

Contra Costa County Health Services Department

I. DEPARTMENT MISSION

Contra Costa Health Services (CCHS) cares for and improves the health of all people in Contra Costa County with special attention to those who are most vulnerable to health problems.

- We provide high quality services with respect and responsiveness to all.
- We are an integrated system of health care services, community health improvement, and environmental protection.
- We anticipate community health needs and change to meet those needs.
- We work in partnership with our patients, cities, and diverse communities, as well as other health, education and human service agents.
- We encourage creative, ethical, and tenacious leadership to implement effective health policies and programs.
- We strive to reduce health disparities by addressing issues of diversity and linguistic and cultural competence.

II. OVERVIEW AND MAJOR PROGRAM DESCRIPTIONS

Overview

Contra Costa County is one of the few counties in the nation to offer a full spectrum of health-related services under one organizational structure. Doing business as Contra Costa Health Services (CCHS), it represents the largest department of the Contra Costa County government, employing more than 4,200 individuals and 3,800 FTE's (Full-Time Equivalents).

Contra Costa Health Services is an integrated system of health care services that covers health at every level: the individual, the family, and the community. This system includes primary, specialty, and inpatient medical care, mental health services, substance abuse treatment, public health programs, environmental health protection, hazardous materials response and inspection, and emergency medical services, as well as a county-operated health maintenance organization, the Contra Costa Health Plan (CCHP).

For low-income and uninsured residents of Contra Costa, CCHS is the safety net, providing medical services not available to them elsewhere.

Program Descriptions

HOSPITAL & HEALTH CENTERS:

The Hospital and Health Centers Division includes the Contra Costa Regional Medical Center (CCRMC) and eleven ambulatory health centers. CCRMC is a general acute care teaching facility with 166 licensed beds. CCRMC provides a full range of diagnostic and therapeutic services including medical/surgical, intensive care, emergency, prenatal/obstetrical, and psychiatric services. Ancillary services include pharmacy, rehabilitation, medical social work, laboratory, diagnostic imaging, cardiopulmonary therapy and ambulatory care surgery services. The licensed basic emergency room provides medical evaluation and treatment of urgent cases. The newest addition to the county-operated health system is the George and Cynthia Miller Wellness Center. Opened in May 2014, the Miller Wellness Center is an example of health reform taking shape on the local level by improving access to care and integrating behavioral and physical health care under one roof, thereby focusing treatment on the “whole person”.

The Crisis Stabilization Unit provides crisis intervention and stabilization, psychiatric diagnostic assessment, medication, emergency treatment, screening for hospitalization and intake, disposition planning, and placement/referral services.

The eleven ambulatory care health centers are located in East, West and Central Contra Costa County, and provide family practice oriented primary care, geriatrics, dental, rehabilitation, prenatal and adult medical services, as well as specialty clinic services. Specialty clinics include: podiatry, infectious disease, pediatrics, eye, dermatology, orthopedics, urology, ENT, gynecology, Hansen’s disease, and others.

The Emergency Medical Services Program provides overall coordination of Contra Costa's Emergency Medical System. It regulates emergency ambulance services and the County’s trauma, STEMI (high risk heart attack) and stroke systems, certifies pre-hospital personnel, approves and provides medical control and oversight for medical dispatch, paramedic programs and first-responder defibrillation programs, plans and coordinates medical disaster response, and reviews inter-facility patient transfers.

BUDGET: \$531,312,936
FTE: 2,183.6

CONTRA COSTA HEALTH PLAN (CCHP):

The **Contra Costa Health Plan (CCHP)** was the first federally qualified, state-licensed, county-sponsored HMO in the United States, and the first county-sponsored health plan in California to offer Medi-Cal Managed Care coverage. CCHP was also the first county-run HMO to serve Medicare beneficiaries. It subsequently expanded its programs to include county employees, businesses, individuals, and families.

With the implementation of the Affordable Care Act (ACA) in January 2014, Medi-Cal coverage was expanded to cover individuals with incomes below 138% of the Federal Poverty Level. The ACA ensures all Medi-Cal health plans offer a comprehensive package of items and services, known as essential health benefits. Coverage includes a core set of services including doctor visits, hospital care,

pregnancy-related services, SNF, home health and hospice care, as well as low-to-moderate mental health care, autism care, and some substance use disorder care.

Since the implementation of the ACA, CCHP has added more than 34,000 Medi-Cal expansion members and now provides comprehensive, quality health coverage to more than 162,000 people in Contra Costa County. To meet this additional demand for services, CCHP has expanded its provider network by credentialing and contracting with needed specialty providers in the community. CCHP also provides 24/7 advice nurse services for patients, as well as case management and care coordination for high-risk patients.

The Contra Costa Health Plan has three provider networks: the Contra Costa Regional Medical Center Hospital and Health Centers; the Community Provider Network (CPN), a contracted network of Primary Care Providers, specialists, and hospitals; and a sub-contract with Kaiser Permanente. CCHP has implemented a low-moderate mental health benefit with the County Mental Health Plan, and offers Autism treatment for Medi-Cal members. CCHP also utilizes services provided by the Public Health (immunizations, CHDP services) and Alcohol and Other Drugs Services Divisions.

CCHP operates three distinct health plans serving the following individuals:

The Contra Costa Health Plan (CCHP) is a county-operated prepaid health plan that manages care for Medi-Cal enrollees including CalWORKS Members, Seniors and Persons with Disabilities (SPDs), and other Medi-Cal (non-crossover) members.

BUDGET: \$536,489,235

FTE: 156

The Contra Costa Community Health Plan is a county-operated prepaid health plan available to certain Medicare recipients, In Home Support Services (IHSS) providers, and employees of participating private and governmental employers. CCHP's participation in the Covered California Exchange ended on December 31, 2014. Plans and product lines include:

- a.) **Commercial Coverage** provides coordinated comprehensive health benefits from physical check-ups to treatment of major health problems. There is an array of benefits, premiums and co-payments depending on the plan chosen. Premiums are paid by the members or their employers.
- b.) **The County Employees Plan** enrolls employees and retirees of Contra Costa County and their eligible dependents.
- c.) Coordinated, comprehensive coverage is also available to **In-Home Supportive Services (IHSS) Providers** in Contra Costa County.
- d.) **The Medicare Senior Health Plan** product line serves Contra Costa senior residents who are covered under Medicare and who choose CCHP as their medical gap insurer. In addition to the basic Medicare coverage under this program, there are various benefits covered by member premiums that reduce the member's expenses for Medicare co-payments and deductibles for services not covered by Medicare, such as eye and hearing exams as well as glasses and hearing aids and some drugs not covered by Medicare Part D.

- e.) **The Basic Health Care (BHC) Program** is designed to provide needed medical care to the formerly state-sponsored medically indigent residents of Contra Costa County with incomes less than or equal to 300 percent of the federal poverty level. It offers limited health benefits compared to other groups. Services are primarily provided at Contra Costa Regional Medical Center (CCRMC) and the county-operated medical clinics. Most enrollees in this program have been disenrolled and are now covered under the Covered California Exchange program or Medi-Cal Expansion. Services continue for low-income children.

BUDGET: \$72,043,234

The Major Risk Medical Insurance Program served Contra Costa residents who qualified for the Access for Infants and Mothers (AIM) program and the Major Risk Medical Insurance Program (MRMIP). The Contra Costa Health Plan was a contracted health plan carrier for these programs, which were administered by the State's Managed Risk Medical Insurance Board (MRMIB). Both programs were impacted by the Affordable Care Act. CCHP ended its contract with MRMIP in December 2014 since most of these patients are eligible for the Covered California Exchange program.

AIM is a program for pregnant women that is not available to Medi-Cal or Medicare Part A and B recipients, and applies certain income guidelines. Women receive prenatal care and delivery services. MRMIB pays the Health Plan a contracted fee per delivery. CCHP stopped accepting pregnant mothers into the program at the end of 2014, but will continue to provide care for the remaining pregnant mothers until the birth of their babies. CCHP's participation in the AIM program is expected to end in early FY 2015/16.

BUDGET: \$800,000

BEHAVIORAL HEALTH

The Behavioral Health Division combines what was formerly the Mental Health, Alcohol and Other Drugs, and Homeless programs into a single system of care that supports independence, hope, and healthy lives by making services more accessible. This integration is an opportunity to respond to our culturally diverse residents with complex behavioral needs through a systems approach that emphasizes "any door is the right door". By partnering with consumers, families, and community-based agencies, Behavioral Health staff is able to provide enhanced coordination and collaboration when caring for the whole individual; an approach that recognizes the increasing challenges in serving complex populations with multiple disorders. The intended outcome is a system of care that is welcoming, recovery/resiliency oriented, culturally-capable, accessible, continuous and comprehensive, all which promote physical, social and emotional wellness and well-being.

Behavioral Health offers the following programs and services:

1.) Mental Health Programs

- a.) **Adult Program Services.** Mental health services for adults are designed to be responsive to the changing needs of individuals through a single point of coordination and integration. Under the intensive community support model, mental health operates four clinics for consumers over 18 years of age. This model prioritizes the provision of

services necessary for clients to live successfully in the community, thus avoiding costly hospitalization and/or institutionalization. Adult mental health services include:

- **Crisis/Transitional/Supervised Residential Care:** Short-term, crisis residential treatment for clients who can be managed in an unlocked, therapeutic, group living setting and who need 24-hour supervision and structural treatment for up to 30 days to recover from an acute psychotic episode. This service can be used as a short-term hospital diversion program to reduce the length of hospital stays. This service also includes 24-hour supervised residential care and semi-supervised independent living services to increase each client's ability to learn independent living skills and to transition ("graduate") from more restrictive levels of residential supervision to less restrictive (i.e., more independent) living arrangements, including board and care facilities.
- **Outpatient Clinic Treatment and Outreach Services:** Provides scheduled outpatient clinic services, including psychiatric diagnostic assessment, medication, short-term individual and group therapy, rehabilitation, and collateral support services for seriously and persistently mentally ill (SPMI) clients and their families with acute and/or severe mental disorders.
- **Case Management Services:** Case managers provide screening, assessment, evaluation, advocacy, placement and linkage services in a community support model. Case management is also provided through supportive housing services, as well as the county clinics in West, East, and Central County.
- **Day Treatment Programs:** Organized therapeutic treatment and activity programs (less than 8 hours per day) for adults who are recovering from a psychotic episode and who need training in socialization and independent living skills.
- **Mental Health Homeless Outreach/ Advocacy Services:** The homeless shelter in Antioch and the three regional drop-in multi-purpose service centers assist the homeless mentally ill to secure counseling, transportation, clothing, vocational training, financial/benefit counseling, and housing.
- **Vocational Services:** Services include job search preparation, job referral, job coaching, benefits management, and employer relations.
- **The Consumer-Run Community Centers:** Centers in Pittsburg, Concord and Richmond provide empowering self-help services based on the Recovery Vision, which is the concept that individuals can recover from severe mental disorders with peer support. The Centers, which are consumer-operated, provide one-to-one peer support, social and recreational activities, stress management, money management, and training and education in the Recovery Vision.
- **Substance Abuse and Mental Health for CalWORKs (SAMHWORKs):** Mental health specialty services provided for CalWORKs participants referred by the Employment and Human Services Department to reduce barriers to employment. It includes outpatient treatment for participants and their immediate family members, as well as aftercare in support of job retention.

- **AB109:** Under AB109, probationers have five days upon prison release to report to their Probation Officer (PO) to review their probation orders. At their initial meeting, the PO determines whether the individual received “custody” mental health services and/or was released with a 30 day supply of psychotropic meds. POs may then offer the individual a referral to MH to be assessed for their voluntary continuation of medications and need for focused forensic case management services.
 - **Local Hospital Inpatient Psychiatric Services:** Provides acute inpatient psychiatric care at Contra Costa Regional Medical Center, involuntary evaluation, and crisis stabilization for seriously and persistently mentally ill clients who may be a danger to themselves or others.
- b.) **Children’s Program Services.** Children’s Mental Health Services has established a System of Care (SOC), offering a continuum of services to meet the varied mental health needs of children, adolescents, and their families. The array of services offered in the SOC consists of various mental health programs and services from the most restrictive, institutionally based services (e.g., hospitalization) to the least restrictive, community-based services (e.g., early intervention and prevention programs). Child and adolescent services are available for clients 0-18 years of age and offers the following services:
- **Local Institutional/Hospital Care:** Acute psychiatric inpatient treatment for children and adolescents is provided in private hospitals in order to avoid placing minors in the same psychiatric unit as adults at Contra Costa Regional Medical Center.
 - **Out-of-Home Residential Care/Treatment Service Programs:** Structured residential therapeutic treatment service programs, provided in partnership with Child and Family Services and Juvenile Probation, for seriously emotionally disturbed (SED) children and adolescents providing individual, group and family therapy and wrap-around teams.
 - **Intensive Day Treatment Services:** Therapeutic treatment, educational and activity programs (less than 8 hrs/day) for children/adolescents who have behavioral/emotional disorders or are seriously emotionally disturbed (SED), psychosocially delayed or "at high risk". Intensive Day Treatment is generally attached to residential programming.
 - **Outpatient Clinic Treatment and Outreach Services:** Outpatient clinic, school-site and in-home services, including psychiatric diagnostic assessment, medication, therapy, wrap-around, collateral support and crisis intervention services for seriously emotionally disturbed children and adolescents and their families.
 - **Child/Adolescent Case Management Services:** Case managers provide screening, assessment, evaluation, advocacy, placement and linkage services to assist children and adolescents in obtaining continuity of care within mental health, health care, and social service systems. Community and school-based prevention and advocacy programs provide community education, resource development, parent training, workshops, and development of ongoing support/advocacy/action groups. Services

are provided to enhance the child's ability to benefit from their education, function in the community, and remain in their homes.

- **EPSDT (Early and Periodic Screening Diagnosis and Treatment) Program:** Provides comprehensive mental health services to Medi-Cal eligible severely emotionally disturbed persons under age 21 and their families. Services include assessment; individual, group and family therapy, crisis intervention, medication, day treatment and other services as needed. Specialized services are available in cases of emergency foster placement. Therapeutic Behavior Services (TBS) are one-on-one shadowing of children and youth, on a short-term basis, to prevent high level residential care or hospitalization.
- **Seneca Mobile Response Team:** The mobile crisis response team, comprised of a Masters level therapist and a family support partner, provides short-term triage and emergency services to seriously emotionally disturbed children, adolescents and their families in order to prevent acute psychiatric crises and subsequent hospitalization.
- **Mental Health Services for Children 0-5 Years of Age:** Three contract agencies provide intensive outpatient daily services, general outpatient, and in-home service to SED children or children at risk of significant developmental delays and out of home placement.
- **Special Education Services – Educationally Related Mental Health Services (ERMHS):** Mental Health Services are provided, at the request of the School District, as part of a youth's Individualized Education Plan (IEP) to fulfill a mandate under federal law to provide a free and appropriate public education to students with special needs in the least restrictive educational environment. Services include: individual, group, or family psychotherapy, day treatment services, collateral, and case management.

c.) **Other Mental Health Services**

- **Outpatient Mental Health Crisis Service.** The CCRMC Crisis Stabilization Unit provides crisis intervention and stabilization, psychiatric diagnostic assessment, medication, emergency treatment, screening for hospitalization and intake, disposition planning, and placement/ referral services.
- **Medi-Cal Psychiatric Inpatient/Outpatient Specialty Services (Managed Care).** Community based acute psychiatric inpatient hospital services and outpatient specialty mental health services are provided for Medi-Cal eligible adults.
- **Mental Health Services Act/Proposition 63.** Approved by California voters in November 2004, Proposition 63 imposes a 1% tax on incomes in excess of \$1 million and directs those collections to the provision of mental health services. The Mental Health Services Act (MHSA) has expanded mental health care programs for children, transition age youth, adults, and older adults. Services are client and family driven and include culturally and linguistically appropriate approaches to address the needs of underserved populations. They must include prevention and early intervention as well as innovative approaches to increasing access, improving

outcomes and promoting integrated service delivery. The MHSA added Section 5891 to the Welfare & Institutions Code, which reads in part, “The funding established pursuant to this Act shall be utilized to expand mental health services. These funds shall not be used to supplant existing state or county funds utilized to provide mental health services”.

BUDGET: \$177,147,012
FTE: 413

2.) **Alcohol and Other Drugs Services (AODS)**

Advocates for alcohol and drug free communities by promoting individual and family responsibility, hope, and self-sufficiency. Programs include prevention, treatment, and special services:

- a.) **Prevention Services.** Prevention programs provide alcohol and other drugs education, drug free activities, community-based initiatives, problem identification and referrals for youth and adults.
- b.) **Non-Residential Program.** Outpatient substance abuse recovery services for adults, youth/adolescents and family members who have alcohol and other drug problems. Services include individual, family and group counseling, educational and recovery support groups.
- c.) **Residential Services Program.** Recovery services for men, women with their children, and detoxification for adults. Services include individual, group, family counseling and 12-step support services. Treatment is designed to promote recovery, healthy relationships, and positive participation in society.
- d.) **Narcotic Treatment Program.** Outpatient methadone maintenance provided under a contract with Bay Area Addiction Research and Treatment (B.A.A.R.T.) for opiate dependent adults, especially those persons at risk of HIV infection through I.V. drug use. Also includes services for pregnant addicts and persons suffering with co-occurring disorders.
- e.) **Special Programs.** The department administers several time-limited federal and state special initiatives and demonstration projects including AB 109; State Incentive Grant (SIG); HIV Testing and Education, Adolescent Treatment; CalWorks (SAMHWorks); Adult Drug Court & County Diversion programs (DUI and PC1000). HIV rapid test and education services via Interagency Agreement with Public Health promote healthy behaviors by encouraging clients across age and orientation to know their HIV status. Confidential and quick HIV and hepatitis C testing and education in all of our substance abuse treatment programs including the Orin Allen Youth Rehabilitation Facility is provided by the HIV Team on a regular basis. Services include follow up testing, linkages to care and treatment, and the collection of data which is reported to the State on an annual basis.
- f.) **Support Services and Countywide Prevention.** Provides management of all substance abuse services, funds, and programs, including contracted services. Oversees the

countywide service delivery system, including budgeting, program planning and evaluation, contract development and processing, and other services. This category also includes the provision of countywide prevention services, special projects and grant management.

BUDGET: \$14,431,561

FTE: 31

3.) **Homeless Programs**

The Homeless Program has created an integrated system of care that includes information and referral, multi-service centers that provide case management and support services, outreach to encampments, coordination of a system for SSI eligibility determination, emergency shelter, transitional housing, and permanent supportive housing for adults, youth, and families. The county is the primary provider of emergency shelter for single adults, the only shelter and transitional housing for transition-age youth, administers the Rental Assistance Program (formerly Shelter Plus Care), and provides guidance and staff to the Contra Costa Inter-jurisdictional Council on Homelessness (CCICH). Programs include:

Outreach and Engagement Services are aimed at identifying homeless individuals, youth and families in need of services, and assisting them in accessing the services necessary to end their homelessness. Outreach and engagement services include an interim housing intake line, outreach teams, and multi-service centers.

- **Adult Interim Housing Intake Line** is a toll-free number (800-799-6599) for any homeless single adult to access a bed within our adult shelter system.
- **Multi-Service Centers** provide comprehensive support services, including case management, basic needs assistance, and outpatient drug abuse treatment at Anka Behavioral Health Services multi-service centers located in West, Central, and East County, serving over 1,000 adults and children each year.

Interim/Transitional Housing and Support Services offers short-term shelter and support services including referral and preparation for permanent housing and/or mental health and AOD detox and treatment services that allow for stabilization.

- **Adult Interim Housing Program** are 24-hour shelter facilities in Richmond and Concord that focus on housing search assistance with case management and other wrap around services including meals, laundry facilities, mail, and telephone services. The program has the combined capacity to serve 175 men and women, including specialized services for veterans.
- **Supportive Services for Veteran Families** is a support service program that provides outreach, housing search assistance and case management services to homeless veterans residing in the Richmond and Concord interim housing facilities, and/or accessing services at the multi-service centers.
- **Philip Dorn Respite Center** is a twenty-four (24) bed shelter for homeless adults who are leaving the hospital and would otherwise be appropriate for discharge to their home, and

have health care needs that cannot be met in the emergency shelter environment. This is a collaborative project with Health Care for the Homeless and local hospitals.

Supportive Housing Program provides a variety of permanent housing options for homeless adults, families, and transition age youth with disabilities. All housing options come with supportive services aimed at assisting the resident in maintaining their housing.

- **Rental Assistance Program (formerly Shelter Plus Care)** provides housing subsidies to homeless persons with disabilities, and links them to support services. This program has the capacity to serve over 400 households.
- **PCH – Addressing Addictions to Alcohol (AAA)** is a partnership with Anka Behavioral Health, Inc. that expands upon Project Coming Home to provide permanent housing and supportive services to chronically homeless individuals who have a long-term addiction to alcohol.
- **Contra Costa Rapid Re-housing Program** is a federally funded initiative (HUD) to quickly re-house families who are recently homeless. In partnership with SHELTER, Inc., the project will provide temporary (12-15 month) rental assistance, housing placement services and transitional case management and support services to help families achieve self-sufficiency and housing stability. Each year, 12 family households are served in the program.
- **Destination Home** provides 12 units of permanent supportive housing for chronically homeless, disabled individuals. Participants of the project receive a safe, permanent place to live as well as wrap-around services to help stabilize their lives. Case management, assistance enrolling in mainstream benefits and services, and access to peer support groups are all part of a larger continuum of services that allow individuals to work through many of the issues that led to their homelessness while simultaneously moving toward a more sustainable future.
- **Permanent Connection** provides subsidized permanent housing linked to services for homeless youth with chronic mental illness, HIV/AIDS, or developmental or physical disabilities. Youth over the age of 18 receive wrap-around support services that assist them to not only maintain, but also thrive in their housing.

Youth Continuum of Services (CCYCS) for Runaway and Homeless Youth provides outreach, shelter, transitional, and permanent housing and services to youth ages 14-24. Services may be accessed through a toll-free number 800-610-9400. Programs include:

- **Homeless Youth – Health, Outreach and Peer Education (HY-HOPE)** is a health, outreach and peer education program whose goals are to reduce harm done to youth while they are on the streets, build trusting relationships, provide healthier alternatives to being on the streets, and assist youth in making positive choices in their lives. Youth living on the streets and/or in any CCYCS program receive critical information and referrals to services, crisis intervention, life skills education and counseling. Additionally, health care is provided through an on-site adolescent health clinic sponsored by Health Care for the Homeless.

- **Calli House** is an eighteen bed emergency shelter and service program located in Richmond that serves youth ages 14-21. Youth-specific case management, vocational, educational services, health care, and substance abuse support services are provided at the center during the day.
- **Appian House** - Transitional Housing for Youth provides longer-term housing and services for 18-24 year old homeless and/or emancipating foster care youth. This program provides transition-age youth with the support, guidance, and skill development over an 18 to 24-month period that will lead youth to viable employment and permanent housing options.
- **Bissell Cottages** provides longer-term housing and services for 18-24 year old homeless and/or emancipating foster care youth who have mental health disabilities. This program provides transition-age youth with the support, guidance, and skill development over a two-year period that will support youth in their wellness and recovery and lead them to permanent housing

Homeless Management Information System (HMIS) is a federally required, shared homeless service and housing database system administered by the County Homeless Program, in coordination with the Contra Costa Inter-jurisdictional Council on Homelessness, and utilized by community-based homeless service providers.

BUDGET: \$4,438,377
 FTE: 8.5

PUBLIC HEALTH

Contra Costa Public Health promotes and protects the health and well-being of the individual, family, and community in Contra Costa County, with special attention to communities and populations that are most at risk for poor health outcomes and those most affected by environmental inequities. Health is defined as the state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

As part of the integrated health system, Public Health uses a broad spectrum of strategies and offers an array of programs that focus on public health issues such as communicable disease, immunization, nutrition, family, maternal, infant, and child health, including children’s oral health; and sexually transmitted disease. Services include public health nursing and the public health laboratory, along with wellness, prevention, and education activities aimed at negative health conditions such as obesity, smoking, and lead poisoning. The Public Health Division is also responsible for the CCHS health emergency preparedness programs, data collection, and program evaluation.

Clinical Services provided include Women’s Health Clinics, Pediatric Clinics, Immunizations Clinics, Sexually Transmitted Diseases (STD) Clinics, the Employee Occupational Health Program, and School-Based Clinics (43 schools). Additionally, Health Care for the Homeless (HCH) provides mobile clinics at 15 sites where homeless people congregate, and a Respite Clinic. A number of these clinic services are jointly operated with the Ambulatory Care Division. This section also provides staffing and management for the Public Health Nursing (PHN), and the Teen Pregnancy Prevention Initiative (TPPI).

SCHOOL-BASED CLINICS PROGRAM

Contra Costa Health Services (CCHS) Public Health Clinics currently provides school-based health services to students up to 19 years of age. These services are provided in a mobile clinic health van or a satellite school-based health center.

CCHS works very closely in partnership with five school districts to increase the access to medical, dental, mental and or preventive services to their students. CCHS's school district partners include: East Contra Costa, Mt. Diablo, Pittsburg, John Swett and the Antioch Unified School Districts. To date, there are approximately 43 elementary, middle and/or high schools that are on target to receive on-site accessible services. Please note that some schools do not have all health services listed below.

The following services are provided for students up to 19 years of age:

Primary/Preventive Care including comprehensive well child exams, physicals/sports clearance, hearing and vision screening, immunizations, minor infections/sick care, referrals to other services, including physical, mental and sexual health services.

Reproductive Health Care including reproductive health exams, contraceptive screening, counseling, education and dispensation, sexual health education, pregnancy counseling and testing STD & HIV screening.

Dental Services including dental exams, cleanings, sealants, fillings and fluoride treatments.

Mental Health Services include working with students to identify, address, improve and support students who may be experiencing mental health issues.

Other school-based health activities implemented by CCHS Clinic staff include Outreach at School Sites, implementation of classroom presentations, participation in school events, and dissemination of clinic flyers to students and parents/guardians at school site events. On-Campus services at School Sites also include screening and reviewing health coverage eligibility with students and/or parents/guardians, providing individual/student health education and providing client-centered follow up for students.

The Health Care for the Homeless (HCH) Program has been operated by Contra Costa Health Services since 1990 and is an essential component of the CCHS primary health care delivery system. The HCH Program provides health care services through mobile clinics and through the CCHS integrated ambulatory system of care. Health care services are provided by two mobile clinic units serving the homeless population in the community at 15 venues, including shelters, soup kitchens, recreation centers, and shopping centers; designated homeless clinics at the Antioch Health Center, West County Health Center and the Concord Respite Health Center; Public Health Nursing programs that provide home visits to homeless patients; mobile Mental Health and Substance Abuse Counselors; Covered California Certified Enrollment Counselors providing health coverage enrollment and outreach services. Primary health care services provided by the HCH Program include routine physical assessments, basic treatment of primary health problems such as minor wounds and skin conditions, respiratory problems, TB, acute communicable diseases and referrals for follow up treatment of identified health care needs. Substance abuse and mental health services are also provided, along with specialty care, labs, x-ray and hospital care, when needed. In 2010 the HCH Program received a Federal grant to fund the County's first fully-integrated Health Center at Concord Health Center

Building 2. This Health Center provides both primary and behavioral health services, with a focus on homeless health.

The HCH Program also operates the Philip Dorn Respite Center, in collaboration with the County's Homeless Program. The Philip Dorn Respite Center is a respite care program in Concord for homeless adults who are discharging from local hospitals and require medical stabilization services. Respite care refers to recuperative services for those homeless persons who may not meet medical criteria for hospitalization, but who are too sick or medically vulnerable to reside in an emergency shelter and cannot be returned to the streets. The shelter includes 24 beds with a full time HCH Nurse assigned to manage care and provide coordination for admitted patients.

Public Health Nursing provides services to populations of all ages in all areas of Contra Costa County. Public Health Nurses visit clients in their homes and in their community. They provide direct nursing care, health education, comprehensive case management and supportive services to pregnant women, new mothers and babies, children, and adults. Working with all entities in Contra Costa Health Services and with partners in the community, Public Health Nurses address the changing needs of the client on an ongoing basis, referring and linking clients to the widest array of options for meeting the needs of the client and to promote health, prevent diseases and their spread, disability, and premature death, and to assure clients gain access to needed medical, social, educational and other services.

The teen Pregnancy Prevention Initiative (Replication of Evidence-Based Programs) provides evidence-based teen pregnancy prevention programs in twelve middle, junior high and high schools in the cities of San Pablo, Richmond and Pittsburg. The school sites for this initiative are Richmond, Kennedy, Pinole Valley, DeAnza, Riverside Continuation and Pittsburg High Schools; Rancho Medanos and Hillview Junior High School; and DeJean, Crespi, Helms and Pinole Middle Schools. The programs to be replicated for this project are "Draw the Line/Respect the Line" for students ages 11-14 at six middle/junior high schools, and "Reducing the Risk" for students ages 14-15 in six high schools, totaling approximately 8,300 participants. The overall program goal is to reduce the birth rate among youth 15-19 years old in Pittsburg, Riverside, Richmond, Kennedy, Pinole Valley and DeAnza High Schools by September 2015

Non-clinical direct services provided include:

- 1.) The **Senior Nutrition Program** provides hot nutritious daily meals to the elderly, which is the fastest growing segment of the population in our county.
- 2.) The **Communicable Disease Prevention and Control/Health Emergency Response Unit** works to prevent and control the spread of communicable diseases through health education, epidemiological surveillance and investigation, case management, and laboratory examinations. Isolation and quarantine of persons who have or are suspected to have a communicable disease, when necessary to protect the public, and assurance that persons in contact with a communicable disease receive prophylactic treatment are integral components of these programs. Programs include:
 - a.) The **Health Emergency Response Unit** develops plans and procedures to respond to the health impacts of naturally occurring disasters such as earthquakes, communicable disease outbreaks such as Pandemic Flu, and bioterrorism caused by human action. This unit also coordinates drills and exercises to test and refine the emergency plans.

- b.) The **Immunization Program** provides immunization clinics for children and adults, consultation to health care providers, and technical assistance to schools, day care centers, and preschool programs to ensure compliance with California immunization laws.
 - c.) The **Tuberculosis Control Program** provides PHN case management for people with active tuberculosis, their contacts, and others with TB infection and at high risk for progression to TB disease. This program also provides medical consultation to the private medical community on TB disease treatment, and provides epidemiological surveillance of TB here in Contra Costa
 - d.) The **Public Health Laboratory** has used Federal and State bioterrorism grant funds to obtain new equipment that provides real-time, rapid detection and identification of bioterrorism agents in as little as 2-3 hours after delivery to the laboratory. In addition, this equipment is used daily to support Health Services Communicable Disease Programs and Environmental Health by rapidly identifying influenza virus, Norovirus, Bordetella pertussis, and Tuberculosis within a few hours.
 - e.) The **Disease Investigation and Control** unit receives reports of communicable diseases from medical providers, provides guidance to individuals, facilities and health care providers on controlling the spread of disease, and collects surveillance data. This program also responds to the public on issues of rabies control, working closely with Animal Services and veterinarians, investigates food-borne illnesses in collaboration with Environmental Health, and works with other counties, the State and the CDC as needed to control disease and protect residents of Contra Costa County.
- 3.) **HIV/AIDS and Sexually Transmitted Disease (STD) Programs** work to reduce the transmission of HIV and STDs by identifying cases and their sexual contacts, providing access to care, conducting monitoring and surveillance activities, and ensuring treatment of reported cases. Mobile HIV rapid testing is offered at fixed sites throughout the community, and HIV and STD testing are offered at closed sites serving high risk youth, men, and women enrolled in AODS and detention services.

The HIV component also improves health outcomes for HIV positive individuals in Contra Costa through the provision of individual and community education and prevention services, home and clinic-based case management, clinic navigation support, and agency capacity building. Medical Social Workers assigned to the Positive Health Clinics provide medication adherence support, assist with appointments and financial coverage issues, offer referrals to community services, and certify eligibility for enrollment in the State AIDS Drug Assistance Program. Community planning services, open to all interested parties, provide an opportunity for consumers, providers, and others to offer recommendations for service delivery system improvements. A quality management program reviews clinical records for consistency with national guidelines.

- 4.) **Family, Maternal & Child Health Programs** work in partnership and collaboratively with community members, county programs, and community organizations to provide support, resources, and services to eliminate health inequities and improve the quality of life for all children, youth and families in Contra Costa County. Programs include:

- a.) **Black Infant Health Program (BIH)** aims to improve African American infant and maternal health and decrease the Black:White health disparities in perinatal outcomes.
- b.) **Children’s Oral Health Program** provides an array of oral health services including assessments, oral health education, fluoride varnish and dental sealants.
- c.) **Comprehensive Perinatal Services Program (CPSP)** recruits and approves medical providers to provide quality prenatal care service to low-income, at risk pregnant women.
- d.) **Fetal Infant Mortality Review (FIMR) Program** links women and their families to bereavement support and inter-conception care services, including linkages to other social and health services.
- e.) **Lift Every Voice (LEV)** provides outreach and case management services to incarcerated pregnant women and teens prior to release from the county detention facility and juvenile hall to assure that newborns have a safe environment in which to live after delivery and are not placed in foster care.
- f.) **Nurse Family Partnership (NFP) Program** is an evidence-based home visiting program in which ongoing services are provided by a team of Public Health Nurses to low-income first time mothers during pregnancy through two years post-partum. Contra Costa is one of 17 counties receiving federal funding from the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program and is part of the California Home Visiting Program. The NFP Program has several goals, including achieving better pregnancy outcomes, improving the child’s health and development, and helping the families become economically self-sufficient by working with parents to develop a vision for the future, plan subsequent pregnancies, continue their education and find employment.
- g.) **Prenatal Care Guidance Program (PCG)** provides short-term home-based education and support services to over 375 Medi-Cal eligible women throughout Contra Costa County each year to promote early entry into prenatal care, ensure healthy birth outcomes, reduce infant mortality and morbidity, and ensure babies receive wellness care.
- h.) **Health Families America (HFA) Program** is a national evidence-based home visiting model designed to work with overburdened families who are at risk for adverse childhood experiences with a focus on child abuse prevention. Community Health Worker Specialists, trained in the core model elements, cultivate and strengthen nurturing parent-child relationships, promote health childhood growth and development and enhanced family function.
- i.) **Sudden Infant Death Syndrome (SIDS) Program** is a state-mandated program that provides grief support services to families and caregivers who have had an infant die of SIDS.
- j.) **Women, Infants, and Children (WIC) Special Supplemental Food Program** is a federally funded health and nutrition program for women who are pregnant, breastfeeding, or just had a baby, children under 5 years old (including foster children)

and infants in families with low to medium income (working families may qualify). The Contra Costa County WIC Program currently serves over 22,500 participants every month providing special checks to buy healthy foods from WIC-authorized vendors. WIC provides nutrition education and health information, breastfeeding support and referrals to other community services to help families eat well and be healthy. The specific foods and nutrition education provided to enrolled women and children result in longer pregnancies, fewer low birth weight babies, fewer fetal and infant deaths, and improved nutrition.

- 5.) **Community Wellness and Prevention Program (CW&PP)** works in partnership with diverse communities and uses a spectrum of strategies to accomplish its goals. Programs focus on prevention of chronic disease and injuries which are the two leading causes of death and disability in the United States. The primary goals of CW&PP are to examine the root causes of poor health, to support factors that promote community health, and to reduce risk factors that contribute to chronic diseases and injuries, the leading causes of death and disability. Programs include:
- a.) **Tobacco Prevention Program (TPP)** works on issues of youth access to tobacco, reducing tobacco influences in the community, and reducing exposure to secondhand smoke. TPP works with Contra Costa cities to adopt and implement tobacco prevention policies to change community norms that facilitate behavior change and reduce tobacco use and exposure to tobacco influences. This work has led to reducing the illegal sales rate of tobacco products to youth from 37% to 8% in the unincorporated area of the County, adoption of laws that protect residents from secondhand smoke exposure in both outside areas and inside multi-unit housing, and a decrease in the smoking rate by 31% since 1990. The TPP works with the County and community partners to reduce the health disparities through tobacco prevention policy adoption and implementation.
 - b.) **Built Environment (BE) Program** addresses the impact of the physical environment on health. Studies indicate that investment in biking and walking infrastructure reduces traffic fatalities and increases levels of physical activity in communities. In addition, proximity to fresh produce leads to higher level of fruit and vegetable consumption. The BE Program staffs the interdepartmental Planning Integration Team for Community Health (PITCH) that includes representatives from Public Works, Department of Conservation and Development, and Health Services, and reports to the Board of Supervisors about land use and transportation projects and policies to create healthier communities. The BE Program also partners with city staff and communities to advocate for healthy community designs for public planning processes.
 - c.) **Nutrition & Physical Activity Promotion Program (NuPACT)** partners with federal, state, and community agencies to provide nutrition and physical activity education and healthy, low-cost food demonstrations through a variety of settings such as the schools, faith-based organizations, community events, farm stand/farmers markets, and other food retail outlets to over 12,000 adults and children every year. In addition, the program trains teachers to increase their student's knowledge of and familiarity with California grown fruits and vegetables. The program collaborates with community partners to identify and increase the number of outlets for healthy food and opportunities for physical activity in low-income communities by increasing healthy foods at small stores, assessing walk ability of neighborhoods, distributing locally grown produce, and other activities. The program works on local, statewide and

organizational food and nutrition policies, including a 100% healthy vending policy for the Health Services Department.

- d.) **Lead Poisoning Prevention Program (LPPP)** provides a countywide, comprehensive program of prevention, screening, and clinical services for children and their families. As a result of ongoing, aggressive intervention, the blood lead levels in children throughout the County are dropping. Through extensive outreach, education, and training, LPPP decreases lead exposure of children, which causes cognitive and behavioral impairment in the County. LPPP serves about 150 children each year with elevated blood lead levels by educating their caretakers/parents about removing sources of lead, providing nurse case management, culturally and linguistically appropriate referrals, and linking them to specialized clinical services that decrease the life-long impact of lead on the child. The LPPP also contacts adults with occupational lead exposure and provides them with education about exposure source, workplace precautions, and information on protective measures for them and their family.
 - e.) **Injury Prevention and Physical Activity Promotional Projects (IPPP)** works with other County departments, cities, community groups and schools to reduce injuries and promote opportunities for everyday physical activity. The project focuses on educating children and adults about traffic, pedestrian and bicycle safety, and building environmental policies and best practices to create communities that are safer for walking and bicycling. Educational activities include: providing traffic safety presentations to over 500 youth and bicycle helmets to over 1,000 low-income children annually, along with conducting safe cycling demonstrations at community events. IPPP is currently implementing a Safe Routes to School program in collaboration with school districts and the Public Works Department in communities throughout Contra Costa.
- 6.) **Other Programs** administered by the Public Health Department include:
- a.) **The Developmental Disabilities Council of Contra Costa** works to develop and improve needed community services, while providing information about resources and taking a leadership role in planning, training and advocacy.
 - b.) **Office of the Local Registrar (OLR) of Vital Registrations** is responsible for certifying and registering all hospital and home births, deaths and fetal deaths that occur in the county, issuing permits for the disposition of human remains, providing certified copies of birth, death and fetal death certificates, assisting the public with amending records, certifying Declaration of Paternity forms, and issuing Medical Marijuana ID cards.
 - c.) **Linguistic Access Program** includes the Refugee Health program and the Health Care Interpreter Network (HCIN). It currently oversees all interpretation and translation of written documents for Contra Costa Health Services, supports all Multilanguage clinics, and arranges in-person interpretation appointments for our health system. Also, this unit is responsible for overseeing health care screenings and follow-up, including changes of status transition for all refugees and asylees as well as all victims of trafficking in the County. Seventeen healthcare interpreters are currently employed to provide interpretation by phone or video in more than 13 different languages and HCIN (state-wide interpreter network) provides interpretation for our patients in more than 170

languages. Currently this unit is handling more than 6,500 (video or audio) calls per month.

- d.) **Epidemiology, Planning and Evaluation (EPE)** provides health assessment and evaluation support to Public Health, the Contra Costa Health Plan, the Office of the Director, and other projects of Contra Costa Health Services. It identifies and statistically analyzes useable versions of standardized databases, including birth, death, hospitalizations, and demographic data; summarizes this data in presentations, reports, tables, graphs and maps; works with the managers to collect and analyze information for their use in the development of federal, state, and foundation grant applications, program plans and required evaluations; and responds to hundreds of requests each year for health information about the county. EPE also monitors communicable disease incidence, prevalence, and trends in Contra Costa, including production of an annual TB Report. Finally EPE provides active HIV and AIDS surveillance to assure accurate and timely reporting of HIV and AIDS coordinate information with four local laboratories, including the Kaiser Regional Laboratory and private laboratories.
- e.) **Promotora and African American Health Conductor Programs** provide cultural and linguistic brokerage, assistance and support to Latino and African American West, East and Central County residents.
- f.) **Violence Prevention Re-entry Efforts Program** monitors and responds to community violence and creates a seamless pathway for individuals released from prison to a medical home.

BUDGET: \$47,093,215

FTE: 283

ENVIRONMENTAL HEALTH

The **Environmental Health** Division is a regulatory agency that provides oversight for businesses and property owners to protect and promote the health of the people of Contra Costa County.

Environmental Health uses up-to-date standards, state laws, and ordinances to regulate programs for safe food, safe water for drinking and recreation, and the sanitary management of wastes.

Environmental and Health strategies include education, promotion, and the implementation of environmental health principles and laws designed to prevent disease and disability. Programs include:

- a.) **Food Programs:** Performs permitting and inspection of retail food facilities including restaurants, bars, retail food markets, mobile food preparation vehicles and temporary food facilities; inspection of institutional and school food service facilities; registers and permits including inspection of cottage food businesses; and conducts investigations of food-borne illness outbreaks.
- b.) **Recreational Health Programs:** Performs permitting and inspection of public pools, spas and recreational beaches; permitting and inspecting of organized camps; conducts investigations of waterborne disease outbreaks.
- c.) **Plan Check Program:** Reviews, and based on meeting local, state, and federal requirements, approves plans for retail food, public pools and spa facilities.

- d.) ***Solid Waste Program:*** Performs permitting and inspection of landfills and transfer stations; inspections of closed or abandoned landfills; notification review and inspection of non-traditional facilities such as those for compost and construction waste; code enforcement for abatement of exterior garbage, refuse and cast-off materials; and disposal of waste tires.
- e.) ***Medical Waste Program:*** Performs registration, inspection and permitting of specified medical waste generators, treatment facilities, and storage and transfer facilities and haulers.
- f.) ***Land Use Programs:*** Performs permitting and inspection of individual sewage collection and treatment systems; permitting and inspection of water wells, soil borings and monitoring wells; and evaluation of properties for compliance with environmental health criteria.
- g.) ***Body Art Program:*** Performs registration of body artists, permitting including plan check and inspection of tattoo, body piercing and other body art establishments, and inspecting and permitting of temporary body art events.
- h.) ***Small Water System Program:*** Performs plan review, inspecting and permitting of county, state and federally defined small water systems.

BUDGET: \$10,864,286

FTE: 60

HAZARDOUS MATERIALS PROGRAMS

The **Hazardous Materials** Division serves area residents by monitoring local industry and responding to emergencies to protect the public from exposure to hazardous materials. Hazardous Materials strives to maintain a clean, healthy, and safe environment by promoting pollution prevention, increasing process safety knowledge and environmental awareness, responding to incidents, and implementing consistent regulatory compliance and enforcement programs. As the State Certified Uniform Program Agency (CUPA) for all of Contra Costa County, staff of the Hazardous Materials Programs provide oversight, guidance, investigation and enforcement of the laws involving the handling, storage and processing of hazardous materials in order to assure that the health and safety of the community is not jeopardized. Programs include:

- a.) ***Emergency Response Program:*** This program provides an emergency response unit under the control of a Hazardous Materials Specialist 24 hours per day, seven days per week, for the identification and characterization of unknown substances and for risk assessment and oversight of hazardous materials spills and releases, mitigating releases and spills, and disposing of small quantities of hazardous wastes.
- b.) ***Hazardous Waste Generator Program:*** Provides enforcement, education and consultation to hazardous waste generators for compliance with federal and state laws and regulations. Inspection activities assure a safe environment for Contra Costa workers and residents.
- c.) ***Hazardous Materials AB 2185 Program:*** Performs review and dissemination of hazardous materials management plans and hazardous materials inventories from approximately 2,357 businesses, and inspection of businesses to ensure their compliance with their hazardous materials management plans and state and federal laws and regulations. The hazardous materials business plan information is made available to all of the fire departments and districts in Contra Costa County via the County's GIS maps.

- d.) ***Underground Tanks Program:*** Performs inspection and permitting of approximately 1,051 underground tanks at 398 tank facilities in Contra Costa County to protect soil and groundwater from contamination by hazardous materials.
- e.) ***Above Ground Storage Tanks Program:*** Ensures that facilities that have above ground storage of petroleum products follow their Spill Prevention Containment and Countermeasures Plan by inspecting approximately 302 facilities that have this storage.
- f.) ***Accidental Release Prevention (ARP):*** Implements the California Accidental Release Prevention Program and the County's Industrial Safety Ordinance that requires regulated facilities to develop and implement a prevention program and requires that the businesses have an emergency response plan to respond to an incident and notify emergency responders and the public on protective actions to take.
- g.) ***Green Business Program:*** Recognizes businesses that have good compliance and environmental practices by designating the business as a Green Business.

BUDGET: \$9,123,855
 FTE: 37

EMERGENCY MEDICAL SERVICES (EMS):

The **Emergency Medical Services (EMS)** Division serves the people of Contra Costa by ensuring that quality emergency medical services are available for all people in the county. As the local regulatory agency responsible for providing medical and operational oversight to its dispatch, fire, ambulance and hospital partners, EMS ensures everyone involved in an emergency response is properly trained and equipped so that emergency medical care is provided in a timely, efficient, coordinated, and professional manner.

Emergency Medical Services uses evidenced based care, state laws, and local ordinances to regulate EMS programs for Public Access Defibrillation and CPR, the practice of pre-hospital medicine in the field, medical health disaster response, and quality cardiac arrest, stroke, high risk heart attack, trauma, and EMS for Children programs.

The Emergency Medical Services fund is used to reimburse physicians and hospitals for a percentage of the losses they incur in providing uncompensated emergency services. The fund is financed from court imposed motor vehicle fines assessed for moving violations.

BUDGET: \$1,692,403

DETENTION MEDICAL PROGRAMS

The Detention Medical Programs provide medical and mental health services to the inmates of the County Adult and Juvenile Detention Facilities. Services include:

- a.) **Detention Facility Mental Health Services** provides assistance to the Sheriff's Department in the identification and management of the mentally ill in the county's main detention

facility. Services include medication management, behavior management, crisis counseling, and brief therapy for the more severely disordered inmates.

- b.) **Detention Facility Medical Services** provides all primary care medical services for inmates in the county's detention facilities, including diagnostic testing, treatment, and nursing care.
- c.) **Juvenile Health Medical Services** provides primary care medical services to inmates at the Juvenile Hall, including diagnostic testing, treatment, nursing care and physician care.
- d.) **Juvenile Justice Facilities (Youth Institutional Mental Health Services)** provides funding for crisis intervention, medication evaluation and critical consultation by Mental Health Department staff to inmates held at the Orin Allen Youth Rehabilitation Facility and Juvenile Hall.

BUDGET: \$23,028,093
FTE: 91

CALIFORNIA CHILDREN'S SERVICES

Arranges, directs, authorizes and pays for medical care, equipment and rehabilitation for children and young adults under 21 years of age with CCS eligible conditions whose families are unable to pay for all or part of their care. The program currently provides case management and occupational and physical therapy for 3,900 children/youth with serious medically handicapping conditions in Contra Costa County.

BUDGET: \$9,803,541
FTE: 57

CONSERVATOR/GUARDIANSHIP

This program has responsibility for managing the financial affairs and daily support coordination of clients who are mentally ill, frail elderly or otherwise deemed to be incapable of caring for themselves in these areas. The Public Conservator is mandated by state law and the Public Guardian is responsible to the Board of Supervisors in the performance of these duties. Additionally, the program collects court-ordered Conservatorship related fees on behalf of other county departments.

BUDGET: \$3,163,958
FTE: 20

AMBULANCE SERVICE AREA

This program reduces deaths and complications resulting from medical emergencies in Contra Costa by making and continuing improvements in the Emergency Medical Service System. Includes support for emergency medical dispatch, expanded first responder and paramedic service; EMS disaster and mass casualty communications; pre-hospital electronic records, EMS-Hospital health information exchange; Public Access Defibrillation; specified positions in the Health Services EMS Division to

support EMS System coordination, provide comprehensive quality improvement and pre-hospital program coordination, training, and medical oversight.

BUDGET: \$5,512,001

FTE: 9

III. DEPARTMENT ACCOMPLISHMENTS

HOSPITAL AND AMBULATORY CARE CENTERS

- 1.) Continuous improvement in quality and safety as outlined in the Delivery System Reform Incentive Program (DSRIP) as well as regulatory measures and accreditation requirements were demonstrated by refining internal tracking and reporting mechanisms through the Performance Improvement Committee. Accomplishments included streamlining reports, visible data walls, and regular report back of improvement progress. Great strides were made in areas of timely analysis, debriefing, and education feedback around serious events, near misses, and excellence in care.
- 2.) The Ambulatory Care Redesign (ACR) Team participated in four IHI Learning sessions that emphasized improved access for patients including the Advanced Access Model that makes appointments available when patients need them. The ACR Team continued to explore alternative models of care through the redesigning of Care Teams throughout the Ambulatory Care System.
- 3.) Screening Brief Intervention and Referral to Treatment (SBIRT) tools were expanded to both the Martinez and Pittsburg Health Centers. Four behaviorists were hired to provide primary care behavioral health treatment onsite in the Health Centers. This care is delivered both individually and in groups. A Diabetes Group, Substance Abuse Group, and a Depression Group component were added to both the West County Health Center and the Martinez Health Center. Refinements were made to the Telephone Consult Clinic, other Group Appointments, and Pharmacy lead groups.
- 4.) The pilot for myccLink was rolled out in July 2014, and the EPIC/ccLink 2012 upgrade was implemented successfully.
- 5.) DSRIP developed mechanisms to address not only the acute health crisis but to build trust in the health services system. Some of the non-traditional approaches to health included the implementation of the Health Leads program at the West County Health Center – a program to assist with issues that do not normally fall within the traditional provision of health care delivery. Health Leads provides navigation, information and assistance within key areas identified by patients as a need that indirectly affects their health i.e. housing assistance, food support and transportation. In addition, patient partners were invited into each committee meeting held by the Hospital and Health Centers Division to suggest ways we can build health as a community. CCRMC did away with the traditional concept of “Visiting Hours” in the hospital and replaced it with a more friendly open approach that makes the hospital accessible 24 hours a day to family and loved ones of those receiving care at CCRMC.
- 6.) Four internal staff members were trained to implement Value Stream Mapping and Rapid Improvement events, considerably reducing our reliance on contracted consultants.

CONTRA COSTA HEALTH PLAN

- 1.) CCHP is collaborating with CCRMC, Public Health, and the Federally Qualified Health Centers on initiatives to improve performance data on perinatal measures. CCHP is piloting a program that provides follow up calls to new moms to encourage them to seek timely postpartum care

- 2.) CCHP achieved full three year NCQA Accreditation status on March 4, 2014.
- 3.) The Community Provider Network expanded by 3% in FY 2014/15. This increase is due to active recruiting of Primary Care Providers (PCP's) and Specialists.
- 4.) CCHP'S Marketing Department helped increase Medi-Cal enrollment by 47% due to the Affordable Care Act's Medi-Cal Expansion program.
- 5.) CCHP hired a Family Nurse Practitioner to round on CCHP members at Skilled Nursing Facilities. The number of Emergency Room visits within 30 days of discharge from Skilled Nursing Facilities has been reduced because of this intervention.
- 6.) The CCHP Advice Nurse Unit received full three year URAC reaccreditation.
- 7.) CCHP reclassified three Nursing Director positions for its Advice Nurse Unit, Utilization Management Unit and Case Management Unit. CCHP has also submitted skill requirement updates for the following classifications to allow for better hiring of qualified personnel for Operations Director; Health Plan Patient Services Supervisor; Assistant Director of Safety and Performance; Utilization Review Manager; and Utilization Review Coordinator.
- 8.) Under the Affordable Care Act, managed care plans were given expanded mental health and substance use disorder benefits. CCHP has worked with the Behavioral Health Division to implement this benefit, and the goal has been fully met and is functioning extremely well. Operational meetings with CCHP and the Behavioral Health Division to improve the system are held wherever necessary. A collaborative memorandum of understanding (MOU) has been established.

MENTAL HEALTH

- 1.) Primary and behavioral health integration resulted in the addition of an Alcohol and Other Drugs Specialist two days a week at each Children's Regional Clinic.
- 2.) The Behavioral Health Electronic Medical Record Project was initiated to work with programs across the system of care to automate and integrate service delivery through the implementation of health information systems. This multi-year/multi-phase project has gone through a number of phases to achieve an integrated service delivery model across health services. Work completed during Fiscal Year 2014/2015 includes integration of primary care referrals to Behavioral Health's Mental Health Access Line/Care Management Unit (CMU), ePrescribing for Psychiatrists, and the opening of the Miller Wellness Center, have provided Behavioral Health with proof that an integrated EHR is ideal, resulting in the organization taking the next step towards service integration with the Behavioral Health Tapestry Project which was approved in December 2, 2014 with a planned go-live of November 2, 2015.
- 3.) A comprehensive Community Program Planning Process, to include a Needs Assessment and Community Engagement, was completed. This process informed the construction of the MHSA Three Year Program and Expenditure Plan, which was approved by the Board of Supervisors. The Three Year Plan integrated the five MHSA components into the Children and Adult Systems of Care.
- 4.) Behavioral Health Services began evaluation of alternative call system options in the second half of 2014. In coordination with Health Services IT and the Department of Information Technology

(DoIt), user groups are currently reviewing demonstrations from potential vendors. Pending final approval, expected implementation time is 90 - 120 days following execution of purchase agreements.

- 5.) The Medicaid Emergency Psychiatric Demonstration Project (MEPD) conducted by the Centers for Medicare & Medicaid Services under the provisions of the Patient Protection and Affordable Care Act of 2010, permits participating States to provide Medicaid payment to private psychiatric hospitals, or Institutions for Mental Disease (IMDs), for inpatient emergency psychiatric care to Medicaid recipients aged 21 to 64 determined to be experiencing a psychiatric emergency medical condition. This is defined as individuals who are suffering from suicidal and/or homicidal thoughts or gestures, or who are otherwise determined to be dangerous to self or others. The goal of the demonstration is to assess whether expansion of Medicaid coverage to include services provided in private, free-standing inpatient psychiatric facilities, improves access to and quality of medically necessary care, and whether this change in reimbursement policy is cost-effective. The objective of Contra Costa Behavioral Health was to enroll 12 individuals in the MEPD Demonstration Project during each quarter of the projects duration. Data indicates that Contra Costa enrolled 126 clients total (23 first quarter, 39 second quarter, 31 third quarter, and 33 fourth quarter).
- 6.) Contra Costa Behavioral Health (CCBH), like other California counties, is required to create a cultural competency plan to address the needs of multicultural communities by implementing culturally and linguistically competent mental health services. In FY 2014/15, CCBH developed an annual update to the existing 3-year plan. The Department of Health Care Services will require Counties to submit a revised Cultural Competency Plan for 2015-2018 in the Fall of 2015. Contra Costa Behavioral Health will revise its plan accordingly to include the newly integrated systems of Alcohol and Other Drugs and Homeless Programs.
- 7.) Contra Costa Behavioral Health provided computer literacy training opportunities through Contra Costa Adult School classes and hosted additional internal trainings. CCBH offered a week of training opportunities at the Contra Costa Behavioral Health Administrative Offices from December 9th through December 11th for all Behavioral Health staff. Offered courses included Microsoft Word and Excel. All courses included beginner and intermediate sessions. Eight courses were offered to staff each 2 hours in length. There were 56 attendees who enrolled and completed the courses. CCBH plans to implement additional trainings in the spring of 2015, which will include step-by-step tutorials on how to complete and save electronic versions of Mental Health's frequently used clinical forms (e.g. Progress Notes, Clinical Assessment, and Psychiatric Assessment).
- 8.) The staff recognition program (Vision Award) was created for the Behavioral Division. Staff are nominated for a vision award if they show effort to promote service integration within a division. These vision award are included in the quarterly behavioral newsletters.
- 9.) Enhanced outreach efforts, including creation of a Behavioral Health Services brochure.
- 10) Behavioral Health is working to integrate the Mental Health access line to be a single point of entry for mental health, alcohol and drug, and homeless services. To date, an alcohol and drug counselor has been added to the MH access line so patients can get referrals to AOD services. Behavioral Health is continuing to work on integrating Homeless services in the upcoming fiscal year.
- 11) An MOU was developed with CCHP, and contracts were amended to increase the reimbursement rates in order to incentivize providers to take on higher caseloads.

ALCOHOL AND OTHER DRUGS SERVICES

- 1.) AOD worked in partnership with the Behavioral Health Benefits Unit to enroll clients in Medi-Cal immediately upon release. In October, AOD sponsored a kick-off work session to introduce the Benefits Outreach and Engagement staff who would be conducting benefits screening and enrollment. Staff piloted a new process to sign up clients for medical benefits with Health Care for the Homeless, and added venues which link clients to medical care.
- 2.) AOD worked to reduce the early termination rate among formerly incarcerated individuals in Substance Use Disorder (SUD) treatment. A Think Tank was conducted with providers to develop a set of ideas and best practices aimed at increasing the retention rate in treatment. Coupled with training, AOD continues to adapt program policies and procedures which support successful engagement of this population while adhering to regulatory State mandates.
- 3.) AOD is working to set up a network of health care providers appropriate to the diverse needs of those receiving services in Behavioral Health. Two Drug Medi-Cal Workshops to recruit and expand the provider network and develop the necessary program structure that meets the diverse needs of clients with substance use disorders were conducted. The Drug Medi-Cal workshops were designed to ensure that new providers would be encouraged to implement other levels of care to expand the continuum of services. The number of new services was essential in meeting the goal, but quality was as important. In 2014, AODS was able to obtain free technical assistance through the Department of Health Care Services to conduct trainings intended to strengthen DMC programmatic areas, thereby increasing service quality.
- 4.) AOD participated in all of the webinars and trainings coordinated by the State Department of Health Care Services (DHCS) as well as conferences and meetings convened by various groups to understand the administration and financial structure of the Health Benefits Exchange and its implications in service delivery. This will continue in FY15-16.
- 5.) AOD Prevention created greater visibility within primary health care through the continued implementation of the Screening, Brief Intervention and Referral to Treatment (SBIRT) tool within the three Prenatal Clinics in partnership with Healthy Start and WIC. Campaigns were conducted within the clinics and the hospital to raise awareness about the dangers of alcohol and prescription drug abuse.
- 6.) In 2014, AOD increased the number of screenings and referrals conducted from the previous year by 5%. Underage drinking rates and youth access to alcohol remain steady at same levels, while marijuana use among youth has slightly shifted due to an increase in access and availability. We collaborated with our local Tobacco Project and conducted the Healthy Retailers, Healthy Communities Initiative survey in strong partnership with local prevention providers, youth, and the State. The results indicated a significant prevalence of Alcopops (malt-based alcohol fruity flavored drinks) present in the stores. AOD initiated a policy response along with the Department of Conservation and Development to remove such products from retail establishments, in alignment with one of its objectives which is to reduce youth access to alcohol and reduce underage drinking. AOD continued to support local policy and awareness efforts to reduce unsafe disposal of unused and expired medications through Take Back Your Medications Day and participation in the Rx Safe Contra Costa coalition.

- 7.) AOD developed formal agreements with the ambulatory clinics to provide screening, brief intervention and referral for treatment (SBIRT), which is now a “funded” benefit. This is an ongoing effort. AOD continues to collaborate in the development of SBIRT related activities.
- 8.) AOD worked in conjunction with the Behavioral Health Benefits Unit to enroll clients in Medi-Cal immediately upon release. A system for referring clients in treatment programs to the Benefits Specialist was developed. With support from the Patient Accounting Unit, two separate trainings were offered to help community based providers reduce the number of disallowed DMC services due to other health care insurance, which is a revenue management challenge.
- 9.) AOD continues to facilitate/advocate for the development of interagency collaboration and communication between Employment & Human Services Department (EHSD) and providers to ensure seamless processing of AOD client’s Medi-Cal applications. This goal was met through the activities coordinated with the Behavioral Health Benefits Unit.
- 10) Assisted and encouraged providers to develop/form/create linkages/agreements/MOUs with primary care and mental health and housing for provision of services to AOD clients. AOD successfully convened multiple brainstorming sessions with the Chief Psychiatrist at PES and Mental Health Detention to resolve issues related to medication refills for clients in its treatment programs. Staff also collaborated with Health Care for the Homeless to allow clients in SUD programs to receive their physical examinations in addition to TB tests at the Mobile Clinics or at the Respite Center Clinic in Concord. A Housing Specialist was assigned at the Discovery House by the Homeless program to help clients prepare housing arrangements before discharge and support long-term recovery.
- 11) Established an ongoing forum composed of community based AOD providers by modality to discuss ACA implementation updates and address emerging issues as a mechanism for cross-training, accountability and support. In 2014, staff convened a total of three system of care meetings to provide regular updates on emerging issues related to ACA implementation and the 1115 DMC Waiver implications.

HOMELESS PROGRAMS

Housing

- 1.) Added more permanent supportive housing through various resources that provide rental vouchers and other support services. An additional 40 rental assistance vouchers were added to the Continuum of Care. Overall, 1,451 homeless consumers obtained permanent housing during FY 14-15.
- 2.) Continued work towards the development of permanent supportive housing units for homeless individuals and families. The Homeless Program, in concert with the Interagency Council on Homelessness, continues to work with the City of Concord to develop a timeline to bring the units on-line.
- 3.) Developed a coordinated assessment screening tool (vulnerability index) to quickly identify homeless individuals with special needs and match them with the most appropriate housing to meet their needs. The Contra Costa Homeless Continuum of Care has selected the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT). Training for all Homeless Service

providers was completed 1/15/15. The administration of the VI-SPDAT continuum-wide will commence February 2015.

Services

- 1.) The Homeless Program, through its adult interim housing program, continues to provide emergency housing and case management services to those re-entering the community after incarceration as well as to homeless veterans.
- 2.) The Homeless Program's Supportive Housing unit added a Mental Health Clinical Specialist to increase counseling and case management support to those with mental health disabilities residing in MHSA and homeless supportive housing.
- 3.) In April 2014, benefits services offered through the Homeless Program were combined with Mental Health's patient financial services to provide greater access, and achieve greater efficiency and more responsiveness to consumers needing benefits.

Outreach/Engagement/Community Awareness

- 1.) Project Homeless Connect was held in June 2014. 639 homeless individuals were provided a variety of services that included health care, vision screenings, benefits enrollment, and pet vaccinations.
- 2.) Worked with the Inter-jurisdictional Council on Homelessness and homeless service providers to update the strategic plan for homeless services within the continuum of care. The Strategic Plan Update was approved by the County Board of Supervisors November 2014. The updated plan emphasizes that the only solutions to homelessness are permanent housing and homeless prevention services.
- 3.) A countywide point-in-time count of homeless individuals was conducted January 28-30, 2015.
- 4.) The Homeless Program continues to work to increase homeless multi-disciplinary outreach teams in the community.

PUBLIC HEALTH

- 1.) Added one FTE PHN staff to meet the need of comprehensive case management services.
- 2.) Expanded the School Based Health Center services to school aged children in the West County Unified School District to include the addition of a permanent clinic site to be constructed at Kennedy High School. The Kennedy High clinic was opened and licensed. Five elementary schools and one middle school in WCCUSD were added to the SBHC schedule.
- 3.) The Health Officer influenza mandate was expanded to staff working in assisted living facilities and education and materials were provided to those facilities. Data from health care facilities was analyzed and distributed to all facilities.
- 4.) Assisted child care facilities, schools, and health care providers with implementation of AB 2109 which changes the personal belief exemption process for school-required immunizations. Continue

to collect immunization assessment data for impact of change. Education was provided to childcare facilities and schools regarding new law, and data collected and provided to the State Department of Public Health, and Contra Costa's personal belief exemption rate (families choosing not to vaccinate) slightly declined.

- 5.) Identified strategies for developing or strengthening partnerships with durable medical equipment providers and home health agency staff to locate home-bound, medically dependent clients needing evacuation or assistance to safely shelter-in-place. Strategies were identified and further work is needed with the Contra Costa Health Plan.

CALIFORNIA CHILDREN'S SERVICES

- 1.) Implemented a nurse liaison assignment to John Muir Medical Center, Walnut Creek Campus effective July 1, 2014.
- 2.) Reviewed OnBase features to determine if it meets CCS program's electronic record needs, implemented an electronic based case management work process, and utilized the iSite CCS Team Folder as an additional electronic tool to store program forms. Continued to use OnBase for electronic record storage and maintain thinner charts. Implemented the usage of iSite CCS Team Folder to access CCS forms and use the discussion forum to relay case management information.
- 3.) CCS Medical Consultants participated in CCHP Provider Relations meeting regarding collaboration with CCHP providers, attended CCHP Community Provider Network meetings to educate providers about CCS, and encouraged provider paneling by actively recruiting providers via office visits, e-mail and phone contact. CCS Medical Consultants met with CCHP quarterly. CCS Medical Consultants work in collaboration with the CCS Nurse Case Managers in discussing paneling and actively encouraging providers to become paneled.
- 4.) Piloted a new process by having new CCS medical case management client families come to the administrative office for in-person orientation to the CCS program. Four family orientations have been conducted. Family response was positive. Continued to make improvement to this process.

ENVIRONMENTAL HEALTH

- 1.) Drafted on-site wastewater treatment system ordinance and regulations that are now being reviewed by county counsel.
- 2.) Conducted one hundred forty-four inspections of alternative on-site wastewater treatment systems. Nine require additional work to correct inadequate operations.
- 3.) Letters were sent to 58 alternative on-site wastewater treatment systems that staff has not been able to inspect because of recalcitrant owners. Notices were added to the property files indicating non-compliance and warning that the dangers of having a system not working properly may damage the groundwater and nearby surface water.
- 4.) Ensure that solid waste is properly treated and disposed. Obtained Board of Supervisor approval for the appeal process for a Local Enforcement Agency decision as required by the state regulatory agency. Obtained Board of Supervisor approval for a revised illegal hauler ordinance which is

needed to reduce illegal dumping. Implemented a permitting program for closed and abandoned landfills, and for facilities operating under Enforcement Notification procedures as defined by the state oversight agency.

- 5.) In July 2014, the Board of Supervisors approved the third member for the for the LEA appeal to an Independent Hearing Panel.
- 6.) Finalized hearing protocols and handbook for the LEA Independent Hearing Panel.
- 7.) Drafted hauler ordinance which is being vetted with those entities holding Franchise Agreements.
- 8.) Investigated over 468 solid waste complaints, primarily illegal dumping, and as of January 26, 2015 had resolved 397.
- 9.) Improved food safety by hiring and training ten new inspectors and conducting 4,119 unannounced, routine inspections of retail food facilities. All veteran staff have been field standardized per Food and Drug Administration procedures.
- 10) Improved EH enforcement outcomes and promoted EH services via an effective and comprehensive outreach effort. Activities that occurred included sending a letter to city managers and chambers of commerce, updating the division brochure with new statistics, and distributing it at more than 20 events, along with posting on the website; participated in several health fairs, chamber of commerce events, and student fairs; and provided food safety training at the adult schools in Richmond, Concord, Martinez and Pittsburgh.
- 11) Increased health and safety for users of pools, including spray grounds and water features. Continued to participate in the process to rewrite Title 22 which focuses on the operation of pools and spas and other water features. Created and used in the 2014 summer inspections checklist Official Inspection Report for public pools and spas. Created a comparison chart of the old and new Title 22 regulations which is being used by jurisdictions state-wide. Revised the Official Inspection Report to address Title 22 changes and placed this into software format for tablet usage.
- 12) Increased safety for customers of tattoo and body artists. Continued permitting as required by state law all tattoo and body artists, inspected fixed facilities at a minimum of twice a year, established a process to inspect mobile tattoo and body artists at least twice a year, and established and implemented a process to inspect temporary events with tattoo and body artists. Thirty eight body art facilities were inspected, and 136 body artists were registered. One temporary event involving body art occurred in the county, and was inspected. Began working with the district attorney to enlist unpermitted body art facilities found advertising on the internet to become legal.

HAZARDOUS MATERIALS

- 1.) California Accidental Release Prevention Program: Completed 16 California Accidental Release Prevention Program audits.
- 2.) Unannounced Inspections: Performed nine unannounced inspections during fiscal year 2014-2015.

- 3.) Aboveground Petroleum *Storage Act Program*: Inspected 75 facilities that are covered by this program.
- 4.) Incident Response Program: Responded to all incidents within one hour, and ensured that all incidents were mitigated safely and effectively without injuries.
- 5.) Hazardous Materials Business Plan Program: Completed Materials Business Plan Program inspections so that all Hazardous Materials Businesses will have been inspected within the last two years.
- 6.) Hazardous Waste Generator Program: Completed 667 Hazardous Waste Generator inspections to ensure that all facilities that generate hazardous materials will have been inspected within the last two years.
- 7.) Underground Storage Tank Program: Completed 315 Underground Storage Tank Program inspections out of approximately 396 facilities that are subject to the underground storage tank regulations.

DETENTION FACILITIES PROGRAMS

- 1.) Continued to plan and implement the 5S workplace organization methodology to improve work space efficiency and effectiveness in all adult detention facilities with the goal to improve and standardize workflows, workplace efficiency and patient care. The Nursing Medication Room at the Martinez Detention Facility was remodeled/redesigned for staff safety and efficiency. Video Translation Services will be installed at the West County Detention Facility in all patient treatment areas. A centralized medical supply storage area is underway at the Martinez Detention Facility.
- 2.) All staff workstations at the West County Detention Facility had the first extensive ergonomic rehab/redesign since 1991.
- 3.) Promoted and sustained the Detention Health Services Safety Committee Program, and provided on-going staff development through a variety of safety training programs/modalities. Two Detention Health managers completed the 32 hour Worker Occupational Safety and Health (WOSH) Certification.
- 4.) Published the third revision to their Injury and Illness Prevention Program.
- 5.) Developed and published the Detention Services Hazardous Materials Communication Plan in December 2014. Division wide training on the plan/program will occur for all staff in 2015.
- 6.) Division wide Crisis Prevention Institute re-certification for Detention Health staff commenced March 19, 2014. To date, eight classes have been held and 58 staff members have completed the class. On-going recertification classes are scheduled for the 2015 calendar year.
- 7.) Assisted in the implementation, management and staff training of three major Division projects to improve patient and staff safety and efficiency. The 2012 version of the ccLink update for Detention Health was successfully installed in May 2014. Yayuma Medication Packagers were installed at the Martinez Detention Facility, West County Detention Facility and Juvenile Hall to

replace the outdated medication packagers. The Intake Remodel at the Martinez Detention Facility is expected to be completed in the Winter of 2015.

- 8.) Continued to collaborate and work directly with the Community Corrections Partnership to enhance and improve care for AB109 detainees as well as assisted in the development of a data collection system to better track the needs of this population. Detention Health Services provided Research Development Associates and the Community Corrections Partnership patient services/contact data specific to the AB109 inmate population housed in the County's Adult Detention Facilities.
- 9.) Detention Health Services continued to work with STAR to extract patient contact data from ccLink on all services provided to AB109 inmates housed in the county's detention facilities.

IV. DEPARTMENT CHALLENGES

Contra Costa Health Services (CCHS) continues to grow and evolve to serve our community. With the implementation of the Affordable Care Act (ACA), the number of people who now have access to health coverage continues to climb. Meeting this increased demand for expanded access, while monitoring the fiscal challenges related to the ACA, are the Department's top challenges.

The specific challenges for the upcoming year are discussed in detail below. The fiscal issues associated with meeting these challenges must be closely monitored to maintain an efficient and effective health care delivery system.

Expanding Access and Improving Care

Since the January 1, 2014 implementation of the Affordable Care Act (ACA), two million people transitioned to Medi-Cal statewide in California. The ACA expanded Medi-Cal coverage to include individuals with incomes below 138% of the Federal Poverty Level. The ACA ensures all Medi-Cal health plans offer a comprehensive package of items and services, known as essential health benefits. Coverage includes a core set of services including doctor visits, hospital care, pregnancy-related services, SNF, home health and hospice care, as well as low-to-moderate mental health care, autism care, and some substance use disorder care.

As one of the State's Medi-Cal managed care health plans, the Contra Costa Health Plan (CCHP) saw its Medi-Cal membership grow by 34,000 last year and now provides comprehensive, quality health coverage to more than 162,000 people in Contra Costa County. These new CCHP members are enrolled through our Contra Costa Regional Medical Center and Health Centers network, the CCHP Community Provider Network, and Kaiser. To meet this additional demand for services, CCHP constantly works to expand its provider network by credentialing and contracting with needed specialty providers in the community.

The Contra Costa Regional Medical Center and Health Centers continue to increase capacity with capital improvements, such as the new Antioch Health Center scheduled to be completed by the end of 2015 or early 2016. More evening and weekend clinics were added at the health centers, and technology and innovative programs are being used to improve how care is provided. The ability to provide access, particularly to outpatient care, is a challenge as we continue to grow in CCHP membership post-ACA. Continued investment in optimizing the appointment unit and the Electronic Health Record myccLink patient portal will offer alternative ways to access our system.

Efforts around integrating behavioral health and physical health under one roof continue with the official launch of behavioral health services in February 2015 at the George and Cynthia Miller Wellness Center in Martinez. This integrated model, which allows treatment to focus on the "whole person", is already in place at the Concord Health Center and will be included in the new Antioch Health Center when it opens.

Funding

The fiscal challenges associated with the Affordable Care Act must be closely monitored. California expanded Medi-Cal eligibility to include adults with incomes up to 138 percent of the federal poverty level. This is known as the optional expansion, and for three years, the federal government will pay 100 percent of the costs of health care services provided to this newly eligible population. However, enrollment issues at the State level require staff to validate that the State enrolls these new Medi-Cal members into the proper Medi-Cal plan to ensure we obtain the proper reimbursement for this population. Staff also has to assess whether the payment rates coupled with the increase in the Federal

Matching Percentage (FMAP) will be sufficient to cover the cost of the Medi-Cal expansion population. Finally, staff must ensure the State take back of Indigent Realignment Funding is consistent with the revenue growth in this program.

Despite positive financial news for the economy as a whole, some uncertainty remains about federal and state revenues and reimbursement rates. The California Department of Health Care Services (DHCS) is still negotiating with the federal government on the 1115 Waiver that brings millions of dollars to our system in many forms. DHCS is seeking a five-year renewal of the waiver to continue to support implementation of the ACA. California's current Medi-Cal Section 1115 waiver "Bridge to Reform" fully expires in October 2015. The amount at risk for the Waiver renewal consists of the Disproportionate Share, Safety Net Care Pool, and Delivery System Reform Innovation Program funding of \$80 million. Additionally, as part of the ACA implementation the State implemented a Realignment take back of sales tax revenue previously earmarked for indigent care health services. The Realignment take back amount is linked to the amount of Waiver dollars received.

Partnering for Health

CCHS understands that health care is not limited to the doctor's office, and efforts to address the social determinants of health through partnerships with community-based organizations are ongoing. Forging more connections in the community to combat issues such as homelessness and poverty improves population health by reducing the root causes of chronic illness and preventable health issues. One of the important benefits of being an integrated health system is that our Public Health Division, the Behavioral Health Homeless Program and the Contra Costa Regional Medical Center and Health Centers all play a role working together to make the most impact in this area.

Service Integration

Within the next 4-6 months, the Alcohol and Other Drugs Division is expected to begin participation in the delivery system waiver for the Drug Medi-Cal (DMC) Program. The DMC program provides substance use disorder treatment services to Medi-Cal beneficiaries. The waiver will give county officials more authority to select quality providers to meet drug treatment needs, and will strike an appropriate balance between ensuring access to these vital services while also ensuring that drug treatment services are being provided consistent with program goals.

Although funding for the program was realigned to the counties as part of 2011 Public Safety Realignment, the delivery system remained unchanged. The waiver will fully realign this program, and is expected to create a structure that will maximize services for the beneficiary by creating an organized substance use disorder delivery system that can better coordinate with county public safety systems, improving the coordination of mental health and substance use disorder services to better support offenders in their re-entry back into the community.

The expansion of eligibility for substance use benefits in the Medi-Cal program under the Affordable Care Act will enable many additional Medi-Cal beneficiaries to receive enhanced substance use disorder treatment. The waiver will support coordination and integration across systems to the benefit of the beneficiary, with the goal being reduced emergency room services and hospital inpatient visits. However, implementing the waiver will be a major system transformation for AOD that will not only impact how services are delivered, but will also present reimbursement challenges to ensure the expanded benefits are properly reimbursed.

Protecting the Public's Health

The Hazardous Materials Division ensures the public's safety through ongoing monitoring of local refineries and chemical plants. The Environmental Health Division continuously regulates programs for safe food, safe water for drinking and recreation, and the sanitary management of wastes. The department will soon be launching a placarding system that makes it easier to see how restaurants rank in food safety.

Public Health promotes and protects the health and well-being of the individual, family, and community in Contra Costa County with special attention given to communities and populations that are most at risk for poor health outcomes and those most affected by environmental inequities. The Department remains focused on combating disease outbreaks affecting the community, and on educating the public about prevention and the importance of immunizations.

The Emergency Medical Services Division is the local enforcement agency to ensure the public's safety through ongoing medical, quality oversight, and coordination of the delivery of emergency and ambulance services in the county. The EMS Division recently completed a comprehensive EMS System study whose recommendations for value based ambulance service delivery are incorporated in the emergency ambulance request for proposal (RFP) process for the selection of the County's next emergency ambulance service provider. The RFP addresses increased demands for ambulance services associated with population growth, changes in patient destination associated with the pending closure of Doctor's Medical Center, unfunded statutory mandates for reporting of system performance data, and reductions in insurance reimbursement affecting the entire ambulance industry. The RFP is also designed to create opportunities for EMS to become a full partner in the health care delivery system by supporting health information exchange and alternative destinations. The competitive bidding process and selection of the emergency ambulance provider for Zones I, II and IV started on February 27, 2015 and the new contract will go into effect on January 1, 2016.

Using Technology

CCHS will be upgrading ccLink, the Epic electronic health record (EHR) system that was launched in 2012. CCHS is also adding a Spanish version of the myccLink patient portal, which gives patients access to their health information online. The Behavioral Health Division will begin using ccLink for some of its services. These new tools and technology help us provide better access and better care in an even more coordinated and integrated way.

Workforce/Human Resources

Recruitment and retention of professional and allied professional staff is a challenge as the region has some of the most competitive health systems in the state. The ability to streamline the hiring process to reduce time to onboard qualified candidates, and the ability offer competitive compensation, will be essential in the coming year.

V. PERFORMANCE INDICATORS

HOSPITAL & HEALTH CENTERS

This division has developed multiple indicators and outcomes to monitor and improve quality and patient satisfaction. Some are determined by regulatory agencies, such as the State Department of Health Services Licensing Division, and the Joint Commission on Accreditation of Healthcare Organizations.

1.) CONTRA COSTA REGIONAL MEDICAL CENTER

a.) Average Daily Census by Service Type

	Fiscal Year 2011-2012	Fiscal Year 2012-2013	Fiscal Year 2013/2014	YTD Actual December 2014
Medical/Surgical	91	88	90	98
Psych	19	19	18	18
Nursery	14	14	15	17

b.) Average Length of Stay by Service Type (Days)

	Fiscal Year 2011-2012	Fiscal Year 2012-2013	Fiscal Year 2013/2014	YTD Actual December 2014
Medical/Surgical/OB Units	4.25	4.16	4.25	4.40
Psychiatric Units	9.54	8.09	9.56	10.34
Nursery	2.12	2.22	2.34	2.26

c.) Emergency Departments Activities

The patient flow in the Emergency Room continues to be addressed. Visits to the Emergency Room have been reduced, thereby reducing waiting times for our patients.

	Fiscal Year 2011-2012	Fiscal Year 2012-2013	Fiscal Year 2013-2014	Estimated Fiscal Year 2014-2015
Total visits by acuity level				
Brief Evaluation	1,566	2,355	2,764	4,176
Limited Evaluation	13,881	13,430	9,698	9,134
Expanded Evaluation	26,145	25,575	23,664	22,676
Detailed Evaluation	10,908	7,943	9,285	8,552
Comprehensive Evaluation	1,909	940	2,058	1,450
Critical Care Evaluation	91	0	1	0
Total Emergency Visits	54,500	50,243	47,470	45,988
Average Monthly Visits	4,542	4,187	3,956	3,832
Left Without Being Seen	2,339	2,920	2,122	2,500

2.) **CONTRA COSTA HEALTH CENTERS**

a.) **Outpatient Combined Medical Visits by Location**

Monthly Average Visits	Fiscal Year 2011-2012	Fiscal Year 2012-2013	Fiscal Year 2013-2014	Estimated Fiscal Year 2014-2015
Central County	13,469	10,956	12,628	13,165
East County	11,837	9,997	10,784	11,019
West County	7,318	6,289	7,796	8,225
Emergency Department	4,542	4,187	3,956	3,832
Total (FY monthly average)	37,166	31,429	35,164	36,241

Note: FY 11/12 includes "minimal visits" of 1,996. Beginning with FY 12/13, minimal visits are excluded.

CONTRA COSTA HEALTH PLAN

a.) **Enrollment**

	June, 2011	June, 2012	June, 2013	June, 2014	Projected June 2015
AFDC Medi-Cal	55,420	57,093	57,799	67,696	71,894
Cross Over (Medi-Cal & Medicare)	59	55	52	41	37
Other Medi-Cal	2,961	3,683	3,710	21,910	41,222
Seniors & Persons with Disabilities (SPD)	7,804	16,562	17,114	19,868	20,765
M-CAL Child (formerly Healthy Families)				14,702	16,643
MCE*					
Senior Health	429	443	441	425	428
Basic Adult Care	3,703	3,649	2,858	562	510
HCI (became HCCI/MCE*) effective Nov. 2010)	11,840	11,735	11,644	0	0
AIM/MRMIP	52	54	48	28	16
Healthy Families**	5,146	4,752	4,628		
Commercial Members	11,232	11,076	11,018	11,302	10,989
Covered California				1,021	0
Total	98,646	109,102	109,312	137,555	162,504

* MCE becomes part of Medi-Cal effective 1/1/2014.

**Healthy Families members were moved to Medi-Cal in separate phases in 2013.

b.) Medi-Cal Immunization rate for two year olds, Combination 3

This measures the number of children who received their Combination 3 immunizations in a timely manner, according to guidelines.

	2010	2011	2012	2013	2014
Medi-Cal Immunization rate for two year olds, Combination 3	77.13%	87.16%	85.40%	84.47%	74.70%

c.) Medi-Cal HEDIS rate for diabetes HbA1c testing

This measures the percentage of diabetic members who had an HbA1c test performed during the measurement year.

	2010	2011	2012	2013	2014
Medi-Cal HEDIS Rate for Diabetes HbA1c Testing	85.40%	86.86%	84.91%	85.40%	84.43%

d.) Medi-Cal HEDIS rate for annual well child visit ages 3-6

This measure looks at the percentage of members ages 3-6 years who have had one or more well child visits with a primary care provider during the measurement year.

	2010	2011	2012	2013	2014
Medi-Cal HEDIS Rate for Annual Well Child Visit Ages 3-6	74.70%	78.82%	76.40%	73.31%	74.75%

BEHAVIORAL HEALTH

1.) MENTAL HEALTH

The Mental Health Department has adopted the following indicators which can be tracked over time and which are good measures of performance.

a.) Outpatient Mental Health Visits

Total Visits	Fiscal Year 2010-2011	Fiscal Year 2011-2012	Fiscal Year 2012-2013	Fiscal Year 2013-2014	Estimated Fiscal Year 2014-2015
Adult Services	191,291	181,296	184,248	182,481	168,804
Children's Services	263,935	249,420	248,568	278,137	288,432
Combined Services	455,226	430,716	432,816	460,618	457,236

Average Monthly Visits	Fiscal Year 2010-2011	Fiscal Year 2011-2012	Fiscal Year 2012-2013	Fiscal Year 2013-2014	Estimated Fiscal Year 2014-2015
Adult Services	15,941	15,108	15,354	15,207	14,067
Children's Services	21,995	20,785	20,714	20,178	24,036
Combined Services	37,936	35,893	36,068	38,385	38,103

b.) Utilization Measures

Average Monthly Visits	Fiscal Year 2010-11	Fiscal Year 2011-2012	Fiscal Year 2012-2013	Fiscal Year 2013-2014	Estimated Fiscal Year 2014-2015
Average Annual Number of Patient Days in IMD Beds	12,974	15,948	14,291	15,890	13,472
Average Daily Census in State Hospitals	12.6	15.8	19.1	18.8	18.2

2.) **ALCOHOL AND OTHER DRUGS SERVICES**

a.) Length of Retention for Patients in Treatment

Average Length of Stay (Days)	2010-2011	2011-2012	2012-2013	2013-2014	Estimated 2014-2015
Day Treatment	94	91	0	0	0
Methadone Maintenance (days between first and last visit)	676	624	695	390	258
Outpatient Treatment	76	82	98	92	76
Residential Detoxification	4	4	4	4	4
Residential Treatment	69	68	70	69	65

b.) The Number of Youth Patients Receiving Prevention and Treatment Services

Youth Access to Services	2010-2011	2011-2012	2012-2013	2013-2014	Estimated 2014-2015
Youth (12-18) Tx Admits	504	482	504	484	222
Youth (13-18) Prevention Participants	9,104	3,553	6,303	4,541	4,398

PUBLIC HEALTH

Public Health evaluates performance by looking at community health indicators such as infant mortality, utilization of early prenatal care, and tuberculosis rates. Clinical Services are evaluated by process measures including number of clients served, cost per unit of service, and staff productivity measures. The Public Health Data and Evaluation Unit has been charged with developing more targeted outcome evaluations of public health programs, especially family, maternal, and child health programs and the county's programs serving people who are homeless.

1.) COMMUNICABLE DISEASES

IMMUNIZATION	2011	2012	2013	2014
Percentage of children in the county who receive all required immunizations when they enter child care.	90.9%	95.0%	91.9%	93.8%
Percentage of children in the county who receive all required immunizations when they enter kindergarten.	94.0%	93.7%	94.0%	93.8%

2.) HIV/AIDS AND STD PROGRAMS

Disease Incidence Rates (per 100,000 residents)	2010-2011	2011-2012	2012-2013
Tuberculosis	5.7	5.2	5.3
Chlamydia	418.2	358.5	376.2
Gonorrhea	81.4	87.3	80.7
Syphilis (Primary, Secondary, Early Latent)	8.0	8.4	2.5-early latent 7.2-primary/secondary

Disease Incidence Rates (per 100,000 residents)	2007-2009	2011-2013
AIDS	5.6	5.1
HIV (only)	N/A	8.2

3.) FAMILY, MATERNAL, AND CHILD HEALTH

Children	Fiscal Year 2010-2011	Fiscal Year 2011-2012	Fiscal Year 2012-2013	Fiscal Year 2013-2014	Estimated Fiscal Year 2014-2015
Women, Infants, and Children's Program (WIC) average number of vouchers issued per month	21,746	22,255	21,851	20,258	19,573

Perinatal (per 1,000 births)	2009-2011	2011-2013
Infant mortality rate	4.32	4.80
First trimester entry into prenatal care	83.05%	84.68%

4.) CLINIC SERVICES

	Fiscal Year 2010-2011	Fiscal Year 2011-2012	Fiscal Year 2012-2013	Fiscal Year 2013-2014	Estimated Fiscal Yr 2014-2015
Public Health Clinic Services Average Client Encounters Per Month	1,761	5,523*	2,095	6,158**	5,583**

*Increase due to vaccinations provided during H1N1 outbreak.

** Reflects expansion of school-based services

5.) SENIOR NUTRITION

Senior Nutrition Program	Fiscal Year 2011-2012	Fiscal Year 2012-2013	Fiscal Year 2013-2014	Estimated Fiscal Year 2014-2015
Average Meals Served Per Month	44,171	45,190	41,796	45,100

CALIFORNIA CHILDREN'S SERVICES

California Children's Services	2011	2012	2013	2014
Average Caseload	3,540	3,598	3,766	3,908
Average Referrals Per Month	161	141	164	153
Average Financial Interviews Per Month	46	35	24	17
Average Service Authorization Per Month	1,031	981	919	1,036
Average Therapy Appts Per Month	1,885	1,835	1,674	1,626

ENVIRONMENTAL HEALTH & HAZARDOUS MATERIAL

1.) CONTRA COSTA ENVIRONMENTAL HEALTH

Inspections (number performed)	Fiscal Year 2010-11	Fiscal Year 2011-12	Fiscal Year 2012-13	Fiscal Year 2013-14*	Estimated Fiscal Year 2014-15*
Solid Waste/Medical Waste Facilities	10,175	9,384	9,605	2,498	2,764
Consumer Protection (pool/spa/small water systems)	11,146	5,214	4,251	1,988	3,128
Retail Foods	21,876	24,648	26,574	7,368	9,388
Land Development	7,333	6,986	8,169	1,870	1,766

*Due to a software upgrade, the numbers for Fiscal Year 2013-14 forward are considered more accurate. Prior years numbers included non-inspection activities.

2.) CONTRA COSTA HAZARDOUS MATERIALS PROGRAM

Incident Response (number performed)	Fiscal Year 2010-11	Fiscal Year 2011-12	Fiscal Year 2012-13	Fiscal Year 2013-14	Estimated Fiscal Year 2014-15
Business Plan	1,466	1,081	867	897	1,002
Underground Storage Tank	490	439	602	574	814
Aboveground Storage Tank	141	160	147	108	146
Hazardous Waste Generator	1,098	1,010	858	900	1,006
Response to incidents	86	82	77	46	38
Complaints received and investigated	92	95	46	39	48
Notifications received from industries	407	315	279	271	286

EMERGENCY MEDICAL SERVICES

Statistics are monitored in a number of areas: ambulance services and air ambulance services (response/transportation times, and levels and quality of service provided); trauma care services (appropriate use of trauma center, trauma care); hospital resources (bed availability); and first responder defibrillation program (patient lives saved). Utilization statistics and trends, including number of ambulances dispatched, average response times, patients transported, patients receiving specialty trauma care, and defibrillation saves are compiled for each area on a regular basis to evaluate performance and to identify any areas for increased attention. See our website EMS System patient safety, performance and utilization data at <http://cchealth.org/ems/documents.php#simpleContained2>.

Activities	2010 FY 10-11	2011 FY 11-12	2012 FY 12-13	2013 FY 13-14	2014 (1) FY 14-15	Estimated FY 15-16
9-1-1 Ambulance Services Total Units Dispatched	78,580	79,833	80,769	86,134	85,034	87,000
Air Ambulance Services Patient Transport	234	262	238	361	252	250
Trauma Services Total Patients Transported to a Trauma Center	1,253	1,215	1,147	1,320	1,145	1,200
Contra Costa Cardiac Arrest Survival Rate (Utstein): National Cardiac Arrest Registry for Enhance Survival (CARES) Data (1)	33 %	22 %	36 %	31 %	36 %	36 %
Contra Costa Cardiac Arrest Bystander CPR Rate (Utstein): National Cardiac Arrest Registry for Enhance Survival (CARES) Data (1)	28 %	27 %	37 %	38 %	37 %	37%
STEMI (High Risk Heart Attack) Average 911 to Intervention Time: National Standard 120 minutes (2)	94 min	94 min	88 min	83 min	81 min	85 min
STEMI (High Risk Heart Attack) Average ED Door to Intervention Time: National Standard 90 minutes (3)	58 min	59 min	54 min	55 min	54 min	60 min
Number of Designated STEMI (High Risk Heart Attack) Centers (3)(5)	6	6	6	6	6	5
Number of STEMI ALERT Patients to STEMI Centers	122	134	134	209	220	220
Number of Designated Primary Stroke Intervention Centers (4)(5)	4	7	8	8	8	7
Number of Stroke Alert Patients to Primary Stroke Intervention Centers (4)	NA	NA	638	700	714	730
Number of Paramedic Certifications/Renewals	372	459	450	452	433	450
Number of EMT Certifications/Renewals	1,026	1,501	1,294	1,127	1,149	1,200

Notes:

- (1) EMS Statistics are compiled and reported on the calendar year. FY data represents prior calendar year e.g. FY 14-15 represents calendar year 2013
- (2) CCEMS participation in the NIH CARES Registry began in 2009
- (3) The CCEMS STEMI System was launched in 2009
- (4) The CCEMS Stroke System was launched 2012
- (5) Number of participating hospitals affected by a closure of one facility to 9-1-1 emergency ambulance traffic