



**Contra Costa County  
Alcohol and Other Drugs Advisory Board  
(925) 335-3307; fax (925) 335-3311**

"The mission of the Contra Costa County Alcohol and Other Drugs Advisory Board is to assess family and community needs regarding prevention and treatment of alcohol and other drug-related problems. Resultant findings and recommendations are forwarded to the Health Services Department and the Board of Supervisors. The Board also serves as an advocate for these findings and recommendations to the communities that we serve."

**This meeting will be held in-person and via Zoom "hybrid" in accordance with AB 2449**

**AGENDA  
Programs and Services Committee Meeting  
Thursday, November 7, 2024**

**5:00 pm – 6:00 pm**

**Zoom Link:** <https://cchealth.zoom.us/j/96122547722>

Meeting ID: 961 2254 7722

Dial-in: +1 646 - 518 – 9805

**Location for this meeting: 1220 Morello Ave, Suite 101 "AODS Conference Rm," Martinez, CA 94553**

**District 1**

Olivia Liou

**District 2**

Shelley Clark

**District 3**

Vacant

**District 4**

Kristin Smith

**District 5**

Logan Campbell

**At- Large Member**

Vacant

Vacant

Roland Fernandez

Vacant

Nicole Green

Vacant

**At- Large Alternate**

Vacant

Vacant

Vacant

- I. Call to Order.** Introductions of Members and Guests.
- II. Public Comment.** The Public and the Board members may comment on any item of public interest within the jurisdiction of the Alcohol and Other Drugs Advisory Board (AODAB) but not on this agenda. (Maximum three minutes per speaker).
- III. Old Business**
  - Finalize Programs and Services Survey, Letter, Dissemination, and Timeline – All\*
  - Programs Visits Update – Staff/All
  - Annual Report to the Board of Supervisors – Report Due: Friday, November 8th, 2024 – All\*
- IV. New Business**
  - Programs and Services Flyer – All\*
  - Programs and Services Committee plans for integration of Behavioral Health Board – All
- V. Goals and Objectives 2024**
  - Programs and Services Workplan - All
  - Goals and Objectives/Action Plan for 2024 (consolidate) - All\*
- VI. Public Comment.** The Public and the Board members may comment on any item of public interest within the jurisdiction of the AODAB but not on this agenda. (Maximum three minutes per speaker).
- VII. Next Meeting: TBD**
- VIII. Adjourn**

**\*Indicates Action Item**

***AODS will provide reasonable accommodations for persons with disabilities planning to attend the meetings who should contact staff at least 24 hours before the meeting at (925) 335-3307.***

The Contra Costa County Alcohol and Other Drugs Advisory Board (AODAB) welcomes and encourages public participation at each meeting. Public comments on the agenda or any item of interest within the jurisdiction of the AODAB are restricted to a maximum of three minutes per speaker. Topics not posted on the agenda may be addressed by the general public, however, California Law prohibits a Board or Commission from taking action on matters which are not on the agenda, unless in specific instances as stated under the Brown Act. Any person wishing to address this Board on matters not posted on the agenda should bring their request to the attention of the Chair, Vice Chair or Staff of the Board. Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the staff supporting the AOD Board distributed to a majority of AODAB members less than 96 hours prior to that meeting are available for public inspection at 1220 Morello Ave, Suite 101 Martinez, CA 94553 during normal business hours. For more information, contact Fatima Matal Sol (925) 335-3307.

# Survey to Alcohol and Other Drugs (AOD)/Substance Use Disorder Programs

Thank you for your interest in participating in the Alcohol and Other Drugs Advisory Board Programs and Services led survey. Your input is vital in helping us understand how various Providers serve the SUD intervention, detox, treatment, and recovery needs of our County's wonderfully diverse communities. This confidential survey is only 20 questions and will take approximately 10-15 minutes to complete.

\* Required

## Organization/Entity (Program) Information

1. Name of Organization/Entity (Program) \*

2. What is the primary focus/missing of your Organization/Entity (Program) \*

3. How many people does your Program serve annually? \*

- Less than 100
- 100 to 500
- 501 to 1,000
- More than 1,000

## Services Offered

4. Does your Program offer any program(s) or service(s) specifically targeting alcohol or other drug issues? If no, skip to Section 4. \*

Yes

No

5. Are there any special populations (specific segments) of the community your program(s) or service(s) are particularly designed to support? Select all that apply. \*

- Asian
- African American/Black
- Caucasian
- Formerly Incarcerated Individuals
- Hispanic/Latino/Latinx
- Individuals with Families
- LGBTQ+
- Men
- Native American
- Pacific Islanders
- Residential Treatment
- Transition Aged Youth (TAY)
- Women (generally)
- Women (pregnant/postpartum)
- Youth (under age 18)
- Other (please specify)

6. What type of practices or policies does your Organization/Entity (Program) have in place to promote recruitment and retention practices to ensure staff hires that support the diversity of the clients? \*

## Program Details

7. Please describe what alcohol and/or other drug intervention, treatment, detox and/or recovery program(s) and/or service(s) your Program offers. \*

8. Please describe how the alcohol and/or other drug intervention, treatment, detox, and/or recovery program(s) and/or service(s) your Program offers are tailored to the needs of each of the specific community segments you selected in Question 5. \*

9. If your Program specifically assesses any of your client's needs based on the client's inclusion in a specific community segment you serve, how do you make this assessment? (state "Not Applicable" if you do not make such an assessment). \*

10. What challenges, if any, does your Program face in offering the program(s) and/or service(s) you outlined in Question 7? \*

11. On a scale of 1 to 10, how would you rate the variety of diverse backgrounds and identities (e.g., ethnicity, family status, socio-economic status) of your client population? (1 is no variety represented and 10 is expansive variety represented) \*

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12. On a scale of 1 to 10, do you feel that your Program's selection of alcohol and other drug intervention, treatment, detox and recovery program(s) and/or service(s) promotes any cross-cultural understanding and collaboration among your Program's counselors? (1 is no understanding/collaboration and 10 is exceptional understanding/collaboration). \*

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13. Does your Program offer clients vocational training and/or life skills workshops? If yes, which ones? If not, do you collaborate with any Programs that do? \*

## Outreach and Engagement

14. How does your Program promote your intervention, treatment, detox, and/or recovery program(s) and/or service(s) to the segments of the community you identified serving in Question 5? Select all the apply. \*

- Social media
- Community events
- Flyers or posters
- Partnerships with other organizations
- Speaking engagements
- Radio/Television
- Other (please specify)

15. In your experience, what are the most effective ways to engage with the segments of the community you identified serving in Question 5 (e.g., are there any specific offerings/techniques you find most successful)? \*

## Feedback and Improvements

16. Do you actively seek feedback from the clients your Program serves regarding your program(s) and/or service(s)? If yes, how do you gather feedback? \*

17. What, if any, feedback has your Program received from your clients about your program(s) and/or service(s)? \*

18. Do you feel a sense of belonging and inclusion within your Program and/or the program(s)/service(s) your Program provides? \*

- Yes, among staff only
- Yes, among our clients only (as they have expressed)
- Yes, among both staff and clients
- No, I do not feel anyone feels belonging/inclusion

19. What improvements or changes is your Program considering to specifically better serve the segments of the community you identified serving in Question 5? \*

20. What other suggestions, if any, do you have to help your Program better meet the diverse needs of the Contra Costa County community? \*

## Conclusion

Thank you for completing our survey. Your responses are crucial for us to understand and improve the effectiveness of substance use disorder programs across Contra Costa County. Please include your contact details below if you wish to provide additional information or have any questions. (Optional)

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 Microsoft Forms

# Survey to Community Members and/or Clients

Thank you for your interest in participating in the Alcohol and Other Drugs Advisory Board Programs and Services led survey. Your feedback is important to us. This survey aims to gather insights on our Alcohol and Other Drugs, intervention, treatment, detox, and recovery programs and how they support our diverse communities within Contra Costa County. The survey will take approximately 5-10 minutes to complete. All responses are confidential.

\* Required

## Demographics

1. Which of the following best describes you? Select all that apply. \*

- Asian
- African American/Black
- Caucasian
- Formerly Incarcerated Individuals
- Hispanic/Latino/Latinx
- Individuals with Families
- Individuals in Residential Treatment
- LGBTQ+
- Man
- Native American
- Pacific Islander
- Woman (not pregnant or postpartum)
- Woman (pregnant or postpartum)
- Youth
- Prefer not to say
- Other

2. What is your age group? \*

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or older

3. Are you married? \*

- Yes
- No
- Not applicable (for youth)

4. Do you have children or grandchildren? \*

- Yes
- No



5. What ages are your children/grandchildren (select all that apply)? \*

Not applicable

0 to 5 years old

6 to 10 years old

11 to 15 years old

16 to 18 years old

19 to 24 years old

25 years or older

6. Do your children/grandchildren live with you? \*

Yes

No

Not applicable

7. Do you currently reside in Contra Costa County? \*

Yes

No

## Awareness and Accessibility

8. Before today, were you aware of any alcohol or other drug, intervention, detox, treatment, or recovery programs or services offered within Contra Costa County? \*

Yes

No

9. How did you hear about the programs or services you noted in Question 8? Select all that apply. \*

Social media

Friends or family

Community events

Flyers or posters

Website

Other

10. If you learned about the programs or services via the Contra Costa County website, how easy was it to navigate the site to find the information you needed? \*

- Very easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Very difficult

## Program Evaluation

11. Have you or someone you know participated in any alcohol or other drug intervention, treatment, detox, or recovery programs or services offered within Contra Costa County? \*

- Yes
- Yes, someone I know has
- No

12. How did you gain access to these programs? Select all that apply. \*

- Self-referred
- Referred through legal process (e.g., court, probation, jail services)
- Access Line
- Medical provider
- Other

13. Thinking about the community group(s) you identified belonging to in Question 1, how would you rate the inclusivity/welcoming nature of the program you participate/participated in? (1 is not inclusive/welcoming and 10 is very inclusive/welcoming) \*

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14. What types of intervention, detox, treatment, or recovery programs/services do you think are essential, *specifically* for the community group(s) you identified in Question 1 (demographics section), if any? \*

15. Do you feel that diversity (e.g., diverse ethnic, socio-economic, and experiential backgrounds) among the staff in the program or service you participate/participated in, is/was important in your recovery journey? \*

Yes

No

16. If you answered Yes to Question 15, why do you feel diversity in the program staff is/was important in your recovery journey? \*

17. Do you feel that a sense of inclusion (e.g., a sense that you belong based on your diverse ethnic, socio-economic, and experiential background) in your program is/was important in your recovery journey? \*

Yes

No

18. While participating in your program/service, did you experience discrimination based on the community group(s) you identified belonging to in Question 1 (Demographics)? If so, how? \*

19. On a scale of 1-5, how much do you think the programs/services you are in/have participated in promote a culture of including diverse backgrounds and experiences in your recovery journey? (1 is not at all and 5 is definitely do) \*

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20. Have you observed/experienced any barriers to accessing resources when attempting to access any alcohol or other drugs intervention, detox, treatment, or recovery programs/services in Contra Costa County, if so, please explain? \*

## Suggestions for Improvement

21. What improvements would you suggest to make our programs/services more accessible and supportive for YOU and/or the community group(s) you identified belonging to in Question 1 (demographics)? \*

22. Would you be interested in participating in future programs or events that are tailored specifically to the community group(s) you identified belonging to in Question 1? \*

Yes

No

23. Please share any other comments, questions, or concerns you want to share with us. \*





## Conclusion

Thank you for taking the time to complete our survey. Your feedback is invaluable in helping to improve our alcohol and other drug intervention, detox, treatment, and recovery programs. If you are interested in staying updated on our programs and initiatives, please leave your email address below. (Optional)

### 24. Email

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# Alcohol and Other Drugs Advisory Board Programs and Services Committee Survey

As part of our ongoing pledge to ensure your efforts continue to succeed in meeting the diverse needs of our community, we are conducting a set of provider-client evaluative surveys. Our aim is to assess the impact and success of our initiatives and your work.

## Survey to Programs



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Code

QR  
Code

Alcohol and Other Drugs Advisory Board (AODAB) is a group of volunteers appointed by Contra Costa County Board of Supervisors. We assess the needs of the community with regards to alcohol and other drugs prevention, treatment, intervention and recovery, across the wide geographical diversity of the county. As part of our efforts to raise awareness about services provided in the community, we would like to ask for a few minutes of your time to complete a brief survey.