Contra Costa County

Civil Grand Jury

Final Report

2025 - 2026

The Contra Costa Civil Grand Jury Roster

Brenda Balingit, Foreperson (Danville)
Mark Peters, Foreperson Pro Tempore (Walnut Creek)

MEMBERS

Brenda Balingit, Foreperson, (Danville)
Edi Birsan (Concord)
Barry Collins (Concord)
George Cleveland, (El Sobrante)
Demetria Callejas (Pittsburg)

Antonia Fannin (Lafayette)
Craig Isom (San Ramon)
Mary Jolls (Walnut Creek)
Robert Lamb (Danville)
Neil Librock (Lafayette)

James Martinez (Brentwood)
Jack Nelson (Orinda)
Ruthie Norton (Lafayette)
Steve McLin (Moraga)
Mark Peters Foreperson Pro Tempore, (Walnut Creek)

Dale Richardson (Lafayette)
Rene Steinpress (Concord)
Michael Swernoff (Orinda)
Louis Willett (Danville)

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CIVIL GRAND JURY REPORTS

SUPERVISING JUDGE OF THE
CONTRA COSTA COUNTY
CIVIL GRAND JURY

HONORABLE TERRI MOCKLER

May 18, 2026

Contra Costa County
2025-2026 Civil Grand Jury
725 Court Street
Martinez, CA 94553

Dear Civil Grand Jury Members:

On behalf of the Contra Costa Superior Court and the citizens of Contra Costa County, I extend my sincere gratitude for your exceptional service as civil grand jurors for the 2025-2026 term. All of you help to ensure that public entities work for the public good and operate efficiently.

The selfless commitment of your time and energy to the concerns of the Contra Costa County Community is reflected in each of your thorough investigations and public reports. Under the Exceptional leadership of your foreperson, Brenda Balingit, you have dedicated thousands of Hours for the betterment of our county, its governance, and the allocation of public resources. Your many reports reflect the remarkable service you have provided to our community.

I commend all of you on the vital role you filled as civil grand jurors. I congratulate you on Your service and hope that the experience has enriched your lives as much or more than it has benefited Contra Costa County. Moreover, I hope you all spread the word about your experiences and urge others in your community to apply to the civil grand jury.

Sincerely,

Terri Mockler
Contra Costa County
Civil Grand Jury Supervising Judge

Grand Jury

Contra Costa County

725 Court Street
P.O. Box 431
Martinez, CA 94553-0091

June 1, 2026

Contra Costa County
2025-2026 Civil Grand Jury
725 Court Street
Martinez, CA 94553

Dear Judge Mockler,

On behalf of the 2025–2026 Contra Costa County Civil Grand Jury, I am honored to present to you and the citizens of Contra Costa County our final reports. These reports reflect our findings and recommendations on government agencies within our jurisdiction, and we hope they serve the public well and support continued improvement across the County.

Thank you for your oversight and support of the Jury throughout this term. Your guidance made a meaningful difference in our work.

We are also very grateful to Elisa Pantaleon and Melissa Zuniga from Court Administration for their consistent support behind the scenes. And a special thank you to Hannah Shafsky and Rebecca Hooley from County Counsel. Their guidance, responsiveness, and feedback were invaluable to us. The quality of their work is reflected in the strength and clarity of these reports.

We sincerely appreciate the cooperation of the many public officials who took the time to respond to our questions and provide information. Their professionalism and commitment to public service did not go unnoticed. We are equally thankful to those who welcomed us into their facilities and took the time to walk us through their operations.

Finally, I want to recognize this year's Grand Jurors. This was a group that showed up consistently and thoughtfully. Through teamwork, perseverance, and mutual respect, they produced work they can truly stand behind. I am proud of what we accomplished together, and it has been a privilege to serve alongside them.

Sincerely,

Brenda Balingit
Contra Costa County Civil Grand Jury
Foreperson

CIVIL GRAND JURY ROSTER
2025 – 2026

Back row, left to right: George Cleveland (El Sobrante), Edi Birsan (Concord), Stephen McLin (Moraga), Mark Peters, Foreperson Pro Tempore (Walnut Creek), Jack Nelson (Orinda), Jim Martinez (Brentwood), Demetria Callejas (Pittsburg)

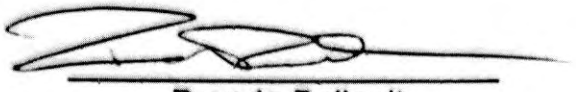
Middle row, left to right: Neil Librock (Lafayette), Craig Isom (San Ramon), Louis Willett (Danville), Michael Swernoff (Orinda), Dale Richardson (Lafayette), Antonia Fannin (Lafayette)

Front row, left to right: Rene Steinpress (Concord), Robert Lamb (Danville), Ruthie Norton (Lafayette), Brenda Balingit, Foreperson, (Danville), Mary Jolls (Walnut Creek), Barry Collins (Concord)

The 2025-2026 Contra Costa County
Civil Grand Jury

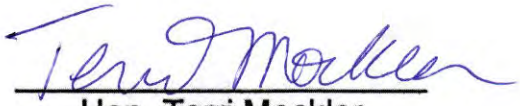
Approved this Final Report

on July 13, 2026



Brenda Balingit
Foreperson

I accept for filing, this final Report of the
2025 – 2026 Contra Costa County Civil Grand Jury
on July 13, 2026



Hon. Terri Mockler
Supervising Judge of the 2025 – 2026 Civil Grand Jury

2025–2026 Contra Costa County Civil Grand Jury Activities Report: Summary of General Activities

The 2025–2026 Grand Jury investigated and reported on multiple topics this year, in addition to participating in numerous activities and events.

The Jurors toured and observed the following operations:

- Martinez Detention Facility
- Marsh Creek Detention Facility
- West County Detention Facility
- Custody Alternative Facility
- John A. Davis Juvenile Hall
- Contra Costa County Sheriff's Department
- Contra Costa County Coroner's Office
- Psychiatric Emergency Services

Key Achievements and Activities:

- All jurors completed two weeks of comprehensive grand juror training.
- All five County Supervisors presented to the Grand Jurors during training.
- The Grand Jury evaluated over 100 topics for potential investigation.
- Team-building events were held monthly to foster collaboration.
- Informational presentations were given to the Board of Supervisors, the Women's Club, Danville Kiwanis, and the 2025–2026 Juror Applicant Orientation.
- Members attended additional specialized training provided by the Contra Costa Civil Grand Jury Association, focusing on roles for Jurors, Foreperson, and Pro Tem, as well as Report Writing and the Brown Act.

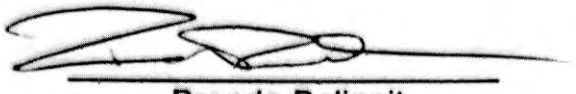
The 2025–2026 Civil Grand Jury published nine final reports after reviewing 100 topics and complaints and conducting over 100 interviews.

Did you know? We are proud volunteers!

The 2025-2026 Contra Costa County
Civil Grand Jury

Approved this Final Report

on July 13, 2026



Brenda Balingit
Foreperson

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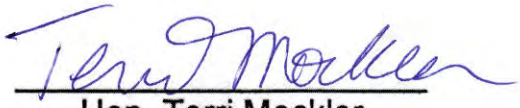

Hon. Terri Mockler
Supervising Judge of the 2025 – 2026 Civil Grand Jury

2601

The 2025 – 2026 Contra Costa County Civil Grand Jury

725 Court Street
Martinez, California 94553

Compliance and Continuity Report

Report 2601
February 19, 2026

Contact:
Brenda Balingit
Grand Jury Foreperson
(925) 608-2621

Civil Grand Jury reports are posted at: www.cc-courts.org/civil/grand-jury-reports.aspx

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Compliance and Continuity Report

BACKGROUND

The mission of the Contra Costa Civil Grand Jury is to identify areas where local government can be improved (findings) and make recommendations for achieving that improvement. One mission of the current Grand Jury is to review agency responses to the recommendations of the previous Grand Jury.

Grand Jury activities are governed by the requirements of California Penal Code Sections 925 through 933.6. Full text can be found on the leginfo.legislature.ca.gov website. Pertinent requirements are summarized below:

> *The grand jury shall investigate and report on the operations, accounts, and records of the officers, departments, or functions of the county... (Section 925)*
>
> *The grand jury may at any time examine the books and records of any incorporated city or joint powers agency located in the county…. (Section 925a)*
>
> *Each grand jury shall submit to the presiding judge of the superior court a final report of its findings and recommendations that pertain to county government matters during the fiscal or calendar year. (Section 933a)*

The Penal Code requires agencies to respond to the findings and recommendations of the Grand Jury using specific responses within legal time limits.

Response timing:

> *No later than 90 days after the grand jury submits a final report on the operations of any public agency ..., the governing body of the public agency shall comment … on the findings and recommendations... (Section 933c)*
>
> and
>
> *...every elected county officer or agency head …. shall comment within 60 days … on the findings and recommendations…* (Section 933c)

Response format for findings:

Penal Code Section 933.05 lists the following allowable responses. The words in **bold** are used to signify a correct response in the body of this report.

> *(1) The respondent **agrees** with the finding.*
>
> *(2) The respondent **disagrees** wholly or partially with the finding, in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons therefor.*

Response format for recommendations:

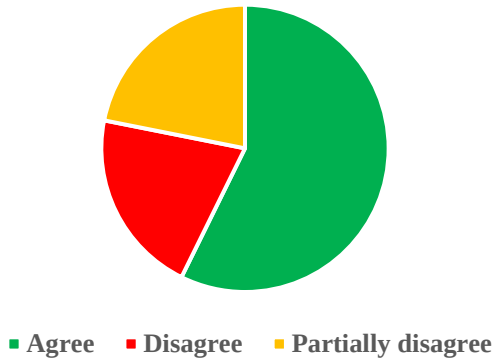
Penal Code Section 933.05 lists the following allowable responses. The words in **bold** are used to signify a correct response in the body of this report.

> *(1) The recommendation **has been implemented,** with a summary regarding the implemented action.*
> *(2) The recommendation has **not yet been implemented** but **will be implemented** in the future, with a timeframe for implementation.*
> *(3) The recommendation requires **further analysis**, with an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion …. This timeframe shall not exceed six months from the date of publication of the grand jury report.*
> *(4) The recommendation **will not be implemented** because it is not warranted or is not reasonable, with an explanation thereof.*

SUMMARY

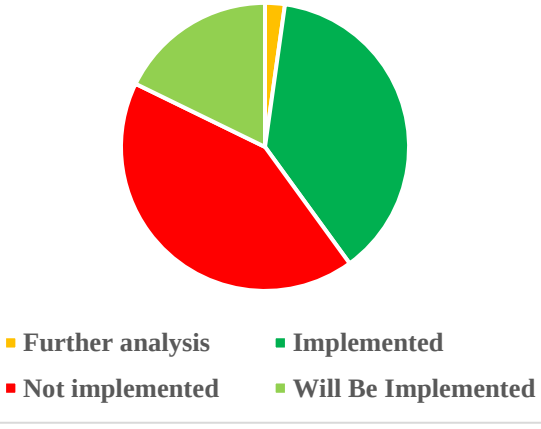
We reviewed responses to 96 findings and 45 recommendations in the 2024-2025 Grand Jury reports from seven agencies. All responses were on time. Of the responses, 55 (57%) agreed with the findings, 21 (22%) partially disagreed, and 20 (21%) disagreed, as shown in Figure 1.

Figure 1
Findings Summary
2024-2025 Reports



Responses to the recommendations were reviewed to assess compliance with Penal Code Section 933.05. Of the recommendations, 17 (38%) have been implemented, eight (18%) will be implemented, one (2%) requires further analysis, and 19 (42%) will not be implemented, as shown in Figure 2.

Figure 2
Recommendations Summary
2024-2025 Reports



For further explanation of the responses to the findings and recommendations, refer to the complete responses to the Grand Jury reports posted online at www.cc-courts.org/civil/grand-jury-reports.aspx.

The Grand Jury believes it is important for future Grand Juries to continue to review these responses and to be vigilant in seeing that recommendations that have been accepted are implemented. Special attention should be paid to those responses requiring implementation within specified time frames. In this manner, the commitment and hard work of past and future Grand Juries will result in positive changes for the citizens of Contra Costa County.

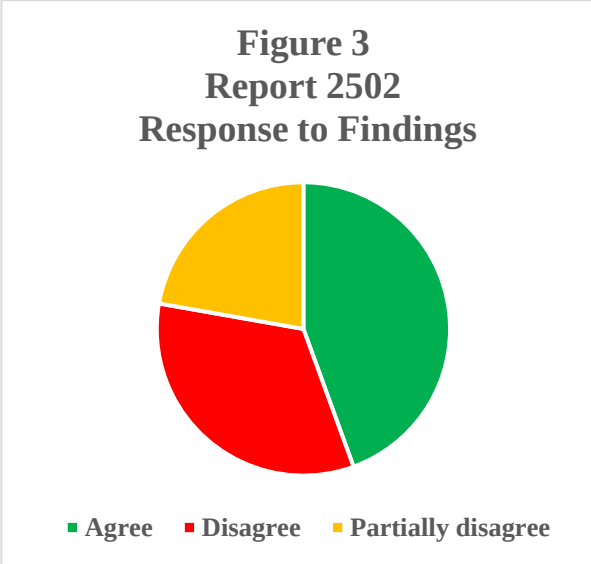
SUMMARIES OF INDIVIDUAL REPORTS

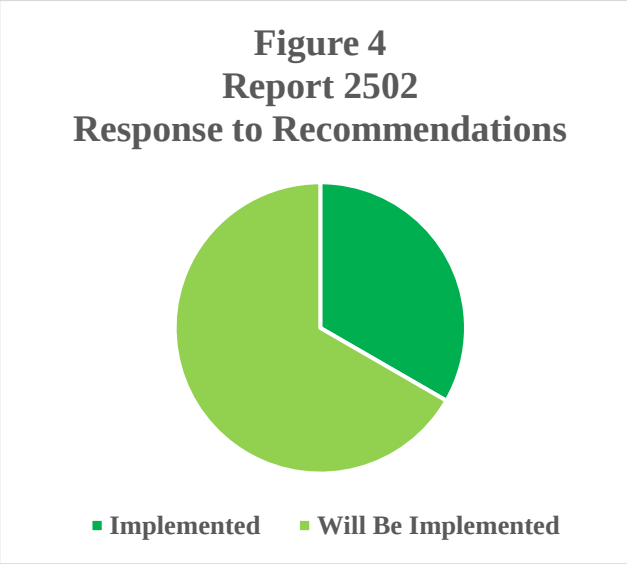
Report #2502 County Boards, Commissions, Councils and Committees

Improving Transparency for the Public

This report listed nine findings and made three recommendations to the Contra Costa Board of Supervisors. The responses **agreed** with four findings, **partially disagreed** with two, and **disagreed** with three, as shown in Figure 3.

Of the three recommendations, one **has been implemented** and two **will be implemented**, as shown in Figure 4.





Appendix A, Tables 1 and 2 list the findings and recommendations responses for Report 2502.

Report #2503 **Staffing Challenges Facing the Richmond Police Department: Diminishing Funds and Fewer Officers**

This report listed 16 findings and made seven recommendations to the Richmond City Council and invited a response from the Richmond Chief of Police. Both entities replied but only the City Council responses are represented here. The Council **agreed** with eight findings, **partially disagreed** with six, and **disagreed** with two, as shown in Figure 5.

Three recommendations **have been implemented,** two **will be implemented,** one requires **further analysis,** and one **will not be implemented,** as shown in Figure 6.

Figure 5
Report 2503
Response to Findings

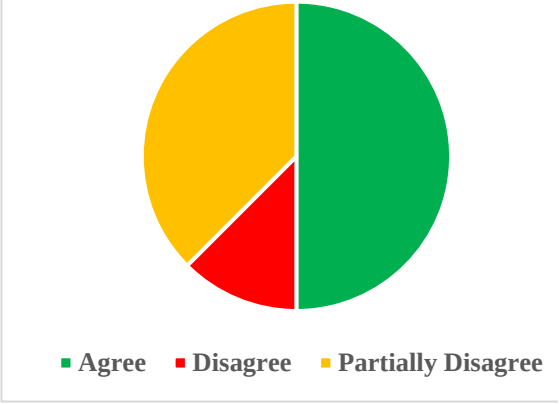
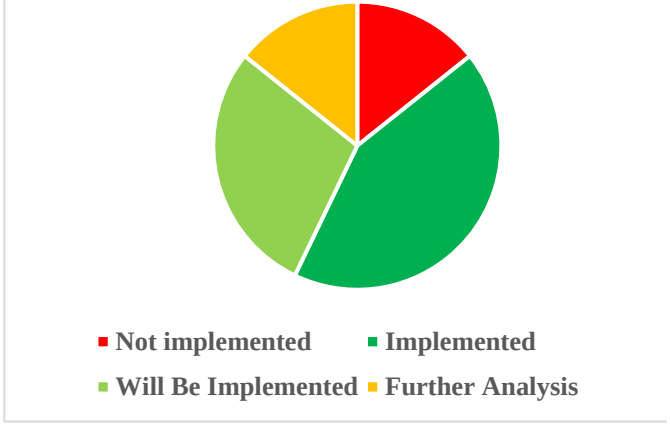


Figure 6
Report 2503
Response to Recommendations



Appendix A, Tables 3 and 4 list the findings and recommendations responses for Report 2503.

Report #2504 Contra Costa Mosquito and Vector Control

"The Good Guys on Your Side"

This report listed sixteen findings and made seven recommendations to the Mosquito Vector and Control Board of Trustees. The respondents **agreed** with nine findings, **partially disagreed** with six, and **disagreed** with one.

Four recommendations **have been implemented** and three **will not be implemented**, as shown in Figure 8.

Figure 7
Report 2504
Response to Findings

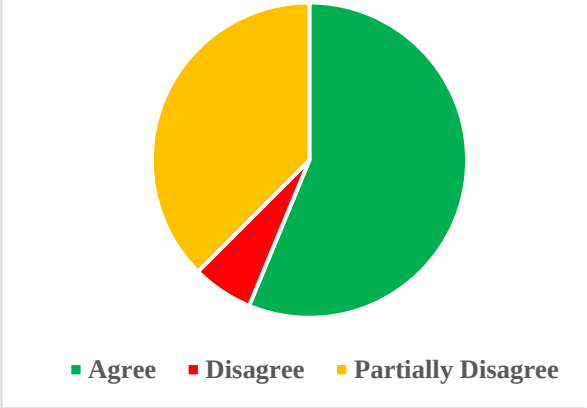
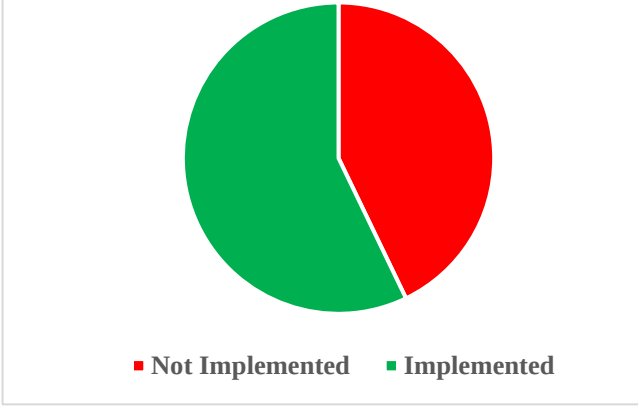


Figure 8
Report 2504
Response to Recommendations



Appendix A, Tables 5 and 6 list the findings and recommendations responses for Report 2504.

Report #2505 Clayton: Small City, Big Concerns

Clayton City Council

This report listed 13 findings and made eight recommendations to the City Council for the City of Clayton, California. The Council **agreed** with three findings, **partially disagreed** with one, and **disagreed** with nine, as shown in Figure 9.

Three recommendations **have been implemented** and five **will not be implemented,** as shown in Figure 10.

Figure 9
Report 2505
Response to Findings

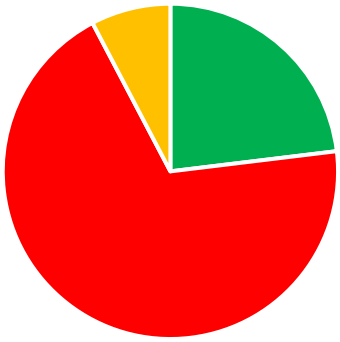
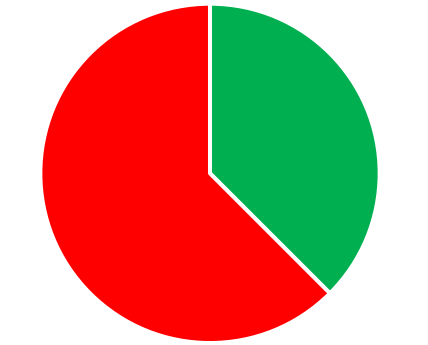


Figure 10
Report 2505
Response to Recommendatio



Appendix A, Tables 7 and 8 list the findings and recommendations responses for Report 2505.

Report #2506 Children and Family Services:

Challenges in Recruiting and Retaining Social Workers

This report listed 19 findings and made nine recommendations to the Contra Costa County Board of Supervisors. The Board of Supervisors **agreed** with 13 findings, **partially disagreed** with four, and **disagreed** with two, as shown in Figure 11.

One recommendation **has been implemented**, three **will be implemented**, and five **will not be implemented**, as shown in Figure 12.

Figure 11
Report 2506
Response to Findings

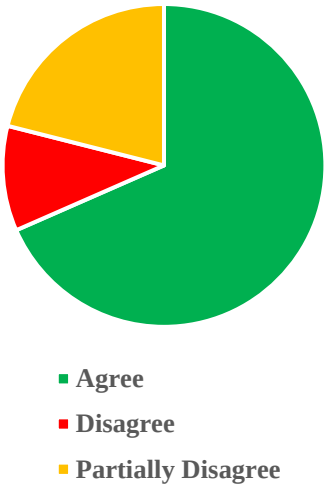
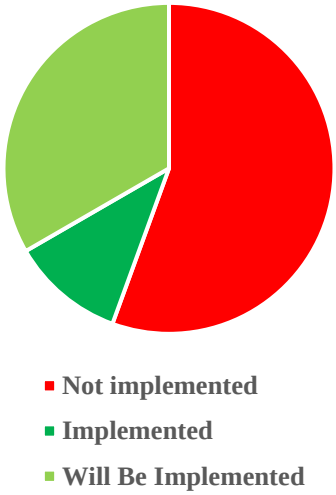


Figure 12
Report 2506
Response to Recommendations



Appendix A, Tables 9 and 10 list the findings and recommendations responses for Report 2506.

Report #2507 Measure J Citizen's Bond Oversight Committee

Mt. Diablo Unified School District

A Case of Impeded Oversight

This report listed 10 findings and made five recommendations to the Mt. Diablo Unified School District Board of Education. The Board **agreed** with seven findings, **partially disagreed** with one, and **disagreed** with two, as shown in Figure 13.

Figure 13
Report 2507
Response to Findings

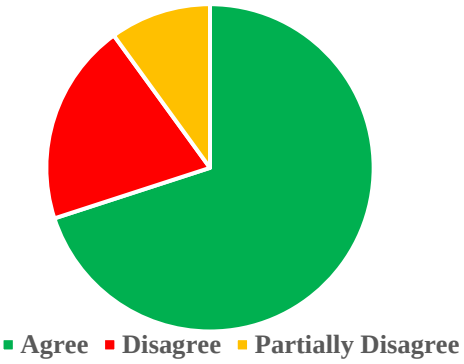
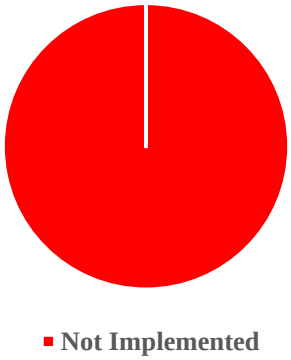


Figure 14
Report 2507
Response to Recommendations



All five recommendations **will not be implemented**, as shown in Figure 14.

Appendix A, Tables 11 and 12 list the findings and recommendations responses for Report 2507.

Report #2508 **Contra Costa County Hiring Challenges**

This report listed thirteen findings and made six recommendations to the Contra Costa Board of Supervisors. The Board **agreed** with 11 findings, **partially disagreed** with one, and **disagreed** with one, as shown in Figure 15.

Five recommendations **have been implemented,** and one recommendation **will be implemented**, as shown in Figure 16.

Figure 15
Report 2508
Response to Findings

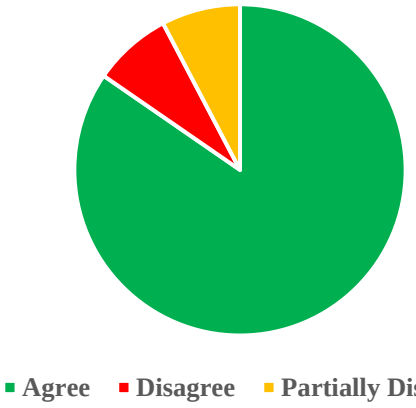
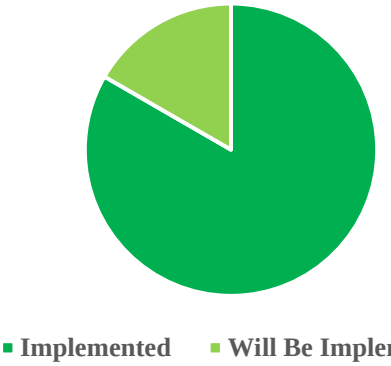


Figure 16
Report 2508
Response to Recommendations



Appendix A, Tables 13 and 14 list the findings and recommendations responses for Report 2508.

METHODOLOGY

Compliance

The Grand Jury reviewed all responses to findings and recommendations to the 2024-2025 reports for compliance with Penal Code Section 933.05 requirements. The responses to each report were entered into an Excel spreadsheet. The information entered in these spreadsheets was used to prepare the figures in this report, and an abbreviated version is included in Appendix A, Tables 1 through 14.

Continuity

The Grand Jury investigated responses to recommendations that did not meet the Penal Code Section 933.05 requirements. The committee sent one letter requesting responses compliant with the Penal Code. The response received was logged in the continuity spreadsheet and used to prepare the recommendation figures.

APPENDIX A: TABLES SHOWING FINDINGS, RECOMMENDATIONS, AND RESPONSES

Table 1

Report 2502 County Boards, Commissions, Councils, and Committees	
Findings	**Response**
F1. The current County triennial review process for County BCCs provides an effective way to measure and thereby manage their operation and oversight because it establishes a predictable, thorough examination.	**Agree**
F2. As of January 19, 2025, eight percent (nine of 111) of County BCCs have no website or other online presence making it difficult for the public to obtain information about the existence, purpose, membership and progress of these BCCs.	**Disagree**
F3. The 111 existing BCC websites are spread across multiple department web pages on the County's main website, making online BCC information difficult to find.	**Partially Disagree**
F4. There is no master list of all County BCCs contained on the County main website.	**Partially Disagree**
F5. As of January 19, 2025, 42 percent (47 of 111) of County BCCs do not have agendas posted in Legistar, the County's BCC data repository, which results in a lack of transparency to the public.	**Disagree**
F6. As of January 19, 2025, 56 percent (62 of 111) of County BCCs do not have their meeting minutes posted in Legistar on the central County website, resulting in a lack of transparency to the public.	**Agree**
F7. As of January 19, 2025, of the 49 County BCCs that post their minutes in Legistar, 27 (55 percent) incorporate them into the agenda packets rather than in the Minutes column of Legistar, making it difficult to locate meeting minutes.	**Agree**

F8. Historic County agenda and minutes data are stored and accessed in two different applications, Legistar and AgendaCenter, which can make the information difficult to find.	**Disagree**
F9. Even though it is preferred to use only one system, Legistar, to access meeting agendas and minutes, those presently contained in AgendaCenter cannot easily be moved or copied to Legistar due to technological constraints too costly to overcome.	**Agree**

Table 2

Report 2502	County Boards, Commissions, Councils, and Committees
Recommendations	**Response**
R1. The Board of Supervisors should consider requiring each County board, commission, and committee to create a basic internet presence by June 1, 2026, that includes, at minimum, links to their charter (if available), by-laws (if available), membership information, agendas, and minutes.	**Implemented**
R2. The Board of Supervisors should consider directing the appropriate staff to create, by January 1, 2026, an online master list of all County BCCs where each listing contains a link to the associated BCC website and a link to the master list is made available on the home page of the main County website and on the home page of Legistar.	**Will Be Implemented**
R3. The Board of Supervisors should consider directing each County BCC to post all meeting agendas and minutes in the appropriate section of Legistar on the central County website by January 1, 2026.	**Will Be Implemented**

Table 3

Report 2503 Staffing Challenges Facing the Richmond Police Department: Diminishing Funds and Fewer Officers	
Findings	**Response**
F1. Despite a decrease in absolute number of homicides from 18 to 11, violent crimes in Richmond, which include homicide, sexual assault, robbery, and aggravated assault have increased from 2021-2024.	**Agree**
F2. In 2021, the City of Richmond reallocated $3 million in Richmond Police Department (RPD) funding to community services and alternative policing proposals in Richmond.	**Agree**
F3. The City received two expert reports that studied staffing levels in Richmond, the Matrix report (March 2023) and the Raftelis report (May 2024).	**Agree**
F4. Both the Matrix and Raftelis reports found that there should be an increase in RPD sworn officers.	**Agree**
F5. The City Council has not taken any action on police staffing as recommended in the Matrix and Raftelis reports.	**Disagree**
F6. An improvement in recruiting measures has resulted in an increase of hiring of new RPD officers, although staffing remains below approved levels.	**Agree**
F7. The RPD has the ability to train only 10 new officers at a time, using the available Field Training Officers, resulting in a limitation on the number of officers that could be hired.	**Partially Disagree**
F8. Reallocation of RPD funds resulted in the downsizing or elimination of specialized investigative units.	**Disagree**
F9. Since the reallocation of RPD funds, mandatory overtime for police officers has increased.	**Partially Disagree**

F10. Subsequent to the reallocation of RPD funds in 2021 the City Council approved the formation of the Community Crisis Response Program (CCRP).	**Agree**
F11. The CCRP was formed to respond to calls involving mental health and quality of life incidents not requiring the RPD.	**Partially Disagree**
F12. As of April 2025, the CCRP is staffed with three people, a program manager and two staffers.	**Partially Disagree**
F13. As of April 2025, the CCRP is not receiving calls for service via police dispatch.	**Agree**
F14. The need for agreement between the City and RPOA on duties to be performed and union representation of the CCRP is contributing to CCRP's slow rollout.	**Partially Disagree**
F15. As a result of a legal settlement between the City and Chevron Corporation, $550 million will be coming to the City of Richmond over the next 10 years, starting in June 2025, resulting in increased revenue for the City.	**Partially Disagree**
F16. As of April 2025, The City Council has not determined how any of the Chevron settlement funds will be used.	**Agree**

Table 4

Report 2503 Staffing Challenges Facing the Richmond Police Department: Diminishing Funds and Fewer Officers	
Recommendations	**Response**
R1. By January 1, 2026, the City Council should consider placing a review of the Matrix and Raftelis reports on a City Council agenda.	**Implemented**
R2. By January 1, 2026, after a City Council meeting review of the reports, the City Council should consider following the recommendations for police officer staffing and hiring made in the Matrix and Raftelis reports.	**Further Analysis**
R3. By January 1, 2026, the City Council should consider directing the City Manager to establish a timeline to implement the operations and functions of the CCRP.	**Implemented**
R4. By January 1, 2026, the City Council should consider directing the City Manager to work with the RPD to establish a training program for dispatchers to enable dispatchers to properly send appropriate personnel to incidents for CCRP and RPD.	**Will Be Implemented**
R5. By January 1, 2026, the City Council should consider directing the City Manager to work with the RPD to develop a plan to increase the number of Field Training Officers.	**Will Be Implemented**
R6. By January 1, 2026, the City Council should consider directing the City Manager to work with the RPD to establish a plan to reduce officer mandatory overtime.	**Implemented**
R7. By January 1, 2026, the City Council should consider whether to allocate some of the Chevron Corporation settlement funds to the RPD to hire and retain more officers.	**Not Implemented**

Table 5

Report 2504 Contra Costa Mosquito and Vector Control "The Good Guys on Your Side"	
Findings	**Response**
F1. The Mosquito and Vector Control District (MVCD) uses state-of-the art Integrative Vector Management, which includes physical, biological and chemical control of vectors, in addition to vector surveillance and public education.	**Agree**
F2. The MVCD had an excess of revenue over expenditure of more than two million dollars in each of the past three fiscal years.	**Agree**
F3. Awareness by residents of how to identify and report *Aedes* mosquitos can assist in *Aedes* control.	**Agree**
F4. Promotion of the MVCD's residential inspection service will aid in detection of invasive *Aedes.*	**Agree**
F5. Public education in how residents can eliminate *Aedes* eggs in their yards will assist in stopping the spread of invasive *Aedes*.	**Agree**
F6. MVCD uniformed inspectors sometimes encounter a level of misunderstanding regarding their mission, resulting in denial or delay of entry to property.	**Agree**
F7. When residents deny inspections, it delays mosquito identification and eradication efforts.	**Agree**
F8. When residents deny inspections, it delays mosquito identification and eradication efforts.	**Partially Disagree**

F9. The MVCD website does not explain what activities should be reported to the Animal Services Department as opposed to the MVCD.	**Agree**
F10. The MVCD website does not have a link to the Animal Services Department.	**Agree**
F11. There are no prominent, direct links for reporting mosquitos on the home page of the MVCD website or the Animal Services Department website.	**Partially Disagree**
F12. The MVCD does not currently leave their educational "Invasive Mosquito California" identification brochure during home inspections for other vectors.	**Partially Disagree**
F13. There are no current marketing partnership agreements with other counties to explore cost- effective public education and awareness.	**Partially Disagree**
F14. The MVCD does not currently distribute their existing *Aedes* information through relevant retail establishments and other public agencies unless requested.	**Partially Disagree**
F15. As of May 2025, the MVCD social media presence is limited to Facebook (60 followers), Instagram (232 followers), Nextdoor, and 1,432 followers on X.	**Partially Disagree**
F16. The MVCD does not cross-market educational or promotional YouTube videos on other social media platforms.	**Disagree**

Table 6

Report 2504 Contra Costa Mosquito and Vector Control "The Good Guys on Your Side"	
Recommendations	**Response**
R1. By February 1, 2026, the MVCD Board of Trustees should consider directing the MVCD to explore additional avenues to educate residents on how to recognize and report *Aedes* mosquitos.	**Not Implemented**
R2. By February 1, 2026, the MVCD Board of Trustees should recruit to ensure a complete Board of Trustees.	**Not Implemented**
R3. By February 1, 2026, the MVCD Board of Trustees should consider directing the MVCD to work with the Animal Control Services Agency to provide a link on their websites for reporting suspected *Aedes* mosquitos to the MVCD.	**Implemented**
R4. By February 1, 2026, the MVCD Board of Trustees should consider directing the MVCD to offer their existing brochure, "Invasive Mosquito Species of California", to residents during all requested home inspections for vectors.	**Implemented**
R5. By February 1, 2026, the MVCD Board of Trustees should consider directing the MVCD to explore the costs of coordinating public information campaigns with neighboring counties during *Aedes* infestations.	**Not Implemented**
R6. By February 1, 2026, the MVCD Board of Trustees should consider directing the MVCD to offer their existing brochure, "Invasive Mosquito Species of California", or other informational material to other public agencies and relevant retail establishments (for example garden and pool stores).	**Implemented**
R7. By February 1, 2026, the MVCD Board of Trustees should consider directing the MVCD to provide an opt-in/opt-out email service to send alerts and news releases when *Aedes* infestations are discovered.	**Implemented**

Table 7

Report 2505 Clayton: Small City, Big Concerns Clayton City Council	
Findings	**Response**
F1. Since 2019, Clayton has had 12 City Managers, eight Finance Directors, and five Community Development Directors.	**Disagree**
F2. The level of turnover of City Managers in Clayton is greater than other cities in the County.	**Agree**
F3. Prior to January 1, 2025, the City Council did not follow its established guidelines for inclusion of an agenda item despite requests over the course of 15 months by a council member to do so.	**Disagree**
F4. Prior to January 7, 2025, the public could learn of requests for agenda item inclusion in real time when proposed by council members in open session.	**Agree**
F5. Subsequent to January 7, 2025, the public could learn of requests for agenda item inclusion only by an oral report of the City Manager made once per quarter.	**Disagree**
F6. Prior to January 9, 2025, there was a City Council agenda-setting committee meeting, held regularly with the Mayor and Vice-Mayor along with the City Manager, City Clerk, and City Attorney.	**Disagree**
F7. Committee meeting minutes are not consistently posted as a standalone document in the column provided on the City website.	**Agree**

F8. In 2024, 52% (13 of 25) of committee meetings were scheduled as special meetings. Consequently, opportunity for public comment on non-agenda items was eliminated.	**Disagree**
F9. Regular meetings of committees do not consistently place on the agenda an opportunity for public comment on non-agenda items, which violates the Brown Act requirements.	**Partially Disagree**
F10. The CBCA Negotiation Committee neither informed nor sought approval from the Council at a public meeting for actions taken, contrary to Council Guidelines.	**Disagree**
F11. Revenue shortfall has been identified and confirmed as an issue by several City Managers since 2022. However, while the Council has discussed the issue, it has taken no action to increase revenue.	**Disagree**
F12. The City Council did not follow the established requirements in Resolution 76-2022 for selecting members of the Citizens Financial Sustainability Committee.	**Disagree**
F13. Committees formed by the City Council are not authorized to take action (other than advice and recommendations) without the Council s approval.	**Disagree**

Table 8

Report 2505 Clayton: Small City, Big Concerns Clayton City Council	
Recommendations	**Response**
R1. By December 1, 2025, the City Council should consider adopting a new procedure for Council Members to request items be placed on future agendas.	**Not Implemented**
R2. By December 1, 2025, the City Council should consider directing the City Manager to maintain a written, on-going list available for public view of all items that have been requested for inclusion in the Council's agenda and either the date on which the item will be agendized or the reasons for denial of inclusion.	**Not Implemented**
R3. By December 1, 2025, the City Council should consider directing all committees to post their minutes as a standalone document in the minutes column of the City website.	**Not Implemented**
R4. By December 1, 2025, the City Council should consider directing all Brown Act committees to place on the agenda the opportunity for public comment on non-agenda items for all regular scheduled meetings.	**Implemented**
R5. By December 1, 2025, the City Council should consider enforcing the Council Guidelines (City Council Guidelines and Procedures Section C.8.c) that committees come to the Council for approval of actions to be taken.	**Not Implemented**
R6. By December 1, 2025, the City Council should consider directing the City Manager to conduct a study of the causes of senior staff turnover.	**Not Implemented**
R7. By July 1, 2026, the City Council should consider ways to increase City revenue.	**Implemented**

R8. By December 1, 2025, the City Council should consider following Resolution 76-2022's requirements for qualifications of members to serve on the Citizens Financial Sustainability Committee.	**Implemented**

Table 9

Report 2506 Children and Family Services: Challenges in Recruiting and Retaining Social Workers	
Findings	**Response**
F1. The Children and Family Services staff is dedicated to the important work they do.	**Agree**
F2. The social worker job is challenging and stressful, contributing to the difficulty in recruiting and retaining of staff.	**Agree**
F3. Children and Family Services faces challenges in both hiring and retaining social worker staff.	**Agree**
F4. Social workers have resigned and taken positions with competing agencies offering higher pay.	**Partially Disagree**
F5. As of January 2025, Children and Family Services has a current social worker vacancy rate of 19%, with 31 of 167 authorized positions unfilled.	**Agree**
F6. Understaffing increases the workload for existing staff.	**Agree**
F7. The absence of a full staff of social workers can result in a negative impact on services provided to children and families, including delays in service, requirements for re-interviews, and the related stress on children and families.	**Disagree**
F8. The hiring process is lengthy, with 27 steps and taking on average 113 days, which can potentially discourage applicants from completing the process and receiving an offer of employment.	**Partially Disagree**

F9. Fewer college students in the western United States are enrolling in social work majors, reducing the pool of potential applicants.	**Agree**
F10. Children and Family Services does not recruit for social workers at universities and colleges outside of the Bay Area or participate at recruiting/hiring fairs nationally.	**Agree**
F11. Children and Family Services has reduced the educational requirements from Master of Social Work to Bachelor of Science plus relevant experience, to increase the pool of potential applicants.	**Partially Disagree**
F12. Adding dedicated Human Resources staff to Employment and Human Services Department has aided hiring efforts.	**Agree**
F13. Children and Family Services does not reimburse new employees for relocation expenses.	**Agree**
F14. Children and Family Services does not reimburse interviewees for travel expenses.	**Agree**
F15. Children and Family Services provides limited motivational, recognition, and wellness programs for social workers.	**Disagree**
F16. Children and Family Services does not have an employee referral program for social workers.	**Agree**
F17. Children and Family Services does not have a hiring or retention bonus program for social workers.	**Agree**
F18. Children and Family Services has university and employee internship programs. Since 2019, CFS hired eight of 28 university interns and promoted five of 23 employee interns into permanent social worker positions.	**Agree**
F19. Several of the challenges identified by the Grand Jury in 2019 (including a number of vacancies among social workers, a lengthy hiring process, heavy workloads, and a stressful work environment) still exist today.	**Partially Disagree**

Table 10

Report 2506 Children and Family Services: Challenges in Recruiting and Retaining Social Workers	
Recommendations	**Response**
R1. By January 1, 2026, the Board of Supervisors should consider directing the Human Resources Department and the Employment and Human Services Department to recruit for social workers at universities and colleges outside of Contra Costa County, participate at recruiting/hiring fairs nationally, and host virtual job fairs, potentially using Measure X funds as a source of funding.	**Implemented**
R2. By January 1, 2026, the Board of Supervisors should consider directing the Human Resources Department and the Employment and Human Services Department to develop an employee referral program, potentially using Measure X funds as a source of funding.	**Not Implemented**
R3. By July 1, 2026, the Board of Supervisors should consider directing the Human Resources Department and the Employment and Human Services Department to implement a hiring and retention bonuses program, potentially using Measure X funds as a source of funding.	**Will Be Implemented**
R4. By January 1, 2026, the Board of Supervisors should consider directing the Human Resources Department and the Employment and Human Services Department to create other incentive programs for new and existing staff, such as student loan forgiveness programs and housing assistance, potentially using Measure X funds as a source of funding.	**Not Implemented**
R5. By January 1, 2026, the Board of Supervisors should consider directing the Human Resources Department and the Employment and Human Services Department to expand internship programs to generate increased interest in working with CFS in Contra Costa.	**Will Be Implemented**

R6. By July 1, 2026, the Board of Supervisors should consider directing the Human Resources Department and the Employment and Human Services Department to streamline the hiring process to reduce the time it takes to hire a social worker.	**Implemented**
R7. By January 1, 2026, the Board of Supervisors should consider directing the Human Resources Department and the Employment and Human Services Department to develop and implement a program to pay for moving expenses for newly hired social workers, potentially using Measure X funds as a source of funding.	**Not Implemented**
R8. By January 1, 2026, the Board of Supervisors should consider directing the Human Resources Department and the Employment and Human Services Department to develop and implement a program to pay for travel expenses of employees when recruiting social workers, potentially using Measure X funds as a source of funding.	**Not Implemented**
R9. By July 1, 2026, the Board of Supervisors should consider directing the Human Resources Department and the Employment and Human Services Department to provide additional motivational, recognition, and wellness programs for social workers as an incentive in recruitment and retention, potentially using Measure X funds as a source of funding.	**Implemented**

Table 11

Report 2507 Measure J Citizen's Bond Oversight Committee Mt. Diablo Unified School District A Case of Impeded Oversight	
Findings	**Response**
F1. By the California Education Code, the Measure J CBOC is to be independent of MDUSD and represents and informs the taxpayers.	**Agree**
F2. The CBOC does not prepare its own Bylaws which detail how the committee operates. F3.	**Agree**
F3. The MDUSD provides the CBOC Bylaws.	**Agree**
F4. The CBOC cannot modify the Bylaws without MDUSD approval.	**Agree**
F5. The MDUSD reviews and appoints CBOC renewing and new members.	**Agree**
F6. The MDUSD is required by the EDCODE to provide support to the CBOC	**Partially Disagree**
F7. The CBOC does not have an independent legal consultant.	**Agree**
F8. The CBOC is not independent as intended by Proposition 39.	**Disagree**
F9. The last annual report from CBOC presented negative findings.	**Agree**
F10. The CBOC reports are not widely distributed to the taxpayers and are only posted on the MDUSD website.	**Disagree**

Table 12

Report 2507 Measure J Citizen's Bond Oversight Committee Mt. Diablo Unified School District A Case of Impeded Oversight	
Recommendations	**Response**
R1. By December 31, 2025, the MDUSD should recognize that California Education Code requires that the Measure J CBOC is an independent oversight committee reporting to the taxpayers and not controlled by the MDUSD.	**Not Implemented**
R2. By December 31, 2025, the MDUSD should permit the Measure J CBOC to independently prepare, modify and approve the committee's Bylaws.	**Not Implemented**
R3. By December 31, 2025, the MDUSD should provide assistance the CBOC has requested.	**Not Implemented**
R4. By December 31, 2025, the MDUSD should include the CBOC in activities associated with screening, selection and approval of CBOC candidates for continuing and new members' positions.	**Not Implemented**
R5. By December 31, 2025, the MDUSD should distribute CBOC annual reports electronically to taxpayers within the district via local governments, parent groups and civic organizations.	**Not Implemented**

Table 13

Report 2508 Contra Costa County Hiring Challenges	
Findings	**Response**
F1. The hiring process is a complex, multi-step process involving 27 steps.	**Partially Disagree**
F2. The hiring process is lengthy, with an average of 113 days to hire.	**Agree**
F3. The Employment and Human Services Department (EHSD) has implemented dedicated resources that allocate funds for three individuals in the County Human Resources (HR) Department who are exclusively focused on recruitment and improving EHSD's hiring capabilities.	**Agree**
F4. Contra Costa Health and Public Works departments utilize delegated authority for recruiting and hiring, under which they assume full responsibility for the hiring process for those classifications unique to their respective departments.	**Agree**
F5. Public Works has one in-house person managing HR recruiting and hiring without any backup.	**Agree**
F6. Lean HR staffing compels departments to prioritize job postings, which can lead to delays in posting job openings.	**Agree**
F7. Employees in Contra Costa County responsible for hiring often lack knowledge on how to fully utilize the capabilities of PeopleSoft.	**Disagree**
F8. The County does not track the reasons candidates decline county jobs.	**Agree**
F9. The time needed to maintain County job classifications grows as similar job specifications become more specialized.	**Agree**

F10. The County's specialized job classifications narrow the pool of potential applicants.	**Agree**
F11. EHSD contracted with an external consultant from July 1, 2024, to June 30, 2025, to evaluate its hiring process and make recommendations for improvements.	**Agree**
F12. The County HR department does not currently contract with an external consultant to review its hiring processes.	**Agree**
F13. The HR staff-to-employee ratio in Contra Costa County suggests that the HR department is understaffed compared to those in neighboring counties.	**Agree**

Table 14

Report 2508 Contra Costa County Hiring Challenges	
Recommendations	**Response**
R1. By January 1, 2026, the Board of Supervisors (BOS) should consider using Measure X funds to hire an external consultant to assess hiring processes across the County.	**Will Be Implemented**
R2. By July 1, 2026, the BOS should consider directing HR to work with County departments to assess whether they could benefit from delegated authority or dedicated resources to enhance the hiring process.	**Implemented**
R3. By July 1, 2026, the BOS should consider directing HR to initiate the process of consolidating existing job classifications across departments.	**Implemented**
R4. By January 1, 2026, the BOS should consider directing the Public Works department to ensure there is a backup for the internal HR staff member responsible for performing delegated- authority tasks.	**Implemented**
R5. By January 1, 2026, the BOS should consider directing HR to implement a procedure to identify and track why candidates decline job offers.	**Implemented**
R6. By January 1, 2026, the BOS should consider hiring additional HR analysts.	**Implemented**

2602

2025–2026 Contra Costa County Civil Grand Jury

Contra Costa County's Internal Audit Division: Time for a Transformation

Report 2602
April 24, 2026

Approved by the Grand Jury

Brenda Balingit
GRAND JURY FOREPERSON

4/27/26
Date

Accepted for Filing

Hon. Terri Mockler
JUDGE OF THE SUPERIOR COURT

4/24/26
Date

Civil Grand Jury reports are posted at: contracosta.courts.ca.gov/divisions/civil/civil-grand-jury/grand-jury-reports

SUMMARY

Internal auditing is a key component of government accountability. Internal auditors provide independent evaluations of financial processes, internal controls, and compliance with laws and policies—giving governing bodies and senior management the information they need to identify risks, strengthen controls, and improve public services. California Government Code Section 1236 recognizes this importance by requiring that all county employees who conduct audits comply with the professional auditing standards of either the Institute of Internal Auditors (IIA) or U.S. Government Accountability Office (Generally Accepted Government Auditing Standards or GAGAS).

Contra Costa County's Internal Audit Division (IAD) does not meet this statutory requirement. The IAD has not undergone an external quality assessment—the primary means of evaluating standards compliance—in more than 25 years. IIA and GAGAS standards require such assessments every three to five years. The IAD's *Policies and Procedures Manual* directs compliance with IIA and GAGAS standards; the IAD's departure from those standards contradicts both its own governing document and California law.

The Grand Jury's review identified the following significant deficiencies relative to these standards:

- **Organizational Independence.** The IAD is housed within the Office of the Auditor-Controller and is responsible for auditing departments and functions also overseen by that office. This creates a structural conflict that professional standards require be addressed through formal safeguards. No such safeguards exist. The conflict is compounded by the fact that IAD personnel prepare the County's Annual Comprehensive Financial Report—a core management function of the Auditor-Controller—creating an additional independence concern when those same personnel audit related financial reporting processes.
- **Functional Oversight.** The Internal Operations Committee of the Board of Supervisors (Board) is responsible for overseeing the IAD and meets with it once per year. This single annual meeting is insufficient to satisfy professional standards governing ongoing communication, audit plan pre-approval, and report distribution. A separate Finance Committee oversees the County's external auditors, creating a divided structure that prevents integrated oversight of the County's overall financial control environment. Neither committee requires members with audit, accounting, or financial expertise, and neither includes public members independent of County management.
- **Audit Charter.** The IAD does not operate under a formal audit charter as required by professional standards. *Administrative Bulletin 212.1*, which defines its work, has never been updated and does not address independence requirements, quality assurance obligations, or the oversight responsibilities of the governing body.
- **Risk-Based Audit Planning.** The IAD's annual audit plan is not based on a documented, organization-wide risk assessment as required by professional standards. The plan is presented to the Board for approval two to three months after it takes effect and after audit work has already begun, reducing Board approval to a retrospective formality rather than meaningful prospective oversight.

- **Quality Assurance.** The IAD does not maintain a documented quality assurance program and has not undergone an external assessment of its compliance with professional standards in more than 25 years. Professional standards require such assessments at least once every three to five years.
- **Communication and Transparency.** The IAD does not distribute completed audit reports to its oversight body and does not post them publicly. The IAD's website contains a single bullet point related to its audit activities.

The Grand Jury urges the Board to take the following actions:

- Direct the IAD to comply with professional auditing standards
- Establish a dedicated Audit Committee with consolidated oversight responsibility, appropriate expertise, and public membership
- Require the development and Board approval of a formal audit charter
- Mandate a documented risk-based audit planning process with prospective Board approval
- Direct the IAD to undergo an external quality assessment and establish an ongoing quality assurance program

These actions, taken together, would bring Contra Costa County's internal audit function into conformance with California law and professional standards—enabling it to serve as an effective watchdog for County residents.

BACKGROUND

Internal auditing is a key component of effective government oversight and accountability. Internal auditors provide independent evaluations of financial processes, internal controls, operational practices, and compliance with laws and policies. These evaluations help governing bodies and senior management identify risks, strengthen controls, and improve the efficiency and effectiveness of public services.

The Internal Audit Division (IAD) of Contra Costa County (County) is organizationally placed within the Office of the Auditor-Controller. The Auditor-Controller is an elected official responsible for the County's financial accounting, payroll administration, accounts payable, financial systems administration, and preparation of the County's Annual Comprehensive Financial Report (ACFR). The ACFR is a detailed set of standardized financial statements produced each year in conformance with standards issued by the Governmental Accounting Standards Board. In addition to its audit functions, IAD staff spend roughly 40% of their work hours preparing the County's ACFR.

The IAD has had one division manager and five accountant-auditors since at least 2000. A County Internal Operations Committee (IOC) survey conducted in 2000 (Appendix B) noted this audit team was smaller than audit teams in nine out of ten other California counties at that time. The survey also ranked IAD in the lowest quartile compared to county population and spending. Since then, Countywide staffing has increased by 38% and its budget is seven times larger.

The County's *Administrative Bulletin 212.1*, issued in 1975 (Appendix A), defines the County's internal audit function as evaluating financial records, internal controls, and operating

procedures. The Bulletin establishes expectations that IAD conduct objective analyses and provide management with appraisals and recommendations regarding the activities reviewed. The IAD also maintains a *Policies and Procedures Manual* that defines its scope, operating methods, and the professional auditing standards applicable to its work.

The Board's IOC oversees the IAD. The IOC is a standing committee of the Board composed of two supervisors. The IOC reviews IAD's annual activity summary and recommends approval of the proposed audit plan. Final approval rests with the Board.

Internal audit functions in government organizations are typically structured and operated in accordance with recognized professional auditing frameworks. Two frameworks applicable to government internal auditing are the 2024 Generally Accepted Government Auditing Standards (GAGAS) issued by the U.S. Government Accountability Office and the 2024 Global Internal Audit Standards issued by the Institute of Internal Auditors (IIA). These standards establish expectations for independence, governance, risk-based planning, quality assurance, and transparency in the performance of audit work. California Government Code Section 1236 requires that all city, county, and district employees who conduct audits or audit activities follow IIA or GAGAS standards, as appropriate to the specific type of audit.

Government entities that adopt both sets of standards generally use IIA standards for internal control evaluations while using GAGAS standards for grant compliance or financial statement reviews. IAD's *Policies and Procedures Manual* specifies such an approach:

> "It is Division policy to follow applicable professional auditing standards in conducting our audits. Generally, the standards apply as follows:"

IAD Audit Type:	**Auditing Standard:**
Internal Audits	Standards for the Professional Practice of Internal Auditing (SPPIA) *
Single Audits, Federal Grants	Generally Accepted Government Auditing Standards (GAGAS)

* SPPIA an older reference for IIA standards

METHODOLOGY

The Grand Jury used the following investigative methods:

- Interviews with subject matter experts both within and outside the County
- Review of information and documents available through public websites, including meeting agendas and minutes
- A review comparing internal audit and associated governance practices in Contra Costa County to six other California counties
- Review of the Institute of Internal Auditors (IIA) Global Internal Audit Standards
- Review of the U.S. Government Accountability Office's (GAO) Generally Accepted Government Auditing Standards (GAGAS)
- Review of Board of Supervisors Internal Operations Committee orders, documents, and memoranda

- Review of Board of Supervisors Finance Committee meeting agendas and minutes
- Review of Annual Comprehensive Financial Reports and Independent Auditor's Reports
- Review of County Administrative Bulletins

DISCUSSION

Professional Auditing Standards for Internal Audit Functions

This report will review several fundamental principles and requirements embodied by both sets of standards, offering observations of current IAD circumstances and practices as they relate to these requirements. The discussion follows the guiding principles outlined below:

- **Organizational Independence.** Auditors must maintain independence from the organizations and activities they audit, performing their work without undue influence and communicating results objectively to those charged with governance.
- **Functional Oversight.** The governing body charged with internal audit oversight bears responsibility for ensuring that internal audit operates independently, plans its work based on documented risk assessment, and reports findings to parties capable of acting on them.
- **Audit Charter.** The internal audit function should operate under a documented mandate or charter that defines its authority, responsibilities, and reporting relationships and that is approved by the board or governing authority.
- **Risk-Based Audit Planning.** Internal audit plans must be based on documented organizational risk assessments, with audit priorities clearly linked to a systematic assessment of risk exposures.
- **Quality Assurance and External Assessments.** Internal audit teams must engage in ongoing quality assurance programs and undergo external assessments every three to five years to evaluate compliance with the audit standards.
- **Communication and Transparency of Audit Results.** Audit plans and reports must be communicated to internal audit's oversight body and available to the public.

Organizational Independence

The IAD is housed within the Auditor-Controller's organizational structure. This organizational alignment does not, by itself, preclude independence. However, it creates structural conditions that give rise to recognized independence threats under professional auditing standards. IIA Principle 7 and Standard 7.1 require that internal audit be positioned to perform its work free from interference and maintain a functional reporting relationship to the governing body. Where internal audit assumes responsibilities beyond its audit functions such as preparing management reports—Standard 7.1 requires disclosure to the board, documentation of safeguards in the audit charter, and establishment of alternative assurance processes to preserve independence.

GAGAS §§3.27–3.58 require auditors to identify and evaluate independence threats and apply and document safeguards sufficient to reduce those threats to an acceptable level. (GAGAS uses § to indicate a section; IIA does not. This report follows those conventions.) Two such threats exist in the IAD's current structure. First, the IAD's placement within the Auditor-Controller's reporting hierarchy creates an organizational threat. Second, IAD staff's participation in ACFR

preparation creates a self-review threat, as those same personnel subsequently audit the financial reporting processes and internal controls associated with that report.

The ACFR is the County's primary financial reporting document. Its preparation—including financial statements, note disclosures, and supporting schedules—is a management responsibility of the Auditor-Controller under applicable California law, and its content must conform to generally accepted accounting principles. IAD personnel are regularly assigned to participate in ACFR preparation. This work represents approximately 40% of annual IAD staff time.

This level of participation extends beyond advisory support and constitutes involvement in management functions. IIA Standard 7.1 requires that where internal audit assumes responsibilities beyond its audit function, those responsibilities and any associated safeguards must be disclosed to the board and documented in the audit charter. Under GAGAS §§3.30-3.39, a self-review threat arises when auditors evaluate or rely on work that they or their organization previously performed. IAD staff's participation in ACFR preparation and their subsequent audit of associated financial reporting processes and internal controls meet this definition.

IAD's policies and procedures were reviewed to assess whether formal safeguards had been implemented to address independence threats. Such safeguards may include recusal protocols, independent review of audits involving Auditor-Controller functions, and segregation of audit assignments. No documentation was found confirming the establishment of safeguards for organizational or self-review threats.

The absence of documented safeguards and threat evaluation documentation means the independence threats have not been mitigated to an acceptable level as required by GAGAS §§3.27–3.58. The current structure and assigned responsibilities constitute an independence impairment in fact and appearance with respect to audits of financial reporting, accounting operations, and internal controls—functions that comprise a significant portion of the County's audit scope.

Functional Oversight

The Internal Operations Committee of the Board of Supervisors

IIA and GAGAS standards establish that the governing body, or a dedicated body acting on its behalf, is responsible for oversight of internal audit. This responsibility includes ensuring the internal audit function operates independently, plans its work based on documented risk assessment, and communicates its findings to parties capable of taking appropriate action. IIA Principle 8 requires collaborative and interactive communication between the governing body and internal audit. IIA Standards require that functional oversight include approval of the audit charter under Standard 6.2, approval of the risk-based internal audit plan before work begins under Standard 9.4, and direct communication of internal audit results under Standards 8.1 and 11.3. GAGAS §§3.27–3.58 require that where an audit organization is embedded within the entity it audits, a sufficiently independent oversight body must exist with authority to approve the audit plan, receive audit reports directly, and act on findings without management interference. Without such a body, GAGAS identifies an organizational independence impairment.

In the County, functional oversight of the IAD is assigned to the IOC, a standing committee of the Board composed of two supervisors. A separate Finance Committee, also composed of two supervisors, provides oversight of the County's external auditors. Currently, the same two supervisors serve on both committees simultaneously.

The IOC holds one meeting per year which includes internal audit, at which the IAD summarizes past activities and presents the upcoming annual plan. There is no evidence of ongoing engagement, interim reporting, or structured communication between the IAD and the IOC or the full Board during the audit cycle. Nor is there documented evidence that the IOC has formally approved the IAD's charter, evaluated the adequacy of the IAD's independence safeguards or exercised pre-approval authority over the annual audit plan—the specific responsibilities that IIA Standards 6.2, 8.1, and 9.4 and Principle 8 establish as requirements of effective board oversight of the internal audit function.

IIA Standards 8.1 and 11.3 require internal audit to ensure timely communication of engagement results directly to the governing body for significant findings. GAGAS Chapter 9 requires distribution of completed audit reports, not aggregated summaries, to those charged with governance as each report is issued. GAGAS Chapter 6 requires communication at key points throughout the audit process. A single annual meeting satisfies none of these requirements. IIA Principle 8 requires that the internal audit function actively supports the governing body's oversight responsibilities, which presupposes a governing body with the capacity to receive, evaluate, and act on audit results throughout the year.

The IOC's standing responsibilities encompass personnel policy, labor relations, technology governance, contracts, and general County administration. Internal audit oversight is on the IOC's agenda once per year. These competing responsibilities are inconsistent with the ongoing, substantive engagement that IIA Principle 8 and GAGAS Chapter 6 require of a body performing audit oversight functions.

Internal and External Audit Oversight

The formal separation of internal and external audit oversight into two distinct committees implies a governance design that treats these functions as independent. In practice, they are interdependent. The external auditor's assessment of internal controls over financial reporting relies in part on internal audit's work. Findings from either function can affect the scope and conclusions of the other. A governing body that oversees these functions separately with no mechanism for integrating their findings is ill-positioned to develop a coherent view of the County's control environment or financial reporting risk.

The Government Finance Officers Association's (GFOA) *Audit Committees* best practice recommends that a single audit committee hold direct oversight responsibility for independent auditors and have access to internal auditors' reports and annual work plans—an integrated model that reflects the functional relationship between the two audit streams. The Association of Local Government Auditors also recommends a single audit committee with responsibility for both functions. Because the same two Supervisors serve on the IOC and the Finance Committee, the County's formal separation of these functions produces no diversification of perspective.

Concentration of all audit oversight in two members further compounds these deficiencies. The County operates with an adopted budget exceeding $7 billion and a workforce exceeding 11,000 employees. A two-member committee is insufficient for an organization of that scale. The GFOA recommends a minimum of three members for an audit committee, with broader membership appropriate for larger governments.

Audit, Accounting, and Financial Expertise

Neither the IOC nor the Finance Committee is required to include members with expertise in auditing, accounting, financial reporting, or risk management. Supervisors are assigned through the Board's committee process without regard to professional qualification. GFOA's *Audit Committees* best practice recommends that governmental audit committees have access to at least one financial expert possessing an understanding of generally accepted accounting principles and financial statements, experience with internal accounting controls, and familiarity with audit committee functions, and specifically identifies governmental accounting expertise as the relevant competency standard. The IIA's guidance on audit committee effectiveness treats financial and audit expertise as threshold conditions for a committee capable of performing its oversight role. California Government Code Section 13886 reflects the same policy direction at the state level, requiring state agencies with internal audit functions to establish audit committees consistent with the framework recommended by the American Institute of Certified Public Accountants. Without a requirement for relevant expertise, the oversight framework does not conform to the governance model that GFOA, the IIA, and California law identify as necessary for effective audit oversight.

External Representation

Neither committee includes external members independent of County management. The County's own Treasury Oversight Committee, established in 1995, provides a direct counterexample: it incorporates officials, district representatives, and public expert members, with conflict-of-interest rules and staff support, to oversee the County's investment and treasury functions. The same governance principles—independent membership, relevant expertise, and structured oversight—that the GFOA's *Audit Committees* best practice identifies as necessary for audit committees are already embedded in the County's treasury oversight structure. The Treasury Oversight Committee shows that the structural and procedural elements of this governance model are achievable within the County's existing governance framework.

The Case for a Dedicated Audit Committee

The deficiencies described above reflect a governance structure that lacks the features necessary for effective audit oversight. Taken together—the bifurcation of internal and external audit oversight, the identity of committee membership, the absence of expertise requirements, the absence of external representation, and the competition with unrelated responsibilities—these conditions are each inconsistent with the structural requirements identified in the GFOA's *Audit Committees* best practice.

Audit Charter

IIA Standards require that internal audit functions operate under a formally defined charter approved by the governing body. IIA Standard 6.2, Internal Audit Charter, requires that the charter define the function's purpose, authority, responsibility, reporting relationships, and commitment to professional standards, and that it be periodically reviewed.

The IAD operates under *Administrative Bulletin 212.1* (Appendix A), issued in 1975, which describes audit authority, responsibilities, and procedures. While the bulletin provides general direction, it does not meet elements required by IIA Standard 6.2 including:

- Referencing current professional auditing standards
- Defining functional oversight responsibilities of the governing body
- Establishing requirements for periodic review and approval of the charter
- Describing quality assurance or external assessment requirements

The bulletin has not been updated to reflect current auditing standards or governance expectations. As a result, the IAD does not operate under a charter that includes all elements required by IIA Standard 6.2, and there is no documented evidence of periodic review or approval by the governing body consistent with current standards.

Risk-Based Audit Planning

IIA Standards require internal audit to develop an internal audit plan based on a documented assessment of the organization's strategies, objectives, and risks, informed by input from the board and senior management, and performed at least annually (IIA Standards 8.1 and 9.4). These Standards further require that internal audit maintain effective communication with the governing body to support oversight and ensure that audit priorities reflect governance-level perspectives (IIA Standard 8.1). In addition, internal audit methodologies must incorporate a systematic and disciplined approach to risk assessment and audit planning and include documentation sufficient to support the determination of audit priorities (IIA Standard 9.3).

The GAGAS, while primarily addressing the planning of individual performance audits rather than an internal audit function's annual enterprise-wide plan, similarly require auditors to adequately plan audit work, document planning decisions, and base audit scope and methodology on assessments of significance and risk (GAGAS §§8.03–8.07). These requirements reinforce the principle that audit activities must be supported by documented, risk-informed planning.

The IAD described its 2026 annual audit plan to the IOC as "risk-based" in a March 23, 2026, cover memorandum. That memorandum characterizes audit prioritization as based on "perceived risk." In the materials reviewed—including the March 2026 IOC agenda materials, County *Administrative Bulletin 212.1*, and the IAD *Policies and Procedures Manual*—no documented risk assessment, risk-ranking methodology, linkage between identified risks and proposed audit priorities, or evidence of governing body or senior leadership input was found, as required by IIA Standards 9.3 and 9.4. Without this documentation, the IOC had no basis to evaluate whether the proposed plan addressed the County's highest-risk areas or reflected a comprehensive,

organization-wide risk evaluation, inconsistent with IIA Standards 8.1 and 9.4 and GAGAS §§8.03–8.07.

IIA Standards 8.1 and 9.4 require that internal audit develop a risk-based audit plan using input from both senior management and the governing body, and that ongoing, effective communication with the governing body support its oversight responsibilities. Together, these provisions establish that governing body involvement in audit planning is intended to be prospective and substantive, not retrospective.

The IOC and Board review and approve the IAD's annual audit plan two to three months after its effective date. During this delay, IAD begins audit work and allocates resources under a plan not yet authorized by the Board. When the plan is presented, audits are underway and major planning decisions have been made, eliminating the Board's opportunity to shape priorities or address governance-level risks before implementation.

This condition, when considered in conjunction with the absence of a documented risk assessment and governing body input during plan development, indicates that the Board does not exercise meaningful oversight of the audit planning process—inconsistent with the oversight role contemplated by IIA Standards 8.1 and 9.4.

IAD's annual audit plans are based on a calendar year. This is inconsistent with the County's fiscal year, which runs July 1 through June 30. Fiscal year alignment would make pre-approval of the audit plan by the Board operationally achievable before audit work begins and provide opportunities for better integration with the operational and budgetary plans of the County.

Quality Assurance and External Assessments

Both IIA and GAGAS standards require audit organizations to maintain a system of quality assurance. The IIA Standard 8.4, External Quality Assessment, requires an external assessment at least once every five years. GAGAS §5.179 requires peer review at least once every three years. The IAD has not undergone an external quality assessment in more than 25 years and lacks a documented quality assurance program. Without these, the IAD cannot objectively demonstrate compliance with IIA or GAGAS standards or document ongoing improvement.

Communication and Transparency of Audit Results

The IAD does not distribute completed audit reports consistent with applicable professional standards. IIA Standards 11.3 and 15.1 require that audit results be communicated directly to the oversight body upon completion of each engagement. GAGAS Chapter 9 requires distribution of completed reports to those charged with governance upon issuance. The IAD does not distribute completed reports to the IOC.

GAGAS Chapter 9 requires that audit organizations make completed audit reports publicly available and document any basis for restricting availability. Public posting of the annual audit plan, while not explicitly required by GAGAS or IIA standards, is recommended by the Association of Local Government Auditors and the National Association of State Auditors, Comptrollers and Treasurers. In a sample of six California counties with populations comparable

to that of Contra Costa County, all six posted their annual audit plans and five posted completed audit reports on their public websites as shown in the following table.

	Posted on County Website?						
	Contra Costa	Orange	Riverside	Santa Clara	Sacramento	Fresno	Alameda
Annual Audit Plan	No	Yes	Yes	Yes	Yes	Yes	Yes
Audit Reports	No	Yes	Yes	Yes	Yes	Yes	No

The IAD's public website consists solely of the following:

> *The purpose of the Internal Audit Division is:*
> - *To develop and execute audit programs for the examination, verification, and analysis of financial records, procedures, and internal controls of the county departments.*
> - *To produce the Annual Comprehensive Financial Report.*

Conclusions

The IAD's *Policies and Procedures Manual* directs compliance with IIA and GAGAS standards. The Grand Jury's review found that IAD's current practices depart from both standards in several fundamental respects, as documented in Findings F3 through F27. Significant departures from standards date from at least 2000, as evidenced by the last external quality assessment performed on the IAD. These assessments, required every three to five years under IIA Standard 8.4 and GAGAS §5.179, provide the primary mechanism for evaluating an audit organization's conformance with professional standards. The absence of these assessments means the IAD cannot demonstrate compliance with California Government Code Section 1236, which requires that all county employees who conduct audits comply with IIA or GAGAS standards.

FINDINGS

F1. California Government Code Section 1236 requires that employees conducting audits for public agencies follow standards of the Institute of Internal Auditors (IIA) or the U.S. Government Accountability Office's Generally Accepted Government Auditing Standards (GAGAS).

F2. The Internal Audit Division's (IAD) *Policies and Procedures Manual*, Section 2.1, directs that it "follow applicable professional auditing standards in conducting our audits," and defines which IIA or GAGAS standards are applicable to specific audit situations.

F3. The IAD's placement within the Auditor-Controller's organizational structure creates an organizational independence threat under GAGAS §§3.27–3.58 and IIA Standard 7.1.

F4. The Internal Operation Committee's (IOC) failure to exercise charter approval, audit plan pre-approval, and direct report receipt as required by IIA Standards 6.1, 6.2, 8.1, 9.4, 11.3 and Principle 8 leaves this organizational independence threat unmitigated, constituting an independence impairment in fact and appearance under GAGAS §3.56.

F5. IAD personnel participate in preparation of the County's Annual Comprehensive Financial Report (ACFR), a management responsibility of the Auditor-Controller.

F6. The participation of IAD personnel in ACFR preparation and their subsequent auditing of those same financial reporting processes and controls represents a self-review threat as defined in GAGAS §§3.30 and 3.39.

F7. The IAD has no documentation demonstrating that organizational and self-review independence threats have been formally identified, evaluated, or mitigated through safeguards, as required by GAGAS §§3.40–3.58 and IIA Standard 7.1.

F8. The IAD has no documentation that the impact of IAD staff participation in ACFR preparation (a non-audit management activity) on independence and objectivity has been formally assessed and disclosed to the oversight body, as required by GAGAS §3.59 and IIA Standards 7.1 and 8.1.

F9. The IOC of the Board of Supervisors (Board), consisting of two supervisors, is responsible for functional oversight of the IAD.

F10. The IOC holds one meeting per year at which the IAD presents its prior year activities and upcoming audit plan.

F11. No documentation was found of additional meetings, interim audit reporting, or direct communication between the IAD and the IOC between annual plan presentations.

F12. A single annual meeting does not satisfy the ongoing communication, timely reporting, and report distribution obligations imposed by IIA Principle 8, IIA Standards 8.1 and 15.1, GAGAS §§6.06 and 9.56, each of which requires engagement throughout the year.

F13. The Board's Finance Committee, consisting of two supervisors, is responsible for functional oversight of external audit activity.

F14. Neither the IOC nor the Finance Committee requires financial or audit expertise as a condition of membership, inconsistent with the Government Finance Officers Association's (GFOA's) *Audit Committees* best practice and IIA guidance on audit committee effectiveness, both of which identify such expertise as a threshold condition for effective audit oversight.

F15. Neither the IOC nor the Finance Committee includes public members independent of County management as a condition of membership. GFOA's *Audit Committees* best practice recommends that audit committees include public members independent of management to strengthen both the substance and credibility of financial oversight.

F16. The County's IAD operates under *Administrative Bulletin 212.1* (1975), which does not include all the elements of an Audit Charter required by IIA Standard 6.2.

F17. The IAD presented its 2026 annual audit plan as "risk based." However, the plan did not include a documented risk assessment as required by IIA Standards 9.3 and 9.4.

F18. IAD has no documented risk-assessment methodology as required by IIA Standard 9.3.

F19. IAD's risk assessments do not include input from the Board or senior County executives, as required by IIA Standards 8.1 and 9.4.

F20. The IOC is not provided with information to determine whether proposed annual audit plans address the County's highest-risk areas, as required by IIA Principle 8, IIA Standards 8.1 and 9.4.

F21. IAD implements its annual audit plan without prior Board input or approval, eliminating the Board's opportunity to influence audit priorities before audit work has begun, inconsistent with IIA Principle 8 and IIA Standards 8.1 and 9.4, which collectively require that the board review and approve the risk-based audit plan before implementation.

F22. Findings F4, F10, F11, F12, F18, F19, F20, F21, and F26 collectively establish that the IOC and Board do not fulfill the audit oversight responsibilities required by IIA Principle 8 and Standards 8.1 and 15.1, and GAGAS §§3.46 and 6.06 — including charter approval, prospective audit plan approval, ongoing engagement, risk-based planning oversight, and direct receipt of audit reports.

F23. The IAD's schedule is based on a calendar year, inconsistent with the fiscal year that governs the County's overall planning, budgeting, and operational processes.

F24. The IAD does not maintain an ongoing quality assurance and improvement program, as required by IIA Standard 8.3 and GAGAS Chapter 5, which require audit organizations to establish and maintain internal quality assessment processes to evaluate conformance with professional standards.

F25. The IAD has not undergone an external quality assessment review in more than 25 years. IIA Standard 8.4 requires an external assessment at least once every five years and GAGAS §5.179 requires an external peer review at least once every three years.

F26. The IAD does not distribute its reports to the IOC, as required by IIA standards 11.3 and 15.1 and GAGAS Chapter 9.

F27. The IAD does not post its completed audit reports or annual audit plan on its public webpage, inconsistent with GAGAS Chapter 9, which requires public availability of completed audit reports, and the recommendations of the Association of Local Government Auditors and the National Association of State Auditors, Comptrollers and Treasurers.

F28. The deficiencies documented in Findings F3 through F8, F16 through F21, F24, F25, F26, and F27 collectively establish that the IAD does not operate in conformance with the IIA and GAGAS standards required by California Government Code Section 1236 and directed by its own *Policies and Procedures Manual*.

RECOMMENDATIONS

R1. By December 1, 2026, the Auditor-Controller should consider directing the IAD to comply with the IIA and GAGAS auditing standards as adopted in IAD's *Policies and Procedures Manual* and as required by California Government Code Section 1236.

R2. By January 1, 2027, the Board of Supervisors should consider evaluating alternative organizational reporting structures for IAD that reduce organizational and self-review threats, including placement outside the Auditor-Controller's span of control.

R3. By January 1, 2027, the Auditor-Controller should consider prohibiting IAD personnel from participating in the preparation of the ACFR or performing other management functions to comply with IIA Standard 7.1 and GAGAS §§3.87-3.89.

R4. By January 1, 2027, the Board of Supervisors should consider requiring the Auditor-Controller to develop, document, and implement a formal independence safeguards framework consistent with GAGAS §§3.40–3.58 and IIA Standards 7.1. Required safeguards shall include recusal protocols for audits involving Auditor-Controller functions, independent supervisory review of those audits, and documented segregation of duties between IAD personnel participating in ACFR preparation and those auditing associated financial reporting processes.

R5. By January 1, 2027, the Board of Supervisors should consider requiring the Auditor-Controller to annually disclose to the IOC, or, if established, the Audit Committee, all identified independence threats and the safeguards implemented to mitigate them, consistent with GAGAS §3.59 and IIA Standard 7.1.

R6. By January 1, 2027, the Board of Supervisors should consider requiring an annual review by the IOC of IAD's organizational independence, documented safeguards, and any identified independence impairments to ensure continued compliance with IIA Standard 7.1 and GAGAS §§3.40–3.58.

R7. By January 1, 2027, the Board of Supervisors should consider requiring the IAD to report to the IOC no less than quarterly on the status of audit engagements, demonstrating alignment with the approved audit plan and documented risk assessment, consistent with IIA Principle 8, Standards 8.1 and 11.3, and GAGAS Chapter 6.

R8. By January 1, 2027, the Board of Supervisors should consider consolidating the internal and external auditor oversight as currently performed by the IOC and Finance Committee into a single Audit Committee.

R9. By January 1, 2027, the Board of Supervisors should consider adopting IOC, or Audit Committee, membership that conforms to GFOA's *Audit Committees* best practice guidance by including a minimum of three members, at least one with expertise in governmental accounting principles, internal controls, and audit committee functions, and at least one public member independent of County management.

R10. By January 1, 2027, the Auditor-Controller should consider developing an Audit Charter for the IAD aligned with IIA Standard 6.2.

R11. By April 1, 2027, the Board of Supervisors should consider reviewing and approving the IAD's Audit Charter, consistent with IIA Standard 6.2, which requires that the governing body approve the internal audit charter and conduct periodic reviews to ensure it remains current.

R12. By January 1, 2027, the Auditor-Controller should consider requiring the IAD to adopt and implement a documented risk assessment methodology that includes defined risk factors, risk-ranking or scoring criteria, and a systematic process for identifying and prioritizing risks as required by IIA Standards 9.3 and 9.4.

R13. By January 1, 2027, the Auditor-Controller should consider directing the IAD to revise its *Policies and Procedures Manual* and any applicable administrative bulletins to incorporate requirements for a documented, risk-based audit planning process aligned with IIA Standards 9.3 and 9.4.

R14. By January 1, 2027, the Auditor-Controller should consider requiring that the annual risk assessment process include documented input from the Board of Supervisors, its designated oversight committee, and senior county leadership, consistent with IIA Standards 8.1 and 9.4.

R15. By January 1, 2027, the Board of Supervisors should consider requiring that all audit plans presented for its approval include a summary of the risk assessment methodology, key risks identified, and the rationale used to prioritize audit engagements, consistent with IIA Standards 9.3 and 9.4 and GAGAS §§8.03–8.07.

R16. By January 1, 2027, the Board of Supervisors should consider requiring the IAD to document the linkage between identified risks and the audit engagements included in the annual audit plan, including justification for inclusion or exclusion of high-risk areas.

R17. By December 1, 2026, the Auditor-Controller should consider directing the IAD to shift the Internal Audit Division’s audit planning from a calendar to a fiscal year schedule beginning with the 2027-28 fiscal year.

R18. By December 1, 2026, the Board of Supervisors should consider directing the Auditor-Controller to submit the IAD's annual risk-based audit plan for Board approval before the fiscal year to which the plan applies begins.

R19. By December 1, 2026, the Auditor-Controller should consider directing the IAD to adopt and maintain an ongoing quality assurance and improvement program, as required by IIA Standard 8.3 and GAGAS Chapter 5.

R20. By December 1, 2026, the Auditor-Controller should consider directing the IAD to undergo an external quality assessment review as required by IIA Standard 8.4 and GAGAS §5.179.

R21. By December 1, 2026, the Auditor-Controller should consider directing the IAD to distribute all completed audit reports, including management responses, directly to the IOC (or, if established, the Audit Committee) consistent with the direct communication requirements of IIA Standards 11.3 and 15.1 and the report distribution requirements of GAGAS Chapter 9.

R22. By December 1, 2026, the Auditor-Controller should consider directing the IAD to post the audit charter, annual audit plan, and all completed audit reports to the County's public website, consistent with GAGAS Chapter 9, which requires that audit organizations make completed audit reports publicly available, and the transparency recommendations of the Association of

Local Government Auditors and the National Association of State Auditors, Comptrollers and Treasurers.

REQUEST FOR RESPONSES

Pursuant to California Penal Code § 933(b) et seq. and California Penal Code § 933.05, the 2025-2026 Contra Costa County Civil Grand Jury requests responses from the following governing bodies:

Responding Agency	Findings	Recommendations
Contra Costa County Board of Supervisors	F1, F2, F3, F4, F9, F10, F11, F12, F13, F14, F15, F20, F21, F22, F23, F28	R2, R4, R5, R6, R7, R8, R9, R11, R15, R16, R18
Auditor-Controller	F1, F2, F3, F4, F5, F6, F7, F8, F16, F17, F18, F19, F24, F25, F26, F27, F28	R1, R3, R4, R5, R10, R12, R13, R14, R17, R19, R20, R21, R22

These responses must be provided in the format and by the date set forth in the cover letter that accompanies this report. An electronic copy of these responses in the form of a Word document should be sent by e-mail to ctadmin@contracosta.courts.ca.gov and a hard (paper) copy should be sent to:

Civil Grand Jury – Foreperson
725 Court Street
P.O. Box 431
Martinez, CA 94553-0091

Reports issued by the Grand Jury do not identify individuals interviewed. Penal Code section 929 requires that reports of the Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the Grand Jury.

APPENDIX A

Administrative Bulletin Guiding IAD Function

CONTRA COSTA COUNTY
Office of the County Administrator

ADMINISTRATIVE BULLETIN

Number: 212.1
Date: 10-24-75
Section: Budget & Fiscal

SUBJECT: Internal Audit of County Departments and Offices

Various California state codes require or authorize the County Auditor-Controller to perform audits of the accounts and records of specific County departments, offices and operations. In addition, under the provisions of Section 26883 of the Government Code, the County Auditor-Controller is an agent of the Board of Supervisors in fulfilling its statutory responsibilities for audits of County operations. The internal auditing function is performed by a staff of professional auditors employed in the Internal Auditing Division of the Office of the County Auditor-Controller.

PURPOSE

The objective of the County internal auditing function is to assist County management in the proper and effective discharge of its responsibilities by reviewing and evaluating financial records and procedures and by providing reports to management containing objective analyses, appraisals, comments and recommendations concerning the activities reviewed.

The Internal Auditing Division has authority to review and appraise such policies, plans, procedures and records as are necessary to carry out its objective. This authority gives the Internal Auditor full access to all pertinent County records, property, and personnel except as limited by policy of the Board of Supervisors and statutory requirements. As a staff function Internal Auditors have no direct supervisory authority over those persons whose work they review, nor does their review in any way relieve those persons of the responsibilities assigned to them.

SCOPE

All County operations and activities are subject to internal audit unless specifically exempted by statute or County policy. Examinations are primarily financial in nature; however, the Internal Auditor is concerned with all phases of County operations wherein he can be of service to County management. Among the activities of the Internal Auditing Division are the following:

1. Reviewing and appraising the soundness, adequacy and application of accounting, financial and operating controls.

2. Examining accounting and related records maintained to account for County revenues, expenditures, assets and liabilities, and evaluating the reliability and adequacy of those records.

3. Determining the extent of compliance with statutory requirements and with established policies and procedures (particularly those relating to financial matters).

4. Ascertaining the extent to which County assets are accounted for and the extent to which they are protected from losses of all kinds.

5. Appraising the effectiveness of accounting and related procedures and making recommendations for improvements.

6. Preparing audited financial statements for special County operations. Special studies and financial analyses are also performed from time to time.

PROCEDURES

Audits of most County departments are made on an annual basis at about the same time each year. In certain circumstances, however, audits may be performed more or less frequently than once a year. Department officials are normally contacted by the Internal Auditing Division in advance of the commencement of the audit to arrange a mutually convenient time schedule and to discuss problem areas and changes in department operations. In special circumstances audits are sometimes made without advance notice. Requests from departments for special reviews and analyses are scheduled according to the urgency of their nature and the availability of staff.

Upon completion of the audit a discussion draft of the report is reviewed with the department. This is to assure agreement on factual matters and give the department an opportunity for early corrective action when required. The final written report is directed to the responsible official with information copies to others who are affected.

It is the responsibility of the official to whom the report is directed to send a written reply to the County Auditor-Controller within 30 days of the receipt of the report. When audit comments or recommendations indicate that some specific action should be taken, the reply must state what action has been or will be taken, or the reason such action should not be taken.
Upon receipt of the reply, the County Auditor-Controller will transmit an information copy of both the report and the reply to the County Administrator for his review and desired action.

If no response is received within the 30-day time limit, the information copy of the report alone will be sent to the County Administrator with the notation that there has been no reply from the responsible official. Subsequent replies will be sent to the

County Administrator separately, upon receipt.

CONCLUSION

Internal auditing is essential for proper management and control purposes. All personnel should assist when contacted by the internal audit staff in the performance of their studies and analyses.

Orig. Dept.: County Auditor-Controller

Reference: California Government Code Section 26883

/s/ Arthur G. Will

County Administrator

APPENDIX B

Table Extract from Contra Costa County Internal Operations Committee report to the Board of Supervisors on June 27, 2000

Comparison of County Financial Audit Organizations
Exhibit 2

County	Number of Financial Auditors*	Population	Governmental Fund Expenditures (thousands)	Financial Audtors Per 100,000 Residents		Financial Auditors Per $100,000,000 Gov. Fund Exp.	
				Number	Rank	Number	Rank
Sonoma	10	430,000	$700,000	2.33	2	1.43	2
San Mateo	9	700,000	850,000	1.29	4	1.06	3
Ventura	7	730,000	800,000	0.96	6	0.88	4
San Francisco	20	750,000	4,000,000	2.67	1	0.50	10
Fresno	14	760,000	756,000	1.84	3	1.85	1
Contra Costa	6	920,000	974,000	0.65	9	0.62	8
Sacramento	9	1,140,000	1,500,000	0.79	7	0.60	9
Alameda	9	1,400,000	1,400,000	0.64	10	0.64	6
Riverside	3	1,480,000	1,290,000	0.20	11	0.23	11
Santa Clara	11	1,640,000	1,800,000	0.67	8	0.61	7
San Bernardino	17	1,640,000	2,000,000	1.04	5	0.85	5

* Includes audit director and vacant positions, does not include clerical staff or operational/management/performance audit staff.

(Note: Riverside County shown with the smallest IA staff (3) in 2000 now has an audit staff of 12 FTEs.)

2025–2026 Contra Costa County Civil Grand Jury

BART OFFICE OF INSPECTOR GENERAL: INDEPENDENCE DELAYED IS INDEPENDENCE DENIED

Report 2603
May 1, 2026

Approved by the Grand Jury

Brenda Balingit
GRAND JURY FOREPERSON
5/7/26
Date

Accepted for Filing

Hon. Terri Mockler
JUDGE OF THE SUPERIOR COURT
5/4/26
Date

Civil Grand Jury reports are posted at: www.cc-courts.org/civil/grand-jury-reports.aspx

SUMMARY

In 2017, the California Legislature passed a bill providing for a vote by residents of the nine Bay Area counties whether to finance a $4.45 billion slate of highway and transit improvements with an increase in tolls on Bay Area bridges other than the Golden Gate. The proposal went to voters as Regional Measure 3 (RM3). RM3 also called for creation of an independent oversight committee operating across all nine counties and, separately, the creation of an independent Office of Inspector General (OIG) for the San Francisco Bay Area Rapid Transit District (BART). RM3 passed in June 2018 and has been codified in California Public Utilities Code Sections 28840-28845.

Public Utilities Code Section 28841 broadly outlines the authority and responsibilities of the BART OIG. They include requirements that the OIG:

1. *Examine BART's operating practices to identify fraud, waste, or abuse, and opportunities for efficiencies in administration of its programs and operations.*

2. *Ensure the BART administration, the Board of Directors, and the public are fully informed of the OIG's findings and recommendations.*

3. *Identify opportunities to improve data used to make BART's allocations of its resources more efficient.*

4. *Conduct, supervise, and coordinate audits and investigations relating to BART's programs and operations, including, but not limited to, toll-funded programs.*

5. *Identify best practices for delivering capital projects and recommend policies to enable BART to adopt these practices when practicable.*

6. *Recommend policies that promote efficiency in the administration of programs and operations.*

7. *Review and recommend best practices that BART should follow to maintain positive and productive relations with its employees and the collective bargaining units representing those employees.*

8. *Provide a report, at least annually, to the Board of Directors and the California Legislature that summarizes significant problems identified in audits and investigations and whether BART has implemented the resulting recommendations.*

In the years following voter approval of RM3, there have been discussions between the OIG and the BART Board of Directors regarding a formal charter for the OIG that would provide specific details regarding the OIG's scope and exercise of authority and responsibilities beyond the outline created by RM3. The OIG has presented the Board with at least two versions of a formal charter. The Board, however, has not acted to approve a charter for the OIG.

The Grand Jury examined the history of the OIG, its work, and the proposals and discussions regarding an OIG charter. Our findings highlight a lack of written clarity regarding the OIG's

independence, scope and exercise of authority, and access to information. This has at times impeded the OIG's ability to operate as intended under RM3 and resulted in disagreement between the OIG and members of BART's management regarding the scope and exercise of the OIG's authority.

CONFLICT OF INTEREST DISCLAIMER

One Grand Juror recused themself due to a possible conflict of interest and did not participate in the investigation, preparation, or approval of this report.

BACKGROUND

Many large government organizations have an independent office of inspector general, which examines the inner workings of the organization. The primary goal of any inspector general is to identify fraud, waste, and abuse, and to improve efficiency. An inspector general also investigates whistleblower complaints and audits agency operations.

The Association of Inspectors General (AIG) is a national non-profit, non-partisan umbrella organization of inspectors general that, among other things, establishes industry standards and best practices for offices of inspectors general. In its "*Statement of Principles and Standards for Offices of Inspector General*" (*Statement of Principles*), the AIG outlines three clearly documented mandates that any inspector general must have:

- The inspector general must be independent of the management and supervising director(s) of the agency that the inspector general oversees.
- The inspector general must have full and free access to the personnel and records of the agency whenever the inspector general conducts an investigation or audit.
- The inspector general must have the authority to review management responses to any finding(s) and recommendations that the inspector general makes, as well as to independently assess and report on the quality and effectiveness of management's actions in response to those findings and recommendations.

As the U.S. Office of Government Ethics (USOGE) has observed, an independent inspector general "ensures that the American public can have confidence in the integrity of its government." According to both the USOGE and AIG, an effective, independent inspector general promotes good governance by providing the public assurance that the inspector general's investigations are objective, and that agency management is both transparent and efficient in its use of public money.

METHODOLOGY

To conduct this investigation, the Grand Jury:

- Interviewed multiple individuals within and outside of BART with direct knowledge of, and/or subject matter expertise on, the topics of this report

- Reviewed video recordings of multiple meetings of BART's Board of Directors and its Audit Committee
- Reviewed materials available on BART's and the OIG's websites
- Reviewed publicly available materials regarding the history of legislation and public reports and commentary about the OIG
- Reviewed applicable legislation, codes, legislative history, and case law
- Reviewed source materials relating to the history, operation, and practices of other public agency inspectors general
- Reviewed the BART Employee Code of Conduct and ethics policies
- Reviewed current Collective Bargaining Agreements (CBAs) for BART's major unions
- Reviewed government auditing standards issued by the U.S. Government Accountability Office

DISCUSSION

The AIG's *Statement of Principles* provides that an inspector general's authority should be set in law, such as a statute, ordinance, or charter. These options are not mutually exclusive; the AIG notes that an inspector general's authority may incorporate authority from a variety of sources.

The *Statement of Principles* also provides that an inspector general's legal authority should grant specific powers and identify any limits on those powers. RM3 created an outline of the OIG's authority and responsibilities but did not set forth any detail regarding the specific extent of that authority or the OIG's power to exercise its authority.

History of Discussions Regarding an OIG Charter

In 2021, the OIG presented a draft charter to the Board's Audit Committee and the full Board. After review, the Board President said that BART's labor unions had concerns about not receiving advance notification before OIG interviews of union members. The Board did not resolve those concerns and did not adopt a charter for the OIG.

From 2021 to early 2023, the Board did not act on the 2021 draft OIG charter. In April 2023, the Board President directed the OIG to meet with union representatives to discuss the content of the draft charter.

In January 2024, the OIG presented a revised draft charter to the Board's Labor Committee. The revisions attempted to address union concerns by specifically recognizing employee rights to representation during investigations. The draft did not, however, require the OIG to notify unions before interviewing employees. The unions raised the same concerns they had raised regarding the 2021 draft charter. The Board's Labor Committee asked the OIG to continue discussions with the unions. The OIG stated in a public forum that it could discuss issues with the unions but could not negotiate any resolution with them because of the OIG's obligation to remain independent.

In August 2024, the OIG presented the same revised charter to the Board's Audit Committee but suggested the Audit Committee delay action because of a bill (SB 827) pending in the State Legislature that, if passed, would codify many of the provisions in the OIG's revised charter.

During the meeting, BART's General Counsel stated the draft charter met professional standards for independence. The OIG also shared with the Audit Committee during the meeting a letter from the AIG supporting adoption of a charter that allows the OIG to perform its duties in a manner which supports their principle of independence.

SB 827 died in committee in the Legislature. Neither the Audit Committee nor the Board have returned to consideration of an OIG charter. Nearly six years after the OIG was created, no charter exists.

The BART Employee Code of Conduct

BART's Employee Code of Conduct (ECOC) was last updated in 2013. The ECOC requires all BART officers and employees "demonstrate the highest standards of personal integrity, honesty, and truthfulness in all their public activities." It further provides that "employees shall provide relevant and necessary information, in a timely manner, to members of the Board of Directors to assist them in the performance of their duties." The ECOC does not reference the role of the OIG at BART and does not state that employees must cooperate with the OIG. The OIG was created after the last update of the ECOC.

BART's Collective Bargaining Agreements

Approximately 85 percent of BART employees are represented by labor organizations through Collective Bargaining Agreements (CBAs). The CBAs require employees to follow BART rules and policies, but do not specifically incorporate the ECOC. Neither do the CBAs state that employees must cooperate with OIG audits or investigations.

Union Issues Affecting an OIG Charter

With respect to both the 2021 and 2024 draft OIG charters, BART's unions raised two main issues:

- The unions want the OIG to notify unions before interviewing represented employees.
- The unions want the Board, not the OIG, to review management responses to OIG recommendations and track their implementation.

Confidential Access to Represented Employees

The OIG has stated to the Board and Board committees numerous times, in meetings and written communications, that advance notice to unions of an interview of a union member could affect confidentiality, and therefore the employee should be the one to decide when to notify their union of the OIG's interview. The OIG does propose in its most recent draft charter, however, to inform employees of their right to representation during an OIG investigation and allow them to request it at any time.

The Board publicly stated on at least one occasion that the "Board and management are neutral to the conditions of engagement between the labor unions and the OIG." Instead, the Board has asked the OIG to resolve the issue directly with the unions. It is the Board, however, that holds

responsibility for negotiating with unions concerning employee rights. The OIG has informed the Board, in writing, that while it can hold "discussions" with the unions: "[t]he OIG is an independent function and, therefore, cannot and should not **negotiate** with labor groups." (Emphasis added).

In 2022, State Senator Steve Glazer introduced a bill (SB 1488) that addressed OIG authority, including access to employees. The Board requested an amendment to the bill requiring notification to the union before an OIG interview of a represented employee. In its Fiscal Year 2022 Annual Report to the State Legislature, the OIG gave the Legislature an explanation of why such a provision "would undermine the OIG's authority by inserting the union in our independent work."

SB 1488 passed the Legislature but was not signed into law. In his September 28, 2022, letter to the State Senate explaining why he declined to sign the bill, the Governor encouraged the Board and the OIG to resolve the unions' issue. The Board has not taken any action on the issue since that time.

Oversight of OIG Recommendations

After issuing a report, the OIG reviews management responses and tracks whether recommendations are implemented. This function is part of an inspector general's role. Per the AIG, industry standard is that an inspector general "should take steps as necessary to determine whether appropriate officials take timely, complete, and reasonable actions to address issues identified in reports." Further, the OIG enabling legislation requires the OIG to report annually to the Legislature on problems identified and whether BART has implemented recommendations.

Oversight Functions at BART

BART's Director of Performance and Audit recently approved a formal charter for BART's Internal Audit (IA) function. That charter gives IA authority to, among other things:

- Follow up on findings and confirm implementation
- Access all records, data, and personnel

The Grand Jury found no public evidence of union objection to access, or the means of access, by IA to union members.

The OIG has proposed that it be given formal authority similar to that given to IA, but the OIG does not presently have a charter or formal written policy supporting its access to all BART personnel.

Lack of Organizational Clarity Regarding OIG Authority

In an April 16, 2026 public meeting, the OIG informed BART's Audit Committee that the OIG had to halt a retaliation investigation when the OIG was told by "an executive ... identified as someone party to an OIG investigation," and then by an outside lawyer, that the OIG "doesn't have the authority to launch an investigation into executive leadership without approval." The OIG reported that while it is "very clear" that its jurisdictional authority to investigate exists, the

response to the OIG was “that is not true," and that “that there needed to be policies [and] processes ... to define how [the OIG] would interact with executive leadership.” The OIG further informed the Audit Committee that the executive—a Board-appointed officer—had later taken the additional position that “it is not in [the OIG’s] purview to conduct a retaliation investigation.”

In its presentation the OIG reminded the Audit Committee that its charter gives the Audit Committee jurisdiction over issues of OIG access to BART records and personnel.

During the same meeting BART’s General Counsel informed the Audit Committee that the OIG does have the authority to conduct investigations of alleged retaliation following an OIG report and that the OIG does have authority to interview executive leadership. General Counsel, however, also stated that the OIG does not presently have authority to compel an employee to attend an interview.

Acting on the OIG’s request for specific written affirmation if its authority, the Audit Committee requested that General Counsel draft amendments to BART’s whistleblower policy to clarify that the OIG has authority to conduct retaliation investigations and the ability to interview all members of BART’s executive team. The Audit Committee also requested that General Counsel prepare an additional amendment to the whistleblower policy to allow the Board to review language that could set “policy that [BART] personnel participate in investigations.” The Audit Committee made no recommendation as to the language of the amendment.

A Peer Review: The Los Angeles Metropolitan Transit Authority’s Inspector General

BART is a rail-only transit system, which distinguishes it from many other public transit agencies. Nonetheless, the Los Angeles Metropolitan Authority (MTA) is comparable to BART in terms of size, operational complexity, and the nature of its service.

Like BART, the MTA has an OIG that was created by the California State Legislature. The MTA’s Inspector General does not have a charter; instead, the MTA created a statutory regime within its Administrative Code (MTA Code) that functions like a charter. The design of the MTA Code is identical to that of a charter.

The MTA Code provides for the MTA Inspector General to have several guaranteed powers. Two stand out when comparing the MTA Inspector General’s documented ability to operate with the lack of a charter for BART’s OIG.

- Under Section 2-20-030(A) of the MTA Code, the MTA Inspector General has:

  > *full, free and unrestricted access to all MTA records, reports, audits, reviews, plans, projections, documents, files, contracts, memoranda, correspondence, data, information and other materials, whether maintained in a written format or contained on audio, video, electronic tape or disk, or in some other format*

- Under Section 2-20-030(E) of the MTA Code, the MTA’s Inspector General has:

> *direct and prompt access to any member of the Board of Directors, MTA officer, employee or contractor as may be necessary to carry out the [OIG's] duties and responsibilities*

At present, BART has put nothing in writing giving its OIG either of these assurances.

FINDINGS

F1. In 2018, Bay Area voters approved the creation of an Office of Inspector General (OIG) for the San Francisco Bay Area Rapid Transit District (BART).

F2. Public Utilities Code Section 28841 outlines the foundational structure and responsibilities of the OIG but does not establish details regarding the scope or exercise of the OIG's authority.

F3. The OIG does not presently have a charter.

F4. In 2021, the OIG presented a draft charter to the BART Board of Directors (Board) and the Board's Audit Committee.

F5. Neither the Board nor the Audit Committee adopted or revised the draft charter received from the OIG in 2021.

F6. Following its August 1, 2024, meeting that included on its agenda an "OIG Charter Discussion," the Audit Committee has not placed on its agenda a discussion or review of an OIG charter.

F7. The Board has not acted to adopt a charter for the OIG.

F8. The Board has not itself attempted to negotiate with its unions a resolution to the unions' objections to any of the OIG's proposed charters.

F9. The Board asked the OIG to negotiate directly with the unions the issue of requiring advance notification to the unions when the OIG wishes to interview a union member as part of an investigation.

F10. BART adopted a written Internal Audit Charter confirming that its internal audit (IA) function has full and unrestricted access to data, records and information, physical property, and personnel, including union members, pertinent to carrying out IA responsibilities.

F11. The Board has not issued a written policy or established formal procedures stating that the OIG is to have unrestricted access to data, records, information, physical property, and personnel as necessary to carry out its responsibilities.

F12. A BART executive has taken the position that the OIG cannot interview them unless their supervisor approves.

F13. A BART executive has questioned the OIG's authority to conduct a retaliation investigation.

F14. Questions raised by a BART executive regarding the scope of the OIG's authority caused the OIG to halt a retaliation investigation for several months.

F15. BART has adopted a written charter that states that IA has the authority to determine the adequacy of management's actions taken in response to IA reports and recommendations.

F16. The Board has not issued a written policy or established written procedures stating that the OIG has the authority to determine adequacy of BART management's actions taken in response to OIG audit and investigative recommendations.

F17. Assigning the Board the responsibility for determining whether management has adequately implemented OIG recommendations following an audit or investigation would bypass an independent evaluation by the OIG of management's actions in response to OIG recommendations.

F18. The BART Employee Code of Conduct (ECOC) requires employees to act ethically, comply with District policies, and report misconduct.

F19. The ECOC does not presently require cooperation with OIG investigations.

F20. BART's current Collective Bargaining Agreements (CBAs) require employees to comply with BART's rules but do not explicitly incorporate the ECOC.

F21. BART's CBAs do not specifically require cooperation with OIG investigations.

RECOMMENDATIONS

R1. In the absence of an OIG charter, by December 31, 2026, the Board should consider adopting a written policy stating that the OIG has the authority and responsibility to determine whether management's planned actions will adequately address any issues identified in an audit or investigation.

R2. In the absence of an OIG charter, by December 31, 2026, the Board should consider adopting a written policy stating that the OIG has the authority and responsibility to follow up on audit and investigation recommendations until the OIG is satisfied that management has either implemented the recommendations or otherwise adequately addressed the concerns brought forward by the OIG.

R3. In the absence of an OIG charter, by December 31, 2026, the Board should consider adopting a written policy stating that the OIG is to have unrestricted access to data, records, information, physical property, and personnel as necessary to carry out its responsibilities.

R4. By December 31, 2026, the Board should consider revising the ECOC to require all officers and employees to cooperate with OIG audits and investigations.

R5. In the next negotiations of CBAs, the Board should consider seeking to have the ECOC explicitly incorporated by reference into new CBAs.

R6. By December 31, 2026, the Board should consider adopting a written policy affirming the authority of the OIG to interview any BART employee or officer, including executive leadership, without seeking prior approval.

R7. By December 31, 2026, the Board should consider requesting that the OIG develop written procedures that clarify employee obligations and rights to union representation during an investigation, at the employee's discretion.

R8. By December 31, 2026, the Board should consider directing the Audit Committee to begin the process of adopting a formal charter for the OIG.

REQUEST FOR RESPONSES

Pursuant to California Penal Code § 933(b) *et seq.* and California Penal Code § 933.05, the 2025-2026 Contra Costa County Civil Grand Jury requests responses from the following governing bodies:

Responding Agency	Findings	Recommendations
Bay Area Rapid Transit District Board of Directors	F1 – F21	R1 – R8

These responses must be provided in the format and by the date set forth in the cover letter that accompanies this report. An electronic copy of these responses in the form of a Word document should be sent by e-mail to ctadmin@contracosta.courts.ca.gov and a hard (paper) copy should be sent to:

Civil Grand Jury – Foreperson
725 Court Street
P.O. Box 431
Martinez, CA 94553-0091

Reports issued by the Grand Jury do not identify individuals interviewed. Penal Code § 929 requires that reports of the Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the Grand Jury.

The 2025 – 2026 Contra Costa County Civil Grand Jury

Pinole's Financial Future: It's a Rough Road

Report 2604
May 8, 2026

Approved by the Grand Jury

Brenda Balingit
GRAND JURY FOREPERSON

5/14/26
Date

Accepted for Filing

Hon. Terri Mockler
JUDGE OF THE SUPERIOR COURT

5/12/26
Date

Civil Grand Jury reports are posted at: www.cc-courts.org/civil/grand-jury-reports.aspx

SUMMARY

The City of Pinole faces a growing and potentially severe financial crisis driven by structural budget imbalances, rising long-term liabilities, and substantial unfunded infrastructure needs. For multiple years, Pinole has not aligned ongoing expenditures with ongoing revenues. Instead, it has relied on one-time funds and reserve withdrawals to offset annual operating deficits. This approach is contrary to Pinole's published financial policies and is unsustainable.

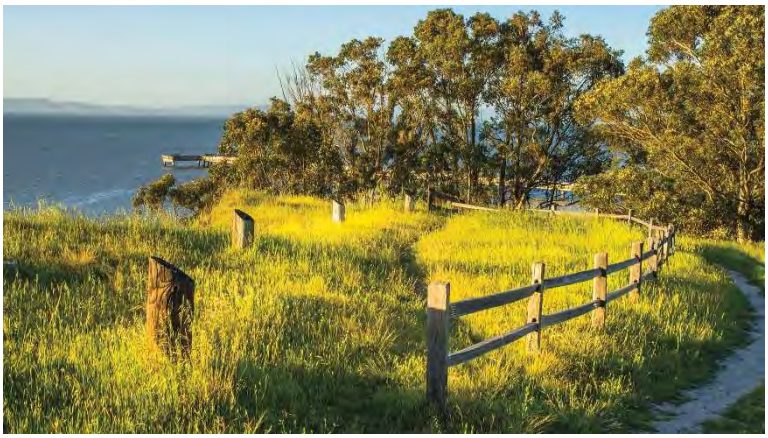
In February 2026, the Pinole City Council (Council) reviewed a "Preliminary General Fund Long-Term Financial Forecast" prepared by Pinole staff that projected annual operating fund deficits starting at $700,000 in Fiscal Year 2026/27. These deficits are projected to grow to $5.6 million in Fiscal Year 2030/31 when Pinole's pension and retiree healthcare trust funds are projected to be exhausted. Financial forecasts prepared by outside experts are consistent with Pinole's projections.

At the same time, Pinole faces mounting long-term financial obligations that will place additional strain on its General Fund. Pinole's unfunded pension liability has grown to approximately $45 million, and its unfunded retiree healthcare liability is approximately $35 million. Pinole also has road rehabilitation and other deteriorating infrastructure that will cost an estimated additional $60 million to eventually repair or replace.

The Grand Jury assessed Pinole's overall financial condition using publicly reported financial data, including audited Annual Comprehensive Financial Reports. These data demonstrate pressure on General Fund reserves resulting from persistent structural budget imbalances and growing liabilities for pensions and retiree healthcare. A fiscal dashboard developed by the California Policy Center applies standardized metrics to the same data and classifies Pinole as financially distressed.

Pinole's current financial trajectory poses serious risks to its long-term fiscal stability and its ability to maintain essential public services. Choices made by Pinole's leadership in the next few years will be consequential for the financial and operational health of Pinole.

BACKGROUND



Situated on San Pablo Bay in west Contra Costa County, Pinole is an attractive suburban community. Among the smallest in population (approximately 19,500) of the County's 19 cities, Pinole offers a variety of housing options. The choices include single-family homes, condominiums, townhouses, and apartment buildings. Several of the apartment buildings are specifically

designated as affordable housing. Visitors to Pinole see a vibrant downtown business district comprising many locally owned small businesses. Pinole has several thriving commercial areas adjacent to the Interstate 80 freeway as well as more than a dozen well-maintained city parks.

Pinole is governed by a five-person Council whose members are elected at large and serve four-year overlapping terms. Currently, the mayor is not an independently elected position, as the mayorship rotates among the Council members. The Council holds its public meetings two times per month. The proceedings are live-streamed and broadcast by a city-owned television station, and the recordings are stored electronically and available to the public. A City Manager, supported by staff, is responsible for Pinole's day-to-day operations. The Council hires the City Manager, who serves at the will of the Council. Pinole has faced and continues to face fiscal challenges, like many cities in California and the Bay Area. These challenges are the subject of this Grand Jury report.

METHODOLOGY

The Grand Jury referred to these sources to conduct its investigation:

- Interviews with subject matter experts on the issues addressed in this report
- Financial documents from Pinole, including actual and projected budgets and policies
- Financial regulatory filings (the Annual Comprehensive Financial Report) from Pinole and accompanying Report on the Audit of Financial Statements
- Comparative analysis of Pinole's financial results relative to similar cities
- Review of meetings of the Council posted online, including agendas and minutes
- A report from Baker Tilly Consultants, "Strategic Financial Planning," dated April 2024

DISCUSSION

Definition of Terms Used in this Report

Municipal financial statements use standardized accounting terms to describe financial actions and results. In this report, the following terms are used:

- **Annual Comprehensive Financial Reports (ACFRs):** A detailed set of audited financial statements published annually by local governments, as required by the state controller's office.

- **Capital Improvement Budgets:** The capital improvement budget consists of the budgeted costs for capital projects, which are a set of activities that maintain or improve city assets, often referred to as infrastructure, such as buildings and roads. These activities can be new construction, expansion, renovation, or replacement of existing infrastructure. Project costs can include the cost of land, engineering, architectural planning, and contractual services required to complete the project.

- **General Fund:** Pinole defines it as:

The primary fund of the City used to account for all revenues and expenditures of the City not legally restricted as to use. This fund is used to offset the cost of the City's general operations. Examples of departments financed by the General Fund include the City Council, Police and others.

- **Structurally Balanced Budget:** A budget in which recurring expenditures are funded entirely by recurring revenues, without reliance on one-time sources, such as asset sales or reserve drawdowns.

- **Pinole Sales Tax:** 10.25% total tax as of May 2026, comprising:

    - 7.25% California state tax
    - 1.5% Pinole sales tax from:
        - 0.5% 2006 Measure S
        - 0.5% 2014 Measure S
        - 0.5% 2024 Measure I
    - 1.5% Transportation related (BART and MTC)

- **Unfunded Pension Liability:** When the present value of all retirement benefits promised to current and former employees and retirees exceeds the assets currently held in the pension fund to pay those benefits, there is an unfunded pension liability. The California Public Employees' Retirement System (CalPERS) administers Pinole's pension benefits and requires annual contributions from Pinole. An unfunded pension liability may increase required annual contributions.

- **Other Post-Employment Benefits (OPEB):** Retiree health benefits administered and funded directly by Pinole.

- **Section 115 Trust:** A trust account authorized by the Internal Revenue Code. It is used by municipalities, school districts, and government agencies to set aside funds for future liabilities related to retiree benefits.

- **Unrestricted Net Position: Governmental Activities:** Net position measures the balance of an entity's overall financial resources and obligations, a proxy for net worth. Unrestricted net position for governmental entities is a subset of overall net position representing the portion of city resources that are not restricted and available for operations and long-term obligations like its pension and retiree healthcare obligations.

CHRONIC FINANCIAL ISSUES

Municipal budgets throughout California have been impacted by historical legislation, such as:

- Proposition 13, enacted in 1978, limited property taxes, which are a significant portion of most municipal revenue.
- Proposition 218, passed in November 1996, reformed local government finance by requiring voter approval for new or increased taxes, assessments, and certain fees.

- Proposition 26, passed in 2010, increased voting requirements from a simple majority to a two-thirds super-majority for certain new taxes and fees.

Combined, these legislative actions reduced municipalities' ability to raise revenue while expenditures continued to increase. Furthermore, growing demand for services, rising labor costs, and other barriers to increasing revenue are being felt statewide. Pinole is not immune from these pressures.

Pinole's Government Structure

The Pinole City Council (Council) exercises legislative authority over the city. The Council's responsibilities include the adoption of the annual budget. The Council sets spending targets and priorities and it is the function of the City Manager to execute the Council's direction. The City Manager position is currently filled by a part-time interim manager.

Pinole has established written financial policies that are incorporated into each fiscal year's budget. The Grand Jury reviewed controlling policies as set out in the "Fiscal Year 2025/26 Operating and Capital Budget Appendix: Financial and Investment Policies," as approved by the Council. Pinole's "Structurally Balanced Budget Policy" directs the City to develop an annual budget that will be "structurally balanced whereby the operating budget will be prepared with current year expenditures funded with current year revenue."

Furthermore, Pinole's "Revenue Policy – One-Time (Non-Recurring) Resources" says the "General Fund Budget will be structurally in balance without relying on one-time resources." In the event a budget is passed that is not structurally balanced and requires "one-time resources," the "Structurally Balanced Budget Policy" calls for a plan to be "developed and implemented to bring the budget back into balance."

When expenditures exceed revenues, Pinole posts an operating deficit.

Pinole Has a History of Financial Challenges

Pinole posted an operating deficit in five of the eleven fiscal years between 2015 and 2026. Pinole also showed an operating budget deficit every year from 2003 to 2007. A healthy reserve position served to buffer the deficit in those years, but that reserve was fully depleted by the 2008 recession.

Pinole's Operating Deficits Since 2021

Pinole posted a General Fund operating deficit—before one-time fund balance transfers—for four of the five years from 2021/22 through 2025/26, as shown in Table 1 on the following page.

Table 1. Pinole General Fund Operating Results 2021/22 to 2025/26 (in $ Millions)

	FY2021/22 Actual	FY2022/23 Actual	FY2023/24 Actual	FY2024/25 Actual	FY2025/26 Budget
Revenues	$22.9	$29.4	$27.1	$27.6	$31.5
Expenditures	($25.1)	($27.6)	($31.6)	($29.1)	($32.8)
Net Surplus or (Deficit)	($2.2)	$1.8	($4.5)	($1.5)	($1.3)

The surplus in Fiscal Year 2022-23 was the result of a one-time infusion of $4.1 million from the American Rescue Plan Act, a federal government response to the COVID-19 economic impacts. The cumulative deficit for the last five years, including the current 2025/26 budget's projection, is $8 million.

The City Manager's cover letter in the 2025/26 Operating and Capital Budget acknowledges:

> *... the City's prior long-term financial forecast shows that ongoing City revenues are not expected to be sufficient to cover ongoing routine City services, and existing City revenue mechanisms are not going to be sufficient to address the City's two main unfunded liabilities, which are deferred capital maintenance and other post-employment benefits.*

Reliance on One-Time Funding Sources

The approved 2025/26 operating budget projects a $1.3 million deficit before special one-time adjustments:

- Total Revenues $31.5 million
- Total Expenditures $32.8 million
- **Net Deficit** ($1.3) million

The Council passed the Fiscal Year 2025/26 operating budget based on a one-time reduction in General Fund Reserves, or the "rainy-day fund." While this action generated a structurally balanced budget, it cannot be repeated every year under conditions of persistent structural deficits because the General Fund Reserves will eventually be exhausted.

Pinole's original projections for Fiscal Year 2025/26 were revenues of $31.7 million and expenditures of $33.1 million with an estimated ending General Fund Reserve balance of $4.4 million. Pinole's staff noted in the budgeting process that Pinole lacked the capacity to fund significant ongoing expenditures beyond the budgeted amounts. The City Manager's cover letter for Pinole's Fiscal Year 2025/26 Operating and Capital Budget supplies further detail:

> *The General Fund operating budget is balanced, meaning that ongoing expenditures are funded by ongoing revenues... Also, the budget includes the use of available unassigned fund balance for a number of one-time initiatives and capital improvement projects, which is an acceptable use of this funding source.*

The phrase "one-time initiatives" is significant because Pinole's Financial Policies state that "the General Fund Budget will be structurally in balance without relying on one-time resources." The Financial Policies go on to state:

> *[A]ppropriate uses of one-time resources include establishing and rebuilding the General Fund Reserve, other City established reserves, or early retirement of debt, capital expenditures, reducing unfunded pension liabilities (PERS and OPEB), and other non-recurring expenditures.*

This guiding principle establishes a policy that a reduction of fund balances to provide extra revenue to balance the General Fund budget is only appropriate for large and financially strategic expenditures that do not occur on an annual basis. Such transfers are presently the only mechanism by which Pinole can create a structurally balanced budget, even though that same budget without transfers shows a $1.3 million operating deficit.

The budget details the "other non-recurring expenditures" that required a $1.3 million transfer of unassigned fund balances in Fiscal Year 2025/26. There are 16 items ranging from $2,000 for advertising to $10,000 for an executive retreat to $350,000 for road maintenance repairs. Many of these "non-recurring expenditures" are called "Council-directed special projects" in the budget's Executive Summary.

Council-Directed Special Projects

The "other non-recurring expenditures" in the budget document do not conform to the strategic or financial planning expenditures that are envisioned by Pinole's financial policies. Pinole's Operating and Capital Budgets for the two prior fiscal years (2023/24 and 2024/25) used the same approach to characterize general operating deficits as "structurally balanced general fund budgets." In both these prior years, the City Manager's budget cover letters used the same words to note that "the budget does use one-time sources, such as fund balance, for one-time expenditures."

Just as in the Fiscal Year 2025/26 budget, both prior year budgets referenced a list of Council-directed special projects. These special projects in all three fiscal years do not meet the substance of Pinole's financial policies' definition of non-recurring expenditures. The fact that Pinole has used this funding tactic in three consecutive budgets does not adhere to the city's financial policies. Pinole has been drawing down its General Fund Reserve balances each year to fund add-on Council-directed special projects and other recurring expenditures.

The following extract is from the 2025/26 budget Executive Summary:

> *City staff believes that it will be able to complete the Council-directed special projects listed above by the end of FY 2025/26 but does not have the capacity to take on*

any additional special projects...and recommends that the City adopt a practice of not adding any special projects mid-fiscal year unless an existing special project is taken off of the list. It is a public finance best practice…to create a proposed General Fund operating budget that is structurally balanced, meaning that ongoing revenues equal or exceed ongoing expenditures.

This information matches the wording in the budget letters from the prior two years. Each letter focuses on controlling expenditures, specifically special projects.

LOOKING FORWARD

The Council's Finance Subcommittee held discussions on February 18, 2026, regarding the Fiscal Year 2026/27 Operating Budget. Pinole's finance staff presented a forecast that showed an additional $45 million deficit over the next 10 years. Pinole staff stated that while revenues are increasing 2.7% year-over-year, expenses are increasing at a 5% rate.

City documents identify several challenges Pinole faces that will impose future costs.

- A comprehensive update of the General Plan within the next three years, a refresh or update of the 16-year-old Specific Plan, and a comprehensive Zoning Ordinance update.
    - Collectively, these efforts are expected to cost $2-3 million and will require a multi-year funding strategy.
    - Staff will recommend annual budgeting to set aside funds to support these updates while balancing competing budget priorities.
- Replacement of the police department fleet and mobile radios over the next several years, with expected total costs of $595,000.
- Aging infrastructure and funding limitations, especially in the areas of road rehabilitation, facilities upgrade, and procurement of needed equipment.
- Salary increases due to pending union contact negotiations are expected to increase 5%. Pension and other benefit costs are estimated to increase by 9%.
- A pension benefit trust established in 2018 to help mitigate rising pension costs is estimated to be depleted by Fiscal Year 2030/31, after which the annual General Fund deficit is expected to grow to $5.6 million.
- A trust established to partially fund other post-employment benefits was funded with $2.4 million realized in Fiscal Year 2024/25 by reducing Pinole's general reserves—its rainy-day fund—by half. This fund is also projected to be exhausted by Fiscal Year 2030/31.

The Baker Tilly "Strategic Financial Planning Report"

Baker Tilly Management Partners (Baker Tilly) is a national consulting firm that specializes in municipal governance, including budgets, financial forecasts, and organizational structures. In late 2023, Pinole engaged Baker Tilly to assist it with strategic financial planning. The goals of the engagement were:

- Reviewing the City's financial forecast and extending it to 20 years

- Identifying gaps between current conditions and desired conditions as well as funding gaps
- Developing strategies in conjunction with City staff to close any identified gaps
- Working with staff to gather feedback from elected officials and the public on potential budget strategies
- Developing a draft and final long-term financial plan

In April 2024, Baker Tilly issued a "Strategic Financial Planning Report" (Baker Tilly Report) projecting that Pinole's General Fund will be unbalanced over a 20-year timeframe if actions are not taken to balance ongoing revenues and ongoing expenditures.

PENSIONS, SECTION 115 TRUST & RETIREE HEALTHCARE

Unfunded Pension Liability with CalPERS

Pinole's qualified permanent and probationary employees may participate in the "Public Agency Cost-Sharing Multiple-Employer Defined Benefit Pension Plan" (Plan) administered by the California Public Employees' Retirement System (CalPERS). The Plan offers an individual rate plan within a safety risk pool (police and fire) or a separate risk pool for all others. Table 2 shows the number of participants enrolled in each plan and the annual plan cost.

The approximately 500 pension participants are more than four times the number of current Pinole employees.

Table 2. Pension Liability with CalPERS – Employee Counts and Annual Expense

	Miscellaneous Plans	Safety Plans
Active employees	74	26
Transferred employees	97	54
Retired employees and beneficiaries	128	108
TOTAL	**299**	**188**
Annual Pension Expense	$2,250,481	$4,292,423
Pension Total (Both Plans)		**$6,542,904***

* For the year ending 6/30/2024

Retirement Unfunded Liability Trend

Details of the total net pension unfunded liability are shown in Table 3. Note the 9.5% compound annual growth rate.

Table 3. Net Pension Unfunded Liability, 2014 – 2024 (in $ Millions)

Pension Type	6/30/14	6/30/19	6/30/24
Total	**$18.5**	**$33.9**	**$44.7**
Miscellaneous	$7.8	$15.1	$18.9
Safety	$10.7	$18.8	$25.8

A key metric to understand pension liability is the "funding ratio," which calculates the ability to pay future contractual retirement benefits. A funding ratio of less than 100% means there are currently not enough assets to pay future obligations. U.S. debt rating agencies such as Standard & Poor's consider an 80% funding ratio the minimum for avoiding potential future payment difficulties. Pinole's funding ratio over the past decade is shown in Table 4.

Table 4. Pinole's Pension Funding Ratios, 2014 - 2024

Pension Type	6/30/14	6/30/19	6/30/24
Miscellaneous	61.1%	69.0%	70.3%
Safety	81.4%	74.2%	72.3%

A Section 115 Trust is used by municipalities, school districts, and government agencies to set aside funds for future liabilities related to retiree benefits. Pinole initially funded a 115 Trust with $16.3 million in July 2018, using the one-time proceeds from the sale of a municipal property to help address its growing pension liability. Pinole spends a portion of its 115 Trust each year to meet its ongoing annual contribution to CalPERS.

Pinole projects a fund balance of $13 million by the end of Fiscal Year 2025/26. Pinole's finance staff and the Baker Tilly Report both estimate that the 115 Trust will be exhausted by Fiscal Year 2030/31. At that point, Pinole's forecasts show the City will be forced to use its General Fund to pay all CalPERS-mandated contributions. This will make it even more challenging for Pinole to achieve structurally balanced budgets.

Pinole's Unfunded Retiree Health Care Liability

Pinole provides OPEB health care coverage to current and former employees with five or more years of service. Pinole is currently funding the benefits on a pay-as-you-go basis, with Fiscal Year 2025/26 payments amounting to approximately $1.6 million.

Table 5 shows the number of active and retired employees covered by the benefit terms under the Plan as of June 30, 2023.

Table 5. Number of Employees Covered by the Plan

Staff Type	# Participants
Active Employees	102
Retirees	104
Total	**206**

Pinole's unfunded OPEB liability was $34.9 million as of June 30, 2024. The City has a component of the 115 Trust account set aside to offset liabilities for OPEB in the amount of $2.4 million. This was funded by a 50% reduction of General Reserves in the current fiscal year. However, Pinole staff forecasts the trust account will be exhausted by Fiscal Year 2030/31.

INFRASTRUCTURE PROJECTS

Pinole's Unfunded Capital Improvements

Pinole has lagged in making capital improvement investments that provide value to its residents. Pinole's public roads are deteriorating due to age and lack of routine maintenance. Public buildings and amenities, such as swimming pools and municipal building roofs, lack adequate repair and maintenance. Pinole staff and the Council estimate that total capital improvement budget needs over the next 10 years amount to a minimum of $120 million. Staff has advised the Council that the total funding requirements cannot be addressed by reliance on the annual $32 million General Fund Operating Plan revenues.

Pinole's Deteriorating Public Roads

Pinole is working to develop a plan and identify funding for the extensive work needed to fix its roads. Possible approaches include a mix of strategic planning, temporary repairs to enhance safety, and ongoing maintenance. A "Road Rehabilitation Plan" is being developed so that construction may begin once the funding has been secured.

All publicly maintained roads in Contra Costa County are inspected every two years as part of a pavement management program through the Metropolitan Transportation Commission (MTC). Pinole estimates it has a backlog of approximately $60 million in pavement maintenance and repair work, based on a 2024 MTC study.

After an inspection, the MTC assigns a Pavement Condition Index (PCI) score to different categories of roads. The most recent PCI score for Pinole's roads overall was "55" (2024). It was "56" and "55" in the previous two years. A "55" score is considered "At Risk" and indicates a need for extensive rehabilitation, substantiating the $60 million estimate.

Roads that are satisfactory or better are less costly to maintain than roads that have already become degraded. The cost for road rehabilitation increases exponentially as the PCI score declines. At a "55" PCI, roads are approaching "Unmaintainable." By comparison, Contra Costa County roads, on average, have a "69" PCI or a "Fair" rating.

Pinole's current financial commitment to rehabilitation is insufficient to avoid continued road deterioration. According to Pinole's "Road Repair" website:

> *Road repairs are planned to be funded through a combination of local and state sources, including $750,000 of Measure J funds for the Pavement Rehabilitation Plan and $350,000 of Measure S funds for maintenance and repairs in FY 25/26.*

Fiscal Year 2025/26 spending of $1.1 million is insufficient to meet estimated overall road rehabilitation needs. Pinole's Public Works department estimates that $20 million is the minimum budget needed over the next five years.

ASSESSMENT OF COMPARATIVE FINANCIAL HEALTH

Pinole's Comparative Overall Financial Health

The State of California publishes comprehensive financial data for all its counties and cities (and special districts). The state does not provide an analytical tool to compare assessments of the fiscal conditions of its counties and cities. The California Policy Center (CPC) is a non-profit organization that has developed a fiscal dashboard that allows for such comparisons and overall fiscal assessments. The Grand Jury recognizes that CPC is an organization engaged in policy advocacy, but its dashboard is based on publicly reported financial data and applies standardized metrics to these same data. The Grand Jury independently reviewed Pinole's underlying financial indicators and found them to be consistent with CPC's assessments.

CPC's dashboard has adopted a fiscal framework developed initially by the Hoover Institution, a public policy organization headquartered at Stanford University. CPC's model applies a standardized set of 10 financial indicators based on Annual Comprehensive Financial Report data and combines them into a composite score. This approach enables consistent comparison of fiscal condition across cities based on liquidity, operating performance, and long-term liabilities. CPC then assigns a letter grade from A to F based on the composite score of each city. These grades are each assigned a designation as low, moderate, or high risk for fiscal distress.

As shown in Table 6, Pinole's overall financial score merited an "F" grade per CPC's scorecard for the last three fiscal years for which data is available. In all three years, Pinole ranked in or near the bottom of all California cities whose ACFR data has been reported to the State.

Table 6. Pinole's Recent CPC Scores and Rankings

Year	Pinole Fiscal Health Score Out of 100/Grade	Pinole Ranking/ Reporting CA Cities
2024	47 / F	**407**/410
2023	49 / F	**436**/442
2022	48 / F	**457**/460

An "F" fiscal health score is described by the CPC as having a "High Risk of Financial Distress." Pinole's adverse fiscal health score is largely driven by its unfunded pension and OPEB obligations and its substantially negative unrestricted net position.

For the same period (2022-2024), the 18 other cities in the County had fiscal health scores ranging from 55 to 99. See Appendix A for more details.

CITY LEADERSHIP - LEARNING TO LIVE WITHIN PINOLE'S MEANS

Tax Fatigue

Pinole cannot feasibly resolve the financial challenges it faces exclusively by raising existing taxes or creating new ones. Pinole residents voted in 2024 to approve Measure I, a 0.50% sales tax increase. Following Measure I and two previous 0.50% sales tax increases approved since 2006, Pinole's residents now pay a total sales tax of 10.25%, highest among Contra Costa County's 19 cities. During the Grand Jury's interviews with subject matter experts, many interviewees used the phrase "tax fatigue" when asked to describe the overall sentiment of Pinole voters. Residents have repeatedly authorized more taxes with little perceived evidence that services are improving.

At an October 14, 2025, Council Finance Workshop, various Council members expressed concern that Pinole residents would not approve additional sales or parcel tax increases. These concerns are related to having just passed Pinole Measure I and the anticipated November 2026 BART-related tax initiative. In addition, the Contra Costa County Board of Supervisors has voted to place a 0.625% general sales tax on the June 2026 primary ballot. The Council suggested that it might not be practical to seek voter approval of additional taxes until 2028.

Expense Reduction: The Elephant in the Room

There are only two ways to bring Pinole's structural operating deficits into balance: finding new sources of incremental revenues or reducing expenditures.

The Council has not prioritized expense reductions in recent years' budget deliberations. Looking ahead, Pinole's long-term projections show expenditures continuing to grow faster than revenues based on existing service levels. The Council's budgets for the last three years continue to promote continuity of service levels and add Council-directed special projects each year while relying on general reserve reductions to close the annual funding gap.

The Baker Tilly Report's long-term financial forecast projects a requirement for Pinole to cut annual expenditures by a minimum 10% per year, even when taking into account the 0.5% sales tax increase authorized by Measure I. The Grand Jury noted potential areas for expenditure reductions. The Fiscal Year 2025/26 budget projects deficits in several Pinole departments, including Recreation ($1.8 million), Building and Planning ($900,000), and Pinole's cable TV station ($400,000). These are examples of departments that have required operating subsidies in recent years and could be the types of targets for efficiency measures and expenditure cuts. In addition, Pinole's staff has suggested to the Council that it avoid further unfunded Council-directed special projects.

The Baker Tilly Report Offers Options

The Baker Tilly Report provided three scenarios for the Council to consider for adoption, shown in Table 7 on the following page. They vary from an option that emphasizes revenue enhancement over expense reduction to an option emphasizing cutting expenses over raising revenue.

Table 7. Baker Tilly Report Fiscal Scenarios

Scenario	Description
Baseline Scenario Before Budget Corrections	• Annual deficits through 20-year forecast period • Assumes pension trust funding ends in 2030 • Current staffing levels • CalPERS maintains current discount rate
Scenario 1 – Strong Revenue Strategies	• Introduce a parcel tax • Increase business license tax rate or revise structure • Finance street and road rehabilitation • Introduce additional ½ cent sales tax measure • Increase franchise fees • Increase UUT for existing services and expand tax to others • Pursue change from General Law to Charter city and successfully introduce real property tax revenue stream
Scenario 2 – Mixed Approach (Moderate Revenues and Implement Expenditure Cost Shift Strategies)	• Increase franchise fees • Increase UUT for existing services and expand tax to other services • Pursue change from General Law to Charter city and successfully introduce real property tax revenue stream • Increase employee pension contributions • Shift medical contribution cost to employees • Reduce or eliminate retiree medical benefit for new hires • Implement General Fund expenditure reductions (as necessary) totaling $500,000 annually through FY 2029-30
Scenario 3 – Strong Operating Expenditure Reduction Strategies	• Increase employee pension contributions • Shift medical contribution cost to employees • Reduce or eliminate retiree medical benefit for new hires • Implement General Fund expenditure reductions (as necessary) totaling $1 million annually through 2029-30

*UUT = Utility Users Tax, an excise tax that cities impose on the consumption of utilities such as water and electricity.

To date, the Council has implemented two of the revenue recommendations in the Baker Tilly Report:

- Increase sales tax by 0.5% to a total rate of 10.25%
- Reduce Pinole's reserve fund by half

The Baker Tilly Report illustrates consequences of not addressing Pinole's current budget deficits:

> *The fiscal impact of taking no action would leave the City's General Fund fully depleted of reserves by FY 2028-29, at which point the City would be forced to implement hiring*

freezes or layoffs to avoid bankruptcy…Ultimately, the City would be placed into a form of receivership by the state and would then be overseen by an appointed court to implement the necessary actions to allow the City to operate.

Pinole Lacks Urgency in Addressing Its Fiscal Health Issues

The Grand Jury, based on Pinole's publicly available budgets and financial statements, supplemented by interviews with subject matter experts, found that Pinole faces pending operational and capital financial challenges. The Baker Tilly Report recommended significant expenditure cuts. The Grand Jury has found, however, that Pinole has not yet adopted any of the expense reduction recommendations.

Other Northern California Cities Have Experienced Bankruptcy

The Baker Tilly Report makes clear that without changes in Pinole's approach to budgeting, it faces a real risk of bankruptcy. Over the past 20 years, two Northern California cities—Stockton and Vallejo—have experienced bankruptcy proceedings. Bankruptcy neither relieves a city of its financial obligations, nor gives a free pass on having to provide essential city services. As a result of the bankruptcy proceedings, these cities found it necessary to close fire stations, lay off public safety employees, cut support to local youth and senior citizen centers, and replace existing agreements with labor unions with less generous ones. In Stockton's case, retired city employees lost access to free health care benefits.

There are additional consequences to municipal bankruptcy. Credit ratings are slashed, and some residents and businesses elect to move elsewhere. This results in lower tax receipts for the city, only deepening the problem.

Pinole's current financial trajectory poses serious risks to its long-term fiscal stability and its ability to maintain essential public services. The choices made by Pinole's leadership in the next few years will determine whether Pinole restores fiscal balance and protects its future or continues on a path that may ultimately bring severe financial and operational consequences to Pinole and its residents.

FINDINGS

F1. The City of Pinole's Fiscal Year 2025/26 Operating Budget is characterized as structurally balanced in its budget documents.

F2. Pinole's Fiscal Year 2025/26 Operating Budget achieves structural balance by relying on a general fund reduction to pay for what are termed "one-time initiatives."

F3. Within the Fiscal Year 2025/26 Operating Budget, deficits are projected in the Recreation Department ($1.8 million), the Building and Planning Department ($900,000), and the city-sponsored cable TV station ($400,000).

F4. Pinole's finance staff project that annual operating budget deficits will increase, growing to a $5.6 million deficit for Fiscal Year 2029/30.

F5. Pinole generated operating deficits due to expenditures exceeding revenues in four of the five years prior to Fiscal Year 2025/26.

F6. By relying on reserves to pay for "one-time expenditures" for the most recent three budget cycles (2023/24 through 2025/26), Pinole has not complied with its financial policies.

F7. Pinole has a total sales tax rate, at 10.25%, among the highest of any city in Contra Costa County.

F8. In Council meetings and workshops, Pinole officials have acknowledged the difficulty of obtaining voter approval for additional tax measures.

F9. Pinole's long-term financial forecast projects 10 years of operating deficits beginning in Fiscal Year 2026/27.

F10. The April 2024 "Baker Tilly Strategic Financial Planning Report" projects 20 years of operating deficits through Fiscal Year 2044/45.

F11. The Baker Tilly Report emphasized a need for urgency in addressing ongoing deficit spending.

F12. Pinole's CalPERS unfunded pension liabilities have increased from $18 million in 2014 to $45 million in 2024, an increase of 150%.

F13. Pinole's most recently reported CalPERS annual obligation from 2024 was $6.5 million.

F14. The CalPERS obligation is projected to increase by more than 10% in Fiscal Year 2026/27.

F15. Pinole's Section 115 Trust was funded in 2018 from proceeds from a one-time asset sale for $16.3 million to help offset the unfunded pension liability.

F16. Pinole staff projects its Section 115 Trust funds will be exhausted by Fiscal Year 2030/31.

F17. Pinole has an unfunded retiree healthcare liability (Other Post-Employment Benefits, or OPEB) of approximately $35 million.

F18. The OPEB obligations have been funded on a "pay as you go" basis with annual contributions from the General Fund.

F19. Pinole's public roads are graded at "55" in the 2024 Metropolitan Transportation Commission Pavement Condition Index survey, indicating the roads are "At Risk" and require extensive rehabilitation.

F20. Pinole staff has estimated $60 million will be needed for public road capital improvements over the next 10 years.

F21. Pinole staff has identified an additional $60 million funding gap for infrastructure capital improvements other than public roads over the next 10 years.

F22. The Pinole finance staff told Council in 2025 that the City does not have the necessary funding for these infrastructure capital improvements.

F23. Pinole's deferral of capital improvements will translate into higher costs (replacement versus repair) in the future.

F24. Through the Fiscal Year 2025/2026 budget cycle, the Council had not publicly developed or discussed a comprehensive strategy for expenditure reduction or service adjustments to address projected structural budget deficits.

F25. An assessment of Pinole's overall fiscal health, based on a dashboard developed by the California Policy Center using standardized financial measures, rated Pinole among the lowest of all reported California cities from 2022 to 2024.

F26. The Baker Tilly Report concluded that Pinole faces ongoing severe operating budget issues, including the threat of bankruptcy, if it does not balance annual expenditures and revenues.

RECOMMENDATIONS

R1. When developing all future Operating Budgets, the Council should comply with Pinole's "Financial and Investment Policies*"* that require a structurally balanced annual budget.

R2. During all future budget development cycles, the Council should consider directing staff to prepare an Operating Budget that includes expenditure reductions so that expenditures match revenues in each budget cycle.

R3. By Fiscal Year 2027/28, the Council should consider adopting a formal long-term financial plan that incorporates the level of expenditure reductions as outlined in the 2024 Baker Tilly Report.

R4. By December 31, 2026, the Council should consider developing methods to engage Pinole residents regarding options to address ongoing fiscal challenges.

R5. By June 30, 2027, the Council should consider developing a plan to fund and reconstruct Pinole's public roads**.**

R6. By March 31, 2027, the Council should consider directing staff to review funding options, such as asset sales, to address Pinole's unfunded pension liability.

REQUEST FOR RESPONSES

Pursuant to California Penal Code Section 933(b) et seq. and California Penal Code Section 933.05, the 2025-2026 Contra Costa County Civil Grand Jury requests responses from the following governing bodies:

Responding Agency	Findings	Recommendations
City Council for the City of Pinole, California	F1- F26	R1- R6

These responses must be provided in the format and by the date set forth in the cover letter that accompanies this report. An electronic copy of these responses in the form of a Word document should be sent by email to: ctaadmin@contracosta.courts.ca.gov and a hard (paper) copy should be sent to:

Civil Grand Jury – Foreperson
725 Court Street
P.O. Box 431
Martinez, CA 94553-0091

Attachment A

Pinole Fiscal Ranking
California Policy Center
Local Fiscal Health Dashboard

The non-profit California Policy Center (CPC) maintains a Local Fiscal Health Dashboard tracking the financial health of California cities. This dashboard assumes the role of the California State Auditor's Office Local Government High-Risk Dashboard which was discontinued in 2023. Using published data from every city's Annual Comprehensive Financial Report (ACFR), the CPC rates comparative fiscal health using ten standardized financial metrics: 1) general fund reserves; 2) debt burden; 3) liquidity; 4) revenue trends; 5) pension costs; 6) pension funding; 7) pension obligations; 8) other post-employment benefit obligations; 9) other post-employment benefit funding; and 10) net worth.

Using the most recent data from 2024 ACFR reporting, Pinole ranks in the bottom 1% of nearly 500 CA cities with an overall dashboard rating of 47 out of 100 points, representing an "F" score defined by CPC as a "high risk of financial distress, including the ability of the city to pay its bills in the short and long term". Four of the ten metrics are driving Pinole's "F" rating: 7) pension obligations; 8) other post-employment benefit obligations; 9) other post-employment benefit funding; and 10) net worth.

See the following page for a relative ranking of all 19 cities in Contra Costa County using the CPC's dashboard for the last 3 consecutive years of data.

Contra Costa County City	FISCAL SCORE 2024	2023	2022	Letter Grade	Financial Distress
Danville	99 A	99 A	98 A	A	85-100 Low Risk
Lafayette	96 A	92 A	94 A		
Oakley	95 A	93 A	93 A		
Moraga	85 A	86 A	89 A		
Orinda	85 A	87 A	85 A		
Clayton	78 B	81 B	85 A	B	70-84 Low Risk
San Pablo	76 B	79 B	80 B		
San Ramon	75 B	76 B	81 B		
Walnut Creek	78 B	77 B	80 B		
Brentwood	75 B	75 B	83 B		
Antioch	73 B	73 B	82 B		
Hercules	72 B	71 B	81 B		
El Cerrito	70 B	71 B	70 B		
Pittsburg	68 C	70 B	71 B	C	60-69 Moderate Risk
Martinez	67 C	70 B	76 B		
Pleasant Hill	68 C	68 C	71 B		
Concord	65 C	63 C	68 C		
Richmond	55 D	52 D	54 D	D	50-59 Moderate
Pinole	41 F	49 F	43 F	F	49 and Below High Risk

2025–2026 Contra Costa County Civil Grand Jury

Electronic Home Detention

Report 2605
May 14, 2026

Approved by the Grand Jury

Brenda Balingit
GRAND JURY FOREPERSON

5/19/26
Date

Accepted for Filing

Hon. Terri Mockler
JUDGE OF THE SUPERIOR COURT

5/18/26
Date

Civil Grand Jury reports are posted at: www.cc-courts.org/civil/grand-jury-reports.aspx

SUMMARY

Electronic Home Detention (EHD) is a form of custodial alternative that provides for pre-trial or post-sentencing participants to be monitored outside of a jail facility. The Custody Alternative Facility (CAF) is managed by the Sheriff's Office. In 2025, 801 adults in Contra Costa County were enrolled in external monitoring by "ankle bracelet," either EHD or an ankle bracelet that monitors alcohol level. Although 77% of CAF clients complete their sentences or comply with court-ordered appearances, the Grand Jury identified room for improvement with respect to how EHD is administered, particularly regarding appeals and data collection.

BACKGROUND

As part of its mandate, the Grand Jury conducts an annual review of the County's adult detention facilities. Three facilities—Martinez Detention Facility (MDF), West County Detention Facility (WCDF), and Marsh Creek Detention Facility (MCDF)—hold individuals in custody. CAF provides alternative forms of custody. Pre-trial individuals are monitored outside of jail, while post-sentencing individuals serve their sentences without being incarcerated.

Penal Codes Section 1203.018 and Section 1203.016 provide counties with the option to offer EHD in lieu of bail for inmates being held and for inmates who have been sentenced. The codes further allow the Board of Supervisors (Board) to assign the role of CAF implementation either to the Probation Department or the Sheriff's Office. In Contra Costa County, the Sheriff's Office implements the program: "The Board of Supervisors, after consulting with the sheriff and district attorney, may prescribe reasonable rules and regulations under which an electronic monitoring program pursuant to this section may operate" (Penal Code §1203.016).

CAF provides three alternatives to custody:

SWAP (aka WAP): Sheriff's Work Alternative Program, a court-ordered post-sentencing option in which eligible individuals serve sentences from 1 to 30 days by performing supervised public work (such as cleanup, landscaping, painting).

EHD: Clients referred by the court to CAF for EHD under pre-trial conditions or post-sentencing are fitted with an EHD monitor programmed for approved activities outside their residence and are supervised electronically by GPS 24 hours a day. Their person, property, and home are subject to search at any time.

SCRAM (Secure Continuous Remote Alcohol Monitoring) Program: SCRAM is a continuous alcohol monitoring device worn on the ankle 24 hours a day. A participant may wear this device both on a pre-trial or post-conviction basis in conjunction with EHD.

For more information about CAF, see the *Custody Alternative Facility Handbook* (Appendix A).

In 2025, the Average Daily Population (ADP) of CAF (including all three segments) was 651. The cumulative ADP for the detention facilities (MDF, WCDF, and MCDF) was 957, meaning

that 40% of people in custody in the County are being monitored or serving their time through CAF.

To get a better sense for the scope of CAF, the 2025 yearly totals are revealing:

- SWAP recorded a total of 1,471 enrollments (mostly for DUI and minor offenses)
- EHD and SCRAM combined recorded 801 enrollments, including pre-trial and post-sentencing participants

On average, 77% of participants complete their CAF programs, meaning they appear in court as ordered (if pre-trial) or complete the time they are required to serve (if post-sentencing) without incident.

This report focuses on EHD (not SWAP or SCRAM). Historically, the Sheriff's Office has not collected data that separates the three CAF programs; therefore, some of the information in this report is not EHD-specific.

With respect to EHD, a judge refers a client to the program either pre-trial or post-conviction. Clients are directed by the Court to appear at the Martinez CAF facility where they complete an "Enrollment Application" (Appendix B) and an "Agreement" (Appendix C). During the EHD intake appointment, specialists "install" an ankle monitor with a GPS tracker that participants wear 24/7. The specialist identifies the limits of the GPS system: where participants live and work and where and when they can travel. Sheriff's deputies conduct home visits and address violations, such as "escapes" (removing the monitor) and other transgressions, such as unauthorized stops.

Frequency of home visits is determined by the nature of the charges:

- Violent charges (e.g., robbery, firearm offenses): Once per week (4 times per month)
- Non-violent felony charges (e.g., burglary, theft, hit-and-run): Twice per month
- Misdemeanors (e.g., DUI): Once per month

Participation in this program is considered voluntary in that participants may choose incarceration instead. The program is available either for pre-trial participants or for those who have been sentenced to a term between 31 and 365 days. These clients will serve half the length of the sentence. For example, a person sentenced to 90 days will serve 45.

Because the controlling Penal Code provisions (§1203.016 and §1203.018) provide that "the participant shall remain within the interior premises of the participant's residence," the Sheriff's Office disqualifies the unhoused from participation in this program option.

EHD benefits the County financially as the Sheriff's Office reports that in 2025 it cost $29 per day to provide custody for a client in CAF as opposed to $257 in detention. It also benefits participants, who can serve their pre-trial time and/or post-conviction sentences with minimal disruption to their lives, as contrasted with incarceration.

Although participants may find the opportunities provided by this alternative form of custody appealing, some find the conditions of the program burdensome:

- Members of their household must agree not to have weapons, alcohol, or drugs on the premises.
- They must further agree to unscheduled visits from the Sheriff's Office.
- Participants must be able to make regular visits to the CAF building in Martinez.
- They must adhere to a fixed schedule.

At the end of 2025, the entire CAF operation included 22 employees: eight sworn officers (one lieutenant, two sergeants, and five deputies) and fourteen non-sworn clerks and specialists. The EHD and SCRAM programs are managed by ten Sheriff's Specialists who oversee participant supervision and compliance within those respective programs.

DISCUSSION

In implementing the EHD program, the Sheriff's Office complies with relevant statutes (with one exception explained below). However, the investigation revealed areas for improvement:

- The clarity of the appeal process for those denied EHD
- Data collection
- Accessibility of documents in languages other than English

Disqualifications and Denials

Either pre-trial or post-sentencing, the judge may refer a client to CAF for EHD. The Sheriff's Office, as the entity that administers EHD, has the duty to conduct an independent investigation and to decide whether to accept the referred client into the program.

Rejection of an application happens in one of two ways: a client can be "disqualified" or "denied." (See Appendix D, "Notice of Disqualification from Electronic Home Detention.") Typically, "disqualification" relates to housing. A client will be disqualified from an EHD referral for being unhoused or for living in a household that chooses not to comply with the EHD requirements. Clients who live outside of Contra Costa County might be disqualified because the County does not have a reciprocal CAF agreement with their home county. A client might also be disqualified for not having a working cell phone or for having an outstanding warrant. In the past four years, 1,014 people were disqualified after a judge referred them to the program.

An EHD denial, on the other hand, is made at the discretion of the Sheriff's Office. A judge's decision to refer a client to CAF for EHD may be made in open court at the arraignment or as a part of a prehearing conference with the District Attorney, defense counsel, and sometimes the Probation Department. Information given to the Court by the attorneys about the suitability of a client for alternative detention is a part of the adversarial process. In some cases, the information available to the attorneys and the Court is incomplete.

The verification of a participant's suitability for EHD rests with the Sheriff's Office. In deciding whether to accept the Court's referral, the Sheriff's Office evaluates a variety of factors, including the following:

- Where the client lives and with whom
- Whether the house is and will remain free from drugs, alcohol, and firearms
- Whether the other residents of the house are willing to abide by the CAF requirements

The Sheriff's Office reviews a participant's criminal history to ensure that there is no reason to believe a participant will be a threat to the community while enrolled in the program. The officers also observe participants' behavior during the process to ensure their suitability for the program.

A denial to the program is most often the result of the Sheriff's Office discovering something objectionable while reviewing the client's application and records—e.g., a history of violent offenses or a previous failure on the program. (See Appendix A for a partial list of deniable offenses.) "Denied" clients will:

- Be remanded into custody, or
- Be returned to Court, where they can be released on their own recognizance (in the case of a pre-trial hearing), or
- In rare cases, be allowed the opportunity to pay for their own EHD monitoring

In the past four years, the Sheriff's Office has denied EHD to 327 people who were referred to CAF by the courts, including both those referred pre-trial and those referred post-conviction sentence.

The chart below shows the denials and disqualifications since 2022.

Year	Denied	Disqualified
2022	86	338
2023	54	262
2024	101	214
2025	86	200
Totals	**327**	**1,014**

With respect to denials, the Sheriff's Office points out that it has access to information that may not be available in open court and takes the responsibility to act in the interest of public safety.

Notice of Disqualification/Denial/Dismissal Process

California Penal Code Sections 1203.016 and 1203.018 set forth rules for administration of ankle monitoring programs and require an inmate who is denied participation or is removed to be notified in writing of the specific reason for the denial or removal. The notice of denial or

removal "shall include the participant's appeal rights as established by program administration policy."

When CAF disqualifies or denies a referral either pre-trial or post-sentencing, it posts a notice of this action with the Court (Appendix D) and mails a "Notice of Disqualification" (Appendix E) to clients at their last known address. The CAF Office also provides notice to the participant's attorney of record if the action is taken pre-trial but does not provide additional notice to the attorney of record if the action is taken post-sentencing. Problems arise if clients do not receive the notice in a timely manner; they cannot depend on legal counsel for guidance if the attorneys are not notified of the denial.

Appeal Process

California Penal Codes Section 1203.018(g)(2) (pre-trial EHD) and Section 1203.016(d)(2) (post-sentencing EHD) require written notice from the Sheriff's Office (or its designee) to a participant upon rejection or removal from the program. The notice must state "specific reasons" and include "the participant's appeal rights, **as established by program administrative policy"** (emphasis added). The Sheriff's administrative policy for EHD is stated in its Policy and Procedure, Detention, No. 2.19.03, revised 11-12-2025 (Appendix F, hereinafter "EHD Policy Document").

The EHD Policy Document does not include any language regarding the right to appeal disqualification or denial, rejection or removal. Detainees who are denied or disqualified from the program learn of those rights in the "Notice of Disqualification" letter. Thus, the Sheriff's Office has not complied fully with the statute because the EHD Policy Document does not establish an appeal policy.

The Notice of Disqualification describes appeal rights as follows:

> In accordance with Penal Code Section 1203.016(d)(2), you have a right to appeal your disqualification or removal within (10) days <u>from the date above.</u>
>
> If you were <u>disqualified prior to enrollment</u> in Electronic Home Detention, appeals may be submitted in writing either sent by mail or hand delivered to the Custody Alternative Facility, 1011 Las Juntas Street, Martinez, CA 94553.
>
> If you have been <u>returned to custody</u>, appeals may be submitted utilizing the "Inmate Request" slips routed to the Custody Alternative Facility.
>
> The Custody Alternative Facility Commander or designee will respond in writing within ten (10) days of receipt of an appeal request. The Custody Alternative Facility Commander or designee may restrict excessive and/or repetitive appeals.
>
> (Underline in the original.)

By not serving the participant's last known attorney of record in post-sentencing cases with the Notice of Disqualification containing notice of appeal rights to be exercised within 10 days and

by failing to include appeal rights in the EHD Policy document, CAF deprives the participant of the protections of the statutes defining notice of appeal rights. The opportunity of the participant to effective and timely representation by counsel in seeking restoration to the program is limited.

Lack of Data

Since 2023, the Sheriff's Office has presented a Quarterly Oversight Report to the Board. The report includes information such as the total number of bookings by each agency, demographic data for each city, arrest data by city of residence, recidivism rates, etc. The report typically includes one slide related to CAF with the following data:

- The cost of CAF as contrasted with the cost of incarceration
- The total number of CAF participants, including the ethnic breakdown of that population
- The program outcomes (successful v. returned to custody)

The report does not disaggregate CAF information for the three programs: EHD, SCRAM and WAP. This is significant for several reasons:

- CAF does not report demographic information on denials or disqualifications.
- CAF does not report who is denied participation in the three programs.
- CAF does not report reasons for denial or disqualification.
- CAF does not report rates of recidivism for those who are on EHD.

The costs of the three programs are never disaggregated; therefore, there is insufficient information to identify the cost of each separate program.

The Board recently approved the hiring of data analysts to create a portal which went live in April 2026. The portal is not accessible as of the publication of this report. When it was briefly accessible, however, it did not include the basic CAF information included in the Sheriff's Quarterly Report to the Board.

Documents in Languages Other Than English

While most of the public-facing documents used in the CAF assignment process are available in Spanish, three are not: the "CAF Handbook," the "Court Referral to Alternative Custody," and the "Notice of Disqualification." None of the documents used in the process are available in Mandarin.

FINDINGS

F1. The present administrative policy for Electronic Home Detention (EHD) does not set out an individual's right, or the procedure, to appeal the denial of participation in the EHD program.

F2. The Custody Alternative Facility (CAF) "Notice of Disqualification" does not cite Penal Code Section 1203.018(g)(2) (pre-trial EHD).

F3. The CAF "Notice of Disqualification" cites Penal Code Section 1203.016(d)(2) (post-sentencing EHD).

F4. CAF does provide notice to attorneys of record of denials and disqualifications for pre-trial individuals.

F5. If the participant is post-sentencing, the Notice of Disqualification is not sent to the last known attorney of record.

F6. CAF sends the Notice of Disqualification to participants at their last known address.

F7. Lack of notice of appeal rights to the last known attorney of record of a participant limits the participant's opportunity for effective representation in the appeal of the CAF denial or removal.

F8. CAF does not report demographic information on denials or disqualifications.

F9. CAF does not report who is denied participation in the three programs.

F10. CAF does not report reasons for denial or disqualification.

F11. CAF does not report rates of recidivism for those who are on EHD.

F12. The costs of the three CAF programs are never disaggregated; therefore, there is insufficient information to identify the cost of each separate program.

F13. In 2025, the Board of Supervisors authorized the Sheriff's Office to hire and designate staff to facilitate data collection.

F14. Not all EHD forms used by the public are available in languages other than English.

RECOMMENDATIONS

R1. By December 31, 2026, the Sheriff's Office should consider revising the administrative policy for EHD to include an explanation of the right to appeal under California Penal Codes Sections 1203.018 and 1203.016.

R2. By December 31, 2026, the Sheriff's Office should consider directing CAF to send a post-sentencing "Notice of Disqualification" to the address of the last known attorney of record in addition to the notice mailed to the denied participant.

R3. By December 31, 2026, the Sheriff's Office should consider collecting and publishing demographic information on denials or disqualifications for all three CAF programs.

R4. By December 31, 2026, the Sheriff's Office should consider collecting and publishing reasons for denials or disqualifications for all three CAF programs.

R5. By December 31, 2026, the Sheriff's Office should consider collecting and publishing rates of recidivism for EHD participants.

R6. By December 31, 2026, the Sheriff's Office should consider collecting and publishing separate cost data for each of the CAF programs.

R7. By December 31, 2026, the Sheriff's Office should consider translating all documents used by individuals in the CAF process into Spanish and Mandarin.

REQUEST FOR RESPONSES

Pursuant to California Penal Code § 933(b) et seq. and California Penal Code § 933.05, the 2025-2026 Contra Costa County Civil Grand Jury requests responses from the following governing bodies:

Responding Agency	Findings	Recommendations
Contra Costa County Sheriff	F1-F14	R1-R7

These responses must be provided in the format and by the date set forth in the cover letter that accompanies this report. An electronic copy of these responses in the form of a Word document should be sent by e-mail to ctadmin@contracosta.courts.ca.gov and a hard (paper) copy should be sent to:

Civil Grand Jury – Foreperson
725 Court Street
P.O. Box 431
Martinez, CA 94553-0091

Reports issued by the Grand Jury do not identify individuals interviewed. Penal Code section 929 requires that reports of the Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the Grand Jury.

APPENDIX A

Office of the Sheriff
Contra Costa County

Sheriff's Work Alternative Program (SWAP)
Electronic Home Detention (EHD)
Secure Continuous Remote Alcohol Monitoring (SCRAM)

CUSTODY ALTERNATIVE FACILITY HANDBOOK

Custody Alternative Facility
1011 Las Juntas St.
Martinez, CA 94553

MISSION

The Contra Costa County Office of the Sheriff is committed to utilizing resources to their highest potential. This necessitates a strong progressive custody alternative program that provides alternatives to traditional incarceration while ensuring public safety.

The Custody Alternative Facility programs provide for public safety, maintain judicial confidence and, at the same time, allow participants to be contributing members of society while fulfilling their court ordered sentences.

CUSTODY ALTERNATIVE FACILITY PROGRAMS

The Custody Alternative Facility (CAF) offers three alternatives to traditional custody:

Sheriff's Work Alternative Program (SWAP)

Participants with sentences that result in no more than 30 actual days to serve are allowed to work at various assigned locations during daytime hours and receive day-for-day credit on their sentences.

Electronic Home Detention (EHD)

Participants with sentences that result in more than 30 actual days to serve or referred by the court to EHD under Pre-Trial Conditions are fitted with an EHD monitor, scheduled for approved activities outside their residence, and are supervised electronically 24 hours a day. Their person, property, and home are subject to search at any time.

Secure Continuous Remote Alcohol Monitoring (SCRAM) / Remote Breath

SCRAM is a continuous alcohol monitoring device worn on the ankle 24 hours a day. A participant may wear this device both on a pre-trial or sentenced basis in conjunction with EHD.

GENERAL INFORMATION
(You are Pre-Trial or Post-Conviction)

In lieu of jail, the court may have referred you to CAF for an evaluation of your suitability for enrollment in one of our Custody Alternative Programs.

1. **Referral by the court is not a guarantee you will be accepted into the program.** The CAF Sergeant or designee must approve your placement.
2. **The court referral to Custody Alternative Facility, also known as a "Promise to Appear", requires you to contact CAF within two weeks after your court appearance or as otherwise directed on your court docket, Order of Probation or Promise to Appear.** Failure to do so may result in program denial or a warrant for your arrest.
3. **Participation is generally limited to Contra Costa County residents.** Exceptions may be made on a case-by-case basis after consideration of travel time and supervision requirements.
4. **You must be either pre-trial or post-conviction. You must be referred by the court to qualify for a Custody Alternative Program.**
5. **You cannot be on any other alternative custody program.**
6. **You must comply with all the rules and restrictions of the CAF program in which you participate (SWAP, EHD, or SCRAM).** Failure to do so will result in program failure and you may be taken into physical custody.
7. The facts of the committed offense will be evaluated during the review of your application. Your past criminal history will also be considered. You may be denied program placement, if the investigation disclosed that you have been convicted of, admitted to, or have a history of any of the following:
    a. Sex crimes against a minor
    b. Felony sex crimes
    c. Arson
    d. Manufacturing illegal drugs
    e. Acts of violence against police or emergency personnel
    f. Any violent crime as defined in California Penal Code Section 667.5(c)
    g. Any serious felony crime as defined in California Penal Code Section 1192.7
    h. Stalking crimes
    i. Violation of court orders

General Information, continued...

j. Domestic violence
k. Three or more crimes involving violence
l. Additional pending charges in any other court
m. Violations of Vehicle Code Sections 2800.2 and/or 2800.3

This is not a complete list of factors that may limit enrollment in a custody alternative program. Individuals are screened on a case-by-case basis for suitability.

WHAT TO EXPECT

1. If you have not received or completed your application in advance, you must arrive at least one hour early before your scheduled appointment. You must complete an application in order to start the booking process. If you arrive late for your scheduled appointment time, you may be turned away.
2. You will be booked at CAF during your first appointment (unless you are a transfer from another county). This appointment will require two or more hours, depending on the program. Please adjust your schedule (childcare, transportation, etc.) to accommodate this required period of time. Expect to return directly home after enrollment.
3. During the booking process, your information will be entered into the jail management system and you will be fingerprinted, photographed, and briefed on program rules, and regulations.
4. Hats, head coverings, coats, and bulky clothing are not allowed in the building at any time or in any photographs.
5. Wear loose pants to facilitate installation of a device on your ankle.
6. You must bring a valid picture ID to your enrollment appointment.
7. **CAF is a jail facility.**
   a. **Do not bring children to your appointment.** CAF cannot accommodate children. You must arrange for their care and welfare during your appointment.
   b. **You are subject to search when entering this facility.** Do not bring large items into the facility.
8. All CAF Deputies are equipped with body-worn cameras.

SHERIFF'S WORK ALTERNATIVE PROGRAM (SWAP)

- Generally, you will be placed on SWAP if your actual days to serve are 30 days or less, unless your charges dictate you are not eligible.
- Worksites are available in many locations throughout Contra Costa County. There are no worksites available outside of the county.
- Your SWAP Case Manager will set up your work schedule. Not all job sites are available seven days a week, and there are no guaranteed worksites. Work schedules will not be changed.
- A minimum of eight (8) hours and a maximum of ten (10) hours worked per day will equal one (1) day of custody credit.
- You may be requested to work one to three days per week.
- You can be removed from SWAP for absences, late arrivals, non-compliance with rules, disruptive behavior, or being intoxicated.
- You are responsible for transportation to and from a worksite. Lunch is not provided.
- You may be required to submit to a drug test at any time on the program.

ELECTRONIC HOME DETENTION (EHD)

- You will be placed on EHD if your actual days to serve are 31 to 365 days. Offenders sentenced to less than 31 days may be considered in special circumstances.
- You must provide unrestricted access to your place of residence in Contra Costa County.
- EHD must be specified as an option on the court docket that refers you to CAF. In-custody applicants may be considered for acceptance.
- You must have a cell phone and maintain cell phone service while on the EHD program so you can be reached at any time. Access to electricity is required for charging the device.
- If accepted to the EHD program, you will be assigned a Case Manager, will be required to attend weekly office visits, and will be subject to random urinalysis tests for drugs and alcohol.
- No alcohol, drugs, weapons or ammunition are allowed at your residence, in your vehicles, or in your possession.

- Employment and/or school attendance are subject to Case Manager verification and Sergeant approval and must not interfere with program requirements.
- EHD is a closely supervised program that requires absolute compliance by the participant. Failure to comply with rules may result in your physical return to custody.
- Uniformed Sheriff Deputies will periodically conduct random checks at your home.
- All adults living in the home in which you reside must sign an agreement acknowledging your program participation. They must also agree to cooperate and make all areas of the residence available for a search by deputies.
- You may not consume or possess any type of alcohol or drugs not prescribed to you by a doctor. You must provide a list and proof of all prescribed medications to your Case Manager and notify them if you get new medications. Medical marijuana is not permitted on the program, even with a prescription.
- EHD requires a strict schedule and rule adherence. While you may be able to go to work and perform other necessary tasks, you will not be allowed to go to non-essential activities, such as vacation, sporting events, or social functions.
- You will need to be able to show how you will legally get to work, office appointments, school, etc. You may be required to provide a valid driver's license.
- You must show up and be on time for your appointments. Attending weekly appointments is mandatory. Missing appointments and non-compliance of other rules can result in failure of the program, including placement into physical custody.

SECURE CONTINUOUS REMOTE ALCOHOL MONITORING (SCRAM)

- You may be ordered on the SCRAM program by a referral from the courts.
- If accepted to the SCRAM program, you will be assigned a Case Manager and will be required to attend regular office visits.
- All applicants must have a cell phone and maintain cell phone service while on the SCRAM program so you can be reached at any time. Electricity is needed for charging some SCRAM devices.

CAF PHONE NUMBERS

Enrollment Clerk ..... (925) 313-4260
Fax Number ..... (925) 313-4290

CAF APPLICANT CHECKLIST

1. Go to Court and ask for a referral to the Custody Alternative Facility. If referred, ensure that all of the CAF paperwork from the court includes your accurate contact information.

2. Get a copy of your court minute order referring you to CAF. This may include paperwork titled "Clerk's Docket and Minutes" and "Court Referral to Custody Alternative Facility" (also known as "Promise to Appear".) This may also include an Order of Probation.

3. Call the appropriate CAF program enrollment clerk to schedule an appointment. You will need your docket number, which is located in the upper right corner of your Clerk's Docket and Minutes or Order of Probation.

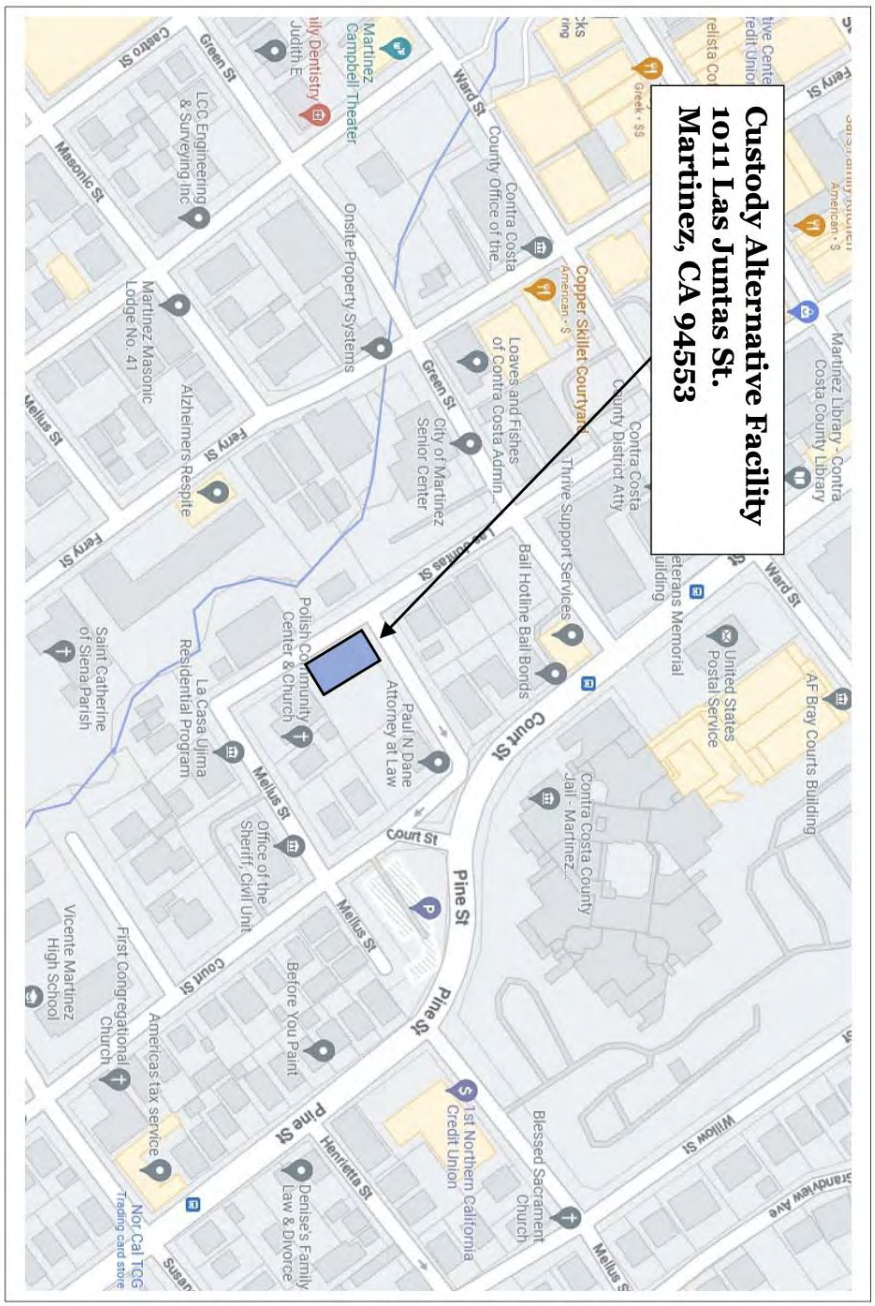
4. Schedule an enrollment appointment. Ensure that you have all the required enrollment documents that apply. This may include proof of employment, including pay stubs and an official schedule; a list of future necessary appointments, car registration, etc.

5. Arrive 15 minutes early for your appointment on the day of your appointment and make sure that you bring all of the required documents. If you need to fill out forms, arrive 1 hour early. DO NOT BE LATE!

Missing your appointment without calling may result in program disqualification.

Notes: _____

Revised 06/10/2025



Applicable Custody Alternative Penal Code: 1203.016

APPENDIX B

Alternative Custody Facility Enrollment Application

Custody Services Bureau, Custody Alternative Facility
1011 Las Juntas Street, Martinez, CA 94553 / Phone: (925) 313-4260 / Fax: (925) 313-4290 / Email: caf-ehd@so.cccounty.us

Name (Last Name, First Name Middle Name)		Suffix	Date of Birth
Other Names You Have Used (AKAs)			
Home Address (including Unit Number)	City	State	Zip Code
Cell Phone Number	Home Phone Number	Place of Birth (City, State)	
Email Address			U.S. Citizen? ☐ Yes ☐ No
Emergency Contact (Name)	Relationship	Phone Number	☐ Cell Phone ☐ Home Phone

Race (Check One):	☐ American Indian	☐ Black	☐ Unknown
	☐ Asian	☐ White	☐ Other: _____
Ethnicity (Check One):	☐ Hispanic or Latino	☐ Non-Hispanic or Not Latino	

Height	Weight	Hair Color	Eye Color	Gender

Driver's License / State ID Number	License Status: ☐ Valid ☐ Suspended ☐ Revoked ☐ Restricted ☐ None Issued

United States Military Status (AB 2568 Requirement)

Have you served in a branch of the U.S. Military? ☐ Yes ☐ No	If yes, which branch of service? ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ Navy ☐ Space Force
If Yes, Rank:	
Status: ☐ Active ☐ Honorable Discharge ☐ Less Than Honorable Discharge ☐ Dishonorable Discharge	

Do you have any medical or physical condition(s) that might make it harmful to wear an electronic monitor?
☐ Yes ☐ No If **YES**, please discuss this condition with your doctor prior to applying to CAF.

Transfer or Local: Are you applying to transfer into Contra Costa County's EHD program from another county?
☐ Yes ☐ No
If **YES**, which county? _____

Weapons / Firearms: Are there any firearms or ammunition where you will live? ☐ Yes ☐ No
If "Yes", they must be stored at another location. Applicant initials acknowledging this requirement: _____

The CAF program requires participants attend scheduled appointments at the CAF office in Martinez on a weekly basis.
Will you have reliable transportation to get to the CAF office, whether rides, public transportation, etc.? ☐ Yes ☐ No

Vehicle Information:
(The vehicle used to travel to/from office visits.)
Make: _____ Model: _____ Year: _____
Color: _____ License Plate: _____

Revised 02/03/2025 *Page 1*

Employment / School Information

Employer or School			
Occupation		Employer/School Phone Number	
Employer/School Address (including Unit/Suite Number)	City	State	Zip Code
Work Supervisor's Name		Supervisor's Phone Number	
Work/School Schedule (Days and Hours)			
Is your work/school schedule consistent or does it change? ☐ Consistent ☐ Changes / Frequency of Changes: _____			
Do you work in one location or does your job require you to be in multiple locations? ☐ One Location ☐ Multiple Locations			

If you have a second job or attend a second school, complete this section:

Employer or School			
Occupation		Employer/School Phone Number	
Employer/School Address (including Unit/Suite Number)	City	State	Zip Code
Work Supervisor's Name		Supervisor's Phone Number	
Work/School Schedule (Days and Hours)			
Is your work/school schedule consistent or does it change? ☐ Consistent ☐ Changes / Frequency of Changes: _____			
Do you work in one location or does your job require you to be in multiple locations? ☐ One Location ☐ Multiple Location			

I authorize the Contra Costa County Sheriff to contact my employer(s) and/or school(s) to verify my employment and/or school status, my work and/or school schedule, and my work and/or school location(s).

Applicant Initials: _____

APPENDIX C

OFFICE OF THE SHERIFF
Contra Costa County

Custody Services Bureau
Custody Alternative Facility
1011 Las Juntas Street
Martinez, CA 94553
Phone: (925) 313-4260
Fax: (925) 313-4290
Email: caf-ehd@so.cccounty.us

DAVID O. LIVINGSTON
Sheriff-Coroner

Michael V. Casten
Undersheriff

CUSTODY ALTERNATIVE FACILITY
ELECTRONIC HOME DETENTION/SCRAM AGREEMENT

Date: _____

Name: _____

You will be enrolled today into the EHD/SCRAM Monitoring program for supervision.

This supervision will terminate on _____

You are subject to the following agreements and conditions:

- Should you violate any conditions of the program, you may be returned to physical custody.
- You may also be subject to disciplinary action depending on the nature of the violation.
- Whenever any problems arise or you do not understand what is expected of you, talk to the Case Manager assigned to you.

Read the agreements and conditions below and initial to the left that you have read that agreement.
Agreements marked with an asterisk (*) are for participants only on SCRAM monitoring.
EHD participants must read and follow **all** the rules listed below.

AGREEMENTS

*_____ I agree to waive extradition to the State of California from any State or Territory of the United States, or from the District of Columbia. I also agree that I will not contest any effort to return me to the State of California.

_____ I agree that any law enforcement officer or Custody Alternative Facility (CAF) staff may search my person, my residence, my vehicle, and any property under my control without a warrant at any time.

*_____ I agree not to leave the general San Francisco Bay Area or the State of California without prior written approval of the CAF program staff.

CONDITIONS

_____ DO NOT possess or have under your control any firearms/dangerous weapons, in the home or on the property while on the program.

*_____ DO NOT engage in any conduct prohibited by law (Federal, State, County or Municipal).

*_____ Promptly notify the CAF office of any police contact or arrest. Whether it is as a victim, a suspect, a witness, in an accident or related to a ticket/citation, etc.

*_____ Follow any Protective/Restraining Orders that are filed against you.

_____ Reside in confirmable housing as determined to be suitable by the Custody Alternative Facility.

_____ Allow unrestricted access to the place of residence.

*_____ Maintain a working phone by which you can be contacted anytime and anywhere.

_____ You will be subject to random, unannounced personal and/or telephone contact at your place of residence and employment.

Continued on Next Page

CONDITIONS Continued…

*_____ DO NOT operate any motor vehicle unless licensed to do so by the California Department of Motor Vehicles.

*_____ Ensure current registration and legal liability insurance are maintained for any motor vehicle driven by you and any person who provides transportation. Be prepared to provide documentation.

*_____ Have a back-up transportation plan to include public transportation if you are not properly licensed to drive and/or do not have a permanent mode of transportation.

_____ With your case manager, create and maintain a daily schedule and be present at the listed location(s) at the hours agreed upon on the printed schedule. Failure to follow your schedule will be considered a violation.

_____ Failure to return to your place of confinement at the prescribed time can be considered escape. [Penal Code §4532(e)]

_____ Scheduled appointment times and/or scheduled time out of the home are subject to change upon notice by CAF staff.

_____ "Home" is defined as inside the four walls of where you reside.

*_____ Ensure you have access to electricity to charge any required device. Failure to properly maintain the charge of your device is a program violation and may result in return to physical custody.

_____ Confine all pets to allow free access to your residence by CAF staff.

*_____ Keep your Case Manager informed of any change in residence or phone number.

_____ Keep your Case Manager informed of your current job location, especially if it is subject to change.

_____ Keep your Case Manager notified of schedule changes as soon as you are aware. As a rule, same day changes are not permitted.

_____ Any change of schedule without prior permission from your Case Manager, or that of another Case Manager, will be considered a schedule violation. **Prior permission means that you must speak VOICE-TO-VOICE with a Case Manager, whether in person or over the phone. After leaving a voicemail message, it must be followed with voice-to-voice contact with a Case Manager.**

*_____ Advise your Case Manager of doctor/dental appointments as soon as they are made. This is for yourself or immediate family members only.

_____ Call your Case Manager or the Deputies if you need to leave home for urgent or emergency care. Call as soon as possible and proceed immediately to the nearest hospital. Voicemail messages may be left in these instances; however, voice-to-voice contact must be made as soon as possible.

_____ Provide documentation for any and all medical or dental visit/treatments. This includes routine, urgent care and emergency visits.

_____ Employment and/or school attendance are subject to Case Manager verification and Sergeant approval and must not interfere with program rules and conditions.

*_____ Inform your Case Manager of any additional active or new criminal cases in Contra Costa County or other counties.

*_____ The installation of a second monitor by a county other than Contra Costa County is prohibited while enrolled on a CAF program. Inform your Case Manager if the installation of another monitor is a condition stipulated by another county.

*_____ Behavior with CAF staff must be professional at all times. Poor attitude and/or uncooperative behavior may result in return to physical custody.

Continued on Next Page

CONDITIONS Continued…

CONDITIONS Continued ...

* _____ Make direct contact with CAF staff yourself. Interference or calls from family and friends will not be accepted. The conduct of your family and friends at CAF and in your home are your responsibility. You will be held accountable for interference by and behavior of family and/or friends.

* _____ Deputies will be equipped with body-worn cameras at the CAF office and during house (home) checks.

* _____ Repeated tardiness may result in your return to physical custody.

* _____ Missing a weekly office visit without prior permission may result in your return to physical custody.

I hereby consent to the foregoing Terms and Conditions of Release. I understand that any violation of the conditions may result in my immediate arrest and return to physical custody. I have reviewed these conditions and agreement with the CAF program Case Manager and have received a copy of same.

_____ _____
Participant Signature - Date

_____ _____
Case Manager - Select Case Manager Date

YOUR RIGHTS ON THE PROGRAM

I understand that the Custody Alternative Facility recognizes that program participants have certain rights relative to the conditions or type of supervision. They are:

- The freedom from discrimination based on race, religion, national origin, sex, age, handicap or political belief or any other protected class.
- The right to participate in local, state and federal elections.
- The availability of a written grievance procedure that includes at least one level of appeal.
- Access to clergy for legitimate religious practices, subject only to the limitations necessary for supervisory control.
- Access will not be denied or limited to any of the following: Courts, counsel, program officials, government officials, and administrators of the grievance systems. Participants seeking judicial or administrative redress will not be subjected to reprisals or penalties as a consequence.
- The expectation that unnecessary force, embarrassment or indignity will be avoided during searches.
- Not to be subjected to any form of punishment, which is cruel, corporal or harassing.
- Interpretation of regulations will be the least restrictive necessary to the security level of the participant.

I have read/had read to me and have been given a copy of the rights described on this form.

_____ _____
Participant Signature - Date

_____ _____
Case Manager - Select Case Manager Date

CONTROLLED SUBSTANCE AND ALCOHOL AGREEMENT

I agree that I may be either rejected or denied further consideration for acceptance, or participation, into any of the Custody Alternative Facility programs for any of the following reasons:

- Refusal to submit to a random drug test (either urinalysis or intoxilyzer). A refusal may be considered a positive test.
- Submitting a test, and that test shows positive for a non-prescribed or unlawful controlled substance (drug) and/or alcohol, including tetrahydrocannabinol (THC).
- Failing to provide a sample test after three (3) attempts (either urinalysis or intoxilyzer). Failure to test upon request will be considered the same as a refusal, and this may cause me to be returned to physical custody regardless of the reason.

I also agree:

- To be prepared to give a urine test at every office visit.
- That urine tests showing a result of "diluted" can lead to consideration and/or a determination that my urine test was manipulated.
- That I may be called into the Custody Alternative Facility at any time to provide a random urine test.
- Not to use, possess, or have under my control, any drug, narcotic or drug paraphernalia, unless prescribed to me by a licensed physician, and that no alcoholic beverages, products containing THC, narcotics or paraphernalia will be in the home, or on the property where I reside while on the program.
- Not to use any over the counter medications without my Case Manager's knowledge, and not to use any that contain alcohol or pseudoephedrine (Sudafed).
- To provide proof of prescription medications in my name upon request.
- To completely abstain from the use of alcoholic beverages, including non-alcoholic beer.
- Not to frequent any place where alcohol is the main order of business. (Participants will not be allowed to recreationally visit casinos, bars, or similar businesses.)
- Not to associate with ex-felons, persons with a criminal history, gang members, or any person that CAF staff advises against associating with.
- Not to have a social gathering of more than two (2) adults (other than residents) at home without approval by CAF staff.
- To participate in a counseling program as prescribed by the court, and not to leave or terminate any such counseling program prescribed by the court without the express consent of the court.
- That I understand that this agreement extends from the time of my interview for acceptance into any of the CAF programs, to my prospective release date.

I have read and fully understand the meaning and intent of this agreement.

Participant Signature - _____ Date

Case Manager - _____ Date

UNAUTHORIZED EQUIPMENT REMOVAL AGREEMENT

I fully understand and agree to the following:

*_____ I will not intentionally tamper and/or cause damage to the equipment assigned to me.

*_____ I will not unnecessarily remove the equipment from my ankle. Equipment removal must be performed either by a Case Manager or Custody Alternative Facility Deputy. In the event of a medical emergency, in which the equipment must be removed, I agree to provide medical documentation and immediately contact a Case Manager or Custody Alternative Facility Deputy for further reporting instructions and requirements.

*_____ I will notify my Case Manager and/or Custody Alternative Facility Deputies immediately if the ankle device comes off.

*_____ That intentionally tampering, removing or damaging the equipment will result in:

- Removal from the program

  AND/OR

- My immediate return to physical custody and a charge of escape pursuant to Penal Code Section 4532:
  - 4532(a)(1) – Misdemeanor: punishable by imprisonment in the state prison for a determined term of one year and one day, or in a county jail not exceeding one year.
  - 4532(b)(1) – Felony: punishable by imprisonment in the state prison for 16 months, two years, or three years, to be served consecutively, or in a county jail not exceeding one year.

By Initialing above and signing below, I certify that I have read and fully understand the meaning and intent of this agreement.

_____ _____

Participant Signature - _____ Date

_____ _____

Case Manager - _____ Date

EHD PARTICIPANT EQUIPMENT AGREEMENT

I acknowledge receipt of the following equipment:

- **GPS** (Damage/Loss Value: $850.00)
- **Charger** (Damage/Loss Value: $50.00)
  - I accept and understand my responsibility for the care and protection of this equipment.
  - I also understand I will be held financially responsible for any damage and/or loss of the equipment while it is in my care.
  - I will promptly surrender this equipment to the EHD program staff upon demand or on my date of release.
  - I further understand and agree that Contra Costa County, its officials, employees and agents are not liable for any damages or other costs incurred subsequent to my wearing, using or tampering with the electronic monitoring equipment.

ANKLE DEVICE CONDITIONS

- The ankle device can go on the inside or outside of either leg.
- You are to notify your Case Manager immediately if the ankle device comes off and come to the office as soon as possible or as directed.
- The ankle device must be charged for one full hour in the morning and one full hour in the evening. Each charging cycle must be 10 to 12 hours apart. Some instances may require more frequent charging. Failure to properly maintain the charge of your device is a program violation and may result in return to physical custody.
- The ankle device is water resistant. Showers are okay, but not baths. DO NOT SUBMERGE the device.
- DO NOT use a waterbed or electric blankets.
- You will be held accountable for hearing and responding to calls, alerts, and visits from staff.
- If needed, you will return immediately to CAF to exchange equipment at any time while on the program.
- All equipment and accessories must be returned for inspection on your date of release. You may be sent home to pick up any piece that is missing before you are released from the program.
- Refer to your Participant User Guide for explanations of your anklet's vibrations and/or flashing lights.

I HAVE READ THE ABOVE INSTRUCTIONS CONCERNING THE EQUIPMENT THAT WILL BE ASSIGNED TO ME WHILE ON THIS PROGRAM.

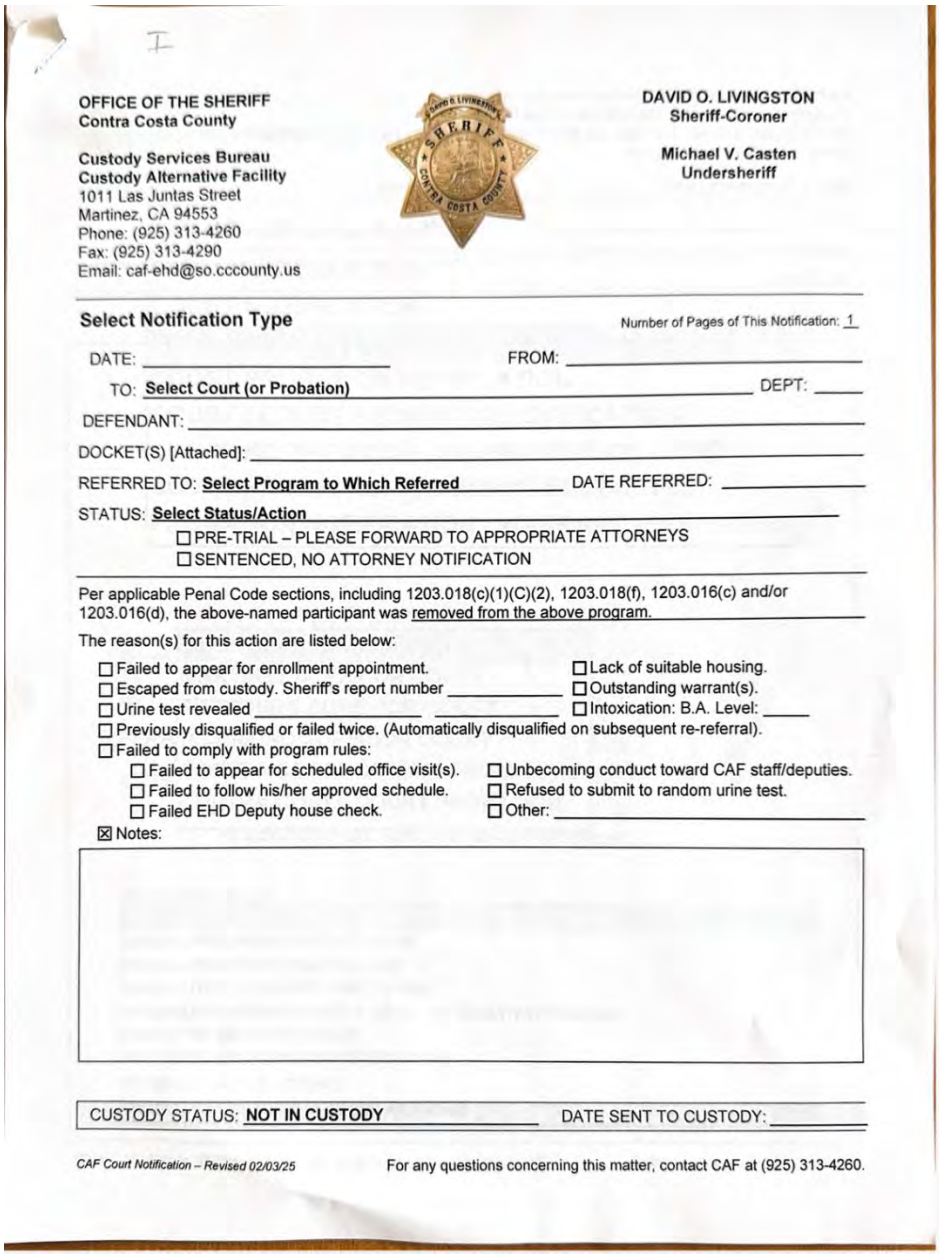
_____ _____

Participant Signature - _____ Date

_____ _____

Case Manager - _____ Date

APPENDIX D



I

OFFICE OF THE SHERIFF
Contra Costa County

Custody Services Bureau
Custody Alternative Facility
1011 Las Juntas Street
Martinez, CA 94553
Phone: (925) 313-4260
Fax: (925) 313-4290
Email: caf-ehd@so.cccounty.us

DAVID O. LIVINGSTON
Sheriff-Coroner

Michael V. Casten
Undersheriff

Select Notification Type

Number of Pages of This Notification: 1

DATE: _____ FROM: _____

TO: **Select Court (or Probation)** _____ DEPT: _____

DEFENDANT: _____

DOCKET(S) [Attached]: _____

REFERRED TO: **Select Program to Which Referred** _____ DATE REFERRED: _____

STATUS: **Select Status/Action** _____

☐ PRE-TRIAL – PLEASE FORWARD TO APPROPRIATE ATTORNEYS
☐ SENTENCED, NO ATTORNEY NOTIFICATION

Per applicable Penal Code sections, including 1203.018(c)(1)(C)(2), 1203.018(f), 1203.016(c) and/or 1203.016(d), the above-named participant was removed from the above program.

The reason(s) for this action are listed below:

☐ Failed to appear for enrollment appointment.
☐ Escaped from custody. Sheriff's report number _____
☐ Urine test revealed _____ _____
☐ Previously disqualified or failed twice. (Automatically disqualified on subsequent re-referral).
☐ Failed to comply with program rules:
  ☐ Failed to appear for scheduled office visit(s).
  ☐ Failed to follow his/her approved schedule.
  ☐ Failed EHD Deputy house check.
☐ Lack of suitable housing.
☐ Outstanding warrant(s).
☐ Intoxication: B.A. Level: _____
☐ Unbecoming conduct toward CAF staff/deputies.
☐ Refused to submit to random urine test.
☐ Other: _____

☒ Notes:

CUSTODY STATUS: **NOT IN CUSTODY** DATE SENT TO CUSTODY: _____

CAF Court Notification – Revised 02/03/25

For any questions concerning this matter, contact CAF at (925) 313-4260.

OFFICE OF THE SHERIFF, Contra Costa County
Custody Services Bureau, Custody Alternative Facility
1011 Las Juntas Street, Martinez, CA 94553 / (925) 313-4260 / Fax: (925) 313-4290
Email: caf-ehd@so.cccounty.us

Select Notification Type *(Continued)*

DATE: _____ FROM: _____

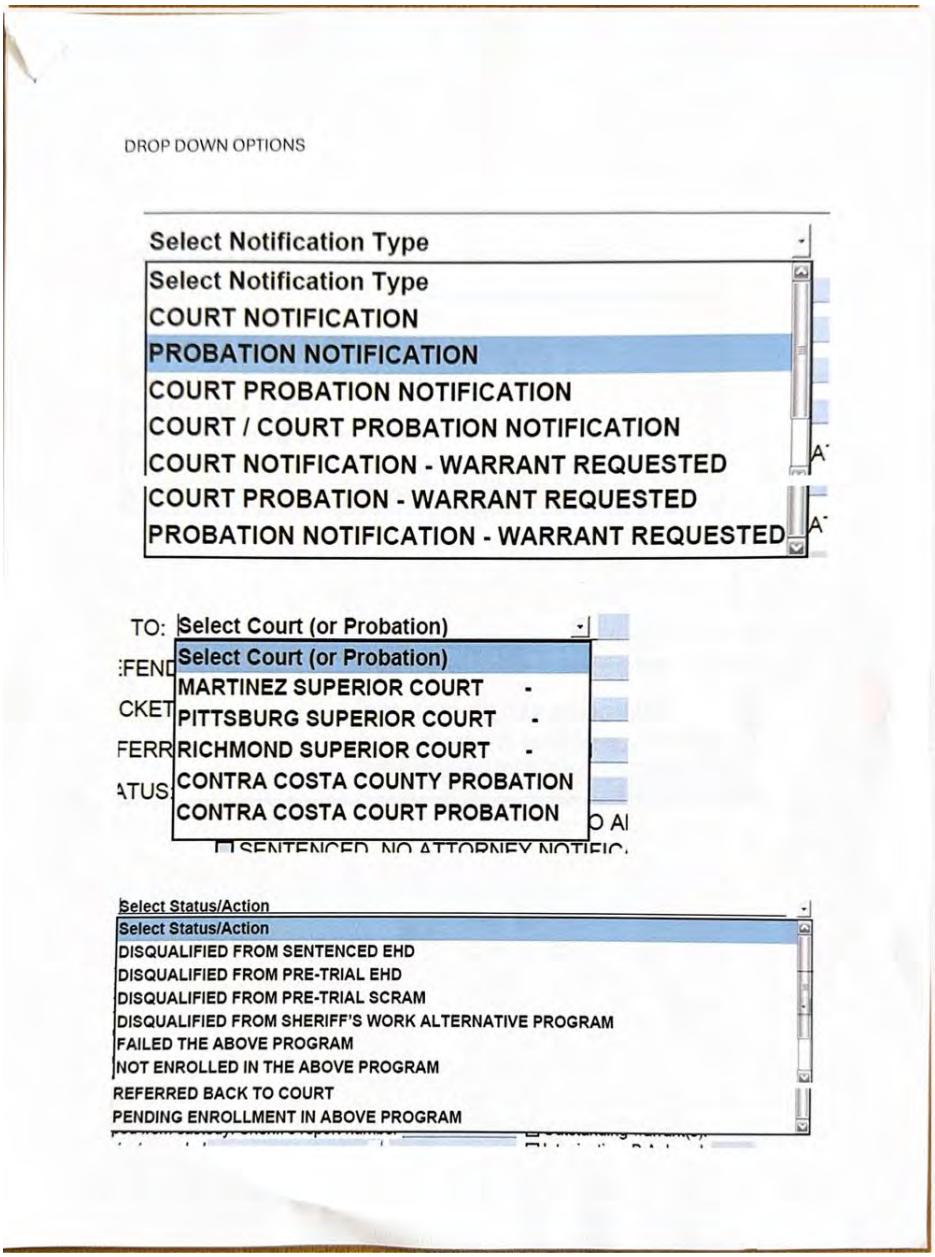
DEFENDANT: _____

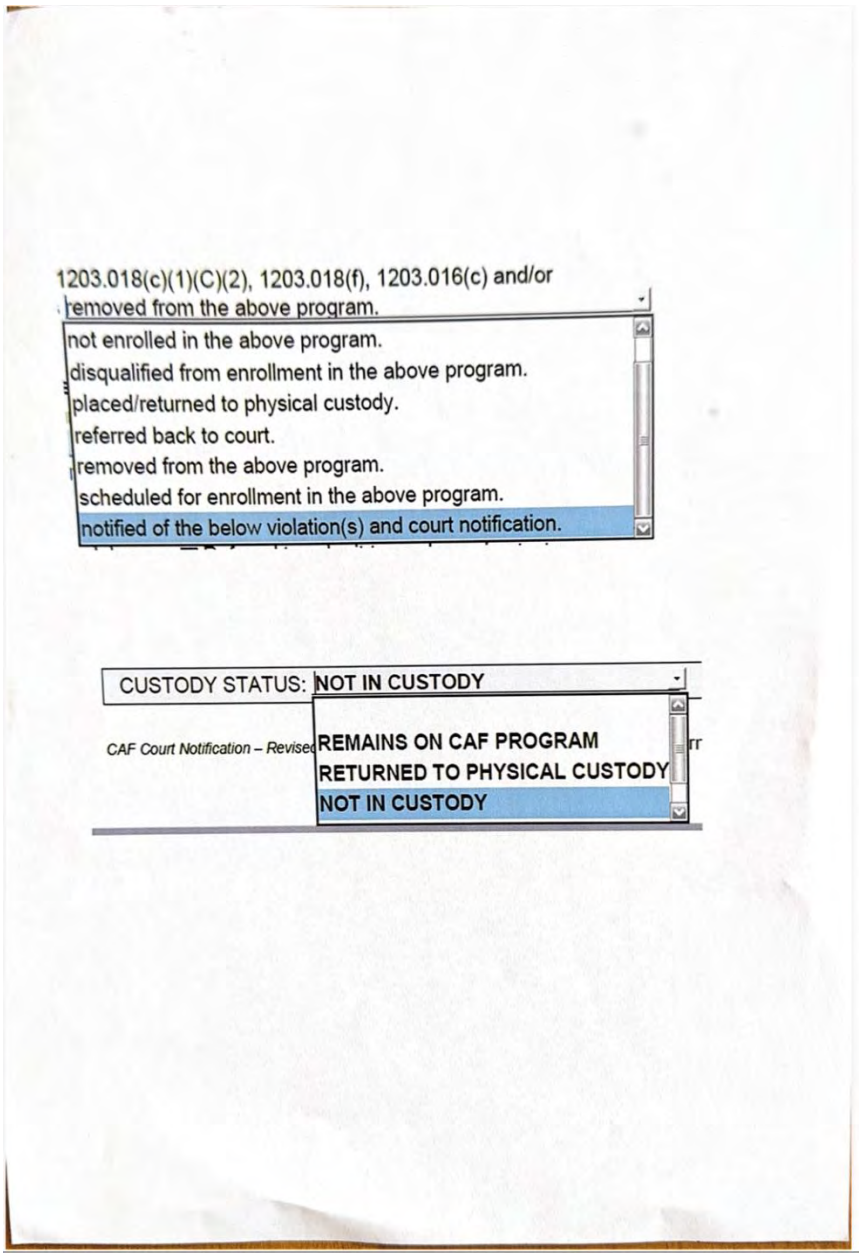
DOCKET(S): _____

NOTES (Continued...):

For any questions concerning this matter, contact CAF at (925) 313-4260.

DROP DOWN OPTIONS




1203.018(c)(1)(C)(2), 1203.018(f), 1203.016(c) and/or
removed from the above program.
not enrolled in the above program.
disqualified from enrollment in the above program.
placed/returned to physical custody.
referred back to court.
removed from the above program.
scheduled for enrollment in the above program.
notified of the below violation(s) and court notification.
CUSTODY STATUS: NOT IN CUSTODY
CAF Court Notification – Revised
REMAINS ON CAF PROGRAM
RETURNED TO PHYSICAL CUSTODY
NOT IN CUSTODY

APPENDIX E

OFFICE OF THE SHERIFF
Contra Costa County

Custody Services Bureau
Custody Alternative Facility
1011 Las Juntas Street
Martinez, CA 94553
Phone: (925) 313-4260
Fax: (925) 313-4290

DAVID O. LIVINGSTON
Sheriff-Coroner

Michael V. Casten
Undersheriff

NOTIFICATION OF DISQUALIFICATION FROM ELECTRONIC HOME DETENTION

Date: _____

To: _____

Booking or Docket #: _____

From: _____

Reason(s) for Removal:

- ☐ Current or Prior Arrest(s)/Conviction(s) History
- ☐ Past Custody Alternative Program Failure
- ☐ Court Denied Program Participation
- ☐ Failure to Appear
- ☐ Non-Verifiable or Unsuitable Housing
- ☐ EHD/SWAP Rule Violation(s)
- ☐ Pending Charge(s) and/or Warrant(s)
- ☐ Self-Surrender
- ☐ Does Not Meet Administrative Policy

In accordance with Penal Code Section 1203.016(d)(2), you have a right to appeal your disqualification or removal within (10) days from the date above.

If you were disqualified prior to enrollment in Electronic Home Detention, appeals may be submitted in writing either sent by mail or hand delivered to the Custody Alternative Facility, 1011 Las Juntas Street, Martinez, CA 94553.

If you have been returned to custody, appeals may be submitted utilizing the "Inmate Request" slips routed to the Custody Alternative Facility.

The Custody Alternative Facility Commander or designee will respond in writing within ten (10) days of receipt of an appeal request. The Custody Alternative Facility Commander or designee may restrict excessive and/or repetitive appeals.

☒ This notice furnished to the individual named above.

CAF EHD Disqualification Letter - Revised 02/03/25

APPENDIX F

Contra Costa County **Office of the Sheriff** CSB Policy and Procedure	**DETENTION**	**NUMBER:2.19.03**
	RELATED ORDERS: PC 830.1, 840, 1203.016, 1203.017, 1203.018, 1208.2, 1208.5, 4004, 4019 People v. Superior Court (Hubbard), People v. Raygoza (2016) 2 cal. App. 5th 593	
ISSUE DATE: 11-30-2023 **REVISION DATE: 11-12-2025**	**CLEARANCE:** **Custody**	
CHAPTER: **Custody Alternative Facility**	**SUBJECT:** **Electronic Home Detention**	

I. POLICY

A. The Sheriff's Office's commitment to utilizing resources to their best potential necessitates a strong and progressive Electronic Home Detention (EHD) program, which maximizes alternatives to traditional incarceration while also ensuring public safety. The EHD program provides for public safety, maintains judicial confidence, and allows the offender/ participant to be a contributing member of society while completing their court sentence.

II. PROGRAM PURPOSE

A. The EHD program allows selected individuals who are sentenced to county jail commitments to participate in the home detention program administered by the Office of the Sheriff. The EHD participant is closely supervised utilizing personal supervision and electronic monitoring equipment. The program is voluntary, and participants are given the opportunity to apply via a court referral. Participants are limited statutorily to those defined under section Penal Code §1203.016 and are screened to ensure they meet the program's selection criteria.

B. EHD also includes the placement of inmates who are unable to post bail pursuant to Penal Code §1203.018; those inmates placed on electronic monitoring in lieu of being released on their own recognizance. as well as involuntary commitments pursuant to Penal Code §1203.016.

C. Applicants are selected who can benefit from a tightly structured program allowing them to return to specified community programs and employment. The supervision in the program is individually structured to provide the participant with appropriate support to be successful. The support afforded by the program is essential to prompt participants to be more productive and to develop a self-reliant lifestyle that could curb recidivism. Safety for the community is paramount.

D. EHD shall be operated in accordance with Sheriff's Office policies and procedures, EHD program rules and regulations, and in compliance with applicable laws.

III. DEFINITIONS

A. PARTICIPANT: An individual who has been charged or convicted in a criminal case.

B. ESCAPE. Escapes, for purposes of this manual, shall be defined as cutting/tampering or rendering the bracelet strap and/or monitor inoperable.

C. CONCURRENT SENTENCING: Multiple commitments that allow two or more sentences to be served at the same time.

D. CONSECUTIVE SENTENCING: Multiple commitments for which two or more sentences run one after the other, with the term to be served equal to the cumulative total of all sentences.

IV. GENERAL

A. VALID BOOKING AUTHORITY

1. Commitment: A court order docket referring the offender to CAF for the SWAP program.

2. Out-of-County Commitment: An out-of-county commitment docket with a written request from the referring agency. All transfer requests into and out of Contra Costa County are subject to approval by CAF staff.

B. BOOKING PROCESS

1. Participants may be required to submit to a drug screening test during the application process, placement into the program, and/or during program participation. A positive drug test (including medical marijuana) may result in disqualification and/or removal from the program and the participant may be returned to custody.

2. The participant will be booked into the jail management system.

3. The participant will be fingerprinted and photographed.

4. The participant will be thoroughly briefed on the rules, regulations, and procedures for the EHD Program.

5. Prior to, or on the date of booking, the participant will read and sign the following documents:

a. EHD rules which contain the following:

- EHD home detention agreement;
- the participant's rights while in the program;
- controlled substance and alcohol agreements;
- unauthorized equipment removal agreement, to include replacement costs of the device(s); and
- program participation agreement.

6. The participant's work program, inclusion zone, exclusion zone(s) if applicable, and scheduled times away from their residence will be determined and entered into the EHD management system.

7. The participant will be given complete instructions concerning the operation and charging of the EHD equipment (GPS monitoring device) that will be attached to the participant's ankle.

8. Equipment operation will be verified in the EHD monitoring system before the participant leaves the office.

9. The participant may have additional conditions of participation in the EHD program (residential treatment program participation, treatment group attendance, etc.). These additional conditions will be documented and presented to the participant at the time of booking. Whenever possible, these conditions should be based on court documentation or an participant's needs as verified by the Case Manager, who may require proof.

C. PROGRAM REQUIREMENTS

1. Unrestricted access to the place of residence in Contra Costa County for Sheriff's Office staff to conduct random, unannounced home checks.

   a. The term residence may include a residential treatment program.

2. Adequate access to an active telephone (cellular or residential).

3. Adequate access to electricity for unit charging purposes.

D. RESTRICTED ITEMS

1. Firearms, alcohol, and illegal drugs (including medical and recreational marijuana) are prohibited from being in the participant's residence or used by the participant or in the possession of the participant during the program period without prior program staff approval.

E. RULES/REGULATIONS

1. As part of the orientation process, participants placed on EHD will be advised of the EHD rules and regulations of the program and will be provided with a signed copy of the forms.

2. Scheduled locations may include, but are not limited to, places of employment, courts, schools, day reporting centers, probation, and parole offices, and medical or program appointments. EHD staff may authorize overnight, or other absences as appropriate, and such absences must be documented in the participant's file.

3. Participants will not be allowed to recreationally visit casinos, bars, or similar businesses. Employment in these businesses must have prior approval by CAF staff.

4. Unauthorized stops may be excused in the case of a medical or other type of emergency. In all cases, the participant must advise EHD staff as soon as practical and must present evidence (receipt) of medical treatment and/or the

5. Changing the place of the scheduled location for an approved destination or telephone number without prior approval of EHD staff is not permitted.

6. Damage or loss of monitoring equipment may result in program removal and the participant being held financially and/or criminally responsible for the damage or loss.

7. Consumption or use of alcoholic beverages or illegal drugs (including medical and recreational marijuana) is prohibited and may result in program removal.

8. Abuse, misuse, or taking any prescribed medication in a manner other than specifically instructed by the prescribing physician is prohibited and may result in program removal without proof of a valid prescription.

9. Being arrested or charged with any crime including a misdemeanor traffic violation, while on the program, is prohibited and may result in program removal.

10. Associating with ex-felons, persons with a criminal history, gang members, or any person whom EHD staff advises the participant not to associate with is prohibited and may result in program removal.

11. Allowing a social gathering of more than two (2) adults (other than residents) at the participant's home without approval by EHD staff is prohibited and may result in program removal.

12. Possessing, transporting, or using any type of firearm/weapon or police radio/scanner while on the program is prohibited and may result in program removal.

13. Lying to or being uncooperative with EHD staff or law enforcement officers is prohibited and may result in program removal.

14. Participants may be permitted a scheduled time away from their residence as approved by EHD staff. Participants who are unemployed may request scheduled time away from their residences to seek employment. The participants shall be required to advise and provide proof to program staff of the locations at which they applied for employment. Failure to follow staff orders may result in this privilege being revoked.

15. Minor rule violations may result in documented verbal warnings and potential reductions of scheduled time away from their residences. Repeated minor rule violations may result in program removal and return to jail.

16. Major rule violations may result in program removal and return to jail. Examples of major rule violations include, but are not limited, to the following:

    a. Repeated violation of scheduling restrictions;

    b. Tampering with any part of the EHD equipment;

    c. Unauthorized absence from a scheduled location;

    d. Testing positive for illegal drugs, recreational and medical marijuana, and/or alcohol; or

e. Violation of protective orders and exclusion zones.

F. FIELD OPERATIONS

1. Deputies shall conduct residential house checks with two Deputies. Assistance from local law enforcement may be required any time an arrest is anticipated, or other circumstances exist which may compromise the officer's safety.

2. Field units will not proceed to any location/residence where weapons are suspected to be located, or where the officer(s) suspects that force may be used, without first contacting his/her immediate supervisor and the corresponding law enforcement agency for assistance.

G. COMPUTING SENTENCES

1. The CAF Sergeant will calculate the sentence at the time the scheduled appointment is entered into the jail management system.

2. Commitment papers received from the courts are maintained in booking folders, which must contain the following information:

   a. Applicant's name;

   b. Court docket, including:

      - Length of sentence,
      - Court credits,
      - Concurrent or consecutive sentencing,
      - Judge's signature, and
      - Court seal or filing stamp;

   c. Promise to Appear; and

   d. Date sentence to start (enrollment date).

3. Prior to computing the release date, staff will review the commitment papers carefully to determine the following:

   a. Commencement date;

   b. Length of sentence; and

   c. Credit for time served.

4. All sentences are considered concurrent unless the commitment states otherwise. When a participant is active in a program, all additional commitments must be reviewed to ascertain whether concurrent or consecutive sentencing has been specified by the court. In the absence of such specifications, the court will be contacted for clarification.

5. Good Time and Work Time credits will be given to participants on EHD as directed by the court. All participants will receive court-directed credits.

H. SUPERVISION

1. Participants will be monitored using three levels of supervision. A participant's supervision level will be determined based on the participant's ability to follow jail or program rules, the potential threat to public safety, and/or the participant's risk of re-offending.

    a. Level One: Low-Risk Supervision – Participants are allowed increased time for personal errands as well as pre-approved programs and employment appointments. Home visits should be conducted approximately once every month.

    b. Level Two: Medium-Risk Supervision – Participants are allowed pre-approved and scheduled changes in location for employment and specific errands. Home visits should be conducted approximately once every two weeks.

    c. Level Three: High-Risk Supervision – Participants are restricted to their place of residence or approved employment, medical or program appointments. Home visits should be conducted approximately once per week. Individuals already sentenced but with a stay of execution may submit an application for participation in the EHD program.

2. Participants may be required to visit the CAF office during and after business hours during which the following may be accomplished:

    a. Visual check of the EHD device for evidence of tampering;

    b. Discussion of any rule violations and explanation of any corrective measures or actions necessary;

    c. Random drug/alcohol testing; and

    d. Replacement of equipment as necessary and any other request.

I. SEARCH AND SEIZURE

1. Per Penal Code §1203.16 and §1203.18, participants assigned to the program are mandated to follow CAF EHD rules and regulations.

    a. It is not the intent of the CAF staff to conduct extensive searches during every contact with a participant. Cursory searches will be completed to ensure compliance and maintain the credibility of the program.

    b. Searches are to be conducted for reasons related to the enforcement of the terms and conditions of the participant's EHD program rules, or in the case of participants on probation for another matter, their probation conditions, or other legitimate law enforcement purposes. Reasonable grounds for a search would include verifying compliance with the terms and conditions of the EHD program rules or the conditions of probation and verifying that the participant is living at the residence.

    c. Participants will sign an EHD agreement acknowledging the search terms provided in the EHD rules. If, during a home visit or other contact

with a participant, the participant refuses to allow a search per the terms of the EHD contract, the participant will be in violation of the rules and conditions of the EHD agreement and will be immediately returned to custody.

J. RESIDENCE SEARCHES / HOME CONTACTS

1. There will be a minimum of two Deputies for any house-check search. Additional assistance may be considered depending on the circumstances of the search or contact.

2. Prior to a residence search, vehicle search, or home contact, it shall be confirmed that the participant lives at the targeted residence. Deputies shall only conduct a residence search at the participant's place of residence. Criteria that can be used to establish residency include:

   a. The officer has a "reasonable belief" that the participant lives in the home due to direct observation. This can include observing the participant enter the home with a key or answering the telephone.

   b. The participant's admission that they reside at the residence.

   c. The participant can provide copies of rental agreements or utility bills establishing that they reside in the home.

   d. Deputies conducting a search, per terms of probation or terms of the EHD agreement, will comply with knock and notice requirements. If there is no response to a knock at the door and Deputies suspect the participant may be present, the Deputy will first call and check the EHD GPS points. Prior to entering a residence, Deputies will identify themselves, state the purpose of their presence, and notify a supervisor.

   e. Upon entering the residence, Deputies should determine who else is present. For safety and security reasons, it is recommended that Deputies require the occupants of the residence to remain in a central location of the residence. When conducting a search pursuant to probation or EHD terms, Deputies may briefly detain others present in the residence to ascertain their identity, relationship to the participant, and relationship to the participant's residence.

   f. With specific and articulable facts justifying a cursory inspection of the residence, Deputies may conduct a protective sweep of the entire residence, including non-participants' quarters. Protective sweeps should be conducted based on articulated facts by a program Deputy or law enforcement officer, which indicate that there is another person(s) on the premises and the officer(s) has a reasonable belief that the other person(s) may pose a threat to them.

   g. Deputies should ask occupants if there are any weapons in the residence and ascertain the type and location of the items. If weapons are present, the Deputies shall decide if it is safe to proceed and if there is a need to continue.

h. Any illegal contraband or evidence located within the scope of a search will be handled in accordance with Deputies' training.

K. WARRANTLESS ENTRIES / SEARCHES

1. Because case law regarding search and seizure is constantly changing and subject to interpretation by the courts, each member of this department is expected to act in each situation according to current training and his/her familiarity with clearly established rights as determined by case law.

2. Whenever practical, Deputies are encouraged to contact a supervisor to resolve questions regarding search and seizure issues prior to electing a course of action.

3. Deputies are cautioned that a search warrant may be needed before entering a residence or other place to search unless lawful, warrantless entry has already been made.

   Examples of law enforcement activities that are exceptions to the general warrant requirement include, but are not limited to, searches pursuant to the following:

   a. Valid consent verbally and through a signed EHD agreement;

   b. Incident to a lawful arrest;

   c. Legitimate community caretaking interests;

   d. Vehicle searches under certain circumstances; and/or

   e. Exigent circumstances

4. Should a participant choose to revoke the consent to search clause of the EHD agreement, that participant shall be returned to jail to complete the remainder of his/her sentence.

L. ESCAPES

1. Escapes will trigger the following sequence of events:

   a. CAF staff will identify the escapee and determine the location and time of the first cutting/tampering of the bracelet strap or rendering the bracelet strap and/or monitor inoperable.

   b. Notification will be made to the CAF Sergeant, CAF Lieutenant, or next level of supervision.

   c. CAF staff will attempt to contact the inmate utilizing all contact telephone numbers available.

   d. CAF staff will advise Dispatch and the affected law enforcement agencies of the escapee and his/her identifying information.

   e. CAF staff will complete a Be-On-the-Lookout (BOLO) and forward this information to Dispatch and appropriate law enforcement agencies.

   f. CAF staff will complete a warrant request notification to the courts for the issuance of a warrant for the current case.

g. CAF staff will complete an Incident and/or Crime Report as soon as practical, identifying all the steps performed in the escape procedure before the end of their shift.

APPENDIX G

COURT REFERRAL TO CUSTODY ALTERNATIVE FACILITY

NOTE: THIS IS A CUSTODY ALTERNATIVE FACILITY DOCUMENT,
REFER TO YOUR DOCKET/MINUTE ORDER FOR SPECIFIC COURT INSTRUCTIONS

Contra Costa County Sheriff's Office
Custody Alternative Facility
1011 Las Juntas Street
Martinez, CA 94553

Court / Dept # _____

Docket #: _____

NAME: _____ DL #: _____ SSN: _____

DOB: _____ PLACE OF BIRTH: _____

RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

ADDRESS: _____ CITY: _____ ZIP: _____

CELL PHONE: _____ WORK PHONE: _____ HOME PHONE: _____

EMERGENCY CONTACT

NAME: _____ PHONE: _____ RELATIONSHIP: _____

PRE-TRIAL

PRE-TRIAL: ☐ SCRAM (Alcohol Monitoring) and/or ☐ Electronic Home Detention (EHD)
Court: Please email documents to CAF as soon as possible.

☐ SAME-DAY REFERRAL – Report immediately to the Custody Alternative Facility to enroll in Pre-Trial SCRAM. Bring all court documents with you. **You MUST arrive before 2:00 p.m.**

☐ NEXT-DAY REFERRAL – Contact the Custody Alternative Facility immediately to make an appointment for the following day. Bring all court documents with you. **Call (925) 313-4260.**

FAILURE TO REPORT WILL RESULT IN YOUR FILE BEING RETURNED TO THE COURT FOR DISPOSITION

Signature: _____ Date: _____ Witness: _____ Date: _____

POST-CONVICTION

YOU HAVE BEEN SENTENCED TO JAIL. THE COURT HAS REFERRED YOU TO THE OFFICE OF THE SHERIFF'S CUSTODY ALTERNATIVE FACILITY TO COMPLETE YOUR SENTENCE OUT OF CUSTODY, YOU MUST CONTACT THE CUSTODY ALTERNATIVE FACILITY TO SCHEDULE AN APPOINTMENT FOR ENROLLMENT. FAILURE TO CONTACT US OR KEEP YOUR APPOINTMENT WILL RESULT IN A WARRANT FOR YOUR ARREST. DO NOT BRING CHILDREN TO YOUR APPOINTMENT.

PROMISE TO APPEAR

I hereby promise to **contact the Custody Alternative Facility (CAF) at (925) 313-4260** within two weeks from today to schedule an appointment to enroll in the following program:

☐ Sheriff's Work Alternative Program ☐ Electronic Home Detention

I understand that it is my responsibility to contact CAF and complete the enrollment process. Failure to do so is a violation of Penal Code Section(s) 4024.2(c) and /or 1203.016(c) and an order for my arrest will be issued.

I have read, understand, and agree to all of the conditions listed on both sides of this Court Referral.

DO NOT SIGN THIS FORM IF YOU DO NOT UNDERSTAND IT

Signature: _____ Date: _____

Witness: _____ Date: _____

DO NOT CONTACT THE COURT FOR PROGRAM INFORMATION

White: To CAF Yellow: To Court/Booking File Pink: To Defendant *Approved 06/2025*

2606

2025–2026 Contra Costa County Civil Grand Jury

The Cost of Adult Detention Facilities

Report 2606
May 14, 2026

Approved by the Grand Jury

Brenda Balingit
GRAND JURY FOREPERSON

5/19/26
Date

Accepted for Filing

Hon. Terri Mockler
JUDGE OF THE SUPERIOR COURT

5/18/26
Date

Civil Grand Jury reports are posted at: www.cc-courts.org/civil/grand-jury-reports.aspx

SUMMARY

In 2025, the Average Daily Population (ADP) of the jails operated by Contra Costa County was less than 50% of capacity. This is due to a number of complex and overlapping factors: public policy shifts, changing incarceration philosophy post-Covid, and a reduction in crime requiring jail time. Despite the declining populations, the cost of maintaining the jails remains relatively constant.

The Sheriff's Office (which manages adult custody) balances ensuring sufficient staff and space should incarceration needs increase and being stewards of the resources the County expends to keep that space available. Staffing the facilities and providing the physical and mental health resources required by the incarcerated population in 2025 resulted in an average daily cost per inmate of $396, or $144,635 on an annual basis. These costs merit the attention of County residents and the Board of Supervisors (Board).

BACKGROUND

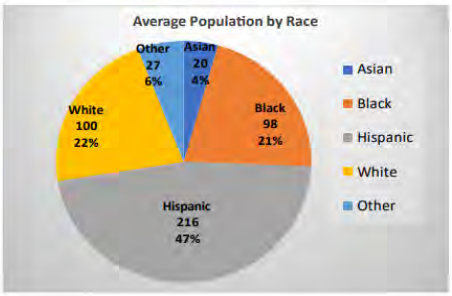
The primary costs of detention are twofold:

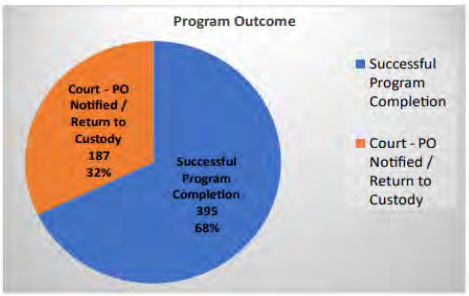
- Incarceration expenses for physical security (jail space, sworn officers, support staff), paid by the Sheriff's Office
- Support for mental and physical health needs of inmates, paid by Detention Health, a department of Contra Costa County Health

In 2020, California passed legislation (AB 1185) enabling counties to create oversight committees for sheriff's departments. In lieu of an oversight body, the Board voted to require that the Sheriff's Office provide the Board with quarterly oversight reports. The initial report included 16 slides with data about the first quarter of 2023.

In response to ongoing detailed questions and requests by the Supervisors, the quarterly presentation had grown to 46 slides by the third quarter of 2024. One slide in that presentation set out the costs of detention, as contrasted with the costs of the "Custody Alternative Facility" or CAF (i.e., Work Alternative Program, alcohol monitoring and electronic home detention):

Custody Alternative Facility





FY 23/24 Operating Costs CAF vs Detention

FY 23/24	CAF	Detention
Incarcerated Person Average Daily Cost	$36	$268

CAF operated with a $4,986,885 budget for fiscal year 23-24

The reported operating costs are calculated once per year based on approved Sheriff's Department budgets and have varied little since the initial inclusion of the slide. The Quarterly Sheriff's Oversight Report for the fourth quarter of 2025 compares the $29 daily cost of CAF to the $257 cost of detention. As part of its mandated work examining the county detention facilities, the Grand Jury wanted to better understand these costs.

Contra Costa County maintains four adult custody facilities—Martinez Detention Facility (MDF), West County Detention Facility (WCDF), Marsh Creek Detention Facility (MCDF), and CAF—all of which the Grand Jury visited during this investigation. The total average cost of in-custody detention as supplied by the County Administrator's Office (CAO), including additional services not borne by the Sheriff's Department, is $396 per day, $139 more than what is set out in the most recent Quarterly Oversight Report, which is based solely on the Sheriff's Department budget.

An audit of the detention facilities could determine the true costs of detention and where these costs can be reduced. Before that can happen, however, it is necessary to develop an accurate, transparent, and consistent methodology for identifying and reporting the costs.

DISCUSSION

The Grand Jury obtained costs for County adult detention facilities from 2016 to the present (Appendix A). For clarity, the discussion of this information is divided into sections: Adult Detention Facilities (with a separate subsection on MCDF), CAF, and the Sheriff's Office Community Transparency Portal.

Adult Detention Facilities

The three primary detention facilities meet different needs among the adult incarcerated population.

- MDF is located in downtown Martinez, easily accessible to both courthouses. It is a maximum-security facility that provides intake for all individuals arrested in the County. The maximum capacity of MDF is 695; the ADP in 2025 was 430 (62% of capacity).
- WCDF is a medium-security facility located on the Richmond waterfront. It currently has a maximum capacity of 1,096. In 2025, the ADP at WCDF was 490 (45% of capacity).
- MCDF is often referred to as "The Farm." Built on the side of Mt. Diablo, it is a minimum-security jail with dorm-like facilities capable of housing up to 188 people. The 2025 ADP was 37 (20% of capacity). The site also includes a separate law enforcement training facility.

Using the ADP as provided in the final Sheriff's Quarterly Oversight Report of 2025 and the net cost (for Fiscal Year 2024/25) provided by the County Administrator's Office (Appendix B), the Grand Jury calculated the share of the daily cost of incarceration (including $7,168,238 in transit services) paid for by the Sheriff's Office (Table 1). The final column is the annual cost divided by 365 divided by the ADP.

Table 1. Detention Costs Attributed the Sheriff's Office Budget

Facility	ADP	Cost	Daily cost per inmate
Martinez Detention Facility	430	$43,500,010	$277
West County Detention Facility	490	$36,313,095	$203
Marsh Creek Detention Facility	37	$7,460,463	$552

Averaged, these numbers square roughly with the information provided in the Sheriff's Quarterly Oversight Report for the fourth quarter 2025, i.e., $256 per day to house someone in detention.

The costs of detention, however, are not borne by the Sheriff's Office alone. Detention Health provides mental and physical health services to incarcerated individuals. The costs for these services, which are set out in the Detention Health Data (Appendix C), are not divided according to detention facility: MDF uses a single cost center, while WCDF and MCDF share another.

- Detention Health at MDF: $33,534,526
- Detention Health at MCDF and WCDF: $10,352,210

Together, there is an ADP of 527 at WCDF and MCDF (490 +37). In other words, 93% of the $10,352,210 health services cost can be proportionately attributed to WCDF and 7% to MCDF.

- Detention Health at WCDF: $9,627,555
- Detention Health at MCDF: $724,654

The costs of mental health services—$7,255,581—are attributed to a single cost center. Again, using proportionate ADP to determine the percentage to assign to each facility, the Grand Jury

calculates that if the ADP at MDF is 430, and the ADP at WCDF is 490, and the ADP at MCDF is 37, the costs to provide mental health services can be distributed as follows:

- MDF is 45% of $7,255,581or $3,265,011
- WCDF is 51% of $7,255,581or $3,700,346
- MCDF is 4% of $7,255,581or $290,223

Table 2 now reveals a more complete detention cost picture.

Table 2. Sheriff's Office and Detention Health Costs

Facility	ADP	Sheriff's Department	Detention Health Services	Detention Mental Health Services	Total	Average daily cost per person
MDF	430	$43,471,692	$33,534,526	$3,265,011	$80,271,229	$511
WCDF	490	$36,384,777	$9,627,555	$3,700,346	$49,712,618	$278
MCDF	37	$7,460,463	$724,654	$290,223	$8,475,340	$627
Total	**957**				**$138,459,187**	**$396**

In other words, combining the Sheriff's Department costs and Detention Health costs and dividing that total by ADP, the average cost of adult detention is $396 per day.

It is understandable that the Sheriff's Quarterly Oversight Report takes into account only the Sheriff's Office direct expenses. Detention Health, a division of Contra Costa County Health, provides the services for mental and physical health and bears those costs. Excluding health services when publishing the costs to house detainees, however, understates the overall cost to the County, which is 54% higher ($396) than the costs to the Sheriff's Department indicated in the Quarterly Oversight Report ($257).

The medical services provided in detention facilities include a broad range of care for incarcerated individuals. Those services are required. In October 2020, the County settled a class action lawsuit brought on behalf of inmates in County detention facilities regarding alleged inadequate medical and mental health care. The County and the class entered into a Consent Decree that obligated the County to institute remedial plans for improvements in medical and mental health care over a period of five years, including construction of a new facility—West County Re-entry, Treatment, and Housing or WRTH—located on the grounds of WCDF. This 288-bed facility (scheduled to open in May 2026) is designed to improve conditions for incarcerated individuals by offering specialized medical and behavioral healthcare, alongside re-entry and rehabilitation programs.

Additionally, there are other costs that might not be captured in the current reporting on detention facilities, such as costs associated with education and ministry. Accordingly, it is not possible for the Grand Jury to definitively assess the total costs of detention facilities.

Marsh Creek Detention Facility

MCDF deserves special mention. In 2025, the ADP ranged from 32 to 47, with an annual ADP of 37 in a facility that can accommodate 188. Since 2020 the annual ADP at MCDF has not exceeded 41. Even though MCDF is a minimum-security facility, because it has so few detainees it costs twice as much to run per person as WCDF.

MCDF is staffed by four sergeants and nine deputy sheriffs. The facility employs two cooks and one detention service worker (janitorial staff). Additionally, MCDF has two nurses assigned to the facility who are employed by Detention Health and are responsible for providing medical care to inmates. Teaching staff employed by the Contra Costa County Office of Education provide educational instruction to detainees.

Structural reasons exist for MCDF to operate at 20% of capacity. Incarceration there is limited to detainees who meet certain attributes: no significant medical or mental health care needs, low level of crime, minimal time to release, and no history of escape attempts. Also, because MCDF is so far from the county population center, even those who are qualified for transfer often prefer to remain in WCDF where they are closer to friends and family.

These factors—distance from the rest of the County, cost per detainee, and under-utilization—have caused the Board to explore, as recently as 2020, permanent closure of the facility. (MCDF did close in 2020 during the first four months of the Covid pandemic.) The Grand Jury recognizes that that closing MCDF will not result in a full "saving" of the approximately $8 million spent there annually. However, there is potential for savings in the costs of running the facility, and there is a benefit or a possibility of generating revenue if the property is repurposed or sold. Either of these could be accomplished while still maintaining the training facility that shares the property.

Custody Alternative Facility (CAF)

CAF provides three alternatives to in-person custody: the Work Alternative Program (WAP), Secure Continuous Remote Alcohol Monitoring (SCRAM), and Electronic Home Detention (EHD). The Sheriff's Quarterly Oversight Report indicates that the cost for CAF is determined by dividing the facility budget (approximately $5 million) by the total number of people enrolled in the program to get an average daily cost in the last three years ranging from $29 to $36 per day.

Of the 2,272 people enrolled in CAF, 1,471 participated in WAP. Although supervisors monitor WAP clients while they are working, the costs of this program are largely administrative: finding and contracting with appropriate employers, assigning clients to work sites, and ensuring that they complete their time as required.

Thus, WAP is less costly to administer than either SCRAM or EHD, both of which require deputies and/or specialists to track and install ankle monitors, to interface with third-party vendors, and to provide oversight and home inspections. Including the large number of clients on WAP when calculating average CAF costs understates the costs of SCRAM and EHD. Setting

aside the issue of whether CAF is a good use of County resources, the cost data reported by the Sheriff's Office reveals only the aggregate costs of operating CAF.

Sheriff's Office Community Transparency Portal

In April 2026, the Sheriff's Office initiated a community Transparency Portal. The portal sets out online much of the data included in the Sheriff's Quarterly Oversight Report to the Board. As of this writing, the portal is not active; however, when it was, it did not include information regarding the costs of detention.

FINDINGS

F1. The Sheriff's Quarterly Oversight Report to the Board of Supervisors regarding the cost of detention borne by the Sheriff's Department does not include costs borne by other County departments, such as the costs of medical and mental health services.

F2. In 2025, the average daily cost to detain an adult in custody at the County's three detention facilities, including mental and medical services, was $396.

F3. At $627 per day, Marsh Creek Detention Facility (MCDF) costs more to house inmates than Martinez Detention Facility ($511) or West County Detention Facility ($278).

F4. MCDF operates at 20% of its capacity.

F5. The Custody Alternative Facility (CAF) does not separately report the costs of the programs it administers: Sheriff's Work Alternative Program, Secure Continuous Remote Alcohol Monitoring, and Electronic Home Detention.

F6. The most recently available Sheriff's Community Transparency Portal does not report the costs to manage the adult detention facilities.

RECOMMENDATIONS

R1. By January 1, 2027, the Board should consider requiring an audit to determine the full costs of adult detention facilities.

R2. Upon completion of the audit and no later than June 30, 2027, the Board should consider directing the auditor to report on the review of the full costs of operating each of the adult detention facilities.

R3. By October 31, 2026, the Sheriff's Office should consider clarifying in its Quarterly Oversight Report that the detention costs reflect only the Sheriff's Office costs.

R4. By January 1, 2027, the Board should consider directing the Sheriff's Office and the County Administrator's Office to identify a methodology for determining and reporting the full costs of the adult detention facilities operated by Contra Costa County.

R5. By July 1, 2027, the Board should consider directing the Sheriff's Office to close MCDF.

R6. By December 31, 2026, the Board should consider directing the Sheriff's Office to collect and report operating cost data separately for each CAF program.

REQUEST FOR RESPONSES

Pursuant to California Penal Code § 933(b) et seq. and California Penal Code § 933.05, the 2025-2026 Contra Costa County Civil Grand Jury requests responses from the following governing bodies:

Responding Agency	Findings	Recommendations
Sheriff's Office	F1 - F6	R3, R4, R5, R6
Board of Supervisors	F1	R1, R2, R5, R6

These responses must be provided in the format and by the date set forth in the cover letter that accompanies this report. An electronic copy of these responses in the form of a Word document should be sent by e-mail to ctadmin@contracosta.courts.ca.gov and a hard (paper) copy should be sent to:

Civil Grand Jury – Foreperson
725 Court Street
P.O. Box 431
Martinez, CA 94553-0091

Reports issued by the Grand Jury do not identify individuals interviewed. Penal Code section 929 requires that reports of the Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the Grand Jury.

APPENDIX A

Detention Facility	Department	2017-18 Adjusted	2017-18 Actuals	2018-19 Adjusted	2018-19 Actuals	2019-20 Adjusted	2019-20 Actuals
Custodial Alternative	Sheriff	$ 3,848,285	$ 3,851,063	$ 3,999,019	$ 4,125,938	$ 4,542,219	$ 4,267,108
Martinez Detention	Sheriff, Health Detention, Health MH	$ 50,561,102	$ 49,597,590	$ 50,422,588	$ 51,358,658	$ 54,886,520	$ 37,106,620
West County	Sheriff, Health Detention, Health MH	$ 30,222,406	$ 32,674,232	$ 31,897,347	$ 32,892,118	$ 26,469,017	$ 25,666,678
Marsh Creek	Sheriff	$ 3,783,984	$ 4,057,204	$ 4,491,873	$ 5,157,143	$ 5,488,110	$ 3,889,667
Other: Detention Transportation	Sheriff	$ 4,825,834	$ 5,223,394	$ 5,541,491	$ 5,520,773	$ 5,903,013	$ 5,718,191

Detention Facility	Department	2020-21 Adjusted	2020-21 Actuals	2021-22 Adjusted	2021-22 Actuals	2022-23 Adjusted	2022-23 Actuals
Custodial Alternative	Sheriff	$ 4,680,363	$ 3,835,139	$ 4,387,281	$ 4,121,521	$ 4,653,692	$ 4,469,538
Martinez Detention	Sheriff, Health Detention, Health MH	$ 52,566,694	$ 23,004,071	$ 61,820,577	$ 59,736,046	$ 70,092,705	$ 70,672,399
West County	Sheriff, Health Detention, Health MH	$ 31,767,747	$ 39,621,962	$ 35,257,254	$ 37,645,160	$ 34,167,155	$ 34,700,831
Marsh Creek	Sheriff	$ 5,748,175	$ 3,413,742	$ 5,801,387	$ 6,313,671	$ 6,099,024	$ 6,002,269
Other: Detention Transportation	Sheriff	$ 6,069,557	$ 1,631,607	$ 6,455,968	$ 6,484,691	$ 6,532,631	$ 5,589,791

Detention Facility	Department	2023-24 Adjusted	2023-24 Actuals	2024-25 Adjusted	2024-25 Actuals	2025-26 Adjusted Total
Custodial Alternative	Sheriff	$ 4,986,884	$ 4,613,286	$ 4,754,854	$ 4,424,914	$ 5,027,981
Martinez Detention	Sheriff, Health Detention, Health MH	$ 72,224,028	$ 74,093,736	$ 83,089,151	$ 82,560,641	$ 84,090,132
West County	Sheriff, Health Detention, Health MH	$ 37,611,158	$ 40,159,531	$ 44,411,344	$ 44,703,374	$ 55,504,624
Marsh Creek	Sheriff	$ 6,898,663	$ 6,588,822	$ 6,278,651	$ 7,174,034	$ 6,605,971
Other: Detention Transportation	Sheriff	$ 6,896,734	$ 6,058,687	$ 7,081,449	$ 7,168,238	$ 7,474,804

APPENDIX B

Detention Facilities Total Operating Expenditures, Fiscal Years 2023-2025						
Detention Facility	**Department**	**Cost Centers**	**2023-24 Actuals**	**2024-25 Actuals**	Check	Check
Custodial Alternative	Sheriff	2571	$ 4,613,286	$ 4,424,914	$ (0)	$ -
Martinez Detention	Sheriff, Health Detention, Health MH	2578 SO Detention 5700 HSD Infirmary 5710 HSD MH	$ 74,093,736	$ 82,560,641	$ (0)	$ (0)
West County	Sheriff, Health Detention, Health MH	2580 SO Detention 5701 HSD Infirmary 5711 HSD MH	$ 40,159,531	$ 44,703,374	$ -	$ -
Marsh Creek	Sheriff	2585	$ 6,588,822	$ 7,174,034	$ (0)	$ -
Other: Detention Transportation	Sheriff	2575	$ 6,058,687	$ 7,168,238	$ -	$ (0)

Account	2023-24 Actuals	2024-25 Actuals
0300 - CUSTODY SERVICES BUREAU		
2578 -MARTINEZ DETENTION FACILITY		
Summary		
Expense		
E1000 - Salaries And Benefits	34,526,095	36,014,146
E2000 - Services And Supplies	4,477,972	4,518,627
E3000 - Other Charges	3,692	693
E4000 - Fixed Assets	7,294	12,245
E5000 - Expenditure Transfers	-113,230	-127,246
Expense Total	38,901,822	40,418,466
Revenue		
R9600 - Charges For Services	129,761	139,576
R9800 - Miscellaneous Revenue	0	4,587
Revenue Total	129,761	144,163
Net Cost:	38,772,061	40,274,303
Account Detail		
Expense		
1011 - Permanent Salaries	16,366,707	17,152,355
1013 - Temporary Salaries	22,467	33,348
1014 - Permanent Overtime	5,292,969	6,396,716
1015 - Deferred Comp	27,628	22,054
1019 - Comp & SDI Recoveries	-272,522	-273,453
1042 - FICA/Medicare	510,718	547,357
1043 - Ret Exp-Pre 97 Retirees	0	42,670
1044 - Retirement Expense	9,077,539	7,909,758
1060 - Employee Group Insurance	2,082,742	2,240,503
1063 - Unemployment Insurance	42,082	46,474
1070 - Workers Comp Insurance	1,375,764	1,896,363
2100 - Office Expense	79,185	99,775
2102 - Books-Periodicals-Subscriptions	394	1,279
2103 - Postage	1,261	1,690
2110 - Communications	23,869	28,084
2111 - Telephone Exchange Service	51,789	31,546
2120 - Utilities	0	0
2130 - Small Tools and Instruments	238	1,489
2131 - Minor Furniture/Equipment	15,613	27,645
2132 - Minor Computer Equipment	11,361	1,200
2141 - Pharmaceutical Supplies	0	7,683
2150 - Food	1,263,908	1,610,686
2160 - Clothing & Personal Supplies	216,849	222,159
2170 - Household Expense	438,055	370,056
2200 - Memberships	130	0
2250 - Rents and Leases-Equipment	101,349	91,139
2262 - Building Occupancy Costs	24,524	24,546
2265 - Bldg Lifecycle Costs	250,483	245,966
2270 - Maintenance - Equipment	77,770	26,447
2276 - Mntn Radio-Electronic Equipment	7,454	0
2281 - Maintenance of Buildings	0	0
2284 - Requested Maintenance	1,314,690	972,759
2300 - Transportation and Travel	1,847	3,995
2301 - Auto Mileage Employees	73	190
2302 - Use of Co Vehicle/Equipment	0	0
2303 - Other Travel Employees	18,242	22,573
2305 - Freight Drayage Express	0	22,275
2310 - Non Cnty Prof/Spclzd Svcs	311,090	262,643
2315 - Data Processing Services	146,584	368,013
2316 - Data Processing Supplies	18,541	0
2326 - Information Security Charges	37,082	0
2331 - GSD Courier Svc	4,124	4,230
2335 - Other Telecom Charges	17,103	21,108
2467 - Training & Registrations	15,403	17,822
2479 - Other Special Departmental Exp	28,961	31,181
2491 - Cash Shortage Reimbursement	0	450
3560 - Depreciation	0	0
3611 - Interfund Exp - Gov/Gov	1,598	108
3612 - Interfund Exp - Gov/Ent	2,094	585
4948 - Miscellaneous Equipment	0	0
4952 - Institutional Equip & Furniture	7,294	12,245
5011 - Reimbursements-Gov/Gov	23,967	11,445
5022 - Intrafund-Trans-Services	-137,196	-138,691
Expense Total	38,901,822	40,418,466
Revenue		
9873 - Cafeteria Receipts	129,761	139,576
9975 - Misc Non-Taxable Revenue	0	4,587
Revenue Total	129,761	144,163
0300 Expense	38,901,822	40,418,466
0300 Revenue	129,761	144,163
0300 Net Cost:	38,772,061	40,274,303

Account	2023-24 Actuals	2024-25 Actuals
0301 - HLTH SVCS-DETENTION INMATES		
5700 - MARTINEZ DETENTION INFIRMARY		
Summary		
Expense		
E1000 - Salaries And Benefits	21,311,360	24,442,762
E2000 - Services And Supplies	5,900,166	10,167,972
E3000 - Other Charges	74,946	35,799
E4000 - Fixed Assets	48,699	160,462
E5000 - Expenditure Transfers	59,336	6,844
Expense Total	27,394,507	34,813,839
Revenue		
R9500 - Intergovernmental Revenue	0	0
R9600 - Charges For Services	1,184,263	1,278,105
R9800 - Miscellaneous Revenue	469	1,208
Revenue Total	1,184,732	1,279,313
Net Cost:	**26,209,775**	**33,534,526**
Account Detail		
Expense		
1011 - Permanent Salaries	11,452,914	13,239,468
1013 - Temporary Salaries	2,143,986	2,346,014
1014 - Permanent Overtime	352,843	632,492
1015 - Deferred Comp	41,432	52,175
1017 - Perm Physicians Salaries	1,164,668	1,467,808
1018 - Perm Phys Addnl Duty Pay	44,279	57,118
1019 - Comp & SDI Recoveries	-5,701	-24,797
1042 - FICA/Medicare	1,010,236	1,165,782
1043 - Ret Exp-Pre 97 Retirees	0	11,744
1044 - Retirement Expense	2,641,848	2,436,644
1060 - Employee Group Insurance	1,783,706	2,226,536
1061 - Retiree Health Insurance	338,572	365,661
1063 - Unemployment Insurance	30,399	35,577
1070 - Workers Comp Insurance	312,176	430,540
2100 - Office Expense	43,550	57,801
2102 - Books-Periodicals-Subscriptions	113	2,115
2103 - Postage	5,189	569
2110 - Communications	17,286	23,873
2111 - Telephone Exchange Service	17,053	14,065
2130 - Small Tools and Instruments	11,609	21,214
2131 - Minor Furniture/Equipment	10,772	123,104
2132 - Minor Computer Equipment	12,134	35,064
2140 - Medical & Lab Supplies	115,641	156,352
2141 - Pharmaceutical Supplies	2,760,771	3,643,307
2150 - Food	960	0
2160 - Clothing & Personal Supplies	37,614	21,664
2170 - Household Expense	575	3,212
2190 - Publications & Legal Notices	89,506	84,495
2200 - Memberships	906	2,817
2250 - Rents and Leases-Equipment	167,891	227,827
2251 - Computer Software Cost	2,500	25,743
2260 - Rents & Leases - Property	8,770	8,059
2284 - Requested Maintenance	76,378	246,054
2286 - Non-Cap Imps - Mtce	15,793	5,312
2300 - Transportation and Travel	470	5,552
2301 - Auto Mileage Employees	14,548	10,727
2302 - Use of Co Vehicle/Equipment	336	0
2303 - Other Travel Employees	101	480
2305 - Freight Drayage Express	7,594	0
2310 - Non Cnty Prof/Spclzd Svcs	787,365	1,252,973
2314 - Contracted Temporary Help	473,677	107,838
2315 - Data Processing Services	85,227	230,297
2316 - Data Processing Supplies	16,050	0
2320 - Outside Medical Services	29,045	36,387
2321 - County Hospital Services	1,006,526	3,705,407
2326 - Information Security Charges	32,101	0
2330 - Other Gen Svcs Charges	30,098	67,953
2335 - Other Telecom Charges	4,054	19,439
2340 - Other Intrdptmntl Charges	10,301	6,042
2467 - Training & Registrations	1,720	4,890
2473 - Specialized Printing	1,295	0
2477 - Ed Supplies and Courses	261	0
2479 - Other Special Departmental Exp	4,385	17,343
3611 - Interfund Exp - Gov/Gov	74,946	35,799
4159 - 390-Pharmacy-Pill Rm Reno	0	8,020
4951 - Office Equip & Furniture	10,495	0
4954 - Medical & Lab Equipment	38,203	152,442
5011 - Reimbursements-Gov/Gov	7,138	6,844
5021 - Intrafund-Trans-Salaries	0	0
5022 - Intrafund-Trans-Services	52,197	0
Expense Total	27,394,507	34,813,839
Revenue		
9259 - State Aid Realignment-VLF	0	0
9263 - State Aid Realignment-Sales Tax	0	0
9785 - M/H Svcs-Medi-Cal	1,184,263	1,278,105
9951 - Reimbursements-Gov/Gov	0	0
9975 - Misc Non-Taxable Revenue	469	1,208
Revenue Total	1,184,732	1,279,313
0301 Expense	27,394,507	34,813,839
0301 Revenue	1,184,732	1,279,313
0301 Net Cost:	**26,209,775**	**33,534,526**

Account	2023-24 Actuals	2024-25 Actuals
0301 - HLTH SVCS-DETENTION INMATES		
5710 - DETENTION MNTL-HEALTH MARTINEZ		
Summary		
Expense		
E1000 - Salaries And Benefits	3,352,049	3,469,499
E2000 - Services And Supplies	4,445,358	3,858,838
Expense Total	7,797,407	7,328,337
Revenue		
R9500 - Intergovernmental Revenue	71,365	72,756
Revenue Total	71,365	72,756
Net Cost:	7,726,043	7,255,581
Account Detail		
Expense		
1011 - Permanent Salaries	1,790,975	1,907,548
1013 - Temporary Salaries	0	523
1014 - Permanent Overtime	706,408	674,135
1015 - Deferred Comp	15,501	15,687
1042 - FICA/Medicare	174,783	175,072
1043 - Ret Exp-Pre 97 Retirees	0	1,683
1044 - Retirement Expense	370,768	349,746
1060 - Employee Group Insurance	237,142	277,204
1063 - Unemployment Insurance	5,026	5,201
1070 - Workers Comp Insurance	51,446	62,701
2100 - Office Expense	6,509	9,809
2102 - Books-Periodicals-Subscriptions	0	140
2103 - Postage	1	0
2110 - Communications	6,046	4,909
2111 - Telephone Exchange Service	5,111	6,016
2131 - Minor Furniture/Equipment	658	2,393
2132 - Minor Computer Equipment	2,130	7,361
2140 - Medical & Lab Supplies	860	64
2160 - Clothing & Personal Supplies	97	0
2170 - Household Expense	291	0
2250 - Rents and Leases-Equipment	17,343	20,578
2284 - Requested Maintenance	817	2,004
2301 - Auto Mileage Employees	2,036	835
2305 - Freight Drayage Express	0	240
2310 - Non Cnty Prof/Spclzd Svcs	3,922,310	3,586,912
2313 - Outside Attorney Fees	0	113,852
2315 - Data Processing Services	14,160	31,302
2316 - Data Processing Supplies	1,937	0
2320 - Outside Medical Services	450,860	66,417
2326 - Information Security Charges	3,874	0
2335 - Other Telecom Charges	819	0
2340 - Other Intrdptmntl Charges	0	750
2479 - Other Special Departmental Exp	9,499	5,256
Expense Total	7,797,407	7,328,337
Revenue		
9259 - State Aid Realignment-VLF	3,263	3,413
9263 - State Aid Realignment-Sales Tax	68,101	69,343
Revenue Total	71,365	72,756
0301 Expense	7,797,407	7,328,337
0301 Revenue	71,365	72,756
0301 Net Cost:	7,726,043	7,255,581

Account	2023-24 Actuals	2024-25 Actuals
0300 - CUSTODY SERVICES BUREAU		
2580 - WEST COUNTY DETENTION FACILITY		
Summary		
Expense		
E1000 - Salaries And Benefits	26,607,896	27,882,840
E2000 - Services And Supplies	3,790,024	4,448,297
E3000 - Other Charges	7,490	5,735
E4000 - Fixed Assets	9,640	24,452
E5000 - Expenditure Transfers	83,458	59,641
Expense Total	30,498,508	32,420,965
Revenue		
R9600 - Charges For Services	5,826	6,995
R9800 - Miscellaneous Revenue	30	168
Revenue Total	5,856	7,163
Net Cost:	30,249,160	32,657,294
Account Detail		
Expense		
1011 - Permanent Salaries	11,743,015	12,477,724
1013 - Temporary Salaries	186,252	216,107
1014 - Permanent Overtime	4,843,604	5,603,105
1015 - Deferred Comp	19,230	19,246
1019 - Comp & SDI Recoveries	-133,988	-236,341
1042 - FICA/Medicare	404,743	449,267
1043 - Ret Exp-Pre 97 Retirees	0	32,632
1044 - Retirement Expense	6,832,721	6,088,525
1060 - Employee Group Insurance	1,614,712	1,737,598
1063 - Unemployment Insurance	33,159	36,467
1070 - Workers Comp Insurance	1,064,447	1,458,510
2100 - Office Expense	75,104	84,101
2102 - Books-Periodicals-Subscriptions	244	249
2103 - Postage	507	690
2110 - Communications	20,108	24,901
2111 - Telephone Exchange Service	34,266	35,100
2130 - Small Tools and Instruments	197	4,459
2131 - Minor Furniture/Equipment	16,540	15,046
2132 - Minor Computer Equipment	3,043	5,621
2150 - Food	1,338,595	1,817,060
2160 - Clothing & Personal Supplies	259,465	217,269
2170 - Household Expense	476,667	366,092
2180 - Agricultural Expense	0	0
2200 - Memberships	0	0

2250 - Rents and Leases-Equipment	38,008	29,934
2251 - Computer Software Cost	0	0
2260 - Rents & Leases - Property	0	0
2265 - Bldg Lifecycle Costs	373,699	366,956
2270 - Maintenance - Equipment	81,855	31,895
2276 - Mntn Radio-Electronic Equipment	1,395	0
2281 - Maintenance of Buildings	0	0
2282 - Grounds Maintenance	212	548
2284 - Requested Maintenance	715,911	946,038
2300 - Transportation and Travel	1,091	3,309
2301 - Auto Mileage Employees	146	48
2302 - Use of Co Vehicle/Equipment	0	0
2303 - Other Travel Employees	3,984	5,882
2305 - Freight Drayage Express	0	22,425
2310 - Non Cnty Prof/Spclzd Svcs	78,555	55,372
2314 - Contracted Temporary Help	3,306	83,188
2315 - Data Processing Services	123,735	287,353
2316 - Data Processing Supplies	15,635	0
2326 - Information Security Charges	31,271	0
2330 - Other Gen Svcs Charges	0	0
2335 - Other Telecom Charges	10,253	27,958
2467 - Training & Registrations	4,740	3,318
2476 - Recreation	0	6,519
2479 - Other Special Departmental Exp	81,494	6,966
2491 - Cash Shortage Reimbursement	0	0
3611 - Interfund Exp - Gov/Gov	7,141	5,660
3612 - Interfund Exp - Gov/Ent	349	75
3622 - Gen Svc-Other G S Charges	0	0
4952 - Institutional Equip & Furniture	9,640	24,452
4955 - Radio & Communication Equip	0	0
5011 - Reimbursements-Gov/Gov	156,145	161,778
5022 - Intrafund-Trans-Services	-72,687	-102,137
Expense Total	**30,498,508**	**32,420,965**
Revenue		
9873 - Cafeteria Receipts	5,826	6,995
9895 - Misc Current Services	0	0
9975 - Misc Non-Taxable Revenue	30	168
Revenue Total	**5,856**	**7,163**
0300 Expense	30,498,508	32,420,965
0300 Revenue	249,348	-236,330
0300 Net Cost:	**30,249,160**	**32,657,294**

Account	2023-24 Actuals	2024-25 Actuals
0301 - HLTH SVCS-DETENTION INMATES		
5701 - WEST DETENTION INFIRMARY		
Summary		
Expense		
E1000 - Salaries And Benefits	8,889,656	10,529,216
E2000 - Services And Supplies	675,033	983,387
E4000 - Fixed Assets	76,398	179,761
E5000 - Expenditure Transfers	1,116	1,578
Expense Total	9,642,204	11,693,942
Revenue		
R9900 - Miscellaneous Revenue	1,277,840	1,341,732
Revenue Total	1,277,840	1,341,732
Net Cost:	8,364,364	10,352,210
Account Detail		
Expense		
1011 - Permanent Salaries	5,300,429	5,958,886
1013 - Temporary Salaries	763,510	1,469,948
1014 - Permanent Overtime	243,589	319,714
1015 - Deferred Comp	12,734	16,377
1019 - Comp & SDI Recoveries	-1,499	0
1042 - FICA/Medicare	429,935	534,974
1043 - Ret Exp-Pre 97 Retirees	0	5,503
1044 - Retirement Expense	1,154,013	1,042,115
1060 - Employee Group Insurance	844,403	978,203
1063 - Unemployment Insurance	12,627	15,516
1070 - Workers Comp Insurance	129,935	187,980
2100 - Office Expense	35,999	33,341
2110 - Communications	21,140	13,667
2111 - Telephone Exchange Service	2,020	2,696
2130 - Small Tools and Instruments	-2,370	51,333
2131 - Minor Furniture/Equipment	5,844	1,952
2132 - Minor Computer Equipment	6,710	13,715
2140 - Medical & Lab Supplies	120,712	137,020
2141 - Pharmaceutical Supplies	1,885	1,089
2150 - Food	24,247	19,296
2160 - Clothing & Personal Supplies	23,432	16,773
2170 - Household Expense	213	3,276
2190 - Publications & Legal Notices	31,997	29,380
2200 - Memberships	1,323	780
2250 - Rents and Leases-Equipment	11,777	10,711
2251 - Computer Software Cost	5,000	6,240
2284 - Requested Maintenance	68,829	266,762
2286 - Non-Cap Imps - Mtce	19,439	27,342
2300 - Transportation and Travel	480	620
2301 - Auto Mileage Employees	7,131	888
2305 - Freight Drayage Express	2,250	0
2310 - Non Cnty Prof/Spclzd Svcs	77,031	30,228
2314 - Contracted Temporary Help	104,033	122,384
2315 - Data Processing Services	68,625	107,323
2316 - Data Processing Supplies	4,013	0
2320 - Outside Medical Services	1,780	1,597
2326 - Information Security Charges	8,025	0
2335 - Other Telecom Charges	16,544	75,212
2340 - Other Intrdptmntl Charges	3,300	4,850
2467 - Training & Registrations	828	1,104
2477 - Ed Supplies and Courses	131	0
2479 - Other Special Departmental Exp	2,067	3,807
2490 - Misc Services & Supplies	600	0
4954 - Medical & Lab Equipment	76,398	179,761
5011 - Reimbursements-Gov/Gov	1,116	1,578
Expense Total	9,642,204	11,693,942
Revenue		
9951 - Reimbursements-Gov/Gov	1,277,840	1,341,732
Revenue Total	1,277,840	1,341,732
0301 Expense	9,642,204	11,693,942
0301 Revenue	1,277,840	1,341,732
0301 Net Cost:	8,364,364	10,352,210

Account	2023-24 Actuals	2024-25 Actuals
0300 - CUSTODY SERVICES BUREAU		
2585 - MARSH CREEK DETENTION FACILITY		
Summary		
Expense		
E1000 - Salaries And Benefits	5,842,700	6,410,786
E2000 - Services And Supplies	721,871	718,548
E3000 - Other Charges	413	70
E4000 - Fixed Assets	0	10,241
E5000 - Expenditure Transfers	23,839	34,389
Expense Total	**6,588,822**	**7,174,034**
Revenue		
R9000 - Charges For Services	75	300
Revenue Total	75	300
Net Cost:	**6,588,747**	**7,173,734**
Account Detail		
Expense		
1011 - Permanent Salaries	2,392,495	2,811,262
1013 - Temporary Salaries	0	18,066
1014 - Permanent Overtime	1,048,281	1,119,874
1015 - Deferred Comp	348	3,205
1019 - Comp & SDI Recoveries	-10,558	-46,227
1042 - FICA/Medicare	67,035	77,505
1043 - Ret Exp-Pre 97 Retirees	0	8,348
1044 - Retirement Expense	1,726,886	1,634,126
1060 - Employee Group Insurance	389,432	466,676
1063 - Unemployment Insurance	6,904	7,806
1070 - Workers Comp Insurance	221,879	320,146
2100 - Office Expense	1,816	2,290
2102 - Books-Periodicals-Subscriptions	54	51
2103 - Postage	12	6
2110 - Communications	4,239	5,035
2111 - Telephone Exchange Service	11,869	4,553
2120 - Utilities	0	0
2130 - Small Tools and Instruments	324	0
2131 - Minor Furniture/Equipment	1,242	447
2140 - Medical & Lab Supplies	1,750	39
2150 - Food	252,713	300,600
2160 - Clothing & Personal Supplies	11,509	13,711
2170 - Household Expense	38,419	31,830
2180 - Agricultural Expense	0	0
2250 - Rents and Leases-Equipment	2,622	2,420
2265 - Bldg Lifecycle Costs	101,174	99,350
2270 - Maintenance - Equipment	525	4,946
2276 - Mntn Radio-Electronic Equipment	0	0
2281 - Maintenance of Buildings	0	0
2282 - Grounds Maintenance	0	0
2284 - Requested Maintenance	139,989	150,457
2286 - Non-Cap Imps - Mtce	7,346	3,942
2301 - Auto Mileage Employees	0	0
2302 - Use of Co Vehicle/Equipment	0	0
2303 - Other Travel Employees	0	0
2305 - Freight Drayage Express	0	4,950
2310 - Non Cnty Prof/Spclzd Svcs	42,670	47,881
2315 - Data Processing Services	74,988	42,851
2316 - Data Processing Supplies	2,491	0
2326 - Information Security Charges	4,981	0
2335 - Other Telecom Charges	7,107	1,481
2467 - Training & Registrations	0	0
2474 - Fire Fighting Supplies	0	0
2479 - Other Special Departmental Exp	14,028	1,707
3560 - Depreciation	0	0
3611 - Interfund Exp - Gov/Gov	413	70
4952 - Institutional Equip & Furniture	0	10,241
5011 - Reimbursements-Gov/Gov	23,839	34,389
Expense Total	**6,588,822**	**7,174,034**
Revenue		
9873 - Cafeteria Receipts	75	300
Revenue Total	75	300
0300 Expense	6,588,822	7,174,034
0300 Revenue	75	300
0300 Net Cost:	6,588,747	7,173,734

Account	2023-24 Actuals	2024-25 Actuals
0300 - CUSTODY SERVICES BUREAU		
2575 - DETENTION TRANSPORTATION		
Summary		
Expense		
E1000 - Salaries And Benefits	5,389,717	6,051,074
E2000 - Services And Supplies	82,194	104,859
E3000 - Other Charges	196	97
E4000 - Fixed Assets	0	480,705
E9000 - Expenditure Transfers	576,610	531,703
Expense Total	6,058,687	7,168,238
Revenue		
R9500 - Intergovernmental Revenue	393	0
R9800 - Miscellaneous Revenue	442,008	0
Revenue Total	442,401	0
Net Cost:	5,616,286	7,168,238
Account Detail		
Expense		
1011 - Permanent Salaries	2,791,077	3,287,080
1014 - Permanent Overtime	547,515	663,869
1015 - Deferred Comp	553	472
1019 - Comp & SDI Recoveries	-36,789	-61,895
1042 - FICA/Medicare	57,557	62,299
1043 - Ret Exp-Pre 97 Retirees	0	8,153
1044 - Retirement Expense	1,480,137	1,370,804
1060 - Employee Group Insurance	329,496	391,987
1063 - Unemployment Insurance	6,644	7,580
1070 - Workers Comp Insurance	223,529	340,520
2130 - Office Expense	940	1,125
2133 - Postage	13	15
2110 - Communications	386	433
2111 - Telephone Exchange Service	2,497	1,301
2130 - Small Tools and Instruments	0	72
2131 - Minor Furniture/Equipment	4,439	185
2180 - Clothing & Personal Supplies	17,894	19,548
2170 - Household Expense	9	771
2250 - Rents and Leases-Equipment	728	1,041
2276 - Mntn Radio-Electronic Equipment	1,116	0
2284 - Requested Maintenance	390	1,213
2300 - Transportation and Travel	2,419	6,313
2302 - Use of Co Vehicle/Equipment	0	0
2303 - Other Travel Employees	216	551
2310 - Non Cnty Prof/Spclzd Svcs	289	621
2315 - Data Processing Services	25,800	52,933
2316 - Data Processing Supplies	2,906	0
2326 - Information Security Charges	5,811	0
2335 - Other Telecom Charges	0	275
2340 - Other Intrdptmntl Charges	0	0
2467 - Training & Registrations	2,779	790
2479 - Other Special Departmental Exp	13,613	17,772
3560 - Depreciation	0	0
3611 - Interfund Exp - Gov/Gov	196	97
4952 - Institutional Equip & Furniture	0	480,705
5011 - Reimbursements-Gov/Gov	576,610	531,703
Expense Total	6,058,687	7,168,238
Revenue		
9435 - Miscellaneous State Aid	393	0
9951 - Reimbursements-Gov/Gov	442,008	0
Revenue Total	442,401	0
0300 Expense	6,058,687	7,168,238
0300 Revenue	442,401	0
0300 Net Cost:	5,616,286	7,168,238

APPENDIX C

Ledger Account Expenditure Report (0301)
Fiscal Year 2024-2025

5700- MARTINEZ DETENTION FACILITY
Admin & Operating Expenses

Ledger Account	Description	Amount
1011	PERMANENT SALARIES	$13,239,468.34
1013	TEMPORARY SALARIES	$2,346,013.69
1014	PERMANENT OVERTIME	$632,491.63
1015	DEFERRED COMP CTY CONTRB	$52,174.75
1017	PERM PHYSICIANS SALARIES	$1,467,808.48
1018	PERM PHYS ADDNL DUTY PAY	$57,118.30
1019	COMP & S D I RECOVERIES	-$24,796.85
1042	F.I.C.A.	$1,165,782.38
1043	RET EXP-PRE 1997 RETIREES	$11,743.71
1044	RETIREMENT EXPENSE	$2,436,643.99
1060	EMPLOYEE GROUP INSURANCE	$2,276,536.10
1061	RETIREE HEALTH INSURANCE	$365,660.57
1063	UNEMPLOYMENT INSURANCE	$35,577.22
1070	WORKERS COMPENSATION INS	$430,540.03
2100	OFFICE EXPENSE	$57,801.29
2102	BOOKS-PERIODICLS-SUBSCRPT	$2,114.75
2103	POSTAGE	$569.06
2110	COMMUNICATIONS	$23,872.74
2111	TELEPHONE EXCHNGE SERVICE	$14,065.31
2130	SMALL TOOLS & INSTRUMENTS	$21,213.84
2131	MINOR FURNITURE/EQUIPMENT	$123,104.10
2132	MINOR COMPUTER EQUIPMENT	$35,063.91
2140	MEDICAL & LAB SUPPLIES	$156,351.51
2141	PHARMACEUTICAL SUPPLIES	$3,643,306.51
2160	CLOTHING & PERSONAL SUPPL	$21,664.02
2170	HOUSEHOLD EXPENSE	$3,711.53
2190	PUBLICATNS & LEGL NOTICES	$84,495.22
2200	MEMBERSHIPS	$2,817.37
2250	RENTS & LEASES - EQUIPMENT	$227,876.93
2251	COMPUTER SOFTWARE COST	$25,743.00
2260	RENTS & LEASES-PROPERTY	$8,058.61
2284	REQUESTED MAINTENANCE	$246,053.93
2286	NON-CAP IMPS-MTCE	$5,312.00
2300	TRANSPORTATION AND TRAVEL	$5,552.46
2301	AUTO MILEAGE EMPLOYEES	$10,726.63
2303	OTHER TRAVEL EMPLOYEES	$480.12
2310	NON CNTY PROF SPCLZD SVCS	$1,252,972.58
2314	CONTRACTED TEMPORARY HELP	$107,837.50
2315	DATA PROCESSING SERVICE	$230,296.96
2320	OUTSIDE MEDICAL SERVICES	$36,386.50
2321	COUNTY HOSPITAL SERVICES	$3,705,407.00
2330	OTHER GEN SVCS CHARGES	$67,952.91
2335	OTHER TELECOM CHARGES	$19,438.95
2340	OTHER SPECIAL DPMTAL EXP	$6,042.00
2467	TRAINING & REGISTRATIONS	$4,889.61
2479	OTHER SPECIAL DPMTAL EXP	$17,342.93
3611	INTERFUND EXP - GOV/GOV	$35,798.61
4159	PHARMACY-PILL RM RENOVATION	$8,020.21
4954	MEDICAL & LAB EQUIPMENT	$152,441.85
5011	REIMBURSEMENTS-GOV/GOV	$6,844.10
Total		**$34,813,838.89**

5701 - WEST COUNTY AND MARSH CREEK DETENTION FACILITIES
ADMIN AND OPERATING EXPENSES

Ledger Account		Amount
1011	PERMANENT SALARIES	$5,958,886.10
1013	TEMPORARY SALARIES	$1,469,948.38
1014	PERMANENT OVERTIME	$319,713.86
1015	DEFERRED COMP CTY CONTRB	$16,376.92
1042	F.I.C.A.	$534,974.38
1043	RET EXP-PRE 1997 RETIREES	$5,502.54
1044	RETIREMENT EXPENSE	$1,042,114.92
1060	EMPLOYEE GROUP INSURANCE	$978,203.15
1063	RETIREE HEALTH INSURANCE	$15,515.76
1070	UNEMPLOYMENT INSURANCE	$187,979.67
2100	OFFICE EXPENSE	$33,341.35
2110	BOOKS-PERIODICLS-SUBSCRPT	$13,667.13
2111	TELEPHONE EXCHNGE SERVICE	$2,696.47
2130	SMALL TOOLS & INSTRUMENTS	$51,332.95
2131	MINOR FURNITURE/EQUIPMENT	$1,951.78
2132	MINOR COMPUTER EQUIPMENT	$13,714.77
2140	MEDICAL & LAB SUPPLIES	$137,019.99
2141	PHARMACEUTICAL SUPPLIES	$1,089.03
2150	FOOD	$19,295.82
2160	CLOTHING & PERSONAL SUPPL	$16,772.60
2170	HOUSEHOLD EXPENSE	$3,276.17
2190	PUBLICATNS & LEGL NOTICES	$29,380.09
2200	MEMBERSHIPS	$780.07
2250	RENTS & LEASES -EQUIPMENT	$10,711.01
2251	COMPUTER SOFTWARE COST	$6,240.00
2284	REQUESTED MAINTENANCE	$266,762.46
2286	NON-CAP IMPS-MTCE	$27,342.00
2300	TRANSPORTATION AND TRAVEL	$620.00
2301	AUTO MILEAGE EMPLOYEES	$887.84
2310	NON CNTY PROF SPCLZD SVCS	$30,227.96
2314	CONTRACTED TEMPORARY HELP	$122,384.00
2315	DATA PROCESSING SERVICE	$107,322.80
2320	OUTSIDE MEDICAL SERVICES	$1,597.20
2335	OTHER TELECOM CHARGES	$75,211.86
2340	OTHER SPECIAL DPMTAL EXP	$4,850.00
2467	TRAINING & REGISTRATIONS	$1,104.19
2479	OTHER SPECIAL DPMTAL EXP	$3,807.02
4954	MEDICAL & LAB EQUIPMENT	$179,761.24
5011	REIMBURSEMENTS-GOV/GOV	$1,578.12
Total		**$11,693,941.60**

5710 - ADULT MENTAL HEALTH SERVICES
(MARTINEZ, WEST COUNTY AND MARSH CREEK FACILITIES)
ADMIN AND OPERATING EXPENSES

Ledger Account		Amount
1011	PERMANENT SALARIES	$1,907,547.60
1013	TEMPORARY SALARIES	$523.08
1014	PERMANENT OVERTIME	$674,134.72
1015	DEFERRED COMP CTY CONTRB	$15,686.75
1042	COMP & S D I RECOVERIES	$175,071.60
1043	F.I.C.A.	$1,683.19
1044	RET EXP-PRE 1997 RETIREES	$349,746.29
1060	RETIREMENT EXPENSE	$277,204.09
1063	EMPLOYEE GROUP INSURANCE	$5,201.16
1070	RETIREE HEALTH INSURANCE	$62,700.56
2100	OFFICE EXPENSE	$9,808.90
2102	BOOKS-PERIODICLS-SUBSCRPT	$139.89
2110	COMMUNICATIONS	$4,909.43
2111	TELEPHONE EXCHNGE SERVICE	$6,016.24
2131	MINOR FURNITURE/EQUIPMENT	$2,392.69
2132	MINOR COMPUTER EQUIPMENT	$7,360.53
2140	MEDICAL & LAB SUPPLIES	$63.50
2250	FOOD	$20,578.36
2284	REQUESTED MAINTENANCE	$2,004.12
2301	AUTO MILEAGE EMPLOYEES	$835.46
2305	FREIGHT DRAYAGE EXPRESS	$240.00
2310	NON CNTY PROF SPCLZD SVCS	$3,586,911.67
2313	OUTSIDE ATTORNEY FEES	$113,851.90
2315	DATA PROCESSING SERVICE	$31,302.48
2320	OUTSIDE MEDICAL SERVICES	$66,416.85
2340	OTHER SPECIAL DPMTAL EXP	$750.00
2479	OTHER SPECIAL DPMTAL EXP	$5,255.88
Total		**$7,328,336.94**

2025–2026 Contra Costa County Civil Grand Jury

Ambulance Patient Offload Delays: Time Is of the Essence

Report 2607
May 21, 2026

Approved by the Grand Jury

Brenda Balingit
GRAND JURY FOREPERSON

5/28/26
Date

Accepted for Filing

Hon. Terri Mockler
JUDGE OF THE SUPERIOR COURT

5/27/26
Date

Civil Grand Jury reports are posted at: www.cc-courts.org/civil/grand-jury-reports.aspx

SUMMARY

In a medical emergency, residents of Contra Costa County (the County) depend on ambulance services to transport patients to a hospital. Patients expect the hospital emergency department to provide immediate care. In practice, monthly measures of the time it takes to transfer a patient from the ambulance to an emergency department regularly exceed time standards set by both the County Emergency Medical Services Agency (EMS) and the State's Emergency Medical Services Authority (EMSA). This patient transfer time is referred to as Ambulance Patient Offload **Time** (APOT). The time starts when the ambulance arrives at the hospital and ends when the emergency department accepts the patient. When the time exceeds local or state patient offload time standards, it is referred to as an Ambulance Patient Offload **Delay** (APOD).

APODs occur when the emergency department has both reached capacity, and the arriving patient does not require immediate medical attention. The emergency department may not accept the patient immediately and instead, the patient is either held in the ambulance or "parked" meaning placed in whatever space is available in the emergency department or elsewhere in the hospital. The ambulance personnel generally stay with the patient until the patient is accepted by the hospital. Ambulances and the ambulance personnel are unable to respond to other emergencies while they are at the hospital with a patient. This impacts the overall availability of ambulances within the emergency medical services system. Once an emergency department accepts a patient who does not require immediate care, the patient may still have to wait before treatment.

No single entity has jurisdiction or control over all the parts of the ambulance patient offload system. This means public and private organizations including local emergency medical services agencies and hospitals must collaborate to address the issues. In Contra Costa County, this collaboration is longstanding and ongoing. Although APOT data demonstrates improvements over the last year, APODs continue.

GLOSSARY

Ambulance Patient Offload **Delay** (APOD): an ambulance patient offload transfer to a hospital emergency department that exceeds a required standard.

Ambulance Patient Offload **Time** (APOT): the time it takes from ambulance arrival to a hospital until the patient is accepted by the emergency department.

Emergency Department (ED): facilities that have been licensed by the California Department of Public Health as having an emergency department service level of "basic, comprehensive, or standby" and "includes any location within the general acute care hospital (GACH) with an emergency department where ambulance patients are received."(Title 22, Division 9, Chapter 1.2, Section100002.10).

Emergency Medical Services Authority (EMSA): California state agency responsible for the equitable coordination, administration, and integration of the statewide emergency medical services system throughout California.

General Acute Care Hospital (GACH): a health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care, including the following basic services: medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary (Health and Safety Code Section 1250(a)).

Local Emergency Medical Services Agency (LEMSA): the county governmental entity designated to "plan, implement, and evaluate the local emergency medical services system." The County's LEMSA encompasses the entire county and is also referred to as Contra Costa County Emergency Medical Services (EMS).

California Welfare and Institutions Code Section 5150 (5150) provides that designated professionals can place a person in an involuntary psychiatric hold for up to 72 hours if they are experiencing a mental health crisis and evaluated to be a danger to others, themselves, or are gravely disabled. This hold is also commonly referred to as a "5150." These professionals include police officers, licensed members of a crisis team, or other mental health professionals authorized by the county.

BACKGROUND

Emergency medical services systems are designed to respond to medical emergencies. Federal and State statutes and regulations establish the framework for the provision of emergency medical care. County ordinances and policies add to the body of requirements that regulate and administer this system. System features include the 911 program, ambulance services, and patient treatment in emergency departments. These features interact to provide people with a rapid response and medical treatment.

However, people routinely use the emergency system for non-emergency services. Reasons include lack of insurance, lack of transportation, or lack of knowledge about alternatives. Diverting non-emergency patients from the emergency medical services system could reduce APODs. Patients like this are often informally referred to as "low acuity." These are patients who could get appropriate (and usually faster) medical care through other means other than through the emergency medical services system.

Since at least 2006, federal, state, and local governments, hospitals, and hospital associations have studied APODs and intervened to reduce them. The County's monthly reports of APOT data from all hospitals in Contra Costa County demonstrate a trend toward shorter average delays, but none of these hospitals are meeting the County's APOT standard.

Contra Costa County Local Emergency Medical Services Agency (LEMSA)

The Contra Costa County Emergency Medical Services Agency (EMS) is housed within Contra Costa Health, which is the County's integrated health system. Contra Costa Health provides public health programs, protects public health and offers medical care and managed-care health plans.

The County EMS serves as Contra Costa County's only Local Emergency Medical Services Agency (LEMSA). Its jurisdiction includes all of Contra Costa County.

California Health and Safety Code Section 1797.94 provides that LEMSAs have "primary responsibility for administration of emergency medical services in a county." California Health and Safety Code Sections 1797.200 through 1797.233 then set out the numerous requirements and responsibilities of LEMSAs. These include the planning, implementation, and evaluation of an emergency medical services system that, per California Health and Safety Code Section 1797.204, consists of "an organized pattern of readiness and response services based on public and private agreements and operational procedures."

LEMSAs are responsible for ensuring that county emergency medical services systems operate as intended. Contra Costa County's LEMSA describes its responsibilities to include regulating the provision of emergency medical services to ensure that everyone involved in a response is trained, licensed, and properly equipped. The County's LEMSA also provides medical oversight to emergency medical technicians and paramedics through its Medical Director. LEMSAs do not have the authority to control all the factors that contribute to APODs, including APOTs at private hospitals.

State and Federal Ambulance Patient Offload Time Requirements

Federal and state regulatory agencies presently do not have the authority to act to eliminate APODs. There is no federal or state requirement that a patient must be offloaded within a defined amount of time. Federal and state regulatory agencies do provide guidance to hospitals that discourages APODs and also caution that APODs could violate other laws or regulations.

- ***Federal Requirements***

The Federal Emergency Medical Treatment and Labor Act (EMTALA) Section 482.55 requires emergency departments to meet the emergency needs of patients. Patients cannot be refused care if they lack health insurance.

On July 13, 2006, the Centers for Medicare & Medicaid Services (CMS), which establishes minimum health and safety and standards for hospitals participating in the Medicare and Medicaid programs, issued an "All-State Letter" stating that "parking" patients in hospitals is a possible violation of EMTALA. The letter also states that "parking raises serious concerns for patient care and the provision of emergency services in a community" and "adversely impacts the ability of the EMS personnel to provide emergency response services to the rest of the

community." According to CMS, "parking" is a hospital practice of "deliberately delaying moving an individual from an EMS stretcher to an emergency department bed."

- ***State Requirements***

In June 2007, the California Department of Public Health (CDPH), which licenses and regulates California's General Acute Care Hospitals, sent an "All-Facilities Letter" to all California general acute care hospitals reiterating the information from CMS and advising that "parking patients" could be a violation of specified Department of Public Health regulations and could be an EMTALA violation.

At the time of this Report, neither CMS nor CDPH have made findings of violations related to an APOD at Contra Costa County's hospitals in 2024 or 2025.

In 2015, the California Legislature passed Assembly Bill (AB) 1223, which required EMSA to create a standard methodology for calculating APOTs. The bill allowed LEMSAs to adopt policies to calculate and report on APOTs based on the EMSA methodology. AB 1223, in part, established a statewide APOT measurement that is described later in this Report.

State law did not require that LEMSAs report their APOT data to EMSA until 2019, when AB 2961 added the requirement for LEMSAs to provide quarterly APOT reports to EMSA. Despite these measures, EMSA data in subsequent years demonstrates that APODs continue, including in Contra Costa County.

In 2023, Assembly Bill 40 (AB 40) added Sections 1797.120.5, 1797.120.6, and 1797.120.7 to the Health and Safety Code relating to emergency services. The bill:

- Set a state APOT standard of not to exceed 30 minutes 90% of the time and allows LEMSAs to establish a shorter time.
- Required EMSA to develop and implement an electronic signature system to uniformly mark the arrival of ambulances at emergency departments and the transfer of patient care to emergency department personnel.
- Directed EMSA to develop and implement an APOT Auditing Tool for hospitals and LEMSAs.
- Requires EMSA to monitor monthly APOT data and report exceedances to the relevant LEMSA and the State Commission on Emergency Medical Services.
- Mandated that general acute care hospitals with an emergency department file an APOT Reduction Protocol with EMSA no later than September 1, 2024.
- Mandated that the APOT Reduction Protocol be triggered if the hospital monthly APOT exceeds their LEMSA standard in the prior month of reporting.

AB 40's implementing regulations are set forth in the California Code of Regulations, Title 22, Division 9, Chapter 1.2, 100002.01 through 100002.19 (hyperlink in bibliography). Initial emergency regulations were approved by the State of California Office of Administrative law on June 23, 2025. They included specific content requirements for the APOT Reduction Protocol, which were incorporated by reference into the current regulations under Section 100005.01 (b).

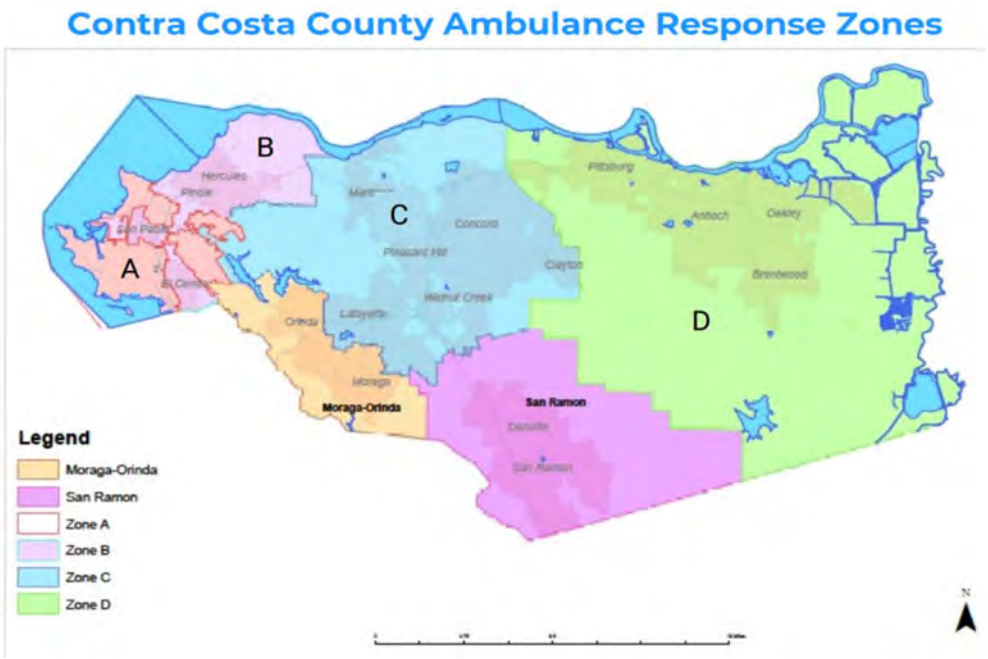
EMSA reports that since these measures have been implemented, statewide data quality and consistency have improved, and reporting is now more widespread.

Ambulance and Dispatch Operations

- ***Fire District Coverage***

Contra Costa County LEMSA has exclusive operating agreements with three fire districts to provide emergency ambulance response for the entire County. The County is divided into ambulance response zones as currently approved by EMSA.

Figure 1, below, displays color-coded zones. Contra Costa County Fire Protection District (ConFire) covers all areas not covered by Moraga-Orinda Fire Protection District or San Ramon Valley Fire Protection District.



- ***Ambulance Transports***

Ambulance transports in Contra Costa County have increased. As an example, ConFire, the fire district with the largest emergency coverage area, reports the data displayed in Table 1.

Table 1. ConFire Ambulance Transports from 2021 to 2025

Year	Ambulance Transports
2021	75,046
2022	81,499
2023	80,296
2024	84,861
2025	85,783

- ***Ambulance Response Times***

Ambulance response time is the time it takes for an ambulance to arrive at a scene after dispatch. The exclusive operating agreements require the fire districts to meet ambulance response time standards or be subject to fines by the County LEMSA.

- San Ramon Valley (per 11/2/21 Agreement with Contra Costa County)
    - Not to exceed 11 minutes and 45 seconds 95% of the time (urban/suburban)
    - Not to exceed 20 minutes 95% of the time (rural)
- Moraga/ Orinda (per 10/22/22 Agreement #23-768 with Contra Costa County)
    - Not to exceed 11 minutes and 45 seconds 95% of the time (urban/suburban)
    - Not to exceed 20 minutes 95% of the time (rural)
- ConFire (1/1/2016 Standard Contract with Contra Costa County)
    - Not to exceed 10 minutes in defined Zone
    - Not to exceed 11 minutes and 45 seconds in defined zones, except for low density designated areas
    - Not to exceed 16 minutes and 45 seconds for Bethel Island
    - Not to exceed 20 minutes (low density)

These contracted fire districts must ensure sufficient ambulance and personnel availability to stay within their Priority 1 (life threatening) ambulance response time requirements, and they most often do so. When a response time exceeds the requirement, it is called an ambulance response time exceedance. When an exceedance occurs, the County LEMSA can assess a fine.

APODs are not a direct cause of exceedances, which can occur for several reasons including traffic or weather. However, whenever an ambulance is delayed at a hospital, it decreases the number of ambulances that are available to respond to emergencies. The emergency medical services system must therefore attempt to maintain the appropriate number of ambulances in its fleet to offset APOD impacts.

LEMSA currently holds $1,062,715 in fines it has assessed and collected from fire districts for ambulance response time exceedances. At the present time, the County has not designated a purpose for the use of these funds.

- ***Dispatch Process***

When someone calls 911 in the County, the system directs the call to either the appropriate local law enforcement agency or the California Highway Patrol. From there, if it is determined to be a medical emergency, the call is redirected to the appropriate fire district dispatch, shown in Table 2.

Table 2. County Fire District Emergency Medical Service Dispatch and Ambulance Service

Fire District	Dispatch Service	Ambulance Service
Moraga-Orinda	ConFire provides dispatch service	Contracts with American Medical Response
San Ramon Valley	San Ramon Valley does its own dispatch through its Emergency Communications & Technology Unit	Operates its own ambulances
ConFire	Contra Costa Regional Fire Communications Center (CCRFCC)*	Contracts with American Medical Response

*CCRFCC dispatches for ConFire, Moraga-Orinda, Crockett-Carquinez Fire Department, and El Cerrito/Kensington Fire Department

As determined by the dispatch process, a Basic Life Support or an Advanced Life Support ambulance(s) will be dispatched. In the County, the patient is allowed to request the specific hospital to which they want to be transported. A paramedic can advise the patient if there is an alternative emergency department with a shorter current APOT. The patient may still demand their choice of hospital. This is per Contra Costa Health EMS Patient Destination Determination Policy 4002, which provides guidance to ground ambulance personnel that are transporting patients to emergency departments.

The paramedic can also evaluate the patient and, if appropriate, recommend an alternative to ambulance transport. However, all patients have the right to insist on transport by ambulance.

Emergency medical services calls have increased during the past five years. As an example, ConFire, the fire district with the largest emergency coverage area, reports the data displayed in Table 3.

Table 3. ConFire Emergency Medical Services 911 Calls From 2020 through 2025

Year	Emergency Medical Services 911 Calls
2020	62,613
2021	70,281
2022	81,311
2023	76,480
2024	69,036
2025	69,837

Not all emergency ambulance transports result from a 911 call – for example police radioing for an ambulance.

These fire districts are responsible for dispatching ambulances and personnel quickly to emergencies. They do this without being able to predict how often, or for how long, any ambulance and its personnel will be held at an emergency department. They must depend on the County LEMSA, the hospitals, and the Contra Costa Regional Medical Center's (CCRMC) Psychiatric Emergency Services (PES) Unit to address APODs.

METHODOLOGY

The Grand Jury used the following methods to conduct its investigation:

- Interviews with subject matter experts
- Study of APOT and APOD data sets
- Study of records and reports available on governmental and non-governmental websites
- Reviews of meeting minutes from the Contra Costa County Emergency Medical Care Committee
- Review of current statutes, regulations, and policies as noted throughout this Report
- Review of Sacramento County LEMSA's activities that resulted in improvements in APODs
- Observations during a Grand Jury tour of the Contra Costa County Psychiatric Emergency Services Unit

DISCUSSION

Numerous systemic and hospital-specific factors contribute to APODs.

Low-Acuity Patient Demand on the Emergency Medical Services System

Emergency medical services systems do not always screen out low-acuity patients. These are patients who could get appropriate medical care through means other than an ambulance and an emergency department. Low-acuity patients include:

- Those who need to fill a prescription or obtain a medical test
- Those who can be treated with urgent care or first aid
- Those who do not know how to use the non-emergency health care system and only know to dial 911
- Those who do not know how to evaluate their medical need and do not have access to someone who can help
- Those whose only means of accessing health care is via ambulance, which must transport the patient to an emergency department

Low-acuity usage of the emergency medical system strains its capacity and contributes to APODs because ambulances and their personnel remain at the emergency department until it can accept the patient. This can reduce system-wide ambulance response time to other emergencies and delay care for persons who must wait in an emergency department when they could have received appropriate care in a non-emergency room setting.

The U.S. Department of Health and Human Services Office of Health Policy's March 2, 2021, report, titled *Trends in the Utilization of Emergency Department Services, 2009-2018*, states that "potential overuse or inappropriate use of emergency departments for non-emergent care has been a concern for many years."

APODs do not typically impact patients who require immediate medical care. Emergency department medical personnel triage patients as they arrive so that those with critical or otherwise emergent conditions receive immediate emergency care. However, studies including one from the National EMS Quality Alliance (2022), show that adverse outcomes can occur if ambulance response times are extended due to APODs.

Ambulance Patient Offload Times (APOTs) and Ambulance Patient Offload Delays (APODs)

The California Emergency Medical Services Authority (EMSA) reports that:

> *Timely transfer of care is essential so emergency medical personnel can respond to the next emergency. Monitoring offload times helps identify system pressures, improve coordination between hospitals and emergency medical services, and support better patient flow across the healthcare system.*

APOTs and APODs are measurements used in the emergency medical services field to capture the time of patient transfers from ambulance care to the care of an emergency department. California Code of Regulations, Title 22, Division 9, Chapter 1.2, Article 2 Section 100002.04 defines an "APOT Standard" as "the maximum length of time permitted for APOT, not to exceed thirty minutes, 90% of the time, that is developed and adopted by each LEMSA to be applicable within its jurisdiction." This standard is guidance and not an enforceable limit.

APOTs are calculated using the 90th percentile of monthly offload times, meaning 90% of recorded times during the measurement month fall below that value and 10% are higher. In practical terms, this means that 90% of all recorded APOTs for the month are shorter than this value, and only 10% are longer. The EMSA APOT standard is not to exceed 30 minutes 90% of the time.

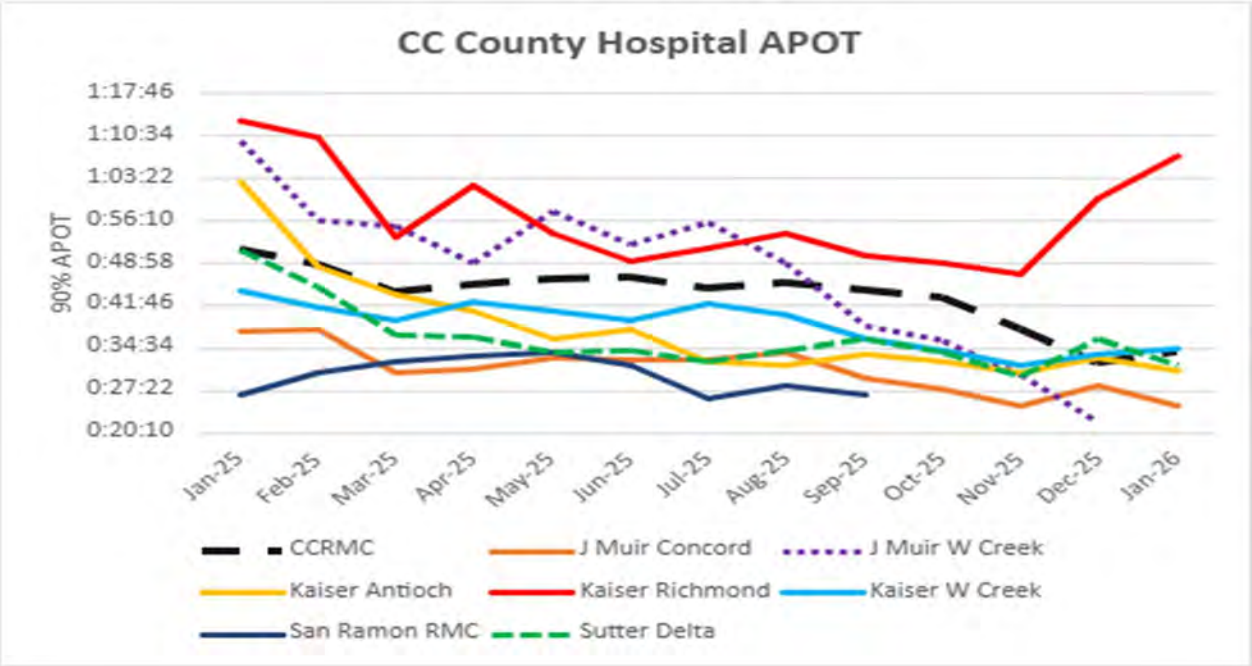
- Contra Costa County LEMSA has adopted a shorter APOT standard of not to exceed 20 minutes 90% of the time.

Hospitals use EMSA's database to report their APOT data. EMSA evaluates whether hospitals meet local APOT standards. EMSA compiles statewide results and reports exceedances monthly to the State Commission on Emergency Services and the applicable LEMSAs. In its February 2026 report, EMSA found that 55% of California hospitals exceeded their local APOT standard in January 2026.

There is no state law requiring LEMSAs to report APOT data to their County Board of Supervisors and the County LEMSA does not do so.

Chart 1 displays Contra Costa County hospitals' APOT data from January 2025 to January 2026, the most recent data available. The vertical axis (the numbers on the left side of the chart) shows the APOT in hours, minutes and seconds). It demonstrates that APOTs across all County hospitals have improved. Nonetheless, APOTs remain higher than the County LEMSA standard and are often higher than the EMSA standard.

Chart 1. Contra Costa County Hospitals' Monthly Ambulance Patient Offload Times from January 2025 to January 2026



Compiled from monthly CC County LEMSA data and EMSA monthly Reports to the State Commission on Emergency Services

Hospitals

Hospitals are an integral part of an emergency medical services system. Therefore, an investigation of the County APODs necessarily included examining publicly available information about relevant hospital data and practices.

Private hospitals are not subject to Grand Jury investigations. Private hospital representatives voluntarily provided information about their emergency departments and APODs.

There are eight general acute care hospitals with emergency departments in the County, and all are subject to AB 40. Contra Costa Health operates the CCRMC and directs its operations. The remaining seven hospitals are privately administered. All eight hospitals may receive ambulances from anywhere inside and outside of the County.

APODs at hospitals can occur for one or more reasons. These include the previously discussed usage of the emergency medical services system by low-acuity patients. There is no known County-wide data on this usage. Each fire district has its own data.

Using data reported by San Ramon Valley Fire Protection District's ambulance patient offloads as an example, Table 4 presents "lower acuity" data for the five Contra Costa County hospitals where it offloads patients. "Patients Seen" is the total number of ambulance patients seen in the emergency department in the given year.

Table 4. San Ramon Valley Fire Protection District Lower-Acuity Ambulance Patient Offloads in 2024 and 2025

Hospital	Lower Acuity 2024		Lower Acuity 2025	
	Patients Seen	% low acuity	Patients Seen	% low acuity
Contra Costa Regional	198	87%	234	81%
John Muir, Concord	14	56%	15	52%
John Muir, Walnut Creek	751	57%	618	53%
Kaiser, Walnut Creek	1,169	67%	1,125	63%
San Ramon Regional	1,995	66%	1,995	65%

APODs can also be caused by increasing overall patient usage of emergency departments, whether they arrive by ambulance or walk in. The California Hospital Association's *Toolkit to Reduce Ambulance Offload Delays in the Emergency Department Building Strategies for California Hospitals and Local Agencies* notes that the number of ED visits to a hospital is one factor affecting APODs.

According to the California Health Care Almanac published by the California Health Care Foundation, between 2013 and 2023, the number of emergency department visits statewide increased by 17%, while the state's overall population increased by 2%. According to the California Department of Healthcare Access and Information, emergency department usage in the County has been increasing year to year. Table 5, on the following page, provides the most recent available data. The causes of APOD across hospitals vary because the hospitals are not identical. The size of the emergency department, whether it is designated as a trauma center, its inpatient capacity, and the number and type of patients who use the emergency department vary widely among hospitals.

Table 5. Contra Costa County Hospital Emergency Department Capacity and Usage from 2021 to 2024

Hospital	ED Beds	Acute Care Beds	Intensive Care Beds	Trauma Center	2021 ED Usage	2022 ED Usage	2023 ED Usage	2024 ED Usage
Contra Costa Regional Medical Center	17	167	8	No	33,573	37,890	35,943	38,717
John Muir Concord	32	245	47	No	45,748	52,369	54,040	58,249
John Muir Walnut Creek	44	554	55	Yes	40,015	47,848	50,630	52,046
Kaiser Antioch	35	150	20	No	57,989	66,644	67,243	70,321
Kaiser Richmond	15	50	8	No	N/A	N/A	N/A	N/A
Kaiser Walnut Creek	52	233	24	No	55,604	65,573	69,036	70,559
San Ramon Regional	17	123	12	No	14,729	18,054	18,005	18,245
Sutter Delta	32	145	12	No	35,375	41,182	46,518	49,523

APODs can occur due to:

- Limited number of hospital emergency department beds
- Limited number of hospital in-patient beds (where emergency department patients may need to be transferred but cannot be when the beds are full)
- The inability to release hospital in-patients to non-hospital care (skilled nursing, rehabilitation, psychiatric, and others) in cases where there is no availability
- Hospitals having to maintain federal- and state-required nurse to patient ratios, which can limit flexibility to move nurses to emergency departments when demand exceeds nursing capacity

When an ambulance arrives at an emergency department that cannot readily accept a low-acuity patient, Contra Costa Health EMS Standard Policy 4010 (Appendix 1) requires that ambulance personnel provide continuity of oxygen, IV fluids, and nebulizer treatments to patients while they wait to be accepted. The policy does not address whether the ambulance personnel must otherwise stay with a patient who is waiting to be accepted by the emergency department but, in practice, this is what occurs. Although the policy also describes the expectations of emergency departments and ambulance personnel to resolve the delay, there remain regular instances of APODs. These APODs prevent ambulance personnel from leaving the emergency department until the patient is accepted.

The risk of APODs can be reduced when the emergency medical services system redirects patients who do not require emergency medical services to appropriate alternative care. This reduces the demand in emergency departments which then reduces the risk that the emergency department will reach capacity.

While hospitals do not control all factors that cause APODs, they can use hospital-specific strategies to address those within their control. In August 2014, the California Hospital Association, in collaboration with EMSA and other stakeholders published *Toolkit to Reduce Ambulance Offload Delays in the Emergency Department Building Strategies for California Hospitals and Local Agencies.* This is the most recent publication of its kind for statewide consideration. It provides a detailed description of APODs in California and includes strategies that hospitals can consider to reduce them.

Examples of strategies used in one or more hospitals in the County include:

- Employing an emergency department nurse whose primary job is to immediately triage and accept ambulance offload patients as they arrive at the emergency department. This frees up ambulances, though it does not necessarily reduce the number of low acuity patients who are "parked" while they await treatment.
- Engaging an expert in hospital emergency department throughput (patient movement from intake to discharge) to comprehensively evaluate its emergency department processes and suggest improvements.
- Sharing best practices among hospital officials and LEMSA.
- Engaging hospital executives to prioritize development and execution of APOT reduction strategies.

AB 40 required specified hospitals to complete and submit an APOT Reduction Protocol to EMSA by September 1, 2024. The intent is for hospitals to have specific strategies to use to reduce APODs when their APOTs in the prior month exceed the applicable standard. All eight Contra Costa hospitals have complied with this requirement (see Appendix 2 for CCRMC's Protocol). None of these APOT Reduction Protocols cite the County's local APOT standard of not to exceed 20 minutes 90% of the time.

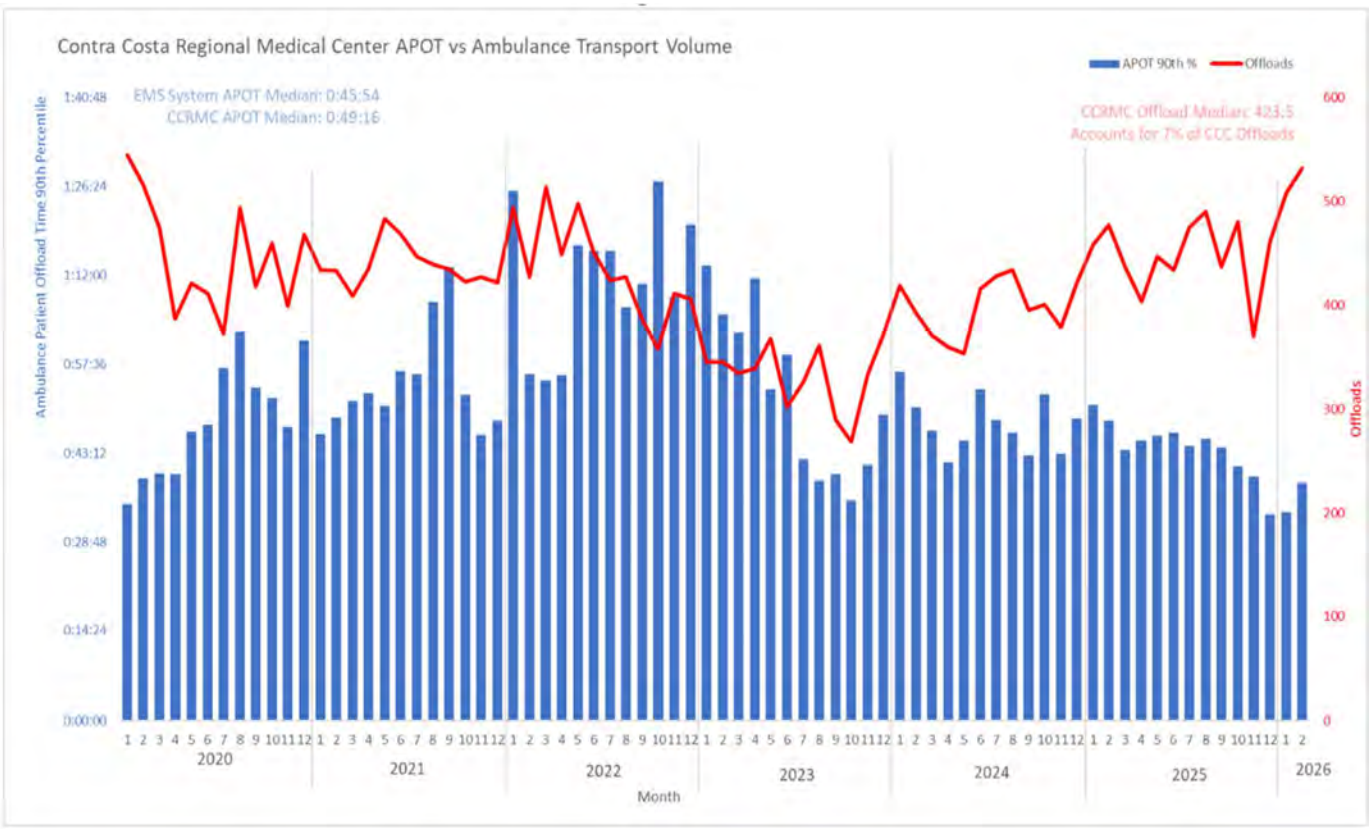
- All hospital Protocols except San Ramon Regional Medical Center and Sutter Delta Medical Center refer to the state standard of not to exceed 30 minutes 90% of the time.

- The San Ramon Regional Medical Center Protocol cites the 30 minutes but not the percentage of the time.
- The Sutter Delta Medical Center Protocol does not cite an APOT standard.

Contra Costa Regional Medical Center

The CCRMC is a 167-bed public hospital in Martinez. It has a history of APODs, as depicted in Chart 2 below and Chart 1, previously displayed.

Chart 2. Contra Costa Regional Medical Center Ambulance Patient Offload Times January 2020 through February 2026



Contra Costa Health Emergency Medical Services (LEMSA)

CCRMC faces the same challenges as other hospitals. There is a limited amount of space available for emergency department patients as they arrive and are awaiting treatment. When the emergency department reaches capacity, it cannot immediately accept patients. Instead, depending on the patient's needs, the patient may be redirected to the lobby for intake, or wait in an available chair or be kept on the ambulance gurney in the hallway until an alternative is available. The ambulance personnel remain until the emergency department accepts the patient.

Public Hospital Challenges

Public hospitals treat patients regardless of their ability to pay. The California Public Policy Institute's March 2026 Fact Sheet, titled *California's Health Care Safety Net*, reports that in 2023–2024, patients identified as homeless made more than 900,000 visits to emergency departments statewide. CCRMC's emergency department regularly receives patients who need long-term care, shelter, or other services to be safely released. CCRMC has a medical social worker assigned to the emergency department during the day who works with available community resources to implement safe releases. As described, community resources may be insufficient to immediately respond to the need. In these cases, the patient may be held at CCRMC until needed resources are available, which can decrease the emergency department's capacity and increase the risk of APODs.

The U.S. Department of Health and Human Services Office of Health Policy's March 2, 2021 report, titled *Trends in the Utilization of Emergency Department Services, 2009-2018*, notes that public hospitals receive a higher percentage of emergency department visits from patients with mental health or substance use disorder issues. These patients may have additional needs beyond emergency medical care, which require hospital resources that strain capacity and increase the risk of APODs.

Contra Costa Regional Medical Center took steps in 2025 to reduce APODs:

- Established an "APOT nurse" whose primary duty is to complete the intake of patients who arrive by ambulance
- Introduced a new electronic screen in the emergency department that displays a constant visual reminder of real-time APOTs

Despite efforts made to date, the Contra Costa County Regional Medical Center's monthly APOT data exceeds the state and LEMSA APOT standard.

Contra Costa Regional Medical Center APOT Reduction Protocol

The Contra Costa Regional Medical Center's APOT Reduction Protocol procedure is as follows:

> *Upon notification from EMS crew that there is an extended ambulance offload time, the ED Charge nurse will notify the ED Manager and/or Medical Center Supervisor. The ED Manager or Medical Center Supervisor will coordinate with the ED Charge nurse to coordinate a plan to safely transfer care of the patient from the EMS crew to the ED Charge nurse or designee. The Medical Center Supervisor will follow tasks in saturation plan to create capacity as needed.*

This replicates Contra Costa Health EMS Standard Policy 4010.

California Code of Regulations, Title 22, Division 9, Chapter 1.2, Section 100002.03 defines an APOT reduction protocol as one that "identifies specific criteria for activation of the protocol and contains actionable steps to decrease APOD as described in Section 100005.01 of this chapter."

CCRMC's APOT Reduction Protocol does not include specific criteria for activation but instead states "an extended ambulance offload time". It does not include a description of actionable steps. Instead, it refers to a "saturation plan" that is not included or described in the APOT Reduction Protocol. It does not include most of the procedures found in the Hospital Reduction Protocols of the private hospitals in Contra Costa County.

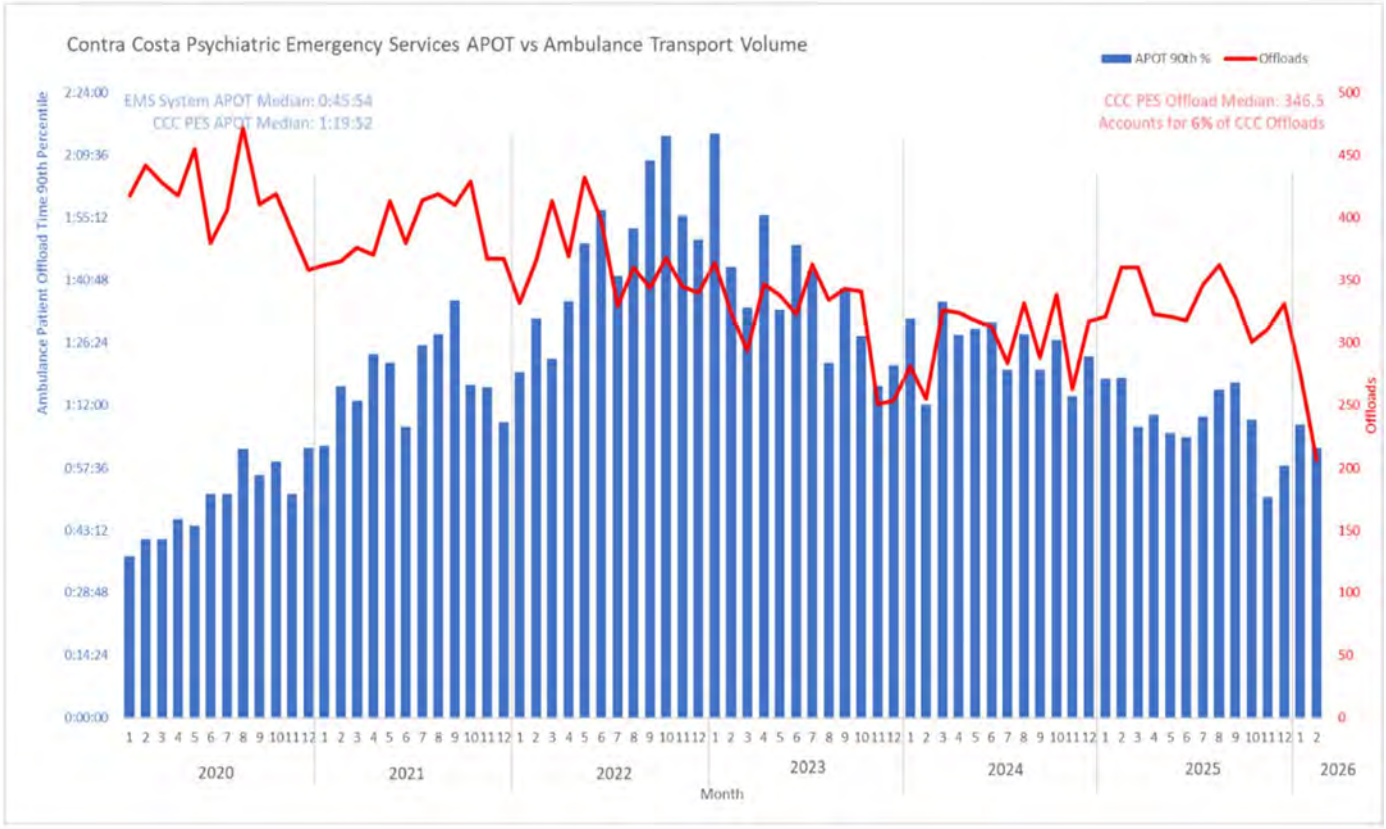
Psychiatric Emergencies – Psychiatric Emergency Services Unit

The state and counties work together to designate the facilities that can provide mental health evaluation and treatment. These facilities are approved by the State Department of Health Care Services and licensed as a health facility or certified by the state to:

- Provide for the involuntary detention (5150) of a person who is a danger to themselves or others for up to 72 hours for assessment, evaluation, and crisis intervention, or
- Allow for the patient's placement for evaluation and treatment

In the County, this facility is Contra Costa Regional Medical Center's Psychiatric Emergency Services Unit (PES). Although John Muir Behavioral Health Center can provide these services, it is not the facility used by the County emergency medical services system for responses to behavioral health crises. Patients who require an emergency psychiatric evaluation and/or are placed on a 5150 hold in the field must be taken to PES for evaluation. Patients who also have a medical emergency will first be treated in a hospital's emergency department.

Chart 3. Contra Costa Psychiatric Emergency Services Ambulance Patient Offload Times January 2020 through February 2026



Contra Costa Health Emergency Medical Services (LEMSA)

PES APODs, calculated like hospital APODs, are the longest in the County. Many of the reasons for PES APODs are the same as for hospitals, but PES has additional contributing factors, including:

- All emergency medical service system responses for a 5150 hold require the person to be transferred to PES by ambulance if law enforcement does not provide the transportation.
- Up to 95% of arrivals at PES are by ambulance.
- PES does not have a screening space to triage and determine if a person requires further evaluation or can be redirected, which means every person has to be seen in the intake room.
- PES has only one intake room and privacy must be maintained, which means that PES can only assess one patient at a time.
- When there is more than one person requiring assessment at PES, the additional persons are held in an ambulance because they must be kept under observation and cannot be held in a common space.

The County has architectural plans to expand the PES intake space. This may improve APOTs by providing additional space to screen and redirect patients who do not require an intake and

would provide an additional evaluation space. The estimated current expansion cost of $30 to $40 million has not been budgeted.

- ***A3 Program***

The County established the A3 Program as an additional feature of its emergency response system, focused on mental and behavioral health crisis response. A3 provides timely and appropriate mental and behavioral health crisis services to "Anyone, Anywhere, Anytime" in the County. Contra Costa Health operates A3 with 48 clinicians and staff.

The A3 program is linked to APODs because of its connection to PES. Its mobile crisis teams respond to emergency scenes when contacted by law enforcement or emergency medical services due to a behavioral health emergency. However, A3 cannot transport patients to PES when a 5150 determination is made. Instead, those individuals are transported by an ambulance with life support equipment and medical personnel.

A December 2023 Fitch & Associates report, titled *EMS System Assessment Summary Briefing Report*, discussed later in this report, notes that in the County, approximately 20 persons on a 5150 hold per day require such transportation. These APODs are often the longest duration in the County. The Fitch & Associates report further notes that where PES was the receiving facility, the average APOT was 122 minutes in 2022.

County APOT Interventions

The County has taken measures beyond those required in AB40 to reduce APOTs.

- ***Meetings***

In 1998, the County established the Contra Costa County Emergency Medical Care Committee, an advisory body to the Board of Supervisors. The Committee includes emergency medical services stakeholders and organizations, and one member of the public nominated by each supervisor. Its duties include at least annually reviewing ambulance services operating within the County. The Committee meets up to four times per year. In its meetings, the Committee discusses the impacts of APODs and strategies to address them. Its 2025 Annual Report noted continuing discussion of the adverse impacts associated with APODs and continued support to reduce them.

LEMSA and fire districts also participate in a separate hospital-led quarterly meeting that focuses on APOTs.

- ***Expert Consultant***

In 2023, the County contracted with Fitch & Associates, experts in emergency medical systems, to evaluate response time standards and performance and make recommendations for improvements in ambulance services. Applicable recommendations are to be considered for inclusion in the new County Request for Proposals (RFP) for a fire district contract for the

ambulance zone currently covered by ConFire. (ConFire's contract expired on December 31, 2025, but was extended until December 31, 2027).

In December 2023, Fitch & Associated produced the responsive report, titled *EMS System Assessment Summary Briefing Report.* Relevant recommendations made in this report include that the county should explore appropriate non-EMS transport alternatives for behavioral health and that CCRFCC should consider a Nurse Navigation system. Both of these actions would reduce the frequency and duration of APODs by moving persons who do not require ambulance transport for medical purposes out of the ambulance response system.

- ***Sobering Center***

Sobering centers provide an alternative to emergency departments in treating people with short-term recovery and recuperation from acute alcohol or drug intoxication. The County does not have a sobering center but one is being planned. On May 13, 2025, Contra Costa Health announced that it would use its $98 million in State Behavioral Health Services Act funding, in part, to develop the Los Medanos Recovery Center. The new facility will include a Sobering Center, crisis triage, withdrawal management, and outpatient services. One of the goals for this Sobering Center is to reduce avoidable emergency department visits.

- ***Nurse Navigation Program***

The Contra Costa County Fire Protection District's pilot Nurse Navigation Program diverts non-urgent 911 calls to registered nurses, who provide callers with support and coordinate alternative care. Launched in June 2025 within the ConFire zone, the program redirects low-acuity patients to appropriate alternative medical care without impacting ambulance service or emergency departments. This reduces low acuity usage of emergency departments.

- ***Right Care, Right Way Initiative***

In July 2025, the County launched the "Right Care, Right Way" initiative, currently focused in Antioch, Bethel Island, Brentwood, Byron, Discovery Bay, Knightsen, and Oakley, with plans to expand countywide. Supervisor Diane Burgis spearheaded this pilot program in eastern Contra Costa County as a partnership among Kaiser Permanente, Contra Costa Health, and CCCFPD. This educational program provides information to people to help them know how and when to use healthcare, in part to reduce low-acuity usage of emergency departments. Reducing emergency department usage decreases the risk of APODs.

- ***EMS Vital Signs Dashboard***

The County, through Contra Costa Health, recently launched a new public website titled "EMS Vital Signs Dashboard." It displays real-time APOTs at all hospitals in Contra Costa County to the public and encourages hospitals to remain focused on this issue.

CONCLUSION

LEMSA quarterly reports reflect that hospitals in the County have improved their APOTs over the last year, a positive outcome for the County emergency medical services system and residents. Nonetheless, APODs remain an issue in the County, despite efforts to date to reduce their frequency and duration.

FINDINGS

F1. Ambulance Patient Offload Time (APOT) is the time it takes from ambulance arrival at a hospital until the patient is accepted by the emergency department.

F2. An Ambulance Patient Offload Delay (APOD) occurs when the time taken for an ambulance patient offload transfer to a hospital emergency department exceeds the required standard.

F3. California Health & Safety Code Section 1797.120.5 (b)(1) mandates that every Local Emergency Medical Services Agency (LEMSA) develop an APOT standard of not to exceed 30 minutes 90% of the time, measured monthly.

F4. The County LEMSA has adopted an APOT standard not to exceed 20 minutes 90% of the time, measured monthly.

F5. The County LEMSA Quarterly reports demonstrate that APODs in Contra Costa County have been occurring since at least 2020.

F6. The County LEMSA does not have the authority to enforce compliance with its APOT standard.

F7. County Emergency Medical Services (EMS) Standard Policy 4010 requires that ambulance personnel provide continuity of care to patients until they are accepted into the emergency department.

F8. APODs prevent EMS personnel from responding to other emergencies in the County.

F9. ConFire's ambulance transports have increased 14% from 2021 to 2025.

F10. Emergency department usage at Contra Costa Regional Medical Center (CCRMC) has increased 15% from 2021 through 2024.

F11. CCRMC's average monthly APOTs have consistently exceeded the County LEMSA standard of not to exceed 20 minutes 90% of the time since January 2020.

F12. Contra Costa County Psychiatric Emergency Services (PES) has the highest APODs in the County, with monthly 90th percentile averages exceeding one hour for each year from 2020 to 2025.

F13. PES does not have a prescreening area to triage patients who might not need a complete behavioral assessment.

F14. PES has physical limitations that only allow one patient at a time to be given an intake assessment.

F15. PES currently has unbudgeted architectural plans for expansion.

F16. PES expansion would reduce the frequency and duration of APODs by providing additional screening and intake space.

F17. The County EMS system is being used by low-acuity patients.

F18. Low acuity usage of the County emergency medical services system increases the risk of APODs.

F19. Redirecting people who do not require emergency medical services to appropriate alternative care reduces the risk of APODs.

F20. County emergency medical and behavioral health responders use an ambulance with life support equipment to transport persons having a behavioral crisis and/or who are on a 5150 hold to PES when law enforcement does not do so.

F21. The County does not have a sobering center.

F22. The County has plans and funding to build the Los Medanos Recovery Center.

F23. The Board of Supervisors has a goal to reduce emergency department usage by building the Los Medanos Recovery Center.

F24. The Contra Costa County Fire Protection District's Nurse Navigation Program can divert low-acuity patients from the emergency medical system by redirecting them to appropriate non-emergency care.

F25. The County's "Right Care, Right Way" initiative is designed to reduce low-acuity patient usage of ambulances and emergency departments by giving the public information about appropriate non-emergency alternatives.

F26. CCRMC uses a dedicated nurse to triage patients arriving by ambulance with a goal of improving APOTs.

F27. CCRMC's APOT Reduction Protocol, implemented on September 1, 2024, does not cite the County LEMSA APOT standard not to exceed 20 minutes 90% of the time.

F28. CCRMC's APOT Reduction Protocol does not provide specific criteria for activation of the protocol, as required by California Code of Regulations, Title 22, Division 9, Chapter 1.2, Section 100002.03.

F29. The County LEMSA has not notified the hospitals in the County that their APOT Reduction Protocols do not cite the applicable County LEMSA standard.

F30. As of March 2026, the County LEMSA has a current balance of $1,062,715 from fire district fines assessed when ambulance response times exceeded contracted times.

F31. The Board of Supervisors (Board) does not have the County LEMSA's quarterly APOT reports as a standing agenda Board item.

RECOMMENDATIONS

R1. By April 1, 2027, the Board should consider retaining a consultant to evaluate CCRMC's emergency department throughput and to make recommendations on how to reduce or eliminate APODs.

R2. By April 1, 2027, the Board should consider using the County LEMSA's ambulance exceedance fine collections for the cost of an emergency department throughput consultant.

R3. By April 1, 2027, the Board should consider directing the County LEMSA to assess whether any current County LEMSA regulations and policies limit EMS personnel's ability to redirect low-acuity patients to appropriate levels of care.

R4. By April 1, 2027, the Board should direct the County A3 Program to consider using non-ambulance vehicles to transport persons in a behavioral crisis and/or who are on a 5150 hold and not having a medical emergency, as recommended in the Fitch & Associates Report, titled *EMS System Assessment Summary Briefing Report.*

R5. By April 1, 2027, the Board should consider exploring sources of funding for construction of the proposed PES expansion.

R6. By April 1, 2027, the Contra Costa County Fire Protection District should consider expanding the use of its Nurse Navigation Programs to divert low-acuity callers from 911 ambulance responses when clinically appropriate.

R7. By April 1, 2027, the Board should consider using the County LEMSA's ambulance response exceedance fines to expand the County's "Right Care, Right Way" initiative countywide to reduce unnecessary emergency department usage.

R8. By April 1, 2027, the Board should consider requiring CCRMC to update its APOT Reduction Protocol to meet the requirements of California Code of Regulations, Title 22, Division 9, Chapter 1.2, Section 100002.03.

R9. By April 1, 2027, the Board should consider requiring the County LEMSA to notify CCRMC that its APOT Reduction Protocol does not cite the applicable LEMSA APOT standard of not to exceed 20 minutes 90% of the time.

R10. By April 1, 2027, the Board should consider requiring the County LEMSA to notify any hospital in the County when its APOT Reduction Protocol cites a standard longer than the County LEMSA standard.

R11. By April 1, 2027, the Board should consider requiring the County LEMSA to provide the Board with its quarterly reporting on the status of APOTs in the County.

REQUEST FOR RESPONSES

Pursuant to California Penal Code § 933(b) et seq. and California Penal Code § 933.05, the 2025-2026 Contra Costa County Civil Grand Jury requests responses from the following governing bodies:

Responding Agency	Findings	Recommendations
Contra Costa County Board of Supervisors	F1-F7, F10-F23, F25-F31	R1-R5, R7-R11
Contra Costa County Fire Protection District	F8, F9, F24	R6

These responses must be provided in the format and by the date set forth in the cover letter that accompanies this report. An electronic copy of these responses in the form of a Word document should be sent by e-mail to ctadmin@contracosta.courts.ca.gov and a hard (paper) copy should be sent to:

Civil Grand Jury – Foreperson
725 Court Street
P.O. Box 431
Martinez, CA 94553-0091

Reports issued by the Grand Jury do not identify individuals interviewed. Penal Code section 929 requires that reports of the Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the Grand Jury.

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American Ambulance Association Emergency Medical Treatment and Labor Act (EMTALA) Archives - American Ambulance Association

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California Department of Health Care Services County LPS Designated Facilities

California Department of Public Health All Facilities Letter AFL-07-04

California Department of Public Health Cal Health Find Database Home

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California Department of Public Health State Enforcement Actions Dashboard

California Emergency Medical Services Authority Ambulance Patient Offload - EMSA

California Emergency Medical Services Authority AB 40 Regulations Browse - California Code of Regulations

California Health Care Almanac CaliforniaEmergencyDepartmentsAlmanac2025

California Hospital Association Toolkit to Reduce Ambulance Patient Offload Delays

CMS DEPARTMENT OF HEALTH & HUMAN SERVICES (July 13, 2006 EMTALA Memo)

CMS eCFR :: 42 CFR 482.55 -- Condition of participation: Emergency services.

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U.S. Department of Health & Human Services Office of Health Policy Trends in the Utilization of Emergency Department Services, 2009-2018

APPENDICES

Appendix 1. Contra Costa County Emergency Department Transfer of Care Standard 4010

Contra Costa County Emergency Medical Services

EMS – Emergency Department Transfer of Care Standards

I. PURPOSE

This policy establishes standards for transfer of patient care for 9-1-1 ambulance personnel to Emergency Department (ED) staff in Contra Costa County. These standards are essential to public safety.

II. POLICY

Hospitals designated as an EMS receiving hospital in Contra Costa County shall be prepared to receive patients transported by 9-1-1 ambulance providers and accept these patients upon arrival. The patient transfer process performance expectations for the EMS System is twenty (20) minutes or less 90% of the time.

III. EMS AMBULANCE PROVIDER RESPONSIBILITIES

A. Prehospital personnel will notify ED staff of their estimated time of arrival as soon as practical, once patient destination has been established.

B. Prehospital personnel shall provide continuity in their treatments upon arrival at the hospital, which typically may involve oxygen, IV fluids and nebulizer treatments, which have been started prior to patient arrival in the ED.

C. During periods of unusual level of demand, prehospital personnel may provide the stable patient with information on hospital delays to assist the patient in their choice of destination.

D. Prehospital personnel will promptly notify ED supervisory staff of ambulance parking, stacking conditions and "Patient Care Delays" when they occur. Ambulance supervisory personnel will assist with the resolution of parking and stacking issues and follow up with the Contra Costa County EMS Agency (LEMSA) and hospital.

E. Notification of the need to release ambulance resources shall be communicated by the ambulance supervisor using the following chain of command:

1. ED charge nurse and physician in charge
2. Hospital House Nursing Supervisor

IV. RECEIVING HOSPITAL RESPONSIBILITIES

A. The hospital responsibility for the care of a patient begins when the patient or ambulance arrives on hospital grounds and requires an initial assessment and triage of the patient without delay. *

B. Hospital staff shall provide ongoing care beyond oxygen and IV fluids once the patient has arrived in the ED.

C. ED staff will work with ambulance personnel to ensure optimal patient care handoff and resolve any instances or delayed patient care handoff.

D. During periods of unusual level of demand, hospitals shall activate internal protocols for ED saturation using the hospital incident command system.

E. Predictable seasonal high utilization periods are considered normal EMS System operations that should be included in hospital planning and are not considered unusual level of demand episodes.

F. Hospital staff will work with LEMSA staff to ensure internal policies and procedures are in place to prioritize patients arriving by EMS ambulance and effectively manage ambulance parking and stacking issues. Examples include:

1. Rapid response teams to support ED patient care flow.
2. Communication protocols with appropriate personnel to support rapid patient transfer of care decisions (e.g., Hospital Nurse Supervisor, Hospital Administrator on call, the EMS Duty Officer, etc.)

V. EMS AGENCY RESPONSIBILITIES

A. Provide hospitals and ED leadership with reliable patient handoff performance reports.

B. Post countywide EMS-hospital offload reports on the LEMSA website at appropriate intervals.

*Emergency Medical Treatment and Labor Act (EMTALA)

Appendix 2. Contra Costa Regional Medical Center APOT Reduction Protocol

CONTRA COSTA HEALTH

ED AMBULANCE OFFLOAD PROCEDURE

I. PURPOSE:

To provide guidelines for the Emergency Department to reduce ambulance patient offload time.

II. REFERENCES:

CA AB 40 SECTION "Emergency services adopts a statewide standard of 30 minutes, 90 percent of the time, for ambulance offload time… and requires general acute hospitals with an emergency department to develop an ambulance patient offload time reduction protocol.

Contra Costa County Fire Protection District Ambulance Offload Policy "the goal of this policy is to transfer patients to the receiving hospital and off AMR gurneys as soon as possible, with actions taken at 10, 20, 45, and 60 minutes to make certain patient offloads do not exceed 60 minutes".

III. PROCEDURE:

Upon notification from EMS crew that there is an extended ambulance offload time, the ED Charge nurse will notify the ED Manager and/ or Medical Center Supervisor.

The ED Manager or Medical Center Supervisor will coordinate with the ED Charge nurse to coordinate a plan to safely transfer care of the patient from the EMS crew to the ED Charge nurse or designee.

2025–2026 Contra Costa County Civil Grand Jury

BART at a Crossroads: Structural Deficit, Governance Accountability, and the Choices Ahead

Report 2608
May 28, 2026

Approved by the Grand Jury

Brenda Balingit
GRAND JURY FOREPERSON

6/1/26
Date

Accepted for Filing

Hon. Terri Mockler
JUDGE OF THE SUPERIOR COURT

5/29/26
Date

Civil Grand Jury reports are posted at: contracosta.courts.ca.gov/divisions/civil/civil-grand-jury/grand-jury-reports

SUMMARY

The Contra Costa County Civil Grand Jury investigated the financial condition, cost structure, and governance of the San Francisco Bay Area Rapid Transit District (BART), a regional transit system serving Contra Costa County residents. BART faces a $375 million structural operating deficit beginning in Fiscal Year (FY) 2027. BART's five-year (FY2027-FY2031) financial forecast does not identify a path to structural balance without new dedicated revenue, additional cost reductions, or both. The Grand Jury's investigation identified three interrelated factors driving the crisis: a fare-dependent revenue model, sustained changes in ridership patterns following the COVID-19 pandemic, and a cost structure in which 63% of expenses do not proportionally decline with reduced service levels. A glossary of financial, operational, and transit-related terms used in this report is provided in Appendix A.

BART's financial model has relied heavily on passenger fares to fund operating costs—a model that performed well under conditions of strong, concentrated commute demand. Ridership declines that began before the pandemic, combined with the shift to hybrid work patterns, have fundamentally altered demand for traditional peak-hour service. In FY2025, BART operated 18.5% more service hours than in FY2019 while recording only 44.6% of pre-pandemic passenger miles—a gap between service supplied and ridership demand that has not materially narrowed in recent years. Annual ridership has declined from approximately 128 million trips to 59 million trips, while staffing has increased 7.8% since FY2019.

BART's FY2027 Preliminary Operating Budget projects a $375 million structural operating deficit in FY2027, the first fiscal year in which approximately $2 billion in one-time federal and state emergency assistance used to sustain operations since FY2020 will be exhausted, exposing the underlying imbalance between revenues and operating costs. In response, BART has pursued cost reductions and revenue initiatives that are estimated to address approximately 11% of the projected structural deficit. Due to the fixed-cost nature of BART as a heavy rail system, service reductions alone produce limited savings and risk accelerating ridership loss.

Senate Bill 63, the Connect Bay Area Act, authorized a regional sales tax measure for the November 2026 ballot. BART has identified the resulting Connect Bay Area Measure (Measure) as the primary mechanism to address its projected structural deficit. Even if the Measure passes, BART's five-year financial forecast projects cumulative residual deficits of approximately $192 million through FY2031. This indicates the Measure alone will not achieve structural balance and additional cost reductions will be required.

Three governance structures support the Board's oversight responsibilities. The Grand Jury's investigation identified governance and oversight conditions that affect the reliability, completeness, and timeliness of information available to the BART Board of Directors (Board). Internal Audit's organizational placement within management, and the Audit Committee's lack of authority to review rather than approve audit plans and charters, create conditions inconsistent with professional auditing standards. Internal Audit has appeared before the Audit Committee at only 10 of 28 meetings since the Committee's inception in January 2021, and complete audit reports were not routinely distributed to the Committee as a standard practice.

The Grand Jury's review of BART's Quarterly Financial Reports found that overtime expenditure drivers are not identified by cause or category in BART's financial reporting—a finding consistent with the Office of Inspector General's (OIG) 2025 overtime audit. Nine of ten OIG recommendations on overtime management and organizational structure remain unimplemented at the time of this report. The Audit Committee has not conducted required biennial reviews of the Employee Code of Conduct since its inception in 2021, despite a charter obligation to do so.

This report addresses both BART's structural financial crisis and the governance conditions that affect the Board's capacity to manage it. These subjects are presented in a single report because they are causally connected: the fiscal crisis demands a Board and oversight apparatus capable of receiving complete, timely, and independent analyses of agency performance. The investigation found conditions in which that capability is not fully supported.

CONFLICT OF INTEREST DISCLAIMER

One Grand Juror recused themself due to a possible conflict of interest and did not participate in the investigation, preparation, or approval of this report.

BACKGROUND

Established in 1957 by California's Legislature, BART was created as a special-purpose district designed to provide a modern rapid transit system for the metropolitan areas around San Francisco Bay. BART began service in September 1972. Today it runs five lines across a 131-mile network with 50 stations, serving both urban and suburban regions in San Francisco, San Mateo, Alameda, Contra Costa, and Santa Clara counties.

Fiscal Issues

BART is the region's primary heavy rail system. Before the March 2020 Shelter-in-Place order, BART recorded 128.2 million passenger trips and averaged weekday ridership of 443,123 in FY2019. That year, fare and parking revenue generated $520 million, covering 66.7% of operating costs, among the highest farebox recovery ratios nationally among similar heavy rail systems. BART's financial stability and future service levels have been impacted by a steep decline in ridership that began during the COVID-19 pandemic, which have continued due to long-term shifts in commuting patterns, including increased remote and hybrid work. The FY2025 budget relied on $328.2 million in federal aid. BART projects a $375 million structural operating deficit in FY2027 with emergency funding fully exhausted after FY2026.

Governance

BART is governed by a nine-member elected Board. The Board sets policy, approves budgets, and appoints four officers: the General Manager, General Counsel, District Secretary, and Independent Police Auditor. The Board submits nominees to the Governor to lead the OIG. The BART Organizational Chart is in Appendix B.

Three governance structures support the Board's oversight responsibilities. An Audit Committee, composed of three Board Directors and two public finance experts, provides financial and compliance oversight. The OIG identifies fraud, waste, and opportunities for operational improvement. An Internal Audit function conducts operational and compliance reviews and reports to the Audit Committee.

Audit committees follow standards from the Institute of Internal Auditors (IIA) and U.S. Government Accountability Office (GAO), which require independence, direct oversight of auditors, and open communication with the governing body. The Audit Committee, governed by an Audit Committee Charter, leads the Board's oversight of financial management, operations, ethics, and compliance. The Audit Committee's responsibilities from the Charter include:

- Reviewing audit and investigation reports from Internal Audit, the OIG, and external auditors
- Monitoring management's implementation of audit or investigation recommendations and corrective actions, and discussing with management the reasons for any delays or failures to implement appropriate corrections
- Overseeing the selection and independence of external auditors
- Reviewing financial statements and internal control systems
- Assessing risks facing BART and ensuring compliance with applicable laws and policies

Bay Area Regional Measure 3, passed by voters in June 2018, established the OIG to independently oversee BART operations under California Public Utilities Code Sections 28840–28845. The OIG is authorized to audit, investigate, and review BART activities to improve operational efficiency. It informs the Board, management, and the public of its findings, evaluates data for resource allocation, and recommends best practices. The OIG reports its findings to the Board, the California Legislature, and the public.

BART's Internal Audit section is led by an audit manager and three principal auditors. The section reports to the Director of Performance and Audit, who is designated as the Chief Audit Executive (CAE). Performance and Audit is placed within the organizational structure of the Chief Financial Officer, who reports directly to BART's General Manager.

BART adopted an Internal Audit Charter in 2025. It defines the Internal Audit section's purpose, authority, responsibility, and position within the organization. The Charter adopts both the Institute of Internal Auditors Global Internal Audit Standards (IIA Standards) and the GAO's Generally Accepted Government Auditing Standards (GAGAS). According to those standards, an internal auditor's mission is to act as an independent and objective assurance and consulting function that aims to add value and improve the effectiveness of agency operations. Internal Audit reviews whether policies and procedures are being followed, risks are being managed appropriately, and controls are working as intended, and reports its findings to senior management and the governing body of the organization.

METHODOLOGY

The methods used by the Grand Jury in this investigation included:

- Interviews with BART leadership, staff, and labor representatives
- Interviews with local transit and public accounting experts
- Interviews with public officials
- Review of public records, media reports, and other relevant documents
- Review of videos of BART Board of Directors and Audit Committee meetings
- Review of Inspector General and Internal Audit standards and practices
- Review of the Connect Bay Area Act
- Review of BART's Collective Bargaining Agreements

DISCUSSION

Ridership, the Farebox Revenue Model, and the Fiscal Crisis

Pre-Pandemic Ridership and a Structural Warning Sign

Between 2010 and 2016, BART experienced an increase in ridership fueled by increasing highway congestion, expanded airport connections, high fuel prices, and strong regional job growth, particularly in downtown San Francisco. Approximately two-thirds of weekday trips began or ended at downtown San Francisco stations. BART accounted for 25% of all statewide public transit passenger miles. Ridership peaked in FY2016 with 137.7 million annual trips and averaged 460,730 daily weekday riders.

Even prior to the COVID-19 pandemic, BART ridership had started to decline. By FY2019, annual ridership fell from its FY2016 peak to 128.2 million annual trips (443,123 average weekday boardings). Independent studies attribute this decline to factors including lower gas prices, more dispersed job locations, and increased ride-hailing (e.g., Lyft or Uber) options. Passenger miles traveled fell 1.0% over the same period. This metric measures the total distance covered by all riders and is closely tied to fare revenue in a distance-based system, where fares vary by origin and destination station.

At the same time, BART expanded its network, opening the Warm Springs/South Fremont station in March 2017 and the eBART extension to Antioch in May 2018. This increased revenue miles (the total distance traveled by trains while in passenger service) by 12.3% and revenue hours (the total hours those trains were available to carry passengers) by 9.5%. The result was a system growing its service capacity while its fare-generating ridership declined—more trains running more miles for more hours, carrying fewer paying passengers.

The Farebox-Dependent Financial Model

In FY2015, passenger fares generated $464 million, covering 78% of BART's total operating expenses. By FY2019, BART's farebox recovery ratio—the percentage of operating costs covered by passenger fares—was 66.7%, according to Federal Transit Administration National Transit Database data. Rail transit agencies nationwide averaged 32% of operating costs recovered from fares during the same period, meaning BART recovered more than twice the national average from passenger fares and correspondingly less from public subsidies. A

financial model in which passenger fares fund two-thirds of operating costs is directly exposed to sustained declines in ridership—the condition that resulted from the pandemic.

The Pandemic Disruption and Ridership Collapse

In April 2020, following the March 16, 2020 Shelter-in-Place order, BART's daily weekday ridership fell from an average of 410,000 trips to approximately 25,000 trips. Within a few weeks, ridership declined by 93% and remained at roughly 10% of pre-pandemic levels through the end of 2020. Ridership began to slowly recover in FY2021 and has continued to grow modestly year over year. As of early 2026, however, total trip ridership remains at 50% of pre-pandemic levels. Travel patterns have shifted. Regional transportation studies note that the growth of hybrid work arrangements has reduced the demand for traditional peak-hour commute service. Weekends and off-peak periods are rebounding faster than traditional peak hours, and commutes are more dispersed than before the pandemic.

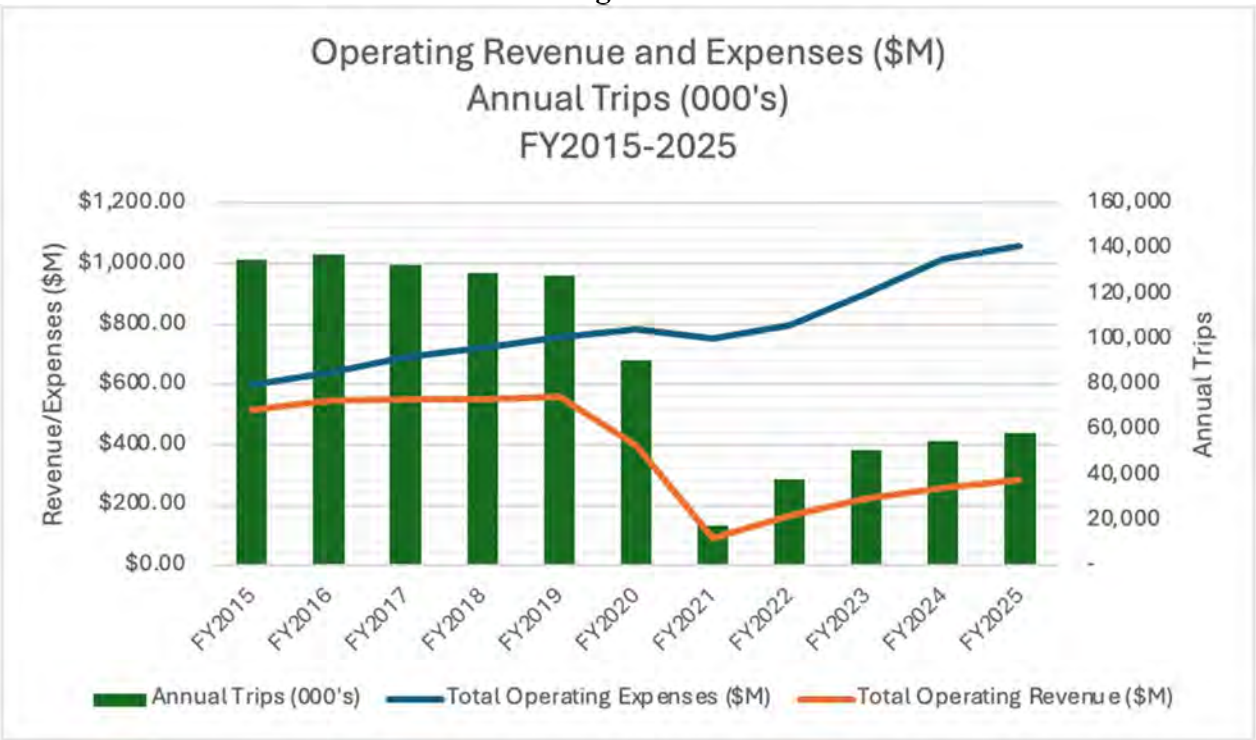
Passenger miles traveled, the metric most closely tied to fare revenue, in FY2025 amounted to 44.6% of the FY2019 pre-pandemic baseline. Year-over-year improvement has slowed from an increase of 9.0% between FY2022 and FY2023 to 2.3% between FY2024 and FY2025, indicating that the pace of recovery has slowed in recent years.

Source: Grand Jury

The Structural Financial Crisis Metrics

A structural deficit exists when recurring operating revenues cannot cover recurring operating expenses, independent of one-time funding sources. BART is in precisely that condition. As Figure 1 illustrates, BART's farebox recovery ratio (calculated from revenue and expense data in Figure 1) declined sharply following the pandemic. Fares covered 64% of operating costs in FY2019. That figure fell to 17% in FY2022 and has recovered to 25% in FY2025—less than the 66.7% pre-pandemic level.

Figure 1



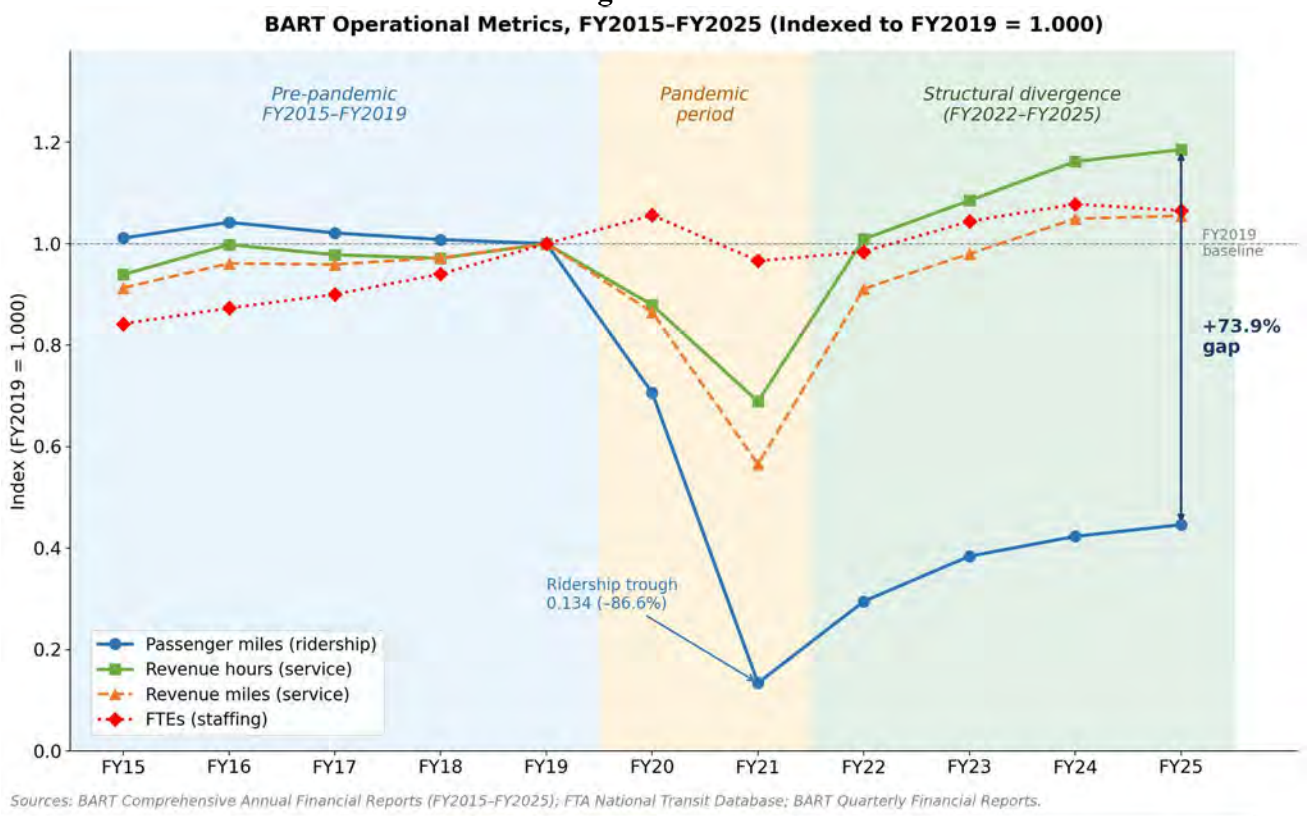
Source: BART Financial Information

BART's FY2026 adopted operating budget of $1.15 billion is balanced by drawing on the final installment of approximately $2 billion in one-time federal and state emergency assistance that has sustained operations since FY2020. After FY2026, that funding will be exhausted. BART's FY2027 Preliminary Operating Budget, presented to the Board on March 31, 2026, projects $1.102 billion in expenditures. That budget incorporates $97.9 million in new borrowing, a $59.3 million shift in sales tax revenue recognition methodology, and $68 million in deferred contributions to the Retiree Health Benefits Trust—measures that BART's General Manager acknowledged in the FY2027 Preliminary Operating Budget are "not best practices." Absent those measures, the FY2027 structural operating deficit stands at $375 million.

Operational Trend Analysis

By FY2025, BART operated 18.5% more service hours than in FY2019 while recording only 44.6% of pre-pandemic passenger miles. Figure 2 below converts Passenger Miles Traveled, Revenue Hours, Revenue Miles, and employee Full-Time Equivalents (FTEs) to a FY2019 index, making their differing trends directly comparable over time. Each value is shown relative to a base year, with 1.00 representing FY2019. Unlike Figure 1, which focuses on revenue and costs, this figure illustrates the relationship between service levels and ridership demand.

Figure 2



Pre-pandemic FY2015–FY2019	Pandemic collapse FY2021	Structural divergence FY2025
Ridership and service converging. Ridership starts to decline. Gap narrows from −7.2% to −3.7%, the system's closest approach to efficiency.	Ridership plummets to 13.4% of baseline while staffing drops to 96.6%. Service-to-ridership gap spikes to +55.5%.	Service supply exceeds FY2019 (+18.5% hours, +7.8% FTEs). Ridership stalls at 44.6%. Gap: +73.9% — no trend toward closure.

Figure 2 shows that by FY2025 there was a 73.9% service-to-ridership gap (the difference between the amount of service provided and the level of ridership demand) that has not materially narrowed based on recent data. This divergence—more service supplied than riders to use it—is the operational condition that the following cost structure analysis shows cannot be resolved through service reductions alone. The system that once moved 128 million annual passenger trips now supports approximately 59 million trips annually. The number of staff required to keep the system running has increased 7.8% since FY2019, while ridership has been cut in half. This mismatch between staffing levels and ridership is associated with operating cost pressures that contribute to the projected $375 million structural deficit.

The Rail Service Plan is the document through which the Board approves the system's service structure for each fiscal year, including train frequency, operating hours, and service changes. The Grand Jury reviewed BART's FY2027 Rail Service Plan, presented to the Board on April 23, 2026, and found that it does not include a formal framework defining target service levels relative to ridership demand or measurable utilization thresholds. In the absence of such a framework, the Board has no established criteria for evaluating whether current service levels are appropriately calibrated to actual passenger demand.

BART's Response to the Fiscal Crisis

Safe and Clean Plan

BART has identified ridership recovery as a primary objective of the Safe and Clean Plan. The Safe and Clean Plan is a system-wide strategy launched in the early 2020s to improve safety and cleanliness—conditions BART's own customer satisfaction surveys identified as the top priorities among riders following the pandemic. The program focuses on improving the rider experience through increased police presence, expanded cleaning crews, improved lighting, modernized fare gates designed to reduce fare evasion, and enhanced monitoring through surveillance cameras and station staffing. BART also introduced operational changes such as operating shorter trains to concentrate riders in fewer cars to improve safety and allow staff to better monitor activity.

Source: Grand Jury

A review of crime and performance reports shows these initiatives have reduced reported crime per rider, decreased fare evasion, and improved rider satisfaction ratings related to cleanliness and overall system conditions. BART's budget documents acknowledge, however, that improved rider experience metrics have not returned ridership to pre-pandemic levels, and the Safe and

Clean Plan's contributions to fare revenue recovery address only a portion of the $375 million structural deficit projected in BART's FY2027 Preliminary Operating Budget.

Cost-Reduction Initiatives

BART characterizes its cost-saving strategies since the onset of the pandemic in four areas:

1. Service Adjustments: At the start of the pandemic, BART cut service by 40%, which saved $25 million in FY2020 and nearly $100 million in FY2021. The agency also stopped a planned off-peak service expansion (saving roughly $30 million per year). .

2. Workforce and Structural Right-Sizing: In May 2020, BART eliminated 672 vacant jobs. Later that year, the Board introduced a District Retirement Incentive Program, leading to 287 retirements in March 2021. Although BART paid $14.1 million in incentives, it achieved $18.5 million in net savings for FY2022 due to lower staffing costs. Further actions included freezing hiring for 45 positions in FY2025, not granting wage increases to most employees in FY2022, canceling the addition of 76 police officers, consolidating headquarters space by one-third, and applying a 5% non-payroll budget reduction in FY2026.

3. Capital and Operational Efficiencies: The rail car fleet replacement was completed at $395 million under budget. Beginning in FY2024, BART reduced train length, saving approximately $8 million annually in energy costs. In FY2022, BART ended operating subsidies to the San Francisco Municipal Transportation Authority and AC Transit, saving $48 million annually. Improved overhead cost accounting, implemented in FY2026, produces approximately $3 million in annual savings.

4. Cash Flow and Liability Management: These efforts focus on shifting some expenses into the future. BART refinanced debt to save $6.5 million in FY2026, postponed prepayments for retiree health and pensions to free up more than $50 million a year in FY2026–27 (although this will increase costs by about $8 million annually starting in FY2028), and deferred $197 million in planned capital contributions through FY2027.

While some measures have produced permanent savings, others defer costs rather than eliminate them, which increases long-term liabilities in exchange for near-term budget relief.

Revenue Enhancement Initiatives

BART has pursued the following revenue initiatives to increase operating revenue:

- New faregate installation to reduce fare evasion: $8–$10 million in additional annual revenue
- Clipper BayPass: $7 million
- Leases of underutilized parking lots: approximately $1 million
- Fiber and cellular leases: $7.8 million
- Transit-Oriented Development ground leases: approximately $2 million
- Low Carbon Fuel Standard credits: $16 million

These initiatives generate $43–$45 million in new annual recurring revenue above the FY2025 baseline, addressing approximately 11% of the projected $375 million structural deficit.

BART's Long-Range Financial Plan is the primary instrument through which the Board evaluates long-term fiscal sustainability. The FY2027 Preliminary Operating Budget incorporates BART's current Long-Range Financial Plan projections. The Grand Jury's review of BART's FY2027 Preliminary Operating Budget found that the plan does not establish measurable targets for non-fare revenue as a percentage of total operating revenue. The plan does not include a formal strategy for reducing structural dependence on passenger fares.

BART's Cost Structure and the Limits of Service Reductions

BART, like other major heavy rail systems, has a cost structure where most expenses do not change even if service is reduced. Fixed costs include maintaining tracks, stations, infrastructure, and administrative operations. Whether trains run frequently or less often, these costs largely stay the same. Only a small portion of BART's costs is variable, meaning costs go up or down depending on how much service is provided. For example, electricity and staffing are tied directly to train operations. Operating data show this clearly: during the pandemic, BART reduced service by about 40%, closing earlier and running fewer trains, while operating costs only dropped by about 12%. In other words, large service cuts produced small savings. BART's own cost model confirms this. Based on its FY2025 costs of about $1.06 billion:

- About 37% ($394 million) of costs change with service levels
- About 36% ($385 million) are somewhat flexible, but not directly tied to service levels
- About 27% ($282 million) are completely fixed and do not change with service levels

The latter two points indicate that roughly 63% of BART's costs do not significantly decrease when service levels are reduced. Since most of BART's expenses are somewhat fixed, cutting service alone is not sufficient to close its financial gap.

When ridership falls, revenue drops. This often pressures agencies to cut service or raise fares—actions that inadvertently drive away even more riders. The Federal Transit Administration and academic transportation researchers have documented this dynamic, commonly referred to as a "transit death spiral."

A 2024 peer-reviewed study published in *Transportation Research Record* found that transit ridership demand has become more responsive to service changes since COVID-19, meaning that service reductions now carry a greater risk of accelerating ridership decline than at any prior measured point. The study's findings indicate that riders who have access to alternative transportation, including personal vehicles, remote work arrangements, or ride-hailing services, are more likely to reduce or discontinue transit use when service levels decline. Riders without alternatives may continue using the system but face increased difficulty accessing essential destinations if service frequency or coverage is reduced. In other words, the riders most likely to stay when service declines are those least able to pay higher fares or ride more frequently — limiting BART's ability to recover fare revenue through the remaining ridership base.

Peer Benchmarking Analysis (FY2024)

The Grand Jury compared BART to six peer heavy rail systems using FY2024 data from the Federal Transit Administration's National Transit Database (see Appendix C). These systems operate heavy rail service in major urban regions with characteristics comparable to BART and have been referenced by BART as peer systems for benchmarking purposes. The six metrics analyzed divide into two categories. The first, cost per revenue hour, is an input measure of operational efficiency. The remaining four are output and effectiveness measures: how many riders per service hour; what each rider costs to serve; what each passenger mile costs; and what share of operating costs riders pay through fares (farebox recovery). Labor as a percentage of total operating costs is included as context because labor is the dominant cost driver in heavy rail systems and directly affects all four output metrics.

Analysis of the data indicates that BART's cost structure is relatively high, and it carries fewer riders relative to the level of service it operates when compared to its peers. BART's operating cost per revenue hour ($374.50) is the second highest in the peer group, driven by a labor share of 73.2%. At 23.4 passenger trips per revenue hour, BART carries fewer riders per hour of service than any peer system, less than a quarter of the peer group's highest performing system of 100.2. That low utilization rate drives BART's cost per trip to $16.00, the highest among peers. BART's cost per passenger mile ($1.15, third in the peer group) is more favorable, but that is a function of the system's long average trip distances rather than operational efficiency.

Those long trips have not produced commensurate fare revenue: farebox recovery at 24.9% remains near the peer midpoint, and below the two highest-performing peer systems in the group—33.7% and 44.5%. This combination—the highest service hours per passenger in the peer group and the second highest cost per service hour—defines the structural cost challenge the peer data reflect. BART operates more service per rider than any peer system analyzed, at a cost per hour that rivals the most expensive systems in the group.

Fiscal Responses and Resolution Pathways

The following sections examine the Grand Jury's analysis of additional cost savings opportunities within BART's current operational framework, and the two resolution pathways BART has identified to address its structural deficit.

Opportunities for Additional Cost Savings

BART's five collective bargaining agreements (CBAs), covering 85% of BART's employees, govern the terms under which BART incurs its largest operating cost. Labor represents 73% of BART's operating costs and is partially driven by operational, safety, and regulatory requirements that mandate certified operators and continuous staffing of critical functions.

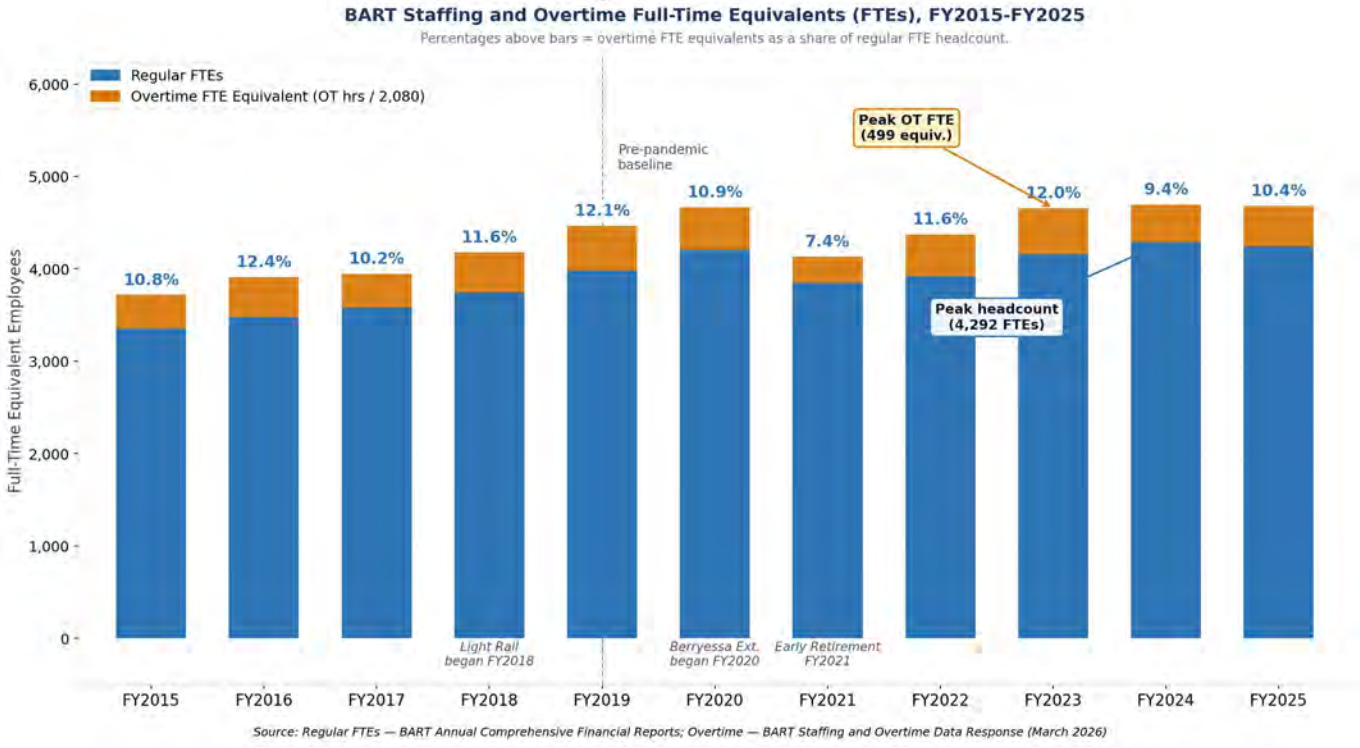
The CBA provisions limit management's ability to adjust labor costs in response to changing service levels or financial conditions. Specifically, minimum staffing levels are often tied to maintaining coverage at physical locations, stations, and facilities rather than to the level of service being operated. This means that even when train service is reduced, staffing levels cannot be reduced proportionally. In addition, workforce protections operate in a largely one-directional

manner: staffing levels, job protections, and work rules may expand over time but are difficult to scale back, even when operational needs change.

Some CBAs include overtime pay requirements triggered by scheduling conditions, such as shift changes or missed breaks, that are not separately tracked or analyzed. The Grand Jury's review of BART's Quarterly Financial Reports found that these obligations are not separately tracked or analyzed in BART's financial reporting, limiting management's visibility into this component of labor. Finally, BART's ability to contract out work is constrained by the provisions of multiple CBAs, which create procedural barriers to outsourcing even where it might be cost effective.

Figure 3 below presents BART's staffing picture: regular FTEs alongside the overtime FTE equivalent (total overtime hours divided by 2,080 standard annual hours) for each year from FY2015 through FY2025. The combined total represents the full labor input BART deployed in each fiscal year, regardless of how that labor was classified for payroll purposes.

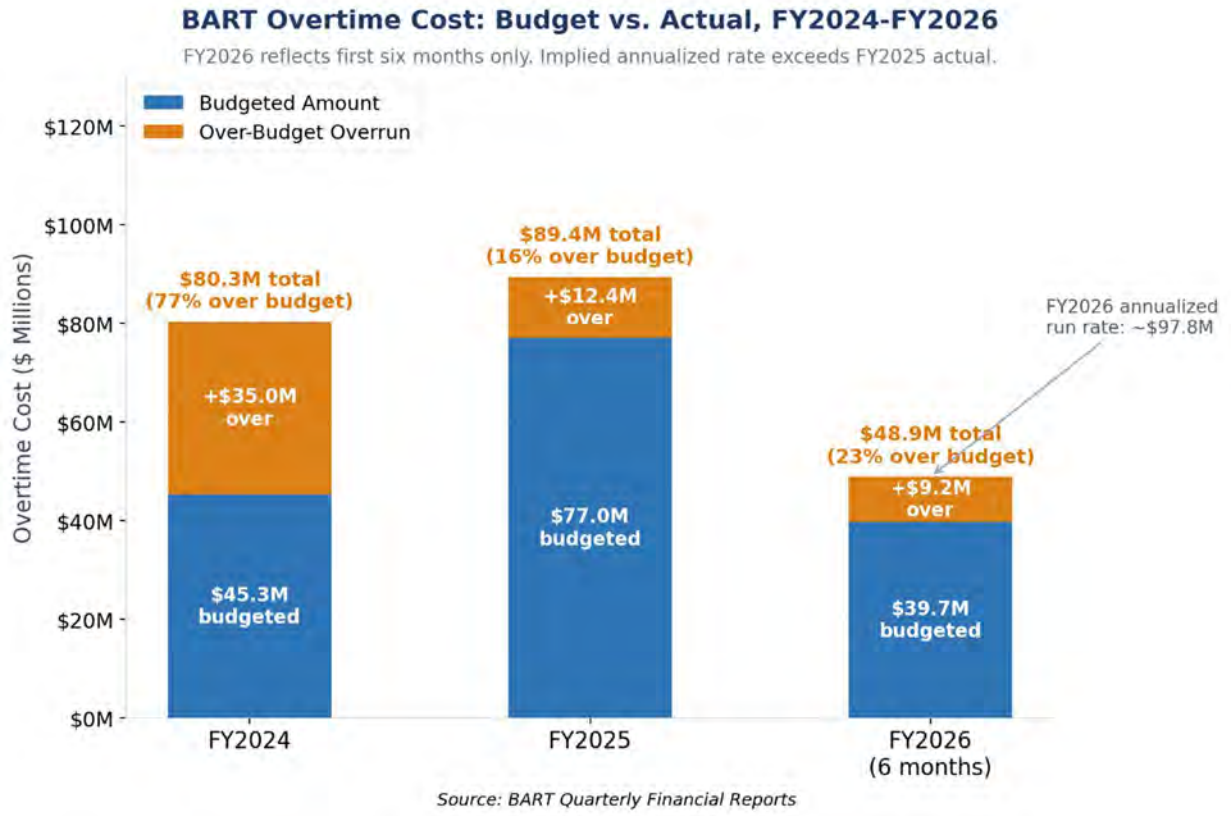
Figure 3



The chart shows that BART's overtime consistently ranged from 9.4% to 12.4% of regular FTEs over the past decade, except during FY2021, when COVID-related service reductions and an early retirement program temporarily depressed the ratio. The simultaneous occurrence of peak regular headcount (4,292 FTEs, FY2024) and peak overtime labor equivalent (499 FTEs, FY2023) in consecutive fiscal years is instructive. BART's data indicate that overtime obligations are embedded in the operational model and are not driven by staffing shortfalls.

Figure 4 presents BART's overtime expenditures against budgeted amounts for FY2024, FY2025, and the first half of FY2026, highlighting a consistent pattern of recurring variances between budgeted and actual overtime costs.

Figure 4



The Grand Jury reviewed eight BART Quarterly Financial Reports (QFRs) from FY2024 and FY2025 to determine whether they provide the Board and management with sufficient analytical detail to understand and manage overtime costs. All eight reports show whether spending was above or below budget, but none explain the operational causes of overtime; distinguish among overtime driven by staffing shortages, absence coverage, emergencies, or scheduling inefficiencies; or set a management target and measures progress toward it. The FY2025 Year End presentation added a departmental breakdown and suggested that California's expanded sick leave laws may be increasing absenteeism-related backfill overtime but provided no absenteeism data to support that observation and did not connect it to a corrective plan. Overtime expenditures that consistently exceed budgeted amounts by double-digit percentages across multiple fiscal years indicate that BART's budgeted overtime amounts have not kept pace with actual overtime expenditures.

Transportation—the department accounting for 41% of total overtime expenditure—exceeded its FY2025 overtime budget despite the prior year's QFRs identifying increased hiring as the remedy. The FY2025 reports do not document whether that hiring occurred or explain why overtime expenditures continued to exceed budgeted amounts. The QFRs do not identify overtime drivers by cause or category. Without overtime reporting that identifies expenditures by

cause or category, the Board cannot determine from the QFRs whether overtime is driven by controllable factors or structural and contractual obligations, or whether budgeted overtime amounts reflect BART's actual overtime experience.

The Legislative Response to the Region's Transit Financial Crisis

Senate Bill 63 (SB 63), the Connect Bay Area Act, signed by California Governor Gavin Newsom on October 13, 2025, authorizes the Connect Bay Area Measure for the November 3, 2026, ballot. The measure proposes a 0.5% sales tax in Alameda, Contra Costa, San Mateo, and Santa Clara counties, and a 1% tax in San Francisco. If approved, the Measure is projected to generate approximately $975 million annually for 14 years. Ballot qualification now depends on an independent citizen's initiative signature-gathering effort.

BART's projected annual allocation under the Measure is approximately $310 million, based on its share of regional transit ridership and projected operating need. Approximately $45 million per year is designated for rider-focused initiatives, including fare discounts, free or reduced-cost transfers, accessibility improvements, and regional transit signage enhancements.

BART's FY2027 Preliminary Operating Budget, presented to the Board on March 31, 2026, projects that the Measure's projected $310 million annual allocation is less than the $375 million FY2027 structural deficit. Additional cost reductions or revenue measures will be required to achieve a balanced budget in FY2027. The five-year forecast (FY2027-FY2031) further indicates that even with Measure revenues beginning in FY2028, cumulative net deficits over the four-year period FY2028 through FY2031 will total approximately $192 million. BART's forecast does not identify a combination of measures sufficient to achieve structural balance without both Measure revenues and additional cost reductions.

BART's Alternative Service Plan

On February 26, 2026, the Board gave initial approval to the FY2027 Alternative Service Plan. The plan would be implemented in January 2027 if the Connect Bay Area Measure is not approved by voters and no alternative revenue source is secured. It is intended to address a projected operating deficit of approximately $375 million in FY2027, growing to a projected cumulative $1.475 billion over four years.

The plan includes potential operational changes such as adjustments to service frequency, operating hours, staffing levels, and other cost-reduction measures. Before implementation, the Board must adopt a revised FY2027 budget and vote separately on any proposed station or segment closures. Final votes are scheduled for November and December 2026 should the Measure fail.

From Financial Crisis to Governance Accountability

BART's fiscal challenges are compounded by conditions in its governance and oversight structures that affect the Board's access to complete, timely, and independent analysis of agency performance. The investigation found conditions in which that capability is not fully supported. The following sections document specific deficiencies in the authority and functioning of the

Audit Committee, the independence and reporting practices of Internal Audit, and the implementation of OIG recommendations—conditions that limit the completeness and independence of the oversight information available to the Board.

Governance and Oversight

Governance Authority Over Internal Audit

At BART, the Audit Committee Charter limits the Committee's role to reviewing, not approving, the Internal Audit Charter or the annual risk-based audit plan. BART's Internal Audit Charter and Audit Committee Charter both assign final approval authority to executive management rather than the Audit Committee. IIA Standards 6.2 and 6.3 require that this authority rest with the governing body. The current structure does not conform to that requirement.

Organizational Placement and Structural Independence

GAGAS Section 3.44 identifies placement of an audit function within the reporting line of the areas it audits as a structural threat to independence. GAGAS Sections 3.52 and 3.56 require that the head of internal audit be located outside the staff or line management of units under audit and have direct access to those charged with governance. IIA Standard 7.1 separately requires the board to establish a direct reporting relationship with the CAE and to position Internal Audit to perform its work without management interference.

BART's Internal Audit Charter states that Internal Audit functionally reports to the Audit Committee. The organizational chart (Appendix B), however, places Internal Audit within the executive management hierarchy, reporting through the Director of Performance and Audit and Chief Financial Officer to the General Manager. The chart does not show a direct reporting line to the Audit Committee. Internal Audit's organizational placement directly affects its independence.

Misalignment Between Governing Documents and Organizational Structure

IIA Standards 6.1 and 7.1 require that internal audit's authority, positioning, and reporting relationships be clearly defined and consistently reflected across governance frameworks. At BART, three documents govern these matters: the Internal Audit Charter, the Audit Committee Charter, and the organizational chart. These documents are inconsistent with one another in material respects.

The Internal Audit Charter states that Internal Audit reports functionally to the Audit Committee—meaning the Committee is responsible for overseeing Internal Audit's work, approving its plans, and receiving its findings. The Audit Committee Charter, however, provides that the Committee's role is to review, not approve, the Internal Audit Charter and annual audit plan, with approval authority residing with executive management. The organizational chart places Internal Audit within the executive management hierarchy reporting through the Chief Financial Officer, with no direct reporting line to the Audit Committee depicted. The result is lack of clarity about where authority over Internal Audit actually resides.

Independence Safeguards

BART's Internal Audit Manual incorporates independence safeguards including conflict-of-interest disclosures, restrictions on performing operational duties, and procedures for identifying threats to independence, consistent with GAGAS Sections 3.30–3.32 and IIA Standard 2.1.

These safeguards address general independence risks but do not address the structural threat created by Internal Audit's placement within management. The most significant gap involves audits of functions within the Chief Financial Officer's span of control—the same executive to whom Internal Audit reports administratively. Auditing an area managed by the executive you report to creates an inherent independence risk that general safeguards do not resolve.

GAGAS Sections 3.46–3.49 require that when this type of structural threat exists, auditors must document the threat, the safeguards applied, and a conclusion on whether independence has been maintained. The Grand Jury found no such documentation for Internal Audit's engagements within the Chief Financial Officer's (CFO) span of control. Without it, there is no documented basis for concluding that independence has been maintained—a condition GAGAS treats as an independence impairment.

Internal Audit Reporting to the Audit Committee

As of December 2025, the Audit Committee has held 28 meetings since its inception on January 14, 2021. The OIG presented at 24 of these meetings, while Internal Audit presented at 10, averaging two presentations per calendar year. The Internal Audit Charter requires the Manager of Internal Audit to "report periodically to the Audit Committee and senior management" regarding the audit function's purpose, performance relative to plan, budget status, and management responses to audit findings. Neither the Charter nor governing regulations define a specific numerical frequency (such as quarterly) for these periodic reports.

Professional auditing standards, however, establish frameworks regarding the nature and completeness of oversight communications:

- **IIA Standard 11.1** requires the Chief Audit Executive to communicate with the board to discuss the department's performance relative to its plan.
- **IIA Standard 11.2** mandates that internal audit communications be complete and timely.
- **IIA Standard 15.1** requires that the results of audit engagements, including conclusions and recommendations, be communicated to intended users.
- **GAGAS Standard 9.57** requires the distribution of reports to officials with oversight responsibility to ensure results are given due consideration.

A review of Audit Committee materials indicated that complete, unedited audit reports were not routinely distributed to the Committee members as a standard practice. Instead, Internal Audit provided executive summaries of audit activities during their 10 meeting appearances. Management stated that this reporting approach—utilizing summaries rather than full reports and focusing presentations on specific intervals—was intentionally designed to maintain collaborative working relationships with auditees.

Internal Audit Public Transparency and Accountability

Internal Audit recently added a webpage on BART's website that includes the Internal Audit Charter and annual activity reports containing summarized versions of audit findings. The webpage does not include the annual audit plan, completed audit reports, or the status of audit recommendation implementation.

GAGAS Section 9.56 requires that audit organizations make completed audit reports publicly available unless distribution is specifically limited by the terms of the engagement, law, or regulation. The Grand Jury found no documented engagement term, legal restriction, or regulatory limitation that would preclude public availability of Internal Audit's completed audit reports or annual audit plan. Activity report summaries do not constitute the completed audit reports that Section 9.56 requires to be made publicly available.

The OIG publishes completed audit reports, recommendations, and implementation status on its public website. Both the OIG and Internal Audit report to the same governing Board and serve oversight functions within BART. The difference in public availability of audit materials between the two functions is not explained by any documented engagement term, legal restriction, or regulatory limitation identified during this investigation.

Risk Assessment and Audit Plan Development

An annual audit risk assessment is a systematic process to identify, evaluate, and prioritize organizational risks to guide audit resource allocation. IIA Standard 9.3 requires the head of internal audit to establish methodologies to guide internal audit in a systematic and disciplined manner, including the function's approach to assessing risks for the organization. IIA Standard 9.4 requires the annual audit plan be based on a documented assessment of the organization's strategies, objectives, and risks, informed by input from the governing board and senior management and performed at least annually.

The BART Internal Audit Manual (Manual) describes the risk assessment process, stating that, "[t]he primary method of selecting an area to audit is by performing a risk assessment." The Manual lists six commonly applied risk categories: Financial & Compliance Risk, Security & Safety Risk, Operational & Strategic Risk, Image & Reputational Risk, Complexity of Implementation, and Time Since & Results of Last Audit.

The Manual's risk assessment description does not include documented scoring criteria for evaluating risks within those categories, a defined method for weighting categories relative to one another, a specified process for gathering risk information across the organization, or documentation requirements for the assessment. IIA Standard 9.3 requires that methodologies guide the internal audit function in a systematic and disciplined manner, including the function's approach to assessing organizational risk. The Manual's description does not demonstrate that the risk assessment process operates in that manner.

At a 2024 Audit Committee meeting, Internal Audit presented its 2025 annual audit plan. The Grand Jury's review of that presentation found that the plan relied in part on internal surveys to

identify risks. IIA Standard 9.4 requires that the risk assessment be informed by input from the board and senior management. The Grand Jury found no documentation of Audit Committee or Board input into the 2025 risk assessment prior to the plan's presentation.

Selection of the External Auditor and Audit Committee Oversight

The Audit Committee Charter requires the Committee to recommend to the Board the selection, compensation, and oversight of the external audit firm. The external auditor independently attests to the fairness of BART's financial statements and reports on compliance with applicable laws and federal grant requirements.

Documentation reviewed indicates that the Audit Committee involvement in the external audit procurement was limited in the 2020 and 2025 cycles. In both cycles, BART staff issued a Request for Proposal (RFP) for external auditor procurement without prior Committee review. The Committee was not provided the RFP or responses. The Committee was forced into a reactive position after critical decisions, such as evaluation criteria and scope, were already set by staff, undermining its ability to perform its responsibilities.

During public meetings, the Audit Committee reported "unclear roles and insufficient information" due to being involved late in the process. Key criteria such as "Qualifications" were assigned weighting without Committee input, influencing firm eligibility. Additionally, Committee members indicated that their late involvement, after key evaluation criteria had been established, limited their capacity to provide independent oversight of the procurement process.

The Audit Committee Charter assigns the Committee a defined role in recommending external auditor selection to the Board. The documented procurement process in both the 2020 and 2025 cycles did not reflect that role.

Audit Committee Responsibilities: Code of Conduct

Beyond its oversight of the Internal Audit function and external audit procurement, the Audit Committee has specific responsibilities outlined in its Charter. One such responsibility is the biennial review of BART's Employee Code of Conduct. This requirement ensures that BART's ethical standards and expectations remain current, relevant, and effectively communicated to all employees.

A review of BART's Board-adopted policies section on its website reveals that the current Employee Code of Conduct was adopted in 2013. An examination of the Audit Committee's meeting agendas since its inception in 2021 reveals that the Employee Code of Conduct has not been reviewed by the Committee. The Committee has not fulfilled this charter responsibility.

Implementation of OIG Audit Recommendations

The OIG conducted two audits directly relevant to BART's structural cost challenges: a 2024 span of control audit and a 2025 overtime management audit. The Grand Jury confirmed the implementation status of each recommendation. Four of the five recommendations from the 2025 overtime management audit remain unimplemented at the time of this report. BART

implemented one of the five OIG overtime management recommendations by requiring the use of Override Reason Codes in its PeopleSoft timekeeping system, making it mandatory for supervisors to identify the reason overtime is approved at the time of authorization. BART has indicated that data generated through this process is expected to provide additional insight into the primary drivers of overtime expenditure. All five recommendations from the 2024 span of control audit remain unimplemented at the time of this report.

Nine of ten OIG recommendations across both audits remain unimplemented. Without implementation of the overtime management recommendations, BART's budget process cannot produce reliable overtime projections, and the Board cannot distinguish controllable overtime from overtime required by structural or contractual obligations. Without implementation of the span of control recommendations, BART cannot systematically evaluate whether its supervisory structure is appropriately sized relative to operational requirements.

The Interconnected Challenges Facing BART

This investigation leads to two interconnected conclusions. The first is structural and financial; the second is institutional. They are intertwined and together define the challenges BART faces.

Structural and Financial Challenges

BART's FY2027 Preliminary Operating Budget, presented to the Board on March 31, 2026, identifies a projected $375 million structural deficit. This reflects a sustained imbalance where ongoing operating costs consistently exceed the recurring revenues BART expects to collect.

Before 2020, BART utilized a revenue model highly dependent on ridership. Following the pandemic, structural shifts in commuting behavior caused a steep decline in ridership. Existing revenues, cost-reduction measures, and current ridership recovery trends are not sufficient to restore financial balance.

Due to the fixed-cost nature of heavy rail systems, service reductions alone produce limited cost savings and risk accelerating ridership loss. While BART's cost-reduction initiatives since 2020 have produced real savings, they only address approximately 11% of the projected structural deficit.

BART has identified the Connect Bay Area Measure as its primary potential source of new revenue. However, even if the Measure passes, BART's own five-year forecast projects a cumulative residual deficit of approximately $192 million through FY2031. This indicates that the Measure alone will not achieve structural balance, and additional cost reductions or revenue generation will be required to close the gap.

Institutional Challenges

The Grand Jury's investigation also identified institutional conditions in BART's governance and oversight structures. Specifically, the investigation found that:

- BART's Internal Audit function does not fully conform to IIA and GAGAS standards regarding organizational independence, Audit Committee approval authority, reporting practices, risk assessment methodology, and public transparency.
- The Audit Committee's involvement in external auditor procurement has been limited, and complete Internal Audit reports have not been provided to the Committee.
- BART's QFRs do not identify overtime expenditure drivers by cause or category.
- Nine of ten OIG recommendations from the 2024 span of control audit and 2025 overtime management audit remain unimplemented.
- The Employee Code of Conduct, adopted in 2013, has not been reviewed by the Audit Committee since its inception in 2021, despite a charter requirement for biennial review.

The conditions documented in this investigation indicate that BART's governance and oversight structures do not fully operate in conformance with the requirements of IIA and GAGAS professional auditing standards or with the responsibilities defined in BART's own governing documents. Without reporting that identifies overtime drivers by cause or category, the Board cannot distinguish controllable overtime from structurally obligated overtime or evaluate whether management's corrective actions are producing results. Without complete and timely reporting from Internal Audit, the Board does not consistently receive the independent analysis the Internal Audit Charter and professional auditing standards require.

FINDINGS

F1. In FY2019, passenger fares generated $520 million in revenue, covering 66.7% of the Bay Area Rapid Transit District's (BART) total operating expenses, nearly double the national heavy rail average of 32%, according to Federal Transit Administration National Transit Database data.

F2. BART's financial model depends on passenger fares for approximately two-thirds of its operating revenue, making the agency vulnerable to sustained declines in ridership.

F3. BART's annual ridership peaked at approximately 132 million trips in FY2016 and declined 5.2% to 128.2 million trips by FY2019, according to BART's National Transit Database reporting.

F4. Ridership had begun declining prior to the pandemic due to factors including lower gas prices, more dispersed job locations, and increased ride-hailing.

F5. In FY2025, passenger miles traveled amounted to 44.6% of the FY2019 figure, with year-over-year improvement slowing from 9.0% between FY2022 and FY2023 to 2.3% between FY2024 and FY2025.

F6. In Fiscal Year (FY) 2025, BART operated 18.5% more service hours than in FY2019 while recording 44.6% of FY2019 passenger miles.

F7. The gap between BART's service hours index and passenger miles index widened from 55.5% in FY2021 to 73.9% in FY2025, with no trend toward closure based on data through FY2025.

F8. Approximately 63% of BART's FY2025 operating costs are fixed or semi-fixed and do not decline proportionally with service reductions.

F9. Between FY2019 and FY2021, BART reduced service by approximately 40% while operating costs declined by only approximately 12%, demonstrating that large service reductions produce limited cost savings due to the fixed-cost nature of heavy rail operations.

F10. BART's FY2027 Preliminary Operating Budget, presented to the BART Board of Directors (Board) on March 31, 2026, projects a $375 million structural operating deficit beginning in FY2027.

F11. BART's operating cost model, as documented in the FY2027 Preliminary Operating Budget, indicates that service reductions alone cannot close the $375 million structural deficit.

F12. BART's cost-reduction strategies include both permanent savings and temporary cost deferrals, including $197 million in deferred capital contributions through FY2027 and a retirement incentive program that generated $18.5 million in net FY2022 savings but increased long-term retiree medical and pension obligations projected to begin in FY2028.

F13. BART has pursued revenue enhancement initiatives including new faregate installation ($8–$10 million), Clipper BayPass ($7 million), fiber and cellular leases ($7.8 million), parking lot leases (approximately $1 million), Transit-Oriented Development ground leases (approximately $2 million), and Low Carbon Fuel Standard credits ($16 million).

F14. BART estimates its planned revenue enhancement initiatives will generate approximately $43–$45 million in annualized recurring revenue above the FY2025 baseline, addressing approximately 11% of the projected $375 million structural deficit, according to BART's FY2027 Preliminary Operating Budget.

F15. The Connect Bay Area Measure is a regional sales tax authorized by Senate Bill 63 for the November 3, 2026 ballot, proposing a 0.5% tax in Alameda, Contra Costa, San Mateo, and Santa Clara counties and a 1% tax in San Francisco, projected to generate approximately $975 million annually across the five-county area for a period of 14 years.

F16. BART has identified the Connect Bay Area Measure as the primary mechanism to address its projected structural deficit, with BART's projected annual allocation of approximately $310 million.

F17. BART's FY2027 Preliminary Operating Budget projects that the Connect Bay Area Measure's $310 million annual allocation to BART is less than the $375 million FY2027 structural deficit, and that the Measure alone will not achieve structural balance in FY2027.

F18. BART's five-year financial forecast (FY2027-2031) projects cumulative net deficits of approximately $192 million through FY2031 even with Connect Bay Area Measure revenues beginning in FY2028, and projects that additional cost reduction or revenue measures will be required to achieve structural balance.

F19. BART has not developed an integrated financial strategy combining Connect Bay Area Measure revenues with identified cost reduction measures sufficient to achieve structural balance across the FY2028-FY2031 forecast horizon.

F20. BART's five collective bargaining agreements have provisions that require minimum staffing levels tied to physical locations rather than service levels, and workforce protections that establish terms that can be expanded through bargaining but require further negotiation to modify.

F21. BART's overtime represented between 9.4% and 12.4% of regular Full-Time equivalent (FTE) staffing in every fiscal year from FY2015 through FY2025, with the exception of FY2021, when COVID-related service reductions and an early retirement program temporarily depressed the ratio.

F22. The FY2024 and FY2025 Quarterly Financial Reports did not identify overtime expenditure drivers by cause or category or establish a management target for overtime.

F23. All five recommendations from the OIG's 2024 span of control audit remain unimplemented.

F24. Four of the five recommendations from the OIG's 2025 overtime management audit remain unimplemented at the time of this report.

F25. BART's organizational chart places Internal Audit within the executive management hierarchy, reporting through the Director of Performance and Audit and Chief Financial Officer (CFO) to the General Manager, with no direct reporting line to the Audit Committee depicted.

F26. Internal Audit's engagements include audits of financial reporting and other functions within the CFO's organizational span of control.

F27. Generally Accepted Government Auditing Standards (GAGAS) Section 3.44 and 3.52 and Institute of Internal Auditors (IIA) Standard 7.1 identify the placement of an audit function within the reporting line of the areas it audits as a structural threat to independence.

F28. BART's Internal Audit Charter and Audit Committee Charter both reflect that final approval authority over the Internal Audit Charter and annual audit plan rests with executive management rather than the Audit Committee, while IIA Standards 6.2 and 6.3 require that the governing body hold this approval authority.

F29. Management's approval of the Internal Audit Charter and annual audit plan does not comply with IIA Standards 6.2 and 6.3, which require the governing body to approve these documents.

F30. The Audit Committee Charter is inconsistent with IIA Standards 6.2 and 6.3 because it requires only a review, rather than formal approval, of the Internal Audit Charter and the annual risk-based audit plan.

F31. BART's Internal Audit Charter states that Internal Audit functionally reports to the Audit Committee—meaning the Committee is responsible for overseeing Internal Audit's work, approving its plans, and receiving its findings.

F32. BART's organizational chart places Internal Audit within the executive management hierarchy with no direct reporting to the Audit Committee.

F33. There is no documented policy governing the form, content, or timing of Internal Audit's communications to the Audit Committee, as IIA Standard 15.1 requires. The Grand Jury's review of Audit Committee meeting materials found that the topics the Charter requires Internal Audit to address periodically were not always covered in Internal Audit's appearances.

F34. Complete Internal Audit reports were not provided to the Audit Committee on a consistent basis in connection with Internal Audit's appearances. Activity summaries were provided instead.

F35. There is no documented policy establishing how Internal Audit reports are to be distributed to the Audit Committee following completion of an engagement, as required by GAGAS Section 9.57 and IIA Standard 15.1.

F36. Internal Audit's public webpage includes the Internal Audit Charter and annual activity reports containing summarized audit findings but does not include the annual audit plan, completed audit reports, or the status of audit recommendation implementation.

F37. There are no documented restrictions precluding public availability of Internal Audit's completed audit reports, indicating that BART's Internal Audit function does not comply with the public distribution requirements of GAGAS Section 9.56.

F38. Internal Audit's risk assessment methodology does not comply with IIA Standards 9.3 and 9.4 because it does not include documented scoring criteria, risk-weighting factors, a defined process for gathering risk information, or evidence of management input.

F39. The 2025 annual audit plan presented to the Audit Committee relied on internal surveys to identify risks and did not include documented input from the Audit Committee or Board of Directors, contrary to IIA Standard 9.4, which requires that the risk assessment be informed by input from the board and senior management.

F40. During the 2020 and 2025 external auditor procurement cycles, BART staff issued the Request for Proposals in both cycles without prior Audit Committee review, and in the 2025 cycle the Committee was not provided the RFP or the responses received from prospective auditors.

F41. The Employee Code of Conduct was adopted in 2013.

F42. The Audit Committee Charter requires the Audit Committee to conduct biennial reviews of the Employee Code of Conduct.

F43. The Employee Code of Conduct has not been reviewed by the Audit Committee since the Committee's inception in 2021.

F44. BART's Internal Audit Charter, Audit Committee Charter, and organizational chart are inconsistent with one another regarding Internal Audit's reporting relationships and the Audit Committee's authority, creating ambiguity about where authority over Internal Audit actually resides. These conditions are inconsistent with IIA Standards 6.1 and 7.1, which require that internal audit authority, positioning, and reporting relationships be clearly defined and consistently reflected across governance frameworks.

RECOMMENDATIONS

R1. By March 1, 2027, the BART Board of Directors (Board) should consider directing management to incorporate into the Long-Range Financial Plan measurable targets for non-fare revenue as a percentage of total operating revenue, with annual reporting to the Board on progress against those targets, as a structural strategy to reduce the agency's dependence on fare revenue.

R2. By March 1, 2027, the BART Board should consider directing management to incorporate into the annual Rail Service Plan a formal service-to-ridership alignment framework that defines target service levels relative to ridership demand, establishes measurable utilization thresholds, and requires annual Board reporting on whether actual service hours are appropriately aligned with passenger miles traveled.

R3. By March 1, 2027, the BART Board should consider incorporating its existing fixed/semi-variable/variable cost model into regular Board reporting and budget presentations and requiring that any proposed service reduction be accompanied by a written analysis applying that model to demonstrate projected cost savings, estimated effects on ridership and fare revenue, and net impact on the structural deficit.

R4. By March 1, 2027, the BART Board should consider directing management to develop structural cost reductions in future budgets.

R5. By March 1, 2027, the BART Board should consider directing management to expand revenue initiatives.

R6. By March 1, 2027, the BART Board should consider directing management, during collective bargaining, to evaluate whether minimum staffing provisions tied to physical locations rather than service levels can be modified to provide greater operational flexibility in response to changing ridership demand.

R7. By March 1, 2027, the BART Board should consider directing management to implement analytical tools to identify, categorize, and manage the underlying drivers of overtime costs.

R8. By March 1, 2027, the BART Board should consider directing management to develop and implement a comprehensive workforce strategy informed by the analytical tools directed under R7, to evaluate whether changes to staffing levels, hiring practices, scheduling practices, or work

rules could reduce reliance on overtime as a recurring element of BART's workforce deployment.

R9. By March 1, 2027, the BART Board should consider directing management to develop a plan to integrate projected Measure revenues with long-term cost reduction strategies in the event the Measure passes as part of a comprehensive financial plan to achieve structural balance across the forecast horizon.

R10. By March 1, 2027, the BART Board should consider directing management to fully implement the outstanding Office of the Inspector General (OIG) recommendations from the 2024 span of control audit and 2025 overtime management audit.

R11. By April 1, 2027, the BART Board should consider restructuring Internal Audit's reporting to establish a direct reporting relationship between Internal Audit and the Audit Committee—meaning the Committee approves the audit plan, receives engagement results, and exercises oversight of the internal audit function—consistent with IIA Standards 6.1 and 7.1 and GAGAS Section 3.56.

R12. By April 1, 2027, the BART Board should consider amending the Audit Committee Charter to grant the Audit Committee authority to approve the Internal Audit Charter, the annual risk-based audit plan, and audit resources consistent with IIA Standards 6.1 (Organizational Positioning), 6.2 (Internal Audit Charter), and 7.1 (Organizational Independence).

R13. By April 1, 2027, the BART Board should consider directing management to align the Internal Audit Charter, Audit Committee Charter, and organizational chart to consistently reflect Internal Audit's reporting relationships and the Audit Committee's authority, as required by IIA Standards 6.1 and 7.1.

R14. By April 1, 2027, the BART Board should consider requiring Internal Audit to develop and implement a documented policy governing the form, content, and timing of its communications to the Audit Committee, consistent with IIA Standard 15.1, and to report to the Audit Committee on the topics defined in the Internal Audit Charter at each scheduled Committee meeting.

R15. By April 1, 2027, the BART Board should consider requiring that full Internal Audit reports be provided on a timely basis to the Audit Committee, OIG, and Board without restriction consistent with GAGAS Section 9.57.

R16. By April 1, 2027, the BART Board should consider directing Internal Audit to expand the Internal Audit webpage to include the annual audit plan, completed audit reports, and the status of recommendation implementation, consistent with the public availability requirements of GAGAS Section 9.56.

R17. By April 1, 2027, the BART Board should consider requiring Internal Audit to formalize and document its risk assessment methodology, including scoring, weighting, and prioritization criteria.

R18. By April 1, 2027, the BART Board should consider directing Internal Audit to implement a formal, documented process to obtain and incorporate input from the Audit Committee and Board into the annual risk assessment process, ensuring alignment with the IIA Standards and GAGAS.

R19. By April 1, 2027, the BART Board should consider clarifying and formalizing the Audit Committee's authority and role in external auditor procurement within the Audit Committee Charter, including defined responsibilities for participation in request for proposal development, evaluation criteria, and selection.

R20. By April 1, 2027, the BART Board should consider requiring the Audit Committee to conduct and document biennial reviews of the Employee Code of Conduct as required by the Audit Committee's Charter.

REQUEST FOR RESPONSES

Pursuant to California Penal Code § 933(b) et seq. and California Penal Code § 933.05, the 2025-2026 Contra Costa County Civil Grand Jury requests responses from the following governing bodies:

Responding Agency	Findings	Recommendations
BART Board of Directors	F1-F44	R1-R20

These responses must be provided in the format and by the date set forth in the cover letter that accompanies this report. An electronic copy of these responses in the form of a Word document should be sent by e-mail to ctadmin@contracosta.courts.ca.gov and a hard (paper) copy should be sent to:

Civil Grand Jury – Foreperson
725 Court Street
P.O. Box 431
Martinez, CA 94553-0091

Reports issued by the Grand Jury do not identify individuals interviewed. Penal Code section 929 requires that reports of the Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the Grand Jury.

Appendix A
Glossary: Transit Metrics and Key Terms

Alternative Service Plan-A contingency plan involving a phased contraction of service—including potential station closures—if new funding is not secured by FY2027.

Chief Audit Executive (CAE)-The leadership role, defined by the IIA Standards, responsible for managing the internal audit function. The CAE is accountable to the governing body and serves as the primary point of communication between the internal audit function and the board.

Collective Bargaining Agreement (CBA)-Legally binding contracts between BART and its labor unions governing wages, benefits, and work rules.

Cost per Revenue Service Hour (OE/VRH)-The average cost to operate one hour of transit service, calculated by dividing total operating expenses by total vehicle revenue hours.

Connect Bay Area Measure -A regional sales tax measure authorized by Senate Bill 63 (the Connect Bay Area Act) for the November 2026 ballot to provide dedicated transit funding.

Fare Revenue-Revenue collected directly from passengers for use of the transit system.

Farebox Recovery Ratio-The percentage of operating expenses covered by passenger fares.

Farebox-Dependent Model-A financial model heavily reliant on passenger fare revenue, making agencies vulnerable to ridership declines.

Fiscal Year (FY)-A 12-month financial reporting period; BART's fiscal year runs from July 1 to June 30.

Fixed Costs-Operating expenses that do not vary with service levels, such as infrastructure maintenance and debt service.

Full-Time Equivalent (FTE)-A unit measuring labor input; one FTE equals 2,080 work hours annually.

Heavy Rail-A rail transit system that operates on exclusive right-of-way (no interaction with road traffic), using electric-powered trains capable of high speeds and frequent service, with stations spaced to support urban and regional travel demand.

Indexed Values (e.g., 2019 = 1.00)-A method of expressing change over time relative to a base year.

Labor Share-The proportion of total operating expenses attributable to labor costs.

Long-Range Financial Plan-A multi-year financial planning document developed by BART staff that projects revenues, expenditures, and funding gaps across an extended forecast horizon. The plan is the primary instrument through which the Board evaluates the agency's long-term fiscal sustainability and identifies structural imbalances requiring corrective action.

National Transit Database (NTD)-A federal database maintained by the Federal Transit Administration containing standardized transit data.

Office of the Inspector General (OIG)-An independent oversight body responsible for identifying fraud, waste, abuse, and operational inefficiencies.

Operating Cost per Passenger Mile (OE/PMT)-Operating expenses divided by total passenger miles traveled.

Operating Cost per Unlinked Passenger Trip (OE/UPT)-Operating expenses divided by total unlinked passenger trips, representing average cost per boarding.

Operating Costs (Operating Expenses)-Ongoing expenses required to operate transit service, excluding capital expenditures.

Operating Deficit-The gap between operating revenues and expenses when expenses exceed revenues.

Overtime FTE Equivalent-A metric converting overtime hours into equivalent full-time positions.

Passenger Miles (PMT)-The total distance traveled by all passengers.

Passenger Trips (Ridership)-The total number of boardings on transit vehicles.

Rail Service Plan-An annual document presented to the BART Board of Directors for approval that defines the system's service structure for a given fiscal year, including train frequency by line, operating hours, and scheduled service changes. It is the primary instrument through which the Board approves service delivery decisions.

Revenue Service Hours (VRH)-The total hours transit vehicles are in service and available to carry passengers.

Revenue Service Miles (VRM)-The total miles transit vehicles travel while in service.

Safe and Clean Plan-A BART initiative focused on improving rider experience through enhanced safety, cleaning, and fare enforcement measures.

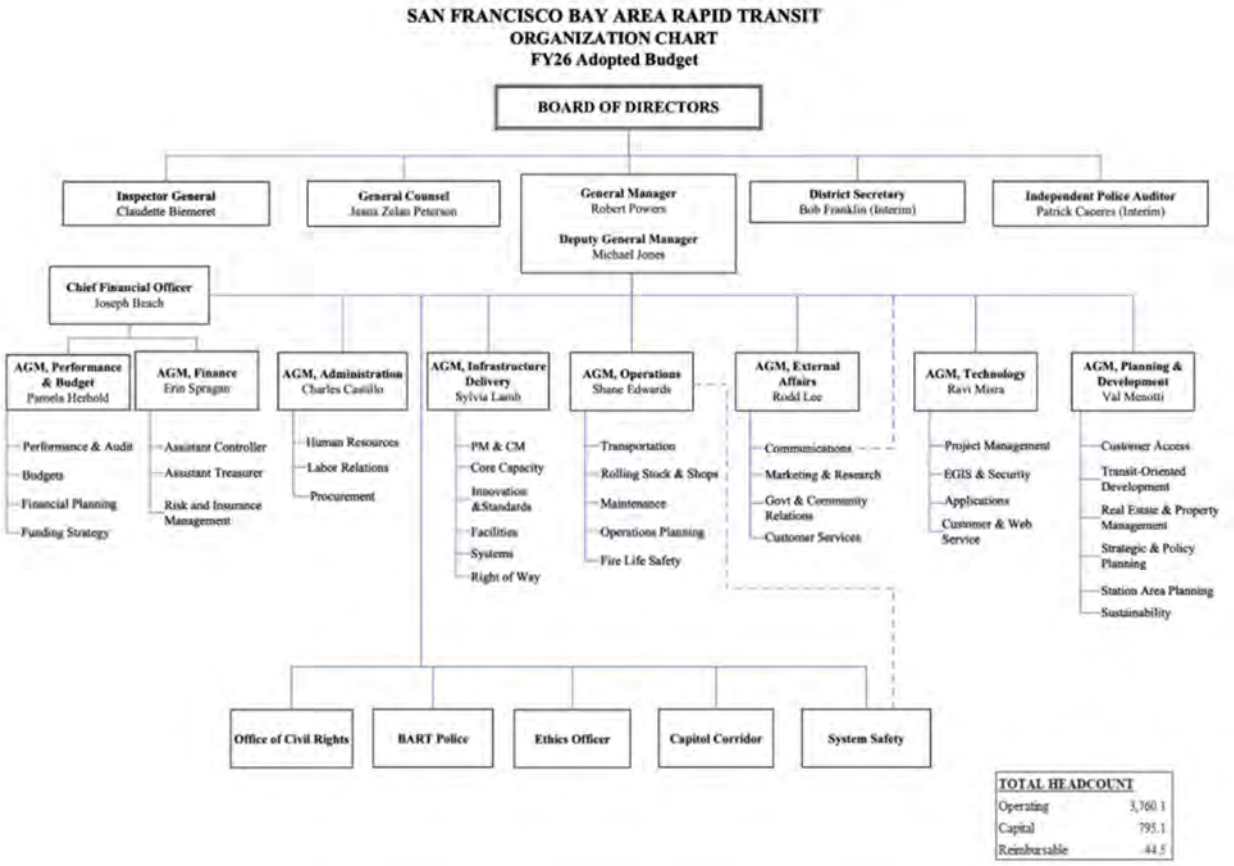
Span of Control-The range of organizational activities, functions, and personnel over which a manager has direct authority and responsibility.

Structural Deficit-A long-term imbalance in which recurring revenues are insufficient to cover recurring expenses.

Unlinked Passenger Trip (UPT)-A single boarding, regardless of transfers.

Unlinked Passenger Trips per Vehicle Revenue Hour (UPT/VRH)-A measure of service-effectiveness showing riders per hour of service

Appendix B


SAN FRANCISCO BAY AREA RAPID TRANSIT
ORGANIZATION CHART
FY26 Adopted Budget
BOARD OF DIRECTORS
Inspector General
Claudette Biemeret
General Counsel
Jeana Zelan Peterson
General Manager
Robert Powers
Deputy General Manager
Michael Jones
District Secretary
Bob Franklin (Interim)
Independent Police Auditor
Patrick Caceres (Interim)
Chief Financial Officer
Joseph Beach
AGM, Performance & Budget
Pamela Herbold
AGM, Finance
Erin Spragan
AGM, Administration
Charles Castillo
AGM, Infrastructure Delivery
Sylvia Lamb
AGM, Operations
Shane Edwards
AGM, External Affairs
Rodd Lee
AGM, Technology
Ravi Misra
AGM, Planning & Development
Val Menotti
Performance & Audit
Budgets
Financial Planning
Funding Strategy
Assistant Controller
Assistant Treasurer
Risk and Insurance Management
Human Resources
Labor Relations
Procurement
PM & CM
Core Capacity
Innovation &Standards
Facilities
Systems
Right of Way
Transportation
Rolling Stock & Shops
Maintenance
Operations Planning
Fire Life Safety
Communications
Marketing & Research
Govt & Community Relations
Customer Services
Project Management
EGIS & Security
Applications
Customer & Web Service
Customer Access
Transit-Oriented Development
Real Estate & Property Management
Strategic & Policy Planning
Station Area Planning
Sustainability
Office of Civil Rights
BART Police
Ethics Officer
Capitol Corridor
System Safety
TOTAL HEADCOUNT
Operating 3,760.1
Capital 795.1
Reimbursable 44.5

Appendix C
Peer Benchmarking Analysis

Operator	Operating Expenses/ Vehicle Revenue Miles ($ lower=better)	Unlinked Passenger Trips/Vehicle Revenue Hours (riders/hr higher=better)	Operating Expenses/Unlinked Passenger Trips ($/trip lower=better)	Operating Expenses/ Passenger Miles Traveled ($/mi lower=better)	Farebox Recovery higher=better	Labor Share
BART	**$374.50**	**23.4**	**$16.00**	**$1.15**	**24.9%**	**73.2%**
WMATA (Washington, DC)	**$399.65**	33.5	$11.93	**$2.15**	17.6%	69.5%
MARTA (Atlanta)	$391.67	44.1	$8.89	$1.25	21.7%	63.1%
CTA (Chicago)	**$203.81**	31.1	$6.55	$1.08	19.6%	72.5%
SEPTA (Philadelphia)	$258.00	49.0	$5.26	$1.29	**17.0%**	74.5%
MBTA (Boston)	$279.00	58.1	$4.80	$1.42	33.7%	47.6%
NYCT (New York)	$295.07	**100.2**	**$2.95**	**$0.83**	**44.5%**	72.5%

Source: FY2024 National Transit Database. Green cells = best in peer group; red cells = worst in peer group.

The 2025 – 2026 Contra Costa County Civil Grand Jury

Martinez: Developing a Vibrant and Sustainable Waterfront

Report 2609
June 08, 2026

Approved by the Grand Jury

Brenda Balingit
GRAND JURY FOREPERSON

6/9/26
Date

Accepted for Filing

Hon. Terri Mockler
JUDGE OF THE SUPERIOR COURT

6/8/26
Date

Civil Grand Jury reports are posted at: www.cc-courts.org/civil/grand-jury-reports.aspx

SUMMARY

The City of Martinez includes 67 acres of land along the southern shore of the Carquinez Strait. Beginning in the 1960s, the City developed a marina at the waterfront, providing boat slips, piers, and commercial development to support public enjoyment. Over the years, due to budgetary constraints, the City deferred necessary maintenance of the marina.

The marina facilities exhibit substantial deterioration. The deterioration extends to a crumbling sea wall and rotted docks. Dredging will be required in the next year, and future sea level rise is a threat requiring mitigation. The marina has experienced serious flooding in the past. The City acknowledges the assessment of experts who have evaluated the marina and concluded that repair and restoration will not remedy the situation. Substantial investment will be required to perform all the necessary work.

The marina must borrow from the City's General Fund to operate and maintain its facilities. The marina independently does not generate sufficient revenue. City officials estimate that the annual subsidy required by the marina to maintain operations is $650,000. At this level of financial subsidy, the City will be challenged to support its core services and might have to draw upon its reserves.

The City Council's vision is to develop a "vibrant and sustainable waterfront." The Council recognizes that it does not have the financial resources to achieve its vision and must seek a development partner that can fund both the creation of landside attractions for tourism and the long-delayed rehabilitation of the entire marina infrastructure.

Martinez seeks a public-private partnership, an arrangement between a government entity and a private business. The City Council has voted to explore such a partnership with Tucker Sadler, a firm with experience in the development of marinas. To fully assess the options for a partnership, the two parties have entered an Exclusive Negotiating Agreement (ENA). An ENA is a framework for the city and the developer to negotiate only with each other for the development of a proposed project.

Either party may exit the negotiation at any time during its two-year term without penalty. Meanwhile, Martinez must continue to subsidize marina operations at significant cost to its General Fund. If the parties are unable to reach an agreement for development of the marina, Martinez will be obligated to continue the subsidy, threatening its financial position. Martinez should consider identifying an alternative in case the Tucker Sadler partnership does not come to fruition. One option would be closing the marina. However, that would not be without costs: steps to mitigate periodic flooding and longer-term sea-level rise would still be required.

BACKGROUND

Martinez is located on the Carquinez Strait, a navigable shipping lane between inland California and the San Francisco Bay. Originally a ferry terminal and commercial fishing location, the waterfront was developed in the 1960s for varied uses including boat docks, a marina, a fishing pier, an amphitheater, a clubhouse, a restaurant, a bait shop, and other marine-related uses. From

the 1960s forward, in addition to the marina, the shoreline has had a wide variety of public uses, including sports fields, picnic areas, and public gathering areas.

Figure 1. The Martinez Waterfront Area

In 2014, the State granted Martinez four parcels of sovereign tidelands and submerged lands known as Trust Lands. These waterfront lands are entrusted to Martinez to be used for public access, recreation, commercial activities, and environmental stewardship. The Trust Lands and the marina together are the subject of Martinez's proposed project.

A July 16, 2025, staff report for the City Council, titled "Martinez Marina and Waterfront Revitalization" acknowledged:

> *[T]he marina currently faces dire and deteriorating conditions that demand significant intervention. Constructed in the 1960s the marina has far exceeded its useful life. Years of deferred maintenance and limited reinvestment have accelerated its decline, resulting in critical maintenance needs that far exceed the City's budgetary capacity, and rendering repair and restoration of the existing infrastructure infeasible.*

As described in an independent engineering report commissioned by the City, there has been substantial deterioration of marina structures, and the sea wall does not protect the shoreline or

low-lying adjacent properties. These factors, along with environmental events, such as sea level rise, king tides, and flooding, have impacted the usefulness and safety of the marina.

Martinez has an ambitious vision for the revitalization and redevelopment of its marina and waterfront but lacks financial resources for ongoing repairs and capital investments to the marina and waterfront. The City is negotiating with a potential development partner but does not have an alternative plan to keep the marina operational and mitigate the effects of sea level rise if current negotiations do not result in a development plan.

The Grand Jury's investigation highlights the existing conditions of the waterfront and marina, the participants in the redevelopment process, and the need for an alternative solution if the current process fails to produce an actionable development plan.

METHODOLOGY

The Grand Jury utilized these sources to conduct its investigation:

- Interviews with subject matter experts
- Financial documents, including actual and projected budgets for the City of Martinez
- Examinations of federal and state documents pertaining to sea level
- An independent engineering report commissioned by the City that examined marina conditions
- Reports from the City of Martinez and its potential partners regarding the proposed vision and model for the marina
- Public documents from local officials and experts
- Site visits and observations
- City of Martinez Waterfront and Marina Master Plan dated July 16, 2025

CONFLICT OF INTEREST DISCLAIMER

Grand Juror Edi Birsan recused himself due to a possible conflict of interest and did not participate in the investigation, preparation, or approval of this report.

DISCUSSION

The City of Martinez occupies 13.6 square miles in the north-central area of Contra Costa County. The northern limit of the City is a waterfront that abuts the eastern end of the Carquinez Strait. The 2020 census counted 37,287 residents living in Martinez. For the 2025-2026 budget cycle, the City projected revenues of $37.7 million against expenditures of $38.5 million, with a projected deficit of approximately $800,000.

The marina and waterfront comprise 67.3 acres of land along the southern shore of the Carquinez Strait. Originally a ferry terminal and commercial fishing location, these lands were developed in the 1960s for varied uses including boat docks, marina, a fishing pier, amphitheater, restaurant, bait shop, and other marine uses.

To the west of the waterfront and marina is Radke Martinez Regional Shoreline Park. Totaling 343 acres, the area is part of the East Bay Regional Park District and features marshland restoration, trails, birdwatching areas, and other recreation. East of the waterfront and marina are picnic areas and sport fields. The waterfront area is separated from downtown Martinez's retail establishments by grade-level railroad tracks.

Current Condition of the Marina and Waterfront

City staff and outside consultants reported advanced deterioration of the marina's structures that cannot be fully addressed by repair or restoration and will ultimately require replacement.

The City obtained a thorough assessment of the marina's condition by the engineering firm Anchor QEA in January 2023. The assessment included an in-depth study of three components of the marina—dredging, the breakwater, and docks—and resulted in a detailed report.

Source: Grand Jury investigation photography

Dredging. Dredging involves the excavation of sediment from the bottom of waterways. This sediment—often referred to as silt—naturally accumulates over time from the deposition of fine material carried downstream by rivers. The accumulated sediment from the San Joaquin and Sacramento Rivers restricts the navigable depth of the marina, rendering some boat slips unusable. The location of the Martinez marina, adjacent to the narrowing of Carquinez Strait, tends to exacerbate this problem.

The U.S. Army Corps of Engineers recommends dredging of navigable waterways every three to five years. The marina was partially dredged in 2022 with the removal of 37,249 cubic yards of material. This did not restore full use of the marina basin and those areas not dredged remain heavily sedimented.

Breakwater. Breakwaters partly absorb and deflect the energy of waves that otherwise would impact shore-based structures such as docks and piers. The Martinez marina is surrounded by breakwaters save for one open section to permit the passage of watercraft. The Anchor QEA assessment found a range of damage to structures that resulted from compromised breakwaters. The damage included missing and broken sheet piles (vertical components of a retaining wall) and dock damage from waves. Damage to the breakwater also accelerates the deposit of sediment.

Seawall. The seawall sits directly on the shoreline, acting as a hard water barrier between land and water to protect the shoreline from waves. The Anchor QEA assessment determined the most serious concern for the seawall was the overtopping of its eastern wall during tides exceeding four feet. The overtopping would result in shoreline erosion and dock damage.

Docks. The Anchor QEA study further assessed the condition of the docks. It reported dry rot, broken deck boards, and uneven walking surfaces. The study concluded that the marina exhibited deterioration so significant that only replacement, not repair, was feasible.

Flooding and Sea-Level Rise

The Martinez waterfront is subject to flooding, with low-lying areas and structures being partly or wholly inundated. The City noted sea level rise affects the waterfront, "resulting in frequent flooding of the parking areas throughout the year."

Several expert bodies have documented the potential for sea level rise in the San Francisco Bay, including the Carquinez Strait, which Martinez abuts.

- The National Oceanic and Atmospheric Administration has noted flood risk for the Martinez waterfront area.
- The U.S. Army Corps of Engineers has noted the same flood risk.
- The National Climate Assessment has recorded the risk of flooding to the area that would result from sea level rise.

According to the 2022 Federal Sea Level Rise Technical Report, issued by the Interagency Sea Level Rise and Coastal Flood Hazard and Tool Task Force, a multi-agency federal effort, sea level scenarios for California span the range of future sea level rise. Estimates for San Francisco Bay show sea level rise of 6 to 10 inches by 2050 and 12 to 37 inches by 2100.

Martinez Strategic Plan

The Martinez City Council recognizes the value of the marina and waterfront in providing both recreational opportunities and conservation areas for the public. The development of the marina in the 1960s and development of the Radke Martinez Regional Shoreline in conjunction with the East Bay Regional Park District furthered the area's utilization.

Vision for the Marina and Waterfront

On September 3, 2025, the City Council adopted a four-year strategic plan. One section of the plan discusses development of the marina and waterfront. The vision of the City Council is to develop a "vibrant and sustainable waterfront and marina." The area is to be transformed into a modern, well-maintained destination supporting recreation, community gathering, and tourism. Essential to the plan is to "prioritize revenue-generating strategies that reduce reliance on General Fund loans." The revenue to be generated from the project is described as "essential to the City's future." The City of Martinez stated in the strategic plan that its vision of revitalizing the marina cannot be met with current financial resources.

Source: City of Martinez website, "Waterfront and Marina," conceptual illustration of vision

The Marina's Deterioration Threatens the City's Budget

Expenses resulting from ongoing operation of the marina pose a threat to the City's finances.

- **Loans.** The staff report to the City Council dated December 17, 2025, states that the "status quo at the Marina is financially unsustainable." Ongoing operation of the marina has been supported by loans drawn from General Fund reserves. Since the 2021-2022 fiscal year, the City has provided more than $2 million to support marina operations.

- **Ongoing subsidies.** City staff project that the difference between revenues and expenditures will require annual subsidies (which are being treated as loans) to the marina of $650,000. The subsidies place growing pressure on the City's financial position. "Simply put," the same staff report states, "the City cannot continue subsidizing the Marina at this scale without compromising core services."

- **Effects on future budget reserves.** The Martinez City Manager, in a July 16, 2025, report to the City Council, stated, "If this trend continues, the City is expected to fall below its reserve targets by 2027, and below its minimum reserve level by 2032."

- **Deferred maintenance costs.**

    - The Anchor QEA study estimated that the cost of replacing one of the seven sections of the seawall alone will be $7 million to $9 million. Martinez does not have funds designated for this purpose.
    - The study indicated replacement of the entire marina is estimated to cost $14 million to $17 million. Martinez does not have funds designated for this purpose.
    - The last partial dredging of the marina took place in 2022. The U.S. Army Corps of Engineers advise dredging every three to five years. Using the outside limit, the marina should be dredged no later than 2027. Using U.S. Army Corps of Engineers estimates, repeating the partial dredging effort from 2022 would now cost between $930,000 and $1.8 million. Martinez does not have funds designated for this purpose.

The City has sought external funding to address the challenges of the marina. It received one federal grant for $2.5 million to rehabilitate the fishing pier in 2023. The City has been unsuccessful in obtaining additional grants.

The Trust Lands

In September 2014, the Governor signed SB 1424 designating the City of Martinez as the trustee of sovereign tide and submerged lands in the Marina. The legislation mandated that Martinez create a Trust Land Use Plan (TLUP) setting forth any permissible future development, subject to the approval of the California State Lands Commission.

In 2024, the TLUP was approved by the City Council and adopted by the State Lands Commission.

In March 2026, the City amended the 2024 TLUP to include "hotels, restaurants, visitor-serving establishments, and parking facilities." Based on State restrictions, the Trust does not allow any private residential housing. Therefore, the Trust Lands can only be used for public access, recreation, environmental education, and commercial use in support of revitalizing the Martinez waterfront.

Until August 2024, Almar Marina Management had operated the marina under a long-term contract with the City. At that time, Almar supplied the City with a 60-day notice to terminate the contract. The departure of the marina's operator prompted Martinez, using TLUP as its

guide, to approach several marina developers and operators to assess their interest in either taking over or partnering on revitalization efforts.

According to a February 25, 2026, report from the San Francisco Bay Conservation and Development Commission (BCDC), most firms the City approached declined interest due to TLUP's limiting "small-scale retail" opportunities.

One company, Safe Harbor Marinas, which manages 138 marinas in the United States, expressed interest but stated it needed more commercial development to make the project feasible. According to BCDC, Safe Harbor Marinas found that the Martinez marina would need landside development, such as commercial use, as well as in-water development for long-term success. Its revitalization idea included the Trust Lands. As mentioned above, the Trust Lands are leased to Martinez by the State, meaning that permission from the State is needed to develop the Trust Lands.

The City was unable to find a partner for the proposed development. However, Safe Harbor Marinas introduced the City to Tucker Sadler, an architectural design, planning, and land development firm. Tucker Sadler's 60 years of experience includes marina-oriented public-private partnerships.

Exclusive Negotiating Agreement

Martinez City Council and staff agree they have found a potential partner for redevelopment of the marina and waterfront. On December 17, 2025, the City entered into an Exclusive Negotiating Agreement (ENA) with Tucker Sadler.

The ENA covers two years, from December 17, 2025, to December 17, 2027. During this time, the parties will collaboratively determine if they can agree to the terms and scope of a development project. The ENA calls for conceptual design of the waterfront and marina.

This is an initial step to determine if a public-private partnership will work. The ENA states what the requirements are for the necessary studies, project design, and public outreach. Both parties are expected to act in good faith but either party may terminate negotiations at any time without consequence.

If negotiations are successful, the City and Tucker Sadler will enter into a Development Agreement. The Agreement would include the specific project terms, public benefits, and long-term commitments. If negotiations do not result in a Development Agreement, Martinez will remain responsible for maintaining the waterfront and marina.

Public-Private Partnerships

A development agreement between Martinez and Tucker Sadler would be an example of a public-private partnership. A public-private partnership is an arrangement between a government entity and a private business. The government works with the private entity to deliver a public service or public infrastructure. Both groups share responsibilities, goals, and expertise. There is always a formal contract explaining the details of which party is responsible for which duties since the contract can last 10 years or more.

There are public-private partnerships that create infrastructure, such as roadways, bridges, parking lots, and schools. The focus for Martinez is the waterfront and marina. Public-private partnerships reflect the specific assets and resources needed for a new development project. The partnerships can be complex agreements. Private partners may not start earning revenue until a project is complete and operational.

Risks and Challenges of Public-Private Partnerships

During the investigation of the development of the Martinez marina and waterfront, the Grand Jury learned about multiple examples of public-private partnerships with negative or positive outcomes. The examples below have different development infrastructure requirements from Martinez but are shared to demonstrate potential risks and challenges.

Chicago Parking Meters. Not all public-private partnerships turn out well for the public entity. In 2008, the City of Chicago leased out its entire system of 36,000 parking meters to a private entity for 75 years in exchange for a one-time up-front payment of $1.15 billion. Following the execution of the agreement, Chicago's Inspector General issued a report that concluded the City had leased the meters for nearly $1 billion less than their actual estimated value. The leasing entity recouped its entire $1.15 billion investment in approximately 15 years and will likely earn billions more in profit over the remaining 60 years of the contract. In addition to underestimating the revenue value of the meters, the agreement obligates Chicago to compensate the leasing entity for any parking meters taken out of service for such things as construction projects, special events, or the installation of bike lanes or bus lanes. Further, as stated in a 2025 "GovFacts" report by the U.S. Department of Commerce, "[T]he lack of transparency and independent analysis of the project will likely lead to multi-generational consequences."

Presidio Parkway. The Presidio Parkway project in San Francisco is an example of a successful public-private partnership. In 2009, a public-private partnership between the California Department of Transportation (Caltrans), San Francisco County Transportation Authority (SFCTA), and Golden Link Concessionaire sponsored San Francisco's Presidio Parkway. The Presidio Parkway is a 1.6-mile span of Highway 101, formerly known as Doyle Drive, which links the Golden Gate Bridge with the northern and western sides of San Francisco.

Doyle Drive, built in 1937, was aging and determined to be seismically unsafe. Early in the 1970s, Caltrans began planning to update the infrastructure. By 1993, a task force had been formed to consider new designs for Doyle Drive. By 1996, the SFCTA was able to complete its study on necessary requirements, such as adding a center divider to eliminate head-on collisions. From 2000 to 2009, environmental studies, impact reports, and community input were gathered and used to modify designs. After federal, state, local, and private funding came through, construction began in 2009. Transparent goals, stable funding sources, and strong public leadership were all key factors to success, according to SFCTA.

Failure to Reach a Development Agreement

The Martinez City Council and staff are aware of the risks in the proposed public-private partnership. Negotiations conducted under an ENA do not guarantee a final development agreement. If negotiations do not result in an agreement, Martinez will remain responsible for

maintaining the waterfront and marina and addressing the associated costs of maintenance and repair. The City has acknowledged that if the Tucker Sadler partnership fails to materialize, and if there are no other options available, it may need to close the waterfront area. Closing the waterfront area still does not address issues such as flooding and sea level rise.

The City needs to consider an alternative funding plan for the repair, redevelopment, and/or rehabilitation of the marina and waterfront as a Plan B to the ENA with Tucker Sadler.

FINDINGS

F1. Martinez has 67.3 acres of waterfront property along the Carquinez Strait, including parcels deeded in 2014 by the State Lands Trust.

F2. The Martinez City Council seeks to develop what it describes as a "vibrant and sustainable Waterfront and Marina" per its four-year Strategic Plan.

F3. Martinez's Strategic Plan includes waterfront and marina public spaces including recreational, boating, and wetlands components.

F4. A January 2023 engineering study by Anchor QEA commissioned by Martinez revealed that the marina seawall, docks, and pilings have deteriorated and require repair, rehabilitation, and/or replacement.

F5. Martinez currently lacks funds from ongoing City revenues for repair, rehabilitation, and/or replacement of the waterfront, seawall, marina docks, and pilings.

F6. The marina was partially dredged last in 2022.

F7. Dredging of the marina every 3 to 5 years is required to provide enough waterway depth for boats to access docks.

F8. Martinez currently lacks funds for dredging silt deposited along its waterfront and the marina.

F9. Martinez's shoreline is subject to a projected sea level rise of 6 to 10 inches by 2050, as determined by a 2022 Federal Sea Level Rise Technical report.

F10. The projected rise in sea level will require the building of a higher seawall to prevent flooding of the marina parking lot and surrounding low-lying areas

F11. Martinez currently lacks funds for construction of a higher seawall.

F12. Martinez cannot continue subsidizing the marina at the current scale without compromising the City's core services.

F13. Martinez projects the difference between revenues and expenditures will require the City to continue to loan the marina $650,000 annually for its maintenance and operation.

F14. Martinez has determined that a public-private partnership is the solution to create a vibrant and sustainable waterfront and marina.

F15. Martinez has entered into an Exclusive Negotiating Agreement (ENA) with Tucker Sadler, a firm that has experience in developing waterfronts and marinas.

F16. The purpose of the ENA is to create a framework for the City and the developer to negotiate only with each other for the development of the proposed project.

F17. Martinez City Council and staff acknowledge the risks involved in a public-private partnership.

F18. If Martinez is unable to negotiate and execute a development agreement with Tucker Sadler, there is no identified mechanism to fund the repair, rehabilitation, or continued operation of the marina and waterfront.

RECOMMENDATION

R1. By February 1, 2027, the Martinez City Council should consider developing an alternative funding plan that ensures the repair, redevelopment, and/or rehabilitation of the marina and waterfront without interfering with the current ENA or potential development agreement.

REQUEST FOR RESPONSES

Pursuant to California Penal Code Section 933(b) et seq. and California Penal Code Section 933.05, the 2025-2026 Contra Costa County Civil Grand Jury requests responses from the following governing bodies:

Responding Agency	Findings	Recommendations
City Council for the City of Martinez, California	F1-F18	R1

These responses must be provided in the format and by the date set forth in the cover letter that accompanies this report. An electronic copy of these responses in the form of a Word document should be sent by email to: ctaadmin@contracosta.courts.ca.gov and a hard (paper) copy should be sent to:

Civil Grand Jury – Foreperson
725 Court Street
P.O. Box 431
Martinez, CA 94553-0091