County Connection
2477 Arnold Industrial Way Concord, CA 94520-5326 (925) 676-7500 countyconnection.com

BOARD OF DIRECTORS
MEETING AGENDA

Thursday, November 17, 2022
9:00 a.m.

PURSUANT TO THE PROVISIONS OF ASSEMBLY BILL 361, WHICH SUSPENDS CERTAIN REQUIREMENTS OFTHE RALPH M. BROWN ACT, THIS MEETING WILL BE CONDUCTED AS A TELECONFERENCE. (GOVERNMENT CODE SECTION 54953)

MEMBERS OF THE PUBLIC MAY NOT ATTEND THIS MEETING IN PERSON.

Committee Directors, staff and the public may participate remotely by calling:Join the Zoom webinar. When: November 17, 2022, 09:00 AM Pacific Time (US and Canada)Topic: County Connection Board of Directors Meeting

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Public comment may be submitted via email to: hill@cccta.org. Please indicate in your email the agenda item to which your comment applies. Comments submitted before the meeting will be provided to the Board of Directors before the meeting. Comments submitted after the meeting is called to order will be included in correspondence that will be provided to the full Board.

Should Zoom not be operational, please check online at: www.countyconnection.com for any updates orfurther instruction.

The County Connection Board of Directors may take action on each item on the agenda. The action may consist of the recommended action, a related action or no action. Staff recommendations are subject to action and/or change by the Board of Directors.

1. Call to Order/Pledge of Allegiance
2. Roll Call/Confirm Quorum
3. Public Communication
4. Consent Calendar
   a) Approval of Minutes of Regular Meeting of October 20, 2022*
   b) Approve Resolution Declaring that the Proclaimed State of Emergency for the COVID-19 Pandemic Continues to Impact the Ability for the Board of Directors and its Committees to meet Safely in Person, and Directing that Virtual Board and Committee Meetings Continue*
      Resolution No. 2023-016*
   c) Accept Revised OPEB Actuarial Valuation and GASB 75 Report for Fiscal Year Ending June 30, 2022*
   d) Authorizing Cap and Trade Grant (LCTOP) Funds Transfer*
      Resolution No. 2023-017*
   e) Pass2ClassUpdate*
   f) On-Call Planning Services Update*
   g) Go San Ramon Update*
5. Report of Chair
6. Report of General Manager

   Under this item, the General Manager will report on matters of relevance to CCCTA including,but not necessarily limited to, the following:

   a) CCCTA Thanksgiving Feast on November 17, 2022
   b) CCCTA Holiday Party on December 17, 2022
7. Report of Standing Committees
   a) Operations & Scheduling Committee
      1) Weekend Monument Free Update*
         (Staff will present an update on ridership trends since the pilot expansion of free rides to weekend routes serving the Monument Corridor.)
      2) Taking Actions to Preserve CCCTA's Access to Certain Funds*
         Resolution No. 2023-018*
         (Staff will discuss CCTA's Framework for the development of a Coordinated Entity (CE) and its potential funding ramifications for existing public transit operators.)
8. Report from the Advisory Committee
   a) Marji McWee, Chair of the Advisory Committee, will give an update from the Advisory Committee*
9. Board Communication – (Directors are limited to providing information, asking clarifying questions about matters not on the agenda, responding to public comment, referring

matters to committee or staff for information, or requesting a report to be made at another meeting.)

10. Closed Session:

    a) Conference with Labor Negotiator (pursuant to Government Code Section 54957.6)
    Agency Designated Representatives: Pat Glenn, legal counsel; Bill Churchill, General Manager

    Employee Organization:
    Amalgamated Transit Union, Local 1605, AFL-CIO, Bus Operators
    Machinists Automotive Trades District Lodge No. 1173, Machinists
    Teamsters, Local 856, Transit Supervisors

    b) Public Employee Performance Evaluation; Conference with Labor Negotiator (pursuant to Government Code Sections 54957, 54957.6)
    Agency Designated Representative: Board Chair

11. Open Session:
    Report of Action(s) taken during the Closed Session

12. Next Meeting Date: December 15, 2022

13. Adjournment

*Enclosure
**It will be available at the time of the Board meeting.
***For Board members only

General Information

Possible Action: The Board may act upon any item listed on the agenda.

Public Comment: If you wish to address the Board, please follow the directions at the top of the agenda. If you have anything that you wish distributed to the Board and included for the official record, please include it in your email. Comments that require a response may be deferred for staff reply.

Consent Items: All matters listed under the Consent Calendar are considered by the Board to be routine and will be enacted by one motion. There will be no separate discussion of these items unless requested by a Board Member ora member of the public prior to when the Board votes on the motion to adopt.

Availability of Public Records: All public records relating to an open session item on this agenda, which are not exempt from disclosure pursuant to the California Public Records Act, that are distributed to a majority of the legislative body,will be available for public inspection at 2477 Arnold Industrial Way, Concord, California, at the same time that the public records are distributed or made available to the legislative body. The agenda and enclosures for this meeting are posted also on our website at www.countyconnection.com.

Accessible Public Meetings: Upon request, County Connection will provide written agenda materials in appropriate alternative formats, or disability-related modification or accommodation, including auxiliary aids or services, to enable individuals with disabilities to participate in public meetings and provide comments at/related to public meetings. Please submit a request, including your name, phone number and/or email address, and a description of the modification, accommodation, auxiliary aid, service or alternative format requested at least two days before the meeting. Requests should be sent to the Assistant to the General Manager, Lathina Hill, at 2477 Arnold Industrial Way,Concord, CA 94520 or hill@cccta.org. Requests made by mail must be received at least two days before the meeting. Requests will be granted whenever possible and resolved in favor of accessibility.

Currently Scheduled Board and Committee Meetings

Board of Directors:	Thursday, November 17, 9:00 a.m., via teleconference
Administration & Finance:	Wednesday, November 2, 2:00 p.m., via teleconference
Advisory Committee:	TBA.
Marketing, Planning & Legislative:	Thursday, November 3, 8:30 a.m., via teleconference.
Operations & Scheduling:	Friday, November 4, 8:15 a.m. via teleconference

The above meeting schedules are subject to change and may be conducted as teleconference meetings. Please check the County Connection Website (www.countyconnection.com) or contact County Connection staff at 925/676-1976 to verify date, time and location prior to attending a meeting. This agenda is posted onCounty Connection's Website (www.countyconnection.com) and at the County Connection Administrative Offices, 2477 Arnold Industrial Way, Concord, California

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CCCTA BOARD OF DIRECTORS

MINUTES OF THE REGULAR MEETING

October 20, 2022

CALL TO ORDER/ROLL CALL/CONFIRM QUORUM

Chair Amy Worth called the regular meeting of the Board of Directors to order at 9:00 a.m. Board Members present were Directors Andersen, Haydon, McCluer, Noack, Schroder, Storer, Tatzin and Wilk. Directors Hoffmeister and Hudson arrived after the meeting was convened.

Staff: Churchill, Sherman, Dixit, Duran, Glenn, Hill, Horta, Johnson, Kamara, McCarthy, Mitchell, Reebs and Rettig

PUBLIC COMMENT: None

CONSENT CALENDAR

MOTION: Director Tatzin moved approval of the Consent Calendar, consisting of the following items: (a) Approval of Minutes of Regular Meeting of September 15, 2022; (b) Resolution No. 2023-014, Declaring that the Proclaimed State of Emergency for the COVID-19 Pandemic Continues to Impact the Ability for the Board and its Committees to Meet Safely in Person, and Directing that Virtual Board and Committee Meetings Continue. Director Noack seconded the motion, and it received the following vote of approval:

Aye:	Directors Andersen, Haydon, McCluer, Noack, Schroder, Storer, Tatzin, Wilk and Worth
No:	None
Abstain:	None
Absent:	Directors Hoffmeister and Hudson

REPORT OF CHAIR: None

REPORT OF GENERAL MANAGER:

Report on the American Public Transportation Association (APTA) TRANSform Conference

General Manager Bill Churchill informed the Board that the APTA TRANSform Conference went very well and one of the main topics was labor shortage and the drop in ridership -- how can the transit industry bounce back and become the people's main choice in commuting to and from school and/or work? He explained that a lot of discussion and brainstorming was done by all.

Update on State Legislation

General Manager Bill Churchill informed the Board that AB2622, which is a bill that deals with an exemption on sales tax for zero emission transit buses has been extended until 2026. SB922, which involves funds for different transit projects is still in the works. As new information comes in, he will continue to inform the Board.

REPORT OF STANDING COMMITTEES

Marketing, Planning & Legislative Committee

Draft Short Range Transit Plan

General Manager Bill Churchill explained that the plan focuses on evaluating existing service and developing future service plans based on three scenarios of varying revenue recovery over the next 5 years. The operating budget assumed for each scenario is based on the level of federal stimulus available, recovery of revenue from other sources, and ridership recovery. The service plans are aimed to align resources available in each of the scenarios with ridership demand, as well as feedback received from the passenger survey conducted during September 2022.

The Robust Recovery scenario assumes there is adequate funding to return overall revenue to 100% of pre-pandemic levels, with escalation. Projected operating revenue over the five-year period is estimated to be roughly $260M. Under this scenario, overall service levels would remain the same, but some resources would be shifted from commuter routes to provide additional service along the Monument Corridor and on weekends, where ridership recovery has been the strongest.

Director Hudson arrived at 9:15 a.m.

The Revenue Recovery, with Fewer Riders scenario assumes that federal relief funds are eventually exhausted and are replaced by subsequent recovery of other funds to pre-pandemic levels. The scenario also assumes that farebox recovery remains stagnant and below pre-pandemic levels for the next 5 years. Projected operating revenue over the five-year period is estimated to be roughly $252M. Under this scenario, along with the reallocation of resources from the previous scenario, service levels would be reduced on routes serving Diablo Valley College during peak hours, where ridership growth has been lagging.

The Some Progress scenario assumes that federal relief funds are eventually exhausted, and total revenue available is 15% below pre-pandemic levels for the next 5 years. Projected operating revenue over the five-year period is estimated to be roughly $221M. Under this scenario, service levels would need to be significantly reduced. The proposed service plan aims to preserve service coverage to essential destinations through reductions in service levels on some high-frequency corridors such as Clayton Road and downtown Walnut Creek and reductions in span of service.

MOTION: Director Tatzin moved for approval of the draft SRTP and authorize staff to proceed with the public hearing process. Director Wilk seconded the motion, and it received the following vote of approval:

Aye: Directors Andersen, Haydon, Hudson McCluer, Noack, Schroder, Storer, Tatzin, Wilk and Worth
No: None
Abstain: None
Absent: Director Hoffmeister

Operations & Scheduling Committee

One-Seat Regional Ride Pilot Update and Extension
Director Hoffmeister arrived at 9:18 a.m.

General Manager Bill Churchill explained that the pilot was extended in April of 2021 after having been in operation for six months. The extension allowed partnering agencies to continue to offer a service with high customer satisfaction. It also allowed partnering agencies to continue to gather data and work on streamlining certain processes such as billing and data management, as well as incorporating another neighboring paratransit agency, East Bay Paratransit, to provide test trips for their passengers. The collaborative nature of this pilot with multiple transit agencies crossing various urbanized areas, as defined by the Federal Transit Administration (FTA), has presented reporting difficulties in the National Transit Database (NTD). County Connection staff is working with staff at the FTA, NTD and the Metropolitan Transportation Commission to resolve these reporting issues.

The One Seat Ride partners are proposing to extend the program's pilot status for one more year by modifying the existing program to include a travel training component to better support users of the system. Additionally, Contra Costa County and the Contra Costa Transportation Authority have expressed a strong interest to expand the program to include residents of Contra Costa County that reside outside the jurisdictions of the existing four partners. This would include residents of Richmond, San Pablo, El Cerrito, El Sobrante and Kensington. Staff has been working with both the County and CCTA to secure Measure X funding to allow for the expansion.

MOTION: Director Storer moved adoption of Resolution No. 2023-015, authorizing the approval of the one-year extension to the One-Seat Regional Ride Pilot program. Director Hudson seconded the motion, and it received the following vote of approval:

Aye: Directors Andersen, Haydon, Hoffmeister, Hudson, McCluer, Noack, Schroder, Storer, Tatzin, Wilk and Worth
No: None
Abstain: None
Absent: None

BOARD COMMUNICATION: None

CLOSED SESSION:

The Board of Directors went into closed session at 9:25 a.m.

Conference with Labor Negotiator (pursuant to Government Code Section 54957.6)
Employee Organizations:
Amalgamated Transit Union, Local 1605, AFL-CIO, Bus Operators
Machinists Automotive Trades District Lodge No. 1173, Machinists

OPEN SESSION:

Report of Action(s) taken during the Closed Session

The Board of Directors came back from closed session at 10:20 a.m. There was no reportable action and the Board gave direction to its labor negotiator.

ADJOURNMENT: Chair Worth adjourned the regular Board meeting at 9:54 am.

Minutes prepared by:
Lathina Hill Date: November 9, 2022
Assistant to the General Manager

County Connection

INTER OFFICE MEMO

To: Board of Directors **Date:** November 17, 2022

From: Bill Churchill
General Manager

SUBJECT: Declaring that the Board and Its Committee Meetings Will Continue to be Held via Teleconference

SUMMARY OF ISSUES:

Due to the ongoing COVID-19 pandemic, the General Manager and Legal Counsel recommend the Board adopt a resolution under Assembly Bill 361 (AB 361) (1) making findings that the proclaimed COVID-19 pandemic State of Emergency continues to impact the ability of the Central Contra Costa Transit Authority (CCCTA) Board of Directors (Board) and its committees to meet safely in person, and (2) allowing for CCCTA to use the modified teleconferencing requirements under California Government Code Section 54953 for Board and committee meetings for the next 30 days.

On September 16, 2021, Governor Newsom signed into law AB 361 amending Government Code Section 54953 to allow local agencies to use teleconferencing for public meetings without requiring teleconference locations to be included on published agendas or accessible to the public, and without requiring a quorum of the members of the legislative body of the agency to participate from locations within the boundaries of the agency's jurisdiction, during proclaimed states of emergencies.

Local agency determinations to meet using the modified teleconferencing rules under AB 361 must be reviewed every 30 days following the first teleconferenced meeting held pursuant to this law, which as an urgency statute, came into effect on October 1. The legislative body must reconsider the circumstances of the state of emergency and find that they directly impact the ability to meet safely in person. The Governor's State of Emergency related to the COVID-19 pandemic remains active and the Contra Costa County Health Officer, the California Department of Public Health, and the Department of Industrial Relations have imposed or recommended measures to promote social distancing. Compliance with these measures directly impacts the ability of the public to meet safely in person, and CCCTA cannot ensure social distancing recommendations are met in circumstances of in-person public meetings. Furthermore, there is a continuing threat of COVID-19 to the community, and Board and committee meetings have characteristics that give rise to risks to health and safety of meeting participants. Consequently, it is recommended that CCCTA continue to use remote teleconferencing for public meetings as permitted under AB 361 and to reconsider its determination (and make the necessary findings) every 30 days.

On October 21, 2021, the Board adopted its first resolution under AB 361 documenting the findings described above. The Board also was advised to consider similar actions monthly thereafter until conditions change and remote meetings are no longer necessary and appropriate. The proposed action would enable CCCTA's Board and committees to continue to meet remotely for the next 30 days.

FINANCIAL IMPLICATIONS: There is no impact on the budget.

ACTION REQUESTED: Adopt resolution declaring that the proclaimed state of emergency for the COVID-19 pandemic continues to impact the ability of the Board of Directors and its committees to meet safely in person, and directing that virtual Board and committee meetings continue.

RESOLUTION NO. 2023-016

BOARD OF DIRECTORS CENTRAL CONTRA COSTA TRANSIT AUTHORITY
STATE OF CALIFORNIA

*** * ***

FINDING THAT THE PROCLAIMED STATE OF EMERGENCY FOR THE COVID-19 PANDEMIC CONTINUES TO IMPACT THE ABILITY FOR THE BOARD OF DIRECTORS AND ITS COMMITTEES TO MEET SAFELY IN PERSON, AND DIRECTING THAT VIRTUAL BOARD AND COMMITTEE MEETINGS CONTINUE

WHEREAS, the County of Contra Costa, the Cities of Clayton, Concord, Lafayette, Martinez, Orinda, Pleasant Hill, San Ramon and Walnut Creek, and the Towns of Danville and Moraga (hereinafter "Member Jurisdictions") have formed the Central Contra Costa Transit Authority ("CCCTA"), a joint exercise of powers agency created under California Government Code Section 6500 *et seq.,* for the joint exercise of certain powers to provide coordinated and integrated public transportation services within the area of its Member Jurisdictions ("Service Area");

WHEREAS, on March 4, 2020, Governor Newsom declared a State of Emergency to exist in California as a result of the threat of the COVID-19 pandemic, which declaration remains in effect;

WHEREAS, the Contra Costa County Board of Supervisors subsequently declared a local emergency related to COVID-19, which declaration also remains in effect;

WHEREAS, on March 17 and June 11, 2020, the Governor issued Executive Orders N-29-20 and N-08-21, respectively, suspending certain provisions of the Ralph M. Brown Act related to teleconferencing through September 30, 2021 to facilitate legislative bodies conducting public meetings remotely to help protect against the spread of COVID-19 and to protect the health and safety of the public;

WHEREAS, on September 16, 2021, the Governor signed Assembly Bill (AB) 361 into law, amending Government Code Section 54953, effective immediately, to allow legislative bodies to continue to meet remotely under less restrictive requirements during a proclaimed State of Emergency provided that (1) state or local officials have imposed or recommended measures to promote social distancing, or (2) the legislative bodies determine that meeting in person would present imminent risks to the health or safety of attendees, and (3) the legislative bodies make such findings at least every thirty days during the term of the declared state of emergency;

WHEREAS, on October 21, 2021, pursuant to Resolution 2022-012, and monthly thereafter pursuant to Board action, the CCCTA Board of Directors ("Board") made the requisite findings to allow teleconferencing under AB 361 for 30 days;

WHEREAS, the Board has reviewed its previous findings and again concludes that there is a continuing threat of COVID-19 to the community, and that Board and committee meetings have characteristics that continue to give rise to risks to health and safety of meeting participants; and

WHEREAS, to help protect against the spread of COVID-19 and its variants, and to protect the health and safety of the public, the Board desires to take the actions necessary to continue to hold its Board and committee meetings remotely as authorized by AB 361.

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Central Contra Costa Transit Authority has reconsidered the circumstances of the COVID-19 State of Emergency, and finds and determines that the state of emergency continues to directly impact its ability to meet safely in person;

BE IT FURTHER RESOLVED, that the Board of Directors directs the General Manager and Clerk to the Board to continue to agendize public meetings of the Board, and all CCCTA committees that are subject to the Brown Act, only as online teleconference meetings;

BE IT FURTHER RESOLVED, that CCCTA will comply with the requirements of Government Code Section 54953(e)(2) when holding Board and committee meetings pursuant to this Resolution; and

BE IT FURTHER RESOLVED, that this Resolution will be in effect for the maximum period of time permitted under AB 361 (30 days), and the Board will reconsider the findings in this Resolution each month and may subsequently reaffirm these findings, pursuant to its consent calendar.

Regularly passed and adopted this 17th day of November, 2022 by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

_____
Amy Worth, Chair, Board of Directors

ATTEST: _____
Lathina Hill, Clerk to the Board

County Connection

INTER OFFICE MEMO

To: Board of Directors **Date:** 11/08/2022

From: Amber Johnson, Chief Financial Officer **Reviewed by:** WC.

SUBJECT: Revised OPEB Actuarial Valuation and GASB 75 Report for Fiscal Year Ending June 30, 2022

Background:

County Connection's actuarial valuation of its Other Post-Employment Benefits (OPEB) for the year ending June 30, 2022 was reviewed and approved by the Administration and Finance Committee and the Board of Directors in September of this year[1].

After the report was approved, staff discovered some minor errors in the calculation of contributions to the plan during the year. As a result, the report has been revised to correct these errors.

OPEB Valuation Report Revision:

Corrections to the amount contributed to the plan have a ripple effect throughout the report and can be seen in the Deferred Inflow and Outflow calculations, as well as in the Actuarially Determined Contribution (ADC) calculation for the coming year. Fortunately, the correction resulted in a very small change to the ADC, having a de minimis impact on the fiscal position of the Authority's OPEB plan.

The following table summarizes the key elements of the valuation report, and how some of these elements changed between the original and revised version of the report.

Item	Original Report	Revised Report
Net OPEB Liability	$2,933,259	No change
Deferred Outflows of Resources	**(1,087,689)**	**(1,050,713)**
Deferred Inflows of Resources	**1,873,577**	**1,890,465**
OPEB Expense, FYE 6/30/22	(17,554)	No change
Fiduciary Net Position, FYE 6/30/22	5,174,920	No change
Employer Contributions, FYE 6/30/22	**617,452**	**563,588**
Actuarially Determined Contribution, FYE 6/30/23	**531,647**	**530,899**
ADC, Net of Implicit Subsidy Credits, FYE 6/30/23	**445,868**	**445,120**

[1] http://countyconnection.com/wp-content/uploads/2022/09/4.e.-OPEB-Actuarial-Valuation-and-GASB-75-Report-for-Fiscal-Year-Ending-June-30-2022.pdf

Financial Implications:

Based on the revised valuation report, the ADC net of implicit subsidy credits for FY 2023 amounts to $445,120, which is slightly less than the amount previously reported of $445,868.

Recommendation:

Staff and the A&F Committee recommend that the Board of Directors accept the OPEB Actuarial Valuation.

Attachments:

Attachment 1: *Revised* Central Contra Costa Transit Authority Actuarial Valuation of Other Post-Employment Benefit Programs as of June 30, 2021 & GASB 75 Report for the Fiscal Year Ending June 30, 2022

MacLeod Watts

October 7, 2022

Ms. Amber Johnson, CPFO
Chief Financial Officer
Central Contra Costa Transit Authority
2477 Arnold Industrial Way
Concord, CA 94520

Re: Central Contra Costa Transit Authority Other Post-Employment Benefits Actuarial Valuation and GASB 75 Report for Fiscal Year Ending June 30, 2022 - Updated

Dear Ms. Johnson,

We are pleased to enclose our actuarial report providing financial information about the other post-employment benefit (OPEB) liabilities of the Central Contra Costa Transit Authority. *This updated report reflects the final OPEB contributions reported for fiscal year 2022.*

The primary purposes of this report are to:

1) Remeasure plan liabilities as of June 30, 2021, in accordance with GASB 75's biennial valuation requirement,
2) Develop Actuarially Determined Contributions levels for prefunding plan benefits, and
3) Provide information required by GASB 75 ("Accounting and Financial Reporting for Postemployment Benefits Other Than Pension") to be reported in the Authority's financial statements for the fiscal year ending June 30, 2022.

The information included in this report reflects our understanding that the Authority will contribute 100% or more of the Actuarially Determined Contributions each year. We assumed that OPEB trust assets remain in PARS Moderately Conservative portfolio. We based the valuation on the employee data, details on plan benefits and retiree benefit payments reported to us by the Authority. Please review our summary of this information to be comfortable that it matches your records.

We appreciate the opportunity to work on this analysis and acknowledge the efforts of Authority staff who provided valuable time and information to enable us to prepare this report. Please let us know if we can be of further assistance.

Sincerely,

Catherine L. MacLeod, FSA, FCA, EA, MAAA
Principal & Consulting Actuary

Enclosure

Central Contra Costa Transit Authority

Actuarial Valuation of Other Post-Employment Benefit Programs As of June 30, 2021

Development of OPEB Prefunding Levels & GASB 75 Report for the FYE June 20, 2022

Updated October 2022

MacLeod Watts

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A. Executive Summary

This report presents the results of the June 30, 2021, actuarial valuation and accounting information regarding the other post-employment benefit (OPEB) program of the Central Contra Costa Transit Authority (the Authority). The purposes of this report are to: 1) summarize the results of the valuation; 2) develop Actuarially Determined Contribution (ADC) levels for prefunding plan benefits; and 3) provide disclosure information as required by Statement No. 75 of the Governmental Accounting Standards Board (GASB 75) for the fiscal year ending June 30, 2022.

Important background information regarding the valuation process can be found in Addendum 1. We recommend users of the report read this information to familiarize themselves with the process and context of actuarial valuations, including the requirements of GASB 75. The pages following this executive summary present exhibits and other information relevant for disclosures under GASB 75.

Results of the June 30, 2021, valuation may be applied to prepare the Authority's GASB 75 report for the fiscal year ending June 30, 2023. If there are any significant changes in plan members, plan benefits or eligibility and/or OPEB funding policy, an earlier valuation might be required or appropriate.

OPEB Obligations of the Authority

The Authority offers continuation of medical coverage to retiring employees. This benefit creates one or more of the following types of OPEB liabilities:

- **Explicit subsidy liabilities**: An "explicit subsidy" exists when the employer contributes directly toward the cost of retiree healthcare. In this program, the Authority contributes a portion of medical premiums for qualifying retirees. These benefits are described in Section 2.
- **Implicit subsidy liabilities**: An "implicit subsidy" exists when premiums are developed using blended active and retiree claims experience. In this situation, premiums charged for retirees may not be sufficient to cover expected medical claims[1] and the premiums charged for active employees are said to "implicitly subsidize" retirees. This OPEB program includes implicit subsidy liabilities for retiree coverage prior to coverage under Medicare.
- **Other subsidy liabilities**: Pooled plans that do not blend active and retiree premiums likely generate subsidies between employers and retirees within the pool. In the CalPERS medical program, the premium rates for Medicare-covered retirees are based only on retiree claims experience of the pool. A recent actuarial practice note indicated these subsidies should be included in plan liabilities to the extent they are paid by the employer.[2] We generally expect these subsidies to be small and included any such liability with the implicit subsidy liability in this report.

We determine explicit subsidy liabilities using the expected direct payments promised by the plan toward retiree coverage. We determine the implicit and other subsidy liabilities as the projected difference between (a) retiree medical claim costs by age and (b) premiums charged for retiree coverage. For more information on this process Addendum 2: MacLeod Watts Age Rating Methodology.

[1] In rare situations, premiums for retiree coverage may be high enough that they subsidize active employees' claims.

[2] Exceptions exist for: 1) Medicare Advantage Plans: these plans are treated as if their premiums are age-based due to the nature of the Federal subsidies paid to these plans. 2) Plans with low explicit subsidies to Medicare-covered retirees: in these plans no part of any potential pool subsidy is expected to be paid by the employer.

Executive Summary
(Continued)

OPEB Funding Policy

The Authority's OPEB funding policy affects the calculation of liabilities by impacting the discount rate that is used to develop the plan liability and expense. "Prefunding" is the term used when an agency consistently contributes an amount based on an actuarially determined contribution (ADC) each year. GASB 75 allows prefunded plans to use a discount rate that reflects the expected earnings on trust assets. Pay-as-you-go, or "PAYGO", is the term used when an agency only contributes the required retiree benefits when due. When an agency finances retiree benefits on a pay-as-you-go basis, GASB 75 requires the use of a discount rate equal to a 20-year high grade municipal bond rate.

The Authority continues to prefund its OPEB liability, consistently contributing 100% or more of the Actuarially Determined Contributions each year. With the Authority's approval, the discount rate used for accounting purposes and to develop Actuarially Determined Contributions for plan funding is 4.75%. This rate reflects the current expectation of the long-term return on trust assets, based on information provided by PARS in April 2022. This rate is lower than the 5.10% return determined from prior PARS return projections. For more information, see Expected Return on Trust Assets on page 12.

Actuarial Assumptions

The actuarial "demographic" assumptions (i.e., rates of retirement, death, disability or other termination of employment) used in this report were chosen, for the most part, to be the same as the actuarial demographic assumptions used for the most recent valuation of the retirement plan(s) covering Authority employees. Other assumptions, such as age-related healthcare claims, healthcare trend, retiree participation rates and spouse coverage, were selected based on demonstrated plan experience and/or our best estimate of expected future experience. All these assumptions, and more, impact expected future benefits. Please note that this valuation has been prepared on a closed group basis. This means that only employees and retirees present as of the valuation date are considered. We do not consider replacement employees for those we project to leave the current population of plan participants until the valuation date following their employment.

We emphasize that this actuarial valuation provides a projection of future results based on many assumptions. Actual results are likely to vary to some extent and we will continue to monitor these assumptions in future valuations. See Section 3 for a description of assumptions used in this valuation.

Important Dates for GASB 75 in this Report

GASB 75 allows reporting liabilities as of any fiscal year end based on: (1) a *valuation date* no more than 30 months plus 1 day prior to the close of the fiscal year end; and (2) a *measurement date* up to one year prior to the close of the fiscal year. The following dates were used for this report:

Fiscal Year End	June 30, 2022
Measurement Date	June 30, 2021
Measurement Period	June 30, 2020, to June 30, 2021
Valuation Date	June 30, 2021

Executive Summary
(Concluded)

Significant Results and Differences from the Prior Valuation

No benefit changes were reported to MacLeod Watts relative to those in place at the time the June 2019 valuation was prepared. We reviewed and updated certain assumptions used to project the OPEB liability. We also collected updated census and premium data and recognized "plan experience", the differences between projected and actual results. Investment experience was also recognized, with higher than expected return on trust assets.

The Net OPEB Liability on the current measurement date is higher than that reported one year ago. Section C. presents the new valuation results and provides additional information on the impact of the new assumptions and plan experience. See *Recognition Period for Deferred Resources* on page 13 for details on how these changes are recognized.

Impact on Statement of Net Position and OPEB Expense for Fiscal Year Ending 2022

The plan's impact to Net Position will be the sum of difference between assets and liabilities as of the measurement date plus the unrecognized net outflows and inflows of resources. Different recognition periods apply to deferred resources depending on their origin. The plan's impact on Net Position on the measurement date can be summarized as follows:

Items	For Reporting At Fiscal Year Ending June 30, 2022
Total OPEB Liability	$ 8,108,179
Fiduciary Net Position	(5,174,920)
Net OPEB Liability	**$ 2,933,259**
Adjustment for Deferred Resources:	
Deferred (Outflows)	(1,061,361)
Deferred Inflows	1,890,465
Impact on Statement of Net Position	**$ 3,762,363**
OPEB Expense, FYE 6/30/2022	**$ (17,554)**

Important Notices

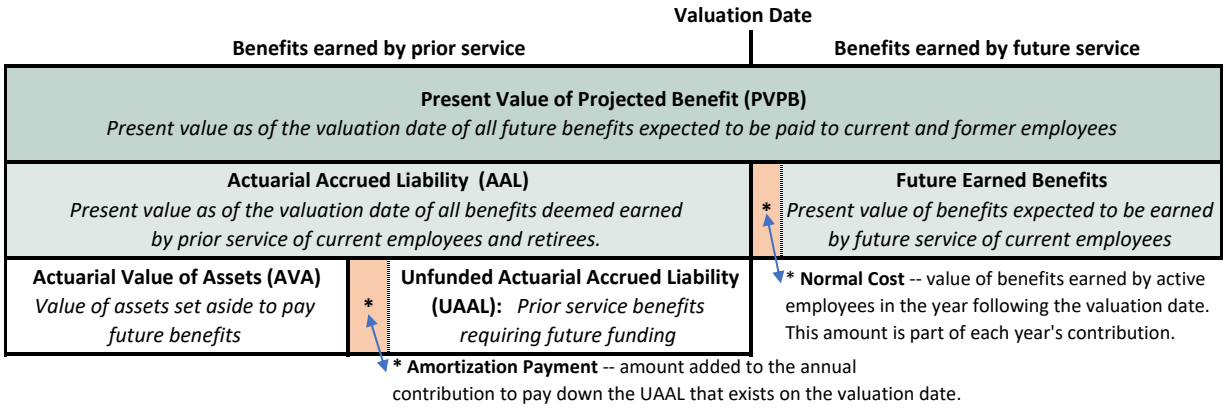
This report is intended to be used only to present the actuarial information relating to other postemployment benefits for the Authority's financial statements. The results of this report may not be appropriate for other purposes, where other assumptions, methodology and/or actuarial standards of practice may be required or more suitable. We note that various issues in this report may involve legal analysis of applicable law or regulations. The Authority should consult counsel on these matters; MacLeod Watts does not practice law and does not intend anything in this report to constitute legal advice. In addition, we recommend the Authority consult with their internal accounting staff or external auditor or accounting firm about the accounting treatment of OPEB liabilities.

B. Valuation Process

This valuation is based on employee census data and benefits initially submitted by the Authority and clarified in various related communications. A summary of the employee data is provided in Section 1 and a summary of the plan benefits is provided in Section 2. While individual employee records have been reviewed to verify that they are reasonable in various respects, the data has not been audited and we have otherwise relied on the Authority as to its accuracy. The valuation has been performed in accordance with the process described below using the actuarial methods and assumptions described in Section 3 and is consistent with our understanding of Actuarial Standards of Practice.

In projecting benefit values and liabilities, we first determine an expected premium or benefit stream over each current retiree's or active employee's future retirement. Benefits may include both direct employer payments (explicit subsidies) and any implicit subsidies arising when retiree premiums are expected to be partially subsidized by premiums paid for active employees. The projected benefit streams reflect assumed trends in the cost of those benefits and assumptions as to the expected dates when benefits will end. Assumptions regarding the probability that each employee will remain in service to receive benefits and the likelihood the employee will elect coverage for themselves and their dependents are also applied.

We then calculate a present value of these future benefit streams by discounting the value of each future expected employer payment back to the valuation date using the valuation discount rate. This present value is called the **Present Value of Projected Benefits (PVPB)** and represents the current value of all expected future plan payments to current retirees and current active employees. Note that this long-term projection does not anticipate entry of future employees.



The next step in the valuation process splits the Present Value of Projected Benefits into 1) the value of benefits already earned by prior service of current employees and retirees and 2) the value of benefits expected to be earned by future service of current employees. Actuaries employ an "attribution method" to divide the PVPB into prior service liabilities and future service liabilities. For this valuation we used the **Entry Age Normal** attribution method. This method is the most common used for government funding purposes and the only attribution method allowed for financial reporting under GASB 75.

We call the value of benefits deemed earned by prior service the **Actuarial Accrued Liability (AAL)**. Benefits deemed earned by service of active employees in a single year is called the **Normal Cost** of

Valuation Process
(Concluded)

benefits. The present value of all future normal costs (PVFNC) plus the Actuarial Accrued Liability will equal the Present Value of Projected Benefits (i.e., PVPB = AAL + PVFNC).

The difference between the value of trust assets (i.e., the Market Value of Assets), or a smoothed asset value (i.e., the Actuarial Value of Assets), and the Actuarial Accrued Liability yields the **Unfunded Actuarial Accrued Liability (UAAL)**. The UAAL represents, as of the valuation date, the present value of benefits already earned by past service that remain unfunded. A plan is generally considered "fully funded" when the UAAL is zero. The plan sponsor of a fully funded plan will still need to make future contributions for benefits earned by future service of actives employees. But in a fully funded plan, the plan sponsor has set aside sufficient assets to pay for benefits that have been earned by past service of current retirees and active employees if all valuation assumptions are realized.

Future contributions by the Authority will fund 1) the remaining part of OPEB benefits earned by past service (the Unfunded Actuarial Accrued Liability) and 2) the value of benefits earned each year by service of active employees. Various strategies might be employed to pay down the UAAL such as longer or shorter amortization payments, and flat or escalating payments depending on the plan sponsors goals and funding philosophy.

Variation in Future Results

Please note that projections of future benefits over such long periods (frequently 70 or more years) which are dependent on numerous assumptions regarding future economic and demographic variables are subject to substantial revision as future events unfold. While we believe that the assumptions and methods used in this valuation are reasonable for the purposes of this report, the costs to the Authority reflected in this report are subject to future revision, perhaps materially. Demonstrating the range of potential future plan costs was beyond the scope of our assignment except to the limited extent of providing liability information at various discount rates.

Certain actuarial terms and GASB 75 terms may be used interchangeably, as shown below. Specific results from this valuation are provided in the following Section C.

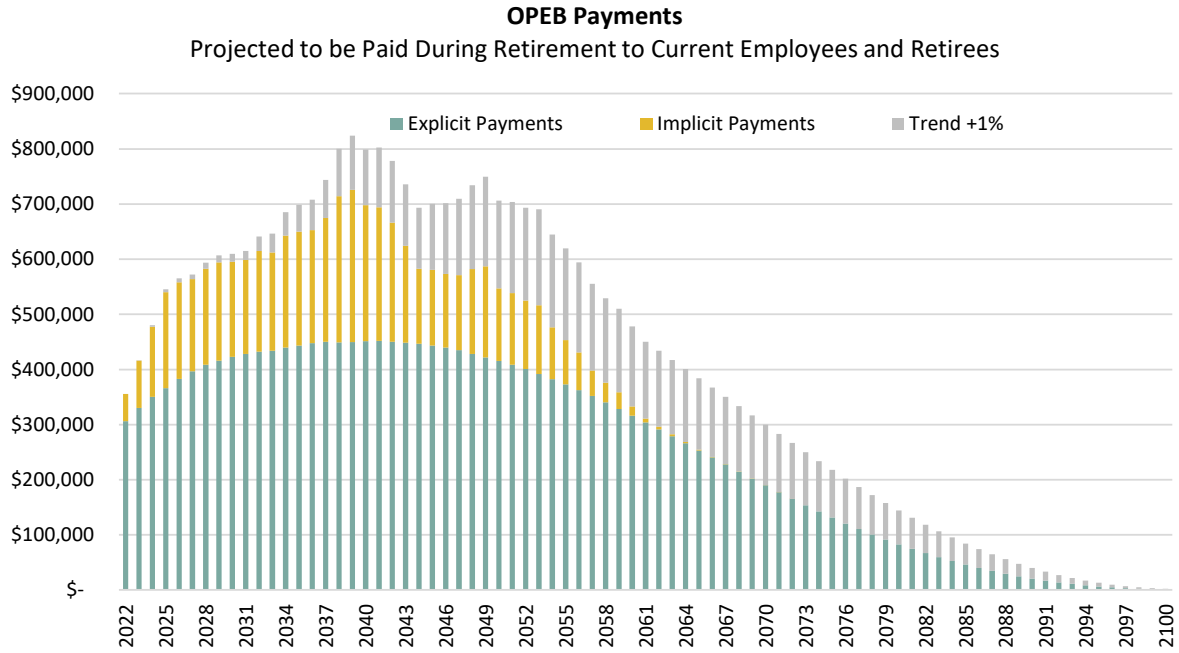
Actuarial Terminology	GASB 75 Terminology
Present Value of Projected Benefits (PVPB)	*No equivalent term*
Actuarial Accrued Liability (AAL)	Total OPEB Liability (TOL)
Market Value of Assets (MVA)	Fiduciary Net Position
Actuarial Value of Assets (AVA)	*No equivalent term*
Unfunded Actuarial Accrued Liability (UAAL)	Net OPEB Liability
Normal Cost	Service Cost

C. Valuation Results as of June 30, 2021

This section presents the basic results of our recalculation of the OPEB liability using the updated employee data, plan provisions and asset information provided to us for the June 2021 valuation. We described the general process for projecting all future benefits to be paid to retirees and current employees in the preceding Section. Expected annual benefits have been projected on the basis of the actuarial assumptions outlined in Supporting Information, Section 3.

Lifetime healthcare benefits are paid for qualifying Authority retirees. Please see Supporting Information, Section 2 for details.

The following graph illustrates the annual other post-employment benefits projected to be paid on behalf of current retirees and current employees expected to retire from the Authority.



The amounts shown in green reflect the expected payment by the Authority toward retiree medical premiums while those in yellow reflect the implicit subsidy benefits (i.e., the excess of estimated retiree medical and prescription drug claims over the premiums expected to be charged during the year for retirees' coverage). The projections in gray reflect increases in benefit levels if healthcare trend were 1% higher.

The first 15 years of benefit payments from the graph above are shown in tabular form on page 20.

Liabilities relating to these projected benefits are shown beginning on the following page.

Valuation Results as of June 30, 2021
(Continued)

This chart compares the results measured as of June 30, 2020, with the results measured as of June 30, 2021, based on the current valuation.

Valuation Date	**6/30/2019**			**6/30/2021**		
Fiscal Year Ending	**6/30/2021**			**6/30/2022**		
Measurement Date	**6/30/2020**			**6/30/2021**		
Discount rate	5.10%			4.75%		
Number of Covered Employees						
Actives	212			199		
Retirees	54			64		
Total Participants	266			263		
OPEB Subsidy Type	Explicit	Implicit	Total	Explicit	Implicit	Total
Actuarial Present Value of Projected Benefits						
Actives	$ 5,103,249	$ 2,428,115	$ 7,531,364	$ 4,722,032	$ 2,812,810	$ 7,534,842
Retirees	2,286,817	(31,965)	2,254,852	3,024,764	31,010	3,055,774
Total APVPB	7,390,066	2,396,150	9,786,216	7,746,796	2,843,820	10,590,616
Total OPEB Liability (TOL)						
Actives	3,575,907	1,653,361	5,229,268	3,083,512	1,968,893	5,052,405
Retirees	2,286,817	(31,965)	2,254,852	3,024,764	31,010	3,055,774
TOL	5,862,724	1,621,396	7,484,120	6,108,276	1,999,903	8,108,179
Fiduciary Net Position			4,458,932			5,174,920
Net OPEB Liability			3,025,188			2,933,259
Service Cost For the period following the measurement date	225,790	103,009	328,799	209,966	104,205	314,171

The Net OPEB Liability has decreased by $91,929 from that reported one year ago. The NOL was expected to decrease by $60,496, reflecting additional service and interest costs accruing for the period offset by trust contributions and expected earnings. Unexpected changes are discussed on the following page.

Valuation Results as of June 30, 2021
(Concluded)

Unexpected changes decreased the Net OPEB Liability by $31,433 and fall into one of these categories:

- *Investment experience:* Trust asset return exceeded the expected earnings by $263,622.
- *Plan experience* recognizes results which are different than expected based on the prior valuation data and assumptions. Plan experience decreased the TOL by $184,833.
- *Assumption changes* collectively increased the TOL by $417,022. These changes are listed below, with additional information provided on the last page in Supporting Information, Section 3.

This chart reconciles results measured as of June 30, 2020, to results measured as of June 30, 2021.

Reconciliation of Changes During Measurement Period	Total OPEB Liability (a)	Fiduciary Net Position (b)	Net OPEB Liability (c) = (a) - (b)
Balance at Fiscal Year Ending 6/30/2021 *Measurement Date 6/30/2020*	$ 7,484,120	$ 4,458,932	$ 3,025,188
Expected Changes During the Period:			
Service Cost	328,799		328,799
Interest Cost	390,119		390,119
Expected Investment Income		232,999	(232,999)
Employer Contributions		546,415	(546,415)
Benefit Payments	(327,048)	(327,048)	-
Total Expected Changes During the Period	391,870	452,366	(60,496)
Expected at Fiscal Year Ending 6/30/2022 *Measurement Date 6/30/2021*	$ 7,875,990	$ 4,911,298	$ 2,964,692
Unexpected Changes During the Period:			
Change Due to Investment Experience		263,622	(263,622)
Plan Experience:			
Premiums and estimated claims other than expected	218,803		
Turnover other than expected	(276,702)		
More retiree deaths than expected	(94,806)		
Other plan experience	(32,128)		
Change Due to Plan Experience			(184,833)
Assumption Changes:			
Change in assumed trust return/discount rate	190,206		
Change in healthcare trend	(26,903)		
Updated assumed retiree participation rates	(50,891)		
Decreased assumed spouse coverage of future retirees	(268,682)		
Updated mortality improvement scale	113,115		
Added post-65 implicit liability for 2 members not paying Medicare tax	483,989		
Valued post-65 pool subsidy for applicable Medicare plans	(23,812)		
Change Due to Assumption Changes			417,022
Total Unexpected Changes During the Period	232,189	263,622	(31,433)
Balance at Fiscal Year Ending 6/30/2022 *Measurement Date 6/30/2021*	$ 8,108,179	$ 5,174,920	$ 2,933,259

D. Accounting Information (GASB 75)

The following exhibits are designed to satisfy the reporting and disclosure requirements of GASB 75 for the fiscal year end June 30, 2022.

Components of Net Position and Expense

The exhibit below shows the development of Net Position and Expense as of the Measurement Date.

Plan Summary Information for FYE June 30, 2022 *Measurement Date is June 30, 2021*	**CCCTA**
Items Impacting Net Position:	
Total OPEB Liability	$ 8,108,179
Fiduciary Net Position	(5,174,920)
Net OPEB Liability (Asset)	2,933,259
Deferred (Outflows) Due to:	
Assumption Changes	(470,237)
Plan Experience	-
Investment Experience	(16,888)
Deferred Contributions	(574,236)
Deferred Inflows Due to:	
Assumption Changes	302,318
Plan Experience	1,357,477
Investment Experience	230,670
Impact on Statement of Net Position, FYE 6/30/2022	**$ 3,762,363**
Items Impacting OPEB Expense:	
Service Cost	$ 328,799
Cost of Plan Changes	-
Interest Cost	390,119
Expected Earnings on Assets	(232,999)
Recognition of Deferred Outflows:	
Assumption Changes	93,599
Plan Experience	-
Investment Experience	22,674
Recognition of Deferred (Inflows):	
Assumption Changes	(138,511)
Plan Experience	(419,217)
Investment Experience	(62,018)
OPEB Expense, FYE 6/30/2022	**$ (17,554)**

Accounting Information
(Continued)

Change in Net Position During the Fiscal Year

The exhibit below shows the year-to-year changes in the components of Net Position.

For Reporting at Fiscal Year End *Measurement Date*	6/30/2021 *6/30/2020*	6/30/2022 *6/30/2021*	Change During Period
Total OPEB Liability	$ 7,484,120	$ 8,108,179	$ 624,059
Fiduciary Net Position	(4,458,932)	(5,174,920)	(715,988)
Net OPEB Liability (Asset)	3,025,188	2,933,259	(91,929)
Deferred (Outflows) Due to:			
Assumption Changes	(146,814)	(470,237)	(323,423)
Plan Experience	-	-	-
Investment Experience	(39,562)	(16,888)	22,674
Deferred Contributions	(546,415)	(574,236)	(27,821)
Deferred Inflows Due to:			
Assumption Changes	440,829	302,318	(138,511)
Plan Experience	1,591,861	1,357,477	(234,384)
Investment Experience	29,066	230,670	201,604
Impact on Statement of Net Position	$ 4,354,153	$ 3,762,363	$ (591,790)

Change in Net Position During the Fiscal Year	
Impact on Statement of Net Position, FYE 6/30/2021	$ 4,354,153
OPEB Expense (Income)	(17,554)
Employer Contributions During Fiscal Year	(574,236)
Impact on Statement of Net Position, FYE 6/30/2022	$ 3,762,363

OPEB Expense	
Employer Contributions During Fiscal Year	$ 574,236
Deterioration (Improvement) in Net Position	(591,790)
OPEB Expense (Income), FYE 6/30/2022	$ (17,554)

Accounting Information
(Continued)

Change in Fiduciary Net Position During the Measurement Period

	CCCTA
Fiduciary Net Position at Fiscal Year Ending 6/30/2021 *Measurement Date 6/30/2020*	**$ 4,458,932**
Changes During the Period:	
Investment Income	496,621
Employer Contributions	546,415
Benefit Payments	(327,048)
Net Changes During the Period	715,988
Fiduciary Net Position at Fiscal Year Ending 6/30/2022 *Measurement Date 6/30/2021*	**$ 5,174,920**

Expected Long-term Return on Trust Assets

In April 2022, PARS published an expected return of 5.30% for the Moderately Conservative, prior to offset for non-imbedded investment related fees. This expected return was determined using a building-block method and best-estimate ranges of expected future real rates of return for each major asset class (expected returns, net of OPEB plan investment expense and inflation). These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. The target allocation and best estimates of geometric real rates of return for each major class are summarized in this table.

Portfolio (Investment Strategy)		Moderately Conservative
Asset Class	Expected Return	Weight
Equity		**30.00%**
Large Cap Core	6.80%	15.50%
Mid Cap Core	7.10%	3.00%
Small Cap Core	7.90%	4.50%
Real Estate	6.60%	1.00%
International	7.30%	4.00%
Emerging Markets	7.30%	2.00%
Fixed Income		**65.00%**
Short Term Bond	3.30%	14.00%
Intermediate Term Bond	3.90%	49.25%
High Yield	6.10%	1.75%
Alternatives		
Cash	2.40%	**5.00%**
Expected Return		5.30%
Expected Standard Deviation		5.28%

Non-imbedded fees were estimated to reduce the expected yield above by 55 basis points (0.55%), reducing the net expected return on trust assets to 4.75% per year. Because the Authority is contributing at or above the ADC level each year, we used 4.75% as the discount rate to determine the OPEB liability in the plan.

Accounting Information
(Continued)

Recognition Period for Deferred Resources

Liability changes due to plan experience which differs from what was assumed in the prior measurement period and/or from assumption changes during the period are recognized over the plan's Expected Average Remaining Service Life ("EARSL"). The EARSL of 6.51 years is the period used to recognize such changes in the OPEB Liability arising during the current measurement period.

When applicable, changes in the Fiduciary Net Position due to investment performance different from the assumed earnings rate are always recognized over 5 years.

Liability changes attributable to benefit changes occurring during the period, if any, are recognized immediately.

Deferred Resources as of Fiscal Year End and Expected Future Recognition

The exhibit below shows deferred resources as of the fiscal year end June 30, 2022.

Central Contra Costa Transit Authority	Deferred Outflows of Resources	Deferred Inflows of Resources
Changes of Assumptions	$ 470,237	$ 302,318
Differences Between Expected and Actual Experience	-	1,357,477
Net Difference Between Projected and Actual Earnings on Investments	-	213,782
Deferred Contributions	574,236	-
Total	$ 1,044,473	$ 1,873,577

In addition, future recognition of these deferred resources is shown below.

For the Fiscal Year Ending June 30	Recognized Net Deferred Outflows (Inflows) of Resources
2023	$ (509,259)
2024	(526,147)
2025	(244,515)
2026	(177,273)
2027	35,667
Thereafter	18,187

Accounting Information
(Continued)

Sensitivity of Liabilities to Changes in the Discount Rate and Healthcare Cost Trend Rate

The discount rate used for accounting purposes for the fiscal year end 2022 is 4.75%. Healthcare Cost Trend Rate was assumed to start at 5.8% (increase effective January 1, 2023) and grade down to 3.9% for years 2076 and later. The impact of a 1% increase or decrease in these assumptions is shown in the chart below.

Sensitivity to:			
Change in Discount Rate	**Current - 1% 3.75%**	**Current 4.75%**	**Current + 1% 5.75%**
Total OPEB Liability	9,105,436	8,108,179	7,275,314
Increase (Decrease)	997,257		(832,865)
% Increase (Decrease)	12.3%		-10.3%
Net OPEB Liability (Asset)	3,930,516	2,933,259	2,100,394
Increase (Decrease)	997,257		(832,865)
% Increase (Decrease)	34.0%		-28.4%
Change in Healthcare Cost Trend Rate	**Current Trend - 1%**	**Current Trend**	**Current Trend + 1%**
Total OPEB Liability	7,478,060	8,108,179	8,967,037
Increase (Decrease)	(630,119)		858,858
% Increase (Decrease)	-7.8%		10.6%
Net OPEB Liability (Asset)	2,303,140	2,933,259	3,792,117
Increase (Decrease)	(630,119)		858,858
% Increase (Decrease)	-21.5%		29.3%

Accounting Information
(Continued)

Schedule of Changes in the Authority's Net OPEB Liability and Related Ratios

GASB 75 requires presentation of the 10-year history of changes in the Net OPEB Liability. Results for years since GASB 75 was implemented (fiscal years 2018 through 2022) are shown in the table.

Fiscal Year Ending	**FYE 2022**	**FYE 2021**	**FYE 2020**	**FYE 2019**	**FYE 2018**
Measurement Date	*6/30/2021*	*6/30/2020*	*6/30/2019*	*6/30/2018*	*6/30/2017*
Discount Rate on Measurement Date	*4.75%*	*5.10%*	*5.10%*	*5.10%*	*5.10%*
Total OPEB liability					
Service Cost	$ 328,799	$ 318,449	$ 331,211	$ 320,785	$ 350,850
Interest	390,119	369,885	406,509	385,114	482,126
Changes of benefit terms	-	-	-	-	-
Differences between expected and actual experience	(184,833)	-	(1,357,116)	-	(1,408,629)
Changes of assumptions	417,022	-	205,894	-	(994,873)
Benefit payments	(327,048)	(276,823)	(306,893)	(286,733)	(316,489)
Net change in total OPEB liability	624,059	411,511	(720,395)	419,166	(1,887,015)
Total OPEB liability - beginning	7,484,120	7,072,609	7,793,004	7,373,838	9,260,853
Total OPEB liability - ending (a)	$ 8,108,179	$ 7,484,120	$ 7,072,609	$ 7,793,004	$ 7,373,838
Plan fiduciary net position					
Contributions - employer	$ 546,415	$ 529,577	$ 606,839	$ 588,345	$ 748,139
Net investment income	496,621	215,875	224,930	80,538	111,685
Benefit payments	(327,048)	(276,823)	(306,893)	(286,733)	(316,489)
Administrative expenses	-	-	-	(1,550)	-
Net change in plan fiduciary net position	715,988	468,629	524,876	380,600	543,335
Plan fiduciary net position - beginning	4,458,932	3,990,303	3,465,427	3,084,827	2,541,492
Plan fiduciary net position - ending (b)	$ 5,174,920	$ 4,458,932	$ 3,990,303	$ 3,465,427	$ 3,084,827
Net OPEB liability - ending (a) - (b)	$ 2,933,259	$ 3,025,188	$ 3,082,306	$ 4,327,577	$ 4,289,011
Covered-employee payroll	$ 14,326,765	$ 15,543,046	$ 15,503,972	$ 14,836,604	$ 12,531,658
Net OPEB liability as a % of covered-employee payroll	20.47%	19.46%	19.88%	29.17%	34.23%

Accounting Information
(Continued)

Schedule of Contributions

The chart below shows the Actuarially Determined Contribution (ADC), the Authority's contribution, and the excess or shortfall.

Fiscal Year Ending	FYE 2022	FYE 2021	FYE 2020	FYE 2019	FYE 2018
Actuarially Determined Contribution	$ 561,678	$ 545,410	$ 529,577	$ 606,839	$ 588,345
Contributions in relation to the actuarially determined contribution	574,236	546,415	529,577	606,839	588,345
Contribution deficiency (excess)	$ (12,558)	$ (1,005)	$ -	$ -	$ -
Covered employee payroll	$ 16,518,765	$ 14,326,765	$ 15,543,046	$ 15,503,972	$ 14,836,604
Contributions as a percentage of covered employee payroll	3.48%	3.81%	3.41%	3.91%	3.97%

Notes to Schedule - assumptions used to deveop Actuarially Determined Contributions

Valuation Date	6/30/2019			7/1/2017	
Actuarial cost method	Entry Age Normal Level % of Pay			Entry Age Normal Level % of Pay	
Amortization method	Level % of Payroll 30 year closed			Level % of Payroll 30 year closed	
Amortization period	18 years remain	19 years remain	20 years remain	21 years remain	22 years remain
Asset valuation method	Market Value			Market Value	
Investment rate of return	5.10%			5.10%	
Inflation	2.75%			2.75%	
Salary increases	3.25%			3.25%	
Healthcare cost trend rates	6.5% in 2021, step down 0.5% per year to 5% in 2024			7.5% in 2019, step down 0.5% per year to 5% in 2024	
Retirement age	50 to 75			50 to 75	
Mortality	2017 CalPERS Experience Study			2014 CalPERS Experience Study	
Mortality Improvement	MacLeod Watts Scale 2018			MacLeod Watts Scale 2017	

Accounting Information
(Continued)

Detail of Changes to Net Position

The chart below details changes to all components of Net Position.

Central Contra Costa Transit Authority	Total OPEB Liability (a)	Fiduciary Net Position (b)	Net OPEB Liability (c) = (a) - (b)	(d) Deferred Outflows:				(e) Deferred Inflows:			Impact on Statement of Net Position (f) = (c) - (d) + (e)
				Assumption Changes	Plan Experience	Investment Experience	Deferred Contributions	Assumption Changes	Plan Experience	Investment Experience	
Balance at Fiscal Year Ending 6/30/2021 *Measurement Date 6/30/2020*	$ 7,484,120	$ 4,458,932	$ 3,025,188	$ 146,814	$ -	$ 39,562	$ 546,415	$ 440,829	$ 1,591,861	$ 29,066	$ 4,354,153
Changes During the Period:											
Service Cost	328,799		328,799								328,799
Interest Cost	390,119		390,119								390,119
Expected Investment Income		232,999	(232,999)								(232,999)
Employer Contributions		546,415	(546,415)								(546,415)
Changes of Benefit Terms	-		-								-
Benefit Payments	(327,048)	(327,048)	-								-
Assumption Changes	417,022		417,022	417,022							-
Plan Experience	(184,833)		(184,833)						184,833		-
Investment Experience		263,622	(263,622)							263,622	-
Recognized Deferred Resources				(93,599)	-	(22,674)	(546,415)	(138,511)	(419,217)	(62,018)	42,942
Employer Contributions in Fiscal Year							574,236				(574,236)
Net Changes in Fiscal Year 2021-2022	624,059	715,988	(91,929)	323,423	-	(22,674)	27,821	(138,511)	(234,384)	201,604	(591,790)
Balance at Fiscal Year Ending 6/30/2022 *Measurement Date 6/30/2021*	$ 8,108,179	$ 5,174,920	$ 2,933,259	$ 470,237	$ -	$ 16,888	$ 574,236	$ 302,318	$ 1,357,477	$ 230,670	$ 3,762,363

Accounting Information
(Continued)

Schedule of Deferred Outflows and Inflows of Resources

A listing of all deferred resource bases used to develop the Net Position and OPEB Expense is shown below. Deferred Contributions are not shown.

Measurement Date: June 30, 2021

Deferred Outflow or (Inflow)						Balance as of Jun 30, 2021	Recognition of Deferred Outflow or Deferred (Inflow) in Measurement Period:						
Date Created	Source	Impact on Net OPEB Liability (NOL)	Initial Amount	Period (Yrs)	Annual Recognition		2020-21 (FYE 2022)	2021-22 (FYE 2023)	2022-23 (FYE 2024)	2023-24 (FYE 2025)	2024-25 (FYE 2026)	2025-26 (FYE 2027)	Thereafter
6/30/2017	Assumption Changes	Decreased NOL	$ (994,873)	7.18	$ (138,511)	$ (302,318)	$ (138,511)	$ (138,511)	$ (138,511)	$ (25,296)	$ -	$ -	$ -
6/30/2017	Investment Earnings	Increased NOL	28,938	5.00	5,788	-	5,786	-	-	-	-	-	-
6/30/2017	Plan Experience	Decreased NOL	(1,408,629)	7.18	(196,117)	(428,044)	(196,117)	(196,117)	(196,117)	(35,810)	-	-	-
6/30/2018	Investment Earnings	Increased NOL	84,440	5.00	16,888	16,888	16,888	16,888	-	-	-	-	-
6/30/2019	Plan Experience	Decreased NOL	(1,357,116)	6.97	(194,708)	(772,992)	(194,708)	(194,708)	(194,708)	(194,708)	(188,868)	-	-
6/30/2019	Assumption Changes	Increased NOL	205,894	6.97	29,540	117,274	29,540	29,540	29,540	29,540	28,654	-	-
6/30/2019	Investment Earnings	Decreased NOL	(40,545)	5.00	(8,109)	(16,218)	(8,109)	(8,109)	(8,109)	-	-	-	-
6/30/2020	Investment Earnings	Decreased NOL	(5,924)	5.00	(1,185)	(3,554)	(1,185)	(1,185)	(1,185)	(1,184)	-	-	-
6/30/2021	Plan Experience	Decreased NOL	(184,833)	6.51	(28,392)	(156,441)	(28,392)	(28,392)	(28,392)	(28,392)	(28,392)	(28,392)	(14,481)
6/30/2021	Assumption Changes	Increased NOL	417,022	6.51	64,059	352,963	64,059	64,059	64,059	64,059	64,059	64,059	32,668
6/30/2021	Investment Earnings	Decreased NOL	(263,622)	5.00	(52,724)	(210,898)	(52,724)	(52,724)	(52,724)	(52,724)	(52,726)	-	-

Accounting Information
(Continued)

Detail of Authority Contributions to the Plan

Authority contributions to the Plan occur as benefits are paid to or on behalf of retirees. Benefit payments may occur in the form of direct payments for premiums ("explicit subsidies") and/or indirect payments to retirees in the form of higher premiums for active employees ("implicit subsidies"). Note that the implicit subsidy contribution does not represent cash payments to retirees, but rather the reclassification of a portion of active healthcare expense to be recognized as a retiree healthcare cost. For details, see Addendum 1 – Important Background Information.

Benefits and other contributions paid by the Authority during the measurement period are shown below.

For the Measurement Period, Jul 1, 2020 thru Jun 30, 2021	**CCCTA**
Employer	
(a) Contribution To Trust	$ 219,367
(b) Benefits Paid Directly to Retirees	239,144
(c) Implicit Subsidy Payment	87,904
Trust	
(d) Benefits Paid Directly to Retirees	-
(e) Reimbursements to Employer	-
Total Benefits Paid During the MP, (b)+(c)+(d)	327,048
Employer Contribution During the MP, (a)+(b)+(c)-(e)	546,415

Authority OPEB contributions made after the measurement date but prior to the current fiscal year end to be reported as deferred contributions are shown below.

For the Fiscal Year, Jul 1, 2021 thru Jun 30, 2022	**CCCTA**
Employer	
(f) Contribution To Trust	$ 176,021
(g) Benefits Paid Directly to Retirees	290,880
(h) Implicit Subsidy Payment	107,335
Trust	
(i) Benefits Paid Directly to Retirees	-
(j) Reimbursements to Employer	-
Total Benefits Paid During the Current FY, (g)+(h)+(i)	398,215
Employer Contribution During the Current FY, (f)+(g)+(h)-(j)	574,236

Accounting Information
(Continued)

Projected Benefit Payments (15-year projection)

The following is an estimate of other post-employment benefits to be paid on behalf of current retirees and current employees expected to retire from the Authority. Expected annual benefits have been projected on the basis of the actuarial assumptions outlined in Section 3.

Projected Annual Benefit Payments							
Fiscal Year Ending June 30	Explicit Subsidy			Implicit Subsidy			Total
	Current Retirees	Future Retirees	Total	Current Retirees	Future Retirees	Total	
2022	$ 290,880	$ -	$ 290,880	$ 107,335	$ -	$ 107,335	$ 398,215
2023	267,349	62,825	330,174	6,960	78,819	85,779	415,953
2024	260,683	89,617	350,300	7,927	119,397	127,324	477,624
2025	253,645	112,444	366,089	9,016	165,233	174,249	540,338
2026	246,230	136,617	382,847	10,220	165,194	175,414	558,261
2027	238,436	158,092	396,528	11,543	155,486	167,029	563,557
2028	230,267	178,269	408,536	-	174,428	174,428	582,964
2029	221,724	194,376	416,100	-	178,099	178,099	594,199
2030	212,812	210,093	422,905	-	172,301	172,301	595,206
2031	203,545	224,890	428,435	-	169,879	169,879	598,314
2032	193,934	238,655	432,589	-	182,217	182,217	614,806
2033	184,318	249,714	434,032	-	178,028	178,028	612,060
2034	176,090	263,656	439,746	-	202,899	202,899	642,645
2035	167,682	275,782	443,464	-	206,563	206,563	650,027
2036	159,148	288,306	447,454	-	205,095	205,095	652,549

The amounts shown in the Explicit Subsidy section of the table reflect the expected payment by the Authority toward retiree medical premiums in each of the years shown. The amounts are shown separately, and in total, for those retired on the valuation date ("current retirees") and those expected to retire after the valuation date ("future retirees").

The amounts shown in the Implicit Subsidy table reflect the expected excess of retiree medical and prescription drug claims over the premiums expected to be charged during the year for retirees' coverage. These amounts are also shown separately and in total for those currently retired on the valuation date and for those expected to retire in the future.

These projections do not include any benefits expected to be paid on behalf of current active employees *prior to* retirement, nor do they include any benefits for potential *future employees* (i.e., those who might be hired in future years).

Accounting Information
(Concluded)

Sample Journal Entries

OPEB Accounts at Beginning of Fiscal Year	*By Source*		*Sources Combined*	
	Debit	**Credit**	**Debit**	**Credit**
Net OPEB Liability		3,025,188		3,025,188
Deferred Outflow:				
Assumption Changes	146,814			
Plan Experience	-			
Investment Experience	39,562			
Contribution Subsequent to MD	546,415			
Deferred Outflows			732,791	
Deferred Inflow:				
Assumption Changes		440,829		
Plan Experience		1,591,861		
Investment Experience		29,066		
Deferred Inflows				2,061,756

Record Benefits Paid to Retirees	**Debit**	**Credit**
Net OPEB Liability	290,880	
Cash		290,880

Record Contributions to the Trust	**Debit**	**Credit**
Net OPEB Liability	176,021	
Cash		176,021

Record Implicit Subsidy Payment	**Debit**	**Credit**
Net OPEB Liability	107,335	
Premium Expense		107,335

Record End of Year Updates to OPEB Accounts	*By Source*		*Sources Combined*	
	Debit	**Credit**	**Debit**	**Credit**
Net OPEB Liability		482,307		482,307
Deferred Outflow:				
Assumption Changes	323,423			
Plan Experience				
Investment Experience		22,674		
Contribution Subsequent to MD	27,821			
Deferred Outflows			328,570	
Deferred Inflow:				
Assumption Changes	138,511			
Plan Experience	234,384			
Investment Experience		201,604		
Deferred Inflows			171,291	
OPEB Expense		17,554		17,554

E. Funding Information

The employer's OPEB funding policy and level of contributions to an irrevocable OPEB trust directly affects the discount rate which is used to calculate the OPEB liability to be reported in the employer's financial statements. Prefunding (setting aside funds to accumulate in an irrevocable OPEB trust) has certain advantages, one of which is the ability to (potentially) use a higher discount rate in the determination of liabilities for GASB 75 reporting purposes. Prefunding also improves the security of benefits for current and potential future recipients and contributes to intergenerational taxpayer equity by better matching the cost of the benefits to the service years in which they are "earned" and which correspond to years in which taxpayers benefit from those services.

Paying Down the UAAL

Once an employer decides to prefund, a decision must be made about how to pay for benefits related to accumulated prior service that have not yet been funded (the UAAL[3]). This is most often, though not always, handled through structured amortization payments. The period and method chosen for amortizing this unfunded liability can significantly affect the Actuarially Determined Contribution (ADC) or other basis selected for funding the OPEB program.

Much like paying off a mortgage, when the AAL exceeds plan assets, choosing a longer amortization period to pay off the UAAL means smaller payments, but the payments will be required for more years; plan investments will have less time to work toward helping reduce required contribution levels. When the plan is in a surplus position, the reverse is true, and a longer amortization period is usually preferable.

There are several ways the amortization payment can be determined. The most common methods are calculating the amortization payment as a level dollar amount or as a level percentage of payroll. The employer might also choose to apply a shorter period when the UAAL only when it is positive, i.e., when trust assets are lower than the AAL, but opt for a longer period or to exclude amortization of a negative UAAL, when assets exceed the AAL. The entire UAAL may be amortized as one single component or may be broken into multiple components reflecting the timing and source of each change, such as those arising from assumption changes, benefit changes and/or liability or investment experience.

The amortization period(s) should not exceed the number of years which would allow current trust assets plus future contributions and earnings to be sufficient to pay all future benefits and trust expenses each year. Prefunding of OPEB is optional and contributions at any level are permitted. However, if trust sufficiency is not expected, a discount rate other than the assumed trust return will likely be required for accounting purposes.

Funding and Prefunding of the Implicit Subsidy

An implicit subsidy liability is created when retiree medical claims are expected to exceed the premiums charged for retiree coverage. Recognition of the estimated implicit subsidy each year is handled by an accounting entry, reducing the amount paid for active employees and shifting that amount to be treated as a retiree healthcare expense/contribution (see Sample Journal Entries). The implicit subsidy is a true benefit to the retiree but can be difficult to see when medical premiums are set as a flat rate for both actives and pre-Medicare retirees.

[3] We use actuarial, rather than accounting, terminology to describe the components used to develop the ADCs.

Funding Information
(Continued)

This might lead some employers to believe the benefit is not real or is merely an accounting construct, and thus to forgo prefunding of retiree implicit benefits.

Consider what would happen if the retiree premiums were based only on expected retiree claims experience. Almost certainly, retiree premiums would increase while premiums for active employees would go down if the active premiums no longer had to help support the higher retiree claims. *Who would pay the increases in retiree premiums*? Current plan documents and bargaining agreements would have to be consulted. Depending on circumstances, the increase in retiree premiums might remain the responsibility of the employer, pass entirely to the retirees, or some blending of the two. The answer would determine whether separate retiree-only premium rates would result in a higher or lower employer OPEB liability. In the current premium structure, with blended active and pre-Medicare retiree premiums, the employer is clearly, though indirectly, paying the implicit retiree cost.

The prefunding decision is complex. OPEB materiality, budgetary concerns, desire to use the full trust rate in developing the liability for GASB 75, and other factors must be weighed by each employer. Since prefunding OPEB benefits is not required, each employer's OPEB prefunding strategy will depend on how they balance these competing perspectives.

Development of the Actuarially Determined Contributions

The Authority has approved development of ADCs based on the following two components, which are then adjusted with interest to each fiscal year end:

- The amounts attributed to service performed in the current fiscal year (the normal cost) and
- Amortization of the unfunded actuarial accrued liability (UAAL) over a closed 30-year period. Amortization payments are determined on a level % of pay basis; 17 years remain for FYE 2023.

Actuarially Determined Contributions, developed as described above for the Authority's fiscal years ending June 30, 2023, and 2024 are shown the exhibit on the next page. These ADCs incorporate both explicit (cash benefit) and implicit subsidy benefit liabilities. Contributions credited toward meeting the ADC will be comprised of:

1) direct payments to insurers toward retiree premiums, to the extent not reimbursed to the Authority by the trust; plus
2) each year's implicit subsidy payment; and
3) contributions to the OPEB trust.

ADCs determined on this basis should provide for trust sufficiency, based on the current plan provisions and census data, provided all assumptions are exactly realized and if the Authority contributes 100% or more of the ADC each year. When an agency commits to funding the trust at or above the ADC, the expected long-term trust return may be used as the discount rate in determining the plan liability for accounting purposes. Trust sufficiency cannot be guaranteed to a certainty, however, because of the non-trivial risk that the assumptions used to project future benefit liabilities may not be realized.

Funding Information
(Continued)

We develop the Actuarially Determined Contributions (ADCs) for fiscal years ending June 30, 2023, and June 30, 2024, from the results of this valuation. The ADC for fiscal year end June 30, 2022, was developed from the prior (2019) valuation and we have included this for reference as well.

Valuation date	**6/30/2019**	**6/30/2021**	
Discount rate	5.10%	4.75%	
Number of Covered Employees			
Actives	212	199	
Retirees	54	64	
Total Participants	266	263	
For fiscal year ending	6/30/2022	6/30/2023	6/30/2024
Actuarial Present Value of Projected Benefits	$ 9,841,828	$ 10,729,440	$ 10,813,257
Actuarial Accrued Liability (AAL)			
Actives	5,571,883	5,547,129	6,004,577
Retirees	2,209,833	2,911,053	2,768,504
Total AAL	7,781,716	8,458,182	8,773,081
Actuarial Value of Assets	4,809,768	5,538,522	5,920,043
Unfunded AAL (UAAL)	2,971,948	2,919,660	2,853,038
UAAL Amortization method	Level % of Pay	Level % of Pay	Level % of Pay
Remaining amortization period (years)	18	17	16
Amortization Factor	15.2456	14.9071	14.1434
Actuarially Determined Contribution (ADC)			
Normal Cost	339,484	$ 323,596	$ 333,304
Amortization of UAAL	194,938	195,857	201,723
Interest to fiscal year end	27,256	12,194	12,559
Total ADC	**561,678**	**531,647**	**547,586**

As described on the prior page, OPEB funding consists of 3 different sources. Actual contributions made for fiscal year end 2022 as reported to us are shown below. The chart estimates how these 3 contribution sources would apply toward satisfying the ADC for fiscal year ends 2023 and 2024.

1 Implicit subsidy contribution	107,335	$ 85,779	$ 127,324
Additional payments needed to meet ADC	454,343	445,868	420,262
2 *Estimated agency paid premiums for retirees*	290,880	*330,174*	*350,300*
3 *Estimated agency contribution to OPEB trust*	176,021	*115,694*	*69,962*
Total Expected Employer Contributions (1+2+3)	**574,236**	**$ 531,647**	**$ 547,586**

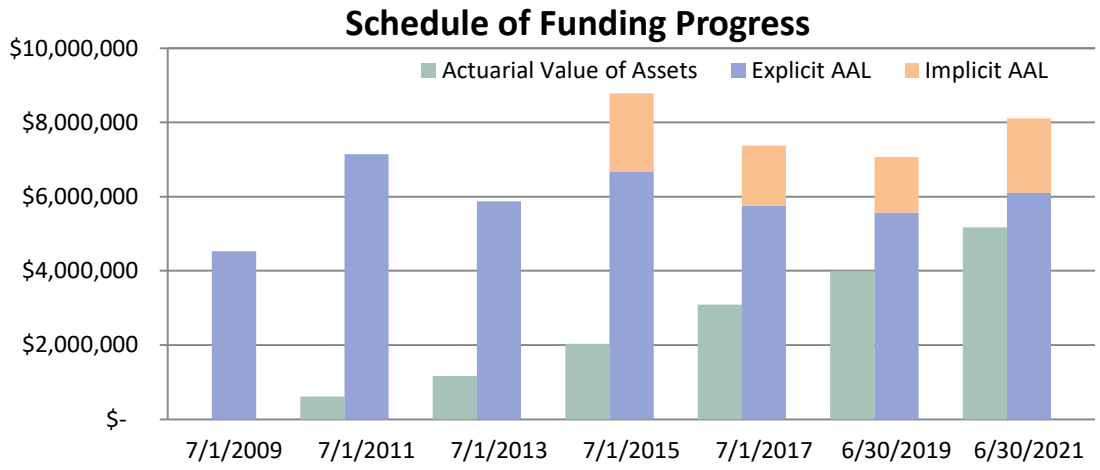
If retiree benefit payments for those years are lower than our projection, the contribution to the trust should be increased to balance so that total contributions equal or exceed the ADC each year.

Funding Information
(Concluded)

In this section, we provide a review of key components of valuation results from 2009 through 2021.

Schedule of Funding Progress

Actuarial Valuation Date	Actuarial Value of Assets (a)	Actuarial Accrued Liability (b)	Unfunded Actuarial Accrued Liability (b-a)	Funded Ratio (a/b)	Covered Payroll (c)	UAAL as a Percentage of Covered Payroll ((b-a)/c)	Discount Rate
7/1/2009	$ -	$ 4,534,658	$ 4,534,658	0.0%	$ 15,219,990	29.8%	5.50%
7/1/2011	$ 613,708	$ 7,145,685	$ 6,531,977	8.6%	$ 13,510,453	48.3%	5.50%
7/1/2013	$ 1,165,830	$ 5,875,942	$ 4,710,112	19.8%	$ 12,017,071	39.2%	5.50%
7/1/2015	$ 2,032,180	$ 8,785,647	$ 6,753,467	23.1%	$ 11,784,880	57.3%	5.10%
7/1/2017	$ 3,084,827	$ 7,373,838	$ 4,289,011	41.8%	$ 12,531,658	34.2%	5.10%
6/30/2019	$ 3,990,303	$ 7,072,609	$ 3,082,306	56.4%	$ 14,836,604	20.8%	5.10%
6/30/2021	$ 5,174,920	$ 8,108,180	$ 2,933,260	63.8%	$ 14,326,765	20.5%	4.75%



Significant changes during this period include:

- **July 1, 2015:** Discount rate decreased slightly; first time recognition of implicit subsidy liability and potential excise tax liability under the Affordable Care Act; introduced mortality rate improvement.
- **July 1, 2017**: Some decreases in assumed rates of participation for future retirees and their spouses; increase in future healthcare trend; experience gain, largely from lower-than-expected new retiree/spouse participation and medical premium increases.
- **June 30, 2019**: Updated demographic assumptions; elimination of liability for repealed excise tax 2019 repeal; significantly lower medical premiums than projected due to consolidated rate regions.
- **June 30, 2021:** Reflected lower future expected trust returns, though prior year returns exceeded expected; reflected post-65 liability for non-Medicare Advantage plans and for 2 members not expected to be covered by Medicare; adjusted assumed future rates of retiree and spouse coverage elections.

F. Certification

The primary purposes of this report are: (1) to provide actuarial information of the other postemployment benefits (OPEB) provided by the Central Contra Costa Transit Authority (the Authority) in compliance with Statement 75 of the Governmental Accounting Standards Board (GASB 75); and (2) to provide Actuarially Determined Contributions for prefunding of this program in conformity with the District's OPEB funding policy. The Authority is not required to contribute the ADC shown in this report and we make no representation that it will, in fact, fund the OPEB trust at any particular level).

In preparing this report we relied without audit on information provided by the Authority. This information includes, but is not limited to, plan provisions, census data, and financial information. We performed a limited review of this data and found the information to be reasonably consistent. The accuracy of this report is dependent on this information and if any of the information we relied on is incomplete or inaccurate, then the results reported herein will be different from any report relying on more accurate information.

We consider the actuarial assumptions and methods used in this report to be individually reasonable under the requirements imposed by GASB 75 and taking into consideration reasonable expectations of plan experience. The results provide an estimate of the plan's financial condition at one point in time. Future actuarial results may be significantly different due to a variety of reasons including, but not limited to, demographic and economic assumptions differing from future plan experience, changes in plan provisions, changes in applicable law, or changes in the value of plan benefits relative to other alternatives available to plan members.

Alternative assumptions may also be reasonable; however, demonstrating the range of potential plan results based on alternative assumptions was beyond the scope of our assignment except to the limited extent required by GASB 75 and in accordance with the Authority's stated OPEB funding policy. Results for accounting purposes may be materially different than results obtained for other purposes such as plan termination, liability settlement, or underlying economic value of the promises made by the plan.

This report is prepared solely for the use and benefit of the Authority and may not be provided to third parties without prior written consent of MacLeod Watts. Exceptions are: the Authority may provide copies of this report to their professional accounting and legal advisors who are subject to a duty of confidentiality, and the Authority may provide this work to any party if required by law or court order. No part of this report should be used as the basis for any representations or warranties in any contract or agreement without the written consent of MacLeod Watts.

The undersigned are unaware of any relationship that might impair the objectivity of this work. Nothing within this report is intended to be a substitute for qualified legal or accounting counsel. The signing actuary is a member of the American Academy of Actuaries and meets the qualification standards for rendering this opinion.

Signed: October 7, 2022

Catherine L. MacLeod, FSA, FCA, EA, MAAA	J. Kevin Watts, FSA, FCA, MAAA

G. Supporting Information

Section 1 - Summary of Employee Data

Active employees: The Authority reported 199 active members in the data provided to us for the June 2021 valuation. Of these, 169 were currently enrolled in the medical program, with 30 waiving coverage.

Distribution of Benefits-Eligible Active Employees								
	Years of Service							
Current Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 & Up	Total	Percent
Under 25							0	0%
25 to 29	1	3					4	2%
30 to 34	1	7	5				13	7%
35 to 39		1	6	3			10	5%
40 to 44		3	9	4	6	1	23	12%
45 to 49		6	2	4	4	5	21	11%
50 to 54		10	4	6	6	9	35	18%
55 to 59		3	4	2	5	17	31	16%
60 to 64		11	9	5	5	13	43	22%
65 to 69		2	2		3	6	13	7%
70 & Up						6	6	3%
Total	2	46	41	24	29	57	**199**	**100%**
Percent	1%	23%	21%	12%	15%	29%	**100%**	

Valuation	June 2019	June 2021
Average Attained Age for Actives	52.4	52.9
Average Years of Service	12.9	14.0

Retirees: There are also 64 retirees receiving benefits under this program on the valuation date. Their current ages are summarized in the chart at right, as well as the average age at retirement.

Retirees by Age		
Current Age	Number	Percent
Below 50	0	0%
50 to 54	0	0%
55 to 59	0	0%
60 to 64	1	2%
65 to 69	20	31%
70 to 74	21	33%
75 to 79	13	20%
80 & up	9	14%
Total	**64**	**100%**
Average Age:		
On 6/30/2021	73.7	
At retirement	63.9	

Summary of Plan Member Counts: The numbers of those members currently or potentially eligible to receive benefits under the OPEB plan are required to be reported in the notes to the financial statements.

Summary of Plan Member Counts	
Number of active plan members	199
Number of inactive plan members currently receiving benefits	64
Number of inactive plan members entitled to but not receiving benefits	110*

** Retirees eligible to return to the Authority for PEMHCA coverage*

Supporting Information
(Continued)

Section 1 - Summary of Employee Data
(continued)

The counts of plan members for each of the three primary bargaining groups are shown below:

Participants By Group				
		Retired		
Group	Active	Under 65	Over 65	Total
Administrative	46	-	28	74
ATU	145	1	33	179
Teamsters	8	-	2	10
Total	199	1	63	263

The chart below reconciles the number of actives and retirees included in the July 1, 2019, valuation of the Authority plan with those included in the June 30, 2021, valuation:

Reconciliation of Authority Plan Members Between Valuation Dates					
Status	Covered Actives	Waiving Actives	Covered Retirees	Covered Surviving Spouses	Total
Number reported as of June 30, 2019	172	40	51	3	266
New employees	18	3			21
Separated employees	(11)	(6)			(17)
New retiree, elected coverage	(10)	(1)	11		0
New retiree, waiving coverage	(4)	(4)			(8)
Previously covered, now waiving	(2)	2	(1)		(1)
Previously waiving, now covered	4	(4)	1	1	2
Previously ineligible, now covered	2				2
Deceased			(5)	3	(2)
Number reported as of June 30, 2021	**169**	**30**	**57**	**7**	**263**

The total plan population was fairly stable in the two-year period between valuations. The number of active plan members, both covered and waiving, declined by 13, from 212 to 199, representing a 6% decrease in active employees included in the valuation. The number of covered retirees and spouses increased by 10 (about 19%), from 54 to 64 covered members.

Of 19 new retirements reported as occurring between July 1, 2019, and June 30, 2021, 11 elected to continue medical coverage through the Authority; the other 8 declined coverage, though they retain the right to re-enroll in the future. We reviewed the percentages of retirees at various age and group affiliation and, as expected, there were some differences in the percentages retirees electing coverage in the different bargaining groups. There were also differences in the percentages of new retirees electing coverage over and under 65.

Recent Retiree Election by Group				
	Pre-65		Post-65	
Group	Elected	Waived	Elected	Waived
Aministrative	1	1	3	-
ATU	-	3	6	4
Teamsters	-	-	1	-
Total	1	4	10	4

Supporting Information
(Continued)

Section 2 - Summary of Retiree Benefit Provisions

OPEB provided: The Authority has indicated that the only OPEB provided is medical coverage.

Access to coverage: Medical coverage is currently provided through CalPERS as permitted under the Public Employees' Medical and Hospital Care Act (PEMHCA). This coverage requires the employee to satisfy the requirements for retirement under CalPERS: either (a) attainment of age 50 (if Classic) or 52 (if PEPRA) with 5 years of State or public agency service or (b) an approved disability retirement.

The employee must begin his or her retirement (pension) benefit within 120 days of terminating employment with the Authority to be eligible to continue medical coverage through the Authority and be entitled to the benefits described below. In other words, it is the timing of initiating CalPERS pension benefits and not timing of enrollment in the medical program which determines whether or not the retiree qualifies for lifetime medical coverage and any benefits defined in the PEMHCA resolution.

Once eligible, if an eligible employee is not already enrolled in the medical plan, he or she may enroll within 60 days of retirement, during any future open enrollment period or with a qualifying life event. Coverage may be continued at the retiree's option for his or her lifetime. A surviving spouse and other eligible dependents may also continue coverage

Benefits provided: As a condition of participation in the CalPERS medical program, the Authority is obligated to contribute toward the cost of retiree medical coverage for the retiree's lifetime or until coverage is discontinued. The Authority executed three resolutions, at differing dates, for the Administrative, Amalgamated Transit Union (ATU) and Teamster employee groups, respectively. Each of these resolutions was executed on an "unequal" contribution basis for retirees relative to the level of the Authority's contribution toward the cost of medical plan premiums.

- Under the unequal resolution, the employer's contribution toward *retiree* medical benefits is determined as follows: (1) 5% *multiplied by* (2) the number of prior years the agency group has been contracted with PEMHCA *multiplied by* (3) the contribution the employer makes toward active employee health benefits for that group.
- Note, however, that the monthly benefit may not be less than the required PEMHCA minimum employer contribution (MEC). The MEC was $143 per month in 2021 and increased to $149 per month in 2022. If the current benefits are not increased in the future, eventually the MEC will overtake the fixed subsidies and become the operative benefit. In Appendix 1, we have provided a projection of the years in which this is expected to occur.

The Administrative and Teamster groups have each participated in the CalPERS medical program under the unequal contribution resolutions for more than 20 years. Accordingly, contribution levels for these retirees are now equal to the applicable subsidy amounts stated in the PEMHCA resolutions for active employees. The first two charts at the top of the following page describe the subsidies provided to Administrative and Teamster actives and retirees, varying by group and CalPERS medical plan.

Continued on the following page

Summary of Retiree Benefit Provisions
(Continued)

Administrative Group			
Active and Retiree Monthly Subsidies by Plan			
Plan	Self	Self + 1	Self + Family
Anthem HMO Traditional	$ 494.86	$ 989.71	$ 1,286.63
Anthem HMO Select	270.71	541.42	703.85
Blue Shield Access	329.08	658.10	855.60
Blue Shield Access Advantage	329.08	658.10	855.60
Kaiser	303.56	607.12	789.26
PERS Platinum	392.42	784.84	1,020.29
PERS Gold	270.71	541.42	703.85
United Healthcare	303.56	607.12	789.26
Western Health Advantage HMO	303.56	607.12	789.26

Teamsters			
Active and Retiree Monthly Subsidies by Plan			
Plan	Self	Self + 1	Self + Family
Anthem HMO Traditional	$ 374.92	$ 749.83	$ 974.78
Anthem HMO Select	226.58	453.16	589.11
Blue Shield Access	280.29	560.57	728.74
Blue Shield Access Advantage	280.29	560.57	728.74
Kaiser	254.15	508.30	660.79
PERS Platinum	308.08	616.55	801.01
PERS Gold	226.58	453.16	589.11
United Healthcare	254.15	508.30	660.79
Western Health Advantage HMO	254.15	508.30	660.79

ATU's unequal resolution was executed in 2002; therefore, as of 2021 ATU has completed the last of the 20 year unequal phase-in period as of the valuation date. Thus, the Authority contributes the same amounts for ATU retirees as is contributed for active ATU employees. The subsidies for ATU members, varying by plan are shown below:

Amalgamated Transit Union (ATU)			
Active and Retiree Monthly Subsidies by Plan			
Plan	Self	Self + 1	Self + Family
Anthem HMO Traditional	$ 374.92	$ 749.83	$ 974.78
Anthem HMO Select	233.59	467.18	607.34
Blue Shield Access	266.47	532.93	692.81
Health Net	139.00	139.00	139.00
Kaiser	235.34	470.67	611.87
PERS Care	308.08	616.16	801.01
PERS Choice	233.59	467.18	607.34
United Healthcare	235.34	470.67	611.87

Summary of Retiree Benefit Provisions
(Concluded)

Current premium rates: The 2022 CalPERS monthly medical plan rates in the Region 1 rate group are shown in the table below. If different rates apply where the member resides outside of this area, those rates are reflected in the valuation, but not listed here. The CalPERS administration fee is assumed to be expensed each year and has not been projected as an OPEB liability in this valuation.

Region 1 2022 Health Plan Rates						
	Actives and Pre-Med Retirees			Medicare Eligible Retirees		
Plan	Ee Only	Ee & 1	Ee & 2+	Ee Only	Ee & 1	Ee & 2+
Anthem EPO Del Norte	$ 1,057.01	$ 2,114.02	$ 2,748.23	$ 381.94	$ 763.88	$1,398.09
Anthem Select HMO	1,015.81	2,031.62	2,641.11	360.19	720.38	1,329.87
Anthem Traditional HMO	1,304.00	2,608.00	3,390.40	360.19	720.38	1,502.78
Health Net SmartCare	1,153.00	2,306.00	2,997.80	*Not Available*		
Kaiser HMO	857.06	1,714.12	2,228.36	302.53	605.06	1,119.30
PERS Platinum PPO	1,057.01	2,114.02	2,748.23	381.94	763.88	1,398.09
PERS Gold PPO	701.23	1,402.46	1,823.20	377.41	754.82	1,175.56
UHC Alliance HMO*	1,020.28	2,040.56	2,652.73	347.21	694.42	1,306.59

**Medicare rates shown are for UHC Medicare Advantage Edge*

Supporting Information
(Continued)

Section 3 - Actuarial Methods and Assumptions

The ultimate real cost of an employee benefit plan is the value of all benefits and other expenses of the plan over its lifetime. These payments depend only on the terms of the plan and the administrative arrangements adopted. Actuarial assumptions are used to estimate the cost of these benefits; the funding method spreads the expected costs on a level basis over the life of the plan.

Important Dates

Valuation Date	June 30, 2021
Fiscal Year End	June 30, 2022
GASB 75 Measurement Date	June 30, 2021 (last day of the prior fiscal year)

Valuation Methods

Funding Method	Entry Age Normal Cost, level percent of pay
Asset Valuation Method	Market value of assets
Participants Valued	Only current active employees and retired participants and covered dependents are valued. No future entrants are considered in this valuation.
Development of Age-related Medical Premiums	Actual premium rates for retirees and their spouses were adjusted to an age-related basis by applying medical claim cost factors developed from the data presented in the report, "Health Care Costs – From Birth to Death", sponsored by the Society of Actuaries. A description of the use of claims cost curves can be found in MacLeod Watts's Age Rating Methodology (Addendum 2 to this report). Pre-Medicare retiree premiums are blended with premiums for active members. Medicare-eligible retirees are covered by plans which are rated solely on the experience of Medicare retirees with no subsidy by active employee premiums. Monthly baseline premium costs were set equal to the active single premiums shown in the chart in Section 2. Representative claims costs derived from the dataset provided by CalPERS are shown in the chart on the following page. Age-based claims were applied (a) for all retirees not yet eligible for Medicare and (b) for Medicare retirees receiving benefits in excess of the PEMHCA minimum *and* covered by Medicare Supplement plans.

Supporting Information
(Continued)

Section 3 - Actuarial Methods and Assumptions

Development of Age-related
Medical Premiums (continued)

Expected Monthly Claims by Medical Plan for Selected Ages														
		Non-Medicare Male Retirees					Medicare Male Retirees						
Region	**Medical Plan**	50	53	56	59	62	65	70	75	80	85	90	95
Region 1	Anthem EPO Del Norte	$ 1,028	$ 1,212	$ 1,408	$ 1,613	$ 1,834	*Claims not developed for Medicare Advantage plans*						
	Anthem Select HMO	1,026	1,210	1,406	1,611	1,831	*Claims not developed for Medicare Advantage plans*						
	Anthem Traditional HMO	1,146	1,352	1,570	1,800	2,046	*Claims not developed for Medicare Advantage plans*						
	Health Net SmartCare	1,015	1,197	1,390	1,593	1,811	*Plan not available to Medicare retirees*						
	Kaiser HMO	873	1,030	1,196	1,371	1,558	*Claims not developed for Medicare Advantage plans*						
	PERS Gold PPO	686	808	939	1,076	1,223	300	336	365	382	377	360	357
	PERS Platinum PPO	705	832	966	1,107	1,259	303	340	369	387	382	365	362
	UHC Alliance HMO	1,016	1,198	1,392	1,595	1,814	*Claims not developed for Medicare Advantage plans*						
Out of State	Kaiser HMO	$ 757	$ 892	$ 1,037	$ 1,188	$ 1,351	*Claims not developed for Medicare Advantage plans*						
	PERS Platinum	634	748	869	996	1,132	307	344	374	392	386	369	366
	PORAC	629	742	862	988	1,123	392	440	478	500	494	472	468
		Non-Medicare Female Retirees					Medicare Female Retirees						
Region	**Medical Plan**	50	53	56	59	62	65	70	75	80	85	90	95
Region 1	Anthem EPO Del Norte	$ 1,274	$ 1,399	$ 1,505	$ 1,626	$ 1,793	*Claims not developed for Medicare Advantage plans*						
	Anthem Select HMO	1,272	1,397	1,503	1,624	1,790	*Claims not developed for Medicare Advantage plans*						
	Anthem Traditional HMO	1,421	1,560	1,679	1,814	2,000	*Claims not developed for Medicare Advantage plans*						
	Health Net SmartCare	1,258	1,381	1,486	1,606	1,770	*Plan not available to Medicare retirees*						
	Kaiser HMO	1,082	1,189	1,279	1,382	1,523	*Claims not developed for Medicare Advantage plans*						
	PERS Gold PPO	850	933	1,004	1,085	1,196	287	324	351	367	370	363	357
	PERS Platinum PPO	874	960	1,033	1,116	1,230	291	329	356	372	375	367	361
	UHC Alliance HMO	1,259	1,383	1,488	1,608	1,773	*Claims not developed for Medicare Advantage plans*						
Out of State	Kaiser HMO	$ 938	$ 1,030	$ 1,108	$ 1,198	$ 1,320	*Claims not developed for Medicare Advantage plans*						
	PERS Platinum	786	863	929	1,004	1,106	294	333	360	376	380	372	366
	PORAC	780	856	922	996	1,098	376	425	460	481	485	475	467

Supporting Information
(Continued)

Section 3 - Actuarial Methods and Assumptions

Economic Assumptions

Long Term Return on Assets	4.75% as of June 30, 2021, and 5.10% as of June 30, 2020
Discount Rate for Funding	4.75% as of June 30, 2021, and 5.10% as of June 30, 2020
General Inflation Rate	2.5% per year
Salary Increase	3.0% per year; since benefits do not depend on salary, this is used to allocate the cost of benefits between service years.
Healthcare Trend	Medical plan premiums and claims costs by age are assumed to increase once each year. Increases over the prior year's levels were derived using the Getzen model and are assumed to be effective on the dates shown in the chart below.

Effective January 1	Premium Increase	Effective January 1	Premium Increase
2022	Actual	2044-2049	4.7%
2023	5.8%	2050-2059	4.6%
2024	5.6%	2060-2066	4.5%
2025	5.4%	2067-2068	4.4%
2026-2027	5.2%	2069-2070	4.3%
2028-2029	5.1%	2071	4.2%
2030-2038	5.0%	2072-2073	4.1%
2039	4.9%	2074-2075	4.0%
2040-2043	4.8%	2076 & later	3.9%

The healthcare trend shown above was developed using the Getzen Model 2022_b published by the Society of Actuaries using the following settings: CPI 2.5%; Real GDP Growth 1.4%; Excess Medical Growth 1.0%; Expected Health Share of GDP in 2028 20.3%; Resistance Point 20%; Year after which medical growth is limited to growth in GDP 2075.

The PEMHCA minimum employer contribution is assumed to increase by 4.5%

Employer Cost Sharing	We have assumed no increase in the fixed dollar amounts contributed by the Authority for active employees.
Medicare Eligibility	All individuals known to have paid into Medicare while actively employee with the Authority are assumed to be eligible for Medicare Parts A and B at age 65. Employees confirmed not to be paying into Medicare are assumed to have a 50% of becoming eligible for Medicare Parts A and B at age 65.

Supporting Information
(Continued)

Section 3 - Actuarial Methods and Assumptions

Participant Election Assumptions

Retiree Participation Rates

Active employees: The following chart shows the percent of current active employees are assumed to elect medical coverage in retirement:

Percent of Current Active Employees Assumed to Elect Medical Coverage in Retirement				
Group	Age at Retirement	With Medical Coverage and Retiring in FY 21/22	Decrease in Percent Electing Coverage	Minimum Percent Electing
Admin	Under 65	90%	1.5%	50%
Admin	65 or older	100%	1.5%	75%
ATU	Under 65	50%	1.5%	45%
ATU	65 or older	60%	n/a	60%
Teamster	Under 65	60%	1.5%	45%
Teamster	65 or older	80%	1.5%	60%

The applicable percentages above are multiplied by 50% for those employees not currently enrolled in medical coverage through the Authority.

Retired participants: Existing medical plan elections are assumed to be continued until the retiree's death.

Spouse Coverage

Active employees: 20% are assumed to be married and elect spouse coverage in retirement prior to age 65 while 45% are assumed to elect spouse coverage after the age 65. Surviving spouses are assumed to retain coverage until their death. Husbands are assumed to be 3 years older than their wives.

Retired participants: Existing elections for spouse coverage are assumed to be continued until the spouse's death. Actual spouse ages are used, where known; if not, husbands are assumed to be 3 years older than their wives.

Spouse gender is assumed to be the opposite of the employee.

Dependent Coverage

Active employees: 30% are assumed to cover eligible dependents other than a spouse at retirement; eligibility for coverage for the youngest dependent is assumed to end at the retiree's age 62.

Retired participants covering dependent children are assumed to end such coverage when the youngest currently covered dependent reaches age 26.

Supporting Information
(Continued)

Section 3 - Actuarial Methods and Assumptions

Demographic Assumptions

Demographic actuarial assumptions used in this valuation are based on the 2017 experience study of the California Public Employees Retirement System using data from 1997 to 2015, except for a different basis used to project future mortality improvements. Rates for selected age and service are shown below and on the following pages. The representative mortality rates were those published by CalPERS adjusted to back out 15 years of Scale MP 2016 to central year 2015.

Mortality Before Retirement

CalPERS Public Agency Miscellaneous Non-Industrial Deaths		
Age	Male	Female
15	0.00019	0.00004
20	0.00027	0.00008
30	0.00044	0.00018
40	0.00070	0.00040
50	0.00135	0.00090
60	0.00288	0.00182
70	0.00693	0.00438
80	0.01909	0.01080

Mortality After Retirement
(before improvement applied)

Healthy Lives

CalPERS Public Agency Miscellaneous, Police & Fire Post Retirement Mortality		
Age	Male	Female
40	0.00070	0.00040
50	0.00431	0.00390
60	0.00758	0.00524
70	0.01490	0.01044
80	0.04577	0.03459
90	0.14801	0.11315
100	0.35053	0.30412
110	1.00000	1.00000

Disabled Miscellaneous

CalPERS Public Agency Disabled Miscellaneous Post-Retirement Mortality		
Age	Male	Female
20	0.00027	0.00008
30	0.00044	0.00018
40	0.00070	0.00040
50	0.01371	0.01221
60	0.02447	0.01545
70	0.03737	0.02462
80	0.07218	0.05338
90	0.16585	0.14826

Mortality Improvement — MacLeod Watts Scale 2022 applied generationally from 2015 (see Addendum 3)

Supporting Information
(Continued)

Section 3 - Actuarial Methods and Assumptions

Termination Rates

Each rate in this table reflects the probability that an employee with that age and service will end its employment with the agency in the next 12 months for reasons other than retirement or death.

Miscellaneous Employees: Sum of Vested Terminated & Refund Rates From CalPERS Experience Study Report Issued December 2017						
Attained Age	Years of Service					
	0	3	5	10	15	20
15	0.1812	0.0000	0.0000	0.0000	0.0000	0.0000
20	0.1742	0.1193	0.0654	0.0000	0.0000	0.0000
25	0.1674	0.1125	0.0634	0.0433	0.0000	0.0000
30	0.1606	0.1055	0.0615	0.0416	0.0262	0.0000
35	0.1537	0.0987	0.0567	0.0399	0.0252	0.0184
40	0.1468	0.0919	0.0519	0.0375	0.0243	0.0176
45	0.1400	0.0849	0.0480	0.0351	0.0216	0.0168

Service Retirement Rates

The following miscellaneous retirement formulas apply:

If hired prior to 1/1/2013 or with prior PERS service: 2% @ 60
If hired on or after 1/1/2013, PEPRA: 2% @ 62

Sample rates of assumed future retirements applicable to each of these retirement benefit formulas are shown in tables below. Each rate reflects the probability that an employee with that age and service will take a service retirement in the next 12 months.

Sample rates of assumed future retirements applicable to each of these retirement benefit formulas are shown in tables on the following page. Each rate reflects the probability that an employee with that age and service will take a service retirement in the next 12 months.

Miscellaneous Employees: 2% at 60 formula From CalPERS Experience Study Report Issued December 2017						
Current Age	Years of Service					
	5	10	15	20	25	30
50	0.0200	0.0200	0.0200	0.0200	0.0200	0.1500
55	0.0190	0.0260	0.0330	0.0920	0.1360	0.1460
60	0.0700	0.0740	0.0890	0.1130	0.1370	0.1610
65	0.1400	0.1780	0.2150	0.2640	0.3210	0.3770
70	0.1400	0.1780	0.2150	0.2640	0.3210	0.3770
75 & over	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

Miscellaneous "PEPRA" Employees: 2% at 62 formula From CalPERS Experience Study Report Issued December 2017						
Current Age	Years of Service					
	5	10	15	20	25	30
50	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
55	0.0100	0.0190	0.0280	0.0360	0.0610	0.0960
60	0.0310	0.0510	0.0710	0.0910	0.1110	0.1380
65	0.1080	0.1410	0.1730	0.2060	0.2390	0.3000
70	0.1200	0.1560	0.1930	0.2290	0.2650	0.3330
75 & over	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

Supporting Information
(Continued)

Section 3 - Actuarial Methods and Assumptions

Disability Retirement Rates

CalPERS Public Agency Miscellaneous Disability From Dec 2017 Experience Study Report		
Age	Male	Female
20	0.00017	0.00010
25	0.00017	0.00010
30	0.00019	0.00024
35	0.00039	0.00071
40	0.00102	0.00135
45	0.00151	0.00188
50	0.00158	0.00199
55	0.00158	0.00149
60	0.00153	0.00105

Software and Models Used in the Valuation

ProVal - MacLeod Watts utilizes ProVal, a licensed actuarial valuation software product from Winklevoss Technologies (WinTech) to project future retiree benefit payments and develop the OPEB liabilities presented in this report. ProVal is widely used by the actuarial community. We review results at the plan level and for individual sample lives and find them to be reasonable and consistent with the results we expect. We are not aware of any material inconsistencies or limitations in the software that would affect this actuarial valuation.

Age-based premiums model – developed internally and reviewed by an external consultant at the time it was developed. See discussion on Development of Age-Related Medical Premiums and Addendum 3.

Getzen model – published by the Society of Actuaries; used to derive medical trend assumptions described earlier in this section.

Changes in assumptions or methods since the prior Measurement Date

Trust rate of return and discount rate	Decreased from 5.10% to 4.75%, reflecting updated long-term rates of return provided by PARS in April 2022
Mortality Improvement	The mortality improvement scale was updated from MacLeod Watts Scale 2018 to MacLeod Watts Scale 2022, reflecting continued updates in available information (see Addendum 3).
General Inflation Rate	Decreased from 2.75% to 2.5%
Salary Scale	Decreased from 3.25% to 3.0%
Healthcare Trend	Updated to Getzen Model 2022_b, as published by the Society of Actuaries

Supporting Information
(Concluded)

Section 3 - Actuarial Methods and Assumptions

Changes in assumptions or methods since the prior Measurement Date
(concluded)

Pool Subsidy for Medicare retirees

We applied age-based premiums and developed a liability for the projected pool subsidy for retirees enrolled in Medicare plans, under guidance provided by a new actuarial practice note

Retiree Participation Rates

We reviewed recent retiree participation elections by age and bargaining group and updated our assumptions about future retiree participation as described on page 34.

Prior participation rate assumptions are shown below for employees currently enrolled in coverage. Prior assumed rates for those waiving coverage while employed were the rates shown below multiplied by 75%.

Assumed to Elect Medical Coverage in Retirement					
Group	Age at Retirement	With Medical Coverage and Retiring in 2017	With Medical Coverage and Retiring in 2019	Annual Decrease in Percent Electing Coverage	Minimum Percent Electing
Admin	Under 62	70%	67%	1.5%	50%
Admin	62 or older	90%	87%	1.5%	70%
ATU	Under 62	55%	55%	1.5%*	45%
ATU	62 or older	60%	60%	n/a	60%
Teamster	Under 62	60%	57%	1.5%	45%
Teamster	62 or older	80%	77%	1.5%	60%

** Decreased election percentages for future ATU retirees are assumed to begin in 2020, since the retiree benefit level gradually increases until then.*

Spouse Coverage

Following a review of recent retiree elections, the percentage of future retirees assumed to elect spouse retirees were reduced from 30% to 20% for ages under 65 and decreased from 50% to 45% for ages 65 and older.

Medicare Eligibility

We added an assumption that unmarried employees identified as not paying into Medicare would have a 50% probability that such employees will remain ineligible for Medicare Part A and Part B coverage.

Appendix 1
Summary of Caps and Expected PEMHCA MEC Increases

The chart below summarizes each of the current single party coverage caps and provides the year in which the PEMHCA Minimum Employer Contribution (MEC) is expected to exceed the cap, based on the assumed annual increase in the MEC of 4.5%.

Single Party Coverage Caps & Years When MEC is Expected to Exceed the Cap						
Group	**Administrative**		**ATU**		**Teamsters**	
Plan	Single Party Subsidies	Year when MEC is projected to exceed subsidy	Single Party Subsidies	Year when MEC is projected to exceed subsidy	Single Party Subsidies	Year when MEC is projected to exceed subsidy
Anthem HMO Traditional	$ 494.86	2049	$ 374.92	2042	$ 374.92	2042
Anthem HMO Select	270.71	2035	233.59	2032	226.58	2031
Blue Shield HMO	329.08	2040	266.47	2035	280.29	2036
Kaiser	303.56	2038	235.34	2032	254.15	2034
PERS Platinum	392.42	2044	308.08	2038	308.08	2038
PERS Gold	270.71	2035	233.59	2032	226.58	2031
United Healthcare	303.56	2038	235.34	2032	254.15	2034

Addendum 1: Important Background Information

General Types of Other Post-Employment Benefits (OPEB)

Post-employment benefits other than pensions (OPEB) comprise a part of compensation that employers offer for services received. The most common OPEB are medical, prescription drug, dental, vision, and/or life insurance coverage. Other OPEB may include outside group legal, long-term care, or disability benefits outside of a pension plan. OPEB does not generally include COBRA, vacation, sick leave (unless converted to defined benefit OPEB), or other direct retiree payments.

A direct employer payment toward the cost of OPEB benefits is referred to as an "explicit subsidy". In addition, if claims experience of employees and retirees are pooled when determining premiums, retiree premiums are based on a pool of members which, on average, are younger and healthier. For certain types of coverage such as medical insurance, this results in an "implicit subsidy" of retiree premiums by active employee premiums since the retiree premiums are lower than they would have been if retirees were insured separately. GASB 75 and Actuarial Standards of Practice generally require that an implicit subsidy of retiree premium rates be valued as an OPEB liability.

<table>
<tr><td colspan="3">Expected retiree claims</td></tr>
<tr><td colspan="2">Premium charged for retiree coverage</td><td>Covered by higher active premiums</td></tr>
<tr><td>Retiree portion of premium</td><td>Agency portion of premium
Explicit subsidy</td><td>Implicit subsidy</td></tr>
</table>

This chart shows the sources of funds needed to cover expected medical claims for pre-Medicare retirees. The portion of the premium paid by the Agency does not impact the amount of the implicit subsidy.

Valuation Process

The valuation was based on employee census data and benefits provided by the Authority. A summary of the employee data is provided in Section 1 and a summary of the benefits provided under the Plan is provided in Section 2. While individual employee records have been reviewed to verify that they are reasonable in various respects, the data has not been audited and we have otherwise relied on the Authority as to its accuracy. The valuation was also based on the actuarial methods and assumptions described in Section 3.

In developing the projected benefit values and liabilities, we first determine an expected premium or benefit stream over the employee's future retirement. Benefits may include both direct employer payments (explicit subsidies) and/or an implicit subsidy, arising when retiree premiums are expected to be subsidized by active employee premiums. The projected benefit streams reflect assumed trends in the cost of those benefits and assumptions as to the expected date(s) when benefits will end. We then apply assumptions regarding:

- The probability that each individual employee will or will not continue in service to receive benefits.
- The probability of when such retirement will occur for each retiree, based on current age, service and employee type; and

Important Background Information
(Continued)

- The likelihood that future retirees will or will not elect retiree coverage (and benefits) for themselves and/or their dependents.

We then calculate a present value of these benefits by discounting the value of each future expected benefit payment, multiplied by the assumed expectation that it will be paid, back to the valuation date using the discount rate. These benefit projections and liabilities have a very long time horizon. The final payments for currently active employees may not be made for many decades.

The resulting present value for each employee is allocated as a level percent of payroll each year over the employee's career using the entry age normal cost method and the amounts for each individual are then summed to get the results for the entire plan. This creates a cost expected to increase each year as payroll increases. Amounts attributed to prior fiscal years form the "Total OPEB Liability". The OPEB cost allocated for active employees in the current year is referred to as "Service Cost".

Where contributions have been made to an irrevocable OPEB trust, the accumulated value of trust assets ("Fiduciary Net Position") is applied to offset the "Total OPEB Liability", resulting in the "Net OPEB Liability". If a plan is not being funded, then the Net OPEB Liability is equal to the Total OPEB Liability.

It is important to remember that an actuarial valuation is, by its nature, a projection of one possible future outcome based on many assumptions. To the extent that actual experience is not what we assumed, future results will differ. Some possible sources of future differences may include:

- A significant change in the number of covered or eligible plan members
- A significant increase or decrease in the future premium rates
- A change in the subsidy provided by the Agency toward retiree premiums
- Longer life expectancies of retirees
- Significant changes in expected retiree healthcare claims by age, relative to healthcare claims for active employees and their dependents
- Higher or lower returns on plan assets or contribution levels other than were assumed, and/or
- Changes in the discount rate used to value the OPEB liability

Important Background Information
(Continued)

Requirements of GASB 75

The Governmental Accounting Standards Board (GASB) issued GASB Statement No. 75, *Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pensions*. This Statement establishes standards for the measurement, recognition, and disclosure of OPEB expense and related liabilities (assets), note disclosures, and, required supplementary information (RSI) in the financial reports of state and local governmental employers.

Important Dates

GASB 75 requires that the information used for financial reporting falls within prescribed timeframes. Actuarial valuations of the total OPEB liability are generally required at least every two years. If a valuation is not performed as of the Measurement Date, then liabilities are required to be based on roll forward procedures from a prior valuation performed no more than 30 months and 1 day prior to the most recent year-end. In addition, the net OPEB liability is required to be measured as of a date no earlier than the end of the prior fiscal year (the "Measurement Date").

Recognition of Plan Changes and Gains and Losses

Under GASB 75, gains and losses related to changes in Total OPEB Liability and Fiduciary Net Position are recognized in OPEB expense systematically over time.

- *Timing of recognition*: Changes in the Total OPEB Liability relating to changes in plan benefits are recognized immediately (fully expensed) in the year in which the change occurs. Gains and Losses are amortized, with the applicable period based on the type of gain or loss. The first amortized amounts are recognized in OPEB expense for the year the gain or loss occurs. The remaining amounts are categorized as deferred outflows and deferred inflows of resources related to OPEB and are to be recognized in future OPEB expense.

- *Deferred recognition periods:* These periods differ depending on the source of the gain or loss.

Difference between projected and actual trust earnings:	5 year straight-line recognition
All other amounts:	Straight-line recognition over the expected average remaining service lifetime (EARSL) of all members that are provided with benefits, determined as of the beginning of the Measurement Period. In determining the EARSL, all active, retired and inactive (vested) members are counted, with the latter two groups having 0 remaining service years.

Important Background Information
(Continued)

Implicit Subsidy Plan Contributions

An implicit subsidy occurs when expected retiree claims exceed the premiums charged for retiree coverage. When this occurs, we expect part of the premiums paid for active employees to cover a portion of retiree claims. This transfer represents the current year's "implicit subsidy". Because GASB 75 treats payments to an irrevocable trust *or directly to the insurer* as employer contributions, each year's implicit subsidy is treated as a contribution toward the payment of retiree benefits.

The following hypothetical example illustrates this treatment:

Hypothetical Illustration of Implicit Subsidy Recognition	For Active Employees	For Retired Employees
Prior to Implicit Subsidy Adjustment		
Premiums Paid by Agency During Fiscal Year	$ 411,000	$ 48,000
Accounting Treatment	Compensation Cost for Active Employees	Contribution to Plan & Benefits Paid from Plan
After Implicit Subsidy Adjustment		
Premiums Paid by Agency During Fiscal Year	$ 411,000	$ 48,000
Implicit Subsidy Adjustment	(23,000)	23,000
Accounting Cost of Premiums Paid	$ 388,000	$ 71,000
Accounting Treatment Impact	Reduces Compensation Cost for Active Employees	Increases Contributions to Plan & Benefits Paid from Plan

The example above shows that total payments toward active and retired employee healthcare premiums is the same, but for accounting purposes part of the total is shifted from actives to retirees. This shifted amount is recognized as an OPEB contribution and reduces the current year's premium expense for active employees.

Important Background Information
(Continued)

Discount Rate

When the financing of OPEB liabilities is on a pay-as-you-go basis, GASB 75 requires that the discount rate used for valuing liabilities be based on the yield or index rate for 20-year, tax-exempt general obligation municipal bonds with an average rating of AA/Aa or higher (or equivalent quality on another rating scale). When a plan sponsor makes regular, sufficient contributions to a trust in order to prefund the OPEB liabilities, GASB 75 allows use of a rate up to the expected rate of return of the trust. Therefore, prefunding has an advantage of potentially being able to report overall lower liabilities due to future expected benefits being discounted at a higher rate.

Actuarial Funding Method and Assumptions

The “ultimate real cost” of an employee benefit plan is the value of all benefits and other expenses of the plan over its lifetime. These expenditures are dependent only on the terms of the plan and the administrative arrangements adopted, and as such are not affected by the actuarial funding method.

The actuarial funding method attempts to spread recognition of these expected costs on a level basis over the life of the plan, and as such sets the “incidence of cost”. GASB 75 specifically requires that the actuarial present value of projected benefit payments be attributed to periods of employee service using the Entry Age Actuarial Cost Method, with each period’s service cost determined as a level percentage of pay.

The results of this report may not be appropriate for other purposes, where other assumptions, methodology and/or actuarial standards of practice may be required or more suitable.

Addendum 2: MacLeod Watts Age Rating Methodology

Both accounting standards (e.g., GASB 75) and actuarial standards (e.g. ASOP 6) require that expected retiree claims, not just premiums paid, be reflected in most situations where an actuary is calculating retiree healthcare liabilities. Unfortunately, the actuary is often required to perform these calculations without any underlying claims information. In most situations, the information is not available, but even when available, the information may not be credible due to the size of the group being considered.

Actuaries have developed methodologies to approximate healthcare claims from the premiums being paid by the plan sponsor. Any methodology requires adopting certain assumptions and using general studies of healthcare costs as substitutes when there is a lack of credible claims information for the specific plan being reviewed.

Premiums paid by sponsors are often uniform for all employee and retiree ages and genders, with a drop in premiums for those participants who are Medicare-eligible. While the total premiums are expected to pay for the total claims for the insured group, on average, the premiums charged would not be sufficient to pay for the claims of older insureds and would be expected to exceed the expected claims of younger insureds. An age-rating methodology takes the typically uniform premiums paid by plan sponsors and spreads the total premium dollars to each age and gender intended to better approximate what the insurer might be expecting in actual claims costs at each age and gender.

The process of translating premiums into expected claims by age and gender generally follows the steps below.

1. *Obtain or Develop Relative Medical Claims Costs by Age, Gender, or other categories that are deemed significant*. For example, a claims cost curve might show that, if a 50 year old male has $1 in claims, then on average a 50 year old female has claims of $1.25, a 30 year male has claims of $0.40, and an 8 year old female has claims of $0.20. The claims cost curve provides such relative costs for each age, gender, or any other significant factor the curve might have been developed to reflect. Section 3 provides the source of information used to develop such a curve and shows sample relative claims costs developed for the plan under consideration.
2. *Obtain a census of participants, their chosen medical coverage, and the premium charged for their coverage.* An attempt is made to find the group of participants that the insurer considered in setting the premiums they charge for coverage. That group includes the participant and any covered spouses and children. When information about dependents is unavailable, assumptions must be made about spouse age and the number and age of children represented in the population. These assumptions are provided in Section 3.
3. *Spread the total premium paid by the group to each covered participant or dependent based on expected claims.* The medical claims cost curve is used to spread the total premium dollars paid by the group to each participant reflecting their age, gender, or other relevant category. After this step, the actuary has a schedule of expected claims costs for each age and gender for the current premium year. It is these claims costs that are projected into the future by medical cost inflation assumptions when valuing expected future retiree claims.

The methodology described above is dependent on the data and methodologies used in whatever study might be used to develop claims cost curves for any given plan sponsor. These methodologies and assumptions can be found in the referenced paper cited as a source in the valuation report.

Addendum 3: MacLeod Watts Mortality Projection Methodology

Actuarial standards of practice (e.g., ASOP 35, Selection of Demographic and Other Noneconomic Assumptions for Measuring Pension Obligations, and ASOP 6, Measuring Retiree Group Benefits Obligations) indicate that the actuary should reflect the effect of mortality improvement (i.e., longer life expectancies in the future), both before and after the measurement date. The development of credible mortality improvement rates requires the analysis of large quantities of data over long periods of time. Because it would be extremely difficult for an individual actuary or firm to acquire and process such extensive amounts of data, actuaries typically rely on large studies published periodically by organizations such as the Society of Actuaries or Social Security Administration.

As noted in a recent actuarial study on mortality improvement, key principles in developing a credible mortality improvement model would include the following:

(1) Short-term mortality improvement rates should be based on recent experience.
(2) Long-term mortality improvement rates should be based on expert opinion.
(3) Short-term mortality improvement rates should blend smoothly into the assumed long-term rates over an appropriate transition period.

The **MacLeod Watts Scale 2022** was developed from a blending of data and methodologies found in two published sources: (1) the Society of Actuaries Mortality Improvement Scale MP-2021 Report, published in October 2021 and (2) the demographic assumptions used in the 2021 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds, published August 2021.

MacLeod Watts Scale 2022 is a two-dimensional mortality improvement scale reflecting both age and year of mortality improvement. The underlying base scale is Scale MP-2021 which has two segments – (1) historical improvement rates for the period 1951-2017 and (2) an estimate of future mortality improvement for years 2018-2020 using the Scale MP-2021 methodology but utilizing the assumptions used in generating Scale MP-2015. The MacLeod Watts scale then transitions from the 2020 improvement rate to the Social Security Administration (SSA) Intermediate Scale linearly over the 10-year period 2021-2030. After this transition period, the MacLeod Watts Scale uses the constant mortality improvement rate from the SSA Intermediate Scale from 2030-2044. The SSA's Intermediate Scale has a final step in 2045 which is reflected in the MacLeod Watts scale for years 2045 and thereafter. Over the ages 95 to 117, the age 95 improvement rate is graded to zero.

Scale MP-2021 can be found at the SOA website and the projection scales used in the 2021 Social Security Administrations Trustees Report at the Social Security Administration website.

Glossary

Actuarial Funding Method – A procedure which calculates the actuarial present value of plan benefits and expenses, and allocates these expenses to time periods, typically as a normal cost and an actuarial accrued liability

Actuarial Present Value of Projected Benefits (APVPB) – The amount presently required to fund all projected plan benefits in the future. This value is determined by discounting the future payments by an appropriate interest rate and the probability of nonpayment.

CalPERS – Many state governments maintain a public employee retirement system; CalPERS is the California program, covering all eligible state government employees as well as other employees of other governments within California who have elected to join the system

Defined Benefit (DB) – A pension or OPEB plan which defines the monthly income or other benefit which the plan member receives at or after separation from employment

Deferred Contributions – When an employer makes contributions after the measurement date and prior to the fiscal year end, recognition of these contributions is deferred to a subsequent accounting period by creating a deferred resource. We refer to these contributions as Deferred Contributions.

Defined Contribution (DC) – A pension or OPEB plan which establishes an individual account for each member and specifies how contributions to each active member's account are determined and the terms of distribution of the account after separation from employment

Discount Rate - Interest rate used to discount future potential benefit payments to the valuation date. Under GASB 75, if a plan is prefunded, then the discount rate is equal to the expected trust return. If a plan is not prefunded (pay-as-you-go), then the rate of return is based on a yield or index rate for 20-year, tax-exempt general obligation municipal bonds with an average rating of AA/Aa or higher.

Expected Average Remaining Service Lifetime (EARSL) – Average of the expected remaining service lives of all employees that are provided with benefits through the OPEB plan (active employees and inactive employees), beginning in the current period

Entry Age Actuarial Cost Method – An actuarial funding method where, for each individual, the actuarial present value of benefits is levelly spread over the individual's projected earnings or service from entry age to the last age at which benefits can be paid

Explicit Subsidy – The projected dollar value of future retiree healthcare costs expected to be paid directly by the Employer, e.g., the Employer's payment of all or a portion of the monthly retiree premium billed by the insurer for the retiree's coverage

Fiduciary Net Position –The value of trust assets used to offset the Total OPEB Liability to determine the Net OPEB Liability.

Government Accounting Standards Board (GASB) – A private, not-for-profit organization which develops generally accepted accounting principles (GAAP) for U.S. state and local governments; like FASB, it is part of the Financial Accounting Foundation (FAF), which funds each organization and selects the members of each board

Health Care Trend – The assumed rate(s) of increase in future dollar values of premiums or healthcare claims, attributable to increases in the cost of healthcare; contributing factors include medical inflation, frequency or extent of utilization of services and technological developments.

Glossary
(Continued)

Implicit Subsidy – The projected difference between future retiree claims and the premiums to be charged for retiree coverage; this difference results when the claims experience of active and retired employees are pooled together and a 'blended' group premium rate is charged for both actives and retirees; a portion of the active employee premiums subsidizes the retiree premiums.

Net OPEB Liability (NOL) – The liability to employees for benefits provided through a defined benefit OPEB. Only assets administered through a trust that meet certain criteria may be used to reduce the Total OPEB Liability.

Net Position – The Impact on Statement of Net Position is the Net OPEB Liability adjusted for deferred resource items

OPEB Expense – The OPEB expense reported in the Agency's financial statement. OPEB expense is the annual cost of the plan recognized in the financial statements.

Other Post-Employment Benefits (OPEB) – Post-employment benefits other than pension benefits, most commonly healthcare benefits but also including life insurance if provided separately from a pension plan

Pay-As-You-Go (PAYGO) – Contributions to the plan are made at about the same time and in about the same amount as benefit payments and expenses coming due

PEMHCA – The Public Employees' Medical and Hospital Care Act, established by the California legislature in 1961, provides community-rated medical benefits to participating public employers. Among its extensive regulations are the requirements that a contracting Agency contribute toward medical insurance premiums for retired annuitants and that a contracting Agency file a resolution, adopted by its governing body, with the CalPERS Board establishing any new contribution.

Plan Assets – The value of cash and investments considered as 'belonging' to the plan and permitted to be used to offset the AAL for valuation purposes. To be considered a plan asset, GASB 75 requires (a) contributions to the OPEB plan be irrevocable, (b) OPEB assets to dedicated to providing OPEB benefit to plan members in accordance with the benefit terms of the plan, and (c) plan assets be legally protected from creditors, the OPEB plan administrator and the plan members.

Public Agency Miscellaneous (PAM) – Non-safety public employees.

Select and Ultimate – Actuarial assumptions which contemplate rates which differ by year initially (the select period) and then stabilize at a constant long-term rate (the ultimate rate)

Service Cost – Total dollar value of benefits expected to be earned by plan members in the current year, as assigned by the actuarial funding method; also called normal cost

Total OPEB Liability (TOL) – Total dollars required to fund all plan benefits attributable to service rendered as of the valuation date for current plan members and vested prior plan members; a subset of "Actuarial Present Value"

Vesting – As defined by the plan, requirements which when met make a plan benefit nonforfeitable on separation of service before retirement eligibility

County Connection

INTER OFFICE MEMO

To: Board of Directors **Date:** 10/24/2022

From: Melody Reebs, Director of Planning, Marketing, & Innovation **Reviewed by:** RR

SUBJECT: Cap and Trade Grant (LCTOP) Funds Transfer

Background:

The Low Carbon Transit Operations Program (LCTOP) provides cap-and-trade funding for transit to reduce greenhouse gas (GHG) emissions and improve mobility, with a priority on serving disadvantaged communities (DACs). Over time, the guidelines for eligible projects have been revised, allowing for increased flexibility in the use of these funds. In the last few years, County Connection has utilized these funds to operate Route 99X, connecting the Martinez Amtrak Station to North Concord BART via Pacheco Blvd. and Morello Ave., and to increase weekend service on Route 316. Both routes serve the DAC within County Connection's service area. Since FY 2018-19, with the passage of Senate Bill 1119, County Connection was able to implement the fare subsidy project in the Monument Corridor on Routes 11, 14, and 16, which was expanded in FY 2021-22 to include weekend Routes 311, 314, and 316.

Funds Transfer:

Due to the COVID-19 pandemic and its impact on ridership, some of the FY 2020-21 funds that were programmed to subsidize fares on Routes 11, 14, and 16 were not utilized. Staff is proposing to roll over the remaining balance of approximately $275,000 to this year's project, which was approved by the Board in March and includes expansion to the three weekend routes. This will provide close to $1.2M for subsidizing fares on all six routes serving the Monument Corridor. Based on recent ridership trends and particularly the significant increase on the weekend routes since becoming fare-free in July, staff anticipates being able to utilize all of the funds by the end of the current fiscal year.

Financial Implications:

The proposed funds transfer will provide an additional $275,000 for subsidized fares on routes serving the Monument Corridor.

Recommendation:

The A&F Committee and staff recommend transferring the remaining LCTOP funds from FY 2020-21 to FY 2021-22 to subsidize fares on routes serving the Monument Corridor.

Action Requested:

The A&F Committee and staff request that the Board adopt Resolution No. 2023-017.

Attachments:

Resolution No. 2023-017

RESOLUTION NO. 2023-017

CENTRAL CONTRA COSTA TRANSIT AUTHORITY
BOARD OF DIRECTORS

*** * ***

AUTHORIZATION FOR THE TRANSFER OF FY 2020-2021 LOW CARBON TRANSIT OPERATIONS PROGRAM (LCTOP) FUNDS
FOR THE FOLLOWING PROJECT(S):
(FREE FARES FOR ROUTES 11, 14, AND 16 SERVING THE MONUMENT CORRIDOR, $275,000)

WHEREAS, the County of Contra Costa and the Cities of Clayton, Concord, the Town of Danville, Lafayette, Martinez, the Town of Moraga, Orinda, Pleasant Hill, San Ramon and Walnut Creek (hereinafter "Member Jurisdictions") have formed the Central Contra Costa Transit Authority ("CCCTA"), a joint exercise of powers agency created under California Government Code Section 6500 *et seq*., for the joint exercise of certain powers to provide coordinated and integrated public transportation services within the area of its Member Jurisdictions;

WHEREAS, the CCCTA is an eligible project sponsor and may receive state funding from the Low Carbon Transit Operations Program ("LCTOP") now or sometime in the future for transit projects;

WHEREAS, by Resolution No. 2022-024, CCCTA approved FY 2021-22 LCTOP funds to be used for various projects, however $275,000 of the FY 2020-21 funds that were programmed to subsidize fares on Routes 11, 14, and 16 were not utilized; and

WHEREAS, the Administration & Finance Committee recommends, and staff concurs, that the unutilized LCTOP funds be transferred and utilized to continue subsidizing fares on Routes 11, 14, and 16 and expand to include weekend Routes 311, 314, and 316, thereby providing an additional $275,000 for subsidized fares on routes serving the Monument Corridor.

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Central Contra Costa Transit Authority hereby authorizes the transfer of $275,000 of FY 2021-22 LCTOP funds as follows:

Project Name: Free Fares for Routes Serving the Monument Corridor
Amount of LCTOP funds: $275,000
Short description: Continue free fares for an additional year on Routes 11, 14, and 16 in the Monument Corridor, and expand to include weekend Routes 311, 314, and 316. All of these routes serve AB 1550-defined low-income communities and an MTC community of concern, which is centered around Downtown Concord and the Monument Corridor.
Contributing Sponsors (if applicable): N/A

Regularly passed and adopted this 17th day of November 2022 by the following vote.

AYES:

NOES:

ABSTAIN:

ABSENT:

_____
Amy Worth, Chair, Board of Directors

ATTEST:

_____
Lathina Hill, Clerk to the Board

County Connection

INTER OFFICE MEMO

To: Board of Directors s **Date:** 10/25/2022

From: Ryan Jones, Manager of Marketing & Communications **Reviewed by:** MR

SUBJECT: Pass2Class

Background:

The Pass2Class Program was funded by 511 Contra Costa as part of their efforts to reduce traffic congestion and air pollution by reducing the number of cars being driven to school. Pass2Class offered free transportation on AC Transit, WestCAT, TriDelta and County Connection to Contra Costa students encouraging the use of public transit to and from school. The application was available from July 7-October 15, 2022 offering each household up to two (2) passes. The County Connection pass was valid through September 30, 2022 and 511 Contra Costa reimbursed County Connection $1.60 per trip. The pass was valid on all County Connection fixed route services.

Pass2Class Usage:

511 Contra Costa issued over 1,700 passes, on par with last year, largely to households in Concord and Walnut Creek. Pass2Class users on County Connection fixed routes totaled about 28,700 with 75.6% of the trips being taken on school routes. The remaining trips (24.4%) were used on regular fixed routes. While overall usage levels were similar to last year, there was a higher concentration of trips being made on the 600-series school routes compared to last year.

Service Area	Service Type			
	School	Local	Express	Weekend
Core	49%	15%	0%	0%
Lamorinda	21%	3%	0%	0%
North	0%	1%	0%	0%
South	6%	5%	0%	0%
Grand Total	**76%**	**23%**	**<1%**	**0%**

Routes 601, 602, and 605, which serve Walnut Creek Intermediate (WCI), carried more than 1/3rd of the total Pass2Class riders, followed by Route 606, which carried 14% of riders and serves Miramonte High School and Orinda Intermediate School (OIS).

Along with the 600-series school routes, the regular fixed route network provided an additional choice for Pass2Class users. Several local routes serve schools, and schedules are often adjusted on those routes to meet bell times, although they are not as tailored to school schedules as the 600-series routes. Route 10 along Clayton Rd carried 4% of users compared to 6% carried by Route 612 serving the same corridor. Route 35 in San Ramon carried 4% of total Pass2Class riders compared to 5.6% carried by school routes serving the area. Route 6 helps supplement 600-series service in Lamorinda to Miramonte and Campolindo High Schools and carried 6% of total Pass2Class riders.

In addition, Routes 15 and 18 also carried a significant number of Pass2Class riders relative to overall ridership on those routes. Pass2Class riders made up 9% of ridership on Route 15, which serves Concord and Ygnacio Valley High Schools, and 8% on Route 18, which serves College Park High School and Valley View Middle School.

The pass promotion ended on September 30th. However, this was immediately followed by the October Free Rides promotion, providing students with a third month of free rides. Once that promotion ends, staff will be working with 511 Contra Costa to promote the youth discount on Clipper to Pass2Class participants, as well as through ongoing outreach efforts such as the mobile lobby.

Financial Implications:

511 Contra Costa will be reimbursing County Connection at the rate of $1.60 per ride for a total amount of about $46,000. All costs associated with this promotion are included in the FY 2023 Promotions budget.

Recommendation:

None, for information only.

Action Requested:

None, for information only.

Attachments:

None

County Connection

INTER OFFICE MEMO

To: Board of Directors **Date:** 10/20/2022

From: Melody Reebs, Director of Planning, Marketing, & Innovation **Reviewed by:** RF

SUBJECT: On-Call Planning Services

Background:

Many cities and public transit agencies retain planning services on an on-call basis to enlist support when an abundance of projects exceed the agencies' ability to fulfill all demands. Rates are agreed upon up front, and then specific work orders are developed for each project. Consultants must be able to deliver planning services working in collaboration with internal staff and external parties such as municipalities and other transit agencies. The scope of these services can include operations and capital planning, federal, state and/or local project compliance, evaluation of emerging mobility options, and public outreach.

In 2017, County Connection awarded a contract to Nelson/Nygaard with a not-to-exceed amount of $1.8M for on-call planning, which expired during the pandemic. Over the five years of that contract, staff issued work orders for various projects including an onboard passenger survey, and expended a total of roughly $115,000.

New Contract:

As agencies reimagine post-pandemic services, seek new opportunities for grants, and transition to zero-emission fleets, it would benefit County Connection to issue a Request for Proposals (RFP) for a new contract. The contract will be structured similarly to the previous one with no guaranteed minimum level of compensation. Staff anticipates several projects over the next few years that will likely require assistance from a consultant. This includes a comprehensive onboard passenger survey to provide statistically valid demographic data that is required by Federal Transit Administration (FTA) every five years, as well as updating the agency's Title VI program.

Staff will be working with legal counsel to develop the RFP and sample agreement to ensure compliance with state and federal requirements. Staff anticipates releasing the RFP this winter and bringing a recommendation for award in the spring.

Financial Implications:

The contract will include a not-to-exceed amount, but there would be no obligation to spend that amount. As projects are identified, staff will notify the appropriate Committee. Any work orders issued would be consistent with the adopted budget for that year, which typically includes around $100,000 for service planning and development expenses.

Recommendation:

None, for information only.

Action Requested:

None, for information only.

Attachments:

None

County Connection

INTER OFFICE MEMO

To: Board of Directors **Date:** 11/09/2021

From: Pranjal Dixit, Manager of Planning **Reviewed by:** MR

SUBJECT: Go San Ramon Update

Background:

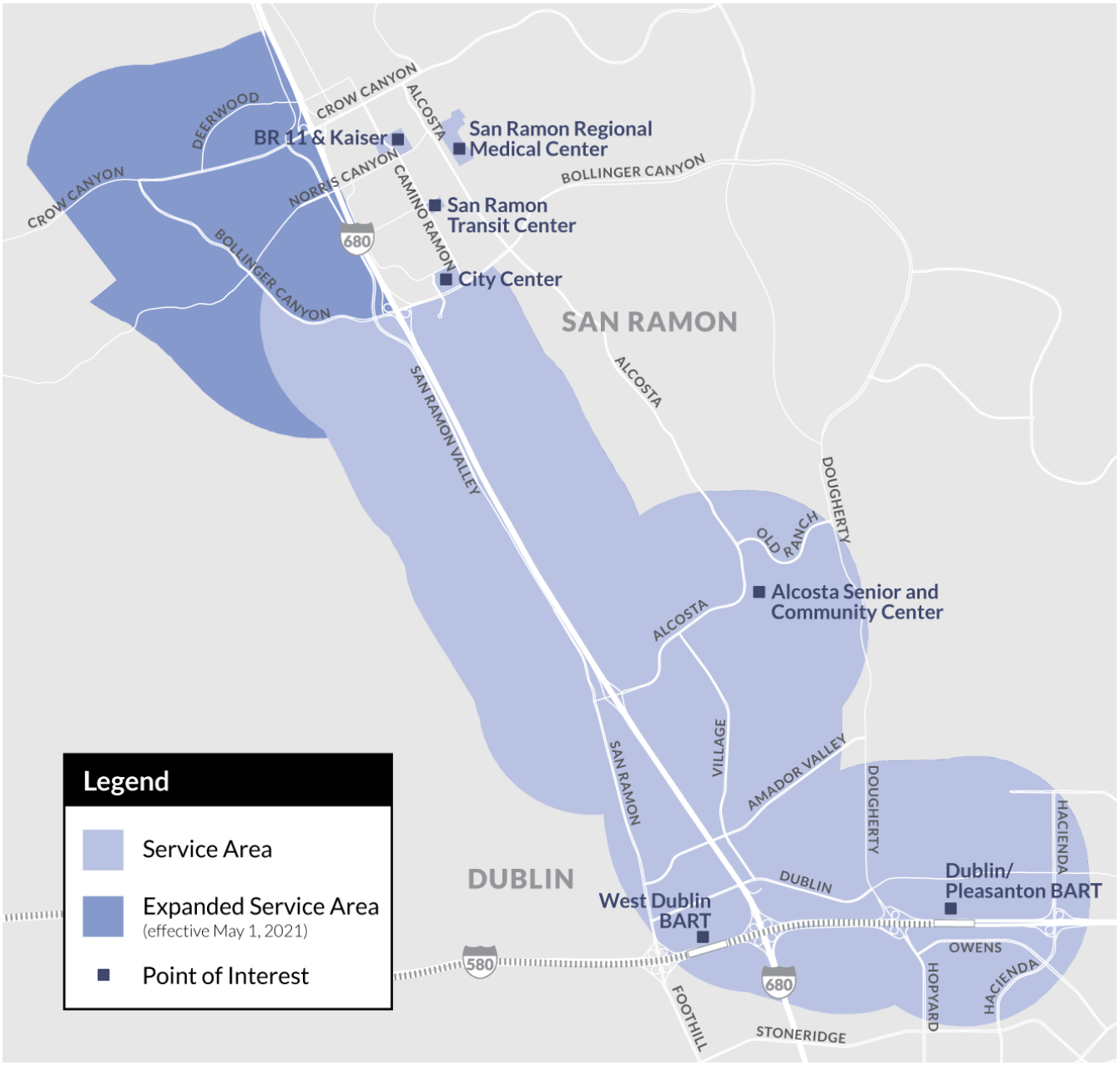
In 2019, County Connection launched Go San Ramon, an on-demand pilot program, in partnership with the City of San Ramon and the Livermore Amador Valley Transit Authority (LAVTA). The program provides a 50% fare subsidy (up to $5) for rideshare trips on Uber and Lyft within the designated service area, which includes parts of south and west San Ramon, as well as the San Ramon Transit Center, San Ramon Regional Medical Center, Kaiser, Alcosta Senior and Community Center, and West Dublin and Dublin/Pleasanton BART stations. LAVTA currently administers the program, and the City of San Ramon covers the costs of the fare subsidies and administrative fee.

Service Area:

After a "soft launch" on November 1, 2019, that initially limited to the Valley Vista Senior Housing facility and key destinations including the Transit Center, Regional Medical Center, and BART, the program then fully launched in the rest of the south San Ramon service area on March 1, 2020.

Starting May 1, 2021, the program service area was expanded to include additional areas of west San Ramon. Service area map available on the following page. Additionally, starting in May 2022, changes were made to ensure the trip either had to start or end in the City of San Ramon.

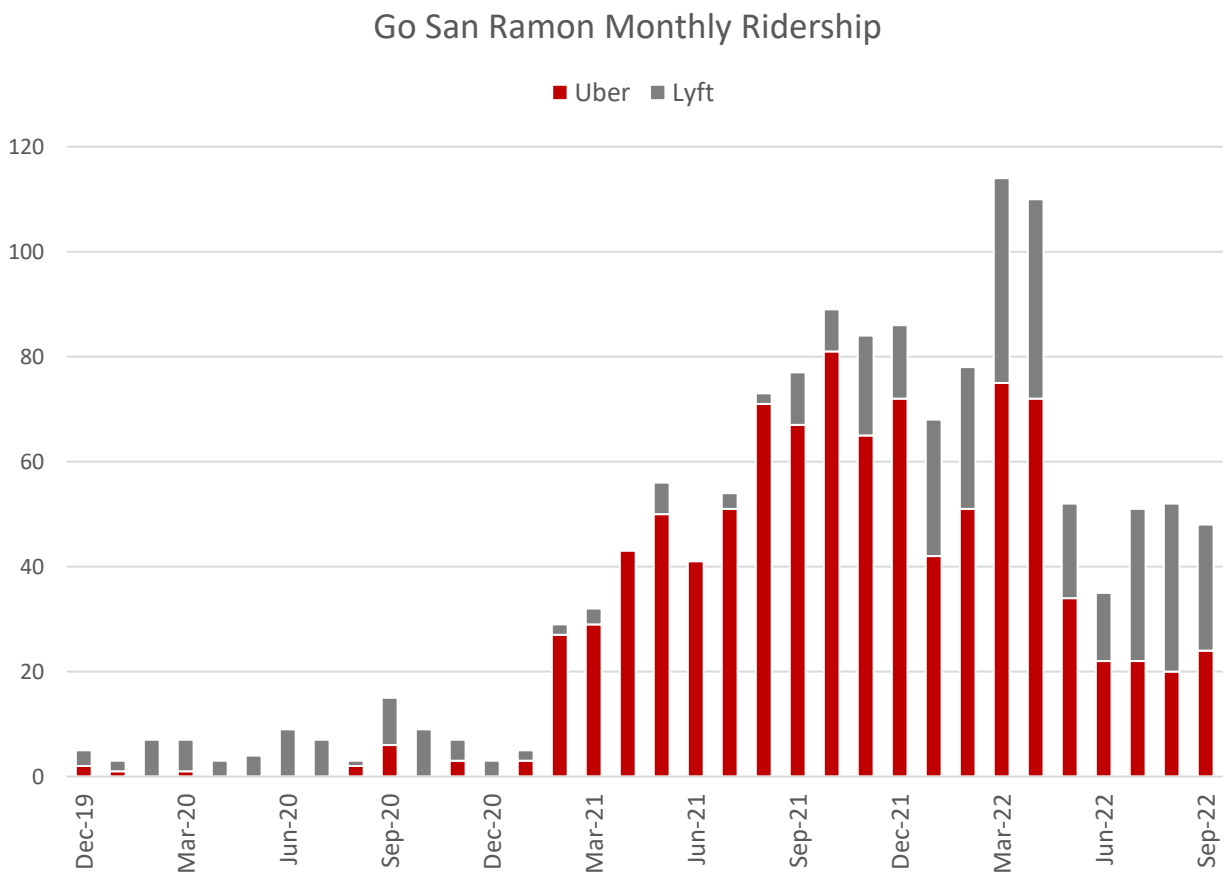
Go San Ramon Service Area



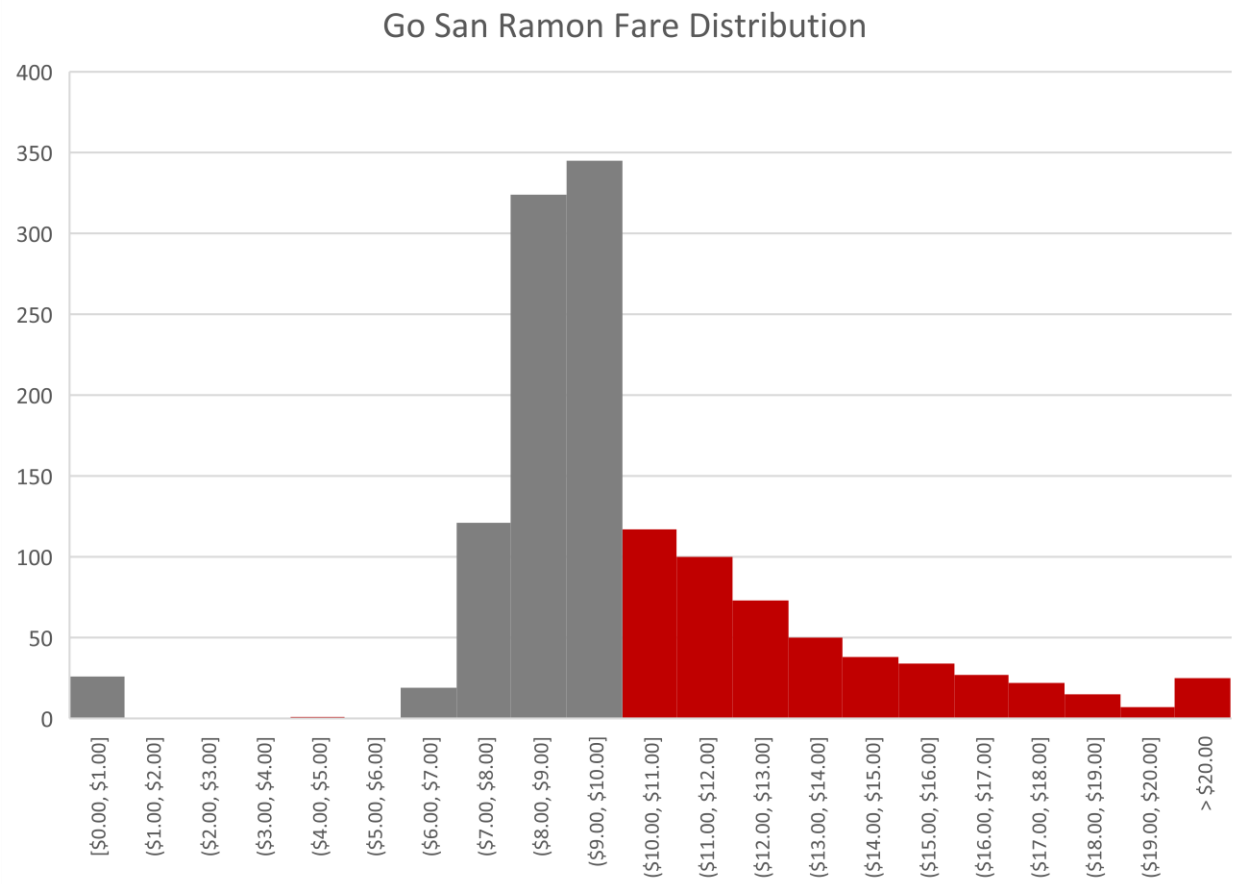
Ridership:

As the full program launched right at the beginning of the pandemic, ridership was very low over the first year, However, when shelter-in-place restrictions were lifted starting in February 2021, usage picked up considerably. By March 2022, the City of San Ramon exhausted their budget for the fiscal year. After analyzing ridership patterns, staff found that many users were making trips within the City of Dublin and that those trips would qualify for a similar discount under LAVTA's Go Tri Valley program. In May 2022, a change to the Go San Ramon program was implemented that requires each trip to either start or end in the City of San Ramon to be eligible for subsidy, which has led to a recent drop in ridership. Currently, the program averages 48 trips a month, which is more in line with the City of San Ramon's budgeted contribution.

The following chart shows monthly trips by provider. It should be noted that because users may be traveling with others when booking a trip, these numbers do not necessarily represent individual riders or passengers.



Of the total trips taken, 61% had fare amount under $10, which is the point at which the subsidy cap is reached, and the rider is fully responsible for any additional fare. The following chart shows the distribution of total fare amounts. Overall, the average fare was $10.58, with an average subsidy of $4.66 per trip.



The West Dublin BART station was the most common origin and destination with just under 300 trips starting or ending there followed by Dublin/Pleasanton BART station with around 210 trips. The other major corridors were along Franklin Dr in Pleasanton, residences along Dougherty Road, south of Amador Valley Blvd in Dublin and Davona Dr in San Ramon.

The expanded service area had over 100 trips starting or ending there. The following map shows locations and volume of trips. Trip lengths ranged up to 11 miles and were about 3 miles on average, and average trip duration was about 7 minutes.

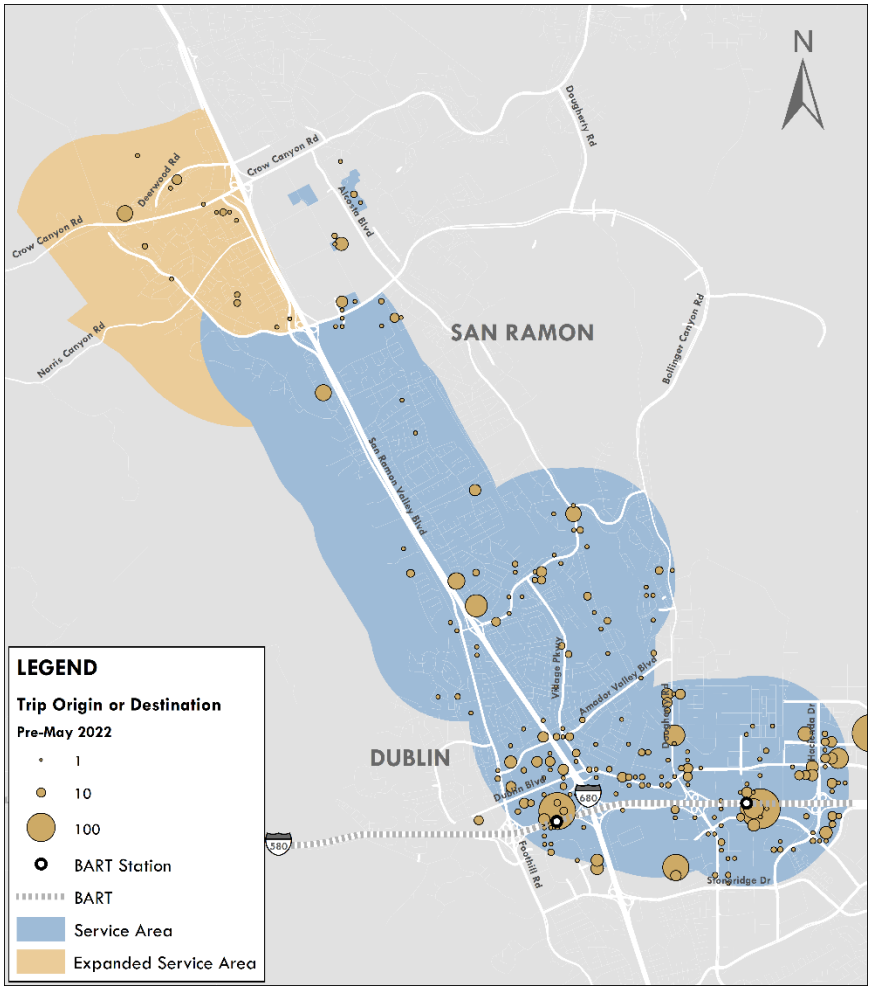


Figure 1: Trip Origin or Destination (Pre-May 2022)

After the implementation of service change, there have been fewer trips taken to and from Dublin/Pleasanton BART station compared to West Dublin BART station. The map below also shows fewer trips from the Pleasanton and Dublin area indicating the service is being used mostly by residents living or employees working in San Ramon.

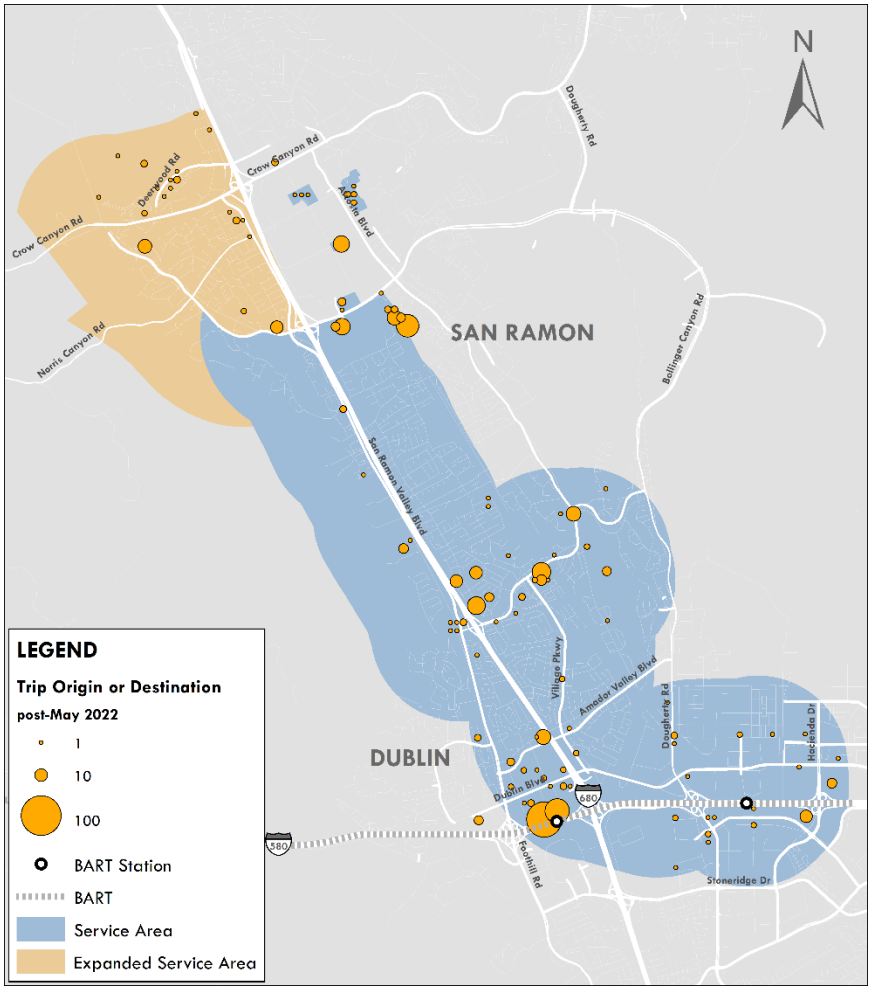


Figure 2: Trip Origin or Destination (Post-May 2022)

Financial Implications:

All fare subsidies and administrative fees for the program are being paid by the City of San Ramon up to $5,000 per year. In FY 2022, County Connection contributed $1,634.35 in fare subsidies after the City of San Ramon reached its annual cap. For FY 2023, staff expects the City's contribution to cover most, if not all, of the program costs.

Recommendation:

None, for information only.

Action Requested:

None, for information only.

Attachments:

None

County Connection

INTER OFFICE MEMO

To: Board of Directors **Date:** 11/07/2022

From: Pranjal Dixit, Manager of Planning **Reviewed by:** MR

SUBJECT: Weekend Monument Free Ridership Update

Background:

In July 2019, County Connection started offering free rides on three of its weekday bus routes – Routes 11, 14, and 16. All three routes served the Monument Corridor in Concord and connect from Concord BART to various destinations in Martinez, Pleasant Hill, and Walnut Creek, including BART stations, Martinez Amtrak and Contra Costa Regional Medical Center. The project is being funded by a grant through California's Low Carbon Transit Operations Program (LCTOP), which distributes cap-and-trade proceeds to support programs and projects that reduce greenhouse gas emissions and serve disadvantaged communities (DACs).

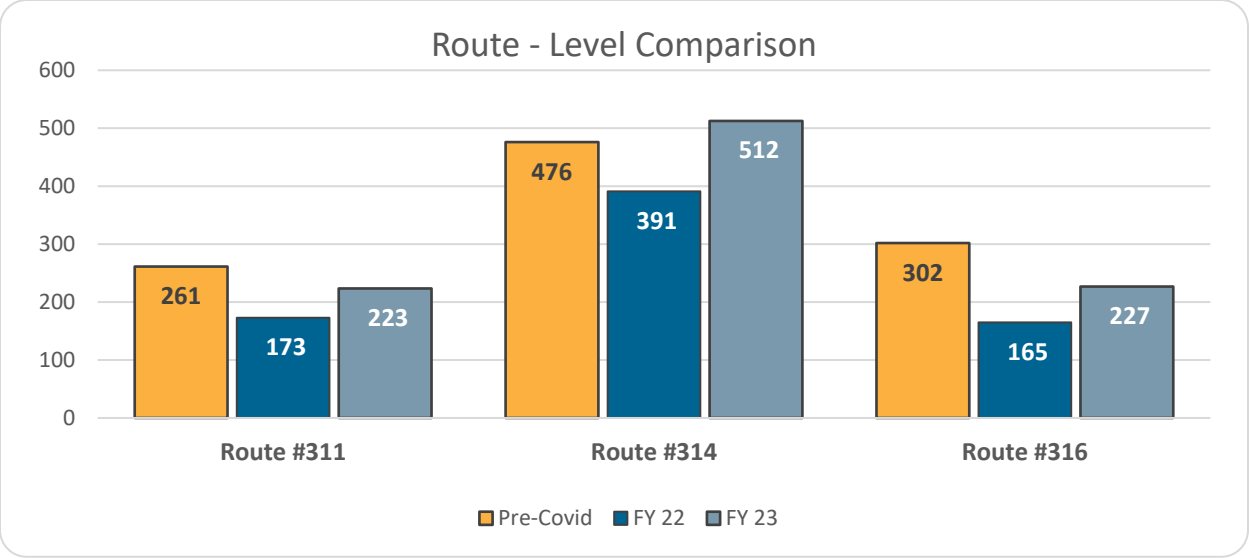
At the March 2022 meeting, the Board approved an expansion of the project to include the three weekend routes on the Monument Corridor – Routes 311, 314 and 316. This was a result of increased available funding for FY 2021-22, as well as rollover funding from previous years that wasn't spent due to reduced ridership as a result of COVID-19.

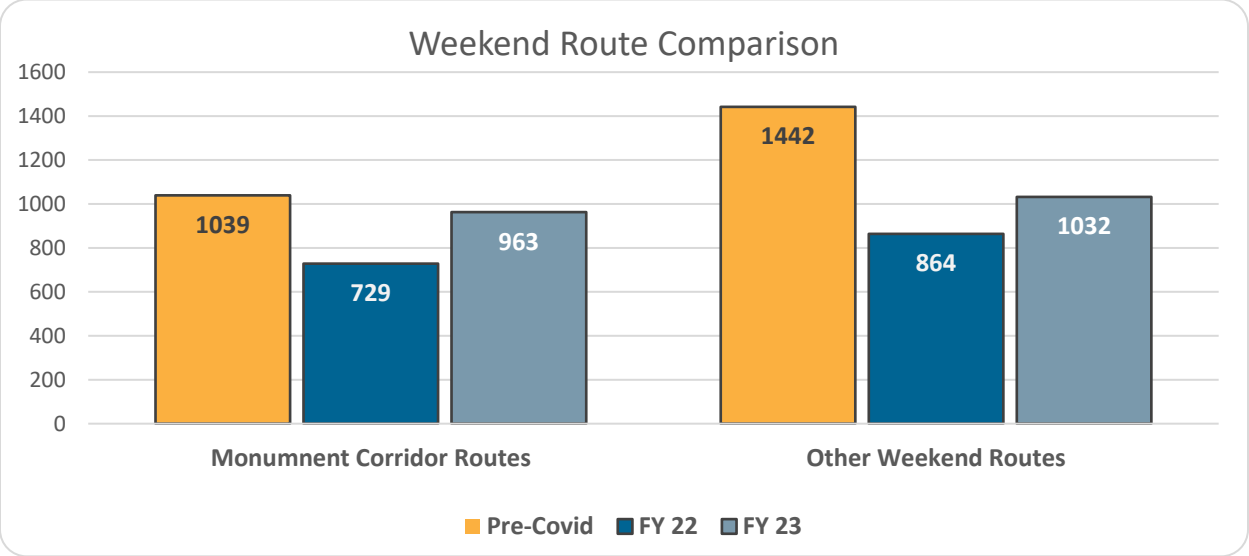
Ridership:

The expansion of free rides to weekend Routes 311, 314 and 316 had an instant impact on ridership with all three routes performing better than the previous fiscal year. The weekend Monument Corridor routes grew by 32% compared to the previous fiscal year average, while the other weekend routes grew by only 19%. Route 314 grew by 30% compared previous fiscal year average and was 8% higher than its pre-COVID levels. Route 311 grew by 29% and Route 316 grew by 38% compared to previous fiscal year.

The expansion of free rides has accelerated ridership recovery as seen in the following charts. As of September 2022, the weekend Monument Corridor routes are only 7% below pre-pandemic levels compared to other weekend routes that are 28% below pre-pandemic levels.

The expansion of the Monument Free program to weekend routes was initially implemented as a pilot in July. Because the program reduces fares on the affected routes, it is considered a fare change and requires an equity analysis after six months under the FTA's Title VI regulations. A Title VI analysis will be conducted along with a subsequent public hearing at the December Board meeting on the proposed continuation of the Monument Free Program for the weekend routes.





Financial Implications:

None, for information only.

Recommendation:

None, for information only.

Action Requested:

None, for information only.

Attachments:

None

County Connection

INTER OFFICE MEMO

To: Board of Directors **Date:** 11/03/2022

From: Bill Churchill, General Manager **Reviewed by:**

SUBJECT: CCTA Framework for the Development of a Coordinated Entity (CE)

Background:

In October of 2019, Contra Costa Transportation Authority (CCTA) received a Caltrans Sustainable Transportation Planning Grant, to engage in a regional transportation study, specifically focusing on the gaps in services associated with seniors, persons with disabilities and disadvantaged persons. To conduct this study and offer recommendations, CCTA engaged Nelson Nygaard consulting firm. Nelson Nygaard convened two committees, one a Technical Advisory Committee (TAC) that was familiar with the transportation needs of the area as well as a Policy Advisory Committee (PAC). The TAC comprised of: Americans with Disabilities Act (ADA) managers, volunteer service organizers specializing in transportation for seniors, transit riders and various senior advocacy groups. The PAC was mainly comprised of Transportation Agency General Managers, Executives of Social Service Agencies, and City Council members. Although significant progress was made, due to grant constraints the Accessible Transportation Strategic (ATS) Plan was required to be completed by February 28, 2021, ending the study before all solutions could be contemplated.

Following the development of the ATS Plan, a Task Force was established made up of members of non-profit transit organizations, policy makers and transit personnel to explore potential solutions and begin to implement some of the action items identified. Some key action items were, analyzing potential structures for a Coordinated Entity (CE), identifying gaps in service, developing sources of funding, and creating a set of roles and responsibilities.

County Connection staff supports the concept of developing a CE that could provide a single source of information for individuals seeking accessible transportation in Contra Costa, across all existing modes of transportation as well as new programs, as they are developed. Potential customers could call a single number and then be routed to the program that best fits their needs whether it be a public paratransit provider or a non-profit service such as the Lamorinda Spirit or something else not yet conceived of.

On October 13th CCTA provided Contra Costa's three transit operators, County Connection, TriDelta and WestCat with a copy of a proposed framework for a CE (see Attachment 1). CCTA staff invited the operators to a meeting on October 19th to provide feedback and comments regarding the framework before taking it to their Board for approval in December. At the meeting, operators were informed that CCTA has been working on being designated a Consolidated Transportation Services Agency (CTSA) making them eligible for Transportation Development Act (TDA) 4.5, State Transit Assistance (STA) Revenue and Measure J funds. Operators were unanimous in expressing their concern such a designation could have profound negative impacts to existing revenue streams, severely compromising the paratransit services that exist today. Additionally, the lack of clearly defined roles and

responsibilities for the CE creates the potential to take over transportation functions currently provided existing operators. It was suggested that the ATS Guiding Principles (see Attachment 2) would prevent the CE from performing the transportation functions of the existing operators but, in their current form they do not prevent this potential outcome.

While staff supports the concept of a CE and the potential to improve accessible services within Contra Costa County, the framework in its current form, without strong guardrails and a set of clearly defined roles and responsibilities, has the potential to seriously harm existing paratransit programs. Staff looks forward to the continued effort in working with the ATS Plan Task Force and CCTA in developing an effective CE that can improve and grow accessible transportation and protect current programs.

Financial Implications:

A CTSA designation for CCTA may jeopardize the existing TDA 4.5, STA Revenue and Measure J funds used to operate the County Connection LINK service (and other existing Contra Costa County paratransit providers) for the provision of paratransit services. The current budget projects these three revenue sources at $4,639,748.

Recommendation:

Staff recommends supporting the CE effort with the addition of a set of roles, responsibilities, and guidelines that both protects existing public Transit Operator programs and provides for an enhancement of accessible services to communities in Contra Costa County. Additionally, staff would oppose access to TDA 4.5, STA and Measure J funding by CCTA to preserve these revenue sources currently supporting accessible services provided by existing operators. Any erosion of these funds could imperil the most vulnerable residents of our County.

Action Requested:

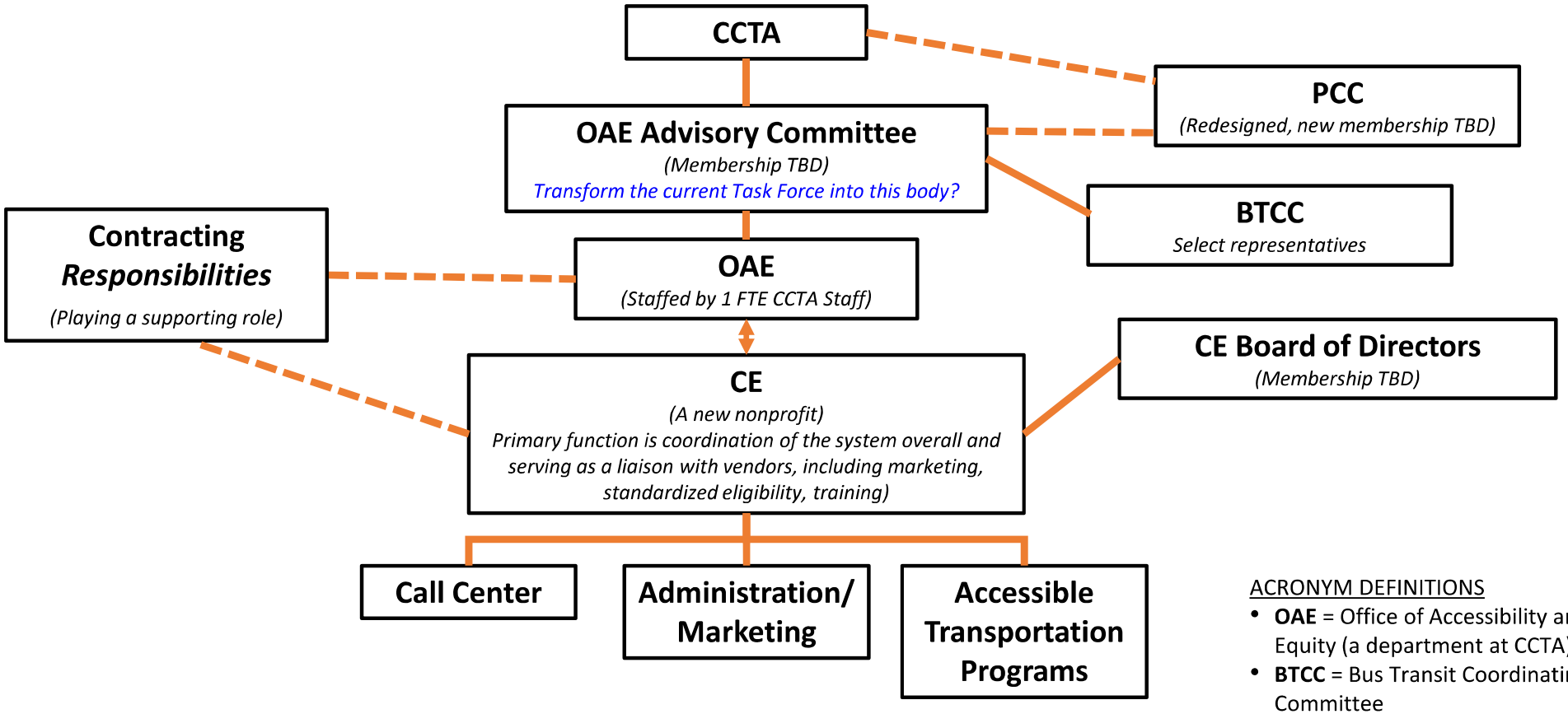
The O&S Committee and staff respectfully requests the Board of Directors approve resolution 2023-018 in support of CCTA's development of a CE with a set of clearly defined roles and responsibilities that does not erode or impede the existing public Transit Operators ability to provide their existing accessible transportation programs and to formally oppose CCTA having access to the existing TDA 4.5, STA and Measure J funds for the suite of paratransit and accessible services currently provided by the Contra Costa County public Transit Operators.

Attachments:

Attachment 1: Proposed Framework for the Coordinated Entity
Attachment 2: Guiding Principles
Attachment 3: Resolution NO: 2023-018

The following recommended design for Contra Costa County's Accessible Transportation Coordinating Entity (CE) was collaboratively developed

Contra Costa County's Accessible Transportation Coordinating Entity and its Supporting Networked Infrastructure



ACRONYM DEFINITIONS

- **OAE** = Office of Accessibility and Equity (a department at CCTA)
- **BTCC** = Bus Transit Coordinating Committee
- **CCTA** = Contra Costa Transportation Authority
- **CE** = Accessible Transportation Coordinating Entity
- **CTSA** = Coordinated Transportation Services Agency
- **PCC** = Paratransit Coordinating Council

Contra Costa
Accessible Transportation Strategic Plan

CONTRA COSTA transportation authority

MEMORANDUM

To: Accessible Transportation Strategic Plan Task Force

From: Accessible Transportation Strategic Plan Team

Date: February 7, 2022

Subject: Guiding Principles

The ATSP Task Force Working Group met on January 20th and February 2nd to review draft suggestions for the Guiding Principles. Attendees discussed materials from the ATSP, prior planning efforts, and regional guidance from the MTC. The Project Team received the input and incorporated comments into these Draft Guiding Principles:

1. The Task Force (TF) and future Coordinated Entity (CE) plan to implement a person-centered, user-friendly, and seamless accessible transportation system including enhancing mobility management to provide equitable and effective access to transportation.
2. All stages of implementation of the Contra Costa Accessible Transportation Strategic Plan (ATSP) including planning, policy, engagement, design, operations, and evaluation will involve multiple stakeholders. Stakeholders will include relevant human service agencies, transit agencies, elected officials, disability and older adult advocates representing a range of segments of these communities, veterans, all County sub-regions, funding bodies, and other representatives.
3. Public outreach and planning activities will include countywide needs and characteristics, with the ultimate goal of providing equitable, consistent, and scalable service across the County.
4. In order to facilitate accessible transportation to and from destinations outside of the County, and to advocate for increased resources for these and other trips, the TF and CE will engage with outside agencies and in state and regional planning processes.
5. The TF and CE will prioritize strategies that were identified through the extensive public engagement during development of the ATSP, and will conduct future public engagement though ATSP updates at regular intervals.
6. New strategies, approaches, and programs being considered by the CE will be subject to review and consultation with all stakeholders, existing and/or new, in a consensus-based process.
7. The TF and CE will not recommend adding responsibilities to a transportation or human service provider without identifying new revenue sources. The TF and CE

will not recommend redistributing revenues without providing recommendations for achieving a corresponding decrease in obligations funded by those revenues.

Members are asked to review the draft principles and be prepared to discuss and finalize at the Task Force meeting.

RESOLUTION NO. 2023-018

CENTRAL CONTRA COSTA TRANSIT AUTHORITY
BOARD OF DIRECTORS

*** * ***

TAKING ACTIONS TO PRESERVE THE CENTRAL CONTRA COSTA TRANSIT AUTHORITY'S ABILITY TO ACCESS CERTAIN FUNDS

WHEREAS, the County of Contra Costa and the Cities of Clayton, Concord, the Town of Danville, Lafayette, Martinez, the Town of Moraga, Orinda, Pleasant Hill, San Ramon and Walnut Creek (hereinafter "Member Jurisdictions") have formed the Central Contra Costa Transit Authority ("CCCTA"), a joint exercise of powers agency created under California Government Code Section 6500 *et seq*., for the joint exercise of certain powers to provide coordinated and integrated public transportation services within the area of its Member Jurisdictions;

WHEREAS, the CCCTA, along with other Contra Costa County transit operators (Eastern Contra Costa Transit Authority and Western Contra Costa Transit Authority), receives state funding from various sources, including Transportation Development Act ("TDA") 4.5, State Transit Assistance ("STA") Revenue and Contra Costa County Measure J;

WHEREAS, Contra Costa Transportation Authority ("CCTA") received a Caltrans Sustainable Transportation Planning Grant, to engage in a regional transportation study, specifically focusing on the gaps in services associated with seniors, persons with disabilities and disadvantaged persons;

WHEREAS, following various efforts and discussions, CCTA has indicated an interest in creating a Coordinated Entity ("CE"), which would identify gaps in service, develop sources of funding, and create a set of roles and responsibilities;

WHEREAS, as part of those discussions, CCTA has notified the Contra Costa County public transit providers that it is exploring becoming a Consolidated Transportation Services Agency ("CTSA"), which entity would be eligible for TDA, STA and Measure J funds;

WHEREAS, while staff is supportive of the concept of developing a CE that could provide a single source of information for individuals seeking accessible transportation in Contra Costa, staff has serious concerns regarding CCTA being designated a CTSA, and if CCTA is so designated, staff opposes CCTA from accessing TDA 4.5, STA Revenue and Measure J funds that currently flow to the three existing Contra Costa public transit operators; and

WHEREAS, staff recommends, and the Operations & Scheduling Committee concurs, that the Board of Directors take a position in support of the concept of developing a Contra Costa County CE, and also take a position opposing CCTA being designated a CTSA, unless such designation does not imperil access to the TDA, STA and Measure J funds that support the three Contra Costa County public transit operators.

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Central Contra Costa Transit Authority hereby supports the concept of developing a Contra Costa County CE, with a set of clearly defined roles and responsibilities that does not erode or impede the existing Contra Costa County public transit operators' ability to provide their existing accessible transportation programs; and

BE IT FURTHER RESOLVED that the Board of Directors opposes CCTA being designated a CTSA, unless such designation either (1) expressly prohibits CCTA from accessing the TDA, STA and Measure J funds that support the transit operations of CCCTA, Eastern Contra Costa Transit Authority and Western Contra Costa Transit Authority, or (2) CCTA provides assurances in writing, pursuant to a formal agreement, that it will not seek to access said funds.

Regularly passed and adopted this 17th day of November 2023 by the following vote.

AYES:

NOES:

ABSTAIN:

ABSENT:

_____

Amy Worth, Chair, Board of Directors

ATTEST:

_____

Lathina Hill, Clerk to the Board

County Connection Advisory Committee Report to Board, October 2022

Our purpose is to bring feedback to the County Connection Board reflecting the voices of the community, riders, and stakeholders. This will help the Board more fully understand factors impacting the system's ridership and help inform its decisions.

Committee Discussion Points from Its September 2022 Meeting

- Annual Operational Calendar: We reviewed the operational calendar for the agency. This helped us understand the various work and planning cycles pursued during the agency's year. As appropriate, we ask to be included in the collaborative processes of both the staff and the Board. Including us early-on in those conversations allows us to bring the public's voice at each decision-gate to help inform the agency.
- New Travel Training Program: Through multiple conversations with staff, we have participated in the development of the Scope of Work documentation (SOW) for the new travel training program. Our feedback has augmented the original program vision and program design aspects. The program's potential is exciting, and we look forward to its successful launch. Eventually, we dream that it will receive additional funding so it may expand beyond serving seniors in only certain areas of the county. By including other stakeholder groups and county districts, the program can foster the adoption of transit by new users who would benefit the most from taking fixed route transit. Some of our insights for the SOW included:

    a. How best to benchmark and monitor program impact
    b. Ideas for tailoring the training so it meets the potential participants' varying skill levels, how to safely board/unboard, multi-modal aspects, technology, understanding of the system, safety, and transit/trip planning literacy. Doing so can help optimize an individual's existing skills and boost confidence in using transit, regardless of their start point. One idea was to recruit volunteer peer counselors to help with adoption by different types of stakeholders.
    c. Advisory committee members would like to join sessions.
    d. Ideas for training topics such as route planning techniques, and website utilization. Another idea was to provide trip planning assistance.
    e. Clarifying instructional/training design and techniques that would be used
    f. We held a common expectation that the training would address door-to-door scenarios typically faced by various stakeholders, e.g., the penultimate trip that requires transfers and multi-modal trips
- Agency Marketing: We are encouraged to hear about the appointment of a dedicated marketing professional to the agency's staff.
    - In a future meeting, we will learn about marketing tactics, the effectiveness of the current marketing mix, plan, strategy, and budgets. With that we can provide feedback and recommendations from our stakeholder perspectives.
    - We look forward to providing ideas and insights for approaches to outreach and marketing for both current and non-riders.
- Community Feedback: Through one-on-one conversations with riders and non-riders within our respective communities, we are continuing to receive feedback and develop our understanding of public sentiment about the factors, perceptions, and barriers that influence ridership in today's environment.

Requests of the Board

- Set a date for a joint meeting: At a recent board meeting, Director Worth suggested a joint meeting. We were encouraged by this idea and agree it would be beneficial. We will be asking staff to help us facilitate this for later this year.
- District Representation: While our group is becoming increasingly effective and gaining momentum, there are still empty seats at the table. Filling them continues to be important so our perspectives are balanced, especially for those outlying areas not nearby a BART station. Since these areas are most impacted by future

development in the county, voices from these districts will be important to future planning and strategic discussions.

The remaining four seats are:

- Clayton
- Lafayette
- Martinez
- San Ramon

When recruiting members, consider constituents who are local riders and who bring diverse perspectives such as students of all ages, commuters, intra-county travelers, veterans, disabled, seniors, parents, people whose incomes are below poverty thresholds, and other underrepresented or marginalized groups.

Our Next Meeting is Scheduled for November 8, 2022

Respectfully submitted,
Marjorie McWee, Chair

County Connection Advisory Committee Report to Board, November 2022

Our purpose is to bring feedback to the County Connection Board reflecting the voices of the community, riders, and stakeholders. This will help the Board more fully understand factors impacting the system's ridership and help inform its decisions.

Committee Discussion Points from Its November, 2022 Meeting

- Agency Marketing and Promotional Strategy: Ryan Jones and Melody Reebs provided a macro-level introduction to the agency's general marketing and promotional strategies. At our January 2023 meeting, our agenda will include a dialog about the specifics planned for 2023 (e.g., marketing tactics, the effectiveness of the current marketing mix, plan, strategy, and budgets). The committee will provide feedback from our respective stakeholder perspectives on how best to reach both riders and non-riders through a range of marketing, promotion, and communication tactics.
- Short Range Transit Plan- Public Comment Phase: The committee provided feedback to Pranjai Dixit on approaches to reaching non-riders during the survey and public comment phases of the planning process. The committee raised issues for participation by those who are not connected through social media, website visits, online surveys, and/or who may not be riding on buses. People not reached in this way are left out of the data gathering process. The committee provided ideas for gathering feedback in-person.
- Several strategic ideas were identified for corollary projects for the "One-seat-ride" concept, including taking the idea more broadly throughout the Bay Area (i.e., for paratransit), or even for other types of trips to popular destinations which require numerous transfers between fixed-route, multi-modal, or commuter trips.
- Elections: The committee's officers for 2023 were elected at this meeting. For the coming year, Marjorie McWee (county member at large) was elected to a second term as committee chair. She will be joined by Ian McLaughlin of the Walnut Creek District. The advisory committee is excited to be gaining momentum in its advisory role and collaboration with staff. It will continue to organizationally develop itself in 2023. This will include participating and engaging with the Board and its efforts.

Requests of the Board

- Set a date for a joint meeting: At a recent board meeting, Director Worth suggested a joint meeting. We were encouraged by this idea and agree it would be beneficial. Now that election season has passed, we look forward to such a meeting in 2023.
- Connect with your district's advisory committee member: The committee would like to collaborate more with the Board and the districts they represent. Please connect with your respective members to explore possible ways to do so.
- District Representation: While our group is gaining momentum, our remaining empty seats at the table means we don't have all the voices we require. We respectively request continued recruitment in the following districts:
    - Clayton
    - Lafayette
    - Martinez
    - San Ramon

  When recruiting members, consider constituents who are local riders and who bring diverse perspectives such as students of all ages, commuters, intra-county travelers, veterans, disabled, seniors, parents, people whose incomes are below poverty thresholds, and other underrepresented or marginalized groups.

Our Next Meeting is Scheduled for January 10, 2023

Respectfully submitted,
Marjorie McWee, Chair