# Contra Costa Health Services
# Department Performance Report

## 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 4,250 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 and HEALTH CENTERS

The **Hospital and Health Centers Division** includes the Contra Costa Regional Medical Center (CCRMC) and nine ambulatory health centers. CCRMC is a general acute care teaching facility with 167 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 nine 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, and other services.

The interdisciplinary medical staff at the Contra Costa Regional Medical Center and Health Centers includes 138 family practice physicians, as well as family nurse practitioners, dentists, psychiatrists, psychologists and 335 specialty physicians. The Family Practice Residency Program provides clinical experience for 42 residents who rotate through all inpatient acute services, the emergency department and ambulatory care centers.

**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.

BUDGET: $625,707,584
FTE: 2,285.8

## CONTRA COSTA HEALTH PLAN (CCHP)

The **Contra Costa Health Plan** (CCHP) was the first federally qualified, state-licensed, county-sponsored Health Maintenance Organization (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, skilled nursing facility care (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 90,000 Medi-Cal members and now provides comprehensive, quality health coverage to more than 191,000 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.

New or expanded benefits and services were recently added to Medi-Cal Managed Care Plans. CCHP now offers a Non-Medical Transportation benefit for the entire Medi-Cal population. Transportation services include health type services such as pharmacy, dental and mental health.

Starting on January 1, 2018, CCHP and other Medi-Cal Managed Care providers began offering a new palliative care benefit for seriously ill members who need assistance with decision-making when their advanced illness continues to decline and they are not yet eligible for hospice. Palliative care consists of patient and family centered care that optimizes quality of life by anticipating, preventing and treating suffering. The new benefit provides eligible members visits with palliative care physicians, nurses and social workers for symptom control, advanced care planning and care coordination. In order to qualify for the benefit, members must have a chronic, advanced, life limiting, illness with either congestive heart failure, chronic obstructive pulmonary disease, cancer or liver disease, to a level of severity that death within a year is plausible. CCHP has contracted with two community palliative care providers, as well as CCRMC's outpatient palliative care clinic, to ensure our members have access to these services.

CCHP offers the following plans:

**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: $708,503,066
FTE: 180

**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. Plans and product lines include: Commercial Coverage, the County Employees Plan, In-Home Supportive Services (IHSS) Providers, the Medicare Senior Health Plan, the Basic Health Care (BHC) Program, and Contra Costa CARES.

BUDGET: $74,972,774

## BEHAVIORAL HEALTH

Behavioral Health combines the Mental Health and Alcohol and Other Drugs 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 who have 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.

**Mental Health**

To achieve the goal of care coordination and to better serve the needs of mental health and substance use disorder patients, the Behavioral Health Division has implemented the ccLink Electronic Medical

Record system. This will enable Health Services to have a single patient health record, no matter where the venue may be, and will promote better communication and coordination of care.

Behavioral Health offers Adult Program Services, Children's and Adolescent Services, Outpatient Mental Health Crisis Services, Medi-Cal Psychiatric Inpatient/Outpatient Specialty Services (Managed Care), Local Hospital Inpatient Psychiatric Services, and services offered under the Mental Health Services Act/Proposition 63.

BUDGET: $225,913,169
FTE: 518

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

The incidence and prevalence of Substance Use Disorders (SUD) can be reduced through prevention, intervention, treatment and recovery services. The Alcohol and Other Drugs service delivery model is based on a network of community based organizations which operate prevention and treatment programs throughout Contra Costa and one county operated program. AODS advocates for alcohol and drug free communities by promoting individual and family responsibility, hope, and self-sufficiency.

The AOD Administration operates a planned, comprehensive System of Care approach for providing substance use disorders (SUD) prevention, diversion, outpatient and residential treatment, detoxification, and narcotic replacement therapy. A vital function of the system of care is to offer individuals and families a range of treatment options in different locations in Contra Costa.

BUDGET: $24,579,648
FTE: 52

## HEALTH, HOUSING and HOMELESS SERVICES

The Homeless Program has created a coordinated system of care that includes information and referral, multi-service centers that provide case management and support services, outreach to encampments, emergency shelter, transitional housing, and permanent supportive housing for adults, youth, and families. While the County program does not assume funding and management for all aspects of the continuum, it is the primary provider of emergency shelter for single adults, the only shelter and transitional housing for transition-age youth, and it administers the Supportive Housing Programs.

BUDGET: $8,380,456
FTE: 11

## 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 to address health at the community and population level. In addition, Public Health offers an array of programs

that focus on population and personal health issues such as communicable disease and sexually transmitted disease; immunization; nutrition; and family, maternal, infant, and child health, including children's oral health. Services include public health nursing, California Children's Services (CCS), Women Infant and Children's (WIC) nutritional services, and the Public Health Laboratory, along with a variety of wellness, prevention, and educational activities aimed at addressing negative health conditions such as obesity, smoking, and lead poisoning. The Public Health Division is also responsible for the CCHS emergency preparedness programs, data collection, community health assessment, 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) programs.

In addition, Public Health is increasingly involved in coordinating and aligning efforts with CCHS partners on care coordination and health improvement for populations of patients or clients at risk for poor health outcomes.

The Whole Person Care Pilot Program was awarded on October 24, 2016. CCHS was awarded $20 million per year for five years to provide team-based case management and care coordination, data sharing and sobering services to 14,400 high-utilizing Medi-Cal patients throughout Contra Costa County. Known as Community Connect, the program will deliver services to address the social determinants of health that are leading to poor health outcomes, and services provided cannot be duplicative of services currently provided by Medi-Cal. The Program will provide coordination of services through a three-pronged approach that includes Integrated and Coordinated Data Systems, Enhanced and Coordinated Case Management, and a Sobering Center to provide a safe environment for intoxicated individuals to receive social detoxification services.

Non-clinical direct services provided include the Senior Nutrition Program, Communicable Disease Prevention and Control/Health Emergency Response, HIV/AIDS and Sexually Transmitted Disease (STD) Programs, the Family, Maternal & Child Health Program, and the Community Wellness and Prevention Program (CW&PP).

Other Programs administered by the Public Health Department include the Developmental Disabilities Council of Contra Costa, the Office of the Local Registrar (OLR) of Vital Registrations, the Linguistic Access Program, Epidemiology, Planning and Evaluation (EPE), and the Reducing Health Disparities Program.
BUDGET: $72,901,459
FTE: 474.4

## 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 Program provides 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: Emergency Response, the Hazardous Waste Generator Program, the Hazardous Materials AB 2185 Program, the Underground Tanks Program, the Above Ground Storage Tanks Program, the Accidental Release Prevention (ARP) Program, the Green Business Program, and the Clean Water Program.

BUDGET: $11,007,414
FTE: 37

## 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: Food, Recreational Health, Solid Waste, Medical Waste, Land Use, Body Art, and Small Water System programs.

BUDGET: $11,136,422
FTE: 61

## 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: Detention Facility Mental Health, Detention Facility Medical Services, Juvenile Health Medical Services and Juvenile Justice Facilities (Youth Institutional Mental Health Services).

BUDGET: $25,600,011
FTE: 98.9

## 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. The Conservator's Office operates under the Behavioral Health Division, and has three distinct core functions: 1) Probate Conservatorship; 2) Lanterman-Petris Short (LPS) Conservatorship; 3) Payee Services.

Probate Conservatorship is generally initiated when a patient has no one else who is qualified and willing to act on his behalf to make medical/treatment decisions. Probate Conservators assist to ensure the patient's basic needs are met. These include: physical health, food, clothing, and shelter/housing.

If a patient has an estate, the Probate Conservator helps to manage his/her financial resources and resist fraud or undue influence.

LPS Conservatorship is specifically designed for a mentally ill patient who is deemed gravely disabled as a result of his/her mental illness. The LPS Conservatorship process starts while a patient is in an inpatient psychiatric unit and the patient's psychiatric treatment is required beyond the short term acute setting. Generally the attending psychiatrist at an acute in-patient unit files a temporary conservatorship before the expiration of a 5250. The Conservator's Office assigns a staff to process a T-Con investigation which includes gathering the patient's history/medical records, as well as a face to face interview. The assigned deputy conservator makes a final recommendation to the court after reviewing all records and completing his/her interview with the patient and family if there is identified family involvement.

Payee Services. As a Public Guardian entity recognized by the Social Security Administration, the Conservator's Office offers payee services to their conserved patients. The following are required duties:

- Determine the patient's needs and use his/her financial resources to meet those needs.
- Save any money left over in an interest bearing account.
- Report any changes or events which could affect the patient's eligibility for benefit.
- Keep all records of payments received and how a patient's funds were spent.
- Help the patient get medical/psychiatric treatment when needed.
- Assist a patient to access social services programs specific to the patient's needs

BUDGET: $4,064,733
FTE: 23

## 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 4,163 children/youth with serious medically handicapping conditions in Contra Costa County.

BUDGET: $11,082,919
FTE: 65

## PUBLIC ADMINISTRATOR

The Public Administrator investigates and may administer the estates of persons who are residents of Contra Costa County at the time of death and have no will or appropriate person willing or able to administer their estate.

Within the Health Service Department, the Public Administrator program sits in the Health, Housing and Homeless Services Division and has duties distinct from the Public Guardian/Conservator program that sits within the Behavioral Health Division.

The Public Administrator investigates and may administer the estates of persons who are residents of Contra Costa County at the time of death and have no will or appropriate person willing or able to administer their estate. Duties of the Public Administrator may include any or all of the following:

- Make appropriate arrangements for the interment of the deceased person
- Protect the descendant's property from waste, loss, or theft
- Conduct thorough investigations to discover all assets and debts
- Search for next-of-kin, or locate all persons entitled to inherit from the estate
- When appropriate, petition the court for appointment as administrator of the estate and follow through with all of the duties of probate as set forth in the California Probate Code
- Under some circumstances, the Public Administrator may also arrange for the interment of indigents.

BUDGET: $688,773
FTE: 5

## EMERGENCY MEDICAL SERVICES FUND

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: $1,571,549

## 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: $5,199,913
FTE: 9

# III. DEPARTMENT ACCOMPLISHMENTS

**Contra Costa Regional Medical Center and Health Centers**

The Contra Costa Regional Medical Center (CCRMC) was one of only six public hospitals in the state to meet all of the pay-for-performance objectives under the 1115 Waiver's PRIME initiative. The Department also pioneered new improvement work in Detention Health, and it expanded clinic operations in our Health Centers to better meet the needs of our community.

Continued progress was made in implementing the 2015-2020 Strategic Plan. The stated goal of the Strategic Plan is to create optimal health for all by working together with patients, staff, and the community. To meet community needs, team and individual learning and skill acquisition was achieved through a variety of mechanisms including the internally developed Improvement Academy, fellowship programs, and collaborative learning experiences.

Ambulatory Care Redesign (ARC) work continued to advance by successfully implementing the Patient Centered Health Home model at all Health Centers. Outcome measures for this model are monitored by the ARC team to ensure greater patient access and to leverage organizational resources.

**Contra Costa Health Plan (CCHP)**

CCHP continued to expand its provider network through recruiting and contracting with community primary care providers. New or expanded benefits and services were recently added to Medi-Cal Managed Care Plans. CCHP now offers a Non-Medical Transportation benefit for the entire Medi-Cal population. Transportation services include health type services such as pharmacy, dental and mental health.

Starting on January 1, 2018, CCHP and other Medi-Cal Managed Care providers began offering a new palliative care benefit for seriously ill members who need assistance with decision-making when their advanced illness continues to decline and they are not yet eligible for hospice.

**Mental Health**

The Department implemented the Electronic Health Record (ccLink) to improve coordination of care between primary care and behavioral health providers. The Mental Health ACCESS line became integrated with Alcohol and Other Drugs and now serves callers with both mental health and substance use needs.

Better access to comprehensive outpatient mental health services in a least restrictive setting of treatment helped decrease Psychiatric Emergency Services (PES) visits and hospital admissions.

The Mobile Crisis Intervention Team worked closely with law enforcement partners to decrease 5150s and PES visits, and to refer consumers to appropriate services in their communities.

The Transition Team provides intensive services to coordinate care for consumers exiting our hospitals with homeless services, primary care, and public health, and the Adult System of Care has been working with Public Health's Community Connect program to support the complex needs of its consumers.

**Alcohol and Other Drugs Services**

The Organized Delivery System (ODS) Drug Medi-Cal (DMC) Waiver provided counties with an opportunity to expand Alcohol and Other Drugs service capacity and the range of available benefits for Medi-Cal beneficiaries who meet medical necessity criteria and reside in our county. AODS increased

DMC provider network capacity by adding three additional providers to the system of care, and 70% of the providers are already Drug Medi-Cal certified.

**Health Housing and Homeless**

Twelve additional units of housing were funded in the homeless continuum of care for chronically homeless veterans. Units are currently leasing, with full occupancy anticipated soon.

Increased outreach and engagement efforts through the expansion of Coordinated Outreach Referral and Engagement (CORE) outreach teams has led to six CORE teams being operational throughout Contra Costa County with a seventh team coming on-line by April 2018.

A location has been identified in Antioch and funding for tenant improvements has been secured for a Coordinated Assessment Resource (CARE) Center to increase homeless services in East County. The project is expected to be completed by August 2018.

Contra Costa continues to engage in the Built for Zero campaign. Staff have attended national trainings and participated in the learning communities offered by Community Solutions. To date, Contra Costa has decreased veteran homelessness by 47%.

**Public Health**

The Whole Person Care Pilot program, called Community Connect, was fully implemented with 14,400 clients enrolled. The program targets Medi-Cal patients that are high-risk, high-utilizers of medical services and/or services across multiple delivery systems. The program delivers services to address the social determinants of health that are leading to poor health outcomes, and represents an opportunity for CCHS to bring to scale efforts to implement large system change and redirect resources to address significant unmet needs of our patients through appropriate, streamlined, non-duplicative, and coordinated care that is prioritized to each patient.

The Department purchased two new dental vans that are in the process of being licensed. Once the licensing process is completed, the vans will begin to provide be able to expand dental clinic services at the school based Health Centers.

**Hazardous Materials**

The Hazardous Materials Program preserves the environmental quality of Contra Costa County by conducting California Accidental Release Prevention Program audits, and routine and unannounced inspections of hazardous waste generators, businesses to ensure compliance with their hazardous materials management plans, and underground and above ground storage tanks.

The program's Incident Response Team responded to all incidents within one hour and all were mitigated without incident.

**Environmental Health**

Environmental Health protects the waterways and groundwater of the County while incorporating new technology and new state requirements. An on-site wastewater treatment system (OWTS) ordinance and regulations have been drafted and will be presented to the Board of Supervisors in the spring of 2018.

Investigations of illegal transfer stations, complaints associated with landfills and garbage service, and routine inspections of solid waste facilities, transfer stations, compost facilities, and waste tire facilities ensure that solid waste is properly treated and disposed. Environmental Health is also working to

obtain Board of Supervisor approval for a revised illegal hauler ordinance which is needed to reduce illegal dumping.

A placard program is being utilized at food facilities to reflect a risk-based inspection score. Unannounced, routine inspections, re-inspections, placard re-inspections, and complaint inspections have led to improved food safety at retail fixed food facilities.

**Detention Facilities Programs**

Developed and formalized a process for identifying "Incompetent to Stand Trial" (IST) patients who are incarcerated in the County's adult detention facilities.

Operational workflows to provide better patient-centered care and outcomes at Detention Health Services were developed using the Lean Management Principles and Model for Improvement. A Value Stream Mapping event occurred in August 2017, and five additional week-long rapid improvement events have addressed key areas for improvement including intake, emergent mental health, and specialty care.

A Nursing education program/training curriculum was developed in 2017, which outlined training courses given at Detention to address key learning improvement areas for staff. Courses were given and nursing and other staff attended from all the facilities.

**Conservatorship**

Since moving Conservatorship to the Behavioral Health Division, we have been working on building the staffing infrastructure to support the increase in referrals to Probate and LPS Conservatorship. We have added leadership champions within the unit, filled vacant staff positions, hired a Supervisor to help manage and supervise the teams, and promoted two individuals to be Team Leaders who operate Case Conferences for the Deputy Conservators. The Conservatorship staff is now "fully integrated" meaning that all Deputy Conservators can do Probate and LPS Conservatorships; this is result of five years of cross-training.

During the past year, over 40 of 80 departmental policies have been updated.

**California Children's Services**

CCS is working with the Contra Costa Health Plan to improve the transition of youth who are aging out of CCS Services and transitioning in to Managed Care. A joint Transition Task Force has been convened.

**Public Administrator**

The Office of the Public Administrator does not collect fees for handling an estate until the estate is closed. A Chief Public Administrator has been hired and the program is now attempting to close 90% of the cases within one year. The Public Administrator closed 66 cases in FY 2016-2017, and has closed 143 cases from July 1, 2017 through January 22, 2018.

**Ambulance Service Area**

The EMS Agency is in the process of upgrading and enhancing the EMS prehospital data systems to be capable of supporting bi-directional information with hospitals.

The EMS Agency is responsible for coordinating the medical health operating area resources in the event an emergency impacts the EMS or medical health care system. EMS supports health care

coalition medical health partner emergency preparedness and Medical Health Operating Area Coordinator programs (MHOAC) associated the CMS Emergency Preparedness Rule.

A new Alliance Advance Life Support (ALS) paramedic intra-facility transport program is currently going through the approval process and is anticipated to be available in the spring of 2018.

# IV. DEPARTMENT CHALLENGES:

Our continuing challenge is dealing with what might happen to the health care delivery system given the uncertainties of the administration in Washington. Balancing likely changes to our health care system with how we deliver critical health services to all residents of the county remains the primary challenge facing the Health Services Department.

Our integrated healthcare delivery system is now supported primarily with federal dollars in partnership with the state. A small percentage of the HSD budget comes from the County's General Fund. Addressing issues such as the current negotiations with PDOCC and CNA, and funding the increased cost of wages and benefits, while balancing the financial security of the Department with the needs of our patients and clients, is another significant challenge

Below are some of the primary challenges facing the specific Health Services Divisions:

**Contra Costa Regional Medical Center and Health Centers**

Contra Costa Regional Medical Center and Health Centers is expected to be affected by the Federal Government's current health care discussions and decisions regarding the most vulnerable in our society. The impact to policy and related funding is just beginning to play out so it is uncertain how much funding under the Affordable Care Act will be affected.

It is certain, however, that the hospital and clinics will be affected by the continued movement of federal funding streams toward pay for performance funding. Federal 1115 Waiver funding streams (PRIME, Alternative Payment Methodology) and other funding streams such as managed care funding (Quality Improvement Program/ Enhanced Payment Program) tied to pay for performance create challenges by the sheer number of metrics on which to perform in our current state. Modernization of the outpatient setting is not only essential but critical to meet the set goals of Federal 1115 Waiver Funding. The complexity of our current system in regards to the oversight of service lines poses a threat to meet the pay for performance expectations. Even with increased capacity, access continues to remain a challenge. The optimization of our appointment unit is one of the many ways to address this ongoing need of our patients.

Creating a better system of access for our patients that maximizes availability of our providers and other staff while increasing appointment show rates continues to experience barriers to success. Efforts to improve turnover of appointment cancellations to open clinic slots and to improve the number of providers to work more than four clinics per week has had limited success in improving access and productivity.

Recruitment and retention of professional staff and allied professional staff is an ongoing issue in today's competitive health care environment. We continue to struggle to improve efficiency, streamline the process, reduce waste in the hiring process for qualified candidates, and to offer competitive salaries.

The current enhanced regulatory environment is secondary only to expanded regulatory surveillance by oversight agencies such as Joint Commission and the California Department of Public Health. Designed to protect the patient and hold health care entities accountable, the additional regulations are a challenge to meet with the same organizational structure and culture.

Aging equipment and the infrastructure on the CCRMC campus challenges our ability to not only meet regulatory standards but to meet the needs of our staff and patients as well. The lack of direct authority

to manage and oversee the staff responsible for infrastructure maintenance creates a major barrier to carrying out daily work and urgently needed improvements. Multiple meetings between the Health Services Department (HSD) and Public Works have occurred as we attempt to hire staff and transfer positions to Health Services.

**Contra Costa Health Plan**

The DHCS Trailer Bill language proposes to eliminate the 340B Program from Medi-Cal beginning as early as January, 2019. The 340B drug program makes low-cost medications available to eligible health care entities, which allows the covered entity to expand the type and volume of care they provide to the most vulnerable patient populations as well as maintain the viability of the entity. This program accounts for reduced drug costs for the Contra Costa Regional Medical Center and Health Centers and the Contra Costa Health Plan. The 340B Program enables CCHP to save 50% of the total CCHP outpatient drug costs for its members who are assigned to the CCRMC clinics for care. The dollar amount associated with the savings on reduced drug costs is approximately $30.6 Million dollars per year for CCHP, which would become losses if the program were eliminated.

The opioid crisis and drug expenses are critical for CCHP and for our community Emergency rooms and providers. Contra Costa County had 54 opioid overdose deaths in 2014-2015. The CCHP Pharmacy Department is presenting data and training for over 50 providers in both CCRMC and CPN networks in March, 2018. Input will be given for changes to the CCHP Formulary restrictions on opioid ordering. CCHP is also developing MD-specific reports to identify their empaneled patients who receive high doses of opiates in order to assist with tapering programs. CCHP is also creating a Pilot Program of expanded benefits of chiropractic care, acupuncture care and physician therapy for those addicted to opiates and needing alternatives for pain control during this tapering process. This Pilot will be in place for the fiscal year 2018-2019 budget.

CCHP continues to lose many Medi-Cal members monthly due to lack of completion of annual redeterminations within EHSD required by DHCS. The Medi-Cal Expansion population is at risk of not complying with these newer and more complex applications. CCHP has partnered with EHSD to provide after hours and weekends calls to assist the newly terminated members in completing these redetermination applications so they can be reinstated onto CCHP with ongoing Medi-Cal coverage.

**Mental Health**

Due to resignations and retirements, there is currently a shortage of psychiatrists, which has resulted in our lack of ability to provide timely access to high quality patient care in both the Adult and Children's System of Care. Patients are being sent to Miller Wellness Center for their first clinical intake assessment, and others may decompensate while waiting for their initial appointment. This is becoming not only a quality of care issue, but a patient safety issue as well.

The Mental Health Services Act (MHSA) requires that MHSA funds provided to counties be spent within three years of being issued to the county. Recently enacted Assembly Bill 114 stipulates that counties need to have a plan in place to spend any funds identified as subject to reversion by June 2018, and that these funds need to be spent by July 2020. The Department of Health Care Services (DHCS) has determined that Contra Costa has approximately $2 million in funds that were issued in FY 2006-7 and 2009-10 that were not spent within the three year period allowed. Contra Costa Behavioral Health Services (CCBHS) is drafting a plan for Board of Supervisor approval that identifies programs approved in the FY 2017-20 MHSA Three Year Program and Expenditure Plan that will spend this money by June 2020. This plan will ensure that these identified funds will be utilized by Contra Costa, and not reverted back to the State.

Onboarding new staff to support all new initiatives, as well as maintaining current program staff to keep them operational is a continuous challenge. Staffing vital positions such as Mental Health Clinical Specialists (licensed staff), Community Support Workers (unlicensed staff), and clerical staff are impacted by retirements, moves to other departments, or a change in jobs. New initiatives include the Mobile Crisis Response Team with 17 new positions, as well as the implementation of Evidence Based Practices (EBPs) in the Adult System of Care, which has several components including training staff in EBP models, supervising staff as they develop proficiency in the practice of these models, and identifying staff as EBP Team Leaders who can help with ongoing training and supervision of staff in the implementation of EBPs. Identifying EBP team leaders requires that staff be trained in the models, demonstrate proficiency in the models, and that they be licensed. Our Adult programs often hire "license eligible" staff and train and supervise their hours towards licensure.

A shortage of augmented board and care beds for older adult consumers creates long waiting lists for vulnerable consumers needing a certain level of care. Wait lists for appropriate placements creates problems for consumers who are ready to be discharged and stepped down from a higher level of care to a less restrictive level of care creates problems for others in the community who need a higher level of care. Adults who are waiting for a bed may have to go to shelters or settings that are not therapeutic. Adult mental health consumers needing placements that support their physical health care needs may have longer stays in the hospital while they wait for an appropriate placement. These longer stays in the hospital are extremely expensive and also do not provide the consumer with the appropriate level of care they need. The Adult System of Care is making progress regarding this issue. We have added 18 additional beds, and have initiated a bi-monthly workgroup called Coordinating Levels of Care (CLOC) to evaluate the challenges in coordinating levels of care, examine the data surrounding this group of consumers, and design working solutions and strategies for stepping consumers down from higher levels of care to less restrictive appropriate settings.

**Alcohol and Other Drugs**

The DMC-ODS is a demonstration program intended to show how an organized Substance Use Disorder (SUD) care increases the success of Drug Medi-Cal (DMC) beneficiaries while decreasing other system health care costs. Although the DMC-ODS Plan is an unprecedented opportunity for counties to expand access and availability of historically underfunded and limited SUD treatment services, there are fiscal issues associated with the expansion of Medi-Cal covered benefits. Ensuring adequate funding for the projected service expansion is of great fiscal concern and the number one challenge of Behavioral Health's Alcohol and Other Drug Services.

In spite of the ability of counties to negotiate specific interim reimbursement rates based on actual cost, counties are responsible for the non-federal portion of the required match. To support the success of DMC-ODS Waiver Implementation in California, the Department of Health Care Services (DHCS) has issued guidance to counties in regards to allowable funding sources that could be used to defray the cost associated with the non-federal match portion; for instance, the utilization of the Behavioral Health Subaccount (BHS) Allocation. In 2011, Senate Bill 1020 (Statutes of 2012) created the permanent structure for 2011 Public Safety Realignment and codified the Behavioral Health Subaccount intended to fund Specialty Mental Health programs, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) and Drug Medi-Cal (DMC) for SUD services. Currently, the use of BHS funds for this purpose is not a viable solution; however, failing to arrange, provide or subcontract for DMC covered benefits would result in the State electing to divert the necessary funds needed to pay for such benefits. Counties are also encouraged to use other local funding including county general funds or state general funds for specific modalities of treatment.

Although the benefits of the DMC-ODS Waiver far exceed the challenges, successful implementation of the Waiver in Contra Costa requires us to balance the funding needs of the Community Based Organizations (CBO) that largely provide SUD Treatment for our residents with minimizing the financial risk to the county.

All approved and vacant positions need to immediately be filled to support key DMC-ODS Waiver functions such as administrative oversight and utilization controls to improve care. The challenge is to accomplish this while minimizing the overall financial risk to the county.
The legalization of recreational marijuana and addressing the Opioid Epidemic are additional program challenges.

**Health, Housing, and Homeless (H3)**
The homeless shelters are now more than 20 years old. There have been some improvements done over the years, but now the facilities need to be updated to ensure the safety of clients and to meet the current program and operational needs. The following are the list of needs:

Replace modular building used as a drop-in center for homeless youth in Richmond. General Services deemed it unsafe in 2017 and we had to close the site and dramatically reduce services. The estimated replacement cost is $200,000-$300,000 (repairs are cost prohibitive). We are working with EHSD to explore the possibility of utilizing the vacant EHSD Head Start modulars on the campus as a less expensive alternative.

Replace beds at the Brookside shelter to reduce bed bug infestation and expand capacity. Current beds are Medium Density Fiberboard and were built in as permanent fixtures and will need to be removed. Estimated cost for new beds - $60,000 (doesn't include cost to demo of current beds).

All Shelters need to be brought into ADA compliance with ADA doors at entrances and bathrooms. Estimated costs from General Services is $70K

All shelter facilities need to have security cameras, panic buttons, and AI-phones installed. General Services estimate is $215,000 (includes conduit and cable).

The Concord facility needs both interior and exterior painting. General Services estimate for exterior painting only is $67,000.

Brookside needs a bi-fold door to increase privacy and confidentiality as required by Drug Medi-Cal certification. Estimate pending from General Services.

EHSD is vacating the Head Start site in Richmond next to the adult shelter. We are exploring the feasibility of taking over the 18,000 square foot site and expanding shelter capacity and services. Currently there is only capacity to meet 48% of the emergency housing needs in the county.

The old Richmond Health Center site has been approved as the location for a new micro-housing Project. The next step is to get real estate services involved to determine if the parcel should be subdivided since the micro-housing project may only need a portion of the parking lot. An RFP needs to be released to identify a developer for the housing (expected in May 2018), and the build out is expected to take 12 months from date of the award.

The City of Richmond has raised its minimum wage to $15/hour effective January 2019. This causes a ripple effect for our shelter operations throughout the system as County programs are not exempt. We have had to increase wages for our FY 18-19 budget for all shelter line staff (70% of staff) and as result have had to increase salaries for other staff. Although we have a plan to cover the increases for FY 2018-19, we need to develop a sustainability plan.

The shift from a program to a separate division has required H3 to build infrastructure capacity that was previously leveraged by other divisions. Areas of purchasing, facilities, budget and personnel have been addressed by hiring a Chief. Evaluation and Quality Improvement needs to be developed and managed - this requires a HS Planner/Evaluator and a Quality Improvement specialist/advisor.

Programmatically, the division has expanded its scope of services and areas of focus to include outreach services, system-wide coordinated entry to homeless/housing services, and policy work around housing affordability and development. This will require a subject matter expert position on housing/urban planning or closely related field, as well as a Chief of Programs to manage both internal programs and the community-based network of providers that deliver coordinated entry as required by HUD.

**Public Health**

Uncertainty of how federal funding cuts to the National Prevention and Public Health Fund will impact local Public Health Programming: When the Tax Cuts and Jobs Act was signed into law on December 22, 2017 it cut $750 million from the Prevention and Public Health Fund (PPHF), diverting the money to cover costs of CHIP, the Children's Health Insurance Program. CDC relies on PPHF for 12 percent of its budget, with much of that money going toward state and local programs. Then, on February 9th, 2018, Congress passed and President Trump signed a bill that will cut $1.35 billion from the PPHF over the next 10 years, leaving the fund up to $1 billion short of its initial goal each year. And, Congress has the power to divert these remaining funds to programs outside the PPHF's mandate. With the monetary shift, it is not clear which programs will be affected, but the shortfall will create holes in public health programs. The CDC will also suffer a blow in the coming year as funds from a five-year, $582-million supplemental package to combat Ebola run out with no hint of being renewed. Although it's too early to identify the direct impact to our programs, the threat of program cuts will continue to loom. Ultimately, the issue is how the federal government manages the budget in the wake of anticipated funding shortfalls due to tax reform.

Threats to federal the HIV/ Ryan White HIV Prevention Funding: Federal Partners have taken a conservative posture by noticing local public health of a 20% reduction in Part-A funding, amounting to approximately $200K in local funding reduction. Typically funding levels are finalized in late spring, so we have prepared budgets and spending to address the reduction if finalized in the spring notice of funding.

Ongoing efforts to address the Opioid Epidemic: A March 2018 report in the Morbidity and Mortality Weekly Report from the Centers for Disease Control and Prevention report an increase of 27.7% in related deaths from 2015-2016 indicating a worsening of the epidemic on a national scale. Much work and continued effort on the national, state and local level remains.

Teen Pregnancy Prevention: In July of 2017, the Trump Administration cut federal funding that had previous supported Teen Pregnancy Prevention Programs. Contra Costa Public Health was hit hard, losing over $1.0M in funding, necessitating the complete elimination of our local program, which supported selected schools is West County (WCCUSD) and Pittsburg (Pittsburg USD). Efforts are ongoing to seek restoration of Federal funding.

**Hazardous Materials**
Two financial challenges facing the department in the upcoming fiscal year are a possible 5% increase in HazMat Specialists salaries above the 3% they will get on July 1, and rolling their differentials and on-call pay into base pay, which could be an additional $300,000 - $500,000 increase.

A second issue is identifying a means to pay for a replacement hazmat response vehicle. Within the next five years, HazMat response vehicle 6814 will need to be replaced (it is over 20 years old). This cost will be around $400,000. We will start setting aside enforcement monies to replace this vehicle once we identify what will be needed.

**Environmental Health**
Retain registered environmental health specialists (REHS) that have been hired and trained by the county as we know there will be increased hiring by other Bay Area Counties.

Create a robust and safe network of collaborating agencies across the county by permitted food facilities, and insure adequate transportation and distribution locations are available to get food to those who are food insecure.

Bring existing composting facilities into compliance, and promote and assist with the creation of additional legal facilities to make use of the diverted food and green waste generated in this county.

**Detention**
Providing "One Care" to the patient population in Detention Health will take additional time on the part of the leaders. The need to shift resources and to redesign the workflows in an environment with little or no control is complex and challenging.

**Conservator**
Capacity issues associated with maintaining the staffing ratio and training level to keep up with the number of referrals. T-Con (temporary Conservatorship) and Probate referrals were down, but now they are up again. The program was down three Deputy Conservators, but two of these positions are now filled and one more will filled soon, but it takes a long time for our staff to get trained well enough to do the job.

Conservatorships for severely disabled individuals who represent a danger to themselves or others due to mental illness require specialized care, often in a locked setting. When they are transported from the hospital to a locked facility or from the hospital to the state hospital in Napa or in southern California at Metropolitan State Hospital, they require transportation in secure, safe, ambu-cab ambulance style vehicles. Also, when these clients need to return from their locked setting, either the state hospital or a long term locked facility, to Contra Costa to appear in court, they require transportation in an ambu-cab ambulance style vehicle for their safety and the safety of the community. These patients are housed at our Psych Emergency Services when they go to court and when court is completed they are transported back to the locked facility where they were living. The challenge is getting these clients transported, as it is a very large expense for the program. An additional expense is associated with the staff having to fly or drive down to visit these clients, and paying for hotel and/or rental cars.
We continue to have a challenge of having no revolving fund to cover the expense of preparing homes for sale after we've marshalled them. Although we get approval for individual payments as needed, we know that many county Public Guardian offices have revolving funds for this purpose.

**CCS**
CCS is working to improve the transition of youth who are aging out of CCS Services and transitioning in to Managed Care.

**Public Administrator**
Selection and implementation of a web-based case management system; documentation of our office's policies and procedures; and the recruitment and hiring for the Deputy Public Administrator vacant position are the critical challenges for the upcoming fiscal year.

**Ambulance Service Area**
EMS Agency challenges in supporting the current EMS System and fulfilling our regulatory function fall into the following major categories:

Emergency Med A or Emergency Med B are charges resulting from Measure H, passed by the voters in 1988, which created a countywide parcel charge for enhancements to the emergency medical service system. Med A covers the San Ramon Valley area and Med B is comprised of the rest of the county. These funds have been fully allocated annually without any funding increases since assessments cannot be increased without being approved by the voters.

The enhancements funded by Measure H include increased paramedic service; medical training, equipment, and supplies for the fire service; and upgrades to the County radio system used for paramedic-to-hospital communication.

Federal and State mandates associated with Health Care Emergency Preparedness Coalition (HCEPC) building requiring the Hospital Preparedness Program (HPP) to include 17 health care provider types who all need to join a HCEPC to qualify as a provider for Medicare and Medicaid reimbursement. This program has relied on 100% grant funding, which is no longer covering costs. These same dollars fund our critical EMS/ED emergency communications infrastructure.

Technology upgrades and requirements associated with state requirements to move to bi-directional exchange and to support operational area data sharing supporting patient safety and medical oversight. These upgrades and functions are essential to build in future flexibility so EMS can effectively partner with the health system to support alternative destination, sobering centers and community paramedicine programs.

Reductions in EMS System funding through SB12 (Maddy) funding (admin and EMS other programs) are down about $200,000-$300,000.

Increases in EMS Agency certification, suspensions and revocation actions associated with EMT/paramedics due to the large number of prehospital personnel in the county and with that increases in criminal cases (e.g. assault, rape, pornography, child abuse, and drugs) that are clear threat to public safety represents an unreimbursed cost of $150,000. EMS may need at least a half-time paralegal support in the future based on discussions with County Counsel. This also includes actions against non-emergency ambulance providers associated with violations of county ambulance ordinances that threaten the public safety.

There are also unfunded mandates associated with oversight of training programs for law, prehospital, bystanders, schools, and child care (e.g. narcan, epi, AED, paramedic and EMT training programs)

# V. PERFORMANCE INDICATORS

## HOSPITAL & HEALTH CENTERS

The 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 2014-2015 | Fiscal Year 2015-2016 | Fiscal Year 2016/2017 | YTD Actual December 2017 |
|---|---|---|---|---|
| Medical/Surgical | 101 | 100 | 99 | 95 |
| Psych | 18 | 18 | 17 | 17 |
| Nursery | 17 | 15 | 14 | 14 |

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

| | Fiscal Year 2014-2015 | Fiscal Year 2015-2016 | Fiscal Year 2016/2017 | YTD Actual December 2017 |
|---|---|---|---|---|
| Medical/Surgical/OB Units | 4.65 | 4.79 | 5.11 | 5.05 |
| Psychiatric Units | 11.80 | 8.46 | 7.59 | 7.51 |
| Nursery | 2.28 | 2.25 | 2.23 | 2.03 |

c.) Emergency Departments Activities

| Total visits by acuity level | Fiscal Year 2014-2015 | Fiscal Year 2015-2016 | Fiscal Year 2016-2017 | Estimated Fiscal Year 2017-2018 |
|---|---|---|---|---|
| Brief Evaluation | 3,753 | 3,585 | 3,185 | 4,372 |
| Limited Evaluation | 9,426 | 9,969 | 10,132 | 8,496 |
| Expanded Evaluation | 22,661 | 19,693 | 18,303 | 16,998 |
| Detailed Evaluation | 8,871 | 7,665 | 5,218 | 3,650 |
| Comprehensive Evaluation | 1,496 | 3,405 | 3,561 | 4,172 |
| Critical Care Evaluation | 0 | 0 | 2 | 2 |
| Total Emergency Visits | 46,207 | 44,317 | 40,401 | 37,690 |
| Average Monthly Visits | 3,851 | 3,693 | 3,367 | 3,141 |
| Left Without Being Seen | 3,476 | 3,234 | 3,053 | 3,096 |

2.) **CONTRA COSTA HEALTH CENTERS**

a.) Outpatient Combined Medical Visits by Location

| Monthly Average Visits | Fiscal Year 2014-2015 | Fiscal Year 2015-2016 | Fiscal Year 2016-2017 | Estimated Fiscal Year 2017-2018 |
|---|---|---|---|---|
| Central County | 14,086 | 15,034 | 14,587 | 14,233 |
| East County | 11,303 | 11,924 | 13,160 | 13,582 |
| West County | 8,518 | 9,380 | 9,589 | 8,961 |
| Emergency Department | 3,851 | 3,693 | 3,367 | 3,141 |
| Total (FY monthly average) | 37,758 | 40,031 | 40,703 | 39,917 |

Note: Excludes minimal visits.

**CONTRA COSTA HEALTH PLAN**

a.) Enrollment

| | June, 2013 | June, 2014 | June, 2015 | June, 2016 | June, 2017 | Projected June 2018 |
|---|---|---|---|---|---|---|
| AFDC Medi-Cal | 58,237 | 67,696 | 71,141 | 86,837 | 83,679 | 78,534 |
| Cross Over (Medi-Cal & Medicare) | 47 | 41 | 35 | 34 | 30 | 27 |
| Other Medi-Cal | 3,464 | 21,910 | 49,494 | 52,150 | 53,272 | 56,513 |
| Seniors & Persons with Disabilities (SPD) | 17,779 | 19,909 | 21,495 | 22,974 | 23,522 | 23,964 |
| M-CAL Child (formerly Healthy Families) | | 14,702 | 17,555 | 19,444 | 20,658 | 22,797 |
| MCE* | | | | | | |
| Senior Health | 437 | 425 | 413 | 393 | 395 | 403 |
| Basic Adult Care | 3,543 | 562 | 536 | 256 | 2 | 2 |
| HCI (became HCCI/MCE*) effective Nov. 2010) | 11,546 | 0 | 0 | 0 | 0 | 0 |
| AIM/MRMIP | 48 | 28 | 1 | 0 | 0 | 0 |
| Healthy Families** | 12,699 | | | | | |
| Commercial Members | 10,451 | 11,261 | 10,892 | 10,328 | 8,562 | 8,414 |
| Covered California | | 1,021 | 0 | 0 | 0 | 0 |
| Total | 118,251 | 137,555 | 171,562 | 192,416 | 190,120 | 190,654 |

* MCE became part of Medi-Cal effective 1/1/2014.
** Healthy Families members were moved to Medi-Cal in separate phases in 2013.
*** Other Medi-Cal includes ACA Adult Expansion Category.
**** CCHP exited Covered California on December 31, 2014.
**** AIM/ MRMIP Programs ended in FY 2014-2015

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.

| | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
|---|---|---|---|---|---|---|
| Medi-Cal Immunization rate for two year olds, Combination 3 | 85.40% | 84.47% | 74.70% | 77.86% | 73.97% | 76.67% |

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.

| | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
|---|---|---|---|---|---|---|
| Medi-Cal HEDIS Rate for Diabetes HbA1c Testing | 84.91% | 85.40% | 84.43% | 83.98% | 86.17% | 90.91% |

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.

| | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
|---|---|---|---|---|---|---|
| Medi-Cal HEDIS Rate for Annual Well Child Visit Ages 3-6 | 76.40% | 73.31% | 74.75% | 79.81 | 78.14% | 71.57% |

# 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 2013-2014 | Fiscal Year 2014-2015 | Fiscal Year 2015-2016 | Fiscal Year 2016-2017 | Estimated Fiscal Year 2017-2018 |
|---|---|---|---|---|---|
| Adult Services | 182,481 | 180,696 | 174,480 | 165,319 | 152,986 |
| Children's Services | 278,137 | 288,924 | 254,952 | 281,284 | 253,375 |
| Combined Services | 460,618 | 469,620 | 429,432 | 446,603 | 406,361 |

b.) Utilization Measures

| Average Monthly Visits | Fiscal Year 2013-14 | Fiscal Year 2014-2015 | Fiscal Year 2015-2016 | Fiscal Year 2016-2017 | Estimated Fiscal Year 2017-2018 |
|---|---|---|---|---|---|
| Average Annual Number of Patient Days in IMD Beds | 15,890 | 12,682 | 11,459 | 13,039 | 15,074 |
| Average Daily Census in State Hospitals | 18.8 | 18.3 | 19.5 | 22.1 | 22.9 |

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

a.) Length of Retention for Patients in Treatment

| Average Length of Stay (Days) | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | Estimated 2017-2018 |
|---|---|---|---|---|---|
| Day Treatment | 0 | 0 | 0 | 0 | 13 |
| Methadone Maintenance (days between first and last visit) | 392 | 383 | 390 | 377 | 470 |
| Outpatient Treatment | 92 | 82 | 90 | 90 | 90 |
| Residential Detoxification | 4 | 4 | 4 | 4 | 4 |
| Residential Treatment | 69 | 65 | 66 | 54 | 50 |

**Notes:** Day treatment services were not provided until FY 17-18.

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

| Youth Access to Services | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | Estimated 2017-2018 |
|---|---|---|---|---|---|
| Youth (12-18) Tx Admits | 478 | 404 | 299 | 327 | 280 |
| Youth (13-18) Prevention Participants | 4,541 | 2,852 | 3,210 | 3,150 | 3,465 |

## HEALTH, HOUSING, and HOMELESS SERVICES

| Homeless Services | Fiscal Year 2013-14 | Fiscal Year 2014-2015 | Fiscal Year 2015-2016 | Fiscal Year 2016-2017 | Estimated Fiscal Year 2017-2018 |
|---|---|---|---|---|---|
| Clients in Shelters | 1,252 | 1,195 | 1,208 | 1,399 | 1,420 |

# 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 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|
| Percentage of children in the county who receive all required immunizations when they enter child care. | 91.9% | 93.8% | 92.1% | 96.8% |
| Percentage of children in the county who receive all required immunizations when they enter kindergarten. | 94.0% | 93.8% | 95.1% | 97.0% |

## 2.) HIV/AIDS AND STD PROGRAMS

| Disease Incidence Rates (per 100,000 residents) | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|
| Tuberculosis | 5.1 | 5.3 | 4.4 | 4.0 | 3.5 |
| Chlamydia | 358.7 | 376.1 | 385.5 | 422.5 | 462.5 |
| Gonorrhea | 87.2 | 80.7 | 93.4 | 118.1 | 139.8 |
| Syphilis Primary and Secondary | 5.9 | 7.1 | 7.3 | 7.6 | 7.6 |
| Syphilis- Early Latent | 2.4 | 2.6 | 3.6 | 4.7 | 5.6 |
| HIV Infection | 8.07 | 8.84 | 9.61 | 8.2 | 10.7 |

## 3.) FAMILY, MATERNAL, AND CHILD HEALTH

| Children | Fiscal Year 2013-2014 | Fiscal Year 2014-2015 | Fiscal Year 2015-2016 | Fiscal Year 2016-2017 | Estimated Fiscal Year 2017-2018 |
|---|---|---|---|---|---|
| Women, Infants, and Children's Program (WIC) average number of vouchers issued per month | 20,258 | 18,670 | 17,145 | 14,983 | 17,694 |

| Perinatal (per 1,000 births) | 2009-2011 | 2011-2013 | 2013-2015 |
|---|---|---|---|
| Infant mortality rate | 5 | 4.8 | 3.75 |
| First trimester entry into prenatal care | 82.75% | 84.68% | 86.09% |

No newer data available.

## 4.) CLINIC SERVICES

| | Fiscal Year 2013-2014 | Fiscal Year 2014-2015 | Fiscal Year 2015-2016 | Fiscal Year 2016-2017 | Estimated Fiscal Year 2017-2018 |
|---|---|---|---|---|---|
| Public Health Clinic Services Average Client Encounters Per Month | 2,095 | 6,158 | 5,583 | 6,920 | 7,500 |

Data reflects expansion of school-based services beginning in FY 13-14.

## 5.) SENIOR NUTRITION

| Senior Nutrition Program | Fiscal Year 2013-2014 | Fiscal Year 2014-2015 | Fiscal Year 2015-2016 | Fiscal Year 2016-2017 | Estimated Fiscal Year 2017-2018 |
|---|---|---|---|---|---|
| Average Meals Served Per Month | 41,796 | 44,160 | 48,458 | 47,903 | 48,500 |

## 6.) REDUCING HEALTH DISPARITIES

| **Reducing Health Disparities** | **2014-2015** | **2015-2016** | **2016-2017** |
|---|---|---|---|
| **REENTRY**: Number of reentry persons utilizing Reentry transition medical clinic | 84 reentrants (West County clinic) | 121 reentrants (West County & East County clinic) | 567 reentrants (West County & East County clinic) |
| **REENTRY:** Number of reentry persons benefitted by reentry navigation services | 286 reentrants | 206 reentrants | 544 reentrants |
| **Group Visits**: BMI % change for children in 5 session We Can pedi obesity group visit series | 56% of all pedi obesity patients either maintained or decreased their BMI | 75% of all pedi obesity patients either maintained or decreased their BMI | 70% of all pedi obesity patients either maintained or decreased their BMI |
| **Group Visits:** A1C point change for adult diabetics completing 6 session diabetes group visit | Pre group A1C 8.89<br>Post group A1C 7.89<br>*Decrease of 1 A1C pt.* | Pre group A1C 9.61<br>Post group A1C 8.54<br>Decrease of 1.07 pt. | Pre group A1C 9.5<br>Post group A1C 8.7<br>Decrease of .75 pt. |
| **Group Visits:** *Number of diabetes, pedi obesity and prenatal group series provided* | 41 group series | 47 group series | 56 group series |
| **Health Navigation:** total # of intakes for patients served with hands on application assistance (Medi-Cal, food stamp, disability) and linkage to other benefit programs and community resources (West County, North Richmond, Oncology Martinez, Bay Point, Pittsburg and Brentwood health centers) | 2,067 households | 2,347 households | 2,504 households |

## CONTRA COSTA HAZARDOUS MATERIALS PROGRAM

| Incident Response (number performed) | Fiscal Year 2013-14 | Fiscal Year 2014-15 | Fiscal Year 2015-16 | Fiscal Year 2016-17 | Estimated Fiscal Year 2017-18 |
|---|---|---|---|---|---|
| Business Plan | 897 | 1,123 | 1,397 | 1,741 | 1,405 |
| Underground Storage Tank | 574 | 816 | 766 | 782 | 721 |
| Aboveground Storage Tank | 108 | 193 | 271 | 263 | 206 |
| Hazardous Waste Generator | 900 | 1,067 | 1,130 | 1,572 | 1,345 |
| Response to incidents | 46 | 35 | 46 | 73 | 50 |
| Complaints received and investigated | 39 | 36 | 45 | 36 | 25 |
| Notifications received from industries | 271 | 285 | 312 | 255 | 261 |

## CONTRA COSTA ENVIRONMENTAL HEALTH

| Inspections (number performed) | Fiscal Year 2013-14* | Fiscal Year 2014-15 | Fiscal Year 2015-16 | Fiscal Year 2016-17 | Estimated Fiscal Year 2017-18 |
|---|---|---|---|---|---|
| Solid Waste/Medical Waste Facilities | 2,498 | 2,604 | 2,126 | 2,225 | 1,957 |
| Consumer Protection (pool/spa/small water systems) | 1,988 | 1,933 | 2,830 | 2,463 | 2,085 |
| Retail Foods | 7,368 | 9,684 | 8,757 | 9,401 | 10,209 |
| Land Development | 1,870 | 1,972 | 1,611 | 1,766 | 1,885 |

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

## DETENTION

| Detention | Fiscal Year 2013-14 | Fiscal Year 2014-2015 | Fiscal Year 2015-2016 | Fiscal Year 2016-2017 | Estimated Fiscal Year 2017-2018 |
|---|---|---|---|---|---|
| Average Monthly Inmates | 1,568 | 1,432 | 1,407 | 1,487 | 1,500 |

## CONSERVATOR

| Conservator | Fiscal Year 2013-14 | Fiscal Year 2014-2015 | Fiscal Year 2015-2016 | Fiscal Year 2016-2017 | Estimated Fiscal Year 2017-2018 |
|---|---|---|---|---|---|
| Conservator Clients | 1,182 | 1,113 | 1,140 | 1,119 | 1,125 |

## CALIFORNIA CHILDREN'S SERVICES

| California Children's Services | 2013 | 2014 | 2015 | 2016 | 2017 |
|---|---|---|---|---|---|
| Average Caseload | 3,766 | 3,908 | 4,172 | 4,151 | 4,163 |
| Average Referrals Per Month | 164 | 153 | 179 | 153 | 209 |
| Average Financial Interviews Per Month | 24 | 17 | 14 | 15 | 3* |
| Average Service Authorization Per Month | 919 | 1,036 | 919 | 1,008 | 914 |
| Average Therapy Appointments Per Month | 1,674 | 1,626 | 1,574 | 1,764 | 2,094 |

*We've changed our process to be more proactive with the families before their insurance terms. Increase of staff/family joint calls to Medi-Cal to facilitate continued insurance has reduced the need for face-to-face FE interviews.

## PUBLIC ADMINISTRATOR

| Public Administrator | Fiscal Year 2013-14 | Fiscal Year 2014-2015 | Fiscal Year 2015-2016 | Fiscal Year 2016-2017 | Estimated Fiscal Year 2017-2018 |
|---|---|---|---|---|---|
| Cases Opened | 237 | 286 | 221 | 209 | 215 |
| Cases Closed | 195 | 191 | 167 | 66 | 178 |

## AMBULANCE SERVICE AREA

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.

| EMS System Key Performance Indicators (1) | 2014 FY 14-15 | 2015 FY 15-16 | 2016 FY 16-17 | Estimated 2017-18 |
|---|---|---|---|---|
| 9-1-1 Ambulance Services: Total Units Dispatched | 87,974 | 94,278 | 98,769 | 100,000 |
| 9-1-1 Ambulance Services: Total Patients Transported | 64,870 | 73,027 | 73,987 | 85,000 |
| Trauma Services Total Patients (all) Transported to a Trauma Center | 1,526 | 1,766 | 1,884 | 1,900 |
| Contra Costa Cardiac Arrest Survival Rate (Utstein): National Cardiac Arrest Registry for Enhance Survival (CARES) Data | 30% | 28% | 32% | 30% |
| Contra Costa Cardiac Arrest Bystander CPR Rate (Utstein): National Cardiac Arrest Registry for Enhance Survival (CARES) Data (1) | 38% | 40% | 39% | 38% |
| STEMI (High Risk Heart Attack) Average 911 to Intervention Time: National Standard 120 minutes (2) | 90 min | 89 min | 85 min | 90 min |
| STEMI (High Risk Heart Attack) Average ED Door to Intervention Time: National Standard 90 minutes (3) | 60 min | 58 min | 58 min | 60 min |
| Number of Designated STEMI (High Risk Heart Attack) Centers (3)(5) | 5 | 5 | 5 | 5 |
| Number of STEMI ALERT Patients to STEMI Centers | 230 | 309 | 396 | 400 |
| Number of Designated Primary Stroke Intervention Centers (4)(5) | 7 | 6 | 6 | 6 |
| Number of Stroke Alert Patients to Primary Stroke Intervention Centers (4) | 757 | 824 | 856 | 900 |
| Number of Paramedics | 433 | 404 | 492 | 500 |
| Number of EMTs | 1,073 | 1,025 | 1,315 | 1,400 |

Notes:
(1) EMS Statistics are compiled and reported on the prior calendar year.
(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.