) to ensure that these especially vulnerable members are reassessed at least annually and connected to relevant resources. Since this project was implemented, over 3,300 letters have been mailed and approximately 2.7% of members have returned an assessment form.

8.4 Services

CCHP has introduced programs to cater to the diverse health needs of its members. These initiatives aim to maintain the well-being of individuals already in good health, offer self-

management resources to those with well-controlled chronic conditions, extend specialized services to members dealing with poorly controlled chronic diseases, and provide case management services. These include Enhanced Care Management for individuals with the most complex needs, Complex Case Management for those requiring ongoing support for chronic conditions, and Transitional Care Services for individuals in need of assistance during care transitions. Additionally, basic population health management services have been implemented to provide health education, wellness programs, and preventive services accessible to all members.

8.4.1 Basic Population Health Management Services

Basic population health management ensures timely access to essential programs and services for all members, irrespective of their risk tier. Unlike care management, which targets populations with specific needs, basic population health management is provided to all members, emphasizing equity. It encompasses primary care access, care coordination, navigation, cultural and linguistic services, and referrals across health and social services. The program includes services by community health workers, wellness and prevention, chronic disease management, maternal health programs, and services covered for children under early and periodic screening, diagnostic, and treatment (EPSDT).

The evaluation of basic population health management primarily relies on HEDIS and MCAS measures, detailed in Table 1. These measures encompass critical aspects such as well care visits for children, immunizations, preventive screenings, and prenatal and postpartum visits.

8.4.1.1 Community Supports, Community Health Workers, Care Coordination, and Navigation with Social Services

In alignment with CalAIM, CCHP has expanded its service offerings aimed to address the comprehensive well-being of individuals. This broader spectrum of services includes doula services, community health worker assistance, care coordination services provided by CCHP's social workers and nurses, and community support services, covering a diverse array of needs for the homeless, individuals requiring long-term support, and those managing chronic conditions that could benefit from specialized interventions such as medically tailored meals or asthma services.

Table 7 outlines the number of individuals who received these services in 2025. CCHP significantly increased utilization of Medically Tailored Meals, Nursing Facility Transition/Diversion to Assisted Living Facilities, Day Habilitation Programs, Respite Services, Environmental Accessibility Adaptations, and Recuperative Care (Medical Respite) services in 2025 compared to 2024. CCHP Care Coordination Services and the

number of unique members receiving CHW services also increased significantly in 2025 compared to 2024. After targeted patient and provider education improvement efforts in 2025, the number of patients receiving doula services increased over 400%.

Table 7. Number of Members Receiving Basic Population Health Services

Program	2023	2024	2025	Trend	% Change 2024 to 2025
Community Supports	1,743	5,664	7,469		31.9%
Medically-Supportive Food/Medically Tailored Meals	600	3,384	5,421		60.2%
Housing Transition/Navigation Services	719	2,110	1,787		-15.3%
Nursing Facility Transition/Diversion to Assisted Living Facilities	-	95	244		156.8%
Personal Care/Homemaker Services	-	228	243		6.6%
Short-Term Post-Hospitalization Housing	84	180	157		-12.8%
Housing Tenancy and Sustaining Services	105	130	154		18.5%
Day Habilitation Programs	-	33	124		275.8%
Respite Services	-	21	122		481.0%
Housing Deposits	-	72	95		31.9%
Environmental Accessibility Adaptations	-	20	84		320.0%
Recuperative Care (Medical Respite)	48	27	61		125.9%
Asthma Remediation	86	83	30		-63.9%
Community Transition Services/Nursing Facility Transition to a Home	-	8	8		0.0%
CCHP Care Coordination Services	1,537	2,170	2,765		27.4%
Members Receiving CHW Services	920	2,038	2,665		30.8%
Doula Services	5	48	257		435.4%

8.4.1.2 Wellness, Prevention, and Health Education

CCHP works with providers on getting members into primary care and addressing care gaps. CCHP undertook a number of projects in 2025 to help connect members into services. Building on the work done in 2024, in Q1 2025 CCHP mailed the first set of pediatric wellness letter reminders to patients assigned to the RMC network who are overdue for health maintenance topics. The wellness letter includes a personalized list of items the child is overdue for and provides information for members on how to make an appointment. In 2025, CCHP and RMC sent out over 18,000 letters to patients overdue for at least one health maintenance topic, with 1,629 (8.7%) of patients completing one or more health maintenance topics within 60 days of letter mailing. CCHP also conducted telephonic outreach for four separate projects to connect members to care. For Blood Pressure Control, CCHP made 296 calls to 290 patients who were due for a blood pressure check or recheck, and 30 of these patients (10.1%) completed an appointment that was scheduled within two weeks of outreach. For colon cancer screening, CCHP conducted 3,060 to 2,368 patients to remind members to return a Fecal Immunochemical Test (FIT) kit sample. Of the patients who were called, 245 (8.0%) returned a FIT test within 60 days of outreach. CCHP also conducted outreach for Cervical Cancer Screening, placing 2,560 calls to 2,164 patients to connect them to care. Of these, 153 patients (6.0%) completed an

appointment that was scheduled within two weeks of the outreach. The least successful outreach campaign was the Assigned Not Seen project, where pediatric members were contacted if their last well-care visit was greater than 18 months in the past to try and reconnect them to care. Of the 2,589 calls to 1,339 patients, only 34 appointments (1.3% outcome success) were scheduled within two weeks of outreach. While the successes in the Assigned Not Seen group were low, this was expected as this group had received a round of outreach in 2024, and this was the third and fourth outreach attempts for many of these members.

Contra Costa Health Plan provides health education resources that meet the needs of members as identified in the Population Needs Assessment and other sources such as HEDIS, CAC feedback, and member surveys. CCHP ensures members have access to low-literacy health education and self-management resources in all threshold languages. Resources are available on the CCHP website and through providers. CCHP provides classes, articles, videos, interactive tools for self-management, and links to community resources. CCHP maintains a directory of resources online and publishes this as least annually in the member and provider newsletters. Additionally, CCHP sends out via mail and email a member newsletter three times a year covering a range of topics.

After the Health Education team expanded in 2024, efforts were undertaken to increase the presence of the CCHP within the community. In 2025, the Health Education Team demonstrated an unwavering commitment to improving community health through education, outreach, and collaboration. The three-person team attended more than eighty events across Contra Costa County, ensuring a strong presence in Central, East, and West regions, as well as through virtual platforms. Their efforts included recurring sessions at the Concord and Pittsburg libraries, at the Richmond and Antioch Mobile Farmers Markets, participation in major community gatherings such as the County Block Party, Senior Health Fair, and Food Bank Agency Summit, and partnerships with clinics including La Clinica, Brighter Beginnings, and Lifelong Medical Care. They also delivered monthly movement sessions to the virtual Food as Medicine classes in English and Spanish.

Throughout the year, the team distributed over 17,500 health education materials, including brochures, booklets, and Contra Costa Health branded items. In addition to distribution, the team developed thirty-seven original health education documents to address priority topics such as prenatal and maternal health, child and family preventive care, chronic condition management, and access to coverage. They also produced three annual newsletters and introduced topic-specific e-newsletters for families, maternal health, and mental health, new initiatives that began in 2025 to strengthen communication and engagement with our community.

Community engagement was further strengthened through strategic partnerships with public health and Regional Medical Center clinics, which amplified distribution and education efforts. High-demand items such as stress balls, pens, hand sanitizers, and totes consistently enhanced visibility and participation at events. These engagement tools, combined with targeted educational materials, allowed us to meet residents where they are and address their most pressing health needs.

8.4.1.3 Behavioral Health

CCHP assumes responsibility for mild to moderate behavioral health services for Medi-Cal members and comprehensive behavioral health services for commercial members. Collaborating with Contra Costa County Behavioral Health Services, CCHP triages patients to determine severity levels and delivers appropriate treatment. FQHCs in the community often handle triage and treatment for their members, with some offering embedded behavioral health services. Telehealth providers are contracted to augment access. Quality initiatives focus on HEDIS measures, outpatient behavioral health continuity, coordination of care, and practitioner availability. The Quality Council receives updates, with a Behavioral Health clinician actively participating.

In 2024, CCHP was required to develop a Non-Specialty Mental Health Services (NSMHS) Outreach and Education Plan to increase member and provider awareness of behavioral health services and increase equity in those who access behavioral health services. In addition, the 2024 administration of the ECHO survey demonstrated that member awareness of different behavioral health treatment options was an area for improvement. Given this, in 2025 CCHP developed seven one-page information sheets with a health education article on one side and local county behavioral health resources on the back. Topics include maternal mental health, adult mental health, child mental health, and what to know about stress. Over 600 of these materials were distributed at over 30 events, including outreach at providers offices, county libraries, and regional health fairs. In addition to the one-pagers, a mental health focused e-newsletter was developed and six issues were produced. The newsletter covered topics such as depression, child and teen behavioral health and wellness, healthy coping, and hope and recovery. Notably, the Information About Treatment Options composite score in the 2025 ECHO survey increased over 10% compared to the 2024 administration, and the NSMHS penetration increased from 4.1% in 2024 to 4.5% in 2025.

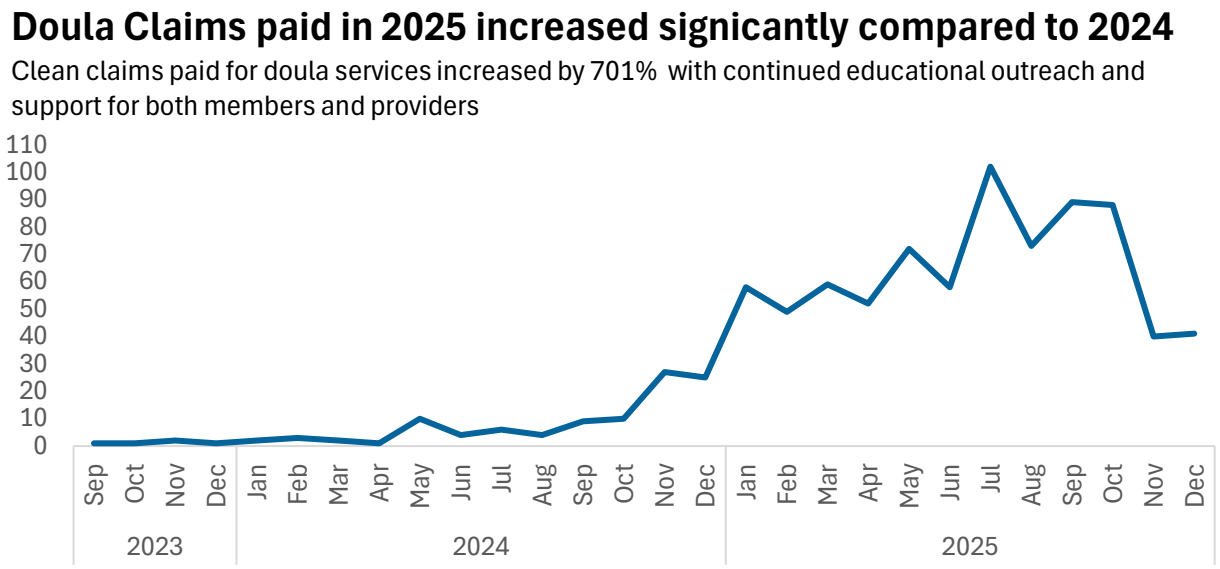
8.4.1.4 Maternal Health

In 2024, CCHP strengthened its commitment to improving maternal health and aligning with statewide priorities. In 2025, this work continued to grow through sustained collaboration with community partners, public health programs, and network providers.

CCHP's Health Education team plays a central role in community outreach and engagement. In 2025, the team participated in 46 events serving pregnant and postpartum individuals. These included Women, Infants, and Children (WIC) Breastfeeding Week activities across the county, outreach at perinatal care sites, the Black Infant Health (BIH) Holiday Fair, and other community gatherings. Through these efforts, CCHP distributed more than 5,000 maternal health education materials over the year.

CCHP also continued to expand support for both contracted and prospective doulas, recognizing their critical role in improving maternal health outcomes. Support efforts included online doula office hours and quarterly joint operations meetings. In September, CCHP partnered with Family, Maternal, and Child Health (FMCH) and FIERCE Advocates, a local community-based organization, to host an in-person doula provider workshop. This event offered doulas the opportunity to connect directly with CCHP staff and receive assistance with contracting and claims processes. As a result of these ongoing efforts, doula service utilization increased substantially, with a 701% rise in paid doula claims compared to 2024. The number of CCHP patients who received doula services increased from 47 in 2024 to 257 in 2025.

Figure 7. Doula claims 2023-2025.

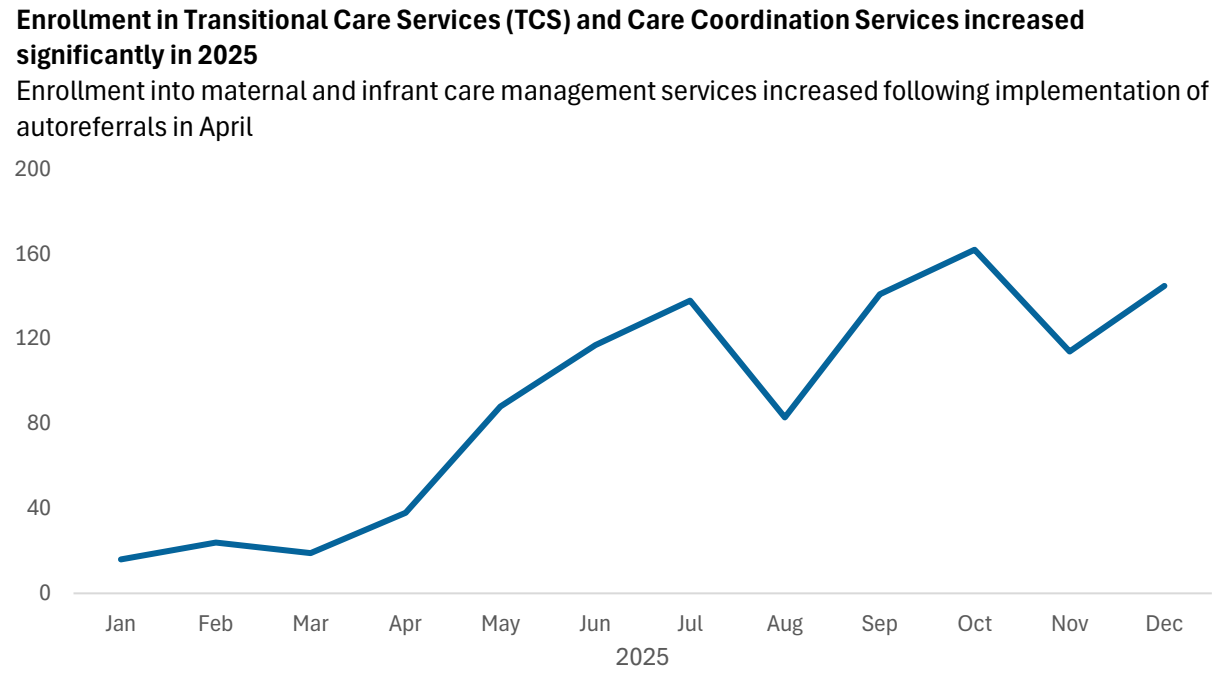


Collaborating with community partners and providers enables CCHP to connect members to vital resources early in their pregnancy. However, some members may choose not to engage with these services or may not be identified until after delivery. To ensure support during the critical postpartum stage, CCHP launched automated referrals to Transitional Care Services (TCS) in 2025.

TCS helps new mothers navigate a smooth transition between levels of care and provides specialized assistance for those experiencing delivery complications, including coordination of complex needs. Beyond clinical support, TCS addresses social determinants of health by linking mothers and their babies to essential community resources and programs.

This enhanced referral system also identifies members who deliver at external hospitals, ensuring timely TCS outreach. Since its implementation in April 2025, we have seen a significant increase in member enrollment in care coordination services for maternal and infant health.

Figure 8. Enrollment in Care Management Services for Maternal Health, 2025.



8.4.2 Programs Addressing Chronic Disease

8.4.2.1.1 Food as Medicine

As part of the Community Supports, CCHP partners with 18 Reasons to provide the Food as Medicine (FAM) program, medically tailored foods for patients with diabetes, obesity or high-risk pregnancies. Members are sent weekly grocery deliveries and attend a cooking

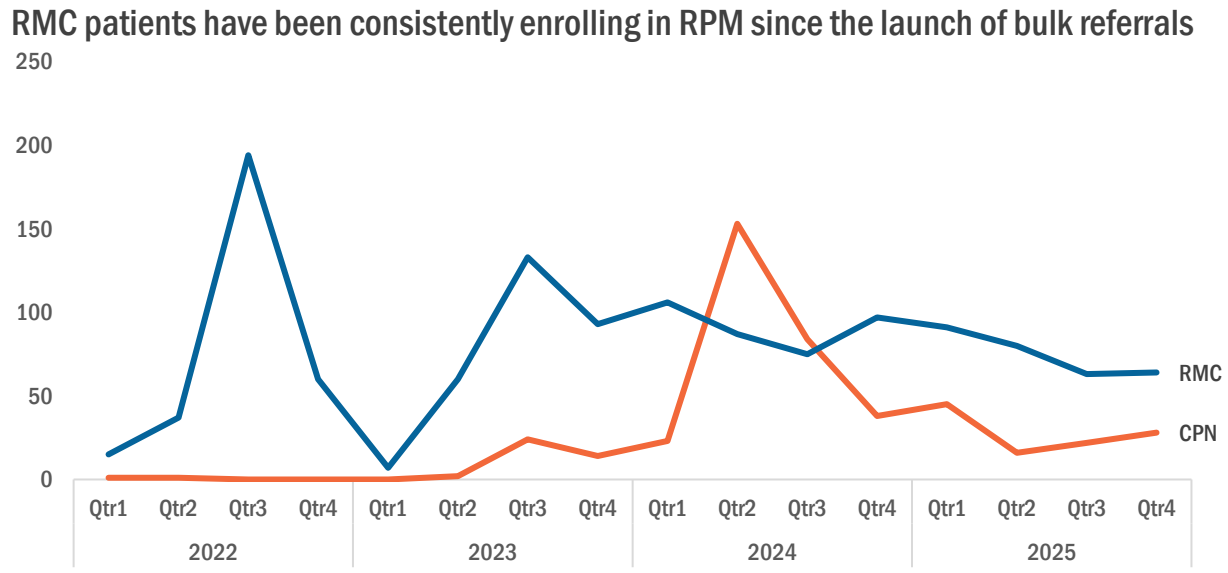
class with 18 Reasons and a medical provider. In 2025, 18 Reasons served 1,961 CCHP members and delivered over 17,000 boxes of groceries. CCHP's Health Education Team also expanded its involvement with FAM groups by offering movement breaks and health education sessions. The team facilitated 46 classes for groups experiencing pediatric and adult obesity, as well as diabetes. These sessions highlighted the benefits of regular physical activity and included simple, at-home demonstrations to help members build confidence in incorporating movement into their daily routines. Members enrolled in FAM for diabetes lowered their A1c 11% compared to patients who were not enrolled, a difference that achieved statistical significance. For pediatric patients with obesity, patients who participated in FAM saw increases in BMI, however, these increases in BMI were 5% less on average than those who were not enrolled, another statistically significant difference.

8.4.2.2 Remote Patient Monitoring for Diabetes and Hypertension

After completing a successful Performance Improvement Project, CCHP expanded our partnership with Gojji Pharmacy to provide remote patient monitoring for patients with uncontrolled diabetes. In 2023, CCHP built out infrastructure to prospectively identify and outreach eligible patients for referral to Gojji. CCHP also expanded eligibility to allow providers to refer any member with uncontrolled diabetes to the program.

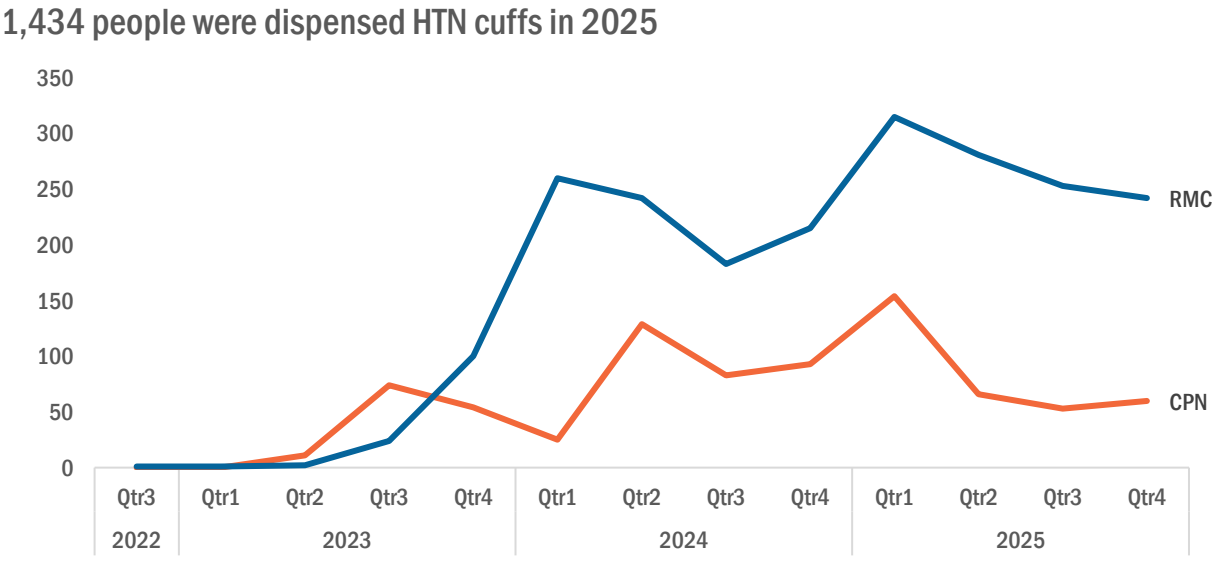
CCHP continued its partnership with Gojji Pharmacy to provide remote patient monitoring services for members with diabetes and/or hypertension. In 2025, CCHP contacted 2,115 members with uncontrolled diabetes and referred 431 (20.4%) RMC patients into the program, with 246 enrolling. Ultimately in 2025, 411 members were newly enrolled into the diabetes remote patient monitoring program, with 72.5% of enrolled members coming from the RMC network. CPN providers enrolled 111 members, about one-third of the patients enrolled in 2024. Since the program began in 2022, CCHP has enrolled 1,726 patients into the diabetes RPM program. CCHP has also seen improvement in the HEDIS Glycemic Status Assessment -Poor Control (>9.0%) and Control (<8.0%) measures and performed at the 90th percentile for both in MY 2024.

Figure 9. Enrollment into the Diabetes RPM Program by Network.



In addition to the diabetes RPM, Gojji also offers a hypertension program. Currently, CCHP providers can enroll members by prescribing a blood pressure cuff and sending the prescription to be filled by Gojji pharmacy. In 2025, Gojji enrolled 1,434 members in the hypertension RPM program. To date, 2,947 patients have been enrolled.

Figure 10. Enrollment into the Hypertension RPM Program by Network.



8.4.2.3 Asthma

In 2025, CCHP participated in the RMC Ambulatory Care Redesign project specifically focused on Alternative Care Models for patients with moderate to severe asthma. These patients were contacted and invited to participate in a nurse-led population health clinic to

better address asthma medication management and education. Recruitment for these clinics -were conducted by the CCHP Health Education Specialist beginning in Q1 2025. The population health nurse clinic was piloted between February 4, 2025, and December 31, 2025, at West County Health Center. Eligible patients included those ages 4 and older, assigned to West Center Health Center or North Richmond Health Center, and met a set criteria of moderate to severe asthma. The CCHP Health Education Specialist conducted 688 outreach calls to eligible patients, including 370 (53.8%) reached attempts. A total of 362 patients were contacted. Patients were informed about the nurse appointments for asthma education and control available as a 4-hour clinic, 3 days a week. Initial intake appointments were scheduled over-the-phone using a standardized outreach script. During an initial visit, the population health registered nurse will assess patient understanding of the disease process and medication use, inhaler techniques, asthma control test score, and asthma triggers. Based on this initial assessment, appropriate education is provided by the registered nurse and follow-up appointments are scheduled at 4-6 weeks. Patient "no show" rates were evaluated to identify scheduling barriers and streamline the process. Telephone appointment reminders were provided by CCHP at least a day to a week prior to scheduled appointments. In-person, telehealth video, and telephone audio visit options were also available to help address no shows. A total of 133 patients were successfully scheduled or had completed a nurse appointment made within 14 days. Development of standardized procedures for the asthma population health clinic and implementation will continue into Q1 2026. Further collaboration will aim to explore the potential expansion of the population health nurse clinic to additional RMC clinics and chronic disease focus, including diabetes and hypertension.

8.4.3 Care Management

CCHP prioritizes the needs of its most vulnerable members through two essential programs, Enhanced Care Management (ECM) and Complex Case Management (CCM). ECM, designed for the most complex patients, offers community-based case management, offering personalized, in-person interactions. This program targets diverse populations with unique needs, including homeless individuals, those at risk for avoidable hospitalizations, individuals with severe mental illness and substance use, those with a history of incarceration, children with a welfare background, and adults transitioning from skilled nursing facilities. Recognizing the intricate needs of these members, ECM enrollment is for one year, with the option to extend based on individual requirements. In contrast, CCM supports higher and medium-risk members not served by ECM, providing chronic care disease management and episodic interventions. The fluid transition between ECM and CCM ensures comprehensive care management.

In 2025, CCHP made significant investments to direct qualified individuals to ECM, leveraging the robust data infrastructure discussed in the risk stratification section above. The implementation of automated authorizations streamlined service access for patients in the Birth Equity POF, high utilizers, and those with SMI/SUD.

Table 8. Comparison of Enrollment in Care Management Programs

Care Management Program	2023	2024	2025	Trend	% Change 2024 to 2025
ECM Population of Focus	6,488	7,706	7,959		3.3%
Adult Homelessness Individual	1,081	1,707	1,990		16.6%
Adult High Utilizer	836	1,916	1,672		-12.7%
Adult SMI/SUD	806	1,595	1,480		-7.2%
Child/Youth High Utilizer	453	1,278	1,305		2.1%
Adult LTC	30	321	526		63.9%
Adult Nursing Facility Transition	30	215	484		125.1%
Child/Youth SED/CHR	138	510	392		-23.1%
Adult Incarceration Transition	490	409	280		-31.5%
Child/Youth CCS/WCM	149	303	243		-19.8%
Adult Homelessness Family	56	262	171		-34.7%
Child/Youth Homelessness Family	71	153	132		-13.7%
Child/Youth Homelessness Individual	30	138	132		-4.3%
Adult Birth Equity	-	41	94		129.3%
Child/Youth Welfare Hx	48	83	57		-31.3%
Child/Youth Birth Equity	-	18	10		-44.4%
Child/Youth Incarceration Transition	32	30	8		-73.3%
Case Management	981	3,425	6,940		102.6%
Transitional Care Services	634	2,882	6,408		122.3%
Complex Case Management	200	400	431		7.8%
CCS Transitions	147	143	101		-29.4%

CCHP notably increased the number of members served in 2025 compared to 2024 for the Adult Long Term Care, Adult Nursing Facility Transition, and Adult Birth Equity populations of focus (POF). The number of members receiving Care Management services also saw a significant increase, raising by 102.6% between 2024 and 2025. The increase in overall Care Management volume was primarily driven by growth in Transitional Care Services, which saw an increase of 122.3% between 2024 and 2025. The RSS tiering discussed in 8.3 also lead to significant increases in Transitional Care Services and the number of members receiving Complex Case Management.

8.4.4 Transitional Care Services

Transitional Care Services (TCS) at CCHP focuses on facilitating the movement of members across different care settings, ensuring a smooth transition from hospitals to home-based or community settings. Essential services include comprehensive medication reconciliation upon discharge and post-discharge, linkage to a primary care appointment post discharge, review of discharge paperwork, and coordination of any post-discharge needs, which may include durable medical equipment, coordination of services, transportation, and other supports. High-risk individuals receive personalized care management, while low-risk individuals have direct access to coordination services.

In 2025, 6,408 members were successfully linked to a CCHP case manager for TCS, in addition to those members that had a pre-identified case manager through ECM or CCM at the time of discharge. This is an increase of over 122.3% compared to the number of members in TCS in 2024.

Throughout 2025, analyzed the DHCS Acute Stays with an Ambulatory Follow-Up Visit within 7-Days measure, which indicated 35.4% of individuals had an ambulatory visit within 7-days post-discharge. The identified barriers to achieving this target include timely identification of admissions, assigning a case manager promptly, and ensuring effective member engagement within a limited timeframe. To overcome these challenges and enhance efficiency, CCHP implemented auto referrals based on ADT feeds. After the implementation of these auto referrals both the number of patients and the overall percentage of patients with a CM visit per quarter have increased. CCHP will continue to trend these metrics over time and implement improvement activities as needed.

9 Patient Safety Activities and Projects

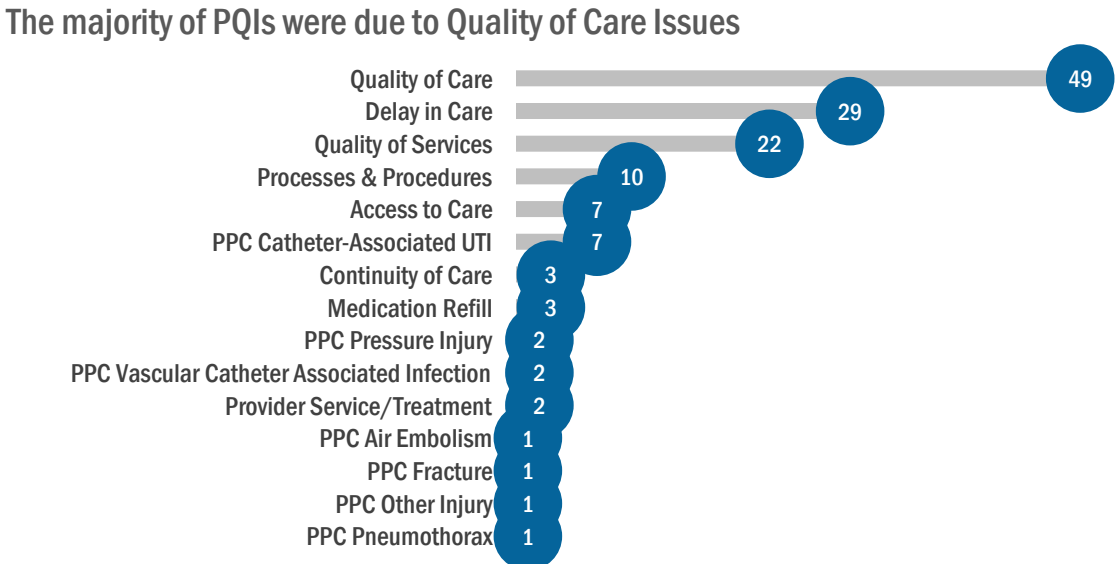
Patient safety is a top priority at CCHP, and various departments collaborate to address this critical aspect of healthcare. Routine reviews of data from sources such as grievances, appeals, access and availability metrics, claims, medical record review, HEDIS measures, satisfaction surveys, utilization and case management records, as well as studies on adherence to clinical guidelines, contribute to the identification of potential risks to members' safety. The findings from these reviews are regularly presented to the Quality Council, allowing for comprehensive oversight and continuous improvement in patient safety measures.

9.1 Potential Quality Issues and Provider Preventable Conditions

Any department, provider or member can identify and report a potential quality issue (PQI) which will then undergo an investigation and resolution. Additionally, a quality nurse reviews a report that identifies Provider Preventable Conditions (PPCs) according to diagnosis codes. All PPCs are entered in the system as a PQI and undergo an investigation. The PQI committee, consisting of the Chief Medical Officer, Medical Director, and Director of Pharmacy, evaluates and categorizes PQIs from level 0 (no confirmed issue) to level 3 (a significant concern). Level 3 PQIs prompt a Corrective Action Plan (CAP) and potential escalation to the Peer Review and Credentialing Committee (PRCC). Provider Relations further identifies any trends at the provider level where intervention is warranted. Trends, recommendations, and updates on PPCs and PQIs are provided to the Quality Council bi-annually.

During 2025, CCHP reviewed 300 cases, primarily referred through grievances, followed by utilization review. Of those cases 158 were determined to have no quality issue (level 0), 76 had minor issues (level 1), 56 moderate issues (level 2), and 10 presented significant quality issues (level 3). PQIs predominantly centered around Quality of Care. Through diligent follow-up, corrective action plans (CAPs) were initiated, empowering providers to enhance services and elevate overall care quality. All PQIs are protected under California Evidence Code 1157.

Figure 11. PQIs by Issue Type.



Compared to 2024, there was a slight increase in PQI cases.

9.2 Pharmaceutical Safety

CCHP actively addresses pharmaceutical safety concerns through targeted over/under-use activities. These initiatives encompass the review of members with fifteen or more prescriptions, potential case management referrals, assessments of members with potentially unsafe medication regimens, and review of prescription trends to detect possible fraud, waste, and abuse. Proactive measures include notifying providers about medication safety issues and educating patients.

Throughout the reporting period, CCHP executed the outlined pharmaceutical safety activities to ensure the ongoing safety and appropriateness of medication regimens. For example, CCHP tracked, communicated with and provided education to 14 of 67 members being treated for Hepatitis C to ensure completion of therapy. Additionally, 28 letters were sent to providers alerting them of their patients who were currently taking the dangerous drug therapy combination of opioids and benzodiazepines. Continuous efforts in provider communication and patient education underscore CCHP's commitment to pharmaceutical safety, aligning with best practices in healthcare quality management.

9.3 Facility Site Review and Medical Record Review

CCHP prioritizes the adherence of primary care provider sites to local, state, and federal regulations to uphold patient safety standards. Stringent protocols ensure medical records comply with legal standards, documenting the provision of preventive care and effective coordination of primary care services. Facility Site Review nurses conduct periodic full-scope reviews, addressing deficiencies through corrective action plans.

In 2025, CCHP completed 33 Facility Site Reviews, with 29 providers undergoing medical record reviews, totaling 431 records. This comprehensive assessment process identified areas for improvement, resulting in the formulation of 27 corrective action plans. Additionally, Physical Accessibility Review Surveys (PARS) were conducted for PCP sites, high volume specialists, ancillary providers, and community-based adult services providers, with 68 PARS completed during the year. The identified corrective actions and PARS contribute to an ongoing cycle of improvement, reinforcing CCHP's dedication to fostering a healthcare environment that prioritizes patient safety and regulatory compliance.

10 Provider Collaboration

CCHP is dedicated to fostering collaborative relationships with provider stakeholders, including the CCRMC system, Federally Qualified Community Health Centers (FQHCs),

Community Provider Network providers, Behavioral Health, Public Health, Skilled Nursing Facilities, Hospitals, and Community Support and Enhanced Care Management providers. Joint Operations Meetings (JOM) provide a platform for leadership discussions, facilitating communication across diverse entities. CCHP actively participates in the Safety Net Council structure, engaging with FQHCs and regional clinical consortiums. The commitment to collaboration extends to various operational, quality, and provider-focused meetings, underscoring the shared goal of enhancing healthcare quality and delivery.

In 2025, CCHP completed Joint Operations Meetings with hospitals, SNFs, ECM, CS, and doula providers. Four quarterly provider network trainings and 2 newsletters successfully provided updates and a forum for direct community with providers. Regular round meetings occurred between the Utilization Management (UM) and Case Management teams and hospitals to refine member transitions and discharge processes. The Quality and Health Equity Department continued bi-monthly quality meetings with individual FQHC quality teams, emphasizing focused discussions on quality improvement activities. Over 20 dedicated meetings transpired, focusing on reviewing quality measures and crafting active improvement initiatives. To ensure alignment on quality improvement efforts, the CCHP Quality Program Manager also participated in weekly meetings with RMC Quality Incentive Pool (QIP) teams focused on pediatric measures.

In 2025, CCHP expanded its Pay-for-Performance (P4P) program to directly support and reward providers who deliver high-quality care and improve patient outcomes. The P4P program focuses on key areas such as preventive care, chronic disease management, and maternal and child health. This program aims to align provider incentives with high-quality care by rewarding those who meet or exceed established performance benchmarks. By linking financial incentives to the achievement of quality measures, CCHP seeks to enhance patient outcomes, promote efficient care delivery, and foster a culture of continuous improvement. The program supports CCHP's commitment to delivering exceptional healthcare by rewarding provider groups that excel in their performance and achieve superior results for their patients.

In 2025, leveraging enhanced provider engagement, CCHP has successfully strengthened its coordination and service delivery to members through effective partnerships. The year was marked by structured engagements, strategic meetings, and proactive communications, fostering collaborative initiatives, transparent communication channels with providers, and a steadfast commitment to continuous quality improvement.

11 DELEGATION

Delegated activities at CCHP are governed by a comprehensive delegation agreement, defining specific functions and responsibilities assigned to delegated entities. After the transition to the county Single Plan Model, Kaiser Permanente is no longer in the CCHP network and therefore, there are no delegated entities for Quality functions

As a sister organization, CCHP had previously extended its delegation to CCBHS for utilization management. In 2024, CCHP resumed oversight for UM functions and no longer delegates this activity to CCBHS.

12 CONCLUSION

12.1 BARRIERS

In 2025, CCHP successfully completed and met a large majority of the ambitious goals and objectives outlined in the 2025 Quality Work Plan. There were, however, some barriers to successfully meeting all objectives in the year.

One of the more challenging barriers stemmed from the complex regulatory landscape coupled with the rollout of simultaneous ambitious initiatives by DHCS. Navigating through the requirements associated with the implementation of the Dual Eligible Special Needs Plan proved to be demanding. This project rollout required meticulous execution amidst competing priorities while ensuring ongoing compliance with existing statutes and organizational goals.

A significant barrier that CCHP encountered in 2025 has been planning for the upcoming Medi-Cal eligibility changes resulting from H.R. 1. This policy shift is anticipated to reduce membership significantly and likely impacted HEDIS rates as members lost coverage and failed to meet continuous enrollment criteria.

Compounding these challenges, CCHP operated in an uncertain environment where immigrant families expressed reluctance or hesitance to seek care. Fear of immigration enforcement and confusion around eligibility created barriers to accessing services, even for those who remain eligible. This climate of distrust made outreach and engagement more difficult and resulted in delayed or forgone care for some members.

12.2 Overall Effectiveness

CCHP achieved 4.5 stars in NCQA's Health Plan Report Card, the highest rating given to Medi-Cal plans in California. This endorsement is a recognition of CCHP's commitment to quality and patient care.

One of the primary indicators of CCHP's success is improved patient outcomes. CCHP's efforts in preventive care, chronic disease management, and care coordination have contributed to better health outcomes and enhanced overall patient well-being as demonstrated by the 20 MCAS measures that achieved the 90th percentile ranking of all Medicaid HMOs nationally.

CCHP is also proud to report significant enhancements in the patient experience because of quality program initiatives. Patient experience scores improved on the ECHO survey, with several measures increasing significantly.

Central to CCHP's quality program is the use of data-driven decision-making to inform our quality improvement efforts. CCHP has established robust data collection, analysis, and reporting mechanisms that provide actionable insights into our performance metrics, outcomes, and areas for improvement. By leveraging data analytics and performance metrics, the quality department can identify trends, track progress, and make informed decisions to drive continuous quality improvement.

CCHP has fostered a culture of excellence, innovation, and continuous quality improvement throughout our organization and provider network. CCHP hosted regular quality meetings with provider groups to work together to identify improvement opportunities, develop solutions collaboratively, and ensure alignment with clinical priorities.

The successes achieved through CCHP's quality program reflect the dedication to delivering exceptional healthcare services and improving patient outcomes. By prioritizing patient-centered care, data-driven decision making, and a culture of continuous improvement, CCHP has made significant strides in enhancing the quality, safety, an efficiency of healthcare delivery.

A critical aspect of our success is the continuous evaluation of our quality improvement program resources. The addition of health education staff has allowed for greater outreach and engagement with members. With these additions, we believe our current resources are adequate. Our current quality improvement committee and subcommittee structure are robust, ensuring a comprehensive approach to quality initiatives. The addition of the Equity Council in 2024 provided an additional layer of insight to our quality improvement

and health equity efforts and has provided meaningful feedback to drive improvement. CCHP's CMO and other Medical Directors provide meaningful practitioner engagement and leadership in the quality improvement program, with fruitful meetings and valuable input from providers. The active participation and leadership in the quality program played a pivotal role in achieving strong quality results. Through strategic oversight, clinical expertise, and engagement with key stakeholders, the CMO and physician leadership helped drive data-driven decision-making and fostered a culture of continuous improvement. This leadership ensured the successful implementation of evidence-based interventions, ultimately enhancing health outcomes and performance metrics. This collaboration has further enriched our quality initiatives.

As we reflect on the year, CCHP acknowledges the adequacy of our quality improvement program resources, the effectiveness of our committee structure, and the active practitioner participation and leadership. Looking ahead, the quality improvement program for the subsequent year will maintain its current structure, with no major changes planned for 2025. This decision is grounded in the success and positive outcomes witnessed in our current approach.

The effectiveness of CCHP's quality program is evident in improved patient outcomes, enhanced patient experiences, and the positive impact on key metrics. By fostering a culture of excellence, innovation, and continuous improvement, we remain dedicated to delivering exceptional healthcare services and achieving meaningful improvements in patient well-being. Our commitment to patient-centered care, data-driven decision-making, and a culture of continuous improvement positions CCHP as a leader in enhancing the quality, safety, and efficiency of healthcare delivery.

13 2025 Quality Work Plan and Evaluation of Activities

2025 Quality Improvement and Health Equity Transformation Program (QIHETP) Work Plan

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
1. QIHETP Structure				
1.1	**QIHETP Program Documents**	By March 2025, approve annual quality program documents at March JCC meeting. Evaluate quality program to ensure that resources and priorities reflect organizational missions and strategies.	Conduct annual evaluation of the QIHETP program and develop written 2024 QIHETP Evaluation	Met. CCHP reviewed and approved the annual quality documents at the February 2025 Quality Council Meeting and at the March Joint Conference Committee Meeting. The annual plan and priorities served as a focal point for meetings with providers throughout the year.
1.2			Develop annual 2025 QIHETP Program Description, incorporating structural changes identified in the evaluation	
1.3			Develop annual 2025 QIHETP Work Plan, including monitoring of issues identified in prior years that require follow -up.	
1.4	**Quality Council**	Ensure Quality Council oversight of CCHP's quality and health equity program through regular meeting schedule	Convene monthly Quality Council meetings. Convene a minimum of 8 Quality Council meetings annually	Met. CCHP convened 8 Quality Council meetings in 2025. Program documents and policies were reviewed and updated in a timely fashion. Attendance remained strong.
1.5		Ensure program governance of Quality Council meeting	Revise Quality Council charter; approval of program description, evaluation and work plan	
1.6		Ensure there are policies and procedures to meet regulatory and operational needs	Review CCHP policies annually and upon any new APL changes	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
1.7	**Equity Council**	Ensure Equity Council oversight of CCHP's quality and health equity program through regular meeting schedule	Implement the QIHETP work Plan and convene quarterly scheduled meetings	Partially Met. CCHP convened 3 Equity Council meetings in 2025. Program documents were completed and presented at the Q1 meeting and policies were reviewed and revised as required.
1.8		Ensure program governance of Equity Council meeting	Create Equity Council Charter and ensure approval of program description, evaluation and work plan.	
1.9		Ensure there are policies and procedures to meet regulatory and operational needs to ensure health equity is woven into the fabric of the organization	Review CCHP Policies with a specific view of health equity annually and update policies per APL changes.	
1.10	**Community Advisory Committee**	Ensure community feedback and incorporate member input into CCHP Quality and Health Equity policies and procedures	Engage with community based organizations and CCHP members through Quarterly CAC meetings.	Met. CAC meetings were revamped to be more interactive, with 6 new members recruited in 2025. Four meetings covered all required topics; additional topics such as Crisis Response Team (A3), Medi-Cal re-determination and transportation services were presented based on member's interests.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
2. NCQA Accreditation				
2.1	**NCQA Health Plan Accreditation**	By December 2025, complete NCQA survey submission for survey submission due date in December. Achieve re-accreditation by March 2026.	Complete submission materials on standards and guidelines according to project plan and timeline.	Met. CCHP successfully submitted all required documentation within required timelines.
2.2	**NCQA Health Equity Accreditation**	By August 2025, complete NCQA survey submission for survey submission due date in August. Achieve accreditation status by December 2025.	Complete submission materials on standards and guidelines according to project plan and timeline.	Met. CCHP received the Health Outcomes Accreditation in August 2025.
3. Measurement, Analytics, Reporting, and Data Sharing				
3.1	**HEDIS Reporting and Quality of Clinical Care (DHCS, NCQA, DMHC)**		Complete all annual HEDIS, MCAS, and HEQMS activities, ensuring compliance with quality measurement regulatory agencies, including NCQA, DHCS, EQRO, and DMHC.	
3.2			Complete annual HEDIS MY2024 report, analyzing yearly trends and identifying areas for improvement. Incorporate report into Population Health Needs Assessment.	
3.3			Identify areas of opportunity for data systems and data sources for MY2025	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
3.4		1. By June 15, 2025, report HEDIS MY2024 scores for NCQA Health Plan Accreditation, the DHCS Managed Care Accountability Set (MCAS), and the DMHC Health Equity and Quality Measures Set (HEQMS) 2. Exceed the 50th percentile for all MCAS MPL measures and establish performance improvement plan for those near or at risk 3. Achieve 4.5 Stars on NCQA Health Plan Ratings. 4. Prepare for transition to ECDS by identifying efficiencies in data system measurement 5. Align HEDIS measurements to quality improvement projects and strategic goals for 2025	Develop and implement improvement projects targeting at risk measures and those measures that align with other strategic goals of CCHP	Met. CCHP achieved 4.5 stars in Health Plan ratings and high performance (over the 90th percentile nationally) in 20 MCAS measures. No measure was below the MPL in 2025. Data system improvements included improving coverage tables, reviewing enrollment files, expanding supplemental data sharing with community groups, and improving local mapping on the following measures: FUM, FUA, EED, PPC, BCS, CCS, TFL-CH.
3.5	**CCHP Quality Measurement Infrastructure**	Create quality dashboard and quality monitoring program with feedback loop to providers to	Maintain CCHP quality metric dashboard, updating to include rolling 12-month measurements for MCAS MPL measures	Met. CCHP updated the Quality Dashboard to include rolling 12-

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
3.6		allow for ongoing tracking of all HEDIS MCAS measures, including measuring disparities, trends by year, and current rates	Maintain quality feedback mechanism for providers, which shares performance rates by provider group on CCHP priority measures and identify unique areas of opportunities	month measurements for MY2025 MCAS MPL measures. CCHP updated the reports available to provider via the Provider Portal to include Patients due for Initial Health Appointment, Patients due for Redetermination, and Patients Hospitalized within Past 30 Days. These reports are updated daily and available on demand, allowing CCHP to exchange data with providers in a secure fashion.
3.7			Maintain system of data sharing gap in care lists with CPN network to allow for ongoing quality improvement	
3.8	**Member Experience and Quality of Service (NCQA, DHCS)**	By June 30, 2025, gather, analyze, and highlight areas of opportunity utilizing member experience surveys and grievancesDevelop member feedback channel through the Community Advisory Committee	Review and analyze CAHPS survey results trending results by year. Incorporate into Population Health Needs Assessment.	Met. CCHP completed and analyzed the CAHPS survey, behavioral health survey, interpreter services survey, member experience surveys for the
3.9			Host internal CAHPS think tank to gather insights into member experience from cross-functional teams	
3.10			Review and analyze the limited English enrollee survey	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
3.11			Review and analyze behavioral health specific member experience surveys	diabetes remote patient monitoring and asthma home remediation programs, and a new member survey. These experience surveys were administered and results analyzed, with trending and comparison to benchmarks when available. CCHP partnered with UC Berkeley to develop a
3.12			Develop report on MY2024 member experience	
3.13			Review and analyze grievance and appeals data according to NCQA methodology and review quality of service and quality of care. Complete annual report	
3.14			Develop survey tool to assess member experience with Case Management, conduct survey, analyze results	
3.15			Conduct new member survey to assess comprehension of new member materials	
3.16			Collect member experience on population health programs	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
3.17			Gather member input on member experience utilizing Community Advisory Committee. Incorporate into annual Population Health Needs Assessment, Impact Report, Strategy as well as Cultural & Linguistic Program.	Case Management experience survey that was administered in late 2025. Results from this survey are still being analyzed. The CCHP Medical Director regularly reported grievance data during Quality Council meetings and communicated that CCHP exceeded goals for grievance processes. The CCHP Quality Director presented and gathered input from the Community Advisory Committee during meeting throughout 2025. The input from the CAC was incorporated into the SB1019 workplan and other population health documents.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
3.18	**Provider Experience**	Implement standard process for collected provider experience and identify areas for opportunity	Implement Provider Experience Survey. Incorporate feedback into annual access report.	Met. CCHP sent out a provider experience survey at the end of 2025. Results have not yet been received at time of the evaluation report.
3.19	**Access to Care and Quality of Service (DMHC, DHCS)**	Achieve at least 70% compliance for urgent and non-urgent appointments during Provider Appointment Availability Survey Implement quality monitoring program on timely access standards	Complete all access monitoring through surveys and auditing calls: *DMHC Provider Appointment Availability Survey *NCQA High Impact/High Volume specialists *OB/GYN and midwife providers survey on first prenatal appointment *Initial Health Appointment *After hour triage and emergency access *In-office wait time *Telephone wait times and time to return call *Call Center wait times	Partially Met. Completed annual PAAS survey and additional monitoring activities as part of Annual Access report. CCHP met all urgent and non-urgent appointment standards for all lines of business, except for urgent, Plan A appointments. The only appointment type below goal were urgent, specialty appointments. The
3.20			Develop process for DHCS quarterly access monitoring	
3.21			Create comprehensive annual access report that identifies trends and identifies areas for opportunities	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
3.22			Develop feedback loop to providers on their results from the annual PAAS/NCQA survey, providing education and timely access standards.	report was submitted to DMHC, presented to Quality Council and results were communicated back to provider groups.
3.23	**CalAIM Reporting (DHCS)**	Complete all DHCS CalAIM reporting deliverables and maximize incentive dollars available through continuous improvement in pay for performance measures	Complete the quarterly Population Health Monitoring Reports, reviewing key KPIs on population health metrics	Met. CCHP completed all reporting in a timely manner and engaged in DHCS workgroup on PHM Monitoring KPI metrics to provide feedback on new methodology and specifications.
3.24			Complete DHCS quarterly CalAIM ECM-CS Quarterly Monitoring Reports, reporting enrollment and utilization of CalAIM services	
3.25			Complete the monthly JSON CalAIM reporting	
3.26	**REAL and SOGI Data**	Achieve 90% of race/ethnicity reporting for membership Improve collection of sexual orientation and gender identify data.	Input new member REAL and SOGI surveys into ccLink	Met. CCHP updated REAL and SOGI data collection according to NCQA Health Equity/Health Outcome Accreditation standard, CCHP also has more than 90% of race/ethnicity data on membership.
3.27			Develop baseline measurement for SOGI data collection and establish targets.	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
3.28	**CLAS Reporting**	Ensure cultural and linguistic needs of population are being met by provider network	Conduct annual CLAS analysis of patient and provider population	Met. The results were presented at March Equity Council meeting.
3.29	**Encounter Data Validation (DHCS)**	Implement the encounter data validation study per the timelines and requirements from DHCS	Procure medical records and submit according to auditors deadlines	Met. CCHP successfully completed the encounter data validation study with a 96.8% submission rate, higher than the state average of 92.4%. Omission rates for encounter data were consistently well under the 10% benchmark with high accuracy rates.
3.30	**Long Term Care and Long Term Support Services**	Develop quality measurement measure set that supports long-term care quality improvement and a systematic monitoring system for members with long term support services	Complete annual report on long term care and long term support services	Met. The report was completed and presented at October Quality Council.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
4. Performance Improvement Projects				
4.1	**Enrollment in Case Management after Emergency Department visit for Mental Health and Substance Use**	Increase the percentage of members who enroll in case management within 14-days of an ED visits for mental health or substance use. (Previously identified issue)	Develop workflow for authorizing and enrolling eligible individuals into case management after ED visit for mental health and substance use	Met. CCHP increased the percentage of eligible members enrolled into care management by 66.7% compared to prior year, though this result did not achieve statistical significance.
4.2	**Well Care Visits in the First 15-Months of Life**	Narrow the health disparities gap between Black/African American and Asian members to 5%	Identify regional and provider level disparities in WCV completion performance and develop targeted improvement project.	Partially met. Despite targeted efforts, the disparity gap between Asian and Black/African American members increased in MY2024 compared to MY2023. However, Black/African American children performed above the 50th percentile nationally in this metric and has seen marked improvement in the preliminary MY2025 rates.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
4.3	**IHI Improvement Projects**	1. Increase WCV in 18-21 year olds at Brighter Beginnings to MPL. 2. Increase FUM and FUA rates by 5% over baseline.	Complete IHI Child Health Equity Collaborative.	Partially met. CCHP partnered with Brighter Beginnings and while the Well Care Visit completion rate increased 107% by the end of the collaborative, the stated goal of 48.1% was not achieved. In Q3 of 2025, CCHP started Round 2 of the Child Health Equity Collaborative, this time focusing on improving well child visits in the first 15 months of life and from 15-30 months of life with the Contra Costa Regional Medical Center.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
4.4			Complete IHI Behavioral Health Collaborative with CCBHS.	Partially met. By the end of the collaborative, CCHP achieved a 13.5% increase in FUA rates exceeding the 5% goal, but only a 2.5% increase in FUM rates, for mixed results. In Q3 of 2025, CCHP began participation in round two of the collaborative, with participation from, and an enhanced focus on, an Emergency Department with lower linkage rates and high patient volumes.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
~~4.5~~	**Blood Lead Screening***	Increase pediatric blood lead screening rates to exceed the DHCS MPL. (Previously identified issue)	Collaborate with providers with low lead screening rates to identify opportunities for improvement	Met. CCHP achieved the 50th percentile in the LSC measure for MY2024 and is projected to meet the target again for MY2025. Efforts to address this measure included outreach calls and mailers to patients due for screening.
4.6	**Topical Fluoride Treatment in Children***	Increase the percentage of member under 21 who complete Topical Fluoride Treatment by 5%. (Previously identified issue)	Conduct outreach to member who did not have tropical fluoride treatment in the last 12 months, develop and distribute dental benefits material.	Met. CCHP conducted more than 4,500 outreach calls to member who did not have tropical fluoride treatment in the last 12 months and distributed over 500 Denti-Cal flyers at community events throughout the year.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
4.7	**Disparities in Well Care Visits**	Reduce the disparity in well care visits for African American and Native Hawaiian/Pacific Islander children by reducing the gap to the 50th percentile benchmark by 50%.	Conduct regular outreach to African American and Native Hawaiian/Pacific Islander children who have not seen provider for over 12 months, and connect them to services they need.	Partially Met. CCHP conducted over 2,100 calls to African American and Native Hawaiian/Pacific Islander children and 84 completed a well care visit that was scheduled within two weeks of outreach. However, neither group reached the 50th percentile in MY2024.
4.8	**D-SNP QIP Planning**	Identify QIP options for D-SNP based on eligible Medicare Population	Research quality measures for Medicare-only population and identify areas for opportunity upon D-SNP launch in 2026.	Met. In Q4, CCHP hired a Planner/Evaluator Level B to oversee the DSNP Stars program and develop a strategy for quality performance. Areas for opportunity include hypertension management and the Care for Older Adults measures.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
4.9	**ED Workgroup**	Understand areas for improvement with regards to ED utilization	Convene workgroup to analyze ED utilization and identify areas for opportunity.	Met. CCHP analyzed ED visits and identified an intervention to attempt to reduce ED utilization. An Advice Nurse callback program was launched in summer 2025 to attempt to reduce the percentage of patients with repeat ED visits and to increase awareness of the Advice Nurse line. The impact of these efforts will be analyzed in early 2026.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
4.10	**Monitoring and rapid improvement cycles**	Develop process for monitoring MCAS and HEDIS measures and conduct rapid improvement for measures that are dipping below expected rates.	Develop and monitor dashboard, and deploy rapid improvement outreach efforts where needed for measures.	Met. CCHP continuously monitored the MCAS dashboards and began improvement efforts as needed for lead screening in children (LSC), topical fluoride for children (TFL), well-care visits (W15, W30, and WCV), controlling blood pressure (CBP), and cervical cancer screening (CCS). Outreach efforts were also implemented for FIT kit completions to impact the COL measure.
5. Population Health				
5.1	**Population Needs Assessment and Community Health Needs Assessment**	Understand member needs and health to create a responsive population health program	Complete MY 2024 population needs assessment according to NCQA guidelines	Met. CCHP completed a population needs assessment and presented to the Quality Council. Additionally, CCHP joined the cross
5.2			Develop cross functional team collaborating with Contra Costa County Public Health in preparation for the 2025 Community Health Needs Assessment and Community Health Implementation Plan	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.3			Engage CAC as part of CHNA process by reporting involvement and findings, obtain input/advice from CAC on how to use findings from the CHNA to influence strategies and workflows related to the Bold Goals, wellness and prevention, health equity, health education, cultural and linguistic needs to identify and prioritize opportunities for improvement.	divisional CHA and CHNA workgroup to participate in the CHA planning process. CCHP advised the CAC about the workgroup and encouraged them to participate in the planning process and to give the county input on its findings and activities.
5.4	**Population Health Management Strategy**	Develop population health strategy in alignment NCQA and DHCS requirements, involving delivery system, county, and community partners	Complete PHM Strategy in alignment with DHCS and NCQA guidelines	Met. Completed PHM Strategy and submitted on time to DHCS.
5.5	**Population Impact Report and Evaluation**	Develop framework for evaluating CCHP's population health program and measuring impact to ensure programs are achieved desired outcomes	Complete PHM Impact and Evaluation report	Met. Completed PHM Impact and Evaluation report to assess the Population Health Program.
5.6	**Initial Screening Process**	Provide streamlined new member experience, with regards to	Monitor ongoing HIF/MET and HRA completion rate and follow-up for positive screenings	Partially Met. 1. Met: All positive

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.7		HIF/MET, HRA/LTSS, and other assessments. Develop an new member outreach workflow to maximize Initial Health Appointments and New member survey completion Ensure system exists so members with positive screenings are identified for the appropriate services Develop data system so screening questions are results are shared across providers	Implement electronic HIF/MET and HRA screenings utilizing myChart questionnaires	screenings are referred to CHW providers. 2. Partially Met: DSNP HRA screenings can be completed utilizing MyChart. However, electronic HIF/MET and LTSS screenings utilizing MyChart has been deferred to 2026.
5.8	**Initial Health Appointment***	Increase IHA completion rates. (Previously identified issue)	Conduct chart audits and give feedback and education to providers missing IHA elements	Partially Met.1. Met: CCHP completed IHA audits and presented the findings at the May Quality Council.2. Met: IHA rates increased from 42.8% in FY23/24 to 51.1% in FY24/25. Text message and email reminders to complete the IHA were deferred.
5.9			Implement text message and email reminder for patients to complete Initial Health Appointment	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.10	**DHCS Population Health Service/Risk Stratification, Segmentation, and Tiering**	Implement DHCS Population Health Service into existing workflow	Implement DHCS Population Health Service based on forthcoming guidance upon service launch.	Met. CCHP has reviewed Medi-Cal Connect data and is currently convening a workgroup to determine how to incorporate these data.
5.11	**Assessment and Reassessment**	Ensure annual assessment and reassessment of Members with LTSS needs and CSHCN	Utilize custom assessment for SPDs and CSHCN and triage according to needs	Met. CCHP is currently utilizing the HIF/MET assessment for new members to triage members with positive LTSS questions. Annual reassessment mailings were implemented in Q3 of 2025 to ensure the annual reassessment of LTSS and CSHCN members.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.12	**Ongoing Engagement with PCP**	Increase regular engagement with PCPs Close Member gaps in preventive care	Utilized disengaged member reports and connect Members with PCPs & close care gaps	Met. CCHP participated in and provided significant support for the Contra Costa Health Assigned Not Seen project. Outreach staff conducted over 2,500 calls to patients ages 0-17 who had fallen out of care for over 12 months; leading to 34 appointments completed by patients at the end of 2025. Other initiatives to close care gaps targeted cervical cancer screening, blood pressure control, and colorectal cancer screening.
5.13	**Closed Loop Referrals**	Understand closed loop referral guidelines and implement technical system to support regulations	Develop workplan for implementing closed loop referrals based on DHCS guidance	Met. CCHP completed closed loop referrals for ECM and CS per DHCS guidance.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.14	**Community Health Workers, Care Coordination, and Navigation with Social Services**	Implement social resources into health education workflows and support referrals to CHW services	Develop referral process for CHW services based on identified social needs	Met. CCHP implemented a referrals process to CHW providers based on identified social needs.
5.15	**Wellness and Prevention Programs**	Improve preventative health of members with regards to: healthy weight, smoking/tobacco, physical activity, healthy eating, managing stress, avoiding at-risk drinking, identifying depressive symptoms	Educate providers and staff on available health education tools	Met. CCHP educated providers and staff about health education tools via provider newsletter, provider network trainings, and by sharing information in regularly scheduled quality meetings. Staff participated in biweekly FAM classes teaching a movement based activity.
5.16			Develop in person and telehealth classes to be facilitated by CCHP Health Educators	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.17	**Colorectal Cancer Screening**	Increase colorectal cancer screening rates	Send out FIT kits monthly to Members due for colorectal cancer screening	Met. CCHP staff conducted over 3,000 calls to members reminding them to mail in a completed FIT kit. 245 members had a resulted test within 60 days of outreach. Projected COL-E rates for MY2025 are about the same as MY2024, when CCHP performed in the 90th percentile.
5.18	**Chronic Disease Management**	Monitor Chronic Disease Management Programs	Monitor programs for the following chronic conditions: Diabetes, Cardiovascular Disease, Asthma, and Depression and identify any areas for improvement	Met. CCHP monitored activities in these programs and conducted PDSAs related to diabetes prevention and asthma education & remediation.
5.19	**Chronic Conditions: Diabetes Management Program**	Reduce number of CCHP members with uncontrolled diabetes	Provide medically tailored meals to patients with uncontrolled diabetes. Evaluate efficacy of MTM.	Met. CCHP achieved the 90th percentile for the Glycemic Status Assessment for Patients with
5.20		Increase the number of people	Continue expansion of remote blood glucose monitoring partnership with Gojji	

5.21		enrolled in the Diabetes Prevention Program	Conduct PDSA with DPP provider to increase referrals & enrollment of prediabetic Members	Diabetes- Control and -Poor Control in MY2024 and was exceeding the target for the measure for MY2025. In 2025, CCHP referred 431 RMC members to Gojji and 298 enrolled. CPN patients saw increased access to Gojji services, with 111 enrolling in Gojji's diabetes RPM program in 2025. CCHP increased referrals to the contracted DPP provider from 169 in 2024 to 221 in 2025, with 32 completing at least one visit and 2 members continuing with the program for 12 months. Additionally, 7 members received diabetes self-management education.
5.22			Develop brochures for pregnant Members	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.23	**Maternal Health Outcomes**	Improve key maternal health outcomes across quality measures	Increase the number of pregnant Members receiving Transitional Care Services (TCS)	Met. CCHP developed a comprehensive prenatal services brochure that details services available to pregnant and postpartum members in the CCHP service area. Over 2,500 of these brochures were distributed to network providers, community based organizations, and community members at events throughout the county. The number of patients receiving TCS increased to 736 in 2025, with a significant monthly increase in enrollment after the development of automated referral pathways.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.24	**Keeping Members Healthy: Gaps in Care**	Notify members of gaps in care for needed preventive services	Continue mailing adult birthday letters	Met. Over 91,000 letters were mailed to adult CCHP patients, with over 13,000 patients (14.3%) completing a health maintenance topic within 60 days of outreach. Pediatric wellness letters and health education handouts were first mailed in March 2025, with over 16,000 letters mailed and over 1,300 (8.2%) completing a health maintenance topic within 60 days of outreach.
5.25			Develop specific pediatric birthday letter that provider more specific information to members in terms of gaps in care	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.26			Publish member facing newsletter three times per year	

5.27	**Health Education Materials and Resources**	Assure that members are provided health education materials and are informed on new community and medical services. Develop a strong community presence.	Conduct outreach events at health clinics, CBOs, and other relevant locations.	Met. The CCHP Member Newsletter, Healthy Sense, was published in Spring, Summer, and Fall 2025. Printed copies were mailed to each member household and email newsletters were sent to members with a valid email address on file. Additional printed copies were distributed to network providers for display in patient waiting rooms. The health education team attended more than 80 events throughout the county, including at county libraries, local farmers' markets, major community events, and providers offices. They distributed over 17,500 health education materials

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
				and Contra Costa Health branded items.
5.28	**Culturally and Linguistically Competent Care**	Ensure systematic processes in place to promote cultural competent care and health equity by providing linguistics services, educational opportunities, current and up-to-date resources, and understanding of CLS needs. Less than 20% of respondent in member experience survey state they use friends/family for interpreter. More than 95% of respondent in member experience survey indicate they get interpreter services when request one.	Complete provider trainings and educate providers on interpretation requirements and resources, and reading level requirements	Met. CCHP continues to facilitate translation and interpreter services for providers and provide training related to culturally and linguistically competent care. All CCHP staff completed required DEI Training and TGI Training. Provider training deadline was postponed to 2026 following DHCS guidance. Cultural & Linguistic Manager continue to review all grievances related to discrimination, language access and trans-inclusive care.
5.29			Facilitate translation and interpreter services request of educational materials, website, forms, and other documents.	
5.30			Ensure all CCHP staff complete Transgender, Gender Diverse, or Intersex (TGI) by February 2025.	
5.31			Ensure all CCHP staff and providers complete Diversity, Equity, and Inclusion (DEI) training by December 2025.	
5.32			Educate and advocate interpreter services to CCHP members.	
5.33			Review, monitor and track all grievances related to discrimination, language access and trans-inclusive care.	
5.34	**EPSDT / Medi-Cal for Teens and Kids**	Ensure coverage of and timely access to all medically necessary EPSDT	Monitor and trend denials for Members <21 years old	Met. CCHP placed over 3,700 calls to

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.35		services to correct or ameliorate defects and physical and mental illnesses and conditions.Ensure Members <21 must receive all age-specific assessments and services required by MCP contract and AAP/Bright Futures periodicity schedule.Ensure provision of Medically Necessary Behavioral Health Treatment.Ensure compliance with all Case Management & Care Coordination requirements.Inform Members <21 about EPSDT, including benefits of Preventive Care, services available under EPSDT, where & how to obtain these services, and that transportation & scheduling assistance is available. Must be provided annually or within 7 days of enrollment for new members. Ensure all network providers completed EPSDT-specific training no less than every 2 years using DHCS materials.	Conduct outreach and education for identified Members who have fallen off of the pediatric well care visit periodicity.	over 2,100 CCHP members overdue for well care visits in order to connect members back into care, with over 100 patients completing an appointment that was scheduled within 2 weeks of outreach. CCHP notifies members about their EPSDT benefits and services through the Member Newsletter and online at the cchealth.org website. CCHP has developed a report to identify providers who are non-compliant with the DHCS EPSDT training, which is emailed monthly to relevant stakeholders for follow-up. Quarterly monitoring is in progress for all activities.
5.36			Annual notification to Members <21 years old regarding EPSDT services	
5.37			Ensure and monitor bi-annual DHCS EPSDT training	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.38	**Case Management Services**	Utilize RSS to identify individuals eligible for CCM, ECM, and other services and ensure eligibility for these services	Monitor automatic authorization pathways and utilize new and expanded data sources to expedite enrollment into ECM and CCM	Met. Auto referrals are in place to identify members eligible for ECM high utilizer population of focus (POF), unhoused POF, justice involved POF, SMI/SUD POF, and birth equity POF. Auto referrals are in place to identify members eligible for CCM based on polypharmacy, for patients who have recently delivered, and for psychiatric admissions.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.39	**Justice-Involved Reentry Coordination**	Ensure coordinated, comprehensive care for members transitioning from correctional facilities to the community.	• Maintain policies and procedures for coordination with correctional facilities and pre-release care managers, in alignment with the CalAIM Justice-Involved Initiative Policy and Operational Guide. • Designate a Justice-Involved liaison to serve as the primary point of contact for correctional facility coordination • Assign ECM providers upon post-release in coordination with pre-release providers • Establish processes to coordinate transition of care from pre-release to post-release, including data sharing protocols. • Ensure access to medically necessary covered services including ECM, physical and behavioral health care, Community Supports, NEMT, and NMT.	Met. CCHP CalAIM Director served as the Justice-Involved liaison and met regularly with the Justice and Re-entry coalition that includes county correctional health partners, reentry coordinators, and other stakeholders involved in the planning, implementing & supporting services for justice-involved populations. MOUs are in development to receive members from correctional facilities in surrounding counties

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.40	**D-SNP CPIP Planning**	Develop comprehensive Chronic Care Improvement Program for D-SNP Population	Research regulatory requirements, conduct needs assessment of Medicare population, and develop comprehensive care improvement program.	Met. Completed regulatory review and needs assessment of the Medicare population, the development and implementation of a comprehensive care improvement program will begin in Q1 2026.
5.41	**Transitional Care Services***	Ensure all high risk members receive transitional care services. (Previously identified issue)	Ensure high risk members receive referrals for transitional care services, utilizing automated referrals from ADT feeds as well as manual referral pathways.	Met. A number of automated referral pathways were implemented to ensure the successful connection of eligible members to TCS, with enrollment in TCS up over 122% compared to 2024. The has a dedicated phone number for low-risk members to contact for discharge care coordination that is placed into local area hospital discharge instructions.
5.42			Develop oversight process on discharge planning process	
5.43		Ensure transitional care services support for low risk members	Provide phone number for low risk members to access transitional care services	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.44	**Managed Care Liaisons**	Ensure the designation, training, and notification processes for liaisons to support coordination, compliance, and oversight across key program areas.	Designate Tribal, LTSS, Transportation, CCS, Child Welfare, Dental, Justice, IHSS, MOUs, and Regional Center liaisons and provide training on rules, referrals, care coordination, and authorizations.	Met. CCHP had all required liaisons to ensure coordination, compliance, and oversight of key programs.
5.45	**Non-Specialty Mental Health Outreach and Education**	Conduct member outreach and education to inform of Non Specialty Mental Health Services	Streamline member information presented on cchealth.org website	Met. CCHP conducted outreach at over 30 events throughout the county in 2025 and distributed over 600 behavioral health specific resources at these events. Health education information was published onto the website to make it easier for members to find relevant resources and advice.
5.46			Conduct outreach at Farmers' Markets, Open Air (Flea) Markets, and health clinic locations to inform members about NSMHS benefits.	
6. Patient Safety				
6.1	**Potential Quality Issues (PQIs)**	Review and resolve potential quality issues within 120 days	Investigate and level all PQIs within timeframes. Issue CAPS according to leveling guidelines, report on trends.	Met. CCHP met timeframes on all PQIs.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
6.2	**Provider Preventable Conditions (PPCs)***	Review and investigate PPC through the PQI process	Capture all PPCs through accurate reports, Investigate all identified PPCs. Report to DHCS and track all confirmed PPCs, Provide education on PPCs for contracted network	Met. CCHP investigated all PPC. Education on PPCs was provided during quarterly network training.
6.3	**Over/Under Utilization**	Develop a standard over-under utilization report and develop standards with how reporting is used to improve care	Define measures to track and identify areas of opportunity for improvement initiatives	Met. CCHP has developed an anomalous billing dashboard to explore areas of opportunity for improvement. DME was identified as a target area to explore in 2026.
6.4	**Medication Safety**	Reduce concurrent prescribing of opiate and benzodiazepine	Provide quarterly reports to providers on patients that are co-prescribed opioids and benzodiazepines	Met. 28 letters were sent to providers altering them of their patients who were currently taking the dangerous drug therapy combination. The number of providers receiving these letters has decreased over the past three years.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
6.5		Reduce concurrent prescribing of opioids and anti-psychotic medications	Provide quarterly reports to providers on patients that are co-prescribed opioids and anti-psychotics	Met. Prescribers were provided reports on their patients who were co-prescribed these medications.
6.6		Antipsychotic, anti-depressant and mood stabilization prescriptions for children	Quarterly audit to determine if these medications that are being prescribed to children have a qualifying diagnosis	Met. CCHP completed quarterly audits.
6.7		Improve Hepatitis C medication adherence	Review HepC medication to ensure that members are fully completing their course of treatment	Met. 67 members receiving medication were tracked and only 14 needed intervention.
6.8		Reduce number of members with 15 or more medications	Review CCHP members with 15+ prescriptions, develop personalized recommendations when appropriate and refer members to case management	Met. CCHP created an automatic referral to Complex Case Management if a patient is identified with polypharmacy.
6.9		Ensure members can get their prescriptions filled after ED discharge	Audit Emergency Department discharges with prescriptions and confirm that individuals were able to fill their prescriptions; educate pharmacies on prescription benefits.	Met. Completed ED visit audit and educated pharmacies on benefits.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
6.10		Reduce prescription opiate abuse	Review potential unsafe prescriptions where members have multiple opiate prescriptions from multiple prescribers and pharmacies—refer to case management for potential follow up with members and providers	Met. Reviewed unsafe combinations and referred individuals to case management for review.
6.11	**Facility Site Reviews**	Ensure PCP sites operate in compliance with all applicable local, state, and federal regulations, and that sites can maintain patient safety standards and practices.	Complete an initial Facility Site and Medical Record Review and the Physical Accessibility review Survey for newly contracted PCPs. Conduct periodic full scope reviews for PCPs. Complete corrective action plans for cited deficiencies.	Met. Completed all scheduled FSR, MRR, and PARs. Developed and tracked corrective action plans with providers.
6.12	**Medical Record Reviews**	Ensure medical records follow legal protocols and providers have documented the provision of preventive care and coordination of primary care services.	Conduct MRR of provider office in accordance with DHCS standards.	Met. Completed all scheduled MRR according to DHCS standards. Developed and tracked corrective action plans as necessary
6.13	**Clinical Practice Guidelines**	Review clinical practice guidelines with Quality Council and train providers on practice guidelines	Annually Review and approve Clinical Practice Guidelines at Quality Council	Partially Met. Clinical Practice Guidelines were distributed in the Q2 2025 Provider Bulletin and during the Q1 2025 Provider Network Training.
6.14			Distribute and educate providers on Clinical Practice Guidelines during quarterly provider trainings and in quarterly newsletter	
7.Provider Engagement				

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
7.1	**Provider Training**	Conduct quarterly provider network trainings, increase attendance and satisfaction with trainings.	Develop and implement four Quarterly trainings covering a range of topics including regulatory changes/updates and topics that matter most to providers; solicit input from providers on agenda topics	Met. CCHP conducted 4 quarterly network trainings.
7.2	**Provider Newsletters**	Provide regular communication to providers through provider newsletters	Provide quarterly provider newsletters covering a range of topics including regulatory changes/updates for providers	Met. CCHP produced 4 Provider Network News bulletins.
7.3	**Quality Provider Meetings and Resources**	Conduct quality meetings with provider groups to discuss quality measures and improvement plans	Meet with the largest provider groups on a regular basis to discuss quality topics	Met. CCHP met with all FQHC provider groups on a bimonthly basis throughout 2025.
7.4	**Value Based Payment**	Implement newly created VBP program with provider groups to improve quality measurement activities	Implement newly created VBP program with large provider groups to increase quality measurement rates.	Met. The VBP program successfully completed payments to providers in Q3 2025 and expanded to additional provider groups in 2026.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
7.5	**Provider Portal and Panel Reports - Data Sharing**	Provider member level data on quality and gaps in cares to providers to assist in delivering needed services to members	Maintain daily update of provider portal with quality reports and gap in care reports. Implement new reports including well care periodicity schedules and admit, transfer, and discharge admittance data to providers on portal.	Met. CCHP has eight reports available on demand to providers via the CCHP Provider Portal. These reports were updated in 2025 to include (1) patients due for Initial Health Appointment, (2) patients due for Medi-Cal redetermination, and (3) patients with recent ED visits and hospitalizations.
7.6	**Provider Site Visits**	Conduct site visits with provider to update on health plan operations	Conduct site visits with ten or more medical offices to open communication channel with providers.	Met. CCHP conducted site visits at Regional Medical Center clinic locations.
7.7	**Training on Diversity Equity and Inclusion**	Ensure all providers are trained in DEI by December 31, 2025	Utilize newly developed DEI training and ensure providers receive training by December 31, 2025 and upon re-credentialing	Partially Met. CCHP DEI Training was rolled out to all providers in September 2025, deadline of completion of training is extended to end of 2026 by DHCS.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
7.8	**Shared Decision-Making Aids**	Ensure all provider received evidence based shared decision making aids	Update website and provide evidence based decision aids to providers through regular communications	Met. The CCHP website for providers has been updated with Shared Decision Making resources and an email was sent to providers in Q3 to inform them of available resources.
8. Delegation Oversight				
8.1	**Delegation oversight**	Assess whether delegation for quality and population health is necessary	Review activities to determine if delegation for quality or population is needed to enhance operations.	Met. CCHP reviewed activities and determined that quality and population health activities are not delegated and do not need delegation oversight.

SIGNATURE APPROVAL PAGE

Quality Improvement and Health Equity Transformation Program (QIHETP)

- **2026 QIHETP Description**
- **2026 QIHETP Work Plan**
- **2025 Quality Program Evaluation**

Approved by Contra Costa Health Plan
Quality Improvement and Health Equity Committee (QIHEC)

02/26/26

QIHEC Chair Date

02/24/26

QIHEC Co-Chair Date

Approved by Contra Costa County Board of Supervisors

Contra Costa Board of Supervisors Chair Date

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1050 **Agenda Date:** 3/17/2026 **Agenda #:** C.95.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contra Costa Health Plan Compliance Activities Report (October through December 2025)

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ACCEPT the Contra Costa Health Plan (CCHP) quarterly Compliance Activity Report for Quarter 4 (Q4) of 2025 as recommended by the CCHP Joint Conference Committee (JCC).

FISCAL IMPACT:
There is no fiscal impact for this action.

BACKGROUND:
To promote transparency and accountability, CCHP quarterly submits the Compliance Activities Report for review by the governing body. The compliance report provides required oversight information on the effectiveness of the Plan's Compliance Program, the status of key compliance activities, and any significant risks or issues that warrant attention, in accordance with Department of Health Care Services (DHCS), Centers for Medicare and Medicaid Services (CMS) contractual obligations and Knox Keene Act of 1975 for Medi-Cal, Commercial and Medicare D-SNP managed care regulations. Attachment A - Compliance Quarterly Report is included.

Summary:

During this period, the Compliance Department strengthened regulatory readiness across Medi-Cal, Medicare D-SNP, and Commercial lines of business while stabilizing the D-SNP Care Plus program launched on January 1, 2026. Key highlights:

- Regulatory Monitoring: All required submissions were timely except for a few remediated delays. No critical findings were identified. A $40,000 California Department of Managed Health Care (DMHC) sanction for 2018 audit deficiencies was resolved in January 2026.

- Audit Preparation: DMHC Financial Audit preparations missed initial internal deadlines due to competing priorities; revised timelines were set for February.

- Compliance Initiatives: Compliance Performance Improvement Workgroup (CPIW) projects are underway to enhance audit readiness and regulatory compliance.

- CalAIM Oversight: Enhanced Care Management (ECM) and Community Support Services (CSS) provider audits remain on schedule; corrective actions are in progress.

- Fraud, Waste & Abuse: No emerging risks; investigations and recoveries are in progress. Workforce training materials are in development.

- Privacy & Security: Low incident volume; no reportable breaches. Workforce training materials are in development.

CONSEQUENCE OF NEGATIVE ACTION:
If this action is not accepted, it could lead to non-compliance under the federal and state regulations.

Compliance Quarterly Report

Report Period: October 1, 2025 – December 31, 2025

1. Compliance Program Performance Dashboard (CPPD)

In an effort to monitor the health of our compliance posture, we plan to design and implement a comprehensive CPPD to track & trend critical Key Performance Indicators (KPIs) in the next few years. This initiative has been included as part of the CPIW workplan. Due to competing priorities, we plan to design and implement these dashboards in a phased approach. We are highlighting each dashboard as they become available in our upcoming reports. Currently, staff are working on the mandatory compliance training attainment and regulatory notices trending dashboards.

- **Mandatory Compliance Training**
  Mandatory Compliance Trainings are defined as those trainings that are specifically required by regulatory agencies via contractual requirements or codified in relevant laws governing the Plan. As reported previously, CCHP Workforce, which includes employees, contractors/temps, IT and Finance personnel designated for CCHP, are required to complete mandatory compliance training within 60 days of hire and annually thereafter. The required compliance training courses for all CCHP Workforce members are:
    - General Compliance and Fraud, Waste & Abuse
    - HIPAA Privacy & Security
    - Diversity, Equity & Inclusion (DEI)
    - Code of Conduct
    - Conflict of Interest

  The table below is the preliminary Compliance Training Attainment Dashboard. This dashboard will evolve as we enhance our current Learning Management System (LMS) to capture critical data elements.

Table 1: Training Completion for CCHP staff for Reporting Period 1/1/25 – 12/31/25

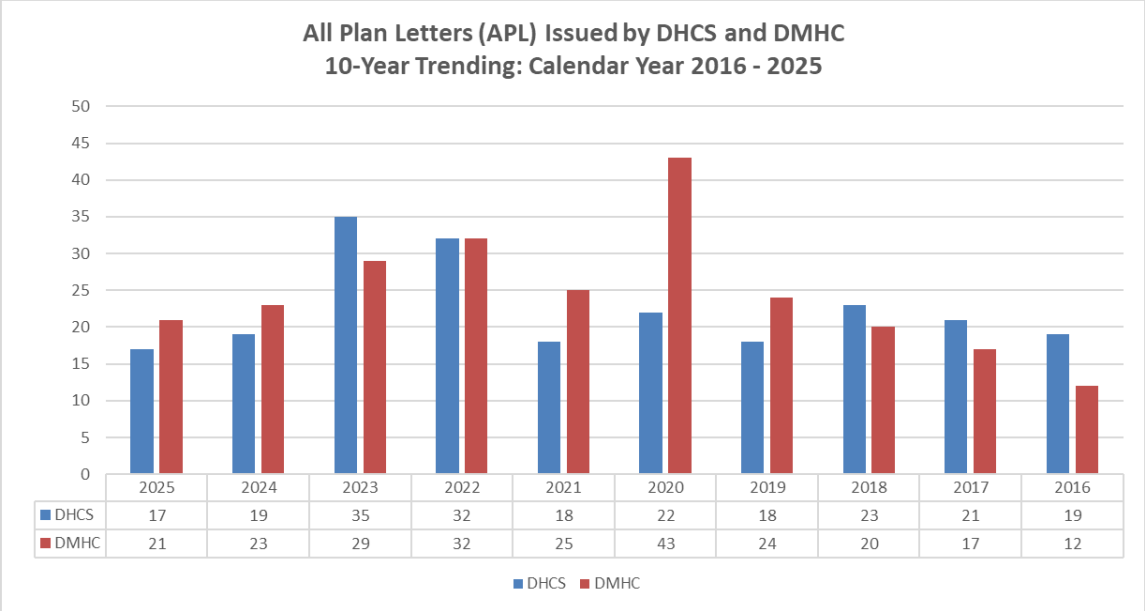
Training Topics	Complete	Incomplete
General Compliance and Fraud, Waste, and Abuse (FWA)*	96%	4%
HIPAA Privacy & Security	95%	5%
Diversity, Equity & Inclusion (DEI)	98%	2%
Transgender, Gender Diverse, and Intersex Training	98%	2%
D-SNP Model of Care Training	95%	5%

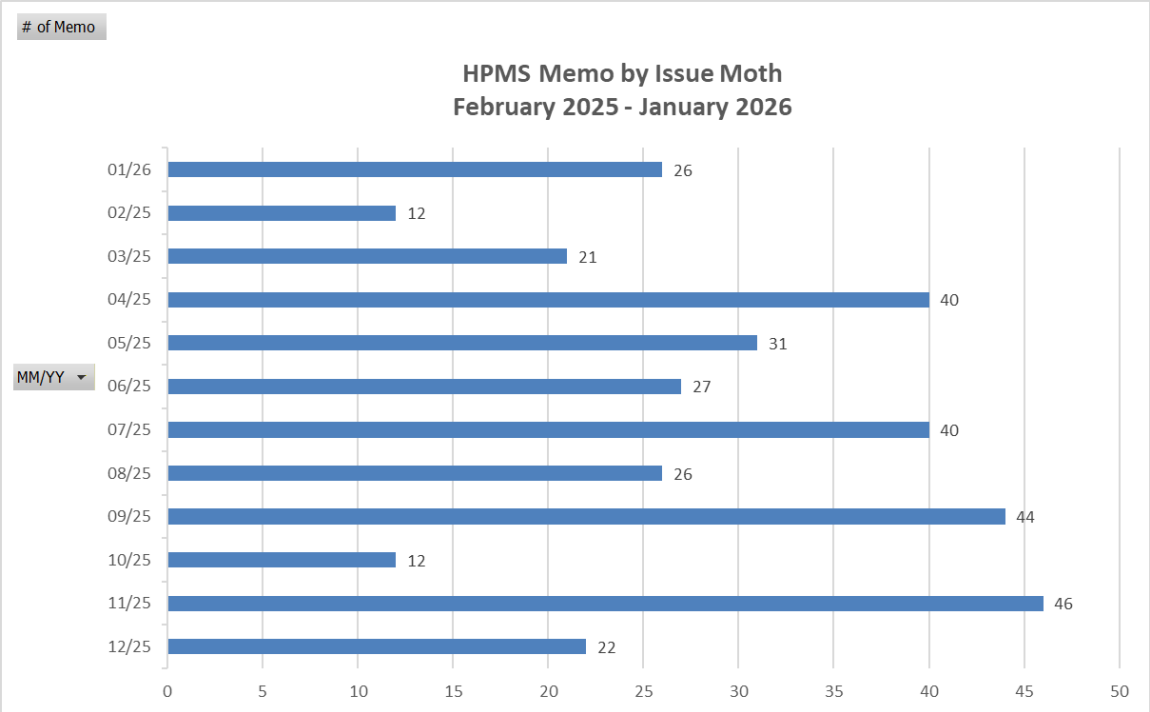
*Due to a curriculum change during 2025, an updated FWA training was rolled out mid-year and therefore, this number does not capture individuals who had completed the first version resulting in a completion percentage that is lower than actual.

Code of Conduct training was released to all CCHP Personnel on January 15, 2026, with a required acknowledgement date of February 15, 2026. As of February 2, 2026, 59% of required staff attested to having read and understood the Code of Conduct. Compliance is working with business leads to ensure that anyone who has not yet completed the mandatory training remains on track to fulfill the requirements.

- **Regulatory Notice Trending: HPMS and DHCS/DMHC APLs**
  CCHP receives regulatory notices via Health Plan Management Services (HPMS) memos published by Centers for Medicare and Medicaid Services (CMS) and All Plan Letters (APLs) published by Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC). Upon receipt of the regulatory notices, Compliance Department:
  - Tracks and maintains HPMS memos and APLs
  - Provides initial executive summary of these regulatory notices to the impacted business units and assigned leads
  - Performs gap analysis and collaborates with business leads on finalizing workplans to bridge gaps
  - Assists in the implementation of these regulatory notices
  - Collects evidence of compliance & conducts regulatory QA
  - Submits relevant documents to the corresponding regulator
  - Fulfills Q&A and/or manages non-compliance filings with the regulator, as needed

  Therefore, a Regulatory Notice Dashboard that tracks and monitors not only the volume of regulatory notices but also the status of each notice is essential to ensuring timely and effective compliance with all regulatory and contractual requirements. Below is the first draft of the Regulatory Notice Trending Dashboard, which currently focuses on tracking notice volume over time. The ultimate goal is to expand this dashboard to also track and monitor the status of each regulatory notice, in addition to overall volume.





2. Program Integrity & Fraud, Waste and Abuse Prevention Program

Our Fraud, Waste, and Abuse (FWA) Prevention Program is designed to prevent, detect, and correct improper activities that could harm members, providers, or program integrity. The program includes policies, mandatory training, data monitoring, auditing, and processes for reporting and investigating suspected FWA. We partner with internal teams, delegated entities, and regulators to ensure timely identification of risks and implementation of corrective actions. This program helps safeguard financial resources, uphold regulatory requirements, and protect the integrity of our health care services. As such, we perform regular FWA prevention analyses and FWA investigations for irregular billing practices observed and complaints received.

- **Mandatory Compliance Training**
  Between January 1, 2025, and December 31, 2025, a total of 44 FWA incidents were received and investigated. Fifteen (15) cases were closed during the same period. Per contractual requirements, CCHP is required to file these FWA cases with DHCS within 10 business days. During the same period of time, 40 credible FWA cases were filed with DHCS. Untimely filing was noted in 11% (4) cases. Below tables outline the FWA incidents in more detail.

  Table 1: Cases Received and Closed by Month for Reporting Period 1/1/25 – 12/31/25

	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC	Total
Received	1	0	1	1	4	5	7	7	5	6	5	2	44
Closed	0	0	0	2	1	1	2	1	2	2	4	0	15

  We monitor and track the timely filing of our FWA incidents as well as the types of cases in question. Based on the monitoring results, we remediate our processes for any deficiencies. Tables 2 and 3 summarize FWA statuses and results for Calendar Year 2025.

  Table 2: Timely Regulatory Reporting of FWA Incident for Reporting Period 1/1/25 – 12/31/25

Filing Status	Count	% of Total
Timely Filing *(within 10 working days of incident)*	33	89%
Untimely*	4	11%
N/A (Reported by DHCS) – not factored into the % calculation	7	N/A
Total	**44**	**100%**

  Table 3: FWA Case Type (Closed Cases) for Reporting Period 1/1/25 – 12/31/25

Filing Status	Count	% of Total
Services Not Rendered	2	13%
Medically Unnecessary Services	1	6%
Not FWA	12	80%
Total	**15**	**100%**

- **Federal Initiatives on Fraud, Waste & Abuse**
  On January 8, 2026, President Trump announced the creation of the Department of Justice's new "Division for National Fraud Enforcement". The Division is designed to enforce federal criminal and civil laws against fraud affecting:
  - Federal government programs and federally funded benefits
  - Businesses and nonprofits
  - Private citizens nationwide

  It aims to coordinate multi-district and multi-agency fraud investigations, develop national enforcement priorities, and recommend legislative and regulatory reforms to address systemic vulnerabilities. While the division has a nationwide mandate, the rollout was catalyzed by alleged fraud scandals in Minnesota involving government programs, prompting heightened federal enforcement resources there. The creation of this division signals an expanded federal focus on fraud enforcement, especially in areas involving government funds and benefits, and reflects a shift toward more centralized, high-priority national fraud prosecutions.

Following this announcement, the Administrator for CMS, Dr. Mehmet Oz, issued a letter to Governor Newsom on January 27, 2026. In this letter, Dr. Oz shared concerns regarding the Medi-Cal program, its expenditures, and expansion of coverage. The letter also touched on the FWA activities that have been the focus in Minnesota and requested California provide a description of its activities to address those high-risk services. The letter also requested a comprehensive program integrity action plan addressing the following categories and the state has 21 days from receipt of the letter to respond:

- Fraud, Waste, Abuse, and Improper Payments
- Eligibility Determination and Immigration Status Controls
- Provider Screening, Enrollment and Validation
- Program Integrity Infrastructure and Accountability
- IHHS- Program Specific Oversight

"FWA & Improper Payments – Program Level Oversight" is featured prominently in this letter with 14 categories of concerns directed towards DHCS oversight responsibilities of Medi-Cal Managed Care Plans (MCP). In summary, the topics are:

1. Establish threshold dollar targets for MCPs fraud recoveries
2. Case referral tracking over 5-year period
3. Medicaid Fraud Control Unit (MFCU) referrals over a 5-year period
4. MCP per capita rate of recovery
5. Service type and geographical consideration identification
6. Monetary recoveries tracking
7. MCP internal controls to identify and recover fraudulent payment
8. Focus on 14 high-risk services identified in MN
9. Validate encounter data reflecting services delivered
10. Immigration enumerators for Medi-Cal eligibility
11. Medi-Cal enrolled provider verification
12. Medi-Cal provider enrollment forms over a 5-year period
13. Payment suspension for credible allegations of fraud over a 5-year period
14. Audit MCP FWA program and its adherence to the federal laws and regulations

The 14 high-risk services (#8 above) that have been the focus in Minnesota are listed below:

1. Adult Companion Services
2. Adult Day Services
3. Adult Rehabilitative Mental Health Services
4. Assertive Community Treatment
5. Early Intensive Developmental and Behavioral Intervention
6. Housing Stabilization Services
7. Individual Home Supports
8. Integrated Community Supports
9. Intensive Residential Treatment Services
10. Night Supervision
11. Non-Emergency Medical Transportation (NEMT)
12. Peer Recovery Services
13. Personal Care Assistance/Community First Services and Supports
14. Recuperative Care

All topics above impact CCHP's FWA program with the exception of #10 and possibly #12 above. We believe this will lead to more intensified scrutiny from both state and federal regulators. CCHP has put in place an action plan as part of the Compliance PIW effort to enhance our current FWA program already. The action plan includes, but are not limited to:

- Continuous monitoring and auditing of our Enhanced Care Management (ECM) and Community Support Services (CSS) providers.
- Initiated data mining activities related to the 14 high-risk services identified in the letter in addition to the regular data mining activities.
- Timely filing of suspected FWA incidents and include Medicaid Fraud Control Unit (MFCU) referrals.
- Collect overpayment at risk and recoupment amount per case.
- Identify business process gaps and work with business leads to bridge gaps, e.g., implement a policy to validate claims/encounter data reflecting services delivered, provider verification & exclusion monitoring, credentialing/recredentialing, delegation oversight, etc.
- Implementing a formal FWA Program and its governing committee structure

Shortly after the issuance of this letter, CCHP received five (5) letters from the DHCS Audits and Investigations Division, which requested claims data for different providers where in the previous quarter, no requests were received.

3. Privacy, Security & HIPAA Compliance

Our HIPAA Privacy Program is designed to protect member information, ensure compliance with federal and state regulations, and safeguard members' Protected Health Information (PHI), Personally Identifiable Information (PII), and other confidential information relevant to privacy laws. The Program establishes policies, workforce training, ongoing monitoring, incident response procedures, and risk-based security controls to prevent unauthorized access, use, or disclosure of protected information. It also ensures we continuously evaluate risks, strengthen safeguards, and maintain transparency with regulators and stakeholders. Together, these efforts help maintain member trust and support the organization's commitment to securing confidential information and adherence with regulatory requirements.

Between January 2025 and December 2025, we received and investigated a total of 43 cases. Of the 32 cases investigated that required reporting to DHCS, 27 (84%) cases were reported timely within 24 hours of discovery while 5 (16%) were reported untimely. Cases that do not require reporting to DHCS include internal errors and patient requests. To date, 98% of the HIPAA incidents reported did not result in any reportable breach. The only incident that required additional remediation effort took place with one of our delegates, which impacted 244 Commercial members. The incident involved a data processing error which resulted in our members' PHI being sent to another health plan client. The file containing our members' PHI was deleted by the receiving plan and the delegate confirmed that the deficiency was remediated on July 22, 2025. Tables below summarize the HIPAA investigation monitoring activities between January 2025 and December 2025.

Table 4: DHCS Regulatory Reporting of HIPAA Incidents for 01/01/25 – 12/31/25

Report within 24 Hours	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC	Total
Not Timely	1		1		1	1		1					5
Timely	7	5	1	1	3	1	4		1		2	2	27
Not Reported			1		2					3	2	3	11
Grand Total	**8**	**5**	**3**	**1**	**6**	**2**	**4**	**1**	**1**	**3**	**4**	**5**	**43**

Table 5: Internal Reporting Delays between Breach Date and Compliance Receipt Date

Internal Reporting Delays	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC	Total
Not Timely	1		1		2	1		1				2	8
Timely	7	5	2	1	4	1	4		1	3	4	3	35
Grand Total	**8**	**5**	**3**	**1**	**6**	**2**	**4**	**1**	**1**	**3**	**4**	**5**	**43**

Table 6: HIPAA Incident by Breach or No Breach Categories

	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC	Total
Breach					1							-	1
No Breach	8	5	3	1	5	2	4	1	1	3	4	5	40
Members Impacted	8	5	3	12	256	6	5	1	1	3	4	5	309
Total	**8**	**5**	**3**	**1**	**6**	**2**	**4**	**1**	**1**	**3**	**4**	**5**	**43**

4. Internal Audits & Investigations

We plan to design and implement an Internal Audit Program between Q4 2026 and Q2 2027.

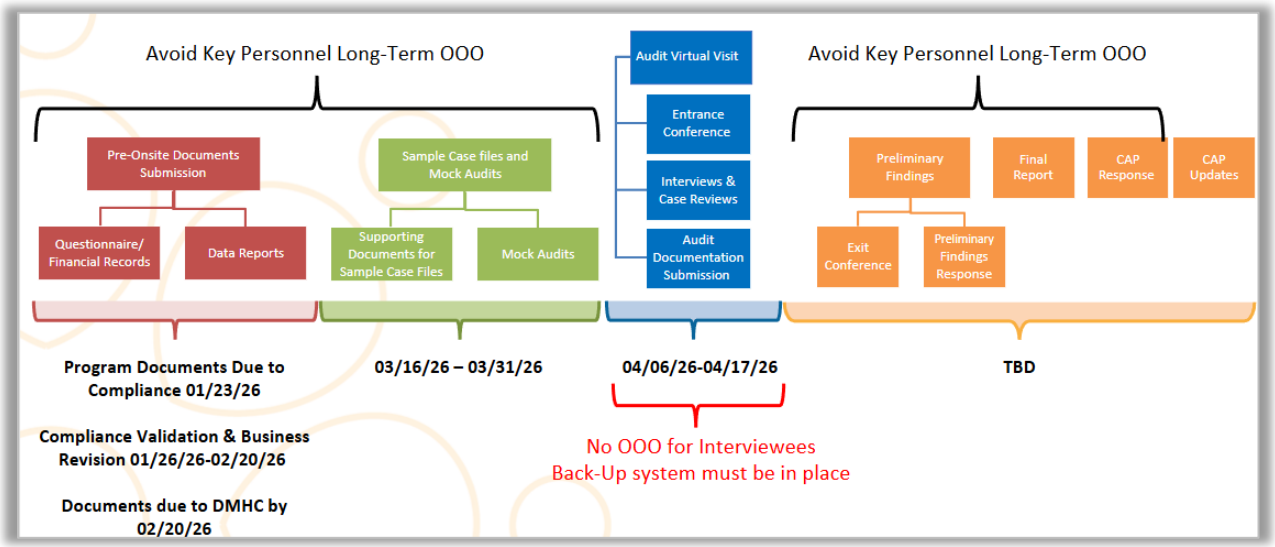
5. Policies & Culture of Compliance

Policy Review: We are currently developing & implementing a Policy Management Program (PMP) including the establishment of a Policy Management Committee (PMC) between Q1 2026 and Q3 2026 as part of the CPIW effort. While we establish a PMC, Compliance Committee will continue to review and approve new and revised policies. Four additional policies have been submitted for review and approval in the February Compliance Committee on 2/6/26. The policies are listed below:

Compliance	COMP 3.006	Anti-Fraud Program Policy	Revised	Updated policy to remove definitions and streamline to
Compliance	N/A	CCHP FWA Plan	New	New FWA Plan
Compliance	COMP 3.XXX	Key Personnel	New	Policy confirming required process for notifying regulators of key personnel changes.
Business Operations	BOPS 1.059	Professional Development Participation	New	Policy establishing a clear process for requesting, reviewing and approving employee participation in training, conferences and other professional development activities.

6. Regulatory Audits

- **2026 DMHC Financial Audit**
  Compliance program managers are communicating regularly with responsible department leads and monitoring progress of the preparation of required documents and information. Compliance has built in internal due dates that allows for ample time to provide quality assurance review and before final submission to DMHC. The overall audit process and timeline are summarized below:



The first mock audit was conducted on 2/5/26 focusing on claims processing. The overall health of the project is currently at risk due to competing priorities within the Claims and Finance departments in addition to data issues, which may impact timely submission of Pre-Audit Documentation. This is being mitigated by reprioritizing work to ensure DMHC submission timeline (2/23/26) is met. The audit team has identified the following risk and mitigation plan to ensure that we are able to meet the regulatory timeline.

- **2026 CMS Triennial Network Adequacy Review**
  CCHP was notified by the Centers for Medicare & Medicaid Services (CMS) on January 6, 2026, for a "formal" Triennial Provider Network Adequacy Review, as required under § 422.116 and described in the Medicare Advantage and Section 1876 Cost Plan Network Adequacy Guidance (last updated in December 2024). Per the notice, we will receive instructions regarding how to begin the formal review by uploading the entire network for this contract into CMS' Network Management Module (NMM) for an Automated Criteria Check (ACC) and additional instructions on submitting exception requests after the ACC is completed.

  In addition to the "formal" review in June 2026, CMS also offered the opportunity to several California Managed Care Plans (MCPs), including CCHP, to participate in a voluntary network review prior to the actual review in June 2026. CCHP has accepted to proceed with the "informal" CMS review. Health Service Delivery (HSD) tables were submitted to the CMS portal on 1/21/26. On 1/23/26, the Plan received the ACC report which identified several gaps. The network gaps identified are related to specialty provider and facility networks as listed in the table below:

Network Type	Specialty
Provider	• Neurosurgery • Psychiatry • Vascular Surgery • Clinical Psychology
Facility	• Acute Inpatient Hospitals • Cardiac Catheterization Services • CCU/ICU • Surgical Services • Speech Therapy • Inpatient Psychiatric Facility Services

Provider Contracting and supporting teams are working with Compliance on bridging the identified gaps and preparing for the next steps in the upcoming "formal" review in June 2026.

- **2026 DMHC Medical Loss Ratio (MLR) Audit**
  On January 13, 2026, the Department of Managed Health Care (DMHC) issued a Notification Letter which informed the Plan of DMHC's intention to conduct a routine examination of Plan's Annual MLR Reporting Form for the 2024 reporting year. The Finance Department is leading this technical audit and participated in the DMHC Entrance Conference on 1/22/26. This audit is focused on the Commercial line of business only.

7. Risk Assessment & CAP Tracking

- **2024 Medical Survey CAP Status Update**
  As previously reported, there were a total of 19 deficiencies identified from the 2024 DHCS Medical Survey. Of the 19 deficiencies identified, one remaining deficiency, "2.6 ECM assessment is not comprehensive", is still being remediated along with our ECM providers. This remediation process is long and arduous due to ECM providers:
    - Lack of knowledge in Medi-Cal program requirements
    - Lack of resources to fulfill the CAP timely

  To mitigate, Compliance and business unit are closely monitoring each ECM provider to ensure that they provide monthly update of progress and submit supporting documentation to the Plan timely until deficiency is remediated.

- **2025 DHCS Medical Survey**
  The Exit Conference was held on February 5, 2026. DHCS has shared their draft report that identifies ten (10) preliminary findings. Several deficiencies identified have already been remediated. Next steps will be for Compliance to work with each business lead to collect evidence of compliance or implement a remediation action plan and submit our "Audit Report Response" to DHCS by February 20, 2026. We expect to include the final results in our next quarterly report.

8. Enforcement Matters

DMHC Enforcement Matter 23-348: As reported in our last monthly update, the Plan received a Letter of Admonishment along with a Letter of Agreement requiring a Corrective Action Plan (CAP) and payment of an administrative penalty of $40,000. The Plan accepted the administrative penalty as assessed. The check was issued by the County Auditor's Office and was sent to DMHC on January 6, 2026. The Plan submitted the requested CAP responses timely on January 29, 2026.

9. Compliance Performance Improvement Workgroup Update

Starting in the November 2025 Staff Report, Plan has started providing a progress update related to the Compliance Performance Improvement Workgroup initiative. Compliance PIW continues to leverage the 7 Elements of an Effective Compliance Program as the guiding principles to establish an effective compliance program enabling an organization-wide culture of compliance and audit readiness.

Starting with this report, we will be updating the PIW progress by category. The update will primarily focus on current initiatives and ongoing projects. Additional updates will be included in future reports as we take on additional initiatives or projects. In summary, the table below outlines the overall status of current initiatives and ongoing projects.

The CPIW team determined that it may not be able to achieve the "staffing level" metric outlined under PIW 1.0 due to federal budget cut. Therefore, it is noted in the red status currently. For PIW II.0, due to the delay in contract execution, CPIW team anticipates its inability to meet one of the technology solutions go live date outlined in the metric.

Initiative/Project	Timeline	Status*
PIW I.0 Implement Effective Organizational Structure & Staffing level	Q1/26 - Q4/26	50% Complete
PIW III.01 Implement Effective Compliance Program for All LOBs including III.02 Compliance Leadership & Governance	Q3/25 – Q4/26	63% Complete
PIW III.01 Implement a Policy Management Program (PMP)	Q1/26 – Q3/26	33% Complete
PIW III.03 Develop & Conduct Effective Compliance Training & Education	Q1/26 – Q2/27	14% Complete
PIW III.05 Develop & Implement an Effective Lines of Communication	Q4/25 – Q4/26	0% Complete
PIW II.0 Implement Technology Solutions	Q3/25 – Q4/27	33% Complete
PIW III.04 Enforce standards through well-publicized disciplinary guidelines	Q2/26 – Q3/26	TBD
PIW III.06 Conduct internal monitoring and auditing	Q1/26 – Q2/27	TBD
PIW III.07 Respond promptly to detected offenses and undertake corrective action	Q1/26 – Q2/27	TBD

*% Completion = Total Number of Completed Milestones ÷ Total Number of Milestones per Initiative or Project.

10. Regulatory & Contract Updates - Issue Dates: December 26, 2025, to Present

Number	Title or Subject	Issue Date	Executive Summary
DHCS APL 26-002	Medi-Cal Managed Care Plan Responsibilities for Non-Specialty Mental Health Services (Supersedes APL 22-006)	02/02/26	DHCS clarifies Medi-Cal managed care plan responsibilities for providing and arranging Non-Specialty Mental Health Services (NSMHS) and outlines mental health parity requirements for initial assessments. • Effective April 1, 2026, providers must use only DHCS-approved tools when a youth trauma screening is necessary to identify eligibility for Specialty Mental Health Services • Managed Care Plans must provide or arrange for Non-Specialty Mental Health Services, including psychotherapy and psychiatric consultations, for specified member populations, including those under 21 years of age • Managed Care Plans must not require prior authorization or a Primary Care Provider referral for a member to receive an initial mental health assessment from a network provider • Managed Care Plans must ensure effective care coordination with the County Mental Health Plan for members receiving specialty mental health services, including medication reconciliation and transitional care services.
DHCS APL 26-001	Initial Health Appointment	01/01/26	DHCS updates Initial Health Appointment (IHA) requirements for all Medi-Cal managed care members, replacing the Initial Health Assessment and removing the IHEBA/SHA components. • Managed Care Plans must ensure an Initial Health Appointment (IHA) is completed for all members by a provider in a primary care setting and documented in the member's medical record. • The IHA must include a member's physical and mental health history, risk identification, assessment for preventive services, health education, and a diagnosis and treatment plan for any diseases. • Plans must review their policies and procedures to comply with this guidance, ensure subcontractor and provider compliance, and are subject to enforcement actions for non-compliance.
DHCS APL 25-017	2025-2027 Medi-Cal Managed Care Health Plan MEDS/834 Cutoff and Processing Schedule	12/26/25	DHCS has released the critical 2025-2027 MEDS/834 cutoff and processing schedule, which all Medi-Cal managed care plans must follow to ensure timely eligibility processing and payments. • Medi-Cal managed care plans must adhere to the enclosed 2025-2027 MEDS/834 cutoff and processing schedule to ensure timely eligibility processing and payments. • Plans must notify the Managed Care Operations Division Systems Support Unit of any MCP/MEDS/834 changes via email prior to the 15th of any given month.

Number	Title or Subject	Issue Date	Executive Summary
			• Where applicable, plans must submit all enrollments and disenrollments on a daily basis to allow for adequate processing time by DHCS.
DMHC APL 26-002	Delegation of Risk for COVID-19 Testing or Immunizations. Applicability of SB 510 (Pan, 2021) to Medi-Cal Managed Care Plan)	01/15/26	Plans must negotiate with and obtain agreement from providers before delegating the financial risk for COVID-19 testing and immunizations, with specific rules outlined for Medi-Cal plans. • Health plans are prohibited from delegating the financial risk for COVID-19 testing or immunizations to a provider unless the parties negotiate and agree upon a new contract provision for that purpose. • For COVID-19 services with dates of service prior to June 30, 2025, Medi-Cal managed care plans must comply with the prohibition on delegating financial risk without a specific, negotiated agreement. • For dates of service on or after June 30, 2025, Medi-Cal managed care plans are exempt from this rule and must instead cover COVID-19 services in accordance with guidance from the Department of Health Care Services (DHCS).
DMHC APL 26-004	Plan Year 2027 QHP, QDP, and Off-Exchange Filing Requirements	01/30/26	DMHC provides guidance on Plan Year 2027 filing requirements for all individual and small group health and dental plans, both on and off the Covered California exchange. • The Department holds primary responsibility for the regulatory review and good standing recommendations for Qualified Health Plans and Dental Plans offered through Covered California. • Health plans offering non-grandfathered products outside of the Exchange must secure Department approval for all necessary filings, including benefit design and rates. • All health plans must review the checklists and attachments on the Department's website for detailed PY 2027 regulatory requirements, deadlines, and expectations.
DMHC APL 26-003	Large Group Notice Requirements	01/29/26	The DMHC clarifies mandatory content and timing for large group renewal notices, including specific rate comparisons and information on how contract holders can request a rate review. • Health plans must deliver written notice of any premium or coverage changes to large group contract holders at least 120 days before the contract renewal effective date. • Renewal notices must include a statement comparing the proposed rate change against average increases for Covered California, CalPERS, and the large group market using state-provided figures. • Notices must also provide information on how contract holders can request a rate review from the DMHC and how to obtain the plan's required rate filing information.

Number	Title or Subject	Issue Date	Executive Summary
DMHC APL 26-001	National Committee for Quality Assurance Accreditation Compliance Filing	01/02/26	Health plans must submit documentation proving NCQA accreditation to the DMHC by February 2, 2026, to comply with state law; this letter outlines the specific filing requirements and process. • Health plans must submit a Health Equity and Quality filing to the DMHC via its e-Filing Web Portal to demonstrate compliance with the state-mandated NCQA accreditation requirement. • The filing must include a completed NCQA Accreditation Compliance Form, an Exhibit E-1 summary with specific affirmations, and supporting documentation such as an NCQA Decision Letter. • Plans must affirm that all applicable Commercial and Exchange products and delegated functions are NCQA-accredited and provide explanations for any that are not.
DMHC APL 25-021	Implementation of Senate Bill 729 (2024)	12/30/25	Full-service commercial plans must provide or offer coverage for infertility diagnosis and treatment for contracts issued, amended, or renewed on or after January 1, 2026, to comply with SB 729. • Large group health plans shall cover, and small group health plans shall offer the diagnosis and treatment of infertility and medically necessary fertility services effective January 1, 2026 • Health plans must provide coverage for infertility treatment without discrimination based on characteristics such as age, domestic partner status, gender identity, or sexual orientation • Coverage must include specific services such as limited retrieval attempts and five years of cryopreservation, and plans shall not deny coverage based solely on prior elective sterilization • Plans must include mandatory disclosure language in Evidence of Coverage forms and provide enrollees with written notices regarding cryopreservation storage periods.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1051 **Agenda Date:** 3/17/2026 **Agenda #:** C.96.

To: Board of Supervisors

From: Dr. Grant Colfax, Health Services Director

Report Title: Contra Costa Health Plan Quality and Health Equity Committee Activities Report (October - December 2025)

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ACCEPT the Contra Costa Health Plan (CCHP) Quality Improvement and Health Equity Committee (QIHEC) Activities Report for Quarter 4 (Q4) of Calendar Year 2025, in accordance with Department of Health Care Services (DHCS) contract requirements and as recommended by the CCHP Joint Conference Committee (JCC).

FISCAL IMPACT:
There is no fiscal impact for this action.

BACKGROUND:
CCHP is required to implement and maintain a Quality Improvement and Health Equity Committee (QIHEC). The QIHEC is led jointly by CCHP's Medical Director (or designee) and CCHP's Chief Health Equity Officer and must include participation from a broad range of network providers.

The QIHEC is responsible for directing and overseeing all Quality Improvement and Health Equity program activities. On a quarterly basis, CCHP is required to submit a written summary of QIHEC activities to its Governing Board, DHCS, and make these reports publicly available on its website. Attachment A - Quality Improvement and Health Equity Committee Quarterly Report is included.

During Q4, CCHP advanced significant work across the National Committee for Quality Assurance (NCQA) accreditation, compliance audits, quality measurement, and population health. CCHP successfully submitted all documentation for the NCQA Health Plan Accreditation ahead of the December 9 deadline. Initial issues that were identified during initial review were resolved satisfactorily. File review is to take place in February, with final results expected by the end of Q1. The health plan also submitted the Corrective Action Plan for MY2023 Health Equity and Quality Measure Set (HEQMS) to the California Department of Managed Health Care (DMHC). CCHP analyzed the results of the Extension for Community Healthcare Outcomes (ECHO) survey, which showed improved satisfaction across multiple domains, and has completed fielding of the Case Management and Language Access Surveys. Results of these surveys will be forthcoming.

Performance Improvement Projects continued with measurable outreach results: nearly 300 calls for well-care visits (5.6% completion), 1,217 calls for cervical cancer screening (8.5% completion), and targeted outreach for African American and Pacific Islander members. Additional efforts included lead screening outreach for

children under age two and biweekly case reviews under the Institute for Healthcare Improvement (IHI)-Behavioral Health Collaborative with Contra Costa Behavioral Health, Public Health, and Kaiser Permanente.

Provider engagement remained strong, with distribution of provider-specific quality rate sheets, quarterly training sessions, and seven quality-focused meetings with major provider groups. CCHP partnered with Contra Costa Regional Medical Center on ambulatory redesign projects, including support for a nurse-led asthma clinic and pre-visit screening recommendations. Patient safety activities included ongoing monitoring of Potential Quality Issues, Provider Preventable Conditions, and completion of Facility Site and Medical Record Reviews.

CONSEQUENCE OF NEGATIVE ACTION:
Failure to accept the QIHEC Quarterly Report would prevent CCHP from meeting its contractual obligation with DHCS and impact CCHP's compliance standing.

Quality Improvement and Health Equity Committee (QIHEC) Quarterly Report

Report Period: October 1, 2025 – December 31, 2025

1. Meeting Dates and Main Topics Covered

October 14, 2025: Quality Council

- **Senior Medical Director Update.** The Senior Medical Director shared that CCHP began D-SNP enrollment on October 15, 2025, with coverage starting January 2026. Model of Care training must be completed by all providers by year-end. Leadership updates included Sunny Cooper as Interim Director of Compliance, and recruitment for multiple positions to support D-SNP implementation.
- **Long-Term Care Quality Monitoring.** The Quality and Health Equity reported out on Long-term care Quality report, with an analysis of Skilled Nursing Facility performance. Findings showed 30% of facilities had survey deficiencies above the state average, and five high-volume SNFs had higher-than-average deficiencies, though most were level 2 (no harm). CMS Care Compare ratings were generally above state averages, but outpatient ED visits and antipsychotic medication use were higher than benchmarks. The LTC Workgroup continues quarterly meetings and targeted training to address gaps in QAPI programs and improve health inspection ratings for low-performing facilities.
- **Potential Quality Issues and Provider Preventable Conditions**: Clinical Quality Auditing Nurses reported 413 PQIs from July 2024 to September 2025, a 24% reduction compared to the prior year. Most PQIs required no action, and only 7% resulted in corrective action plans. There were 18 PPCs in Q3 2025, primarily falls in SNFs.
- **Quality and Health Equity Quarterly Update**: The Director of Quality and Health Equity presented updates on Health Equity Accreditation (final status expected in November), NCQA 4.5-star rating, EQRO PIP submissions, and fielding of multiple surveys including PAAS and Behavioral Health Experience. Outreach efforts included over 20 community events and maternal health initiatives
- **Consent Items.** The Council unanimously approved prior meeting minutes, LTC QAPI report, QIHEC Q3 activities report, UM and ANU statistics, and audit summaries.
- **Policies and Procedures.** The Council approved updates to grievance handling, case management for D-SNP enrollees, immunization, utilization review, and population health management policies.

November 18, 2025: Quality Council

- **Medical Director Update.** The Medical Directors reported on revisions to the Quality Council charter and the merger with the Equity Council to form QIHEC, aligning with DHCS, DMHC, CMS, and NCQA requirements. Voting membership will expand to 12, and Equity Council members will join starting January 2026.
- **Clinical Practice Guidelines. T**he Council reviewed proposed updates to Clinical Practice Guidelines, including adding CDPH advisories and incorporating new 2025 guidelines for acute coronary syndromes, hypertension, and inflammatory bowel disease. Immunization references will align with West Coast Health Alliance standards**.**
- **MY 2024 Commercial Population Report.** The Quality and Health Equity Team presented demographic and clinical data for the Commercial population (6,439 members, older and female-skewed), noting high prevalence of hypertension (38%), obesity (30%), and diabetes (19%). HEDIS results showed 12 of 14 measures above national averages, with improvements in preventive care but slight declines in diabetes measures. CAHPS overall scores exceeded benchmarks, though composite measures revealed access gaps. Grievance rates were higher than state averages, mostly administrative issues, and 71% of appeals were overturned, primarily pharmacy-related.
- **Annual D-SNP Quality Oversight.** The Director of Quality and Health Equity provided updates on Model of Care implementation, chronic care improvement programs, and CMS reporting requirements (HEDIS, CAHPS, HOS)
- **Consent Items.** The Council approved prior meeting minutes, Commercial report, PBM audits, P&T updates, and UM committee minutes.
- **Policies and Procedures.** The Council approved updates to the Quality Council charter, timely access standards, HEDIS reporting, cultural & linguistic services, Model of Care, and utilization review policies..

2. Update on Quarterly Activities in QIHETP Program

Program Structure:

- Convened two Quality Council meetings
- The Joint Conference Committee received and approved the Q2 activities report and sent it to the Board of Supervisors for review and approval.
- Convened Community Advisory Committee (CAC) on December 11, 2025, with topics covering Community Resources and Information, Population Health Management, Population Needs Assessment, Quality Improvement and Health Equity, Plan Marketing Materials and campaigns as well as Carved Our Services.

NCQA Accreditation and Audits

- CCHP received final result of NCQA Health Equity Accreditation and received full accreditation for Health Equity in October.
- CCHP submitted all Health Plan Accreditation documents on December 9th as scheduled, initial result will be available early January.

Measurement, Analytics, Reporting, and Data Sharing

- CCHP submitted the Corrective Action Plan for MY2023 Health Equity and Quality Measure Set (HEQMS) to the Department of Managed Health Care (DMHC) in November.
- The Case Management Survey began fielding during the Q3 reporting period and was completed in Q4.
- The Experiences in Care and Health Outcomes (ECHO) survey has analyzed and results satisfaction in many domains has increased compared to prior administration.
- CCHP rolled out 2025 Language Access Survey to members preferred language other than English to ensure culturally competent care.

Performance Improvement Projects

- Launched round two of the Medi-Cal Behavioral Health Collaborative with partners from Contra Costa Behavioral Health Services and Kaiser Permanente Care without Delay. Started biweekly case conferencing rounds to review missed opportunities for follow-up and determine any root causes.
- Conducted nearly 300 outreach calls to members due for well-care visits with at least 5.6% completing a well-care visit.

WCV Rate at Quarter End	WCV Target (Status)
57.2%	55.4% (MET)

- Conducted over 1217 calls for cervical cancer screening, with 8.5% of members completing a screening.

CCS Rate at Quarter End	CCS Target (Status)
61.0%	52.3% (MET)

- Continued to conduct outreach calls for African American and Pacific Islander members assigned to RMC due for well care visits.
- Completed over 207 calls to members under age two who were due for lead screening.

LSC Rate at Quarter End	LSC Target (Status)
71.0%	70.0% (MET)

Population Health

- CCHP engaged with Contra Costa County Supervisor Diane Burgis, Kaiser Permanente, and Contra Costa County Fire on the Health Literacy Council materials, which aim to reduce ED usage with District 5 residents through an advertising campaign and ambassador program. Program launched as expected in Q4 2025.
- CCHP worked with Health, Housing, and Homelessness (H3) for the upcoming January 1 launch of Transitional Rent as a Community Support service.
- The Transgender, Gender Diverse, or Intersex (TGI) training curriculum was approved by DHCS and DMHC and completed by CCHP all staff. Around 85% of CCHP staff completed newly rolled out Diversity, Equity & Inclusion Training.
- Health Education team started the draft of 2026 Winter Edition of Health Sense, topics included advice nurses and urgent care, options for colorectal cancer screening, timely

access to care, updates regarding transportation services as well as information regarding Care Plus.

- The Health Education team continued to participate in community events and started attending Farmer's market in Richmond and Antioch.
- CCHP engaged with four community-based organizations to roll out CalAIM centers. CCHP currently regularly present at 3 of the CalAIM centers for office hours.
- CCHP began call intervention for the emergency department (ED) utilization reduction project. Conducted preliminary data analysis to monitor implementation.
- Collaborated with the Office of the Director Youth Ambassadors program to implement a program to distribute air purifiers to qualifying members who reside in the Los Medanos Health District.
- CCHP began ingesting California's Medi-Cal Connect data and is in the process of provisioning accounts and doing analysis of the California risk stratification to incorporate into downstream workflows.
- CCHP completed Long-Term Care Quality Monitoring Report and an analysis of the Commercial population. These reports are presented at Q4 County Council meetings.

Patient Safety

- Continued monitoring and investigating Potential Quality Issues, Provider Preventable Conditions, and medical safety incidents.
- Completed scheduled Facility Site Reviews and Medical Record Reviews.
- Publicized Clinical Practice Guidelines in newsletter and provider network training

Provider Engagement

- CCHP distributed provider-specific quality rate sheets to primary care practices which included unique HEDIS scores, timely access survey results, and grievance/complaint data.
- CCHP published health education materials for easy access for all providers to download.
- Conducted quarterly provider network training sessions and quarterly network newsletter.
- Held seven quality meetings with providers (Lifelong, La Clínica, Axis, Brighter Beginnings, Asian Health Services, John Muir, and Stanford Children's) focusing on specific rates and improvement projects.
- Partnered with Contra Costa Regional Medical Center in their Ambulatory Care Redesign improvement projects, joining the Population Health and Alternative Care Delivery workgroups. As part of the Alternative Care Delivery workgroup, CCHP provided support for a nurse-led asthma clinic to better serve patients with moderate to severe asthma. Part of the support efforts for the asthma clinic included input on eligible patient population, services available to CCHP members, and information on best practices other health systems have implemented. The CCHP Health Educator conducted outreach to over 160 patients to schedule patients into the nurse-led clinics and completed appointment reminder outreach. As part of the Population Health workgroup, CCHP provided input and recommendations on pre-visit screenings.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1052 **Agenda Date:** 3/17/2026 **Agenda #:** C.97.

To: Board of Supervisors

From: Ann Elliott, Human Resources Director

Report Title: Contract Extension of Fiduciary Consulting with Wealthspire Retirement, LLC (formerly NFP Retirement) for the County's 457(b) Deferred Compensation Plan

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

APPROVE and AUTHORIZE the Human Resources Director, or designee, to execute a contract amendment with Wealthspire Retirement, LLC, f/k/a NFP Retirement, Inc., to increase the payment limit by $48,500 to a new payment limit of $198,500 and to extend the term through March 31, 2027, to provide fiduciary consulting services for the County's 457(b) Deferred Compensation Plan.

FISCAL IMPACT:

The program is funded through plan participant fees. There is no fiscal impact beyond overhead administration support costs, which are reimbursed annually through the plan.

BACKGROUND:

Wealthspire Retirement, LLC's contract (formerly NFP Retirement, Inc.) was approved on March 21, 2023 in an amount not to exceed $150,000, and includes special conditions, to provide fiduciary consulting services for the County's 457(b) Deferred Compensation Plan, for the period April 1, 2023 through March 31, 2026, with two optional one-year renewals.

Wealthspire Retirement, LLC provides consulting services to assist the County with performance evaluation, measurement allocation and investment strategy for the County's 457 Deferred Compensation plan. Pursuant to the parties' contract, Wealthspire Retirement performs advisory and fiduciary consulting services, including, 1) attendance at meetings; 2) investment management search and selection; 3) investment performance monitoring; 4) investment fee structure review; 5) fiduciary training; 6) administrative services monitoring; and 7) general consulting.

This is the first of the two one-year renewal options negotiated under the contract.

CONSEQUENCE OF NEGATIVE ACTION:

If this amendment is not approved, the County will be not be able to access the expertise and support of Wealthspire Retirement, LLC to assist the County with investment strategies for the County's 457(b) Deferred Compensation Plan.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1053 **Agenda Date:** 3/17/2026 **Agenda #:** C.98.

To: Board of Supervisors

From: Marc Shorr, Information Technology Director

Report Title: Budget Amendment BDA-26-00569

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE Budget Amendment No. BDA-26-00569 authorizing the transfer of $126,061 in appropriations from the Department of Information Technology (0147) to Telecommunications (0060) for security upgrades at hilltop radio communication sites.

FISCAL IMPACT:
This action will increase appropriations by $126,061 in Telecommunications (0060), Microwave Maintenance (2284), and decreases appropriations in Information Technology (0147), Administration (1050). The cost is budgeted in the Department's IT Project Funding for FY 25/26, for upgrades to all hilltop surveillance cameras and associated servers. (100% General Fund - IT Project Supplemental Funding)

BACKGROUND:
The County maintains a network of hilltop radio communications sites that support critical public safety and operational communications infrastructure. As part of an approved Fiscal Year 2025/26 IT Supplemental Project, the Department of Information Technology's Telecommunications Radio Team continued upgrades to the surveillance camera systems and associated servers located at these sites in order to modernize the County's monitoring capabilities and improve overall security.

The project includes the removal of legacy surveillance equipment and installation of modern IP-based security cameras, upgraded video management applications, and server infrastructure to support secure video storage and remote monitoring. These improvements ensure that the County can effectively monitor and protect critical communications assets from vandalism, theft, or unauthorized access.

In addition, project funding will support infrastructure improvements at the Nadeen Peak hilltop communications site, including replacement of the existing generator and conversion of the fuel supply line connection. These upgrades will improve reliability and resilience of the site's backup power system, ensuring uninterrupted operation of critical communications equipment during power outages.

Together, these improvements complete the modernization of the County's hilltop surveillance and supporting infrastructure and enhance the County's ability to safeguard vital communications facilities.

CONSEQUENCE OF NEGATIVE ACTION:

Without these improvements, the County would face increased risk of undetected vandalism, theft, or unauthorized access at critical communications facilities, as well as reduced reliability of backup power systems needed to support continuous operation during power outages. This could compromise the County's ability to monitor, protect, and maintain uninterrupted operation of vital public safety and communications infrastructure.

View Budget Amendment: Budget Amendment: FY 2025-26 - Operating Budget on 02/28/2026 : BDA-26-00569

Company	Contra Costa County
Budget Template	Operating Budget : FY 2025-26 Operating Budget
Budget	FY 2025-26 Operating Budget
Organizing Dimension Type	
Amendment ID	BDA-26-00569
Amendment Date	02/28/2026
Description	Move IT Project Supplemental Funding from Dept of Information Technology (DoIT) to Telecommunication for Hilltop Camera Replacement Project
Amendment Type	Appropriation / Estimated Revenue Adjustment
Balanced Amendment	Yes
Entry Type	Mid-Year Adjustments
Status	In Progress

Budget Amendment Entries

Period	*Ledger Account/Summary	Home Organization	*Cost Center	*Fund	Debit Amount	Credit Amount	Memo	Exceptions
FY 2025-26 Year (FY 2025-26 Operating Budget)	2284:REQUESTED MAINTENANCE	1050 ADMINISTRATION (Home Org)	4295 MICROWAVE MAINTENANCE	100300 GENERAL	$126,061.00	$0.00		
FY 2025-26 Year (FY 2025-26 Operating Budget)	2270:MAINTENANCE - EQUIPMENT	1050 ADMINISTRATION (Home Org)	1050 ADMINISTRATION	100300 GENERAL	$0.00	$126,061.00		

Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Budget Amendment Event	Budget Amendment Event	Step Completed	03/04/2026 06:29:26 PM	03/05/2026	Michelle Colefield	1	
Budget Amendment Event	Review Budget Amendment	Not Required		03/05/2026		0	
Budget Amendment Event	Approval by Department Approver – Budget Amendment	Approved	03/05/2026 08:38:05 AM		Arlene Gutierrez (Department Approver – Budget Amendment)	1	
Budget Amendment Event	Review Budget Amendment	Awaiting Action		03/05/2026	Analiza Pinlac (Budget Specialist (Auditor Office))	3	
					Xia Zhang (Budget Specialist (Auditor Office))		
					Yesenia Campos (Budget Specialist (Auditor Office))		

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1054 **Agenda Date:** 3/17/2026 **Agenda #:** C.99.

To: Board of Supervisors

From: Marc Shorr, Information Technology Director

Report Title: Execute a Contract with Guidehouse Inc.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

APPROVE and AUTHORIZE the Chief Information Officer, or designee, to execute a contract with Guidehouse, Inc., for Workday post-production support for the ongoing operation of Workday Finance, including resolution of production issues and support for continuous improvement initiatives, in an amount not to exceed $780,000 for the period of March 17, 2026, through March 16, 2029.

FISCAL IMPACT:

The cost of this service is included in the department's FY 25-26 budget (100% User Departments).

BACKGROUND:

In April 2023, Contra Costa County (CCC) officially launched its Workday Financial Management System, marking a significant milestone in the County's technology modernization efforts. The implementation replaced a legacy financial system that had been in use for more than 40 years, resulting in improved financial operations, enhanced reporting capabilities, and increased overall system efficiency.

To support the ongoing operation of Workday, the County requires a managed services agreement to provide post-production support, including resolution of production issues and support for continuous improvement initiatives.

At the end of 2025, the Department of Information Technology (DoIT) conducted a Request for Proposals (RFP) for Workday post-production support, through which Guidehouse was awarded the contract. The contract includes a limitation of liability capping Guidehouse's liability at five million dollars.

CONSEQUENCE OF NEGATIVE ACTION:

If this request is not approved, the County may have limited capacity to provide post-production support within the Workday environment, including resolution of production issues and support for continuous improvement initiatives.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1055 **Agenda Date:** 3/17/2026 **Agenda #:** C.100.

To: Board of Supervisors

From: Marc Shorr, Information Technology Director

Report Title: Execute a Contract with ROK Technologies

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

APPROVE and AUTHORIZE the Chief Information Officer, or designee, to execute a contract amendment and extension for with ROK Technologies to increase the payment limit by $780,000 to a new payment limit of $1,165,000 and extend the term through June 30, 2029, to create and configure a cloud deployment and implementation for our Geographic Information Systems ESRI software within our Public Works department and for ongoing cloud monitoring services.

FISCAL IMPACT:

The cost of this product is included in the department's FY 25-26 budget (100% User Departments).

BACKGROUND:

The Department of Information Technology (DoIT) is committed to keeping technology current in order to effectively manage and maintain County systems across supported hardware and software platforms. Geographic Information Systems (GIS) software supports data collection and visualization, spatial analysis, public engagement, and the generation of new insights into the communities the County serves. GIS is also a critical tool used within the County Emergency Operations Center.

This amendment expands the agreement to include the County's Public Works Department and provides for the continued cloud monitoring of County departments.

ROK Technologies was selected through a Request for Proposal (RFP) process several years ago. Since that time, the County's entire GIS infrastructure has been migrated to and is managed within ROK's managed cloud environment, a process that took several years to complete.

The Master Services Agreement includes a limitation of liability capping ROK's liability at the amount of fees paid under the Agreement, and an indemnification from the County to ROK.

CONSEQUENCE OF NEGATIVE ACTION:

If this request is not approved, the County's GIS infrastructure may have reduced access to cloud management and monitoring services, which could influence system reliability, security, and operational effectiveness.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1056 **Agenda Date:** 3/17/2026 **Agenda #:** C.101.

To: Board of Supervisors

From: Marc Shorr, Information Technology Director

Report Title: Execute a Purchase Order with Sirius Computer Solutions, LLC

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

APPROVE and AUTHORIZE the Purchasing Agent, on behalf of the Chief Information Officer to execute a purchase order with Sirius Computer Solutions, LLC (a CDW Company), an IBM reseller, for the purchase of IBM mainframe maintenance and tape storage, in an amount not to exceed $95,000, for the period of April 11, 2026, through April 10, 2027.

FISCAL IMPACT:

The cost of this product is included in the department's FY 25-26 budget (100% User Departments).

BACKGROUND:

The Department of Information Technology's (DoIT's) Technical Services Operations division maintains the County's IBM mainframe computer system, to ensure the reliability, availability, and performance of the mainframe infrastructure which are critical to the county's business operations. Sirius was selected many years ago (via RFP) as the vendor to handle installation of the county's mainframe computer system, which makes them uniquely qualified to provide 24x7x365 hardware maintenance and support. Sirius has a long history of providing IT solutions and services, including mainframe maintenance, and provides a customized solution tailored to the specific requirements of the county. Their experience in working across different industries gives them insights into the specific needs and challenges of mainframe maintenance. Sirius holds certifications and partnerships with major technology providers, including IBM, which is crucial for maintaining and servicing mainframe hardware effectively. These certifications demonstrate their expertise and commitment to quality service.

Sirius's terms and conditions contain a limitation of liability to the total compensation paid or payable to Sirius from the County under this agreement.

IBM's Customer Agreement contains a limitation of liability to the following:

1) Payments referred to in IBM's patent and copyright terms.
2) Bodily injury (including death), and damage to real property and tangible personal property.

3) The amount of any other actual loss or damage, up to greater of $100,000 or the charges for the product or service that is subject of the claim.

This purchase is being made under sole source justification which was signed by Public Works Purchasing on January 27, 2026.

CONSEQUENCE OF NEGATIVE ACTION:

If this purchase is not approved, DoIT operations will have limited ability for hardware and software maintenance of the County's mainframe computer system, which is critical to the County's business operations.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1057 **Agenda Date:** 3/17/2026 **Agenda #:** C.102.

To: Board of Supervisors

From: Marc Shorr, Information Technology Director

Report Title: APPROVE Budget Amendment No. BDA-26-00570

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE Budget Amendment No. BDA-26-00570 authorizing the transfer of $300,000 in appropriations from the Department of Information Technology to the Office of the Sheriff for network infrastructure renewal.

FISCAL IMPACT:
100% General Fund - IT Project Supplemental Funding.

BACKGROUND:
The FY 25/26 budget includes planned IT projects to help modernize and protect the County's information technology infrastructure. Approved projects included $300,000 for Sheriff's Office network infrastructure renewal. DoIT centrally manages approved Supplemental funding for County information technology projects to ensure coordination, standardization, and alignment with enterprise technology strategy. As such, the approved funding for this project was initially allocated to DoIT. DoIT recommends transferring the approved funds to the Sheriff's Office to allow the department to procure and deploy the replacement server and proceed with the refresh of this portion of its technology platform. This upgrade will help ensure the continued stability, security, and performance of critical Sheriff's Office applications while supporting current operational needs.

CONSEQUENCE OF NEGATIVE ACTION:
Failure to approve this budget amendment would delay the Sheriff's Office ability to replace aging virtualization infrastructure that supports critical applications. This delay could impact system performance and postpone the Sheriff's Office transition to DoIT's Enterprise Private Cloud platform for future hosting needs.

View Budget Amendment: Budget Amendment: FY 2025-26 - Operating Budget on 03/05/2026 : BDA-26-00570

Company	Contra Costa County
Budget Template	Operating Budget : FY 2025-26 Operating Budget
Budget	FY 2025-26 Operating Budget
Organizing Dimension Type	
Amendment ID	BDA-26-00570
Amendment Date	03/05/2026
Description	Description Move IT Project Supplemental Funding from Dept of Information Technology (DoIT) to Sheriff's Office for virtualized server modernization
Amendment Type	Appropriation / Estimated Revenue Adjustment
Balanced Amendment	Yes
Entry Type	Mid-Year Adjustments
Status	In Progress

Budget Amendment Entries

Period	*Ledger Account/Summary	Home Organization	*Cost Center	*Fund	Debit Amount	Credit Amount	Memo	Exceptions
FY 2025-26 Year (FY 2025-26 Operating Budget)	2270:MAINTENANCE - EQUIPMENT	1050 ADMINISTRATION (Home Org)	1050 ADMINISTRATION	100300 GENERAL	$0.00	$300,000.00		Warning : - Home Org on Budget Line Not Equal Initiator's Home Org
FY 2025-26 Year (FY 2025-26 Operating Budget)	2479:OTHER SPECIAL DPMTAL EXP	1050 ADMINISTRATION (Home Org)	2512 INFO SVCS	100300 GENERAL	$300,000.00	$0.00		Warning : - Home Org on Budget Line Not Equal Initiator's Home Org

Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Budget Amendment Event	Budget Amendment Event	Step Completed	03/05/2026 09:15:44 AM	03/06/2026	Michelle Colefield	1	
Budget Amendment Event	Review Budget Amendment	Not Required		03/06/2026		0	
Budget Amendment Event	Approval by Department Approver – Budget Amendment	Approved	03/05/2026 11:18:20 AM		Arlene Gutierrez (Department Approver – Budget Amendment)	1	
Budget Amendment Event	Review Budget Amendment	Awaiting Action		03/06/2026	Analiza Pinlac (Budget Specialist (Auditor Office))	3	
					Xia Zhang (Budget Specialist (Auditor Office))		

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
					Yesenia Campos (Budget Specialist (Auditor Office))		

CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 26-1058 **Agenda Date:** 3/17/2026 **Agenda #:** C.103.

To: Board of Supervisors

From: Marc Shorr, Information Technology Director

Report Title: Execute a Purchase order with IBM

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

APPROVE and AUTHORIZE the Purchasing Agent, on behalf of the Chief Information Officer, to execute a purchase order with IBM in an amount not to exceed $4,100 for the renewal of IBM's CL/SuperSession for z/OS software, subject to the terms of IBM's International Program License Agreement, for the period of February 1, 2026, through January 31, 2027.

FISCAL IMPACT:

The cost of this product is included in the department's FY 25-26 budget (100% User Departments).

BACKGROUND:

IBM CL/SuperSession for z/OS is a terminal management solution for mainframe environments. It enables users to access and manage multiple VTAM-based applications from a single 3270 session, improving efficiency and simplifying navigation. Key features include dynamic session switching, multi-window display, centralized control, and integration with enterprise security systems.

IBM's International Program License Agreement (IPLA) caps IBM's liability at the amount paid for the program in question, with a maximum of twelve months' charges if fees are recurring.

CONSEQUENCE OF NEGATIVE ACTION:

If the IBM CL/SuperSession for z/OS Software and Support (S&S) is not renewed, the County may have reduced access to upgrades, security patches, and IBM technical support, which could impact compliance and operational reliability.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1059 **Agenda Date:** 3/17/2026 **Agenda #:** C.104.

To: Board of Supervisors

From: Marc Shorr, Information Technology Director

Report Title: Approve and authorize a purchase order for Microsoft Licensing and Enterprise Enrollment Agreement

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Purchasing Agent, on behalf of the Chief Information Officer, to execute (1) a purchase order with Microsoft reseller Insight Public Sector, Inc., in an amount not to exceed $22,000,000; and (2) a Microsoft Enterprise Enrollment Agreement for Microsoft enterprise software applications for the period of April 1, 2026, through March 31, 2029.

FISCAL IMPACT:
The cost for this purchase will be paid in three annual installments and will be charged to user departments on a per license basis. (100% User Departments).

BACKGROUND:
Contra Costa County relies on Microsoft 365 enterprise licensing to support secure email, collaboration, document management, cybersecurity protections, identity management, and cloud-based productivity tools across County departments.

As part of the Department of Information Technology's (DoIT's) strategic initiative to centralize and standardize enterprise technology procurement, the Department is consolidating Microsoft licensing across additional County departments, including Health Services, under a single enterprise-wide agreement. This approach improves purchasing efficiency, enhances governance, strengthens security posture, and ensures consistent licensing compliance across the organization.

The renewal through Insight Public Sector leverages a competitively awarded public sector purchasing vehicle that provides volume-based pricing, streamlined license administration, enterprise-wide standardization, improved forecasting and cost transparency, and enhanced security and compliance capabilities. By consolidating Microsoft licensing under DoIT's oversight, the County strengthens enterprise governance, reduces fragmented procurement practices across departments, and ensures uninterrupted access to critical Microsoft services while maintaining full licensing compliance.

Microsoft's master agreement number 8084445 contains a limitation of Microsoft's liability to the County for any claim arising out of the agreement to the amount the County paid for the online service during the twelve (12) months before the incident. Under the agreement, the County must defend and indemnify Microsoft from

any claims that County's data in the Microsoft hosted system violates a third party's intellectual property rights, or third-party claims arising from County's use of the online services in a manner that violates the law or damages a third party.

This purchase is being made via sole source justification, which has been approved by County Purchasing.

CONSEQUENCE OF NEGATIVE ACTION:
If this purchase is not approved, the County risks interruption of essential Microsoft services, loss of enterprise security protections, potential licensing non-compliance, and increased costs associated with fragmented or short-term procurement solutions.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1060 **Agenda Date:** 3/17/2026 **Agenda #:** C.105.

To: Board of Supervisors

From: Marc Shorr, Information Technology Director

Report Title: Execute a Contract with AT&T Enterprises, LLC

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

APPROVE and AUTHORIZE the Chief Information Officer, or designee, to execute a contract with AT&T Enterprises, LLC in an amount not to exceed $490,000 to provide professional services to install video conferencing within Health Services Department conference rooms and to provide maintenance for the video equipment for the period of March 17, 2026, through March 16, 2029.

FISCAL IMPACT:

The cost of this contract will be charged to Health Services Department Enterprise Fund I.

BACKGROUND:

The Health Services Department has requested assistance from the Department of Information Technology (DoIT) to facilitate Phase IV of an upgrade to the video conferencing platforms in approximately fourteen (14) conference rooms located in seven (7) Health Services worksite locations. AT&T, through its subcontractor, Interactive Digital Solutions (IDS) LLC, will provide the equipment, the professional services to install the equipment, and a three (3) year maintenance agreement on the equipment.

The upgrade of the video conferencing platforms was initiated to support virtual meetings in response to social distancing requirements during the pandemic. In December 2020, DoIT contacted four audio-visual vendors, including IDS, to obtain information on systems that could be implemented Countywide to facilitate effective virtual face-to-face communication. This project represents Phase IV of the overall initiative to modernize and standardize video conferencing capabilities across the County, and Health Services requested to continue with the selected vendor for this phase to ensure continuity in system design, functionality, and user experience, as well as consistency with previously implemented solutions.

This purchase is being made under a sole source justification that was approved by Purchasing on November 5, 2025.

CONSEQUENCE OF NEGATIVE ACTION:

Not approving this contract could delay important technology improvements and create challenges in maintaining consistent operations and a unified communication infrastructure.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1062 **Agenda Date:** 3/17/2026 **Agenda #:** C.106.

To: Board of Supervisors

From: Alison McKee, County Librarian

Report Title: Contract Amendment with Ax9 Security, Inc.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

APPROVE and AUTHORIZE the County Librarian, or designee, to execute an amendment to the Library's contract with Ax9 Security, Inc. to adjust the Concord Sunday security guard hours to accommodate extended open hours, add Sunday security guard services at San Pablo and Pittsburg libraries, and add a meal penalty rate for Sunday services, with no change to the payment limit or term.

FISCAL IMPACT:

100% Library Fund

BACKGROUND:

On May 20, 2025, the Board of Supervisors approved a Contract with Ax9 Security, Inc for unarmed security services on an as-needed basis at the Martinez, Concord, San Pablo, and Walnut Creek Libraries. The Contract term is July 1, 2025, through June 30, 2028, and the payment limit is $1,510,000.

Due to the self-service Sunday hours at Concord Library extending from 12:00-4:00pm to 12:00-5:00pm, it is necessary to adjust the open hours and security guard hours within the contract. Due to self-service Sunday hours launching at the San Pablo and Pittsburg libraries later this fiscal year, it is necessary to add security guard hours on Sundays at these two locations. The Library is also requesting to add a meal penalty rate to the contract payment provisions, which allows Ax9 Security, Inc. to charge the Library an additional fee to accommodate the Sunday security guards taking their required 30-minute lunch period on the premises. This is necessary because there are no Library staff on the premises on Sundays.

Government Code Section 31000 authorizes the County to contract for services including the services that Ax9 Security, Inc. provides.

CONSEQUENCE OF NEGATIVE ACTION:

If the contract is not approved, the Library Department will not be able to extend the Concord Sunday open hours or provide self-service Sunday hours at San Pablo and Pittsburg.

Contra Costa County
Standard Form L-2
Revised 2014.2

ACKNOWLEDGMENT/APPROVALS Number:
(Purchase of Services – Long Form)

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
)
COUNTY OF CONTRA COSTA)

On _____ (Date),

before me, _____ (Name and Title of the Officer),

personally appeared, _____,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS MY HAND AND OFFICIAL SEAL.

_____
Signature of Notary Public

Place Seal Above

ACKNOWLEDGMENT (by Corporation, Partnership, or Individual)
(Civil Code §1189)

APPROVALS

RECOMMENDED BY DEPARTMENT

By: _____
Designee

FORM APPROVED BY COUNTY COUNSEL

By: _____
Deputy County Counsel

APPROVED: COUNTY ADMINISTRATOR

By: _____
Designee

Contra Costa County
Standard Form L-7
Revised 2014

CONTRACT AMENDMENT AGREEMENT
(Purchase of Services – Long Form)

Number:
Fund/Org:
Account:
Other:

1. **Identification of Contract to be Amended**.

   Number:

   Effective Date: July 1, 2025

   Department: Library

   Subject: Unarmed Security Services at Library

2. **Parties.** The County of Contra Costa, California (County), for its Department named above, and the following named Contractor mutually agree and promise as follows:

   Contractor: Ax9 Security, Inc

   Capacity: A California S Corporation

   Address: 2151 Salvio St. Ste. 260 Concord, CA 94520

3. **Amendment Date.** The effective date of this Contract Amendment Agreement is March 1, 2026.

4. **Amendment Specifications.** The Contract identified above is hereby amended as set forth in the "Amendment Specifications" attached hereto which are incorporated herein by reference.

5. **Signatures**. These signatures attest the parties' agreement hereto:

COUNTY OF CONTRA COSTA, CALIFORNIA

BOARD OF SUPERVISORS	ATTEST: Clerk of the Board of Supervisors
By: _____ Chair/Designee	By: _____ Deputy

CONTRACTOR

Signature A	Signature B
Name of business entity: Ax9 Security, Inc, a California S Corporation	Name of business entity: Ax9 Security, Inc, a California S Corporation
By: _____ (Signature of individual or officer)	By: _____ (Signature of individual or officer)
_____ (Print name and title A, if applicable)	_____ (Print name and title B, if applicable)

Note to Contractor: For corporations (profit or nonprofit) and limited liability companies, the contract must be signed by two officers. Signature A must be that of the chairman of the board, president, or vice-president; and Signature B must be that of the secretary, any assistant secretary, chief financial officer or any assistant treasurer (Civil Code Section 1190 and Corporations Code Section 313). All signatures must be acknowledged as set forth on Form L-2.

Amendment Specifications

In consideration for Ax9 Security, Inc ("Contractor") providing security services at the Concord Library, San Pablo Library, and Pittsburg Library on Sundays during the newly adjusted open hours, to the Contra Costa County Library ("County"), the contract between the Contractor and County, dated July 1, 2025 ("Contract"), is hereby amended, as follows:

1. **Concord Library**. The County Librarian, or designee, shall provide Contractor at least 10 days' advance written notice of a change in security service hours at the Concord Library. As of the date specified in the County Librarian's, or designee's, written notice to the Contractor, Section I(A)(2) (Concord Library) of the Form L-3 (Service Plan) in the Contract shall be deemed deleted and replaced with new Section I(A)(2), to read:

   "2. **Concord Library**. Contractor shall provide security officer services at the Concord Library located at 2900 Salvio Street, Concord, California, 94519, during library open hours as well as fifty (50) minutes prior to opening and fifteen (15) minutes after closing Monday through Saturday. Contractor shall also provide security officer services at the Concord Library on Sundays as described below in Section I(C).

   The Concord Library's weekly hours open to the public are:

Concord Library	Open		Closed
Monday	10:00 AM	to	8:00 PM
Tuesday	10:00 AM	to	8:00 PM
Wednesday	10:00 AM	to	6:00 PM
Thursday	10:00 AM	to	6:00 PM
Friday	9:00 AM	to	5:00 PM
Saturday	9:00 AM	to	5:00 PM
Sunday	12:00PM	to	5:00PM

   Security officer services must be provided during the following hours:

Concord Library	Security Officer Shift Start Time		Security Officer Shift End Time
Monday	9:10 AM	to	8:15 PM
Tuesday	9:10 AM	to	8:15 PM
Wednesday	9:10 AM	to	6:15 PM
Thursday	9:10 AM	to	6:15 PM
Friday	8:10 AM	to	5:15 PM

Initials:_____ _____
Contractor County Dept.

Saturday	8:10 AM	to	5:15 PM
Sunday	11:30AM	to	5:30PM

"

2. **San Pablo Library**. The County Librarian, or designee, shall provide Contractor at least 10 days' advance written notice of a change in security service hours at the San Pablo Library. As of the date specified in the County Librarian's, or designee's, written notice to the Contractor, Section I(A)(3) (San Pablo Library) of the Form L-3 (Service Plan) in the Contract shall be deemed deleted and replaced with new Section I(A)(3), to read:

"3**. San Pablo Library.** Contractor shall provide security officer services at the San Pablo Library located at 13751 San Pablo Ave, San Pablo, CA, 94806, during library open hours as well as fifteen (15) minutes prior to opening and fifteen (15) minutes after closing Monday through Saturday. Contractor shall also provide security officer services at the San Pablo Library on Sundays, as described below in Section I(C).

The San Pablo Library's weekly hours open to the public are:

San Pablo Library	Open		Closed
Monday	10:00 AM	to	8:00 PM
Tuesday	10:00 AM	to	8:00 PM
Wednesday	10:00 AM	to	6:00 PM
Thursday	10:00 AM	to	6:00 PM
Friday	9:00 AM	to	5:00 PM
Saturday	9:00 AM	to	5:00 PM
Sunday	12:00 PM	to	5:00 PM

Security officer services must be provided during the following hours:

San Pablo Library	Security Officer Shift Start Time		Security Officer Shift End Time
Monday	9:45 AM	to	8:15 PM
Tuesday	9:45 AM	to	8:15 PM
Wednesday	9:45 AM	to	6:15 PM
Thursday	9:45 AM	to	6:15 PM
Friday	8:45 AM	to	5:15 PM
Saturday	8:45 AM	to	5:15 PM
Sunday	11:30 AM	to	5:30 PM

Initials:_____ _____
Contractor County Dept.

3. **Pittsburg Library**. The County Librarian, or designee, shall provide Contractor at least 10 days' advance written notice of a change in security service hours at the Pittsburg Library. As of the date specified in the County Librarian's, or designee's, written notice to the Contractor, Section I(A) of the Form L-3 (Service Plan) in the Contract shall be deemed amended by adding new subsection 7 (Pittsburg Library) immediately following subsection 6 (Trespass Services), to read:

"7. Pittsburg Library. Contractor shall provide security officer services at the Pittsburg Library located at 80 Power Avenue, Pittsburg, CA, 94565 during library open hours on Sundays as described below in Section I(C).

The Pittsburg Library's weekly hours open to the public are:

Pittsburg Library	Open		Closed
Monday	10:00 AM	to	8:00 PM
Tuesday	10:00 AM	to	8:00 PM
Wednesday	10:00 AM	to	6:00 PM
Thursday	10:00 AM	to	6:00 PM
Friday	9:00 AM	to	5:00 PM
Saturday	9:00 AM	to	5:00 PM
Sunday	12:00 PM	to	5:00 PM

Security officer services must be provided during the following hours:

Pittsburg Library	Security Officer Shift Start Time		Security Officer Shift End Time
Sunday	11:30 AM	to	5:30 PM

"

4. **Self-Sunday Services**. The County Librarian, or designee, shall provide Contractor at least 10 day's advance written notice of a change in security service hours on Self-Service Sundays at the Concord, San Pablo, and Pittsburg Libraries. As of the date specified in the County Librarian's, or designee's, written notice to the Contractor, Section I(C) of the Form L-3 (Service Plan) of the Contract shall be deemed deleted and replaced with new Section I(C), to read:

"C. Self-Service Sundays at the Concord, San Pablo, and Pittsburg Libraries. Contractor shall schedule one security officer each at the Concord, San Pablo, and Pittsburg Libraries during the hours specified in Sections I(A)(2), I(A)(3), and I(A)(7) for Self-Service Sundays. Self-Service Sundays are the Library's self-service operating hours during which no regular library staff will be on site ("Self-Service Sundays"). During Self-Service Sundays, the assigned security officer shall comply with the following duties and expectations at the Concord, San Pablo, and Pittsburg Libraries:

1. Arrive thirty (30) minutes prior to the library opening and leave thirty (30) minutes after

Initials:_____ _____
Contractor County Dept.

the library closes.

2. Remain on premises during the entire Self-Service Sunday shift. County shall pay Contractor a meal penalty fee ("Meal Penalty") at the rates set forth in Section II (Payment Provisions) for every 30-minute lunch period taken on premises, which shall only occur once per shift regardless of the length of the shift, and in addition to the hourly rate.

3. Enter through the building's designated Sunday staff entrance.

4. Disable the building's entry alarm using a code provided by Library staff.

5. Turn on all lights in the public areas of the building before public hours begin.

6. Close and lock gates to secure the staff area.

7. Before public hours begin and after public hours conclude, walk through the interior of the building to confirm no issues or irregularities. Report any issues or irregularities to the Library on-call manager by telephoning the manager at the contact number listed in the Self-Service Sundays Security Manual, which is provided by the Library and located in a binder at each Self-Service Sundays library.

8. Check the exterior perimeter of the building, including the entry pin pad, and clear pathways of any loitering persons, debris, or obstructions.

9. Check that library equipment is in working condition (e.g. self-check and catalog computer/tablet, self-service pin pad, receipt printers)

10. Be familiar with the Contra Costa County Library's Patron Conduct Policy, which is attached hereto as Attachment A.

11. Be familiar with the Self-Service Sundays Security Manual, which is provided by the Library and located in a binder at each Self-Service Sundays library.

12. During public hours, walk the interior of building at least two times per hour. Check that all aisles and walkways are clear of debris and obstructions.

13. During public hours, walk the exterior of building at least one time each hour. Check that all pathways are clear of loitering people, debris, and obstruction.

14. For the duration of the shift, continually report any new or developing issues or irregularities, including but not limited to, power outages, Wi-Fi outages, plumbing or electrical issues, to the Library on-call manager by telephoning the manager at the contact number listed in the Self-Service Sundays Security Manual.

15. In the event that a security officer observes a behavior that disturbs the normal functioning of the library location, the security officer shall follow the protocol described in Section I(B)(5), above.

16. Place out of order signs on library equipment as needed (signs will be provided by the

Initials:_____ _____
Contractor County Dept.

Library and located in the Self-Service Sundays Security Manual).

17. At closing time, check all areas internal areas of the building to confirm that everyone has left the library.

18. Complete a DAR at the end of the shift, prior to leaving for the day.

19. At the end of the shift, prior to leaving, turn off all lights in building and lock all exterior-facing doors.

20. At the end of the shift, prior to leaving, turn on the building's entry alarm.

21. Confirm all building entrances are secured and locked before leaving the building. Once out of the building, reconfirm all building entrances are locked."

5. **Notification of Late or Absent Officers**. Section I(D)(2) of the Form L-3 (Service Plan) is hereby deleted and replaced with a new Section I(D)(2), to read:

"2. Notify the assigned library location manager or designated person in charge at or before the beginning of the regularly scheduled shift if a regularly assigned officer will be absent or late, and inform Library staff of relevant details regarding a substitute security officer, including the name and anticipated arrival time of the substitute security officer. This notification shall be made by telephoning the library manager or person in charge of the affected location at the phone number listed below:

i. Concord Library: 925-646-5109
ii. Martinez Library: 925-646-9921
iii. Pittsburg Library: 925-427-8441
iv. San Pablo Library: 510-374-3999
v. Walnut Creek Library: 925-977-3355"

6. **Payment Provisions**. Section II of the Form L-3 (Service Plan) is hereby deleted and replaced with new Section II, to read:

"II. Payment Provisions. In consideration for Contractor's performance of services under this Contract, the County will pay Contractor pursuant to the procedure outlined in Section 2 of the Form P-1 (Payment Provisions), and according to the following hourly rate schedule, for all services actually performed by the Contractor's security officer personnel, not to exceed a total Contract Payment Limit of $1,510,000 during the term of this Contract:

A. Effective Date of this Contract, through December 31, 2025:

i.	Regular Hourly Rate:	$34.10
ii.	Overtime/Holiday Hourly Rate:	$51.15
iii.	"On-Call" Hourly Rate:	$34.10 (six hour minimum)
iv.	Meal Penalty	$34.10 per penalty

B. January 1, 2026, through December 31, 2026:

Initials:_____ _____
Contractor County Dept.

i. Regular Hourly Rate: $35.12
ii. Overtime/Holiday Hourly Rate: $52.68
iii. "On-Call" Hourly Rate: $35.12 (six hour minimum)
iv. Meal Penalty $35.12 per penalty

C. January 1, 2027, through December 31, 2027:

i. Regular Hourly Rate: $36.17
ii. Overtime/Holiday Hourly Rate: $54.26
iii. "On-Call" Hourly Rate: $36.17 (six hour minimum)
iv. Meal Penalty $36.17 per penalty

D. January 1, 2028, through December 31, 2028:

i. Regular Hourly Rate: $37.26
ii. Overtime/Holiday Hourly Rate: $55.88
iii. "On-Call" Hourly Rate: $37.26 (six hour minimum)
iv. Meal Penalty $37.26 per penalty"

All other terms of the Contract, not changed by this amendment shall remain unchanged and in full force and effect.

Initials:_____ _____
Contractor County Dept.

Docusign Envelope ID: 87973A34-A2A6-4B32-A59A-47763B2E3C7A

Contra Costa County
Standard Form L-1
Revised 2014

STANDARD CONTRACT
(Purchase of Services – Long Form)

Number:
Fund/Org:
Account:
Other:

1. **Contract Identification**.

   Department: Library

   Subject: Unarmed Security Services at Library

2. **Parties.** The County of Contra Costa, California (County), for its Department named above, and the following named Contractor mutually agree and promise as follows:

   Contractor: Ax9 Security, Inc

   Capacity: A California S Corporation

   Address: 2151 Salvio St. Ste. 260 Concord, CA 94520

3. **Term.** The effective date of this Contract is July 1, 2025. It terminates on June 30, 2028 unless sooner terminated as provided herein.

4. **Payment Limit.** County's total payments to Contractor under this Contract shall not exceed

   $ 1,510,000.

5. **County's Obligations.** County shall make to the Contractor those payments described in the Payment Provisions attached hereto which are incorporated herein by reference, subject to all the terms and conditions contained or incorporated herein.

6. **Contractor's Obligations.** Contractor shall provide those services and carry out that work described in the Service Plan attached hereto which is incorporated herein by reference, subject to all the terms and conditions contained or incorporated herein.

7. **General and Special Conditions.** This Contract is subject to the General Conditions and Special Conditions (if any) attached hereto, which are incorporated herein by reference.

8. **Project.** This Contract implements in whole or in part the following described Project, the application and approval documents of which are incorporated herein by reference.

   Unarmed Security Services at Library

Docusign Envelope ID: 87973A34-A2A6-4B32-A59A-47763B2E3C7A

9. **Legal Authority.** This Contract is entered into under and subject to the following legal authorities:

Government Code Sections 31000 and 26227.

10. **Signatures.** These signatures attest the parties' agreement hereto:

COUNTY OF CONTRA COSTA, CALIFORNIA

BOARD OF SUPERVISORS	ATTEST: Clerk of the Board of Supervisors
By: DocuSigned by: Alison Mckee 94FCDDC98F37464... Chair/Designee	By: _____ Deputy

CONTRACTOR

Signature A	Signature B
Name of business entity: Ax9 Security, Inc, a Corporation	Name of business entity: Ax9 Security, Inc, a Corporation
By: Signed by: 77C8FA8BD67C49B... (Signature of individual or officer)	By: Signed by: EBE6E5CB434249B... (Signature of individual or officer)
Mohamed Ahmed Ma Chief Executive Officer (Print name and title A, if applicable)	Hamzah Mohammed HM - Chief Financial Officer (Print name and title B, if applicable.

Note to Contractor: For corporations (profit or nonprofit) and limited liability companies, the contract must be signed by two officers. Signature A must be that of the chairman of the board, president, or vice-president; and Signature B must be that of the secretary, any assistant secretary, chief financial officer or any assistant treasurer (Civil Code Section 1190 and Corporations Code Section 313). All signatures must be acknowledged as set forth on Form L-2.

Docusign Envelope ID: 87973A34-A2A6-4B32-A59A-47763B2E3C7A

Contra Costa County
Standard Form L-2
Revised 2014.2

ACKNOWLEDGMENT/APPROVALS
(Purchase of Services – Long Form)

Number:

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
)
COUNTY OF CONTRA COSTA)

On _____ (Date),

before me, _____ (Name and Title of the Officer),

personally appeared, _____,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS MY HAND AND OFFICIAL SEAL.

_____
Signature of Notary Public

Place Seal Above

ACKNOWLEDGMENT (by Corporation, Partnership, or Individual)
(Civil Code §1189)

APPROVALS

RECOMMENDED BY DEPARTMENT

By: Signed by: Amy Brunson 31C92CEDB051499...
Designee

FORM APPROVED BY COUNTY COUNSEL

By: DocuSigned by: Tiffany Uhri Chu 338CD0E81454432...
Deputy County Counsel

APPROVED: COUNTY ADMINISTRATOR

By: DocuSigned by: Julie Enea FEDB4C3AA420466...
Designee

Docusign Envelope ID: 87973A34-A2A6-4B32-A59A-47763B2E3C7A

PAYMENT PROVISIONS
(Fee Basis Contracts - Long and Short Form)

Number

1. **Payment Amounts.** Subject to the Payment Limit of this Contract and subject to the following Payment Provisions, County will pay Contractor the following fee as full compensation for all services, work, expenses or costs provided or incurred by Contractor:

   [Check one alternative only.]

   ☐ a. $ monthly, or

   ☐ b. $ per unit, as defined in the Service Plan, or

   ☐ c. $ after completion of all obligations and conditions herein.

   ☒ d. Other: As set forth in the attached Service Plan (Form L-3).

2. **Payment Demands.** Contractor shall submit written demands for payment on County Demand Form D-15 in the manner and form prescribed by County. Contractor shall submit said demands for payment no later than 30 days from the end of the month in which the contract services upon which such demand is based were actually rendered. Upon approval of payment demands by the head of the County Department for which this Contract is made, or his designee, County will make payments as specified in Paragraph 1. (Payment Amounts) above.

3. **Penalty for Late Submission.** If County is unable to obtain reimbursement from the State of California as a result of Contractor's failure to submit to County a timely demand for payment as specified in Paragraph 2. (Payment Demands) above, County shall not pay Contractor for such services to the extent County's recovery of funding is prejudiced by the delay even though such services were fully provided.

4. **Right to Withhold.** County has the right to withhold payment to Contractor when, in the opinion of County expressed in writing to Contractor, (a) Contractor's performance, in whole or in part, either has not been carried out or is insufficiently documented, (b) Contractor has neglected, failed or refused to furnish information or to cooperate with any inspection, review or audit of its program, work or records, or (c) Contractor has failed to sufficiently itemize or document its demand(s) for payment.

5. **Audit Exceptions.** Contractor agrees to accept responsibility for receiving, replying to, and/or complying with any audit exceptions by appropriate county, state or federal audit agencies resulting from its performance of this Contract. Within 30 days of demand, Contractor shall pay County the full amount of County's obligation, if any, to the state and/or federal government resulting from any audit exceptions, to the extent such are attributable to Contractor's failure to perform properly any of its obligations under this Contract.

Initials: Initial _____ DS _____
Contractor County Dept.

Docusign Envelope ID: 87973A34-A2A6-4B32-A59A-47763B2E3C7A

SERVICE PLAN

I. Contractor's Obligations.

A. Contractor shall provide unarmed security officer services to the Contra Costa County Library ("County") as detailed below. Contractor shall comply with all applicable requirements of the Private Security Services Act, Business and Professions Code section 7580, et seq., in the performance of Contractor's obligations under this Contract.

1. **Martinez Library**. Contractor shall provide security officer services at the Martinez Library located at 740 Court Street, Martinez, California, 94553, during library open hours as well as fifteen (15) minutes prior to opening and fifteen (15) minutes after closing.

The Martinez Library's weekly hours open to the public are:

Martinez Library	Open		Close
Monday	Closed		Closed
Tuesday	12:00 PM	to	8:00 PM
Wednesday	10:00 AM	to	6:00 PM
Thursday	10:00 AM	to	6:00 PM
Friday	9:00 AM	to	5:00 PM
Saturday	9:00 AM	to	5:00 PM

Security officer services must be provided during the following hours:

Martinez Library	Security Officer Shift Start Time		Security Officer Shift End Time
Monday	Closed		Closed
Tuesday	11:45 AM	to	8:15 PM
Wednesday	9:45 AM	to	6:15 PM
Thursday	9:45 AM	to	6:15 PM
Friday	8:45 AM	to	5:15 PM
Saturday	8:45 AM	to	5:15 PM

2. **Concord Library**. Contractor shall provide security officer services at the Concord Library located at 2900 Salvio Street, Concord, California, 94519, during library open hours as well as fifty (50) minutes prior to opening and fifteen (15) minutes after closing. Contractor shall also provide security officer services at the Concord Library for Sunday Services, as described below in Section I(C).

The Concord Library's weekly hours open to the public are:

Initials: Initial _____ DS _____
Contractor County Dept.

Concord Library	Open		Closed
Monday	10:00 AM	to	8:00 PM
Tuesday	10:00 AM	to	8:00 PM
Wednesday	10:00 AM	to	6:00 PM
Thursday	10:00 AM	to	6:00 PM
Friday	9:00 AM	to	5:00 PM
Saturday	9:00 AM	to	5:00 PM
Sunday	12:00PM	to	4:00PM

Security officer services must be provided during the following hours:

Concord Library	Security Officer Shift Start Time		Security Officer Shift End Time
Monday	9:10 AM		8:15 PM
Tuesday	9:10 AM	to	8:15 PM
Wednesday	9:10 AM	to	6:15 PM
Thursday	9:10 AM	to	6:15 PM
Friday	8:10 AM	to	5:15 PM
Saturday	8:10 AM	to	5:15 PM
Sunday	11:00AM	To	5:00PM

3. **San Pablo Library**. Contrator shall provide security officer services at the San Pablo Library located at 13751 San Pablo Avenue, San Pablo, California, 94806, during library open hours as well as fifteen (15) minutes prior to opening and fifteen (15) minutes after closing.

The San Pablo Library's weekly hours open to the public are:

San Pablo Library	Open		Closed
Monday	10:00 AM	to	8:00 PM
Tuesday	10:00 AM	to	8:00 PM
Wednesday	10:00 AM	to	6:00 PM
Thursday	10:00 AM	to	6:00 PM
Friday	9:00 AM	to	5:00 PM
Saturday	9:00 AM	to	5:00 PM

Security officer services must be provided during the following hours:

San Pablo Library	Security Officer Shift Start Time		Security Officer Shift End Time
Monday	9:45 AM	to	8:15 PM

Initials: _____ Initial
Contractor

DS
AM
County Dept.

Tuesday	9:45 AM	to	8:15 PM
Wednesday	9:45 AM	to	6:15 PM
Thursday	9:45 AM	to	6:15 PM
Friday	8:45 AM	to	5:15 PM
Saturday	8:45 AM	to	5:15 PM

4. **Walnut Creek Library**. Contrator shall provide security officer services at the Walnut Creek Library located at 1644 North Broadway, Walnut Creek, California, 94596, during library open hours as well as fifteen (15) minutes prior to opening and fifteen (15) minutes after closing.

   The Walnut Creek Library's weekly hours open to the public are:

Walnut Creek Library	Open		Close
Monday	10:00 AM	to	8:00 PM
Tuesday	10:00 AM	to	8:00 PM
Wednesday	10:00 AM	to	6:00 PM
Thursday	10:00 AM	to	6:00 PM
Friday	9:00 AM	to	5:00 PM
Saturday	9:00 AM	to	5:00 PM

   Security officer services must be provided during the following hours:

Walnut Creek Library	Security Officer Shift Start Time		Security Officer Shift End Time
Monday	9:45 AM		8:15 PM
Tuesday	9:45 AM	to	8:15 PM
Wednesday	9:45 AM	to	6:15 PM
Thursday	9:45 AM	to	6:15 PM
Friday	8:45 AM	to	5:15 PM
Saturday	8:45 AM	to	5:15 PM

5. **On-Call Services**.
   i. Contractor shall provide security officer services on an "on-call," or as-needed, basis at any of the following Contra Costa County Library branch or administration locations:

Library	**Address**	**City & Zip Code**
Antioch	501 W 18th St	Antioch 94509
Bay Point	205 Pacifica Avenue	Bay Point 94565
Brentwood	104 Oak St.	Brentwood 94513

Initials: Initial / DS
Contractor County Dept.

Docusign Envelope ID: 87973A34-A2A6-4B32-A59A-47763B2E3C7A

Clayton	6125 Clayton Rd.	Clayton 94517
Crockett	991 Loring Ave.	Crockett 94525
Danville	400 Front St.	Danville 94526
Dougherty Station	17017 Bollinger Canyon Road	San Ramon 94582
El Cerrito	6510 Stockton Ave.	El Cerrito 94530
El Sobrante	4191 Appian Way	El Sobrante 94803
Hercules	109 Civic Dr.	Hercules 94547
Kensington	61 Arlington Ave.	Kensington 94707
Lafayette	3491 Mt. Diablo Blvd	Lafayette 94549
Moraga	1500 St. Mary's Rd.	Moraga 94556
Oakley	1050 Neroly Rd.	Oakley 94561
Orinda	26 Orinda Way	Orinda 94563
Pinole	2935 Pinole Valley Rd.	Pinole 94564
Pittsburg	80 Power Ave.	Pittsburg 94565
Pleasant Hill	2 Monticello Ave	Pleasant Hill 94523
Prewett	4703 Lone Tree Way	Antioch 94531
Project Second Chance	2151 Salvio Street	Concord 94520
Rodeo	220 Pacific Ave.	Rodeo 94572
San Ramon	100 Montgomery St.	San Ramon 94583
Ygnacio Valley	2661 Oak Grove Rd	Walnut Creek 94598
Library Administration	777 Arnold Dr., Suite 210	Martinez 94553

ii. The County will request "on-call" or as-needed security officer services by contacting the Contractor by phone or email and providing the Library branch location and shift hours that security officer services are required.

6. **Trespass Services**. Contractor shall dispatch a security officer to sign legal trespassing documentation at any given Contra Costa County Library branch or administration location when requested by County staff and (i) law enforcement officers decline to escort a patron out of a library location, and (ii) either the patron is in violation of the Contra Costa County Library's Patron Conduct Policy and will not leave a library location after being asked, or the patron is in violation of a previously imposed and current library suspension and will not leave a library location after being asked.

B. Contractor shall advise and ensure that security officers comply with the following duties and expectations while assigned to any one of the above-described locations, including:

1. Sign in and sign out when arriving and leaving the library location on the library's Security Officer Log. The log is available at the service desk for each location for which security services

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are provided. Security officer shall also sign out and sign in when going on a 15-minute or lunch break, and when returning from the 15-minute or lunch break.

2. Report to the library branch manager or designated person in charge of each library location at the beginning of the shift.

3. Comply with the County's conduct expectations for security services as follows:

   i. Perform the external and internal monitoring and inspection of the premises, described below in Section I(B)(4), approximately every 30 minutes.

   ii. Notify library staff when taking a 15-minute or lunch break.

   iii. Keep a walkie talkie or Contractor-provided cell phone on their person at all times in the event that library staff needs to contact the security officer. Ensure that library staff has the contact information for any Contractor-provided cell phone that may be utilized by the security officer.

   iv. Do not use a personal cell phone, tablet, or computer, except in the course of performing the services described in this Contract.

   v. Do not wear headphones or earbuds of any kind except in the course of performing the services described in this Contract.

   vi. Do not eat food or store any open containers of food at the security post of any library location at any time. Each 15-minute break and lunch break must be taken at a location other than the designated security post.

   vii. Adhere to the Contra Costa County Library's Patron Conduct Policy, which is attached hereto as Attachment A.

4. Monitor and inspect the location premises, including the interior and exterior of the library building for behaviors that disturb the normal functioning of the location. Some examples include, but are not limited to: loud noises, eating, sexual activity, threatening or dangerous behaviors, illegal activities, vandalism or theft of library materials or equipment, and misuse of library spaces.

5. In the event that a security officer observes a behavior that disturbs the normal functioning of the library location, the security officer is to take the following progressive steps, in the following order, until the disturbance is resolved:

   i. Inform library staff about any noteworthy behavior or disturbances that have been observed in or around the location premises.

   ii. Consult library staff if there is a question about patron behavior.

   iii. Ask the person(s) engaging in the unacceptable behavior to stop.

   iv. Allow person(s) the opportunity to comply with instructions from the security officer or

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library staff, while continuing to monitoring the disturbance.

v. If the behavior continues, the security officer shall contact library staff to assist with the situation.

vi. If the security officer reasonably believes someone needs to be removed from the location, the security officer shall consult with library staff. Library staff will make the final determination as to whether a person will be asked to leave the location. A security officer shall not make a removal decision on their own.

vii. If library staff determines that it is necessary to call law enforcement, the security officer may assist in contacting law enforcement and shall remain with the person(s) engaged in the unacceptable behavior until law enforcement officers arrive.

viii. If the police or library staff determine that a trespass order is necessary to remove the person(s) from the premises, the security officer shall authorize the trespass order.

6. Complete a Daily Activity Report ("DAR") at the conclusion of each day of service that documents (i) the site inspection and (ii) Standing Detail Post activity, including the date and time of each inspection and each incident in chronological order.

7. Provide access to Contractor's proprietary DAR software and electronic copies of DARs upon request, at no additional cost to the County.

8. Complete Incident Reports ("IRs") that describe each incident, maintenance issue, or other significant identifiable issue, and any resolution of such incident or issue.

9. Provide continual access to IRs at no additional cost to the County, by ensuring that the IRs are either accessible through Contractor's proprietary IR software or that they emailed to leadership@wan.contracosta.ca.gov no later than one business day after a documented incident (unless the County is otherwise notified by the Contractor of the occurrence of the incident, in which case the IR should be submitted emailed to leadership@wan.contracosta.ca.gov within a reasonable time, not to exceed five business days).

C. **Sunday Services at the Concord Library**. Contractor shall schedule one security officer at the Concord Library during the hours specified in Section I(A)(2) for Sunday Services. Sunday Services is the library's self-service operating hours during which no regular library staff will be on site. During Sunday Services, the assigned security officer shall comply with the following duties and expectations at the Concord Library:

1. Arrive sixty (60) minutes prior to the library opening and leave sixty (60) minutes after the library closes.

2. Remain on premises during the entire Sunday Services shift.

3. Enter through the building's rear staff entrance.

4. Disable the building's entry alarm using a code provided by Library staff.

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5. Turn on all lights in the public areas of the building before public hours begin.

6. Close and lock gates to secure the staff area.

7. Before public hours begin and after public hours conclude, walk through the interior of building to confirm no issues or irregularities. Report any issues or irregularities to the Concord Library on-call manager by telephoning the manager at the contact number listed in the Self-Service Sundays Security Manual, which is provided by the Library and located in a binder at the Concord Library.

8. Check the exterior perimeter of the building, including the entry pin pad, and clear pathways of any loitering persons, debris, or obstructions.

9. Check that library equipment is in working condition (e.g. self-check and catalog computer/tablet, self-service pin pad, receipt printers)

10. Be familiar with the Contra Costa County Library's Patron Conduct Policy, which is attached hereto as Attachment A.

11. Be familiar with Self-Service Sundays Security Manual, which is provided by the Library and located in a binder at the Concord Library.

12. During public hours, walk the interior of building at least two times per hour. Check that all aisles and walkways are clear of debris and obstructions.

13. During public hours, walk the exterior of building at least one time each hour. Check that all pathways are clear of loitering people, debris, and obstruction.

14. For the duration of the shift, continually report any new or developing issues or irregularities, including by not limited to, power outages, Wi-Fi outages, plumbing or electrical issues, to the Concord Library on-call manager by telephoning the manager at the contact number listed in the Self-Service Sundays Security Manual.

15. In the event that a security officer observes a behavior that disturbs the normal functioning of the library location, the security officer shall follow the protocol described in Section I(B)(5), above.

16. Place out of order signs on library equipment as needed (signs will be provided).

17. At closing time, check all areas internal areas of the building to confirm that everyone has left the library.

18. Complete a DAR at the end of the shift, prior to leaving for the day.

19. At the end of the shift, prior to leaving, turn off all lights in building and lock all exterior-facing doors.

20. At the end of the shift, prior to leaving, turn on the building's entry alarm.

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21. Confirm all building entrances are secured and locked before leaving the building. Once out of the building, reconfirm all building entrances are locked.

D. Contractor shall manage security officer personnel assigned to branch locations as follows:

1. Provide substitute security officers for any regularly assigned security officer that is late or absent. Specifically, Contractor shall ensure that a substitute security officer is timely assigned and dispatched to cover the late or absent security officer.

2. Notify the assigned library location manager or designated person in charge at or before the beginning of a regularly scheduled shift if a regularly assigned officer will be absent or late, and inform Library staff of relevant details regarding a substitute security officer, including the name and anticipated arrival time of the substitute security officer. This notification shall be made by telephoning the library manager or person in charge of the affected location at the phone number listed below:

   i. Concord Library: 925-646-5109

   ii. Martinez Library: 925-646-9921

   iii. San Pablo Library: 510-374-3999

   iv. Walnut Creek Library: 925-977-3355

3. Ensure that all security officers assigned to library locations in accordance with the contract meet the following minimum qualifications, and, upon request from the Library, Contractor shall timely remove and replace any assigned security officer who fails to meet the following minimum qualifications. If the Library requests that any deficient security officer be removed and replaced, Contractor shall not reassign the deficient security officer to any library location unless the deficiency is cured and the Library approves of the security officer's return.

   i. Comply with all applicable California Bureau of Security and Investigative Services requirements.

   ii. Hold and maintain a valid security officer registration.

   iii. Complete all trainings required by the Contractor and be deemed fit for duty.

   iv. Hold a valid California Driver's License or valid California Identification Card.

   v. Wear a Contractor approved uniform at all times while performing duties.

   vi. Report punctually to assigned library premises at the start of each shift.

   vii. Display a well-maintained appearance.

   viii. Perform all of the Post Order requirements and Pass Down Orders issued by the Contractor.

   ix. Remain awake and alert at all times. Avoid distractions such as reading books, or any activities that divert attention.

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x. Present a professional, courteous, and welcoming attitude to the general public and library staff alike.

xi. Have a competent command of the English language that enables effective communication with the general public and library staff.

II. Payment Provisions. In consideration for Contractor's performance of services under this Contract, the County will pay Contractor pursuant to the procedure outlined in Section 2 of the Form P-1 (Payment Provisions), and according to the following hourly rate schedule, for all services actually performed by the Contractor's security officer personnel, not to exceed a total Contract Payment Limit of $1,510,000 during the term of this Contract:

A. Effective date of this Contract, through December 31, 2025:

i.	Regular Hourly Rate:	$34.10
ii.	Overtime/Holiday Hourly Rate:	$51.15
iii.	"On-Call" Hourly Rate:	$34.10 (six hour minimum)

B. January 1, 2026, through December 31, 2026:

i.	Regular Hourly Rate:	$35.12
ii.	Overtime/Holiday Hourly Rate:	$52.68
iii.	"On-Call" Hourly Rate:	$35.12 (six hour minimum)

C. January 1, 2027, through December 31, 2027:

i.	Regular Hourly Rate:	$36.17
ii.	Overtime/Holiday Hourly Rate:	$54.26
iii.	"On-Call" Hourly Rate:	$36.17 (six hour minimum)

D. January 1, 2028, through December 31, 2028:

i.	Regular Hourly Rate:	$37.26
ii.	Overtime/Holiday Hourly Rate:	$55.88
iii.	"On-Call" Hourly Rate:	$37.26 (six hour minimum)

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Contra Costa County
Standard Form L-5
Revised 2016

GENERAL CONDITIONS
(Purchase of Services - Long Form)

1. **Compliance with Law**. Contractor is subject to and must comply with all applicable federal, state, and local laws and regulations with respect to its performance under this Contract, including but not limited to, licensing, employment, and purchasing practices; and wages, hours, and conditions of employment, including nondiscrimination.

2. **Inspection**. Contractor's performance, place of business, and records pertaining to this Contract are subject to monitoring, inspection, review and audit by authorized representatives of the County, the State of California, and the United States Government.

3. **Records**. Contractor must keep and make available for inspection and copying by authorized representatives of the County, the State of California, and the United States Government, the Contractor's regular business records and such additional records pertaining to this Contract as may be required by the County.

   a. **Retention of Records**. Contractor must retain all documents pertaining to this Contract for five years from the date of submission of Contractor's final payment demand or final Cost Report; for any further period that is required by law; and until all federal/state audits are complete and exceptions resolved for this Contract's funding period. Upon request, Contractor must make these records available to authorized representatives of the County, the State of California, and the United States Government.

   b. **Access to Books and Records of Contractor, Subcontractor**. Pursuant to Section 1861(v)(1) of the Social Security Act, and any regulations promulgated thereunder, Contractor must, upon written request and until the expiration of five years after the furnishing of services pursuant to this Contract, make available to the County, the Secretary of Health and Human Services, or the Comptroller General, or any of their duly authorized representatives, this Contract and books, documents, and records of Contractor necessary to certify the nature and extent of all costs and charges hereunder.

   Further, if Contractor carries out any of the duties of this Contract through a subcontract with a value or cost of $10,000 or more over a twelve-month period, such subcontract must contain a clause to the effect that upon written request and until the expiration of five years after the furnishing of services pursuant to such subcontract, the subcontractor must make available to the County, the Secretary, the Comptroller General, or any of their duly authorized representatives, the subcontract and books, documents, and records of the subcontractor necessary to verify the nature and extent of all costs and charges thereunder.

   This provision is in addition to any and all other terms regarding the maintenance or retention of records under this Contract and is binding on the heirs, successors, assigns and representatives of Contractor.

4. **Reporting Requirements**. Pursuant to Government Code Section 7550, Contractor must include in all documents and written reports completed and submitted to County in accordance with this Contract, a separate section listing the numbers and dollar amounts of all contracts and subcontracts relating to the preparation of each such document or written report. This section applies only if the Payment Limit of this Contract exceeds $5,000.

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5. **Termination and Cancellation**.

   a. **Written Notice**. This Contract may be terminated by either party, in its sole discretion, upon thirty-day advance written notice thereof to the other, and may be cancelled immediately by written mutual consent.

   b. **Failure to Perform**. County, upon written notice to Contractor, may immediately terminate this Contract should Contractor fail to perform properly any of its obligations hereunder. In the event of such termination, County may proceed with the work in any reasonable manner it chooses. The cost to County of completing Contractor's performance will be deducted from any sum due Contractor under this Contract, without prejudice to County's rights to recover damages.

   c. **Cessation of Funding**. Notwithstanding any contrary language in Paragraphs 5 and 11, in the event that federal, state, or other non-County funding for this Contract ceases, this Contract is terminated without notice.

6. **Entire Agreement**. This Contract contains all the terms and conditions agreed upon by the parties. Except as expressly provided herein, no other understanding, oral or otherwise, regarding the subject matter of this Contract will be deemed to exist or to bind any of the parties hereto.

7. **Further Specifications for Operating Procedures**. Detailed specifications of operating procedures and budgets required by this Contract, including but not limited to, monitoring, evaluating, auditing, billing, or regulatory changes, may be clarified in a written letter signed by Contractor and the department head, or designee, of the county department on whose behalf this Contract is made. No written clarification prepared pursuant to this Section will operate as an amendment to, or be considered to be a part of, this Contract.

8. **Modifications and Amendments**.

   a. **General Amendments**. In the event that the total Payment Limit of this Contract is less than $100,000 and this Contract was executed by the County's Purchasing Agent, this Contract may be modified or amended by a written document executed by Contractor and the County's Purchasing Agent or the Contra Costa County Board of Supervisors, subject to any required state or federal approval. In the event that the total Payment Limit of this Contract exceeds $100,000 or this Contract was initially approved by the Board of Supervisors, this Contract may be modified or amended only by a written document executed by Contractor and the Contra Costa County Board of Supervisors or, after Board approval, by its designee, subject to any required state or federal approval.

   b. **Minor Amendments**. The Payment Provisions and the Service Plan may be amended by a written administrative amendment executed by Contractor and the County Administrator (or designee), subject to any required state or federal approval, provided that such administrative amendment may not increase the Payment Limit of this Contract or reduce the services Contractor is obligated to provide pursuant to this Contract.

9. **Disputes**. Disagreements between County and Contractor concerning the meaning, requirements, or performance of this Contract shall be subject to final written determination by the head of the county department for which this Contract is made, or his designee, or in accordance with the applicable procedures (if any) required by the state or federal government.

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10. **Choice of Law and Personal Jurisdiction**.

    a. This Contract is made in Contra Costa County and is governed by, and must be construed in accordance with, the laws of the State of California.

    b. Any action relating to this Contract must be instituted and prosecuted in the courts of Contra Costa County, State of California.

11. **Conformance with Federal and State Regulations and Laws**. Should federal or state regulations or laws touching upon the subject of this Contract be adopted or revised during the term hereof, this Contract will be deemed amended to assure conformance with such federal or state requirements.

12. **No Waiver by County**. Subject to Paragraph 9. (Disputes) of these General Conditions, inspections or approvals, or statements by any officer, agent or employee of County indicating Contractor's performance or any part thereof complies with the requirements of this Contract, or acceptance of the whole or any part of said performance, or payments therefor, or any combination of these acts, do not relieve Contractor's obligation to fulfill this Contract as prescribed; nor is the County thereby prevented from bringing any action for damages or enforcement arising from any failure to comply with any of the terms and conditions of this Contract.

13. **Subcontract and Assignment**. This Contract binds the heirs, successors, assigns and representatives of Contractor. Prior written consent of the County Administrator or his designee, subject to any required state or federal approval, is required before the Contractor may enter into subcontracts for any work contemplated under this Contract, or before the Contractor may assign this Contract or monies due or to become due, by operation of law or otherwise.

14. **Independent Contractor Status**. The parties intend that Contractor, in performing the services specified herein, is acting as an independent contractor and that Contractor will control the work and the manner in which it is performed. This Contract is not to be construed to create the relationship between the parties, or between County and any Contractor employee, of agent, servant, employee, partnership, joint venture, or association. Neither Contractor, nor any of its employees, is a County employee. This Contract does not give Contractor, or any of its employees, any right to participate in any pension plan, workers' compensation plan, insurance, bonus, or similar benefits County provides to its employees. In the event that County exercises its right to terminate this Contract, Contractor expressly agrees that it will have no recourse or right of appeal under any rules, regulations, ordinances, or laws applicable to employees.

15. **Conflicts of Interest**. Contractor covenants that it presently has no interest and that it will not acquire any interest, direct or indirect, that represents a financial conflict of interest under state law or that would otherwise conflict in any manner or degree with the performance of its services hereunder. Contractor further covenants that in the performance of this Contract, no person having any such interests will be employed by Contractor. If requested to do so by County, Contractor will complete a "Statement of Economic Interest" form and file it with County and will require any other person doing work under this Contract to complete a "Statement of Economic Interest" form and file it with County. Contractor covenants that Contractor, its employees and officials, are not now employed by County and have not been so employed by County within twelve months immediately preceding this Contract; or, if so employed, did not then and do not now occupy a position that would create a conflict of interest under Government Code section 1090. In

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addition to any indemnity provided by Contractor in this Contract, Contractor will indemnify, defend, and hold the County harmless from any and all claims, investigations, liabilities, or damages resulting from or related to any and all alleged conflicts of interest. Contractor warrants that it has not provided, attempted to provide, or offered to provide any money, gift, gratuity, thing of value, or compensation of any kind to obtain this Contract.

16. **Confidentiality**. To the extent allowed under the California Public Records Act, Contractor agrees to comply and to require its officers, partners, associates, agents and employees to comply with all applicable state or federal statutes or regulations respecting confidentiality, including but not limited to, the identity of persons served under this Contract, their records, or services provided them, and assures that no person will publish or disclose or permit or cause to be published or disclosed, any list of persons receiving services, except as may be required in the administration of such service. Contractor agrees to inform all employees, agents and partners of the above provisions, and that any person knowingly and intentionally disclosing such information other than as authorized by law may be guilty of a misdemeanor.

17. **Nondiscriminatory Services**. Contractor agrees that all goods and services under this Contract will be available to all qualified persons regardless of age, gender, race, religion, color, national origin, ethnic background, disability, or sexual orientation, and that none will be used, in whole or in part, for religious worship.

18. **Indemnification**. Contractor will defend, indemnify, save, and hold harmless County and its officers and employees from any and all claims, demands, losses, costs, expenses, and liabilities for any damages, fines, sickness, death, or injury to person(s) or property, including any and all administrative fines, penalties or costs imposed as a result of an administrative or quasi-judicial proceeding, arising directly or indirectly from or connected with the services provided hereunder that are caused, or claimed or alleged to be caused, in whole or in part, by the negligence or willful misconduct of Contractor, its officers, employees, agents, contractors, subcontractors, or any persons under its direction or control. If requested by County, Contractor will defend any such suits at its sole cost and expense. If County elects to provide its own defense, Contractor will reimburse County for any expenditures, including reasonable attorney's fees and costs. Contractor's obligations under this section exist regardless of concurrent negligence or willful misconduct on the part of the County or any other person; provided, however, that Contractor is not required to indemnify County for the proportion of liability a court determines is attributable to the sole negligence or willful misconduct of the County, its officers and employees. This provision will survive the expiration or termination of this Contract.

19. **Insurance**. During the entire term of this Contract and any extension or modification thereof, Contractor shall keep in effect insurance policies meeting the following insurance requirements unless otherwise expressed in the Special Conditions:

    a. **Commercial General Liability Insurance.** For all contracts where the total payment limit of the contract is $500,000 or less, Contractor will provide commercial general liability insurance, including coverage for business losses and for owned and non-owned automobiles, with a minimum combined single limit coverage of $500,000 for all damages, including consequential damages, due to bodily injury, sickness or disease, or death to any person or damage to or destruction of property, including the loss of use thereof, arising from each occurrence. Such insurance must be endorsed to include County and its officers and employees as additional insureds as to all services performed by Contractor under this Contract. Said policies must constitute primary insurance as to County, the state and federal governments, and their officers, agents, and employees, so that other insurance policies held by

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them or their self-insurance program(s) will not be required to contribute to any loss covered under Contractor's insurance policy or policies. Contractor must provide County with a copy of the endorsement making the County an additional insured on all commercial general liability policies as required herein no later than the effective date of this Contract. For all contracts where the total payment limit is greater than $500,000, the aforementioned insurance coverage to be provided by Contractor must have a minimum combined single limit coverage of $1,000,000.

b. **Workers' Compensation**. Contractor must provide workers' compensation insurance coverage for its employees.

c. **Certificate of Insurance**. The Contractor must provide County with (a) certificate(s) of insurance evidencing liability and worker's compensation insurance as required herein no later than the effective date of this Contract. If Contractor should renew the insurance policy(ies) or acquire either a new insurance policy(ies) or amend the coverage afforded through an endorsement to the policy at any time during the term of this Contract, then Contractor must provide (a) current certificate(s) of insurance.

d. **Additional Insurance Provisions.** No later than five days after Contractor's receipt of: (i) a notice of cancellation, a notice of an intention to cancel, or a notice of a lapse in any of Contractor's insurance coverage required by this Contract; or (ii) a notice of a material change to Contractor's insurance coverage required by this Contract, Contractor will provide Department a copy of such notice of cancellation, notice of intention to cancel, notice of lapse of coverage, or notice of material change. Contractor's failure to provide Department the notice as required by the preceding sentence is a default under this Contract

20. **Notices**. All notices provided for by this Contract must be in writing and may be delivered by deposit in the United States mail, postage prepaid. Notices to County must be addressed to the head of the county department for which this Contract is made. Notices to Contractor must be addressed to the Contractor's address designated herein. The effective date of notice is the date of deposit in the mails or of other delivery, except that the effective date of notice to County is the date of receipt by the head of the county department for which this Contract is made.

21. **Primacy of General Conditions**. In the event of a conflict between the General Conditions and the Special Conditions, the General Conditions govern unless the Special Conditions or Service Plan expressly provide otherwise.

22. **Nonrenewal**. Contractor understands and agrees that there is no representation, implication, or understanding that the services provided by Contractor under this Contract will be purchased by County under a new contract following expiration or termination of this Contract, and Contractor waives all rights or claims to notice or hearing respecting any failure to continue purchasing all or any such services from Contractor.

23. **Possessory Interest**. If this Contract results in Contractor having possession of, claim or right to the possession of land or improvements, but does not vest ownership of the land or improvements in the same person, or if this Contract results in the placement of taxable improvements on tax exempt land (Revenue & Taxation Code Section 107), such interest or improvements may represent a possessory interest subject to property tax, and Contractor may be subject to the payment of property taxes levied on such interest. Contractor agrees that this provision complies with the notice requirements of Revenue & Taxation Code Section 107.6, and waives all rights to further notice or to damages under that or any comparable statute.

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24. **No Third-Party Beneficiaries**. Nothing in this Contract may be construed to create, and the parties do not intend to create, any rights in third parties.

25. **Copyrights, Rights in Data, and Works Made for Hire**. Contractor will not publish or transfer any materials produced or resulting from activities supported by this Contract without the express written consent of the County Administrator. All reports, original drawings, graphics, plans, studies and other data and documents, in whatever form or format, assembled or prepared by Contactor or Contractor's subcontractors, consultants, and other agents in connection with this Contract are "works made for hire" (as defined in the Copyright Act, 17 U.S.C. Section 101 et seq., as amended) for County, and Contractor unconditionally and irrevocably transfers and assigns to Agency all right, title, and interest, including all copyrights and other intellectual property rights, in or to the works made for hire. Unless required by law, Contractor shall not publish, transfer, discuss, or disclose any of the above-described works made for hire or any information gathered, discovered, or generated in any way through this Agreement, without County's prior express written consent. If any of the works made for hire is subject to copyright protection, County reserves the right to copyright such works and Contractor agrees not to copyright such works. If any works made for hire are copyrighted, County reserves a royalty-free, irrevocable license to reproduce, publish, and use the works made for hire, in whole or in part, without restriction or limitation, and to authorize others to do so.

26. **Endorsements**. In its capacity as a contractor with Contra Costa County, Contractor will not publicly endorse or oppose the use of any particular brand name or commercial product without the prior written approval of the Board of Supervisors. In its County-contractor capacity, Contractor will not publicly attribute qualities or lack of qualities to a particular brand name or commercial product in the absence of a well-established and widely accepted scientific basis for such claims or without the prior written approval of the Board of Supervisors. In its County-contractor capacity, Contractor will not participate or appear in any commercially produced advertisements designed to promote a particular brand name or commercial product, even if Contractor is not publicly endorsing a product, as long as the Contractor's presence in the advertisement can reasonably be interpreted as an endorsement of the product by or on behalf of Contra Costa County. Notwithstanding the foregoing, Contractor may express its views on products to other contractors, the Board of Supervisors, County officers, or others who may be authorized by the Board of Supervisors or by law to receive such views.

27. **Required Audit**.

    a. If Contractor expends $750,000 or more in federal grant funds in any fiscal year from any source, Contractor must provide to County, at Contractor's expense, an audit conforming to the requirements set forth in the most current version of Code of Federal Regulations, Title 2, Part 200, Subpart F.

    b. If Contractor expends less than $750,000 in federal grant funds in any fiscal year from any source, but the grant imposes specific audit requirements, Contractor must provide County with an audit conforming to those requirements.

    c. If Contractor expends less than $750,000 in federal grant funds in any fiscal year from any source, Contractor is exempt from federal audit requirements for that year except as required by Code of Federal Regulations, Title 2, Part 200, Subpart F. Contractor shall make its records available for, and an audit may be required by, appropriate officials of the federal awarding agency, the General Accounting Office , the pass-through entity and/or the County. If an audit is required, Contractor must provide County with the audit.

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d. With respect to the audits specified in sections (a), (b) and (c) above, Contractor is solely responsible for arranging for the conduct of the audit, and for its cost. County may withhold the estimated cost of the audit or 10 percent of the contract amount, whichever is greater, or the final payment, from Contractor until County receives the audit from Contractor.

28. **Authorization**. Contractor, or the representative(s) signing this Contract on behalf of Contractor, represents and warrants that it has full power and authority to enter into this Contract and to perform the obligations set forth herein.

29. **No Implied Waiver**. The waiver by County of any breach of any term or provision of this Contract will not be deemed to be a waiver of such term or provision or of any subsequent breach of the same or any other term or provision contained herein.

Initial
Contractor

DS
County Dept.

Docusign Envelope ID: 87973A34-A2A6-4B32-A59A-47763B2E3C7A

CONTRA COSTA COUNTY LIBRARY
Bringing People and Ideas Together
ccclib.org

CONTRA COSTA COUNTY PUBLIC LIBRARY

Patron Conduct Policy

Statement of Policy

The Contra Costa County Public Library seeks to provide materials and services to the public in an environment that is safe, pleasant and conducive to comfortable library use. No one may engage in conduct that interferes with anyone else's ability or right to use and benefit from library facilities. (See below for types of unacceptable behavior.)

Anyone who engages in behavior that disrupts someone else's use of the library may be asked to leave the library.

Persons who engage in illegal activity, or any willful or repeated violations of this Patron Conduct Policy, or other posted library rules, are subject to being removed from the library facility and/or having their library privileges suspended. (See the Contra Costa County Public Library Suspension Policy.) Where authorized by Federal, State or local law, conduct violations may also result in arrest.

Enforcement of this Patron Conduct Policy will be by library staff and/or local police, as appropriate.

Need for the Policy

This Patron Conduct Policy is intended to protect the rights and safety of library patrons and staff and preserve and protect the library's materials, facilities and property.

Conduct Requirements

Patrons must be engaged in activities associated with the use of a public library when in the building. Patrons not engaged in reading, studying, using library materials or equipment, or participating in a library program or activity will be required to leave the building.

The following behaviors are prohibited in the library:

- Behaviors that disturb the normal functioning of the library, including:
    - Refusing to follow the reasonable direction of library staff.
    - Engaging in illegal activities.
    - Being in possession of or under the influence of alcohol or illegal drugs.

Approved by the Contra Costa County Board of Supervisors on April 21, 2015.

Docusign Envelope ID: 87973A34-A2A6-4B32-A59A-47763B2E3C7A

- Smoking, including the use of electronic or vapor cigarettes, inside the library facility or anywhere on library property.
- Creating loud noises that are disruptive to others, including loud talking and using electronic equipment set at a loud volume.
- Causing strong pervasive odors that constitute a nuisance to others, including pervasive fragrances caused by perfume or other scented products.
- Soliciting, panhandling, or gambling.
- Failure to wear a shirt/top, pants/bottoms or shoes.
- Engaging in any sexual activity or conduct.
- Entering restricted and/or nonpublic areas of the library without permission.
- Interfering with or disrupting library computer networks, library services, or library equipment.
- Consuming food or beverages in the library, other than in designated areas.
- Theft of library materials.

- Behaviors that disrupt the use of the library by others or create an unsafe environment, including:

  - Engaging in behavior that a reasonable person would find harassing, threatening, harmful or disruptive, including stalking, prolonged staring, or following another with the intent to annoy or disturb.
  - Harassing, threatening, assaulting, fighting, challenging to fight, or making verbal, written or implied threats of violence.
  - Bringing a weapon of any kind into the library or onto library property, including but not limited to, a gun, whether loaded or unloaded, a knife or a club.
  - Using harassing or insulting language, including profanity.
  - Engaging in horseplay or hazing.
  - Vandalizing library facilities, equipment, or materials.
  - Engaging in behaviors prohibited by other library policies.

- Inappropriate use of facilities or equipment, including:

  - Blocking entrances, exits, aisles, or walkways.
  - Using furniture or building facilities in ways that may cause damage or excessive or unreasonable wear, e.g., lying down, putting feet on chairs or walls, using more than one seat per person.
  - Using restrooms inappropriately, such as for shaving, bathing, laundering, or loitering.
  - Using library furniture or materials for anything other than its intended purpose.
  - Using electronic devices or other equipment in a way that disturbs other library users.
  - Leaving young children unattended anywhere in the library, including the children's area. (See the Contra Costa County Public Library Unattended Children Policy.)

Docusign Envelope ID: 87973A34-A2A6-4B32-A59A-47763B2E3C7A

- Bringing any animals, except service animals or animals authorized by library staff, onto library property.
- Running, riding skateboards, scooters, roller shoes, roller skates, roller blades, or similar devices inside library facilities or on library property.
- Bringing bicycles, unicycles, tricycles or other similar conveyances into library facilities, or leaving them at the entrance or exit to the library in a manner that inhibits entry or exit. (This restriction does not apply to wheelchairs or strollers or similar devices, provided they are used and stored in a manner that does not restrict public access.)
- Lying down or sleeping in a reclined position while in a library facility or on library grounds.
- Leaving personal belongings unattended.
- Using the Internet in ways that interfere with a safe, welcoming and comfortable environment for the public or library staff.
- Misusing library spaces that are designated for particular uses. . (See the Contra Costa County Public Library Children and Teen Areas Policy.)
- Such spaces vary by branch, but include:

    - Children's rooms, which are reserved for children under the age of 12 and their caregivers, and patrons using the children's collections at the discretion of library staff.
    - Teen rooms, which are reserved for patrons who are age 12 through 18, or patrons using the teen collection at the discretion of library staff.
    - Certain computers and study rooms that are designated for customers working individually and quietly.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1063 **Agenda Date:** 3/17/2026 **Agenda #:** C.107.

To: **Board of Supervisors**

From: Alison McKee, County Librarian

Report Title: Accept Friends of the El Cerrito Library Donation for supporting library collections.

RECOMMENDATIONS:
APPROVE and AUTHORIZE the County Librarian, or designee, to accept a donation in the amount of $15,000 from Friends of the El Cerrito Library to support library collections.

FISCAL IMPACT:
$15,000 Library Fund. No County match is required.

BACKGROUND:
The Library Department has received a $15,000 donation from Friends of the El Cerrito Library to increase adult and children's materials, as well as eBook and eAudiobook collections. Per Administrative bulletin 117.7, Gifts and Bequests to the County, "receipt of each gift or bequest having a value of $10,000 or more requires acceptance or rejection by the Board of Supervisors."

CONSEQUENCE OF NEGATIVE ACTION:
The Library will be unable to receive the donation revenue.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1064 **Agenda Date:** 3/17/2026 **Agenda #:** C.108.

To: **Board of Supervisors**

From: Alison McKee, County Librarian

Report Title: Accept Friends of the Orinda Library Donation for supporting library collections.

RECOMMENDATIONS:
APPROVE and AUTHORIZE the County Librarian, or designee, to accept a donation in the amount of $15,000 from Friends of the Orinda Library to support library collections.

FISCAL IMPACT:
$15,000 Library Fund. No County match is required.

BACKGROUND:
The Library Department has received a $15,000 donation from Friends of the Orinda Library to augment eBook and eAudiobook collections. Per Administrative bulletin 117.7, Gifts and Bequests to the County, "receipt of each gift or bequest having a value of $10,000 or more requires acceptance or rejection by the Board of Supervisors."

CONSEQUENCE OF NEGATIVE ACTION:
The Library will be unable to receive the donation revenue.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1065 **Agenda Date:** 3/17/2026 **Agenda #:** C.109.

To: Board of Supervisors

From: Ellen McDonnell, Public Defender

Report Title: Renewal and Amendment to Master Agreement with Techtivist LLC

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

APPROVE and AUTHORIZE the Public Defender, or designee, to execute a renewal and amendment to the Master Agreement for the Supply of Software, Support and Services with Techtivist LLC in an amount of $19,499 for the purchase of a license for the Techtivist app to manage and organize police misconduct data and records, for the period December 1, 2025 through November 30, 2026, and annually thereafter in accordance with the terms of the Master Agreement until terminated by either party.

FISCAL IMPACT:

Approval of this request will result in $19,499 in contractual expenditures, which the department will cover 100% with its current County General Fund allocation.

BACKGROUND:

The Contra Costa County Office of the Public Defender (CCPD) is requesting authorization to execute a service agreement with Techtivist LLC for a police misconduct database.

Organizing and tracking police misconduct data has been very challenging for CCPD and the department needs a dedicated database to manage and organize police misconduct data and records. Public defenders need a police misconduct database to effectively organize and manage critical information that can impact their clients' cases. Police officers with a history of misconduct have a pattern of behavior that is important to uncover and utilize in litigation.

A centralized database will allow public defender attorneys to quickly access, and cross-reference records of police officers involved in previous instances of excessive force, false arrest, racial profiling, or other unethical actions. This organization of data helps public defenders identify potential witnesses, corroborate client testimonies, and challenge the credibility of law enforcement officers during trial.

The Master Agreement contains a limitation of liability and an indemnification provision from the County to Techtivist.

CONSEQUENCE OF NEGATIVE ACTION:

CCPD will not have the tools necessary to defend clients to the best of its ability.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: RES 2026-84 **Agenda Date:** 3/17/2026 **Agenda #:** C.110.

To: **Board of Supervisors**

From: Warren Lai, Public Works Director/Chief Engineer

Report Title: ADOPT Resolution ordering the preparation and filing of an engineer's report for Assessment District 1979-3 (LL-2) for Fiscal Year 2026/27.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ADOPT Resolution ordering the preparation and filing of an engineer's report regarding the proposed levy of assessments to fund improvements in Assessment District 1979-3 (LL-2) in Fiscal Year 2026/27, as recommended by the Public Works Director, Countywide. (All Districts)

FISCAL IMPACT:
No impact on the General Funds. The cost of preparing the report will be funded with Assessment District 1979 -3 (LL-2) revenues.

BACKGROUND:
Assessment District 1979-3 (LL-2), also known as the Countywide Landscaping District ("District"), is made up of 32 zones in all five supervisorial districts. Within the zones, landscaping, irrigation systems, park and recreational facilities and other improvements have been constructed or installed, many by developers as conditions of approval. Annual assessments are levied each year on parcels in these zones to fund the maintenance and servicing of these facilities and, as the need arises, the installation or construction of new or replacement facilities.

The Landscaping and Lighting Act of 1972 (Streets and Highways Code, div. 15, pt. 2, § 22500 et seq.) (the "Act") requires an engineer's report to be prepared for each fiscal year during which an assessment will be levied and collected within an existing assessment district. Along with descriptions and estimated costs of improvements, the engineer's report must contain proposed assessments for assessable lands in each zone. Under the Act, the legislative body must adopt a resolution to order preparation of the engineer's report. The resolution must also describe any proposed new improvements or any substantial changes in existing improvements. No new improvements or substantial changes in existing improvements are planned within any of the zones in the District in Fiscal Year 2026/27.

Proposed assessments to be levied on parcels in each zone are calculated based on anticipated costs of the improvements in the zone that are identified in the engineer's report and the special benefits conferred on the parcels to be assessed. Any surpluses or deficits from the previous fiscal year in a zone are credited or debited, as the case may be, against the next fiscal year's assessment for that zone. Proposed assessment rates for Fiscal Year 2026/27 are not expected to exceed previously approved maximum amounts, some of which include

adjustments based on changes in the applicable Consumer Price Index for the San Francisco Bay Area. A proposed assessment rate in a zone that would exceed the previously approved rate would require approval by parcel owners in an assessment ballot proceeding.

Under the Act, after an engineer's report is prepared, it is filed and presented to the Board for consideration, usually in May. If the Board approves the report, either as filed or modified, a noticed public hearing is held on the proposed levy of assessments, usually in June but anticipated to be in July for 2026.

CONSEQUENCE OF NEGATIVE ACTION:
An engineer's report would not be prepared and annual assessments could not be levied to fund the costs of the improvements in the District in Fiscal Year 2026/27.

c: L. Strobel - CAO, M. Bohren - Auditor Controller, T. Geiger - County Counsel, G. Kramer- County Assessor, L. Weston - Finance, J. LaRocque- Engineering Services, R. Johnson- Special Districts, Scott Anderson-Special Districts, E. Espinoza - Francisco & Associates, Inc.

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA

and for Special Districts, Agencies and Authorities Governed by the Board

IN THE MATTER OF ORDERING THE PREPARATION AND FILING OF AN ENGINEER'S REPORT REGARDING THE PROPOSED LEVY OF ANNUAL ASSESSMENTS IN ASSESSMENT DISTRICT 1979-3 (LL-2) IN FISCAL YEAR 2026/27

The Board of Supervisors of Contra Costa County FINDS THAT:

1. Assessment District 1979-3 (LL-2), also known as the Countywide Landscaping District ("District"), was formed under the Landscaping and Lighting Act of 1972 (Streets and Highways Code, div. 15, part 2, § 22500 et seq.) ("the Act").

2. Under Streets and Highways Code section 22621, for any fiscal year during which an assessment is to be levied and collected within an existing assessment district, proceedings must be taken pursuant to Chapter 3 (Streets and Highways Code, § 22620 et seq.) of the Act.

3. Under Streets and Highways Code section 22622, the legislative body shall adopt a resolution generally describing any proposed new improvements or any substantial changes in existing improvements and ordering the engineer to prepare and file a report in accordance with Article 4 (Streets and Highways Code, § 22565 et seq.) of Chapter 1 of the Act.

NOW, THEREFORE, BE IT RESOLVED THAT:

1. No new improvements or substantial changes in existing improvements are proposed in the District in Fiscal Year 2026/27.

2. Pursuant to Streets and Highways Code section 22523, the County Public Works Senior Civil Engineer, Jocelyn LaRocque is hereby designated as engineer for the District for Fiscal Year 2026/27 for the purposes of the Act (the "Engineer of Work").

3. The Engineer of Work is ordered to prepare and file with the Clerk of the Board of Supervisors for submission to the Board of Supervisors an engineer's report for the District for Fiscal Year 2026/27 that conforms to all applicable requirements in Article 4 of Chapter 1 of the Act.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: RES 2026-85 **Agenda Date:** 3/17/2026 **Agenda #:** C.111.

To: Board of Supervisors

From: Warren Lai, Public Works Director/Chief Engineer

Report Title: Notice of Completion for the Saranap Trash Capture Installation Project, Saranap area.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ADOPT Resolution accepting as complete the contracted work performed by W. R. Forde Associates, Inc. for the Saranap Trash Capture Installation Project, as recommended by the Public Works Director, Saranap area. County Project No. 7517-6W7080, (District II)

FISCAL IMPACT:
The Project was funded by 100% Caltrans Grant Funds.

BACKGROUND:
The Public Works Director reports that said work has been inspected and complies with the approved plans, special provisions and standard specifications and recommends its acceptance as complete as of December 16, 2025.

CONSEQUENCE OF NEGATIVE ACTION:
The contractor will not be paid, and acceptance notification will not be recorded.

Recorded at the request of: Clerk of the Board
Return To: Public Works Dept

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA
and for Special Districts, Agencies and Authorities Governed by the Board Adopted
this Resolution on _____by the following vote:

AYE:	
NO:	
ABSENT:	
ABSTAIN:	
RECUSE:	

Resolution No.

IN THE MATTER OF

Owner (sole): Contra Costa County, 255 Glacier Drive, Martinez, CA 94553

Nature of Stated Owner: fee and/or easement

Project No.: 7517-6W7080

Project Name: Saranap Trash Capture Installation Project

Date of Work Completion: December 16, 2025

WHEREAS

Description: Contra Costa County on June 10, 2025 contracted with W. R. Forde Associates, Inc. for work that generally consisted of installing a prefabricated Debris Separating Baffle Box (DSBB) on Flora Avenue in the Saranap area. Work included temporary water diversion and dewatering, roadway and structure excavation, temporary shoring, installation of DSBB unit and manhole, and reconstruction of roadway, all in accordance with the plans, drawings, special provisions and/or specifications prepared by or for the Public Works Director and in accordance with the accepted bid proposal. The project was located in the Saranap area, with the Fidelity and Deposit Company of Maryland, as surety, for work to be performed on the grounds of the County; and

The Public Works Director reports that said work has been inspected and complies with the approved plans, special provisions and standard specifications and recommends its acceptance as complete as of December 16, 2025.

NOW, THEREFORE, BE IT RESOLVED

Identification of real property:

Saranap area: Flora Avenue

Fees: none
Legal References: none
Comments:

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

Contact:

ATTESTED:
Monica Nino, County Administrator and Clerk of the Board of Supervisors

By: , Deputy

Cc:

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: RES 2026-86 **Agenda Date:** 3/17/2026 **Agenda #:** C.112.

To: **Board of Supervisors**

From: Warren Lai, Public Works Director/Chief Engineer

Report Title: Approve and Authorize to fully close all of Troy Court on March 20, 2026, from 8:00 a.m. through 4:00 p.m., for the purpose of operating a crane, El Sobrante area.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ADOPT Resolution approving and authorizing the Public Works Director, or designee, to fully close all of Troy Court, on March 20, 2026, from 8:00 a.m. through 4:00 p.m., for the purpose of operating a crane for overhead service work, El Sobrante area. (District I)

FISCAL IMPACT:
No fiscal impact.

BACKGROUND:
Due to the location of the utility pole, Pacific Gas & Electric Company (PG&E) has requested a road closure for Troy Court to operate a crane for the completion of their overhead service job taking place on private property. Applicant shall follow guidelines set forth by the Public Works Department.

CONSEQUENCE OF NEGATIVE ACTION:
Applicant will be unable to close the road to complete planned overhead utility work.

c: Alex Vazquez-Engineering Services, Jesse Ma-Engineering Services, Marke Smith-Engineering Services, Bob Hendry-Engineering Services, Michelle Cordis-Maintenance, CHP, Sheriff-Patrol Div. Commander

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA

and for Special Districts, Agencies and Authorities Governed by the Board

IN THE MATTER OF: approving and authorizing the Public Works Director, or designee, to fully close all of Troy Court, on March 20, 2026, from 8:00 a.m. through 4:00 p.m., for the purpose of operating a crane for overhead service work, El Sobrante area. (District I)

RC26-11

NOW, THEREFORE, BE IT RESOLVED that permission is granted to Pacific Gas & Electric Company to fully close Troy Court, except for emergency traffic, local residents, US Postal Service and garbage trucks, on March 20, 2026, from 8:00 a.m. through 4:00 p.m., subject to the following conditions:

1. Traffic will be detoured via roads identified in a traffic control plan, reviewed by the Public Works Department. Emergency vehicles, residents within the construction area and essential services will be allowed access as required.

2. All signing to be in accordance with the California Manual on Uniform Traffic Control Devices.

3. Pacific Gas & Electric Company shall comply with the requirements of the Ordinance Code of Contra Costa County.

4. Provide the County with a Certificate of Insurance in the amount of $1,000,000.00 for Comprehensive General Public Liability which names the County as an additional insured prior to permit issuance.

5. Obtain approval for the closure from the California Highway Patrol, Sheriff's Office, and the Contra Costa Fire Protection District.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: RES 2026-87 **Agenda Date:** 3/17/2026 **Agenda #:** C.113.

To: **Board of Supervisors**

From: Warren Lai, Public Works Director/Chief Engineer

Report Title: Approve and Authorize to fully close a portion of Briones Road on April 1, 2026, from 8:00 a.m. through 5:00 p.m., for the purpose of overhead utility work and vegetation maintenance, Martinez area.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ADOPT Resolution approving and authorizing the Public Works Director, or designee, to fully close a portion of Briones Road, between 1011 Briones Road and 1020 Briones Road, on April 1, 2026, from 8:00 a.m. through 5:00 p.m., for the purpose of performing overhead utility work and vegetation maintenance, Martinez area. (District V)

FISCAL IMPACT:
No fiscal impact.

BACKGROUND:
Due to the narrow road width of Briones Road at the work site, Pacific Gas & Electric Company (PG&E) has requested the road closure to perform the overhead utility work and vegetation maintenance. There is insufficient road width to setup and operate boom trucks and safely maintain through traffic. Applicant shall follow guidelines set forth by the Public Works Department.

CONSEQUENCE OF NEGATIVE ACTION:
Applicant will be unable to close the road to complete planned overhead utility work and vegetation maintenance.

c: Alex Vazquez-Engineering Services, Jesse Ma-Engineering Servics, Marke Smith-Engineering Services, Bob Hendry-Engineering Services, Michelle Cordis-Maintenance, CHP, Sheriff-Patrol Div. Commander

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA

and for Special Districts, Agencies and Authorities Governed by the Board

IN THE MATTER OF: Approving and Authorizing the Public Works Director, or designee, to fully close a portion of Briones Road, between 1011 Briones Road and 1020 Briones Road, on April 1, 2026, from 8:00 a.m. through 5:00 p.m., for the purpose of performing overhead utility work and vegetation maintenance, Martinez area. (District V)

RC26-13

NOW, THEREFORE, BE IT RESOLVED that permission is granted to Pacific Gas & Electric Company to fully close Briones Road, between 1011 Briones Road and 1020 Briones Road, except for emergency traffic, local residents, US Postal Service and garbage trucks, on April 1, 2026, from 8:00 a.m. through 5:00 p.m., subject to the following conditions:

1. Traffic will be detoured via roads identified in a traffic control plan, reviewed by the Public Works Department. Emergency vehicles, residents within the construction area and essential services will be allowed access as required.

2. All signing to be in accordance with the California Manual on Uniform Traffic Control Devices.

3. Pacific Gas & Electric Company shall comply with the requirements of the Ordinance Code of Contra Costa County.

4. Provide the County with a Certificate of Insurance in the amount of $1,000,000.00 for Comprehensive General Public Liability which names the County as an additional insured prior to permit issuance.

5. Obtain approval for the closure from the California Highway Patrol, Sheriff's Office, and the Contra Costa Fire Protection District.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: RES 2026-88 **Agenda Date:** 3/17/2026 **Agenda #:** C.114.

To: **Board of Supervisors**

From: Warren Lai, Public Works Director/Chief Engineer

Report Title: Approve the Parcel Map for urban lot split minor subdivision MS25-00013, for a project being developed by Bryan McCormick Kelly and Laurie A. Kelly, Alamo area.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ADOPT Resolution approving the Parcel Map for urban lot split minor subdivision MS25-00013, for a project being developed by Bryan McCormick Kelly and Laurie A. Kelly, as recommended by the Public Works Director, Alamo area. (District II)

FISCAL IMPACT:
No fiscal impact.

BACKGROUND:
The Public Works has reviewed the urban lot split minor subdivision MS25-00013 and has determined that all requirements for Parcel Map approval have been satisfied.

CONSEQUENCE OF NEGATIVE ACTION:
The Parcel Map will not be approved and recorded.

c: Jocelyn LaRocque-Engineering Services, Alex Vazquez-Engineering Services, Jesse Ma-Engineering Services, Anthony DiSilvestre-Engineering Services, Randy Sanders-Design/Construction, Paul Teheney-Design/Construction, Theresa Shepherd-Design/Construction, Renee Hutchins-Records, Karen Piona-Records, Charlene Moran-Records, Chris Halford-Mapping, Dulce Reckmeyer-Walton-DCD, Bryan McCormick Kelly and Laurie A. Kelly, Fidelity National Title Company

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA

and for Special Districts, Agencies and Authorities Governed by the Board

IN THE MATTER OF: Approving the Parcel Map for urban lot split minor subdivision MS25-00013, for a project being developed by Bryan McCormick Kelly and Laurie A. Kelly, as recommended by the Public Works Director, Alamo area. (District II)

WHEREAS, the following documents were present for board approval this date:

I. Map
The Parcel Map of urban lot split minor subdivision MS25-00013, property located in the Alamo area, Supervisorial District II, said map having been certified by the proper officials.

II. Tax Letter
Letter from the County Tax Collector stating that there are no unpaid County taxes heretofore levied on the property included in said map and that the 2025-2026 tax lien has been paid in full, and the 2026-2027 tax lien, which became a lien on the first day of January, 2026 is estimated to be $30,680. Security guaranteeing payment of said tax lien is as follows:

- Tax Surety

Auditor's Deposit Permit No. DP931903 Date: February 27, 2026

Amount: $30,680

Submitted by: Bryan Kelly

NOW, THEREFORE, BE IT RESOLVED

1. That said subdivision, together with the provisions for its design and improvement, is DETERMINED to be consistent with the County's general and specific plans.
2. That said Parcel Map is APPROVED and this Board does hereby accept subject to installation and acceptance of improvements on behalf of the public any of the streets, paths, or easements shown thereon as dedicated to public use.

PARCEL MAP

SUBDIVISION MS25-00013
URBAN LOT SPLIT

BEING ALL OF LOT 14 OF
TRACT 2576 (68-M-37)

UNINCORPORATED
CONTRA COSTA COUNTY, CALIFORNIA

DeBolt Civil Engineering
Danville, California 94526

FEBRUARY 2026

NOTES:

1) EACH LOT CREATED BY THE PARCEL MAP MUST BE USED SOLELY FOR RESIDENTIAL USES.
2) NO MORE THAN TWO SINGLE-FAMILY DWELLINGS ARE PERMITTED ON EACH LOT.
3) NEITHER AN ACCESSORY DWELLING UNIT NOR JUNIOR ACCESSORY DWELLING UNIT IS PERMITTED ON A LOT THAT INCLUDES TWO SINGLE-FAMILY DWELLINGS.
4) NO RESIDENTIAL UNIT ON A LOT CREATED BY THE PARCEL MAP MAY BE RENTED OR IS PERMITTED ON A LOT THAT INCLUDES TWO SINGLE-FAMILY DWELLINGS.

OWNERS' STATEMENT

THE UNDERSIGNED, BEING THE ONLY PARTIES HAVING A RECORD TITLE INTEREST IN THE LANDS DELINEATED AND EMBRACED WITHIN THE HEAVY BLACK LINES UPON THIS MAP, DO HEREBY JOIN IN AND CONSENT TO THE MAKING AND RECORDATION OF THE SAME.

THIS MAP SHOWS ALL EASEMENTS ON THE PREMISES, OR OF RECORD.

AS OWNERS: BRYAN McCORMICK KELLY AND LAURIE A. KELLY, HUSBAND AND WIFE

Bryan McCormick Kelly
BRYAN McCORMICK KELLY

Laurie A. Kelly
LAURIE A. KELLY

OWNERS' ACKNOWLEDGMENT

A NOTARY PUBLIC OR OTHER OFFICER COMPLETING THIS CERTIFICATE VERIFIES ONLY THE IDENTITY OF THE INDIVIDUAL WHO SIGNED THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED, AND NOT THE TRUTHFULNESS, ACCURACY, OR VALIDITY OF THAT DOCUMENT.

STATE OF California)
COUNTY OF Contra Costa) SS

ON Feb. 24, 2026 BEFORE ME, Cora Angel, Notary Public,

PERSONALLY APPEARED Bryan McCormick Kelly and Laurie A. Kelly
WHO PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHOSE NAME(S) IS/ARE SUBSCRIBED TO THE ABOVE INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE/SHE/THEY EXECUTED THE SAME IN HIS/HER/THEIR AUTHORIZED CAPACITY(IES) AND THAT BY HIS/HER/THEIR SIGNATURE(S) ON THE ABOVE STATEMENT THE PERSON(S) OR THE ENTITY UPON BEHALF OF WHICH THE PERSON(S) ACTED, EXECUTED THE ABOVE INSTRUMENT.
I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF California THAT THE FOREGOING PARAGRAPH IS TRUE AND CORRECT.

WITNESS MY HAND AND OFFICIAL SEAL.

SIGNATURE OF NOTARY: Cora Angel
PRINT NAME OF NOTARY: Cora Angel
MY COMMISSION NUMBER: 2519743
MY COMMISSION EXPIRES: May 27, 2029
COUNTY OF PRINCIPAL PLACE OF BUSINESS: Contra Costa

COUNTY SURVEYOR'S STATEMENT

THIS MAP WAS EXAMINED BY ME AND IS SUBSTANTIALLY THE SAME AS IT APPEARED ON THE TENTATIVE MAP IF REQUIRED, AND ANY APPROVED ALTERATIONS THEREOF. ALL PROVISIONS OF THE SUBDIVISION MAP ACT AND OF ANY LOCAL ORDINANCES APPLICABLE AT THE TIME OF APPROVAL OF THE TENTATIVE MAP IF REQUIRED, HAVE BEEN COMPLIED WITH. I AM SATISFIED THAT THE MAP IS TECHNICALLY CORRECT.

DANA M. TREZISE, P.L.S. 7438
COUNTY SURVEYOR

DATE: _____

CLERK OF THE BOARD OF SUPERVISORS CERTIFICATE

STATE OF CALIFORNIA)
COUNTY OF CONTRA COSTA) SS

I, MONICA NINO, CLERK OF THE BOARD OF SUPERVISORS AND COUNTY ADMINISTRATOR OF THE COUNTY OF CONTRA COSTA, STATE OF CALIFORNIA, DO HEREBY CERTIFY THAT THE ABOVE AND FOREGOING PARCEL MAP ENTITLED "SUBDIVISION MS25-00013" WAS PRESENTED TO SAID BOARD OF SUPERVISORS, AS PROVIDED BY LAW, AT A REGULAR MEETING THEREOF HELD ON THE _____ DAY OF _____, 20____, AND THAT SAID BOARD OF SUPERVISORS DID THEREUPON BY RESOLUTION DULY PASSED AND ADOPTED AT SAID MEETING, APPROVE SAID PARCEL MAP, AND DID ACCEPT SUBJECT TO INSTALLATION AND ACCEPTANCE OF IMPROVEMENTS ON BEHALF OF THE PUBLIC ALL OF THE STREETS, ROADS, AVENUES, OR EASEMENTS SHOWN THEREON AS DEDICATED TO PUBLIC USE.

I FURTHER CERTIFY THAT ALL TAX LIENS HAVE BEEN SATISFIED AND THAT ALL BONDS AS REQUIRED BY LAW TO ACCOMPANY THE WITHIN MAP HAVE BEEN APPROVED BY THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, AND FILED IN MY OFFICE.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND THIS _____ DAY OF _____, 20____.

MONICA NINO
CLERK OF THE BOARD OF SUPERVISORS AND COUNTY ADMINISTRATOR OF THE COUNTY OF CONTRA COSTA, STATE OF CALIFORNIA

BY: _____
DEPUTY CLERK

SURVEYOR'S STATEMENT

THIS MAP WAS PREPARED BY ME OR UNDER MY DIRECTION AND IS BASED ON A FIELD SURVEY IN CONFORMANCE TO THE REQUIREMENTS OF THE SUBDIVISION MAP ACT AND LOCAL ORDINANCE AT THE REQUEST OF BRYAN KELLY ON OCTOBER 02, 2025. I HEREBY STATE THAT ALL THE MONUMENTS ARE OF CHARACTER AND OCCUPY THE POSITIONS INDICATED OR THAT THEY WILL BE SET IN THOSE POSITIONS BEFORE DECEMBER 31, 2026, AND THAT THE MONUMENTS ARE, OR WILL BE, SUFFICIENT TO ENABLE THE SURVEY TO BE RETRACED.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND ON THIS 24th DAY OF February 20 26.

EASTON C. McALLISTER L.S. 9583

RECORDER'S STATEMENT

FILED THIS _____ DAY OF _____, 20____, AT _____M. IN BOOK _____ OF PARCEL MAPS, AT PAGE _____, AT THE REQUEST OF CHICAGO TITLE INSURANCE COMPANY.

DOCUMENT NUMBER _____

KRISTIN B. CONNELLY
COUNTY RECORDER IN AND FOR THE COUNTY OF CONTRA COSTA, STATE OF CALIFORNIA

BY: _____
DEPUTY COUNTY RECORDER

JOB NO. 25161

A.P.N. 192-050-014

984

PARCEL MAP

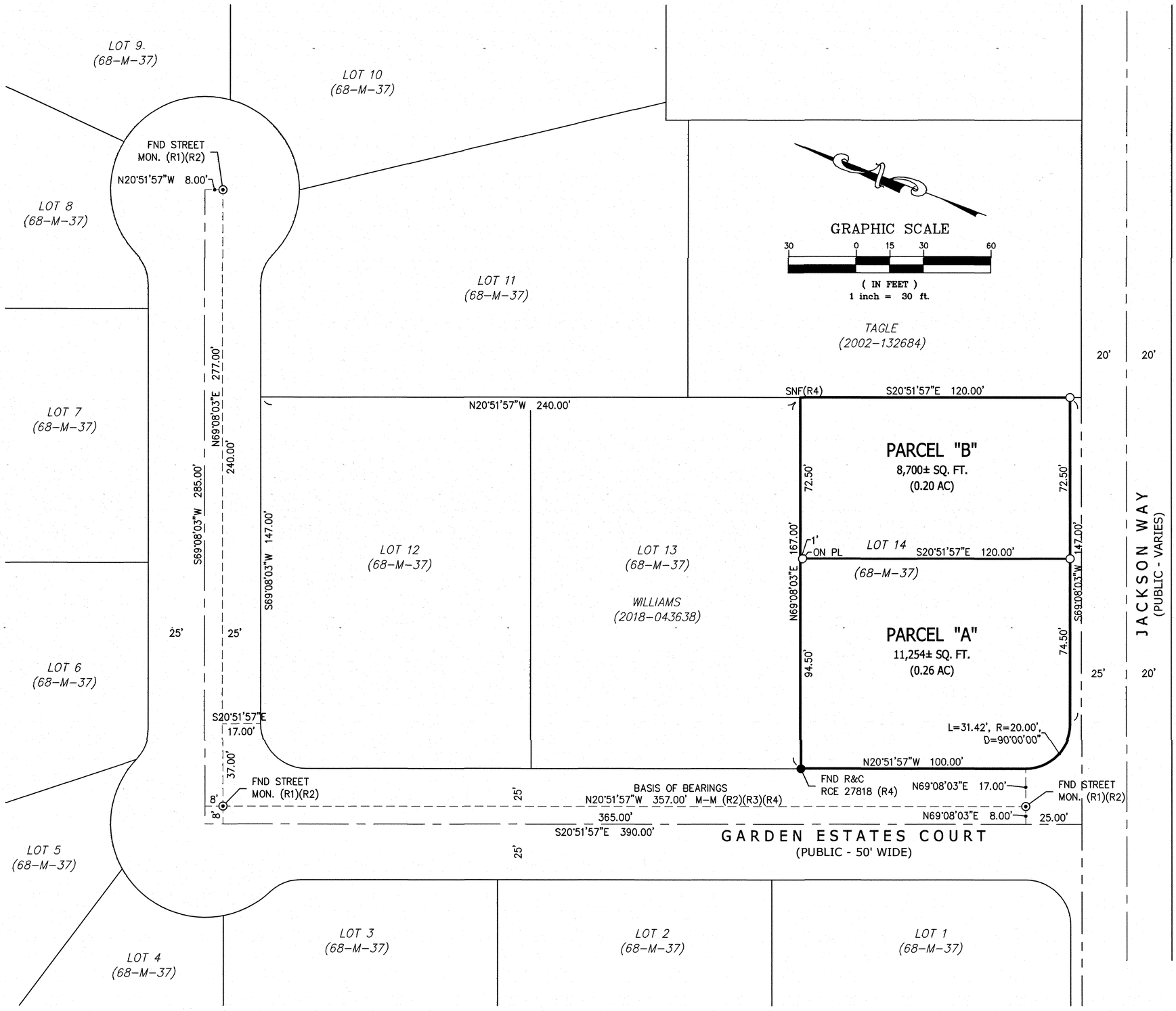
SUBDIVISION MS25-00013
URBAN LOT SPLIT

BEING ALL OF LOT 14 OF
TRACT 2576 (68-M-37)

UNINCORPORATED
CONTRA COSTA COUNTY, CALIFORNIA

DeBolt Civil Engineering
Danville, California 94526

FEBRUARY 2026



LEGEND

⊙	FOUND STREET MONUMENT
●	FOUND REBAR & CAP -- RCE 27818
○	SET 1/2" REBAR & CAP -- LS 9583
———	SUBDIVISION BOUNDARY LINE
———	NEW LOT LINE
———	ADJACENT PROPERTY LINE
—— – ——	CENTER LINE
– – – – –	TIE LINE
R&C	REBAR & CAP

REFERENCES

(R1) DEED TO KELLY (2024-039886)
(R2) MAP OF TRACT 2576 (68-M-37)
(R3) RECORD OF SURVEY (147-LSM-21)
(R4) CORNER RECORD (110-CR-49)

BASIS OF BEARINGS

THE BEARING OF THE LINE BETWEEN FOUND MONUMENTS IN GARDEN ESTATES COURT IS TAKEN TO BE NORTH 20°51'57" WEST AS SHOWN ON THE SUBDIVISION MAP OF TRACT 2576 (68-M-37). ALL BEARINGS HEREIN MENTIONED ARE RELATED THERETO AND ALL DISTANCES SHOWN ARE IN FEET AND DECIMALS THEREOF.

JOB NO. 25161 A.P.N. 192-050-014 SHEET 2 OF 2 SHEETS

VOID AFTER **4/11/26**

Fidelity National $ 47.00

Contra Costa County

Treasurer-Tax Collector
625 Court Street Rm 100
P. O. Box 631
Martinez, California 94553-0063

Telephone: (925) 608-9500
Fax: (925) 608-9598
Taxinfo@tax.cccounty.us

Dan M. Mierzwa
County Treasurer-Tax Collector

Danielle Goodbar
Tax Operations Supervisor

Date: 2/25/2026

IF THIS TRACT IS NOT FILED PRIOR TO THE DATE TAXES ARE OPEN FOR COLLECTION (R&T CODE 2608) ***THIS LETTER IS VOID.***

This will certify that I have examined the map of the proposed subdivision entitled:

Tract / MS #	City	T.R.A.
MS 25-0013	**Alamo**	**66015**

Parcel #: **192-050-014-5**

and have determined from the official tax records that there are no unpaid County taxes heretofore levied on the property included in the map.

The 2025-2026 tax lien has been paid in full. Our estimate of the 2026-2027 tax lien, which became a Lien on the **1st day of January, 2026** is :

$30,680.00

The amount calculated is ***void*** 45 days from the date of this letter, unless this letter is accompanied with security approved by the Contra Costa County Tax Collector
Subdivision bond must be presented to the County Tax Collector for review and approval of adequacy of security prior to filing with the Clerk of the Board of Supervisors.

DAN M. MIERZWA
Treasurer-Tax Collector
By: _____

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: RES 2026-89 **Agenda Date:** 3/17/2026 **Agenda #:** C.115.

To: **Board of Supervisors**

From: Warren Lai, Public Works Director/Chief Engineer

Report Title: Report Title: Approve and Authorize to fully close a portion of Sobrante Avenue on April 9, 2026, from 7:30 a.m. through 5:30 p.m., for the purpose of a utility pole replacement, El Sobrante area.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
ADOPT Resolution approving and authorizing the Public Works Director, or designee, to fully close a portion of Sobrante Avenue, between 5701 Sobrante Avenue and 5741 Sobrante Avenue, on April 9, 2026, from 7:30 a.m. through 5:30 p.m., for the purpose of replacing a utility pole, El Sobrante area. (District I)

FISCAL IMPACT:
No fiscal impact.

BACKGROUND:
Due to the narrow road width of Sobrante Avenue at the work site, Pacific Gas & Electric Company (PG&E) has requested the road closure to replace the existing utility pole. There is insufficient road width to setup and operate boom trucks and safely maintain through traffic. Applicant shall follow guidelines set forth by the Public Works Department.

CONSEQUENCE OF NEGATIVE ACTION:
Applicant will be unable to close the road to complete planned utility pole replacement.

c: Alex Vazquez-Engineering Services, Jesse Ma-Engineering Services, Marke Smith-Engineering Services, Bob Hendry-Engineering Services, Michelle Cordis-Maintenance, CHP, Sheriff-Patrol Div. Commander

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA

and for Special Districts, Agencies and Authorities Governed by the Board

IN THE MATTER OF: Approving and Authorizing the Public Works Director, or designee, to fully close a portion of Sobrante Avenue, between 5701 Sobrante Avenue and 5741 Sobrante Avenue, on April 9, 2026, from 7:30 a.m. through 5:30 p.m., for the purpose of replacing a utility pole, El Sobrante area. (District I)

RC26-12

NOW, THEREFORE, BE IT RESOLVED that permission is granted to Pacific Gas & Electric Company to fully close Sobrante Avenue, between 5701 Sobrante Avenue and 5741 Sobrante Avenue, except for emergency traffic, local residents, US Postal Service and garbage trucks, on April 9, 2026, from 7:30 a.m. through 5:30 p.m., subject to the following conditions:

1. Traffic will be detoured via roads identified in a traffic control plan, reviewed by the Public Works Department. Emergency vehicles, residents within the construction area and essential services will be allowed access as required.

2. All signing to be in accordance with the California Manual on Uniform Traffic Control Devices.

3. Pacific Gas & Electric Company shall comply with the requirements of the Ordinance Code of Contra Costa County.

4. Provide the County with a Certificate of Insurance in the amount of $1,000,000.00 for Comprehensive General Public Liability which names the County as an additional insured prior to permit issuance.

5. Obtain approval for the closure from the California Highway Patrol, Sheriff's Office, and the Contra Costa Fire Protection District.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1066 **Agenda Date:** 3/17/2026 **Agenda #:** C.116.

To: Board of Supervisors

From: Warren Lai, Public Works Director/Chief Engineer

Report Title: APPROVE and AUTHORIZE Budget Amendment No. BDA-26-00559 for the East County Service Center Project.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE Budget Amendment No. BDA-26-00559 authorizing the appropriation of $30,000,000 from General Fund Capital Reserve for the construction of the 117,000 square foot government services center in Brentwood, the East County Service Center Project.

FISCAL IMPACT:
The transfer of $30,000,000 from the General Fund Capital Reserve will provide the necessary budget to begin phased contract work on the East County Service Center Project.

BACKGROUND:
East County Service Center Project Background On March 7, 2006, the Board of Supervisors directed the County Administrator's Office to conduct a regional needs assessment to determine if County departments providing services to the public had equitable distribution across the county. On May 9, 2006 the Board accepted the regional needs assessment report from the County Administrator's Office which identified East County as the geographically disadvantaged in relation to County service delivery and recommended that the County plan to add, expand and replace aging facilities to accommodate that changing population and growing demand for services. On January 18, 2011, in response to the regional needs assessment, the Board of Supervisors authorized the purchase of 2.83 acres on Technology Way in Brentwood at a cost of $1.3 million for the eventual construction of the East County Government Center. The Board's direction to construct regional service centers was reaffirmed on September 20, 2022, when the Board of Supervisors adopted the Capital Facilities Master Plan, which again identified the need for equitable distribution of County services by means of creating regional service centers in East, Central, and West County. East County was identified as the first of the regional service centers for construction given the ongoing rapid population growth. In March of 2025, the County began the procurement process for a Design-Build team for this project through the release of a Request for Qualifications (RFQ), resulting in the selection of Webcor Construction, whose Phase 1 - Preconstruction/Design Contract for this project was approved by the Board on July 8, 2025. Details of the overall procurement process for this project are listed in the attached staff report to the Board dated July 8, 2025. On May 13, 2025, the Board of Supervisors authorized the purchase of an additional five acres on an adjoining parcel to expand the site plan of the ECSC Project to approximately 8 acres. County staff have actively solicited local input from City of Brentwood staff and elected leadership in a series of meetings between October 2024 and January 2026; exact dates of these meetings are referenced in the attached

correspondence to the Brentwood City Manager, dated February 17, 2026. The approval of this action, including the contract award to begin Phase 2 - Construction, will keep this project on schedule with an estimated completion date in December 2027.

CONSEQUENCE OF NEGATIVE ACTION:
Public Works will not have adequate budget to continue with the East County service Center Project

View Budget Amendment: Budget Amendment: FY 2025-26 - Operating Budget on 03/03/2026 : BDA-26-00559

Company	Contra Costa County
Budget Template	Operating Budget : FY 2025-26 Operating Budget
Budget	FY 2025-26 Operating Budget
Organizing Dimension Type	
Amendment ID	BDA-26-00559
Amendment Date	03/03/2026
Description	To appropriate funding from Capital Reserves for the East County Service Center project WH429A.
Amendment Type	Appropriation / Estimated Revenue Adjustment
Balanced Amendment	Yes
Entry Type	Mid-Year Adjustments
Status	In Progress

Budget Amendment Entries

Period	*Ledger Account/Summary	Home Organization	*Cost Center	*Fund	Debit Amount	Credit Amount	Memo	Exceptions
FY 2025-26 Year (FY 2025-26 Operating Budget)	4429:000-EAST COUNTY SVC CNTR	4503 PW FINANCE (Home Org)	4435 PLANT ACQ-UNDESIGNATED	100300 GENERAL	$30,000,000.00	$0.00	To appropriate funding from Capital Reserves for the East County Service Center project WH429A.	Warning : - Home Org on Budget Line Not Equal Initiator's Home Org
FY 2025-26 Year (FY 2025-26 Operating Budget)	9990:APPROPRIATED FUND BAL	4503 PW FINANCE (Home Org)	0005 REVENUE - GENERAL COUNTY	100300 GENERAL	$0.00	$30,000,000.00	To appropriate funding from Capital Reserves for the East County Service Center project WH429A.	Warning : - Home Org on Budget Line Not Equal Initiator's Home Org

3.3 BOS Action on ECSC.pdf

File Name	3.3 BOS Action on ECSC.pdf
Content Type	application/pdf
Updated By	Lauren Weston
Upload Date	02/26/2026 03:37:33 PM
Comment	

Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Budget Amendment Event	Budget Amendment Event	Step Completed	03/04/2026 02:37:24 PM	03/05/2026	Lauren Weston	1	

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Budget Amendment Event	Review Budget Amendment	Not Required		03/05/2026		0	
Budget Amendment Event	Approval by Department Approver – Budget Amendment	Approved	03/04/2026 02:42:01 PM		Nathalie Cetoute (Department Approver – Budget Amendment)	1	
Budget Amendment Event	Review Budget Amendment	Awaiting Action		03/05/2026	Analiza Pinlac (Budget Specialist (Auditor Office))	3	
					Xia Zhang (Budget Specialist (Auditor Office))		
					Yesenia Campos (Budget Specialist (Auditor Office))		

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1067 **Agenda Date:** 3/17/2026 **Agenda #:** C.117.

To: Board of Supervisors

From: Warren Lai, Public Works Director/Chief Engineer

Report Title: APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract with Westwood Professional Services, Inc., to provide on-call landscape architect services, Countywide.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract with Westwood Professional Services, Inc., in an amount not to exceed $500,000, to provide on-call landscape architect services for the period April 1, 2026, through March 31, 2029, Countywide. (100% Special Districts Funds)

FISCAL IMPACT:
100% Special Districts Funds.

BACKGROUND:
The Public Works Department is involved in the development and review of landscape improvement projects throughout the County. As part of this regular work, consultant services are required to provide special technical assistance on an on-call basis. After a solicitation process, Westwood Professional Services, Inc., was one of three firms selected to provide landscape architecture services. These services include managing, inspecting, and overseeing developer and County landscape projects, as well as performing the duties of a landscape designer, landscape architect, landscape plan checker, landscape construction field inspector, grounds, and facilities inspector and/or playground safety inspector. The consultant will be involved in projects primarily for areas within the Countywide Landscaping District (LL-2), County Service Areas (CSAs) and County Facilities Districts (CFDs).

CONSEQUENCE OF NEGATIVE ACTION:
Without the approval of the Board of Supervisors, this Consulting Services Agreement would not be executed. This would delay landscape improvement projects for various special districts within the County, interrupting funding, and delivery of public services.

C: Jocelyn LaRocque -Engineering Services, Rochelle Johnson-Special Districts, Jeryck Acuña, Special Districts

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1068 **Agenda Date:** 3/17/2026 **Agenda #:** C.118.

To: Board of Supervisors

From: Warren Lai, Public Works Director/Chief Engineer

Report Title: Contract Amendment for the As-Needed Supplemental Vegetation Management for Contra Costa County Flood and Water Conservation District

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract amendment with Civicorps, to extend the term through April 30, 2027, and to increase the payment limit by $200,000 to a new payment limit of $400,000, to continue providing maintenance support to road and flood control vegetation management work, Countywide.

FISCAL IMPACT:
100% Local Road and Flood Control District Funds.

BACKGROUND:
On May 1, 2025, the County awarded an as-needed supplemental vegetation management contract to assist Public Works Maintenance crews with routine and emergency road and flood control vegetation work that may be time-sensitive. A $200,000 contract was awarded to Civicorps for initial one-year term.

To retain the services of, and to ensure timely payment to Civicorps, the Public Works Director recommends that the Board approve Contract Amendment No. 1. This amendment will extend the term of the contracts through April 30, 2027, and will also increase the payment limit of the contract by $200,000 to a new payment limit of $400,000.

CONSEQUENCE OF NEGATIVE ACTION:
Failure to approve the contract amendment may prevent the Public Works Department from completing routine road and flood control maintenance work in a timely manner.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1069 **Agenda Date:** 3/17/2026 **Agenda #:** C.119.

To: Board of Supervisors

From: Warren Lai, Public Works Director/Chief Engineer

Report Title: Contract Amendment for the 2024 On-Call Grinding Services Contract for Various Road Maintenance Work, Countywide.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Public Works Director, or designee, to execute individual contract amendments with Anrak Corporation and Pavement Recycling Systems, Inc., to extend the term through May 20, 2027, with no change to the payment limit, for continued on-call grinding services for various road maintenance work, Countywide.

FISCAL IMPACT:
No fiscal impact.

BACKGROUND:
On May 21, 2024, the County awarded two (2) on-call grinding services contracts. A $200,000 contract was awarded to each of the following contractors: Anrak Corporation and Pavement Recycling Systems, Inc. The contracts have a term of one year, with the option of two one-year extensions.

On May 13, 2025, the Board of Supervisors approved Contract Amendment No. 1 for Anrak Corporation and Pavement Recycling Systems, Inc., extending the contract terms from May 20, 2025 through May 20, 2026 and increasing the payment limit from $200,000 to $400,000.

To retain the services of, and to ensure timely payment to, Anrak Corporation and Pavement Recycling Systems, Inc, the Public Works Director recommends that the Board approve Contract Amendment No. 2. This amendment will extend the term of the contracts through May 20, 2027. There are no changes to the maximum payment limits.

CONSEQUENCE OF NEGATIVE ACTION:
Failure to approve the contract amendment will prevent the Public Works Department from completing routine and emergency road maintenance work in a timely manner.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1070 **Agenda Date:** 3/17/2026 **Agenda #:** C.120.

To: Board of Supervisors

From: Warren Lai, Public Works Director/Chief Engineer

Report Title: Execute a contract amendment with Montrose Environmental Solutions, Inc.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract amendment with Montrose Environmental Solutions, Inc., effective March 17, 2026, to increase the payment limit by $400,000 to a new payment limit of $750,000 and extend the term through September 14, 2028, for on-call biological consulting services, Countywide.

FISCAL IMPACT:
Local Road and Flood Control Funds. (100% Various Funds)

BACKGROUND:
The County Public Works Department maintains and improves County-owned infrastructure in unincorporated areas of the County which include roads, bridges, flood control channels and basins, buildings, parks, and two airports. Public agency projects must comply with federal, state, and local environmental regulations including but not limited to the National Environmental Policy Act through federal agencies such as the Federal Highway Administration/California Department of Transportation (Caltrans), Federal Aviation Administration, Federal Emergency Management Agency, and U.S. Army Corps of Engineers when there is a nexus; the California Environmental Quality Act as well as regulatory agency permits, including but not limited to, Department of Fish and Wildlife, Regional Water Quality Control Board, and East Contra Costa County Habitat Conservation/Natural Community Conservation Plan.

The Environmental Services Division of the County Public Works Department ensures Public Works projects comply with applicable environmental regulations and as such requires support from qualified specialists to assess potential project impacts, document the findings and provide measures to avoid, minimize, and mitigate potential impacts as well as provide monitoring of construction sites when required by regulatory agencies. These on-call biological consulting contracts will provide specialists including but not limited to arboriculturists, botanists, wetland delineation specialists, and wildlife biologists.

In accordance with Government Code section 4526, the Environmental Services Division solicited Statements of Qualifications from biological consulting firms and Montrose Environmental Solutions, Inc. was one of the consultants awarded for these services. At its September 12, 2023 meeting, the Board approved a contract with Montrose Environmental Solutions, Inc., in an amount not to exceed $350,000, for the period of September 15, 2023 through September 14, 2026.

Environmental Services is requesting Amendment No. 1 with Montrose Environmental Solutions, Inc. to be approved, increasing the payment limit to $750,000 and extending the term through September 14, 2028 to ensure the County has continued access to the consultant's services.

CONSEQUENCE OF NEGATIVE ACTION:
Without approval from the Board of Supervisors, necessary environmental clearances may not be obtained, which may jeopardize funding and delay construction of various Public Works projects and maintenance activities subject to environmental compliance requirements.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1071 **Agenda Date:** 3/17/2026 **Agenda #:** C.121.

To: Board of Supervisors

From: Warren Lai, Public Works Director/Chief Engineer

Report Title: Execute a contract amendment with Dudek

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract amendment with Dudek, effective March 17, 2026, to increase the payment limit by $600,000 to a new payment limit of $950,000 and extend the term through September 14, 2028, for on-call biological consulting services, Countywide.

FISCAL IMPACT:
Local Road and Flood Control Funds. (100% Various Funds)

BACKGROUND:
The County Public Works Department maintains and improves County-owned infrastructure in unincorporated areas of the County which include roads, bridges, flood control channels and basins, buildings, parks, and two airports. Public agency projects must comply with federal, state, and local environmental regulations including but not limited to the National Environmental Policy Act through federal agencies such as the Federal Highway Administration/California Department of Transportation (Caltrans), Federal Aviation Administration, Federal Emergency Management Agency, and U.S. Army Corps of Engineers when there is a nexus; the California Environmental Quality Act as well as regulatory agency permits, including but not limited to, Department of Fish and Wildlife, Regional Water Quality Control Board, and East Contra Costa County Habitat Conservation/Natural Community Conservation Plan.

The Environmental Services Division of the County Public Works Department ensures Public Works projects comply with applicable environmental regulations and as such requires support from qualified specialists to assess potential project impacts, document the findings and provide measures to avoid, minimize, and mitigate potential impacts as well as provide monitoring of construction sites when required by regulatory agencies. These on-call biological consulting contracts will provide specialists including but not limited to arboriculturists, botanists, wetland delineation specialists, and wildlife biologists.

In accordance with Government Code section 4526, the Environmental Services Division solicited Statements of Qualifications from biological consulting firms and Dudek was one of the consultants awarded for these services. At its September 12, 2023, meeting, the Board approved a contract with Dudek, in an amount not to exceed $350,000, for the period of September 15, 2023, through September 14, 2026.

Environmental Services is requesting Amendment No. 1 with Dudek to be approved, increasing the payment limit to $950,000 and extending the term through September 14, 2028, to ensure the County has continued access to the consultant's services.

CONSEQUENCE OF NEGATIVE ACTION:
Without approval from the Board of Supervisors, necessary environmental clearances may not be obtained, which may jeopardize funding and delay construction of various Public Works projects and maintenance activities subject to environmental compliance requirements.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1072 **Agenda Date:** 3/17/2026 **Agenda #:** C.122.

To: Board of Supervisors

From: Warren Lai, Public Works Director/Chief Engineer

Report Title: Approve Budget Amendment No. BDA-26-00562 authorizing the transfer of appropriations within Fund 100300 (General Fund) in the amount of $6,120,000 from Undesignated Capital Projects Org 4435 -4470 to Minor Building Improvements Org 0080-2284 for various projects. (100% General Fund)

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE Budget Amendment No. BDA-26-00562 to transfer appropriations from Undesignated Capital, budget unit 0111 to budget unit 0080 for various facilities renewal/replacement/enhancement projects in the amount of $6,120,000.

FISCAL IMPACT:
100% General Fund

BACKGROUND:
Funds in the amount of $6,120,000 have been allocated to budget unit 0111 for various projects that have not met the criteria for capitalization. These projects should therefore be funded by BU 0080 Minor Building Improvements.

CONSEQUENCE OF NEGATIVE ACTION:
Funding for projects will remain in Capital Projects budget unit 0111 and will not be consolidated with BU 0080 funding.

FY25-26 Capital Projects

Agency	Project Title	Project Location	Project Type	FY25-26 General Fund
Animal Services	HVAC - Animal Shelter	4800 Imhoff Pl, Martinez	Renewal/Replacement	$300,000
Court	751 Pine Parking Lot Repaving	751 Pine St, Martinez	Renewal/Replacement	$250,000
DoIT	30 Douglas Minor Repairs	30 Douglas Dr, Martinez	Enhancement	$100,000
EHSD	Painting - 1001 So. 57th St	1001 So. 57th St, Richmond	Renewal/Replacement	$220,000
EHSD	Painting - 1650 Cavaloo Rd	1650 Cavaloo Rd, Antioch	Renewal/Replacement	$180,000
EHSD	Painting - 3068 Grant St	3068 Grant St, Concord	Renewal/Replacement	$110,000
EHSD	Roofing - 55 Castlewood	55 Castlewood	Renewal/Replacement	$90,000
Probation	HVAC - 202 Glacier Dr	202 Glacier Dr, Martinez	Renewal/Replacement	$60,000
Public Defender	Painting - 3811 Bisell Ave	3811 Bisell Ave, Richmond	Renewal/Replacement	$240,000
Public Works	Fluorescent Lighting Replacement	Various	Facilities Maintenance	$1,500,000
Sheriff	HVAC - 40 Glacier Dr	40 Glacier Dr, Martinez	Renewal/Replacement	$30,000
Sheriff	Roofing - 221 Rodeo Ave	221 Rodeo Ave, Rodeo	Renewal/Replacement	$40,000
Sheriff Detention	Infrared testing of critical facilities	Various	Facilities Maintenance	$3,000,000
				$6,120,000

View Budget Amendment: Budget Amendment: FY 2025-26 - Operating Budget on 03/02/2026 : BDA-26-00562

Company	Contra Costa County
Budget Template	Operating Budget : FY 2025-26 Operating Budget
Budget	FY 2025-26 Operating Budget
Organizing Dimension Type	
Amendment ID	BDA-26-00562
Amendment Date	03/02/2026
Description	Move budget from 0111 to BU 0080
Amendment Type	Appropriation / Estimated Revenue Adjustment
Balanced Amendment	Yes
Entry Type	Mid-Year Adjustments
Status	In Progress

Budget Amendment Entries

Period	*Ledger Account/Summary	Home Organization	*Cost Center	*Fund	Debit Amount	Credit Amount	Memo	Exceptions
FY 2025-26 Year (FY 2025-26 Operating Budget)	2284:REQUESTED MAINTENANCE	4503 PW FINANCE (Home Org)	0080 MINOR BLDG. IMPROVEMENTS	100300 GENERAL	$6,120,000.00	$0.00	Move budget from 0111 to BU 0080	Warning : - Home Org on Budget Line Not Equal Initiator's Home Org
FY 2025-26 Year (FY 2025-26 Operating Budget)	4470:UNDESIGNATED CAP PROJECTS	4503 PW FINANCE (Home Org)	4435 PLANT ACQ-UNDESIGNATED	100300 GENERAL	$0.00	$6,120,000.00	Move budget from 0111 to BU 0080	Warning : - Home Org on Budget Line Not Equal Initiator's Home Org

Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Budget Amendment Event	Budget Amendment Event	Step Completed	03/02/2026 11:02:41 AM	03/03/2026	Sean Silveira	1	
Budget Amendment Event	Review Budget Amendment	Not Required		03/03/2026		0	
Budget Amendment Event	Approval by Department Approver – Budget Amendment	Approved	03/03/2026 07:10:31 AM		Nathalie Cetoute (Department Approver – Budget Amendment)	1	
Budget Amendment Event	Review Budget Amendment	Awaiting Action		03/03/2026	Analiza Pinlac (Budget Specialist (Auditor Office))	3	
					Xia Zhang (Budget Specialist (Auditor Office))		

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
					Yesenia Campos (Budget Specialist (Auditor Office))		

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1073 **Agenda Date:** 3/17/2026 **Agenda #:** C.123.

To: Board of Supervisors

From: Warren Lai, Public Works Director/Chief Engineer

Report Title: Purchase Order for Traffic and Parking Control Co., LLC, Countywide.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute, on behalf of the Public Works Director, a purchase order with Traffic and Parking Control Co., LLC, in an amount not to exceed $25,000 to supply traffic control products and supplies on an as-needed basis for the period of April 1, 2026 through March 31, 2027, Countywide.

FISCAL IMPACT:
Facilities Maintenance Budget. (100% General Fund)

BACKGROUND:
The Public Works Department, Facilities Services Division, is responsible for maintaining all County buildings, properties, and roads. Traffic control repairs and improvements are included in this required maintenance.

Facilities Services Division uses Traffic and Parking Control Co., LLC as our provider for traffic signal controllers, sensors, and other related electronic supplies.

The Traffic and Parking Control Co., LLC Terms and Conditions contain limitation of liability and liability cap language that has been reviewed by County Counsel.

Facilities Services is requesting approval for a one-year purchase order with Traffic and Parking Control Co., LLC for the term April 1, 2026 through March 31, 2027, in the amount of $25,000.

CONSEQUENCE OF NEGATIVE ACTION:
If this purchase order is not approved, procurement of traffic control parts and equipment with Traffic and Parking Control Co., LLC will not be able to continue, and access to traffic control signals and sensors will be limited.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1074 **Agenda Date:** 3/17/2026 **Agenda #:** C.124.

To: Board of Supervisors

From: Warren Lai, Public Works Director/Chief Engineer

Report Title: Contract with West Coast Electric Service Company, Inc. for On-Call Electrical Main Switchgear and Infrared Testing Maintenance and Repair Services, Countywide.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract with West Coast Electric Service Company, Inc. in an amount not to exceed $1,500,000, to provide on-call electrical main switchgear and infrared testing maintenance and repair services at various County sites and facilities, for the period of March 1, 2026 through February 28, 2031, Countywide.

FISCAL IMPACT:
Facilities Maintenance Budget. (100% General Fund)

BACKGROUND:
The Public Works Department, Facilities Services, is responsible for the maintenance and repair of all County buildings and facilities. Government Code Section 25358 authorizes the County to contract for the maintenance and upkeep of County facilities. Electrical main switchgear repairs, infrared testing, and upgrades to County high voltage and medium voltage electrical systems are included in this type of maintenance.

The Public Works Department recently conducted a formal solicitation for on-call electrical main switchgear and infrared testing maintenance and repair services in July of 2025. The Request for Proposal was originally bid on Bidnet Direct #RFP_F-CONTR-0000000103. After thorough evaluation of the bids received, West Coast Electric Service Company, Inc. was one of three contractors awarded for these services. This contract will have a term of five (5) years. The contract payment limit will be $1,500,000.

Facilities Services is requesting approval of a contract with West Coast Electric Service Company, Inc. for the term March 1, 2026 through February 28, 2031, in the amount of $1,500,000.

CONSEQUENCE OF NEGATIVE ACTION:
If this contract is not approved, on-call electrical main switchgear and infrared testing maintenance and repair services with West Coast Electric Service Company, Inc. will not be able to begin, and future main switchgear electrical projects and repairs will not be completed in a timely manner.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1075 **Agenda Date:** 3/17/2026 **Agenda #:** C.125.

To: Board of Supervisors

From: Warren Lai, Public Works Director/Chief Engineer

Report Title: Design Build Procurement for the Upgrade Nurse Call System at CCRMC

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

APPROVE and AUTHORIZE the Public Works Director to issue a Request for Qualifications (RFQ) and a Request for Proposals (RFP) for the selection of a Design-Build entity for the Upgrade Nurse Call System at CCRMC project located at 2500 Alhambra Avenue, Martinez.

The Statement of Qualifications will be due to be received on or about April 9, 2026, and upon selection of shortlisted Design-Build entities, the Request for Proposals (RFP) will be issued on or about April 29, 2026 and proposals due on or about June 18, 2026. RFP addenda, as needed, for clarification of RFP documents, will be issued provided that the changes do not significantly increase the construction cost estimate.

FISCAL IMPACT:

There is no immediate fiscal impact from these actions. The selection of the Design-Build entity and the awarding of the Design-Build Stipulated Sum Contract will be presented to the Board for approval at upcoming meetings.

The Upgrade Nurse Call System at CCRMC project has a preliminary construction estimate of $3.84 million. The total construction cost (100%) is expected to be covered by Enterprise 1 funding source.

BACKGROUND:

Contra Costa Regional Medical Center is a full-service County hospital and offers a complete array of patient-centered health care services. The building is a 6-story, approximately 200,000 square feet, 164-bed hospital. The existing nurse call system is original to the building designed in 1997. The system is obsolete and parts are no longer available. When the system fails, it creates lengthy repair times and impacts patient care and safety.

The new nurse call system will provide a complete working Nurse/Patient Communications Network and will provide necessary nurse call services for the patients and hospital staff, while meeting the latest standards and code requirements. The work includes interior renovations and no exterior work or sitework is needed.

This project will be under the jurisdiction of the California Department of Health Care Access and Information (HCAI) and will be categorized as an HCAI level 1 project, which has the most stringent requirements for a hospital project. The Design-Build entity will secure all required permits from HCAI necessary to complete the work.

The advantage of the Design-Build project delivery process is that it allows the County to select the firm that best aligns with the performance and design criteria established by the County and hospital staff. This fosters an ongoing partnership throughout the design, permitting, and installation phases.

Construction start date is estimated to be on or around Q4, 2027.

CONSEQUENCE OF NEGATIVE ACTION:
The failing system is driving the urgency of installing the new nurse Call System at CCRMC. Without Board of Supervisors' approval the nursing staff will not be able to meet current standards for code requirements and optimal care to patients.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1076 **Agenda Date:** 3/17/2026 **Agenda #:** C.126.

To: Board of Supervisors

From: Warren Lai, Public Works Director/Chief Engineer

Report Title: Conveyance of an Easement at 1034 Oak Grove Road, Concord to the Contra Costa Water District, in connection with the Oak Grove Crisis Hub Center Project

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

1. **APPROVE** the conveyance of a 150-square-foot easement for waterline purposes over a portion of 1034 Oak Grove Road, Concord that has Assessor's Parcel Number 129-190-043, pursuant to Government Code Section 25526.6, from the County to the Contra Costa Water District (CCWD), in connection with the Oak Grove Crisis Hub Center Project. (County Project No.: 225-2202, WH380A, CCWD Project NO. 326001).

2. **DETERMINE** that the conveyance of the easement is in the public interest and will not substantially conflict or interfere with the County's use of the property.

3. **AUTHORIZE** the Chair, Board of Supervisors, to execute two (2) original copies of the Grant of Easement to CCWD on behalf of the County, and **DIRECT** the clerk of the board to notarize the Chair's signatures.

4. **DIRECT** the Clerk of the Board to return the two (2) executed and notarized original copies of the Grant of Easement to the Public Works Department for hand-delivery to CCWD. CCWD will subsequently accept, execute, and formally record the easement.

FISCAL IMPACT:
No fiscal impact.

BACKGROUND:
The County is currently constructing the Oak Grove Crisis Hub Center Project at 1034 Oak Grove Road. As part of the site development, the facility requires new utility connections.

Due to site constraints and premise isolation standards, the backflow prevention devices that are part of the new utility connection assembly must be located approximately 3 feet inside the County's property line, enclosed within a landscape area. Contra Costa Water District (CCWD) code mandates that any CCWD-maintained facility located outside the public right-of-way must be covered by a dedicated, recorded utility easement to

ensure their crews have legal access for maintenance, testing, and emergency repairs.

Approval of this easement will allow for the CCWD to provide the required service connection for the facility.

CONSEQUENCE OF NEGATIVE ACTION:
Without the approval of this Grant of Easement, CCWD will not install the required fire water services. Without active water service, the public infrastructure project cannot be completed or occupied.

EASEMENT AGREEMENT

THIS AGREEMENT AND GRANT OF EASEMENT (the “Easement Agreement”) is made by and between CONTRA COSTA COUNTY, a political Subdivision of the State of California, hereinafter called "the Grantor", and CONTRA COSTA WATER DISTRICT, a local governmental agency of the State of California, hereinafter called "CCWD".

1. For valuable consideration, the Grantor hereby grants to CCWD and CCWD hereby accepts from the Grantor, a perpetual non-exclusive easement in, on, over, under, and through a portion of real property in the County of Contra Costa, State of California, commonly identified as Assessor’s Parcel Number 129-190-043, located at 1034 Oak Grove Road as described on **Exhibit A** and delineated on **Exhibit B** attached.

2. The purpose of this easement is to install, operate, maintain, repair and replace water utility materials and equipment, including, without limitation; pipes, valves, meters, meter boxes, fire hydrants, protecting posts, rectifiers, power line poles and guys, air releases, blow-offs, backflow prevention devices, and appurtenances thereto. In addition, Grantor further grants CCWD, its designated agents, employees and their respective vehicles, access throughout the entirety of said easement area, as well as the additional right of ingress to and egress from said easement across Grantor’s property by means of roads, driveways, and parking lots, existing now or in the future.

3. All pipes except risers to meters, fire hydrants, or appurtenances shall be installed at least 18 inches below the surface of the ground.

4. CCWD will backfill all excavations and restore the ground to a condition equal to the condition existing prior to the excavation.

5. The Grantor will not permit, place or construct any structure, or permit or cause any trees to be planted and/or placed within the easement area, or within the appurtenant ingress and egress areas, which will prevent CCWD staff, vehicles and equipment from operating anywhere within the easement.

6. It is the intent of the parties hereto that this document be recorded in the Official Records of Contra Costa County, and that said document be binding upon the successors and assignees of the parties.

IN WITNESS WHEREOF, the Grantor and CCWD executed this agreement and grant of

easement on _____.
Date

CONTRA COSTA COUNTY

By:_____
Chair, Board of Supervisors
Candance Andersen

CONTRA COSTA WATER DISTRICT

By _____
"CCWD" Engineering Manager
Peter Stabb

APPROVED AS TO FORM:

THOMAS L. GEIGER, COUNTY COUNSEL

_____
Thomas Geiger, County Counsel

CERTIFICATE OF ACCEPTANCE

This is to certify that the interest in real property conveyed by the foregoing instrument to Contra Costa Water District, a local governmental agency, is hereby accepted by the undersigned officer on behalf of the Board of Directors of CCWD pursuant to authority conferred by the Board's Resolution No. 93-29 and amended by Resolution 18-003 and the grantee consents to recordation thereof by its duly authorized officer.

Dated: _____ By _____
"CCWD" Engineering Manager
Peter Stabb

January 21, 2026
BKF Job No: 20240919

EXHIBIT A
LEGAL DESCRIPTION
WATER EASEMENT

Real property situate in the City of Concord, County of Contra Costa, State of California, described as follows:

Being a portion of the lands described in that certain Grant Deed to Contra Costa County filed for record on December 19, 2019 as Document No. 2019-0227626, Official Records of Contra Costa County, more particularly described as follows:

COMMENCING at the southerly corner of said lands of Contra Costa County (D.N. 2019-0227626) being also the southerly corner of Parcel Two as described in that certain Grant Deed filed for record on October 2, 1973 in Book 7060, Page 457 of Official Record of Contra Costa County, at the intersection of the centerline of Oak Grove Road, formerly Ignacio Valley Road, with the southwesterly extension of the southeasterly line of that parcel of land described in the deed from Samuel D. and Virginia D. Kennedy to Ira F. and Anna M. Eckert recorded January 14, 1955 in the Office of the Recorder of Contra Costa County in Volume 2457 of Official Records at page 559;

Thence leaving said centerline of Oak Grove Road, North 51°47'11" East, 42.08 feet to the intersection with the northeasterly line of a permanent easement and right of way described in that certain Grant Deed to the City of Concord filed on January 16, 1964 in Book 4533, Page 295 of Official Record of Contra Costa County;

Thence continuing along the northeasterly line of said right of way, North 35°11'10" West, 117.74 feet to a point on said line, said point being the **TRUE POINT OF BEGINNING;**

Thence leaving said northwesterly line of the Eckert parcel (2457-OR-559), the following three (3) courses;

1. North 54°48'50" East, 10.00 feet;
2. North 35°11'10" West, 15.00 feet;
3. South 54°48'50" West, 10.00 feet returning to said northeasterly line;

Thence along said northeasterly line, South 35°11'10" East, 15.00 feet back to the **TRUE POINT OF BEGINNING.**

Containing an area of 150 square feet, more or less.

END OF DESCRIPTION.

BASIS OF BEARINGS
North 35°11'10" West, being the centerline of Oak Grove Road as shown on that certain Record of Survey filed for record in Book 88 of Licensed Surveyor's Maps at Page 13 in the Office of the County Recorder of Contra Costa County.

As shown on plat attached hereto and by this reference made part hereof as Exhibit B.

For: BKF Engineers

Davis Thresh, P.L.S. No. 6868

01/20/2026
Dated

LICENSED LAND SURVEYOR
DAVIS THRESH
No. 6868
STATE OF CALIFORNIA

01 Stoneridge Dr.
ite 360
easanton
alifornia 94588
one 925.396.7700
925.396.7799
w.bkf.com

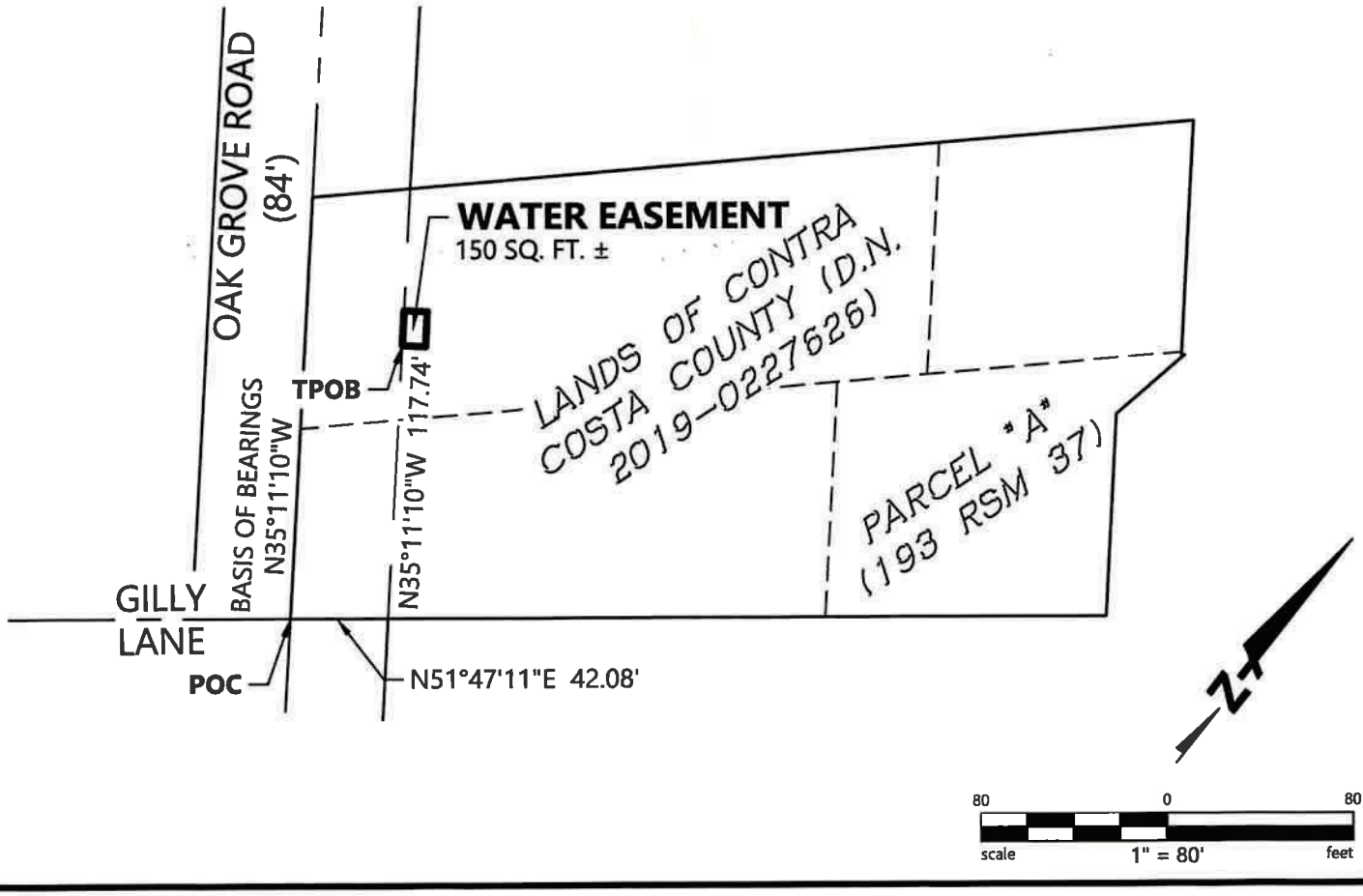
BASIS OF BEARINGS

NORTH 35°11'10" WEST, BEING THE CENTERLINE OF OAK GROVE ROAD AS SHOWN ON THAT CERTAIN RECORD OF SURVEY FILED FOR RECORD IN BOOK 88 OF LICENSED SURVEYOR'S MAPS AT PAGE 13 IN THE OFFICE OF THE COUNTY RECORDER OF CONTRA COSTA COUNTY.

LICENSED LAND SURVEYOR
DAVIS THRESH
No. 6868
STATE OF CALIFORNIA

LEGEND

POC = POINT OF COMMENCEMENT
R/W = RIGHT OF WAY
TPOB = TRUE POINT OF BEGINNING
SQ. FT. = SQUARE FEET
——— — ——— = CENTERLINE ROADWAY
▬ ▬ ▬ ▬ = DESCRIBED AREA
– – – – – – – – = LOT LINE
——————— = PARCEL BOUNDARY



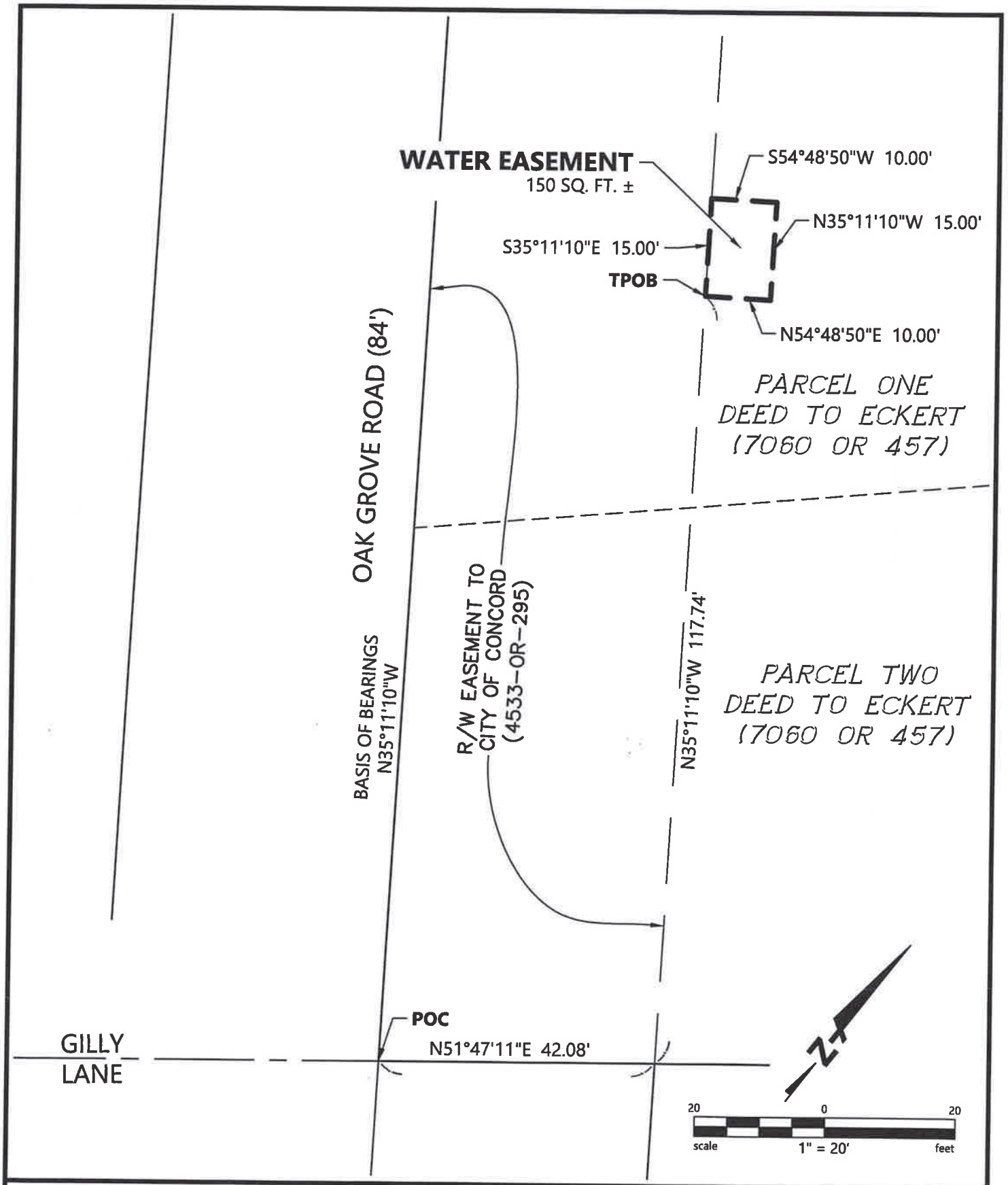
BKF ENGINEERS
7901 STONERIDGE DRIVE
SUITE 360
PLEASANTON, CA 94588
(925) 396-7700
www.bkf.com

Subject EXHIBIT B
PLAT TO ACCOMPANY LEGAL DESCRIPTION
Job No. 20220598
By RR Date 1/20/2026 Chkd. MGR
SHEET 1 OF 2

Plot Jan 20, 2026 at 5:13pm

220598_CCC-OG_PLAT_WtrEase.dwg

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SUITE 360
PLEASANTON, CA 94588
(925) 396-7700
www.bkf.com

Subject EXHIBIT B
PLAT TO ACCOMPANY LEGAL DESCRIPTION
Job No. 20220598
By RR Date 1/20/2026 Chkd. MGR
SHEET 2 OF 2

Plot Jan 20, 2026 at 5:13pm

220598_CCC-OG_PLAT_WtrEase.dwg

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1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1077 **Agenda Date:** 3/17/2026 **Agenda #:** C.127.

To: Board of Supervisors

From: Warren Lai, Public Works Director/Chief Engineer

Report Title: Construction Contract for the Grayson and Walnut Creek Levee Improvement at CCCSD Treatment Plant Project.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

(1) APPROVE plans, specifications, and design for the Grayson and Walnut Creek Levee Improvement at CCCSD Treatment Plant Project. (County Project No. 7520-6B8348) (District V)

(2) DETERMINE that the bid submitted by Granite Rock Company ("Granite Rock"), has complied with the requirements of the County's Outreach Program and has exceeded the Mandatory Subcontracting Minimum for this project, as provided in the project specifications; and FURTHER DETERMINE that Granite Rock has submitted the lowest responsive and responsible bid for the project.

(3) AWARD the construction contract for the above project to Granite Rock in the listed amount ($6,809,660.77 Base Bid plus Additive Bid 2) and the unit prices submitted in the bid, and DIRECT that Granite Rock shall present two good and sufficient surety bonds, as indicated below, and that the Chief Engineer, or designee, shall prepare the contract.

(4) ORDER that, after the contractor has signed the contract and returned it, together with the bonds as noted below and any required certificates of insurance or other required documents, and the Chief Engineer has reviewed and found them to be sufficient, the Chief Engineer, or designee, is authorized to sign the contract for this Board.

(5) ORDER that, in accordance with the project specifications and/or upon signature of the contract by the Chief Engineer, or designee, bid bonds posted by the bidders are to be exonerated and any checks or cash submitted for security shall be returned.

(6) ORDER that, the Chief Engineer, or designee, is authorized to sign any escrow agreements prepared for this project to permit the direct payment of retentions into escrow or the substitution of securities for moneys withheld by the County to ensure performance under the contract, pursuant to Public Contract Code Section 22300.

(7) AUTHORIZE the Chief Engineer, or designee, to order changes or additions to the work pursuant to Public

Contract Code section 20142

(8) DELEGATE, pursuant to Public Contract Code Section 4114, to the Chief Engineer, or designee, the Board's functions under Public Contract Code Sections 4107 and 4110.

(9) DELEGATE, pursuant to Labor Code Section 6705, to the Chief Engineer, or to any registered civil or structural engineer employed by the County, the authority to accept detailed plans showing the design of shoring, bracing, sloping, or other provisions to be made for worker protection during trench excavation covered by that section.

(10) DECLARE that, should the award of the contract to Granite Rock be invalidated for any reason, the Board would not in any event have awarded the contract to any other bidder, but instead would have exercised its discretion to reject all of the bids received. Nothing in this Board Order shall prevent the Board from re-awarding the contract to another bidder in cases where the successful bidder establishes a mistake, refuses to sign the contract, or fails to furnish required bonds or insurance (see Public Contract Code Sections 5100-5107).

FISCAL IMPACT:
The Project will be funded by 50% Central Contra Costa Sanitary District Funds; 50% Flood Control Zone 3B Funds.

BACKGROUND:
The above project was previously approved by the Board of Supervisors, plans and specifications were filed with the Board, and bids were invited by the Chief Engineer. On February 17, 2026 the Contra Costa County Flood Control and Water Conservation District received bids from the following contractors:

BIDDER, TOTAL AMOUNT, BOND AMOUNTS (Base Bid plus Additive Bid 2)

Granite Rock Company: $6,809,660.77; Payment: $6,809,660.77; Performance:$ 6,809,660.77

Carone and Company: $7,077,278.70

Bay Cities Paving & Grading, Inc.: $7,480,603.72

Ghilotti Bros., Inc.: $8,208,176.16

Odin Environmental Solutions, LLC.: $8,211,904.80

Ghilotti Construction Company, Inc.: $8,242,725.18

Teichert & Son, Inc. dba Teichert Construction: $8,530,150.00

Mountain Cascade, Inc.: $9,094,088.80

Marinship Development Interest LLC: $9,181,068.00

Gound Control Inc.: $10,457,284.00

The bidder listed above, Granite Rock Company, submitted the lowest responsive and responsible bid.

The Chief Engineer has reported that Granite Rock documented an adequate good faith effort to comply with the requirements of the County's Outreach Program and exceeded the Mandatory Subcontracting Minimum, and the Chief Engineer recommends that the construction contract be awarded to Granite Rock.

The Chief Engineer recommends that the bid submitted by Granite Rock is the lowest responsive and responsible bid, which is $267,617.93 less than the next lowest bid, and this Board concurs and so finds.

The Board of Supervisors previously determined that the project is exempt from the California Environmental Quality Act (CEQA) as a Class 1 Categorical Exemption pursuant to Article 19, Section 15301, and a Notice of Exemption was filed with the County Clerk on July 13, 2022.

The general prevailing rates of wages, which shall be the minimum rates paid on this project, have been filed with the Clerk of the Board, and copies will be made available to any party upon request.

CONSEQUENCE OF NEGATIVE ACTION:
Construction of the project would be delayed, and the project might not be built.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1078 **Agenda Date:** 3/17/2026 **Agenda #:** C.128.

To: Board of Supervisors

From: Warren Lai, Public Works Director/Chief Engineer

Report Title: License Agreement between Contra Costa County Flood Control and Water Conservation District and the City of Brentwood for the operation and maintenance of trails, Brentwood area.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
As the governing body of the Contra Costa County Flood Control and Water Conservation District ("District"), APPROVE a License Agreement ("Agreement") with the City of Brentwood ("City") for the purpose of operating and maintaining trails along the Marsh Creek Channel, effective March 17, 2026, and shall remain in effect for 25 years, pursuant to Section 31 of the Contra Costa County Flood Control and Water Conservation District Act. (Project No.: 7521-6D8325)

AUTHORIZE the Chief Engineer, or designee, to execute said Agreement, on behalf of the District.

DETERMINE that the conveyance of the license is in the public interest and will not substantially conflict or interfere with the use of the property by the District.

DETERMINE that this activity is exempt from the California Environmental Quality Act (CEQA) pursuant to CEQA Guidelines Section 15301.

DIRECT the Real Estate Division of the Public Works Department to cause said License Agreement to be delivered to the City of Brentwood.

FISCAL IMPACT:
100% Flood Control Zone 1 Funds

BACKGROUND:
The District will enter into a 25-year license agreement with the City to access, operate and maintain existing trails and recreational facilities on property that the District owns in fee title. The City has been maintaining and operating the trails and recreational facilities without a formal agreement. The City's responsibilities in maintaining the Joint Use areas include, but are not limited to, trails, recreational areas and landscaping above the top of the channel banks. This license agreement will grant the City the right to enter onto District property to maintain and operate the existing improvements. The District and the City have agreed to enter into this Agreement for the benefit of the City and its residents.

Conveyance of the License Agreement to the City of Brentwood is exempt from CEQA pursuant to Article 19,

Section 15301 of the CEQA Guidelines as the operation and maintenance of existing facilities (trails, recreational areas) is negligible with no expansion of existing use. None of the exceptions in CEQA Guidelines section 15300.2 apply. The City's facilities and proposed activities are identified in Exhibit B of the License Agreement based on the City of Brentwood Parks, Trails and Recreation Master Plan which was evaluated under CEQA in 2002 (State Clearinghouse 2002042056) and updated February 26, 2019.

CONSEQUENCE OF NEGATIVE ACTION:
The District will continue to have the responsibility of maintaining the areas that the City utilizes as trails and recreational facilities.

LICENSE AGREEMENT
BETWEEN
CONTRA COSTA COUNTY
FLOOD CONTROL AND WATER CONSERVATION DISTRICT
AND
THE CITY OF BRENTWOOD

This LICENSE AGREEMENT ("License") is made and entered into this 17th day of March 2026, ("Effective Date") by and between CONTRA COSTA COUNTY FLOOD CONTROL AND WATER CONSERVATION DISTRICT, a Flood Control District existing under the laws of the State of California, (the "District") and the CITY OF BRENTWOOD, a California Municipal Corporation (the "City"). City and District are sometimes hereinafter referred to individually as a "party" or collectively as the "parties".

RECITALS

A. The District holds fee title to the Joint Use Areas, as defined in Section 1 of this License. City desires to use the Joint Use Areas for recreational purposes such as pedestrian bridges, trails, combined vehicle/pedestrian access, and other ancillary recreational uses, and associated uses such as landscaping, fencing, bollards, and signs. District is willing to allow City to use the Joint Use Area for those purposes for the benefit of City and its residents and other persons.

B. The purpose of this License is to provide for City's continued use of the Joint Use Areas under the terms and conditions of this License.

AGREEMENT

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, City and District agree as follows:

1. **Description of the Joint Use Areas:** The "Joint Use Areas" are those certain real properties more particularly shown on Exhibit "A" and listed on Exhibit "B" attached hereto and incorporated herein by this reference. District and City understand and agree that the Joint Use Areas may be modified or amended from time to time as necessary upon the mutual written consent of the parties, which consent may be given by City's City Manager or his/her designee and the District's Chief Engineer or his/her designee on behalf of the City and District respectively.

2. **Grant of License:** As of the Effective Date, District hereby grants to City a revocable, non-exclusive license to enter upon, occupy, and use the Joint Use Areas for the purposes described in, and subject to the terms and conditions of, this License.

3. **Term:** The term of this License commences on the Effective Date, and it ends March 16, 2051 unless or until the earlier occurrence of either of the following: (a) this License amended by mutual written agreement of the parties, or (b) this License is suspended, partially revoked, or terminated by either party in writing in accordance with the provisions contained herein.

4. **District's Title:** City hereby acknowledges District's fee title in and to the Joint Use Areas, and agrees never to assail or to resist District's title. City acknowledges and agrees that it is not acquiring any interest or estate in the Joint Use Areas, or the land

underlying the Joint Use Areas, by executing this License, and that no interest or estate in the Joint Use Areas is being conveyed to it, that this License will never convey such right or estate in or to the Joint Use Areas, or the land underlying the Joint Use Areas, nor will City obtain any title or claim to use the Joint Use Areas beyond that specifically granted in this License.

The City shall not enter into any agreement or contract, or accept grants, gifts or funding provided by the Federal, State or other government authority that in any way subordinates the rights of the District over the Joint Use Areas, including but not limited to, District's right to construct, use, maintain, alter, reconstruct, enlarge or otherwise modify its facilities located within the Joint Use Areas without the expressed written consent of the District. Should City's actions or uses of the Joint Use Areas subordinate the rights of the District over the Joint Use Areas, the City shall be obligated to cure the subordination or to replace District's facilities in another location acceptable to the District at its sole cost and expense, or compensate the District for any costs, loss, or damages resulting from its loss of use of such facilities.

Further, City shall not enter into any agreement or contract with any third parties that extend any rights beyond the extent, terms, or existence of this License.

5. **District's Uses:** District shall have the right to use the Joint Use Areas, for any purpose, including, but not limited to, flood control detention basins, drainage water conveyance, water conservation, water quality improvement maintenance, channeling, or otherwise controlling the flow of drainage waters, as well as performing any other activities, and constructing or maintaining any facilities that the District may be required to perform, construct, or maintain by other agencies at the Federal, State, Regional or Local level, including but not limited to, water quality and quality control and environmental mitigation and enhancement, all of which shall hereinafter be referred to as "District's Uses." District's Uses of the Joint Use Areas shall be paramount or superior to any other use of the Joint Use Areas, including but not limited to, City's Uses described in Section 6 titled "City's Uses of the Joint Use Areas".

District may require access to all Joint Use Areas blocked by City barricades or bollards. Each such barricade/bollard shall have two padlocks attached to it such that both District and City can access each area independent of one another. Further, City shall not hinder or obstruct District's access, including access by District or District's permittees' vehicles, to those areas so barricaded. District shall provide its padlock at no cost to the City.

District's Uses may cause a temporary interruption in the City's use or permission to enter upon and use the Joint Use Areas. In the event that any of the District's Uses causes an interruption or interference with any of City's Uses, District shall attempt to minimize such interruption or interference and will provide the City as much advance notice as possible under the circumstances. District shall not under any circumstances be liable to City or any other users of the Joint Use Areas for any cost, expense or damage caused by their loss of use of the Joint Use Areas unless due to the gross negligence or willful misconduct of the District.

6. **City's Uses of the Joint Use Areas:** City shall have the non-exclusive right to use the Joint Use Areas for recreational purposes such as pedestrian bridges, trails, combined vehicle/pedestrian access, and other ancillary recreational uses, and associated uses such as landscaping, fencing, bollards, and signs, in accordance with

the provision of Section 9 below (Maintenance, Alterations, and Surrender of the Joint Use Areas) shall hereinafter be referred to as "City's Uses." City's Uses of the Joint Use Areas for various special events ("Special Events"), shall include but not limited to, such things as organized creek cleanup parties, bike or running races, and neighborhood events, any of which may be organized or run by outside third parties. City shall provide, at City's sole expense, its own equipment, and other personal property necessary or convenient to its uses of the Joint Use Areas unless otherwise expressly agreed to by the District from time to time. Any of City's permits with third parties to use the Joint Use Areas shall include a hold harmless provision whereby both the District and Contra Costa County (the "County") are held harmless as provided in Section 12, titled "Hold Harmless and Indemnification".

City shall not permit any motor-driven vehicles on the Joint Use Areas, except in designated parking areas, unless the vehicles are those of the City or the City's permittees that are being used for construction, maintenance, repair, patrol, or public safety purposes. To prevent unauthorized motor-driven vehicles in any of the Joint Use Areas, City, at its sole cost, will install barricades/bollards or similar devises and signage where necessary and appropriate. The City shall also install, at its sole cost, such access control devises in areas where the installation of new improvements or modification of existing Joint Use Areas has provided access that otherwise did not exist prior to the City installed work.

Any of City's Uses, and all City's rights granted or implied by this License, are secondary and subordinate to the District's Uses. In addition, any joint uses by the City or by others as allowed by the District, will be subordinate to the rights of any entity (hereinafter "Permittees") with existing facilities installed on the District's property, including the Joint Use Areas. The City shall not, at any time, use, or permit the public to use, the Joint Use Areas in any manner that will materially interfere with or impair District's or Permittees' use of the Joint Use Areas. Any application for easements, right of entry, permit or other right to use District's property received by the District that may affect the City's Use of the Joint Use Areas will be submitted for City review and the District will not grant a Permittee any rights in the Joint Use Areas to which City objects and/or which are inconsistent with any of City's Uses existing at the time of Permittee's request and will make a good faith effort to condition applicant to cure their effect on City's future use.

7. **Payment of District's Costs:** City shall reimburse District for any reasonable increases in the cost to maintain District's facilities in the Joint Use Areas due to the City's use of said areas. City, with District's reasonable consent, shall have the option of doing the maintenance work, contracting with the District or hiring an outside contractor to perform any normal and customary maintenance in the Joint Use Areas to eliminate the District's increased costs. If the City chooses to contract with the District for maintenance services and the District agrees to enter into a contract, the scope and cost for the maintenance work in the Joint Use Areas will be mutually agreed upon in writing prior to any maintenance work being performed by the District.

City shall pay all reasonable expenses associated with the alteration of the Joint Use Areas pursuant to an Encroachment Permit for Use of District Right of Way and the restoration, maintenance or repair of the Joint Use Areas pursuant to an Encroachment Permit for Use of District Right of Way (as defined in Section 9).

8. **Lawful Conduct:** City agrees that it will obey, observe and use due diligence to the extent reasonably feasible to require all persons entering upon the Joint Use Areas to obey and observe all terms of this License and all applicable laws, ordinances, orders, rules, permits, regulations and requirements relating to the Joint Use Areas. City shall be responsible for paying all fines, penalties, or charges which may be levied for violation of laws, ordinances, orders, rules, permits, and regulations, arising out of the operations of City, or its officers, employees including agents, permittees, invitees, or members of the public. City shall not commit, suffer, or permit any nuisance in or about the Joint Use Areas.

9. **Maintenance, Alterations, and Surrender of the Joint Use Areas:** City shall, at City's sole expense, repair and maintain the Joint Use Areas as described herein and as shown on Exhibit "A" and listed in "B", and all City improvements therein in a safe, clean, neat, orderly and presentable condition, generally free from weeds, waste, litter, graffiti and other items resulting from City's use of or public access to the Joint Use Areas, and left by parties other than District and its Permittees following generally accepted practices for trail maintenance for municipal entities. As used in this License, the term "litter" shall include, but not be limited to, paper, garbage, refuse, trimmings, and other items that detracts from the neat and tidy appearance, cleanliness, and safety of the Joint Use Areas. City shall also be responsible for the removal of all dead animals from the Joint Use Areas, at its sole expense, which responsibility may include calling the Contra Costa County Animal Services Department to have them remove the dead animal(s).

The City shall maintain and repair all improvements the City installs or constructs in the Joint Use Areas, including but not limited to, trail improvements along various creeks and District channels in the City, pedestrian bridges and bridge abutments, fencing, barricades/bollards, signs, landscaping, irrigation systems, asphalt concrete, aggregate base material, connections to City streets, grass, and erosion protection in a safe, clean, neat, orderly and serviceable condition, such that the improvements do not interfere with the District's Uses. City shall keep the Joint Use Areas free from weeds, grasses and other objectionable vegetation where applicable and shall abate vegetation within the Joint Use Areas to local County fire district standards. Except for City's routine maintenance activities, City shall obtain District's consent and approval at least fifteen (15) business days prior to any activity that could reasonably disrupt any of District's Uses of the Joint Use Areas.

City is responsible, at its expense, for all repair and maintenance associated with City's improvements in the Joint Use Areas. Except in the case of an emergency, the City shall not make alterations to the Joint Use Areas, including the installation of improvements or utilities or performance of any construction, reconstruction, remodeling, alteration, removal, landscaping, tree planting, major maintenance work, or other work without the prior application to the District and written consent of District's Chief Engineer, or his or her designee. Written application for City's alterations to the Joint Use Areas shall be in the form of an "Encroachment Permit for Use of District's Right of Way" ("Encroachment Permit"). City shall make every effort to report emergency work in the Joint Use Areas to the District within twenty four (24) hours from commencement of such work. When deemed necessary, at the sole but reasonable discretion of the District's Chief Engineer, the City shall apply to the District for approval of emergency modifications to the Joint Use Areas. District may require City to alter or remove any emergency work done by City at City's sole cost and expense, if the emergency work interferes with District's Uses.

Except in the case of an emergency, District shall not make alterations to the Joint Use Areas, including the installation of improvements or utilities or performance of any construction, reconstruction, remodeling, alteration, removal, landscaping, tree planting, maintenance or other activities without prior notice to City. District is aware that such alterations could disrupt any City-approved use of the Joint Use Areas. District will provide the City with at least ten (10) working days written notice of such alterations unless the District can reasonably provide the City with greater advance notice under the circumstances. Any modification of, or amendment to, the Joint Use Areas will be designed and/or constructed, as applicable, to accommodate the joint use by City. District will provide City with design documents no later than the 50% project design milestone for review and comment.

10. **Mechanic's and Materialman's Liens:** City shall not permit any mechanic's, materialman's, or other lien to be placed against the Joint Use Areas, or the property of which the Joint Use Areas forms a part, in connection with any labor, materials, or services furnished or claimed to have been furnished to the City related to any City-installed improvements. City shall remove or discharge any such lien that shall be filed against the District related to the Joint Use Areas or property of which the Joint Use Areas forms a part, in a timely fashion, whether bonded or not, provided, however that either the District or the City may contest any such lien, so long as the enforcement thereof is stayed.

11. **Security of the Joint Use Areas**: City shall provide periodic patrol and security services necessary to prevent unauthorized use of the Joint Use Areas, as are reasonably practical and feasible. City agrees to devote, at a minimum, the same standards and levels of public safety patrol and security service to the Joint Use Areas as it devotes to its other recreational facilities. City shall designate, in writing to District, a representative who shall be responsible for overseeing the day-to-day operations and maintenance of the Joint Use Areas.

District shall not have any duty to guard or secure, and shall have no liability for any injury, loss, or damage to, City, or any third person, including goods, property, facilities, or equipment, located upon the Joint Use Areas irrespective of the cause of such loss or damage, except to the extent that such loss or damage was caused by the negligence or willful misconduct of District, or its officers, employees or permittees excluding the City.

12. **Hold Harmless and Indemnification:** City shall defend, indemnify, save, protect, and hold harmless District and Contra Costa County ("County"), their boards, officers, agents and employees, from and against any and all claims, suits, costs, loss, expense, and liability for any damages, death or injury to persons or property, from any cause whatsoever arising directly or indirectly from or connected with the operations or use of the Joint Use Areas by the City or its officers, agents, employees, contractors, subcontractors, invitees, or members of the public, save and except claims or litigation arising through the active negligence or willful misconduct of the District or County, or their officers, agents or employees, and City will make good to and reimburse District for any expenditures, including reasonable attorneys' fees requested by District, and will defend any such suits at the sole cost and expense of City.

To the maximum extent permitted by law, City's obligations to District and County, their boards, officers, agents and employees, under this Section shall also extend to District's

related agencies and entities, affiliates, successors and assigns, and other permitted users of the Joint Use Areas, for all liability, claims, suit, demands, cause of action, damage, cost or expense including, without limitation, any fines, penalties, judgements, litigation costs, attorney's fees, consulting, engineering, and construction costs, all costs of any required or necessary testing, remediation, repair, removal, cleanup and detoxification of the Joint Use Areas, and all costs for preparation of any cleanup, remediation, closure or other required plans incurred by District and such other permitted users of the Joint Use Areas, as a result of City's breach of Section 15 titled "Health, Safety and Environmental Protection", or as a result of City's breach that causes any such discharge, leakage, spillage, emission, or pollution, regardless of whether such liability, cost, or expense arises during or after the termination of this License.

District shall indemnify, defend and hold harmless City for District's and/or County's share of liability, as determined by a court of law, for any damage, injury or death of or to any person or property of any person, including attorneys and expert fees, arising out of the negligence or willful misconduct of District or County, or either entity's officers, employees, or agents, in the exercise of District's obligations under this License or the use of the property by District or County.

13. **Conditions of Property:** District makes no representations as to the suitability of the Joint Use Areas for any of City's Uses. Prior to the execution of this License, City shall inspect the Joint Use Areas and shall make its own determination as to its suitability for use by the City, and the City shall be solely responsible for determination of such suitability.

The City agrees that the Joint Use Areas are subject to sliding, erosion, subsidence, flooding and other possible hazardous conditions, and if these conditions do not affect the operation of the channel, then the District is under no obligation to restore, maintain or repair any damage resulting from sliding, erosion, subsidence, flooding or other hazardous conditions therein. The City, with the prior written approval of the District, may perform, at City's sole cost and expense, such restoration, maintenance, or repair, as City deems necessary for its proper and safe use of the Joint Use Area. City agrees that District has no responsibility or liability to City for any hazardous condition that exists or may occur on or in the Joint Use Areas.

14. **Health, Safety and Environmental Protection:** City, at its sole cost and expense, shall comply with all present or future applicable laws, statues, codes, rules and regulations regarding health, safety, noise, environmental protection, waste disposal, water and air quality as they pertain to the City's use of the Joint Use Areas. No hazardous materials shall be handled by City, at any time, on or in the Joint Use Areas, without the District's express written permission, except for those hazardous materials used in the weed control, cleaning, and or trail maintenance, and such hazardous materials shall be handled in compliance with all laws. City shall not commit, or suffer to be committed, the discharge of any waste in the Joint Use Areas, or any nuisance or other act that may pollute or contaminate the Joint Use Areas, or the watershed of which the Joint Use Areas are a part.

Except as provided above, City shall not cause or permit any hazardous materials as defined in this Section, to be generated, brought onto, stored, used, emitted, released, discharged, or disposed of in, on, under, or about the Joint Use Areas except that City, its officers, employees, agents, contractors, guests, or invitees may do so with prior

express written permission from the District, which may be denied in District's sole discretion.

As used herein, "hazardous materials" includes but is not limited to any substance, material or waste that becomes designated classified or regulated as being "toxic," "hazardous," or a "pollutant" under any federal, state or local law, regulation or ordinance.

City is further prohibited from using any herbicide, pesticide or hazardous substance, including those for which it has obtained District's prior approval to use, anywhere on the Joint Use Areas, in an unsafe or careless manner or in any manner that is contrary to the manufacturer's instructions or contrary to greater restrictions that the District may impose. City must satisfy any and all herbicide, pesticide application permit requirements as may be required by Federal, State or local regulations or agencies. City shall comply with the Health, Safety and Protection requirements when posting signage for pesticide application which requires posting in public areas.

Should any discharge, leakage, spillage, emission or pollution of any type occur upon or from the Joint Use Areas due to City's use or occupancy of the Joint Use Areas, or City's use, release, or disposal of any pesticide or hazardous substance, the City, at City's expense, shall test, remedy, repair, remove, clean, remediate, and detoxify all property affected thereby, whether owned or controlled by District or by any third person, to the satisfaction of District, and any governmental body having jurisdiction there over. City shall immediately notify District verbally and in writing upon either the occurrence or discovery of any such discharge, leakage, spillage, emission, or pollution. City's notification to District pursuant to this Section does not relieve City of any legal requirement to notify any governmental body with jurisdiction thereafter.

15. **Water Quality Control Board Requirements:** City shall conform fully to the requirements of the California Regional Water Quality Control Board San Francisco Bay Region (Order No. 99-058) NPDES Permit No. 0029912 regarding waste discharge requirements for Contra Costa County Flood Control and Water Conservation District, Contra Costa County and the cities that formed the Contra Costa Clean Water Program adopted by the California Regional Water Quality Control Board, San Francisco Bay Region ("Regional Board"), on July 29, 1999, and any subsequent amendments by the Regional Board. This Regional Board's permit regulates storm water and non-storm water discharges associated with activities within District rights of way. City shall report to the Regional Board any and all reporting requirements necessitated by City's Uses of the Joint Use Areas as if City was owner of the property.

City's use of recycled water for irrigation must satisfy any and all recycled water requirements as required by Federal, State and local regulations or agencies. If City's use of reclaimed water causes soil or water contamination above acceptable levels, then use of reclaimed water shall cease and remediation shall be proposed and performed by the City upon written approval the the District. The City shall comply with the Water Quality Control Policy for Recycled Water adopted by the State Water Resources Control Board on December 11, 2018.

16. **Insurance:** City shall have the right to self-insure. In the event that City does self-insure, City shall provide written evidence of such self-insurance to District, and shall include District and County as additional insured under such self-insurance coverage as described in this section.

If City does not self-insure, then, during the entire term of this License, City shall provide and maintain, in full force and effect at all times, insurance policies meeting the requirements described in this Section below, unless otherwise expressed in writing by the District's Chief Engineer. The City shall furnish copies of the required insurance policies for review by the District.

A. City shall provide comprehensive general liability insurance with a minimum combined single-limit coverage of Five Million and No/100 Dollars ($5,000,000.00) for all damages, including consequential damages, due to bodily injury, sickness, or disease, or death to any person(s) or damages to or destruction of property, including the loss of use thereof, arising from each occurrence. All insurance policies required by this License shall include the following language: "Contra Costa County Flood Control and Water Conservation District, and Contra Costa County, their boards, officers, agents, and employees are additional insureds under this insurance policy as to all operation and activities associated with the License for the Joint Use Areas." Said policies shall constitute primary insurance as to the District and County, their directors, officers, and employees, so that other insurance polies held by them or their self-insurance programs shall not be required to contribute to any loss covered under City's insurance policy or policies.

District may from time to time, at its sole discretion, modify the requirements of this Section, including requiring the City and the City's contractors and subcontractors to modify the limits of coverage, to provide and maintain insurance coverage for additional categories of risk, or to otherwise change the policy provided for each type of insurance to reflect changes in general costs or in risk exposure due to the City's use of the Joint Use Areas.

B. City shall take out and maintain Worker's Compensation and Employer's Liability Insurance, as required by law, for all of its employees working on the Joint Use Areas. City shall require any subcontractor to provide it with evidence of Worker's Compensation and Employer's Liability Insurance, all in strict compliance with California State Laws.

C. City shall provide District with a copy of City's insurance policies issued by a carrier evidencing liability insurance as required herein no later than the effective commencement date of this License. If City should renew the insurance policies or acquire either a new insurance policy or amend the coverage afforded through an endorsement to the policy at any time during the term of this License, City shall provide a current copy of the insurance policy to the District.

D. City shall require all contractors and subcontractors, performing work for the City in the Joint Use Areas or using the Joint Use Areas in accordance with the activities defined in this License, to provide insurance coverage of the types and in the amounts as set forth in this section or as specified by the District and to furnish evidence of such insurance to the City and the District. The insurance policies provided by the City's contractors and subcontractors shall constitute primary insurance as to the District and County, their boards, officers, agents and employees, so that other insurance policies held by them or their self-insurance programs shall not be required to contribute to any loss covered under insurance policy or policies of the City's contractor and subcontractors.

The insurance policies provided by City and the City's contractors and subcontractors shall include a provision requiring thirty-days (30) written notice to District before cancellation, lapse, or material change of the above-specified coverage. This License shall not become effective until insurance coverage verification satisfactory to the District is received and approved in writing by the District. The City shall modify its insurance coverage and compel the modification of the insurance coverage of its contractors and subcontractors upon thirty (30) days written notification by the District's Chief Engineer to do so.

17. **Assignment:** City shall not assign or transfer this License or any interest herein, without the prior written consent of District.

18. **Waivers:** No waiver by either party of any breach or violation by the other party of any provision of this License shall be deemed to be a waiver of any breach or violation of any other provision hereof, nor of any subsequent or continued breach or violation of the same or any other provision of this License. District's acceptance of any monies that become due under this License shall not be deemed to be a waiver of any pre-existing or concurrent breach or violation by City of this License.

19. **Non-Discrimination:** City shall not discriminate, or allow any discrimination against or segregation of any person or group of persons on account of race, age, color, sex, creed, religion, national origin, or ancestry, or any basis protected under the law, in the use, occupancy, tenure, or enjoyment of the Joint Use Areas.

20. **Prior Agreements:** This License represents the entire agreement of the parties hereto, and replaces any and all other previous agreements, if any, between the parties concerning the Joint Use Areas. This License can only be modified by a written amendment signed by each of the parties hereto.

21. **Limitations of Use:** District and City have determined, and City hereby acknowledges, that City's Uses, as described in Section 6 titled "City's Uses of the Joint Use Areas", may not always be compatible with District's Uses, as described in Section 5 titled "District's Use", even if City observes and complies with the terms of this License. In circumstances where City's Use of the Joint Use Areas presents a threat to the public's health and safety, in the reasonable determination of the District, the District shall have the right to suspend, limit, or to modify City's Use of the Joint Use Areas upon three months written notice from the District, including requiring City to remove any of its facilities, improvements, equipment, or other property from the Joint Use Areas, or from the area of which the Joint Use Areas forms a part, if applicable, or to restore the condition of the Joint Use Areas, as necessary, at no cost to the District. Where the District has approved the City's Uses and development of related facilities, improvements and/or equipment prior to a determination that such uses and/or improvements conflict with the District's Uses, the District shall be required to consult with the City in good faith to discuss the possible conflict in use and determine if the parties can come to resolution on the issue prior to final determination that a conflicts exists which cannot be harmonized. Such good faith discussion shall occur for 30 days prior to any final determination and action by District to suspend, limit or modify the City's Use of the Joint Use Areas. Any requirement for removal after a conflict in use determination shall require 6 months' notice; such notice requirements shall not apply, however, when the conflict in use is determined to result in an emergency.

City understands that District's primary uses of the Joint Use Areas, or the areas of which the Joint Use Areas form a part, are paramount, and City's Uses of the Joint Use Areas for recreational and other purposes can continue only if such use does not interfere with or increase the costs of District's operations associated with the Joint Use Areas, unless mitigated by the City.

District shall not be responsible or liable for damage or removal of any improvements placed, installed, repaired or constructed by the City in the Joint Use Areas when there is an emergency related to District's Uses described in Section 5, "District Uses" above unless such damage or removal is due to the gross negligence or willful misconduct of the District. In all other cases, District shall notify City of work that is necessary and allow City the opportunity to make repairs. Both parties will use their best efforts to minimize damage to the other party's facilities.

22. **Termination:** This License may be terminated as follows:

A. At any time upon the mutual written agreement of the parties as approved by each party's governing body.

B. District and City shall each have the right to terminate this License upon the other party's breach of any material term, covenant or condition of this License. A party shall be in breach of this License if said party fails to perform or observe any material term, covenant or condition of this License for a period of thirty (30) days following receipt of a written "Notice of Breach" from the other party (the "Cure Period"); provided, however; a party shall not be in breach if the nature of the alleged breach is such that it cannot reasonably be cured within the Cure Period but the party commences a cure within the Cure Period and diligently proceeds to complete a cure of the breach. In those instances where there is a dispute between the parties as to whether a breach has occurred or the cure is adequate, the parties agree to resolve the dispute in accordance with Section 24 titled "Dispute Resolution", below.

23. **Surrender of the Joint Use Areas:** Upon receipt of District's notice to suspend, limit or terminate the City's Uses of any or all of the Joint Use Areas, City shall have the right to remove any improvements installed by City upon the Joint Use Areas affected by the District's decision. If, following such notice from the District, City determines that it does not want to remove some or all of the affected improvements, District shall determine whether or not District will want the improvements to remain on the Joint Use Areas. In the event that District determines that is does not want the improvements to remain on the Joint Use Areas, then City shall immediately remove the improvements, and shall restore the Joint Use Areas to the condition existing just prior to City's Uses of the Joint Use Areas, such to be at no cost to the District.

24. **Dispute Resolution:** Should there be any dispute between City and District regarding the interpretation or the enforcement of this License, or regarding the acts or omissions of either City or District, such dispute shall be first submitted to mediation before a

mutually agreed-upon mediator before either City or District may commence litigation. If City or District cannot agree upon the identity of a mediator within ten (10) business days after a party requests mediation, then City and District shall each select a mediator and those two mediators will select a third mediator to mediate the dispute. Neither City nor District shall be entitled to collect or be reimbursed for its attorneys' fees in connection with any such mediation or for the fees of the mediator paid by any party hereto. However, the parties shall share equally in the expense of the mediator who ultimately handles the mediation. The City and District shall use all best efforts and due diligence to complete mediation as soon as possible after it is initiated hereunder. Should either party, in its sole discretion, determine that mediation is proving unsuccessful, such party shall give notice to the other party and, thereafter, both parties may avail themselves to those remedies available under law or in equity.

25. **Notices:** All notices given under this License shall be served by enclosing the same in a sealed envelope addressed to the other party, certified mail, postage prepaid, addressed as follows:

To District: Chief Engineer
Contra Costa County
Flood Control and Water Conservation District
255 Glacier Drive
Martinez, CA 94553

To City: City Manager
City of Brentwood
150 City Park Way
Brentwood, CA 94513

Or to such other address as either party may designate by written notice to the other. Delivery shall be deemed effective: on the same day if delivery is made in person; on the next day after the date of mailing if delivery is made by overnight carrier; or on the fifth day following the date of mailing, if delivery is made by First Class U.S. mail.

26. **No Third Party Beneficiaries:** Nothing in the License shall, nor is it intended to, confer on any person or party other than District, County and City, any rights or remedies under this License.

27. **Amending License Agreement:** This License cannot be modified or amended except in writing agreed upon by both parties hereto, which written agreement shall be in the form of an amendment to this License and approved by the Contra Costa County Board of Supervisors acting as the governing body of the District.

28. **Modifications to Exhibits:** The exhibits attached to this License shall be subject to modifications, including, but not limited to the addition or removal of Joint Use Areas, only by written mutual consent of both parties, which requires approval by the Chief Engineer or designee and includes the issuance of a Flood Control Encroachment Permit prior to any modifications being permitted.

29. **Utilities:** City shall not install any utilities, including, but not limited to, gas, water, electricity, garbage disposal, storm water and sanitary sewer services, and telephone services, on the Joint Use Areas without District's prior written consent. Upon District's prior written consent, City shall install all utilities so approved at City's sole expense,

and City shall pay, on City's own account, all charges for said utilities used or consumed on the Joint Use Areas.

30. **Severability:** If any term, covenant, or provision of this License, which does not materially affect the consideration of this License, is held to be invalid, illegal, or unenforceable in any respect, the validity of the remainder of this License shall not be affected thereby.

31. **Controlling Law and Venue:** This License shall be construed in accordance with the laws of the State of California. In the event of any dispute arising under this License, venue shall be set in Contra Costa County and the parties waive all provisions of law providing for a change of venue in these proceedings to any other county.

32. **Paragraph Headings:** Paragraph headings as used herein are for convenience only and will not be deemed to be a part of such paragraphs and will not be construed to change the meaning thereof.

Remainder of page left intentionally blank.

33. **Counterparts:** This License may be executed in three (3) or more counterparts, each of which is deemed to be an original.

DISTRICT:
CONTRA COSTA COUNTY
FLOOD CONTROL AND WATER
CONSERVATION DISTRICT

By_____
Warren Lai
Chief Engineer

Date:_____
(Date of Board Approval)

RECOMMENDED FOR APPROVAL:

By_____
Jessica L. Dillingham
Principal Real Property Agent

APPROVED AS TO FORM:
Michael George, County Counsel

By_____

CITY:
CITY OF BRENTWOOD

By_____
Darin Gale
Interim City Manager

Date:_____
(Date signed)

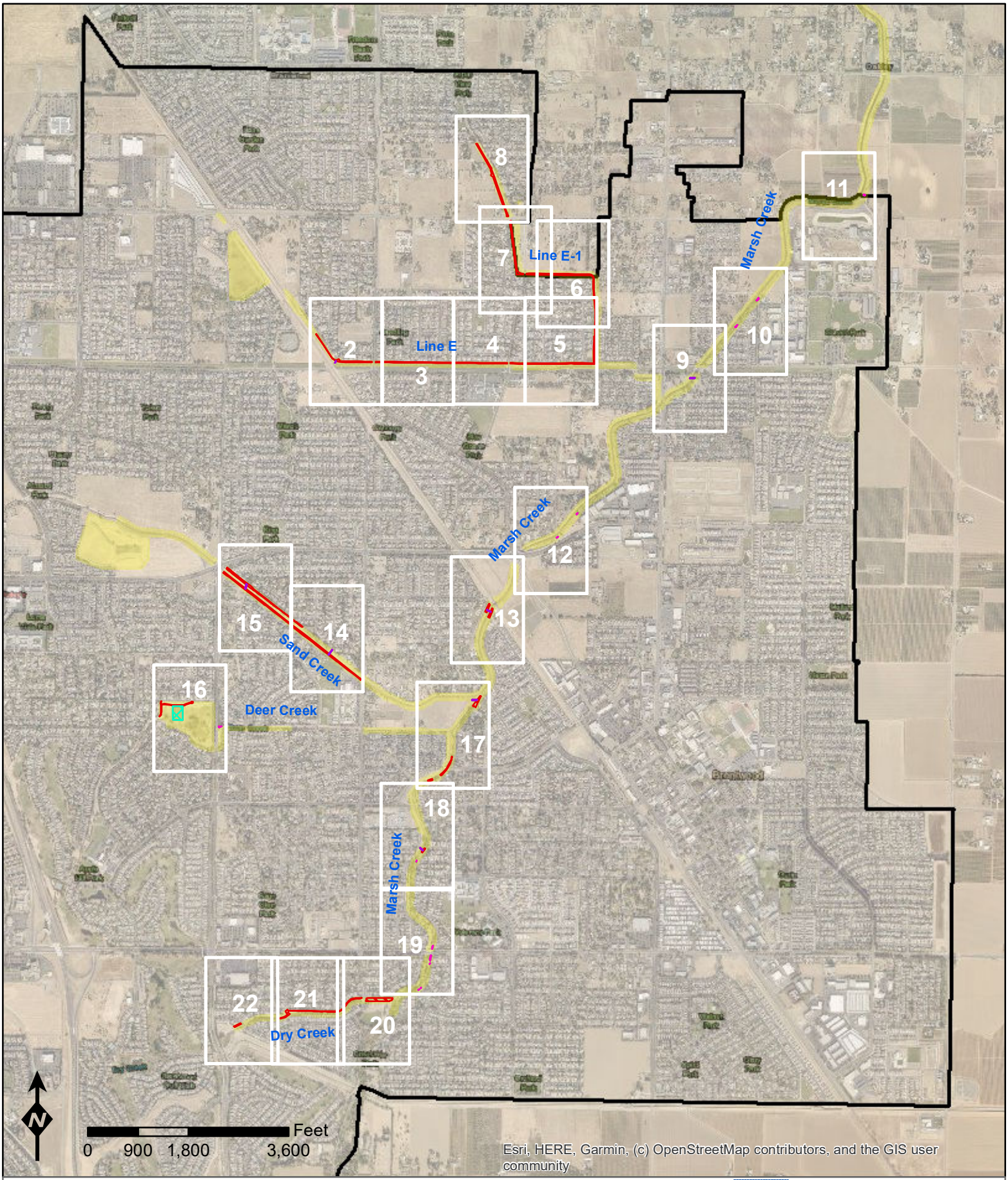
ATTEST:

By_____
Amanda McVey
City Clerk

APPROVED AS TO FORM:
Katherine Wisinski, City Attorney

By_____

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Brentwood / Flood Control District
License Agreement For Joint Use Facilities

Exhibit A
Page 1 of 22

LEGEND

Sports Field in Basin
Pedestrian Bridges
District Fee Title
Trail Connections
Trails

Prepared By:
CONTRA COSTA COUNTY
FLOOD CONTROL &
WATER CONSERVATION DISTRICT
255 Glacier Drive
Martinez, California 94553

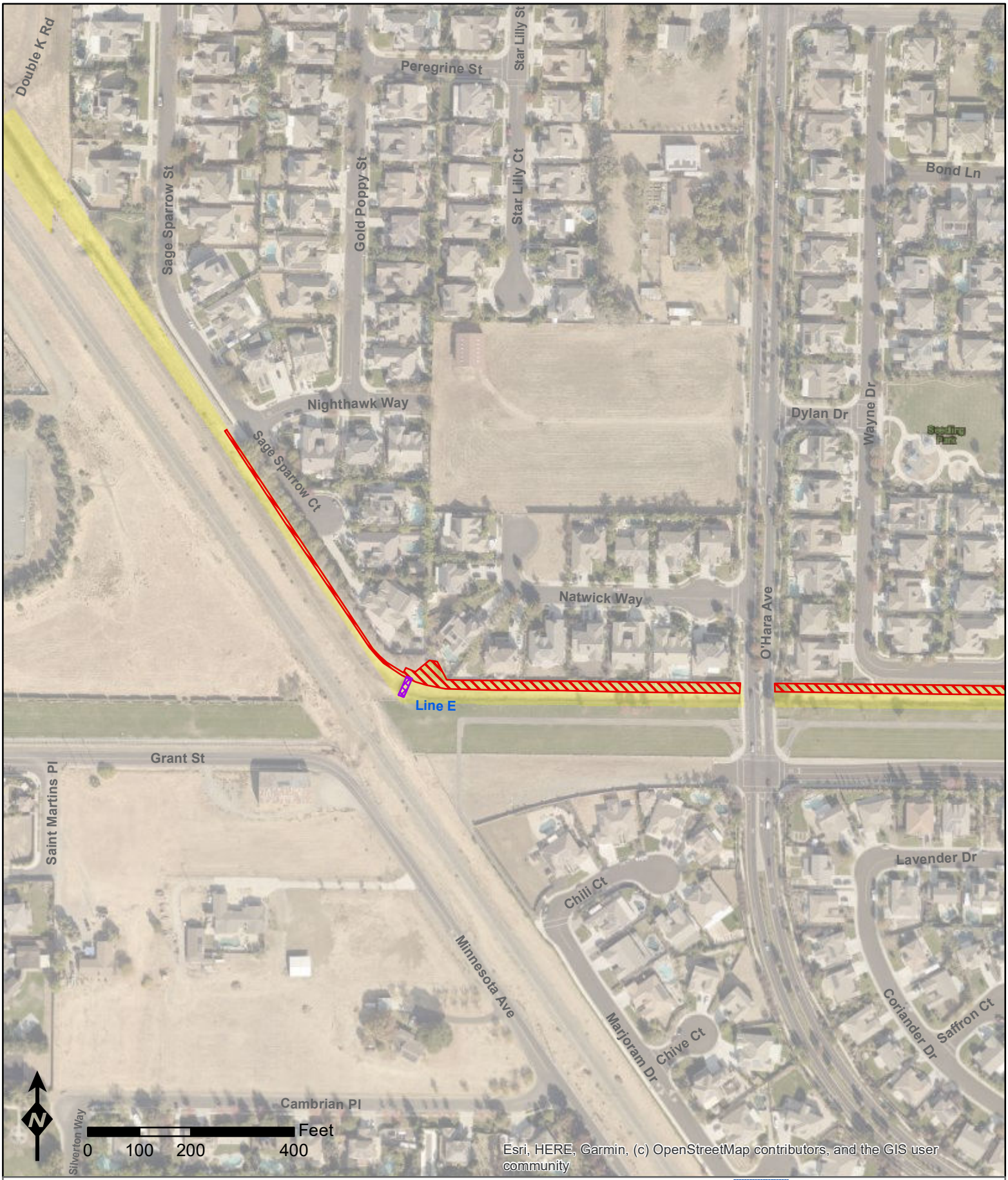
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Ortho Image Date: 2014

Date: 12/2/2021



Brentwood / Flood Control District
License Agreement For Joint Use Facilities

Exhibit A
Page 2 of 22

LEGEND

- Sports Field in Basin
- Pedestrian Bridges
- District Fee Title
- Trail Connections
- Trails

Prepared By:
CONTRA COSTA COUNTY FLOOD CONTROL & WATER CONSERVATION DISTRICT
255 Glacier Drive
Martinez, California 94553

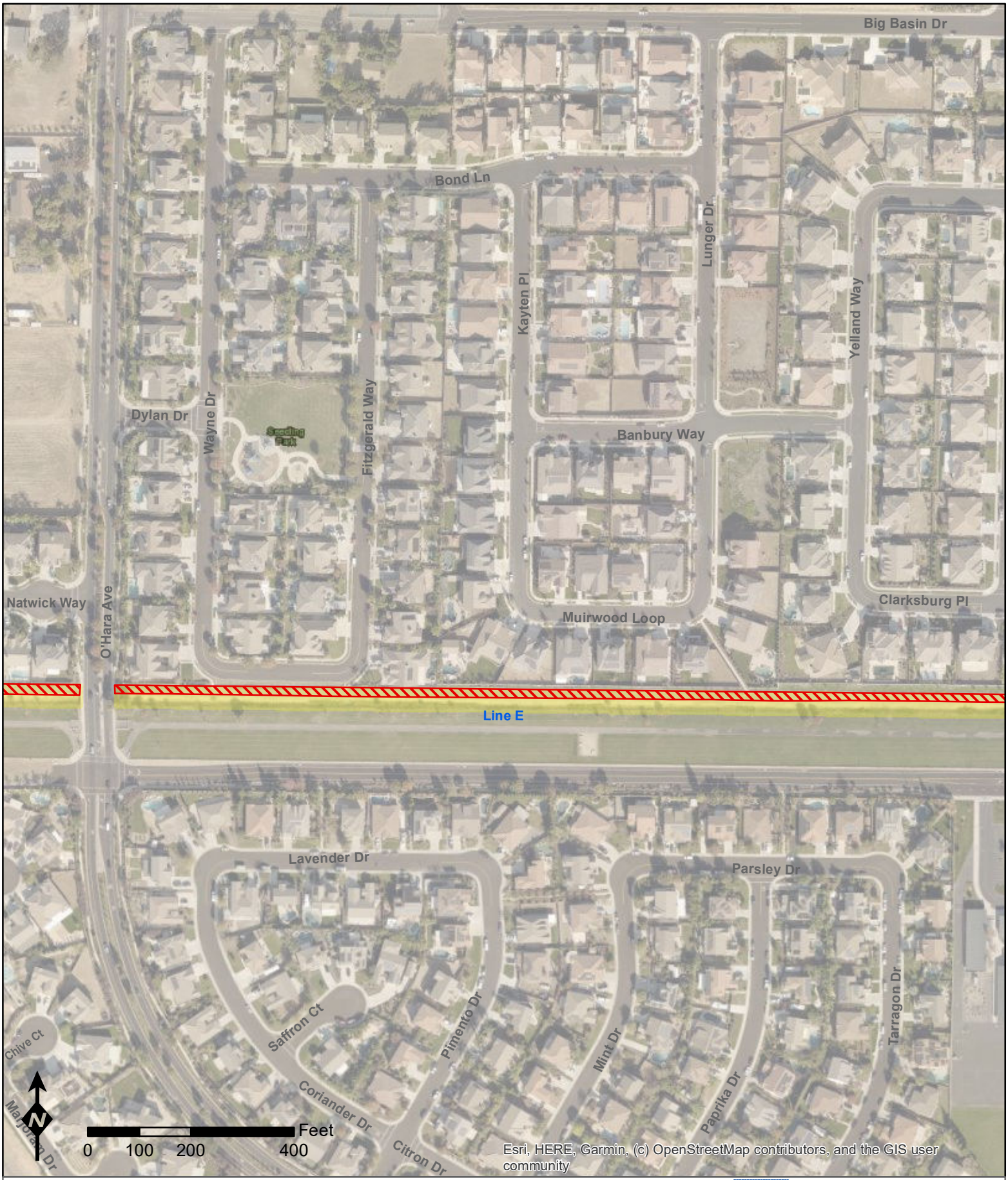
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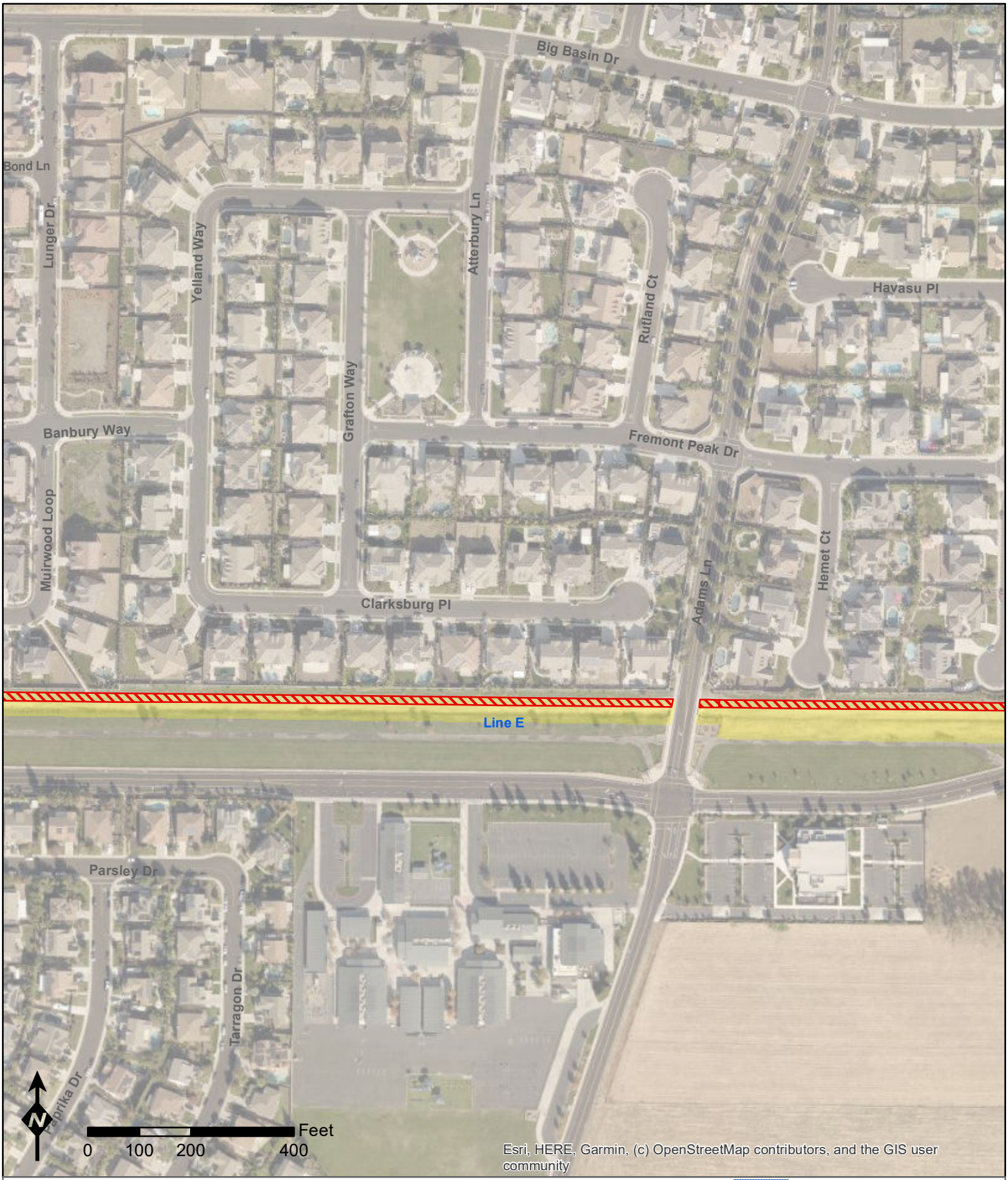
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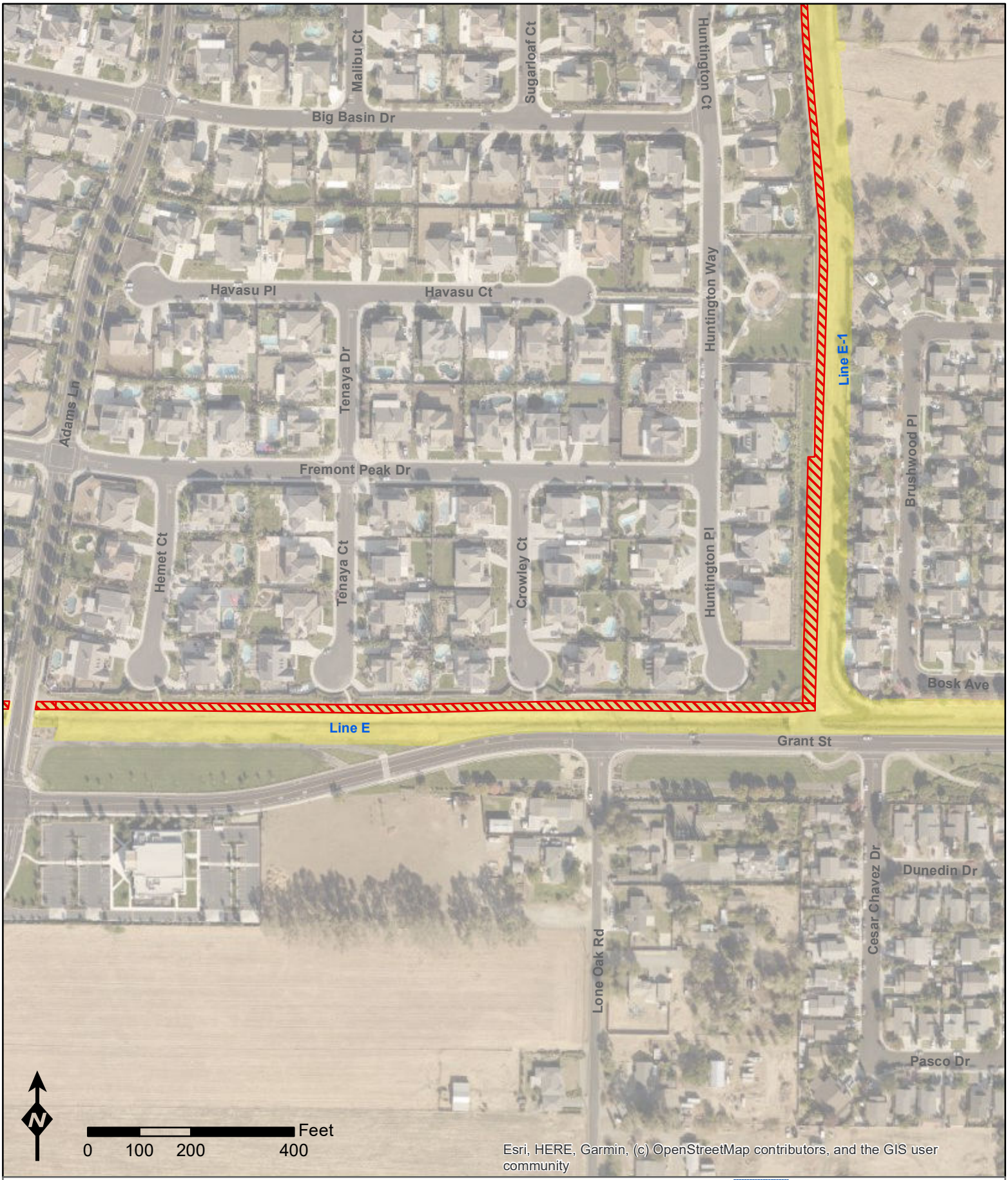
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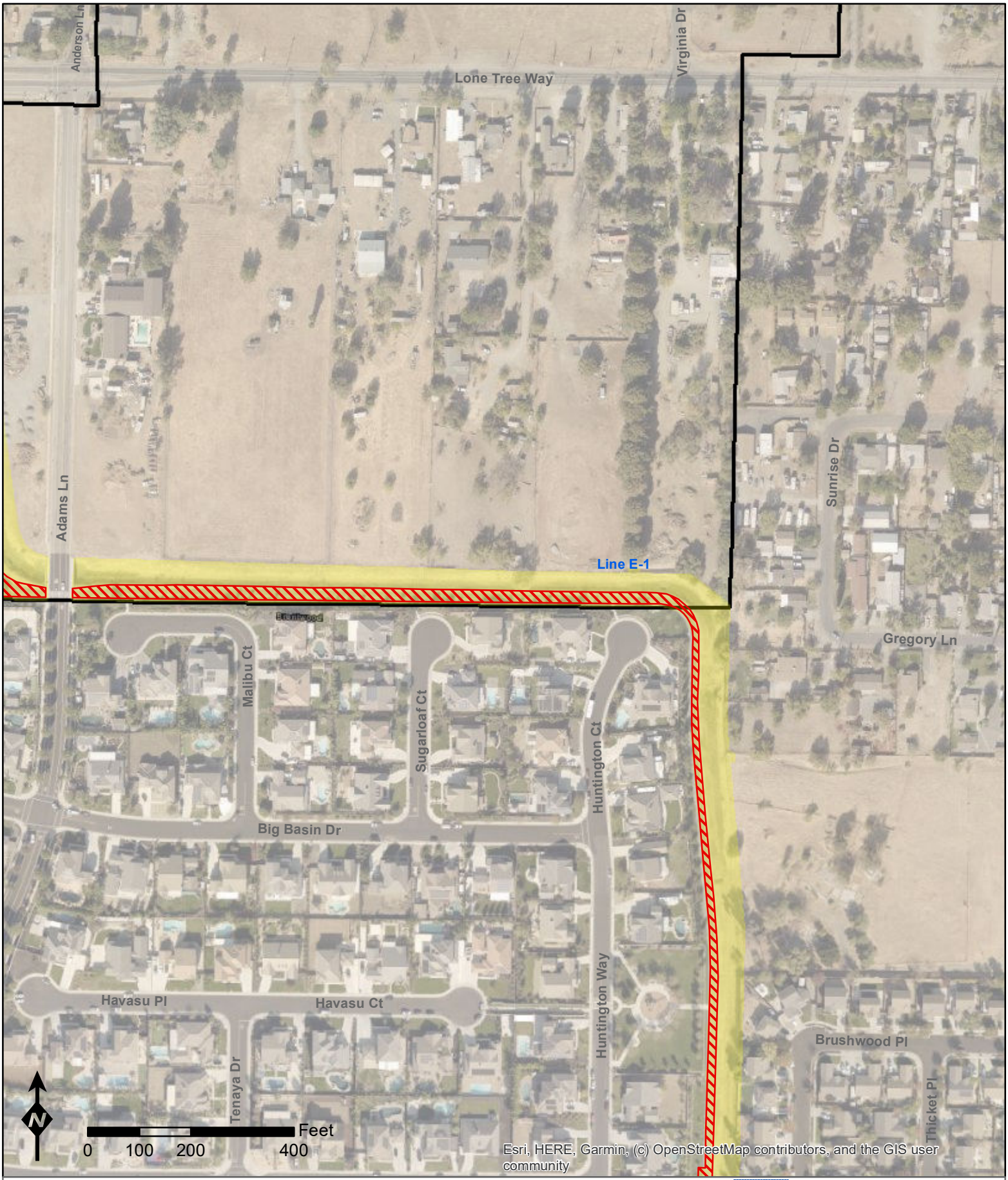
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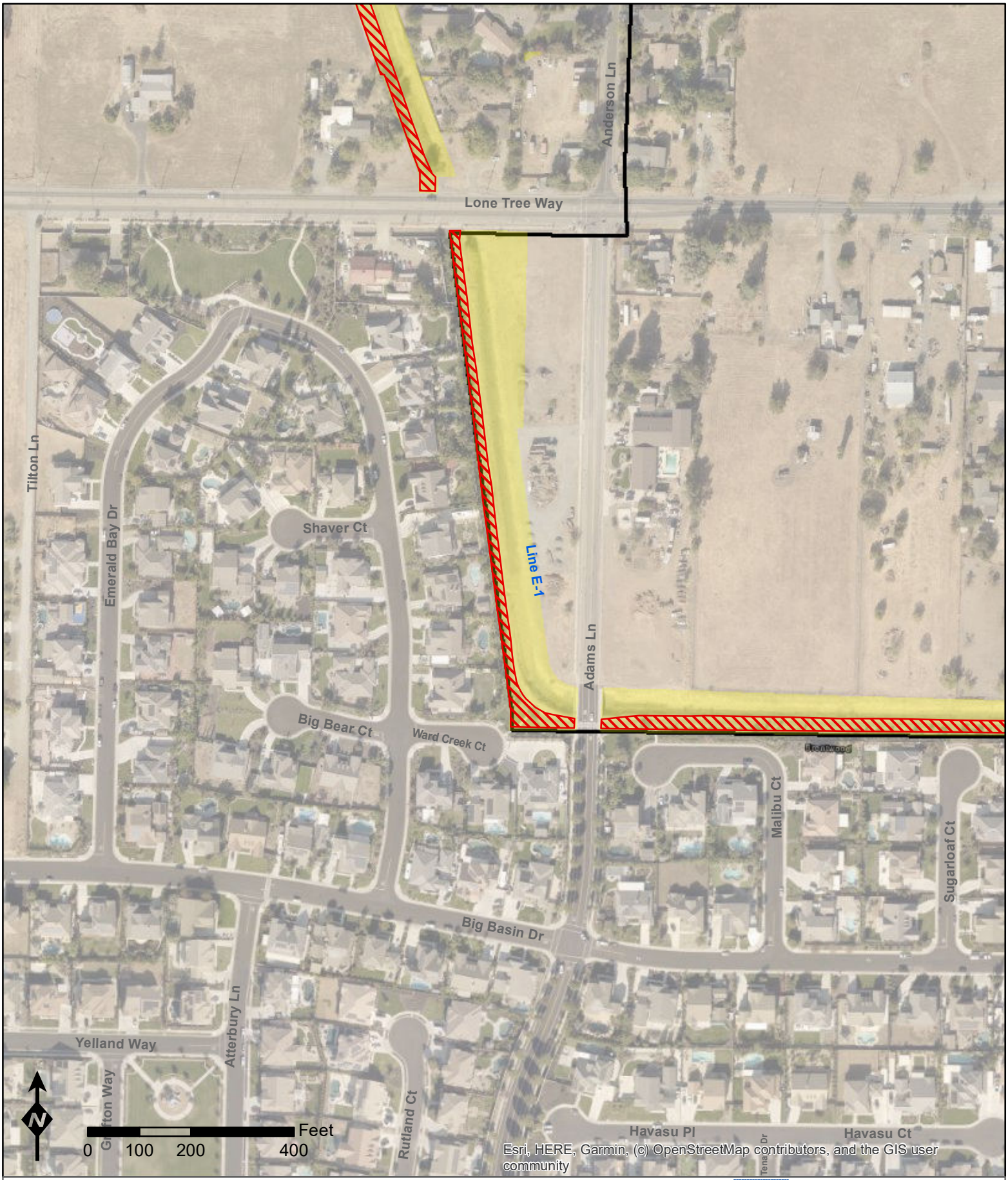
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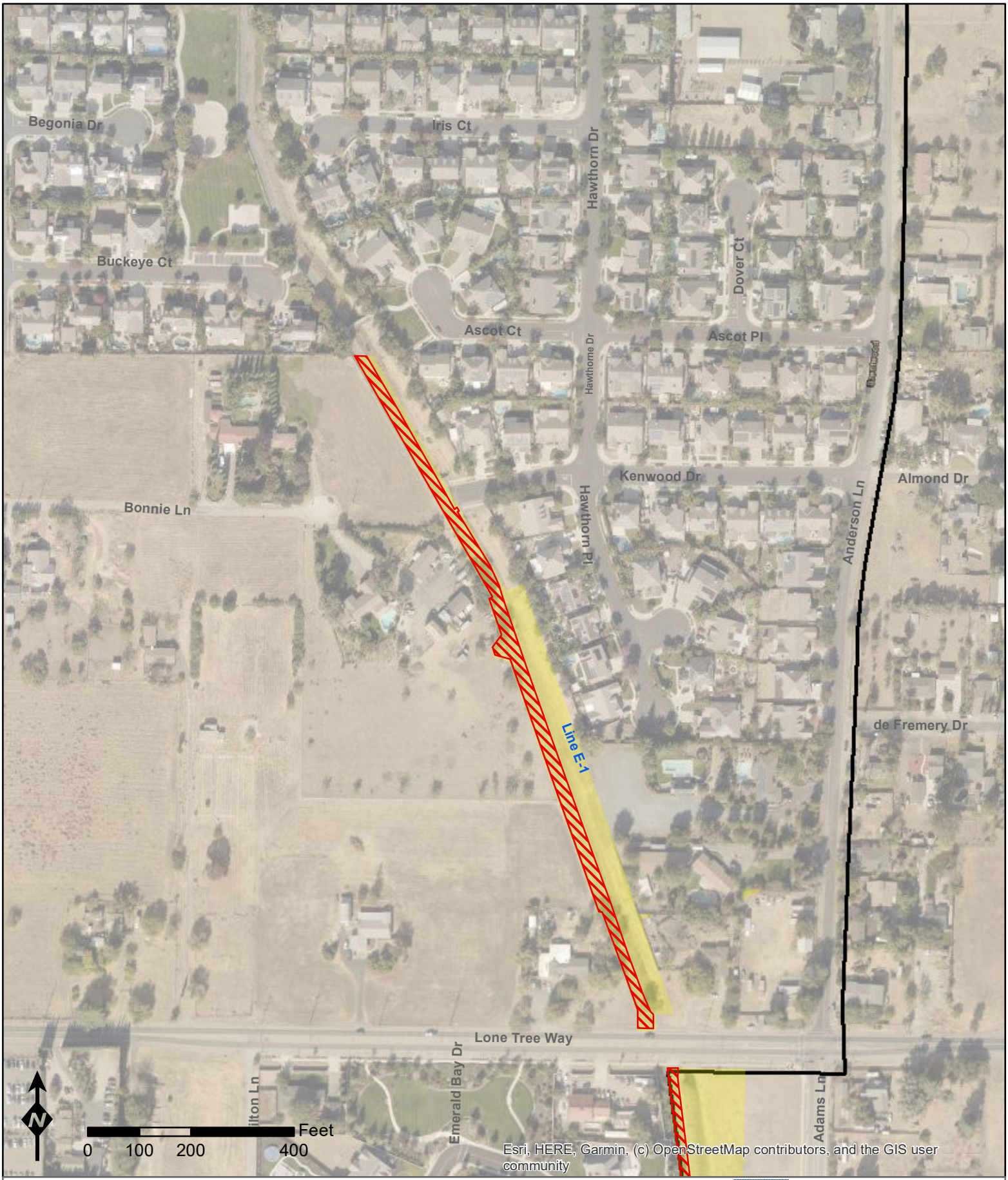
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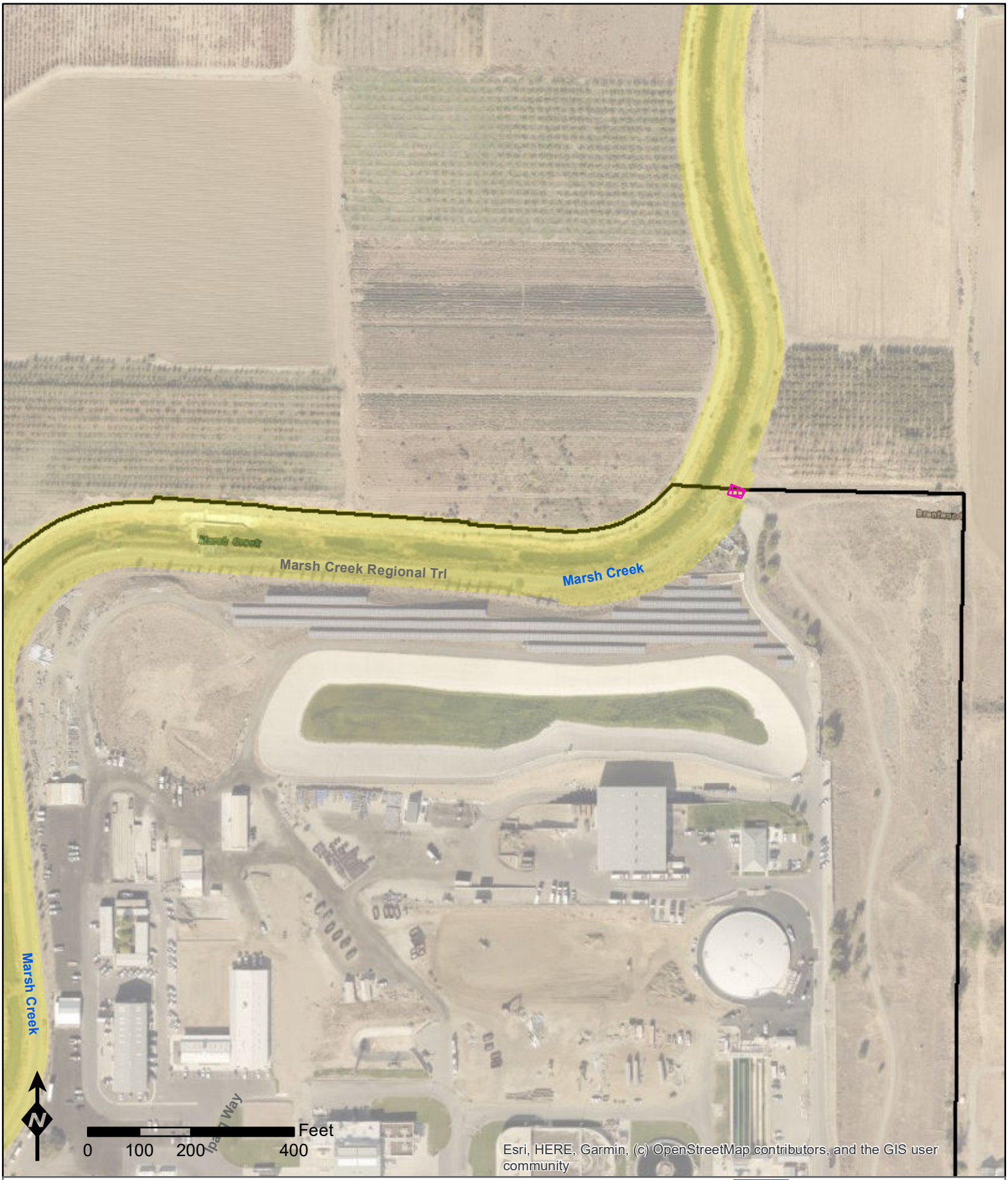
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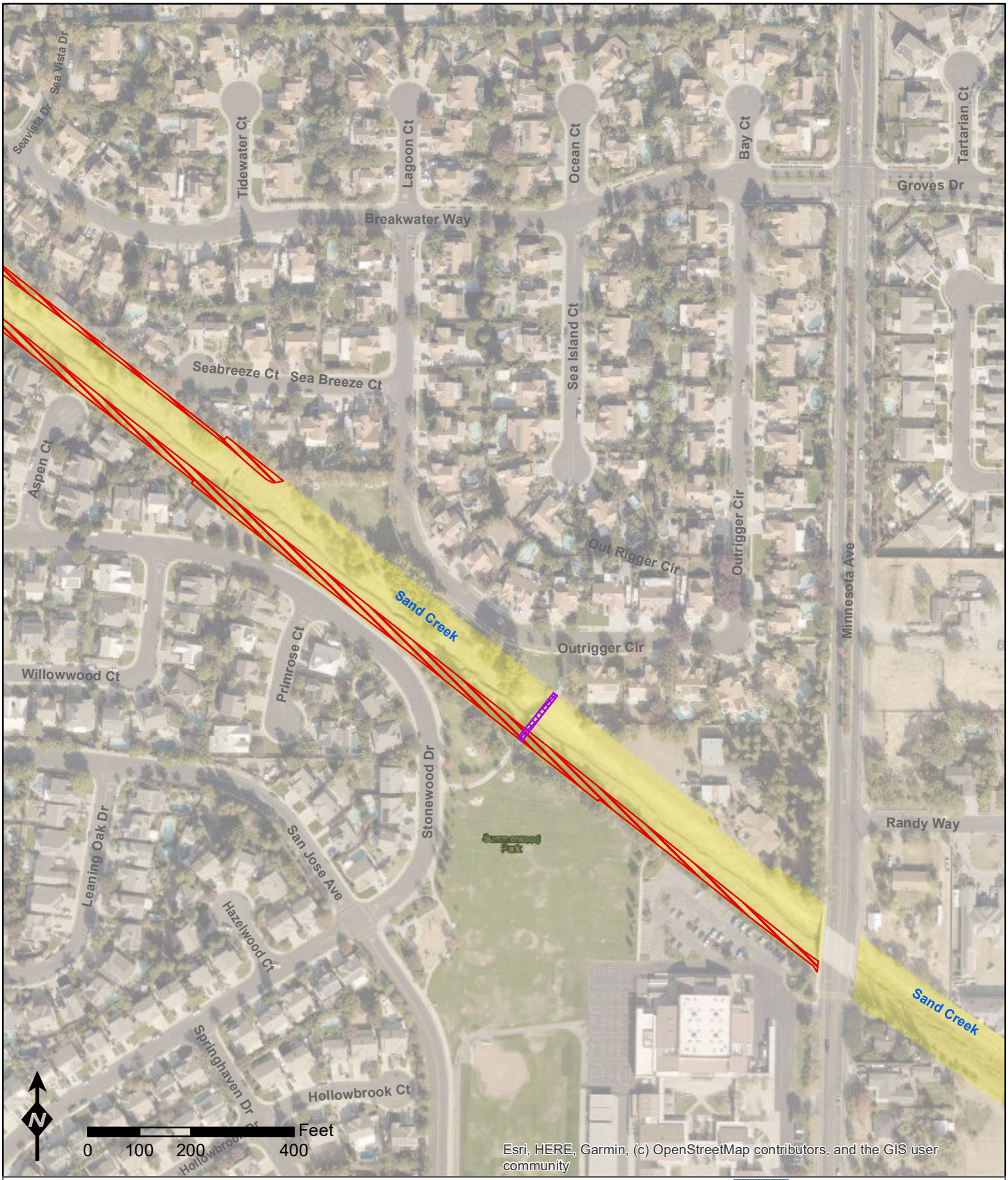
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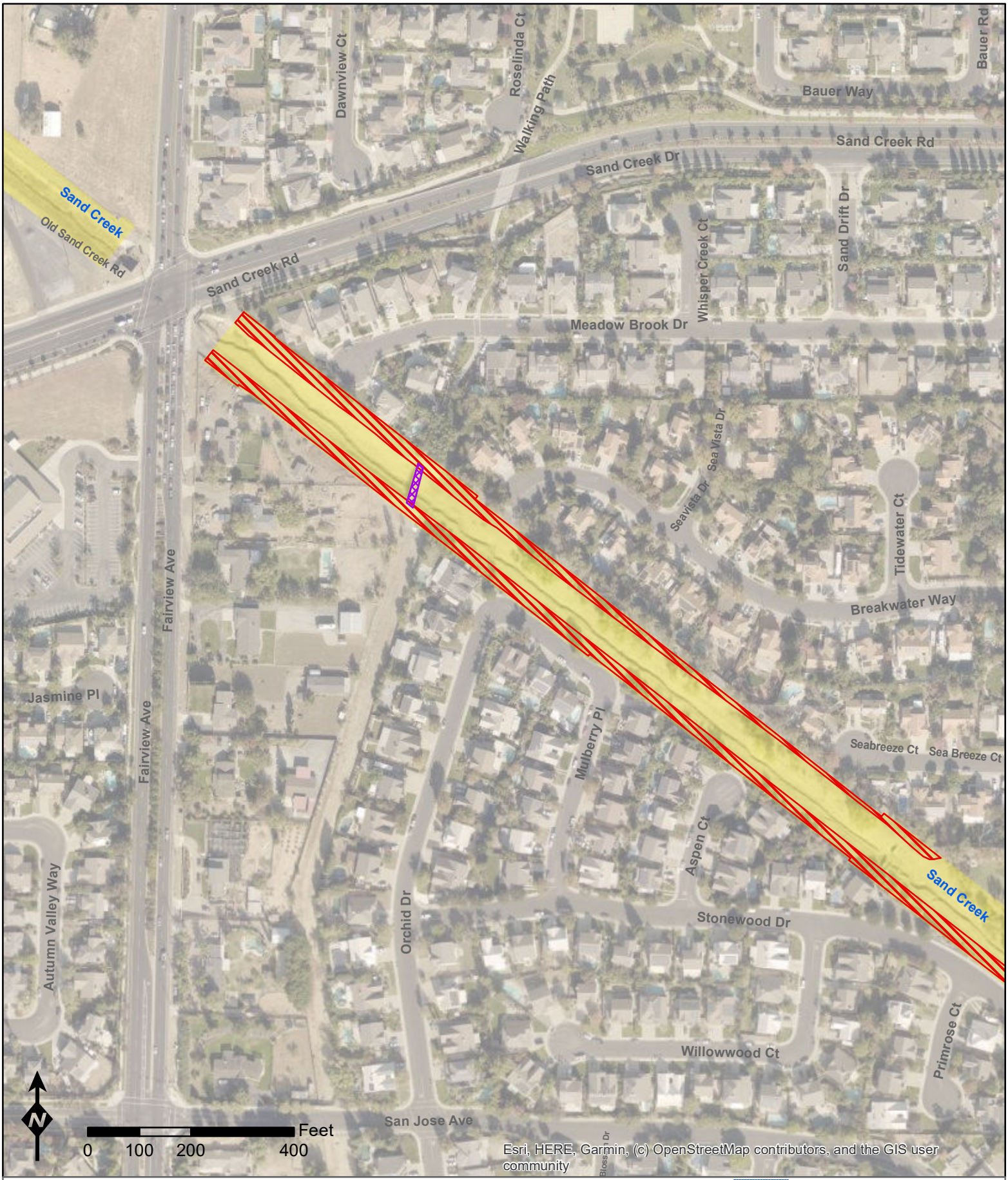
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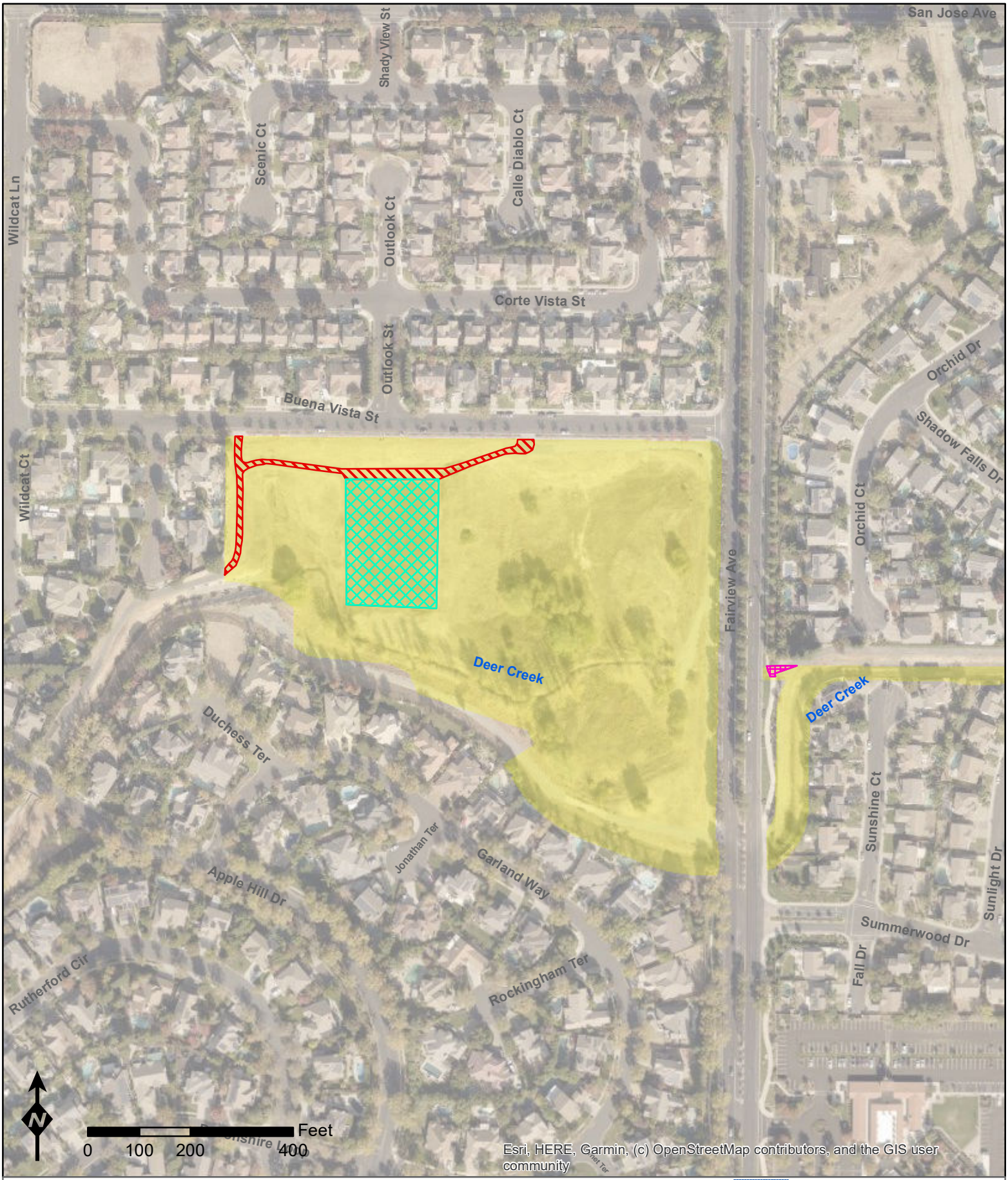
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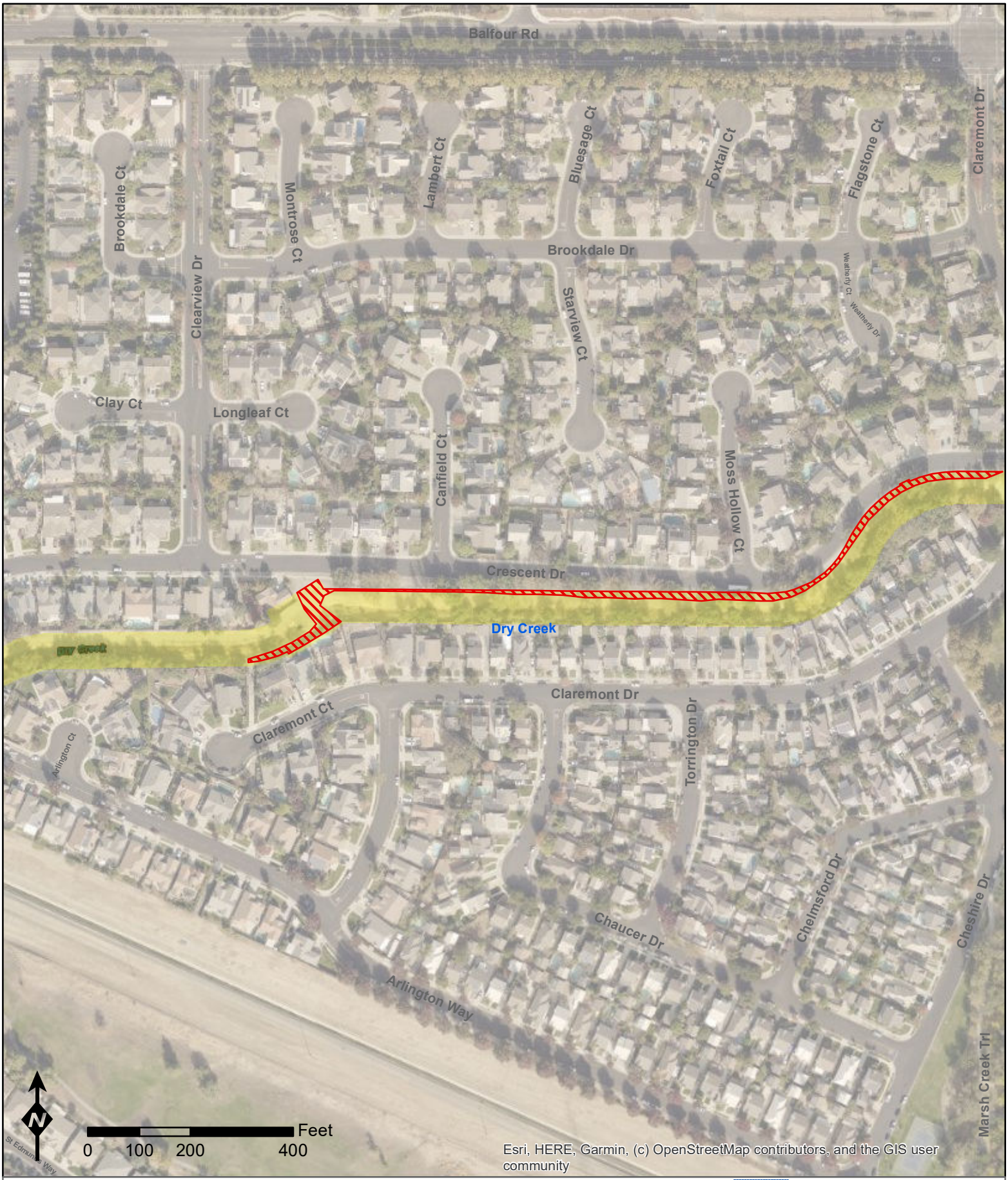
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EXHIBIT B

LICENSE AGREEMENT BETWEEN THE CITY OF BRENTWOOD AND CONTRA COSTA COUNTY FLOOD CONTROL AND WATER CONSERVATION DISTRICT REGARDING JOINT USE AREAS

DESCRIPTION OF JOINT USE AREAS

The City of Brentwood (City) and Contra Costa County Flood Control and Water Conservation District (District) have compiled this list of Joint Use Facilities for City's use within District's property. This list includes existing facilities and planned facilities based on City's approved Parks, Trails, and Recreation Master Plan dated June 2002 and City's Parks, Trails & Recreation Master Plan Update dated February 26, 2019. This list can be updated in accordance with the License. Maintenance responsibilities are summarized below, and fully described in the License.

Refer to the template below which indicates the location of pertinent information:

FCD Facility Name (Reference Streets or Channels) (Area to be used)
Description of City Facilities and Locations

A. FLOOD DETENTION BASINS – The City is allowed to use and required to maintain the following areas:

1. DEER CREEK (Fairview Ave. at San Jose Ave.) (West and north side)
Sports field and trail along the west and north side

B. CITY TRAILS ALONG FLOOD CONTROL DISTRICT CHANNELS – The City is allowed to use and required to maintain a trail and two foot shoulders, including landscaping along the trail from the top of bank to the right of way line in the following areas:

1. MARSH CREEK (Delta Road to Dry Creek Basin)
   a. Trail connection from Trail Court to EBRPD trail (East side)
   b. Trail connection 700 feet east of O'Hara Ave and Sand Creek Rd (South side)
   c. Trail segment at Sungold Park Bridge (East and west side)
   d. Trail segment at Summer Circle (Southeast side)
   e. Trail connection at Sienna Lane and Summer Circle (East side)
   f. Trail connections at Balfour Avenue (East side)
   g. Trail connection at Arbor Court (East side)
   h. Trail connections at Crystal Garden Court (Southeast side)
   i. Trail connection at Quiet Gable Court (South side)
   j. Trail connection 1200 feet north of Tresch Ave and Sunset Rd (Southeast side)
   k. Trail connection 1750 feet north of Elkins Way (Southeast side)
   l. Trail connection 350 feet northwest of Bus Center Dr and Sand Creek Rd (South side)
   m. Planned trail segment west of Cabada Dr (East side)
   n. Planned trail segment north of Marsh Ct (East side)
   o. Planned trail segment north of Duffy Wy (South side)

2. FCZ 1 Line E-1 (Grant Street to Lone Tree Way)

a. Trail starting north of Grant Street to Lone Tree Way (South and west side)
b. Trail from Lone Tree Way to Ascot Court (West side)

3. FCZ 1 Line E (Brentwood Blvd to Lone Tree Way)
   a. Trail from Sage Sparrow Court to east of Huntington Place (North side)
   b. Trail from Brentwood Blvd. to Grant Street (North and east side)
4. SAND CREEK (Minnesota Ave. to Fairview Ave.)
   a. Trail (South side)
   b. Trail (North side)
5. DRY CREEK (Clearview Drive to Quiet Gable Court)
   a Trail from Creekside Park to Clearview Drive (North and west side)
   b Trail from Arlington Way to 140 feet west (North side)
6. DEER CREEK (Fairview Avenue)
   a. Trail connection to Fairview Avenue (Northwest side)

C. PEDESTRIAN BRIDGES - The City is allowed to use and shall maintain pedestrian bridges and the adjacent creek area for ten feet on either side,and the District shall be responsible for creek flow capacity (silt removal) and creek structural repairs in the following areas:

1. FCZ 1 Line E (Grant Street to Lone Tree Way)
   a. South (downstream) of end of Sage Sparrow Court
2. SAND CREEK (Sand Creek Park site to Marsh Creek)
   a. West (upstream) of Minnesota Avenue
   b. East (downstream) of Fairview Avenue
3. Marsh Creek at Valley Green Drive
4. Marsh Creek south of Sunset Rd. and east of Brentwood Blvd.
5. Marsh Creek at Sungold Park.
6. Planned bridge at Marsh Creek, west of Cabada Dr.
7. And other pedestrian bridges.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1079 **Agenda Date:** 3/17/2026 **Agenda #:** C.129.

To: Board of Supervisors

From: Monica Nino, County Administrator

Report Title: Claims

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

DENY claims filed by Christopher Patrick Austin; Henrietta Garcia; Damon Hardley; Reshma Kamath; William Lee; Mercury Insurance for Amornrit Pukdeedamrongrit; Justin Russo; Rebecca Schiff; Aria Wilson; Valentin Wilson; Sandra Wohali; and Eric Wood.

FISCAL IMPACT:

No fiscal impact.

BACKGROUND:

Christopher Patrick Austin: Personal injury claim related to trip and fall in the amount of $10,000,000.
Henrietta Garcia: Damages claim related to alleged dangerous condition in the amount of $100,000,000.
Damon Hardley: Personal injury claim related to vehicle accident in an amount to exceed $5,000,000.
Reshma Kamath: Civil rights claim related to arrest in the amount of $30,500,000.
William Lee: Claim for reimbursement of tax penalties in the amount of $248.
Mercury Insurance for Amornrit Pukdeedamrongrit: Property claim for damage to vehicle in the amount of $1,990.92
Justin Russo: Civil rights claim related to treatment at Martinez Detention Facility in the amount of $10,000,000.
Rebecca Schiff: Employment discrimination claim in the amount of $67,413.20
Aria Wilson: Damages claim related to alleged dangerous condition in the amount of $100,000,000.
Valentin Wilson: Damages claim related to alleged dangerous condition in the amount of $100,000,000.
Sandra Wohali: Property claim for damage to vehicle in the amount of $2,519.
Eric Wood: Property claim for damage to vehicle in an undisclosed amount.

CONSEQUENCE OF NEGATIVE ACTION:

Not acting on the claims could extend the claimants' time limits to file actions against the County.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1080 **Agenda Date:** 3/17/2026 **Agenda #:** C.130.

To: Board of Supervisors

From: Susan Brajkovic, Director of Risk Management

Report Title: Final Settlement of Claim, Brianna Plaza vs. Contra Costa County

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:

RECEIVE this report concerning the final settlement of Brianna Plaza and AUTHORIZE payment from the Workers' Compensation Internal Service Fund in an amount not to exceed $75,000.

FISCAL IMPACT:

Workers' Compensation Internal Service Fund payment of $75,000.

BACKGROUND:

Attorney Mark A. Cartier, defense counsel for the County, has advised the County Administrator that within authorization an agreement has been reached settling the workers' compensation claim of Arianne Burns v. Contra Costa County. The Board's March 3, 2026 closed session vote was: Supervisors Gioia, Andersen, Burgis, Carlson and Scales-Preston - Yes. This action is taken so that the terms of this final settlement and the earlier March 3, 2026 closed session vote of this Board authorizing its negotiated settlement are known publicly.

CONSEQUENCE OF NEGATIVE ACTION:

Case will not be settled.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1081 **Agenda Date:** 3/17/2026 **Agenda #:** C.131.

To: Board of Supervisors

From: David O. Livingston, Sheriff-Coroner

Report Title: Stericycle, Inc.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
RATIFY the execution of a contract with Stericycle, Inc., in the amount of $50,000 for hazardous waste management services for the Office of the Sheriff, Forensics Division for the period August 1, 2025 through August 31, 2028, with an automatic extension option through August 30, 2031.

FISCAL IMPACT:
Approval of this request will result in up to $50,000 in contractual service expenditures over a 3-year period and will be funded 100% by the General Fund.

BACKGROUND:
Stericycle, Inc. provides hazardous waste management services, including the disposal of pathological waste and the collection of chemo waste. The department originally paid Stericycle Inc. for hazard waste services through a purchase order. This request is for a contract that was executed without Board approval, due to an internal administrative oversight. The requested term is retroactive to when the contractor continued to provide services in good faith and also allows the department to continue using the vendor through August 31, 2028 and another 3-year term if both parties opt-in to a renewal through August 30, 2031.

The Terms and Conditions include a limitation of liability and indemnification from the County to the Contractor.

CONSEQUENCE OF NEGATIVE ACTION:
If the Board does not approve, it would result in service interruptions for the Office of the Sheriff, Forensics Division for the disposal of pathological waste and the collection of chemo waste, which are vital services for the department.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1082 **Agenda Date:** 3/17/2026 **Agenda #:** C.132.

To: Board of Supervisors

From: David O. Livingston, Sheriff-Coroner

Report Title: Budget Amendment NO. BDA-26-00556

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE Budget Amendment No. BDA-26-00556, authorizing the transfer of appropriations in the amount of $800,000 from Fund 100300 (Dept 0255) Org 2501-4948 (Other Special Departmental Expenditures) and appropriating it to Public Work's Fund 100300 (Dept 0111) Org 4411-4114-WH114A for the Training Tower Construction Project for the Office of the Sheriff.

FISCAL IMPACT:
This appropriation is to budget construction project in Org 4411-4114-WH114A for $800,000 and is funded 100% by the General fund.

BACKGROUND:
In 2023, the Contra Costa County Office of the Sheriff identified the need to construct a regional public safety rescue and training structure at the Sheriff's Range in Clayton, CA. This multi-level structure will have modular (movable) interior walls for customization, smoke system, lighting, audio system, exterior platforms, interior/exterior staircases, tower platform, rappelling wall, shuttered windows, a climbing exterior wall, and other options. This structure will provide Sheriff's Office personnel, the County, and regional public safety partners with a specialized training building capable of training and preparing first responders for a multitude of real-world critical incident scenarios.

This project was approved and all permits, plans, and designs have already been completed. The original budget for construction costs was estimated at $275,000. However, the lowest bid received for construction costs was $795,000 and the second lowest bid was $945,000. The additional funding is needed to complete the construction of this building and to account for unforeseen expenses until the completion of this project.

CONSEQUENCE OF NEGATIVE ACTION:
The Office of the Sheriff will be unable to complete the project.

View Budget Amendment: Budget Amendment: FY 2025-26 - Operating Budget on 02/24/2026 : BDA-26-00556

Company	Contra Costa County
Budget Template	Operating Budget : FY 2025-26 Operating Budget
Budget	FY 2025-26 Operating Budget
Organizing Dimension Type	
Amendment ID	BDA-26-00556
Amendment Date	02/24/2026
Description	To trf fund from 2501 to 4411 to fund SO training structure.
Amendment Type	Appropriation / Estimated Revenue Adjustment
Balanced Amendment	Yes
Entry Type	Mid-Year Adjustments
Status	In Progress

Budget Amendment Entries

Period	*Ledger Account/Summary	Home Organization	*Cost Center	*Fund	Debit Amount	Credit Amount	Memo	Exceptions
FY 2025-26 Year (FY 2025-26 Operating Budget)	4114:182-TRAINING STRUCTURE	2500 SHERIFF CENTRAL ADMIN (Home Org)	4411 PLANT ACQ-DTNTN FACILITS	100300 GENERAL	$800,000.00	$0.00	To trf fund from 2501 to 4411 to fund SO training structure.	Warning : - Home Org on Budget Line Not Equal Initiator's Home Org
FY 2025-26 Year (FY 2025-26 Operating Budget)	4948:MISCELLANEOUS EQUIPMENT	2500 SHERIFF CENTRAL ADMIN (Home Org)	2501 SHERIFF'S TRAINING	100300 GENERAL	$0.00	$800,000.00	To trf fund from 2501 to 4411 to fund SO training structure.	Warning : - Home Org on Budget Line Not Equal Initiator's Home Org

Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Budget Amendment Event	Budget Amendment Event	Step Completed	02/24/2026 04:02:17 PM	02/25/2026	Margarita Lopez	1	
Budget Amendment Event	Review Budget Amendment	Not Required		02/25/2026		0	
Budget Amendment Event	Approval by Department Approver – Budget Amendment	Approved	02/24/2026 04:04:20 PM		Donn David (Department Approver – Budget Amendment)	1	
Budget Amendment Event	Review Budget Amendment	Awaiting Action		02/25/2026	Analiza Pinlac (Budget Specialist (Auditor Office))	3	
					Xia Zhang (Budget Specialist (Auditor Office))		

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
					Yesenia Campos (Budget Specialist (Auditor Office))		

CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 26-1083 **Agenda Date:** 3/17/2026 **Agenda #:** C.133.

To: Board of Supervisors

From: David O. Livingston, Sheriff-Coroner

Report Title: Aurora Biomed, Inc.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute on behalf of the Sheriff-Coroner, a purchase order with Aurora Biomed, Inc., in an amount not to exceed $11,000, and ACCEPT terms and conditions for preventative maintenance, extended warranty and repairs of the automated liquid handling workstation at the Office of the Sheriff Forensics Division, for the period April 1, 2026 through March 31, 2027.

FISCAL IMPACT:
Approval of this request will result in up to $11,000 in contractual service expenditure over a 1-year period and will be funded 100% by the General Fund.

BACKGROUND:
Aurora Biomed Inc. manufactures the automated liquid handling workstation used in the Office of the Sheriff Forensics Division. The automated liquid handling workstation provides high throughput differential extraction used in the analysis of evidence for the DNA Unit. Aurora Biomed provides qualified field service engineers to perform the preventive maintenance and repairs of the workstation. The proper maintenance of the workstation ensures continuous operation and optimum output of critical evidence associated with criminal investigations of sexual assault and sexual homicide cases.

The Terms & Conditions include a limitation of liability provision.

CONSEQUENCE OF NEGATIVE ACTION:
If the Board does not approve, the Office of the Sheriff Forensics Division's laboratory will be out of compliance with the maintenance of the automated liquid handling workstation, which will result in the inability to provide timely DNA services of forensic samples.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1084 **Agenda Date:** 3/17/2026 **Agenda #:** C.134.

To: Board of Supervisors

From: David O. Livingston, Sheriff-Coroner

Report Title: Axel Technologies, Inc.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Office of the Sheriff, Civil Unit, or designee, to execute a contract with Axel Technologies, Inc. in an amount not to exceed $ 3,000 and ACCEPT Terms of Service for the use of their web-based mapping system software for the period of July 1, 2025, through June 30, 2027.

FISCAL IMPACT:
Approval of this request will result in up to $3,000 in contractual expenditures over a 2-year period and will be funded 100% by the General Fund.

BACKGROUND:
Axel Technologies provides an online mapping service. This mapping service optimizes the officer's route, while serving court process throughout the whole county of Contra Costa. This system is easy to navigate and if an issue ever arises support staff on their end has a quick response time.

The requested term is retroactive to when the contractor continued to provide services in good faith and also allows the department to continue using the vendor through June 30, 2027. The Terms of Service include limitations of liability from the County to the contractor.

CONSEQUENCE OF NEGATIVE ACTION:
If the Board does not approve, the Office of the Sheriff, Civil Unit, will not be able to serve court process efficiently.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1085 **Agenda Date:** 3/17/2026 **Agenda #:** C.135.

To: Board of Supervisors

From: David O. Livingston, Sheriff-Coroner

Report Title: Informer Systems, LLC dba SafeCities

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute on behalf of the Sheriff-Coroner, a purchase order with Informer Systems, LLC dba SafeCities, in an amount not to exceed $22,000, and ACCEPT the Terms of Service for a workforce scheduling management software, for the period March 1, 2026 through February 28, 2029.

FISCAL IMPACT:
Approval of this request will result in up to $22,000 in contractual service expenditures over a three-year period and will be funded 100% by the General Fund.

BACKGROUND:
Informer Systems, LLC dba SafeCities is a workforce scheduling and management solution for public safety organizations, primarily first responders. Their software, Schedule Express, is a custom software used by the Office of the Sheriff to unify and automate workflows to manage employee scheduling, effectively eliminating paperwork, man-power costs, and substantially reducing errors, omissions, and abuse. This software helps the Office of the Sheriff's Dispatch Unit reduce the risks, costs, and complexities of workforce management. It offers real-time plans and reports to help supervisors identify and fill gaps in coverage. This provides practical time and attendance tracking, which automates the monitoring of time banks and time-off requests while integrating with payroll systems. Through notifications, staff are automatically notified of schedule changes, time-off approvals, and other essential updates. Schedule Express features a secure, distributed network with real-time encryption for high reliability and scalability crucial to a law enforcement agency such as the Office of the Sheriff.

The Terms of Service include a limitation of liability and indemnification from the County to the contractor.

CONSEQUENCE OF NEGATIVE ACTION:
If the Board does not approve, the Office of the Sheriff will not be able to schedule and manage the Dispatch work staff and control workflow, which will impact the ability to provide the personnel needed to ensure public safety effectively.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1086 **Agenda Date:** 3/17/2026 **Agenda #:** C.136.

To: Board of Supervisors

From: David O. Livingston, Sheriff-Coroner

Report Title: Brinks, Inc.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Sheriff-Coroner, or designee, to execute a contract with Brinks, Inc., in an amount not to exceed $50,000 to provide cash-in-transit services for the Office of the Sheriff detention facilities, for the period February 1, 2026 through January 31, 2027.

FISCAL IMPACT:
Approval of this request will result in up to $50,000 in contractual service expenditures over a 1-year period and will be funded 100% by the General Fund.

BACKGROUND:
The Office of the Sheriff detention facilities, including West County Detention Facility, Martinez Detention Facility and Marsh Creek Detention Facility, have been utilizing Brinks, Inc. for armored transit services to secure the transportation of cash and checks collected by the detention facilities. Brinks, Inc. has a long history of demonstrating compliance with all safety, security, and service requirements of the Office of the Sheriff.

The Brinks Connect Transportation Contract includes a limitation of liability provision.

CONSEQUENCE OF NEGATIVE ACTION:
If the Board does not approve, the Office of the Sheriff will have internal staff hand-deliver the cash and checks. This service is critical for maintaining financial accountability, operational efficiency, and personnel safety.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1087 **Agenda Date:** 3/17/2026 **Agenda #:** C.137.

To: Board of Supervisors

From: David O. Livingston, Sheriff-Coroner

Report Title: Magnet Forensics, LLC

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute on behalf of the Sheriff-Coroner, a purchase order with Magnet Forensics, LLC, in an amount not to exceed $62,000 for the use of the GrayKey software that processes digital forensic evidence of time sensitive criminal cases, in the Office of the Sheriff Investigation Division, for the period March 15, 2026 through March 14, 2027.

FISCAL IMPACT:
Approval of this request will result in up to $62,000 in contractual service expenditures over a 1-year period and will be funded 100% by the General Fund.

BACKGROUND:
Magnet Forensics, LLC, a technology company, plays a crucial role in law enforcement operations. Their software suite enables detectives to conduct more comprehensive and detailed data extraction from mobile devices. Magnet Forensics software provides detectives at the Office of the Sheriff Investigation Division with a tool to access, and extract encrypted or inaccessible data from mobile devices, which may have evidentiary value. It also provides a more efficient process and reduces the number of personnel hours required to complete a similar task. The ability to conduct data extraction in-house simplifies the chain of custody associated with the device. The increased efficiency helps the detectives gain real-time information associated with their cases.

The End User License Agreement includes limitation of liability and indemnification from the County to Magnet Forensics, LLC.

CONSEQUENCE OF NEGATIVE ACTION:
If the Board does not approve, the detectives at the Office of the Sheriff Investigations Division may not be able to access encrypted or inaccessible data stored within mobile devices and may be required to request assistance from a limited number of outside agencies that have access to software capable of performing these tasks. This would impede efficiency and create a backlog of evidence being retained for processing.

1025 ESCOBAR STREET
MARTINEZ, CA 94553

CONTRA COSTA COUNTY

Staff Report

File #: 26-1088 **Agenda Date:** 3/17/2026 **Agenda #:** C.138.

To: Board of Supervisors

From: Dan Mierzwa, Treasurer-Tax Collector

Report Title: APPROVE and AUTHORIZE the County Treasurer-Tax Collector, or designee, to execute a Data Protection Agreement ("Agreement") with Wells Fargo Bank, N.A. ("WFB"), for the purpose of evaluating and determining Contra Costa County's viability as a candidate for WFB's Account Validation Services ("AVS"), effective February 5, 2026.

☒Recommendation of the County Administrator ☐ Recommendation of Board Committee

RECOMMENDATIONS:
APPROVE and AUTHORIZE the County Treasurer-Tax Collector, or designee, to execute a Data Protection Agreement ("Agreement") with Wells Fargo Bank, N.A. ("WFB"), for the purpose of evaluating and determining Contra Costa County's viability as a candidate for WFB's Account Validation Services ("AVS"), effective February 5, 2026.

FISCAL IMPACT:
There is no fiscal impact for this agreement. If the County engages WFB's AVS, then the annual fees and costs are not to exceed $5,000 and will be paid from the earnings allowance made from the compensating balance in the WFB accounts.

BACKGROUND:
Contra Costa County has been actively working on the implementation of Automated Clearing House (ACH) payments as a less costly alternative to paper checks. To reduce the ACH payment fraud risk and increase payment security, the County Treasurer has identified WFB's AVS as a reliable and secure option. By subscribing to AVS, Contra Costa County could use the services offered by Early Warning Services, LLC, including but not limited to, validating the ownership of bank accounts, reducing ACH returns and authorized ACH transactions, and complying with the National Automated Clearing House Association rules.

So that WFB can evaluate whether Contra Costa County is a viable candidate for AVS, WFB requires the County to execute the Data Protection Agreement. If it is determined that Contra Costa County is in fact a viable candidate for AVS, the Treasurer-Tax Collector's Office anticipates returning to the Board to seek authority for the County to enter into an agreement to subscribe to AVS.

CONSEQUENCE OF NEGATIVE ACTION:
If the agreement is not authorized, Contra Costa County's candidacy for AVS will not be evaluated and ultimately, prevent the County from implementing the ACH payment method, if it chooses to do so.

WELLS FARGO

Data Protection Agreement

An Agreement to Prevent the Unauthorized Disclosure of Information

This **Data Protection Agreement** (the "Agreement") is effective as of February 5, 2026 ("Effective Date"), by and between Contra Costa County, with its principal address at _____ ("Company"), and Wells Fargo Bank, N.A.("Wells Fargo").

1. **Authorized purpose**. Under this Agreement, each party will disclose certain information that it considers confidential or proprietary in connection with evaluating and determining if Company is a viable candidate for Wells Fargo's Account Validation Services (the "Authorized Purpose"). The Account Validation Services enable eligible Wells Fargo customers to submit inquiries to and receive responses from the Early Warning Services, LLC ("EWS") National Shared Database℠. In consideration of this disclosure, and each party's willingness to protect the confidential information of the other party as set forth below, the parties agree as follows:

2. **Confidential information**. For purposes of this Agreement, the term "Confidential Information" means:

(a) For Company: Any business, technical or other non-public and proprietary information relating to Company that is disclosed by Company to, or is acquired by, Wells Fargo, EWS or its Personnel (as defined in Section 5) in the course of the Authorized Purpose, regardless of the medium of conveyance (directly or indirectly, and whether in oral, written, graphic, electronic, or any other form, or through inspection, review or analysis), whether the information is marked "confidential" or with other words of a similar nature, is actually known by Wells Fargo to be Company's confidential information, or from all the relevant circumstances should reasonably be understood by Wells Fargo to be confidential or of a proprietary nature (collectively, "Company Confidential Information").

(b) For Wells Fargo: (i) Any business, technical or other non-public and proprietary information relating to Wells Fargo or EWS that is disclosed by Wells Fargo or EWS to, or is acquired by, Company or its Personnel (as defined below in Section 5) in the course of the Authorized Purpose, including, without limitation, information relating to Wells Fargo's or EWS' technology, operations, systems, databases, software, programs, applications, documentation, manuals, products, services, policies, procedures, facilities, security practices, research, development, business affairs, marketing or sales plans, current, prospective or former customers or clients, pricing or pricing strategies, strategic plans, unpublished financial information, ideas, concepts, innovations, inventions, designs, business methodologies, improvements, trade secrets, and copyrightable subject matter, regardless of the medium of conveyance (directly or indirectly, and whether in oral, written, graphic, electronic, or any other form, or through inspection, review, or analysis), whether the information is marked "confidential" or with other words of a similar nature, is actually known by Company to be Wells Fargo's or EWS' confidential or proprietary information, or from all the relevant circumstances should reasonably be understood by Company to be confidential or of a proprietary nature; (ii) any written user guides, specifications, technical requirements, descriptions or instructions created by EWS describing the installation, set-up, function, features, operation and use of the Account Validation Service; and (iii) information relating to Wells Fargo's, Wells Fargo's Affiliates (as defined below in Section 5), EWS's' or their respective suppliers' computer systems and architecture, security systems and procedures, or Personnel (collectively, "Wells Fargo Confidential Information").

(c) Confidential Information disclosed hereunder may include information of a third party in the possession of the disclosing party, provided the disclosing party has the right to disclose such information to the receiving party.

3. **Non-Protected Information**. Confidential Information does not include any information that:

(a) Is already known to or in the possession of the receiving party, EWS or its Personnel without a restriction on disclosure at the time of disclosure;

(b) Is or becomes publicly known without breach of this Agreement or other obligations of non-disclosure by the receiving party, EWS or its Personnel;

(c) Is obtained by the receiving party, EWS or its Personnel from a third party who is not under a duty or obligation of confidentiality to the disclosing party;

(d) Was independently developed by the receiving party, EWS or its Personnel without the use of or reference to the disclosing party's Confidential Information; or

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(e) The disclosing party agrees in writing are free of the restrictions set out in this Agreement.

The receiving party will have the obligation to prove, with competent evidence, the existence of one of the foregoing exclusions from Confidential Information.

4. **Treatment of confidential information.**

(a) The "Confidentiality Period" starts on the Effective Date and terminates on the later to occur of three (3) years after the Effective Date or twelve (12) months after the last disclosure of Confidential Information hereunder.

(b) During the Confidentiality Period, the receiving party agrees it will (i) not use, disclose, copy or transmit the other party's Confidential Information except as strictly required to accomplish the Authorized Purpose, and then only as permitted in this Agreement (see Section 5, below), and (ii) employ all reasonable measures to avoid unauthorized disclosure or transmission of the other party's Confidential Information in breach of this Agreement (including but not limited to disclosure or potential disclosure resulting from the disposal or other disposition of equipment or media containing the Confidential Information of the other party), consistent with the measures that the receiving party uses to protect its own comparable confidential information.

(c) Company will protect the Wells Fargo Confidential Information described in Section 2(b)(iii) (relating to computer systems and architecture, security systems and procedures) as Confidential Information in perpetuity, except if the Confidential Information becomes non-protected information pursuant to Section 3(e). Further, , each party acknowledges its obligations hereunder survive and continue in force with respect to the other party's trade secrets (as that term is defined by the Uniform Trade Secrets Act) for as long as, and to the extent that, such Confidential Information remains a trade secret.

5. **Restrictions on use**. Each party will restrict the access, possession, knowledge, and use of the other party's Confidential Information to its own Personnel (defined as Affiliate(s) or any person or entity associated with a party, including employees, agents, consultants, contractors or subcontractors) who need to know the other party's Confidential Information to carry out the Authorized Purpose. Each party will use at least the same degree of care to avoid unauthorized disclosure or use of the disclosing party's Confidential Information as it uses to protect its own comparable confidential information, but no less than a reasonable degree of care. Each party (i) will take appropriate action with any of its Personnel to whom Confidential Information is disclosed hereunder to ensure that the entity or individual is informed of the confidential nature of the Confidential Information and legally bound to comply with its obligations under this Agreement and (ii) is liable for any breach of its obligations hereunder caused by its Personnel, its Affiliates, or their Personnel. The receiving party will promptly notify the disclosing party in the event it knows or has a reasonable suspicion that any portion of the disclosing party's Confidential Information has been used, disclosed, copied or transmitted in an unauthorized manner while in the receiving party's control and custody, and will cooperate with the disclosing party in its lawful efforts to prevent or remedy such disclosure. The term "Affiliates" refers to an entity that controls, is controlled by, or is under common control with (directly or indirectly, and through one or more intermediaries) a party to this Agreement; with regard to Wells Fargo, this includes Wells Fargo & Company.

6. **Return of confidential information**.

(a) The receiving party will promptly return or destroy the disclosing party's Confidential Information subject to this Agreement upon the disclosing party's written request. Neither party is obligated to erase Confidential Information commingled with other information or documents of the receiving party if it would pose a substantial administrative burden to destroy such Confidential Information, or if the Confidential Information is contained in an archived computer system or backup made by the receiving party in accordance with its standard security or disaster recovery procedures, **provided in each case** that: (i) such commingled documents and archived copies will eventually be erased or destroyed in the ordinary course of business; and (ii) that the receiving party remains fully subject to the obligations of confidentiality in this Agreement until the earlier of the eventual erasure or destruction, or the expiration of the confidentiality obligations set out in this Agreement.

(b) Once a receiving party is provided notice to return or destroy all Confidential Information, receiving party shall make no further use of any such Confidential Information; provided, however, that the receiving party may retain the disclosing party's Confidential Information to the extent required by any applicable law.

7. **No conveyance of license**. Confidential Information is and will remain the sole and exclusive property of the disclosing party (or, where applicable, its' Personnel). Except as expressly granted herein, nothing in this Agreement will be construed to grant to the receiving party, either expressly or by implication, any right, title or interest in or to the disclosing party's Confidential Information, or in or to any patent, trademark, copyright, trade secret or other right, whether intellectual property or otherwise, that may be related thereto, or to grant any right to make, use, sell, exploit or develop further the Confidential Information of the disclosing party.

8. **Termination of authorized purpose**. This Agreement does not bind either party, in any way, to enter into or to continue a service agreement or business relationship of any type with the other party, whether in relation to the Authorized Purpose or otherwise. The parties may terminate discussions at any time.

9. **Publicity**. Neither party may use, publish or disclose in any manner, whether directly or indirectly, the name, likeness, logo, trademarks or service marks of the other party (or, in the case of Company, EWS), including without limitation in any client list, advertisement, news release, or release to any professional or trade publications. Notwithstanding, the Parties further acknowledge that Company is subject to the California Brown Act and must comply with certain public meeting notice and agenda requirements, including providing a brief general description of each item to be discussed or transacted at the meeting. Therefore, Company may disclose the existence of this Agreement, the effective date, that Wells Fargo is the provider of the Wells Fargo Account Validation Services, contract payment limits (if any), and type of services to be provided to the extent no Wells Fargo Confidential Information is disclosed.

10. **Governing law**. This Agreement will be construed for all purposes in accordance with the law of the State of California, USA, exclusive of its conflict of laws principles.

11. **Compliance with laws**.

The parties recognize that the communication or transfer of any Confidential Information to or from certain countries (or persons located therein) may be prohibited or restricted or subject to prior approval of one or more governments, including without limitation the government of the United States of America. The receiving party agrees not to use, export, import, re-export, transfer, or otherwise communicate any of the disclosing party's Confidential Information to or for any country (or any person located therein) in which the use or possession, or to which the export, import, re-export, transfer or other communication, of such Confidential Information is prohibited or restricted by the requirement of applicable laws of the United States of America or any foreign government except in strict compliance with all such laws.

12. **Severability.** The provisions of this Agreement are severable. If a court or tribunal of competent jurisdiction determines that any provision of this Agreement is void or unenforceable, that provision will be severed from this Agreement, and the court/tribunal will replace it with a valid and enforceable provision that most closely approximates the intent of the parties, and the remainder of this Agreement will otherwise remain in full force and effect.

13. **Remedies**. The parties agree that, if there is a breach of this Agreement by either party, the other party will have the right to seek any and all remedies at law or in equity including without limitation appropriate injunctive relief or specific performance. The protections afforded to Confidential Information are in addition to, and not in lieu of, the protections afforded under any applicable trade secrets or other laws.

14. **[Omitted]**

15. **Compelled disclosure**. Notwithstanding anything herein to the contrary, the receiving party is not liable for disclosure of the disclosing party's Confidential Information if made in response to a valid order of a court or other tribunal of competent jurisdiction or authorized agency of government or otherwise required by law, including applicable public records laws. If not prohibited by law or regulatory authority, the receiving party will provide reasonable notice to the disclosing party before any such disclosure to permit the disclosing party to seek to prevent or limit such disclosure. Notwithstanding anything herein to the contrary, the receiving party will not be liable for disclosure of the Confidential Information if made in connection with any audit or regulatory examination of the receiving party or any of its Affiliates by any governmental agency or authority having jurisdiction over the receiving party.

16. **Assignees and successors**. This Agreement is binding on the parties and their respective assignees and successors; however, neither party may assign or otherwise transfer its rights or delegate its duties or obligations under this Agreement without the prior written consent of the other party, which may be withheld for any reason.

17. **Construction**. Company and Wells Fargo have negotiated this Agreement and each party's legal counsel has had the opportunity to review this Agreement. Company and Wells Fargo agree that any rule of construction or interpretation requiring resolution of any ambiguities in this Agreement against the drafting party will not apply in the construction or interpretation of this Agreement.

18. **Notices**. All notices or reports permitted or required under this Agreement will be in writing, and will be deemed effective when: (i) delivered by personal delivery, (ii) confirmed by the recipient, for notices delivered by electronic mail or facsimile transmission, or (iii) three days after being sent by certified or registered mail (return receipt requested) or overnight courier. Notices will be sent to the addresses set forth in this Agreement or such other address as either party may specify in writing.

19. **Entire agreement**. This Agreement constitutes the entire agreement between the parties with respect to the Authorized Purpose, and supersedes any prior to contemporaneous discussions regarding the Authorized

Purpose. For purposes of clarity, this Agreement does not affect any agreement between the parties with respect to other matters, including but not limited to any agreements related to Wells Fargo's provision of products or services to Company or vice versa. This Agreement may not be amended or modified except in a writing that is signed by both parties.

20. **Execution**. For purposes hereof, a facsimile or Portable Document Format (PDF) copy of this Agreement, including the signature page(s), will be deemed a valid original.

In witness whereof, each of the parties hereto, certifying that it is an authorized signatory, has duly executed this Agreement as of the Effective Date.

Wells Fargo Bank, N.A.

Signed by: _____

Printed name: _____

Title: _____

CONTRA COSTA COUNTY

Signed by: _____

Printed name: _____

Title: _____