

# Contra Costa Health Department Performance Report

## I. DEPARTMENT MISSION

The mission of Contra Costa Health (CCH) is to care for and improve 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 the full spectrum of health-related services under one organizational structure. Doing business as Contra Costa Health (CCH), it represents the largest department of this County government, employing over 4,500 Full-Time Equivalents (FTE's).

CCH has a long history of working in partnership with a broad range of stakeholders, including private hospitals, private physicians, community clinics, community-based organizations, schools, advisory boards, and the media. Through the use of technology, including its extensive website and social media, CCH can reach County residents with critical health care information daily.

CCH is an integrated system of health care services, comprised of several divisions that work in concert to cover 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, CCH is the safety net, providing medical services not available to them elsewhere.

### CONTRA COSTA REGIONAL MEDICAL CENTER AND HEALTH CENTERS

The Contra Costa Regional Medical Center (CCRMC) is a 167-bed general acute care safety-net hospital that provides a full range of services that include emergency care, psychiatric care, newborn labor and delivery, medicine, and surgery. Ten ambulatory care health centers throughout Contra Costa County provide comprehensive, personalized, patient-centered health care with a full range of specialty services. The medical center is the training ground for our family practice residency program.

CCRMC/HCs is the primary medical and dental network provider for Medi-Cal beneficiaries in Contra Costa County. CCRMC/HCs supports the most vulnerable and low-income population in the County, including a high number of homeless and immigrant residents and others who traditionally have a high prevalence of mental health and co-occurring conditions.

As an organization CCRMC/HCs strives to create optimal health for all through respectful relationships and high-quality service. Our goals to achieve optimal community health include:

- Being patient and family centered
- Fostering continuous improvement
- Delivering value and safe care

As a general acute care teaching facility, 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 service. The licensed basic emergency room provides medical and psychiatric evaluation and treatment. Additionally, the Psychiatric Emergency Services Unit provides crisis intervention and stabilization, psychiatric diagnostic assessment, medication, emergency treatment, screening for hospitalization and intake, disposition planning, and placement/referral services.

The ten ambulatory care Federally Qualified Health Centers in East, West and Central Contra Costa County are licensed as an outpatient department of CCRMC. The clinics provide family practice oriented primary care, geriatrics, dental, rehabilitation, prenatal, pediatric and adult medical services, as well as medical and surgical specialty clinical services. Specialty clinics include podiatry, infectious disease, eye, dermatology, orthopedics, urology, Ear, Nose and Throat (ENT), gynecology, general surgery, plastic surgery, nephrology, neurology, rheumatology, and other services. All age groups are served. The ambulatory care centers serve as an integrated care delivery system with the hospital, behavioral health clinics, detention health centers, and all of the other ambulatory clinics.

The delivery system is supported by the Informatics and Business Intelligence departments and is served by an electronic medical record that allows for communication between all sites and providers and includes dynamic dashboards and reports to see trends over time.

BUDGET: \$791,896,000  
FTE: 2,629.1

### **HOSPITAL CAPITAL**

BUDGET: \$15,235,000

### **CONTRA COSTA HEALTH PLAN**

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. It subsequently expanded its programs to include County employees, businesses, individuals, and families. Currently CCHP has programs for Medi-Cal recipients, employees of participating employers, and In-Home Supportive Services providers.

Benefits include 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.

As one of the State’s Medi-Cal managed care health plans, CCHP has added 149,000 Medi-Cal members since the implementation of the Affordable Care Act, and now provides comprehensive, quality health coverage to approximately 250,000 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, enhanced care management, community supports services, care coordination, community health workers and doula services for high-risk patients.

**The Contra Costa Health Plan (CCHP)** manages care for Medi-Cal enrollees including CalWORKs members, Seniors and Persons with Disabilities, and other Medi-Cal members.

BUDGET: \$1,101,813,034  
FTE: 291.1

**Contra Costa Community Health Plan** is available to In Home Supportive Services provider and employees of participating employers, including Commercial coverage, the County Employees Plan, the Basic Health Care Program, and Contra Costa CARES.

BUDGET: \$79,722,869

### **BEHAVIORAL HEALTH SERVICES (BHS)**

Behavioral Health Services (BHS) integrates Mental Health and Alcohol and Other Drug services into a single, accessible system of care that supports independence, hope, and healthy lives. Integration is an opportunity to respond to our culturally diverse residents who have complex behavioral health 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 individuals and families using a “whole-person care” approach.

Contra Costa **Mental Health Services (CCMHS)** provides an array of opportunities for partners to work together in the spirit of hope toward recovery. This includes programs and services to clients of all age groups and their families.

In the Children’s System of Care (CSOC), CCMHS provides supports to children, adolescents, and their families through our county-operated programs and through contracts with Community Based Organizations (CBOs). The county-operated programs encompass three regional outpatient clinics: a specialty clinic for early intervention in psychosis (First Hope), a mental health program in juvenile detention, and a program aimed at supporting minors struggling with mental health and substance use disorders; as well as county-wide programs such as Intensive Care Coordination, Wraparound, Therapeutic Behavioral Services, and County-wide Assessment Team/Emergency Foster Care. Services include individual, group, and family therapy, family partner and peer support, psychiatric care, and care coordination. CSOC coordinates services closely with other child serving systems, including Child and Family Services (CFS), Juvenile Probation, Education, and Regional Center. Community-based organizations are an integral component of our delivery system providing services such as school-based mental health services, intensive field-based services for CFS and Probation involved youth, mobile crisis services, and services aimed at very young children and their caregivers.

Adult Services operates four county-operated clinics: three regional clinics and one clinic for older adults. Adult Services provide psychiatric supports, therapy, care coordination, housing, and rehabilitation supports to patients struggling with severe psychiatric conditions. Adult services contracts with CBOs for intensive supports to Transition Age Youth and adults needing comprehensive community-based supports. Through a variety of grants, CCMHS has expanded support to adults in the criminal justice system struggling with mental health conditions by providing intensive home and field-based supports that comprehensively address social determinants of health.

Any Contra Costa resident who experiences a mental or emotional crisis can get help from our Crisis Services. These services are available 24 hours a day, seven days a week, and are in the process of being expanded and integrated into a comprehensive emergency crisis response program, the A3 (Anyone, Anywhere, Anytime) Initiative.

Through Mental Health Services Act funded programs, CCMHS is also able to fund services aimed at intervening early in the mental health severity spectrum through its Prevention and Early Intervention (PEI) programs, and to fund supports that address social determinants of health, such as housing and vocational needs.

BUDGET: \$354,613,000  
FTE: 657.9

**Alcohol and Other Drug Services (AODS)** reduce the incidence and prevalence of substance use disorders (SUD). The AODS delivery model is based on a network of Community Based Organizations (CBOs) which provide prevention, diversion, treatment, detox and Medication Assisted Treatment (MAT) services throughout Contra Costa. AODS also operates one County residential Co-Occurring Enhanced treatment program for men. AODS operates the Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan which constitutes a comprehensive approach for providing SUD prevention, diversion, outpatient, intensive outpatient, residential treatment, case management, recovery services as well as withdrawal management, and Medication Assisted Treatment (MAT) which includes Narcotic Treatment Programs (NTP). A vital function of the DMC-ODS is to provide timely and adequate access to the network of SUD services throughout Contra Costa.

BUDGET: \$35,066,717  
FTE: 78.8

### **HEALTH, HOUSING AND HOMELESS SERVICES (HS)**

**Health, Housing and Homeless Services (H3)** integrates housing and homeless services across our health system, and coordinates housing and homeless services across County government and in the community. As the Administrative Entity for the homeless continuum of care, H3 works with key partners such as the Employment and Human Services Department, the Housing Authority, school districts, housing providers, law enforcement and cities to develop innovative and community-specific policies and strategies to address the needs of persons experiencing homelessness and/or housing insecurity as a key determinant of health.

BUDGET: \$21,689,934  
FTE: 22

## **PUBLIC HEALTH**

**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 employs a broad spectrum of strategies and offers an array of programs that focus on public health issues such as communicable and sexually transmitted diseases, immunization, nutrition, and family, maternal, infant, and child health, including children's oral health. 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. Public Health is also responsible for the Department's health emergency preparedness programs, data collection, and vital records.

BUDGET: \$99,482,669

FTE: 698.2

## **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 applies 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.

BUDGET: \$14,310,480

FTE: 62

## **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.

BUDGET: \$11,639,520

FTE: 39

## **DETENTION**

**Detention Health** provides all primary care medical and dental services for patient-inmates in the County's detention and Juvenile Hall facilities, including diagnostic testing, treatment, nursing care, pharmacy, obstetrical, dental, and other services. When more complicated medical services are required, they are provided at the Contra Costa Regional Medical Center and Health Centers.

Detention Health also provides assistance to the Sheriff's Department in the identification and management of patient-inmates needing mental health services located in the County's main detention facility in Martinez, the West County Detention Facility, and Juvenile facilities. Services include screening and assessment of all patients at intake, medication management, behavior management, crisis counseling, education, brief therapy, and re-entry planning for appropriate patient-inmates.

The multi-disciplinary team is comprised of psychiatrists, licensed mental health clinicians, mental health specialists, occupational therapists, and substance use disorder counselors. Specialized mental

health services tailored to youth within the juvenile detention facilities are provided by Behavioral Health Services.

BUDGET: \$42,895,223

FTE: 171.2

### **CONSERVATORSHIP**

The **Conservatorship** Program manages the affairs of adults in Contra Costa County who cannot properly provide for their own needs, as determined by Contra Costa Superior Court and qualified medical professionals. Services start with court-appointed authority over psychiatric or medical care and often include conservatorship of the party's estate. Program clients have medical or psychiatric impairments that prevent them from meeting their own basic life needs, in the professional opinion of a qualified medical provider. The Conservatorship Office operates under the Behavioral Health Division, and has three distinct functions: Probate Conservatorships, LPS Conservatorships and Rep Payee Program for Social Security and VA benefits.

BUDGET: \$5,167,659

FTE: 25

### **CALIFORNIA CHILDREN'S SERVICES**

**California Children's Services** (CCS) arranges, directs, authorizes and pays for medical care, equipment and rehabilitation for children, youth 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. CCS provides case management and occupational and physical therapy for Contra Costa children and youth with serious health care conditions. Case management staff helps assure clients receive the appropriate pediatric specialty care. In collaboration with community physicians, Medical Therapy Program staff provides direct rehabilitation services at five public school sites in Contra Costa County.

BUDGET: \$13,603,880

FTE: 68

### **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 who die without a qualified person willing or able to administer their estate. Duties of the Public Administrator may include any or all the following:

- Search for next-of-kin and locate all persons entitled to inherit from the estate.
- Make final arrangements for the deceased.
- Conduct thorough investigations to discover all the decedent's assets and debts.
- Protect the decedent's property from waste, loss, or theft.
- When appropriate, petition the court for appointment as administrator of the estate and follow through with all the duties of probate as set forth in the California Probate Code; and
- Pay estate creditors and expenses of administration and distribute the balance of the estate to the persons legally entitled to inherit.

The Public Administrator program will be transferred to the Employment and Human Services Department effective July 1, 2023.

### **WEST CONTRA COSTA HEALTHCARE DISTRICT**

The West Contra Costa Healthcare District (WCCHD) provides leadership and oversight in the delivery of healthcare in the West Contra Costa Healthcare District by acting as an advocate for quality healthcare

to all; providing a conduit for healthcare information and services; fostering, developing, maintaining and supporting programs that serve the healthcare needs of the communities served; and providing assurance, through oversight of the District's healthcare facilities, to equal access to healthcare, without regard to race, color, age, religion, sex, sexual orientation, national origin, citizenship, handicap or ability to pay.

BUDGET: \$11,278,000

**EMERGENCY MEDICAL SERVICES FUND**

The Emergency Medical Services fund also known as SB 12 or "Maddy 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: \$1,200,000

**EMERGENCY MEDICAL SERVICES (EMS)**

Emergency Medical Services is a public private partnership that acts to deliver 9-1-1 services to communities under Local EMS Agency policies and procedures to provide uniform levels of response and prompt patient transport to emergency departments and specialty centers for definitive care.

EMS is the statutory designated Local EMS Authority (LEMSA) responsible for providing regulatory and medical oversight of medical dispatch, prehospital patient care delivered by fire and law first responders, and ambulance personnel. EMS is also charged with conducting emergency and non-emergency ambulance permitting and emergency ambulance contract compliance. EMS sets standards to assure that prehospital personnel are properly trained and equipped to provide medical care in a timely, efficient, and professional manner. EMS is responsible for the authorization and oversight of Air Medical Providers, Continuing Education, and County EMT and Paramedic training programs.

BUDGET: \$6,891,000

FTE: 9

**LOS MEDANOS COMMUNITY HEALTHCARE DISTRICT**

The Los Medanos Community Healthcare District was dissolved on March 9, 2022, when the Local Agency Formation Commission (LAFCo) recorded a Certificate of Completion. The terms and conditions of the dissolution, among other things, appointed Contra Costa County to serve as successor agency of the dissolved District and charges the County with winding up the former District's affairs, including taking possession and disposing of District assets and liabilities.

The Los Medanos Community Health Advisory Committee (the "LMHAC") was created by the Board of Supervisors pursuant to the terms and conditions approved by LAFCo to dissolve the LMCHD. The purpose of the LMHAC is to develop an area health plan that identifies the major health disparities that impact residents of the former LMCHD service area and establishes priorities for improving health outcomes.

BUDGET: \$1,200,000

### **III. DEPARTMENT ACCOMPLISHMENTS**

Maintained COVID-19 response with mortality rate among lowest in nation while reducing the equity gap in communities of color.

Launched award winning A3 Community Crisis Response Program.

Contra Costa Health Plan received highest rating from National Committee for Quality Assurance for patient experience and preventive care.

CCRMC named to the State of California's Maternity Care Honor Roll.

Contra Costa Health Population Health Award from the California Association of Public Hospitals & Health Systems.

Ranked in the top 90th percentile among all Medicaid HMOs in the country for six measures, including prenatal and postpartum care and cervical cancer screening.

Awarded funding to expand CCH Equity Team Health Ambassador Program to continue outreach to at risk communities in partnership with Employment and Human Services.

Among first in the State of California funded to hire Ambassadors from the developmentally disabled community.

Early opioid intervention pilot of ambulance personnel initiating treatment showed sustained success (38% in treatment after 30 days) and adopted by State of California as best practice.

Awarded Department of Justice funding to establish countywide gun violence prevention coalition.

Broke ground on 54-unit permanent supportive micro housing project in El Portal in San Pablo.

Responded to local hazardous material events to protect and ensure community health and safety including a prolonged fire and smoke event, a wastewater incident and several industrial releases.

The Contra Costa Regional Medical Center (CCRMC) and Health Centers continued transitioning the activities related to the COVID-19 pandemic into standard operations. This involved moving all activities around vaccine procurement and distribution, testing, and treatment into the ten ambulatory health centers. Patients have not been affected during this transition and that vast majority of the emergency apparatus established for the pandemic will be shut down when the public health emergency ends.

CCRMC put significant time and energy into the repatriation of patients from other acute care hospitals into CCRMC. This was mostly true for patients represented by the Contra Costa Health Plan, but also included Medi-Cal, Medicare, and the uninsured populations of Contra Costa County.

CCRMC went live with new equipment to detect and diagnosis seizures in the acute care hospital around the clock. Prior to this technology, studies verifying seizure activity were only available through our outpatient apparatus and only at sporadic times during the week. This has resulted in more rapid diagnosis, better patient care, and a dramatic reduction in patients being sent to UCSF and other tertiary centers for seizure evaluation.



CCRMC completed the permanent installation of the hospital-adjacent second CT scanner used to diagnose and manage acute and chronic illnesses.

CCRMC has been working to modernize our clinical laboratory into an efficient operation that will include an automated series of analysis equipment fed by conveyor belts to improve efficiency and lab turnaround times.

Safe delivery of pharmaceuticals inside an acute care hospital requires ongoing improvement in our pharmaceutical infrastructure. CCRMC has been upgrading our drug storage systems on the various wards to improve security and safety around potentially dangerous medicines.

CCRMC and HCs increased access and capacity in Ambulatory Services by increasing telehealth services such that there are readily available same-day appointments throughout the system. The appointment unit has had increased agents and improved efficiencies resulting in decreased wait times, improved specialty scheduling, and decreased dropped calls. We are undertaking a Health Home Team redesign that assigns one nurse with each provider to provide close management of each provider panel of patients. In terms of population management, we have implemented teams to do intensive outreach to all patients to close “care gaps”. We have a new Outreach Committee which sets priorities and campaigns for outreach along with new technologies for patient communication, we are expanding our navigation for patients by increasing staffing for Community Health Workers who will be involved in the following areas that need extra patient support: HIV clinic, cancer services, autism, Gender clinic, geriatrics, palliative care, and Medi-Cal re-enrollment and new applications.

CCRMC and HCs increased access to mild-moderate behavioral health services in primary care clinics, by hiring additional behaviorists, enhancing the referral process, and standardizing clinic schedules to maximize direct patient care time. To assist with this work, the Health Resources and Services Administration granted \$900k for training that prepares primary care providers to offer behavioral health care services in the health center setting. We will be training > 30 staff in implementing the “Collaborative Care Model” which will enable greater monitoring of patient conditions and improved outcomes tracking. We have enhanced psychiatry support for patients in ambulatory care resulting in achieving access of 7-10 days for an appointment.

CCRMC and HCs tracks and annually reports over 200 quality and safety measures to ensure best practices and quality benchmarks are met. The hospital continues to be fully accredited under the Joint Commission Hospital Accreditation program and is licensed by CDPH as a general acute care facility. CCRMC’s laboratory is fully accredited by the Joint Commission. Additionally, CCRMC met all local, state, and federal COVID-19 reporting requirements for Emergency Response funding, licensing, and regulatory purposes.

CCMRC continues to be recognized nationally for our work in patient safety. The Centers for Medicare and Medicaid Services rewarded CCRMC with a four-star rating based on the following categories: safety of care, mortality, readmission, patient experience, and timely and effective care. CCRMC is a Designated Baby Friendly Hospital and is on the Maternity and Opioid Care Honor Rolls with CDHHS. Additionally, in December 2022, CCRMC/HCs received CAPH’s highest honor – the top-Quality Leader Award for “Patient Engagement using Data Insights” for our population health work.

Even as COVID-19 disrupted in-person ambulatory care visits, Health Centers were able to reduce care disparities in multiple measures, assisted by the deployment of telehealth visits and increased safety measures for onsite visits. In a recent 12-month period Diabetes Hb A1c control, HbA1c>9% improved by 2.2% for our total population, 3.4% for the African American population, and 1.7% for Hispanic/Latino population. Controlling blood pressure improved by 4.6 % for general population, 6.4%

for Hispanic/Latino population and by 2.8% for the African American population and, finally, Increased tobacco cessation interventions by 9.2% overall, 9.1 in % in African American Population, and 8.8% in the Hispanic/Latino population. Approximately 12000 children and adolescents well care visits were provided, and the immunization rate for adolescents improved by 10.8% for general population, 11.1% for Hispanic/Latino population and by 3.8% for the African American population. Other measure improvement of note is the 1.8% increase in our BMI screening and follow up, positively impacting over 4,500 patients over 18 years old and the additional 1,300 patients over 65 that have an advanced care plan in their chart over the previous year, a 13.2% increase.

The Contra Costa Health Plan (CCHP) received approval for its Single Plan Model for Medi-Cal from the California Department of Health Care Services (DHCS) in 2022, making CCHP one of two Medi-Cal Managed Care plans in California to receive such approval under CMS 1115 waiver. As the only county owned Managed Care Plan (MCP) in the state, Contra Costa Health Plan will transition to a Single Plan Model on January 1, 2024.

Contra Costa County Behavioral Health Services (CCBHS) submitted a **CalAIM Implementation Plan** and met 100% of the 2022 milestones securing over \$1.4 million in incentive payments.

CCBHS was able to offer initial assessment appointments within the 10-business day standard 97% of the time in FY 21/22, 98% among adult clients and 94% among children/youth.

SPIRIT Peer Vocational Program - Peer Vocational Specialists serve as liaisons for SPIRIT graduates and employers, and track employment and volunteer status as it pertains to vocational placement into the Behavioral Health.

- 43 graduates were placed into paid positions.
- 15 of the graduates placed were of the 2022 cohort.
- 46 SPIRIT students were placed into peer internships with County-operated clinics, programs, and community-based organizations.
- Vocational Specialists coordinated and scheduled 202 virtual interviews with 27 collaborating agencies and 52 SPIRIT students for the Work Study Fair event

### **Public Health Clinic Services**

The Public Health Clinic Services unit includes a variety of clinically and case management focused programs that provide comprehensive medical, dental, behavioral and social services to vulnerable populations most at risk of poor health outcomes. This unit includes multiple programs described below.

The Enhanced Care Management (ECM) program, called Community Connect, delivers case management services to address a myriad of social and medical needs that perpetuate poor health outcomes. The program targets high-need Medi-Cal patients that are eligible across numerous populations of focus. The program provides case management services to roughly 5,000 clients each month.

School-based clinics and Women's Health, Sexual Health, Pediatric and Immunization clinics run by Clinic Services in CCH Health Centers had been returned to pre-pandemic operations during 2022. Expansions in our immunization clinics to address COVID-19 needs began in late 2022. School-based services include dental, behavioral health and medical, including back-to school immunization clinics.

The Public Health Nursing Home Visiting program also returned to pre-pandemic operations during 2022, providing a hybrid of virtual and in-person services per update CMS state plan amendment guidelines. The Health Care for the Homeless program received a 2022 Community health Quality

Recognition from the Department of Health and Human services for improvement in patient outcomes. Provided care and support to over 11,000 people experiencing homelessness.

### **Public Health Family Maternal and Child Health Programs (FMCH)**

Based on augmentation in State funding related to the Black Infant Health Program, the Perinatal Health Equity Initiative, and the California Home Visiting Program, Family, Maternal and Child Health Programs (FMCH) were able to expand services to additional clients and develop strategies that address health equity. The FMCH team expanded efforts in the Nurse-Family Partnership program through a CalWorks initiative with EHSD.

The Perinatal Equity Initiative (PEI), which strives to eliminate health inequities (such as prematurity, low birthweight, and maternal and infant mortality) for Black birthing people and their infants, had multiple accomplishments within 2022, including:

- Maintaining a Community Advisory Board reflective of a diverse cross-section of parents, perinatal providers across disciplines, elected officials and researchers that advise on the program's interventions, with an average of 35 attendees per meeting.
- Creating and maintaining a public awareness campaign, Deliver Birth Justice. Through the #DeliverBirthJustice campaign, 13 presentations were provided at community events and the gained 2281 followers on all social media platforms.
- Initiating and maintaining two community interventions via subcontractors, A Community-Based Doula Program and A Fatherhood Program:
- Community-Based Doula (CoCo Doulas)-Contract to provide services for Black Birthing people and mothers including emotional support and health education during pregnancy, labor, and the immediate postpartum period, had 73 Doulas clients, have 20 current referrals, and saw 41 full term births out of 46 births.
- Partners in Pregnancy Fatherhood Program-Served 50 fathers partnered with Black mothers with social support groups, parenting education, and complimentary case management.

### **Public Health Women, Infants, and Children (WIC)**

Due to increased number of WIC participation during FY2022, CDPH WIC increased Contra Costa WIC Program's assigned caseload to 19,116 per month effective December 1, 2022. This is an additional 1,248 participants per month from the previous year. The WIC program had a 300% increase in the number of Farmer's Market checks, providing 4,500 checks to WIC participants.

### **Public Health Communicable Diseases**

Many of the activities associated with the Communicable Disease Programs are mandated by state health and safety codes to protect our community from infectious diseases. During the pandemic, programs quickly revised workflows to permit remote work while maintaining effective communicable disease prevention, education, and control activities to keep our community safe and healthy. Many program staff were deployed for multiple months to support COVID-19 response activities, and some continue to support COVID-19 response activities on a part-time basis. The CD Program educated at risk county residents on how to protect themselves, provided 130 MPox vaccines at CCH clinics and distributed over 3,400 MPox vaccines to community providers.

As part of the County's continued response to COVID-19 an at home mailing test kit program was launch in November. Within 3 weeks, 18,438 test kits were distributed, helping to fill the gap with the ending of the federal test kit distribution.

Coordinate and provided, over 10,000 COVID-19 test kits to Long Term and Residential Care Facilities for provision to families over the holidays as a mitigation strategy of COVID-19 exposure to a vulnerable population. In addition, the Mobile Vaccine Team provided 323 vaccine clinics at Long Term Care Facilities, resulting in 7776 COVID-19 vaccine doses being provided. They also provided in home vaccinations services (COVID-19, Flu and/or MPX vaccine) to 1038 homebound patients.

The mobile vaccine team provided 161 clinics through a combination of business/schools/CBOs, with 94 of those were equity-based clinics in partnership with the CCH ambassadors.

### **Public Health HIV/AIDS and STD Programs**

The HIV/AIDS Program continued to provide the “HOME Is Where The SWAB Is”, an innovative contactless home-testing program for Contra Costa residents. Services include self-swab testing for gonorrhea, chlamydia, and HIV, and continued to provide condom and lubricant delivery services for adults with the HIV Prevention program and the condom delivery program Condom Access Program for Contra Costa teens. The program received a grant for STD Prevention and Collaboration services, expanding access to testing and treatment services for the County’s uninsured and underinsured individuals and well as expanded collaboration. The program also began a “Don’t Think, Know” program providing at home STD test kits to eligible individuals through mail.

### **Public Health Community Wellness and Prevention Programs (CWPP)**

In 2022, the CWPP program received a \$1.5m Gun Violence Prevention grant to expand the County’s work in Gun Violence Prevention.

## **IV. DEPARTMENT CHALLENGES:**

Below are some of the primary challenges facing Health Services:

### **COVID-19 Transition**

The State of California has ended the state's COVID-19 State of Emergency on February 28, 2023, with Contra Costa County aligning the end of the county State of Emergency on that date. The Federal Department of Health and Human Services will follow suit on May 11, 2023. While the end of these states of emergency, and the resources that follow, are important operational milestones, CCH must remain ready to respond to what has been, and continues to be, a continuously changing situation.

Contra Costa Health continues to focus on equity by ensuring that those we traditionally serve - people with Medi-Cal or without health insurance - can easily access COVID services, including testing, vaccination, and treatment when needed. These services will be available at CCH health care sites, as well as through mobile efforts, in order to continue to reach those most at risk including communities hardest hit and residential facilities for the elderly.

The COVID Transition Plan also emphasizes collaboration and coordination between CCH and its health care partners as efforts continue to ensure that all health systems provide on-going access to COVID services across the county. Finally, the COVID transition plan maintains the core public health functions to track COVID in our county including lab testing for variants, monitoring disease levels in the community, disease reporting and epidemiology, and outbreak management.

### **California Advancing and Innovating Medi-Cal (CalAIM)**

The California Advancing and Innovating Medi-Cal (CalAIM) program was created to transform and improve the quality and delivery of healthcare services to the state's Medicaid population. The CalAIM program includes several initiatives to improve access, quality, and coordination of care for people on Medi-Cal.

The CalAIM program has several areas that Contra Costa Health Plan (CCHP) and Behavioral Health (BH) will be responsible for, including:

1. Implementation of new initiatives: The initiatives include Integrated Care for Dual Eligible Beneficiaries, Long-Term Care Benefits, Enhanced Care Management, Community Supports, and No Wrong Door.
2. Population Health Management and Care Coordination: CCHP is responsible for coordinating the care of Medi-Cal members through the development of the Enhanced Care Management program. They must work with healthcare providers, social service agencies, and community organizations to ensure that people receive timely, appropriate, and high-quality care including addressing social needs through community supports (example being housing navigation). Through the development of the plan's Population Health Management strategy, CCHP will implement a systemwide, person-centered strategy to assess each enrollee's health and social needs, stratify based on risk levels, and provide care management and transitions across multiple delivery systems and settings.
3. Quality improvement: CCHP and BH must work to improve the quality of healthcare services provided to Medi-Cal members by implementing quality improvement initiatives, monitor healthcare outcomes, and provide training and support to healthcare providers.

4. Data reporting: CCHP and BH must report data to the California Department of Health Care Services (DHCS) on various performance measures, including quality of care, utilization, and cost. Stakeholder engagement: CCHP must engage with stakeholders, including Medi-Cal members, healthcare providers, and community organizations, to ensure that the CalAIM program meets the needs of the Medi-Cal population.

Payment reform: BH will implement payment reform for specialty behavioral health services provided by our county-wide provider network based on outcomes rather than services provided.

Finally, CalAIM includes new services and supports for Justice-Involved Adults and Youth. These initiatives are targeted to address poor health outcomes and disproportionate risk among justice-involved Medi-Cal eligible adults and youth as they re-enter their communities beginning with services and benefits provided during incarceration. This will include eligibility and enrollment in Medi-Cal prior to being released.

### **Single Plan Model (Medi-Cal)**

Contra Costa Health Plan (CCHP) received approval for its Single Plan Model for Medi-Cal from the California Department of Health Care Services (DHCS) in 2022, making CCHP one of two Medi-Cal Managed Care plans in California to receive such approval under CMS 1115 waiver. As the only county owned Managed Care Plan (MCP) in the state, Contra Costa Health Plan will transition to a Single Plan Model on January 1, 2024.

Approximately 35,000 members will be added to CCHP as the Single Plan Model. In addition, CCHP is expanding with the Dual populations where members have Medicare as primary and CCHP as the secondary payor. Currently, the plan is preparing to become a Duals-Special Need Plan for the highest acuity patients in 2026.

### **Care Court**

Governor Newsom's new plan to get Californians in crisis off the streets and into housing, treatment, and care includes the Community Assistance, Recovery and Empowerment (CARE) Court. Contra Costa County is in Phase 2 of this plan, which aims to provide support and care to people with mental health and substance use disorders who are experiencing homelessness, incarceration, or other crises.

The CARE Court is a new framework that aims to help people with untreated mental health and substance use disorders by providing a court-ordered Care Plan for up to 24 months. The plan is managed by a care team in the community and can include clinically prescribed, individualized interventions with several supportive services, medication, and a housing plan. The plan is client-centered and includes a public defender and supporter to help make self-directed care decisions in addition to their full clinical team.

This coming year Contra Costa County will conduct a planning and design process as this program must be implemented no later than December 1, 2024.

### **A3 Behavioral Health Community Crisis Response**

The Contra Costa County Behavioral Health Crisis Response A3 program is a specialized program within Contra Costa Health, designed in partnership with the community and professionals across public safety sectors. The A3 Crisis Response program is designed to provide urgent behavioral health services and support to individuals who are experiencing a behavioral health crisis – Anyone, Anywhere, Anytime.

The A3 Crisis Response program which launched last year is undergoing a planned expansion to provide 24-hour crisis support and intervention services for adults with serious mental illness. The program's

goal is to respond quickly and effectively to individuals in crisis and help them achieve stability and access to the care and support they need. The program provides a range of services, including crisis assessments, intervention and stabilization, and referrals to other community resources.

This coming year, A3 will focus on establishing a state-of-the-art dispatch system and expanding the Miles Hall Call Center, increasing the hours of operation and teams that can respond county-wide, offering the training curriculum to law enforcement partners around crisis response, and remodeling the Oak Grove site.

### **Housing/Homelessness**

Persons experiencing homelessness touch multiple components of our health delivery system every day. Contra Costa Health works across our system, in partnership with city and other county departments, and a network of community-based agencies to meet the needs of our growing homeless population – providing essential healthcare, mental health and substance use disorder treatment services, case management, and housing for homeless individuals in our community.

CCH leads the effort to provide outreach services to more than 4500 unsheltered individuals across the county, bringing multi-sector services wherever they are. CORE homeless outreach teams and Healthcare for the Homeless street medicine teams visit homeless encampments throughout the county to offer medical care and critical social services, including access to shelter. In the coming year, investments from two managed care plans will expand outreach services and strengthen housing resources through the Housing and Homeless Incentive Program.

Shelter and other temporary housing supports have been expanded through CalAIM's Community Services and Supports initiative. CCH now offers medical respite, housing transition navigation services, short-term hospitalization housing, and housing tenancy and sustaining services to Contra Costa Health Plan members experiencing homelessness.

Recognizing shelters are important but not permanent solutions to homelessness, CCH is committed to investing in key strategies that support the development of a variety of long-term housing options to address the myriad of needs within the homeless community. Plans include:

- Developing safe and secure housing for persons with serious mental illness
- Increasing master-leased housing for MHSA-eligible individuals
- Increasing rental assistance programs
- Expanding permanent supportive housing

In service to these goals, CCH has submitted a proposal to the CA Department of Healthcare Services' Behavioral Health Continuum Infrastructure Program for an LPS-designated Mental Health Rehabilitation Center (MHRC). The 44-bed facility would provide permanent housing for adults with serious mental illness who have been determined by the courts to require 24/7 care and supervision in a safe and secure environment to safely survive. The MHRC will provide a safe and secure treatment environment that includes all the services and supports that an individual requires, including onsite medical and psychiatric care; medication administration and monitoring; individual and group psychosocial and other rehabilitative activities.

Additionally in late 2023, CCH expects to open a new, 54-unit permanent supportive housing program for homeless, frequent utilizers of our health system. On-site behavioral health supports, and care management will be available to all tenants with the goals of reducing avoidable emergency department visits and improving physical and mental health and well-being reinforcing housing is health.

## **Equity**

As the County's single largest provider of health insurance coverage and care in communities recognized as experiencing the greatest disparities in health outcomes, CCH has implemented initiatives focused on improving health equity and outcomes. For example, CCH has worked to improve access to healthcare services by expanding same day appointments and walk in care in our facilities that are exclusively located in communities that have been recognized as the highest risk for health disparities. We continue support critical health care access through Contra Costa Cares program which expanded service and enrollment slots.

Our efforts to advance equity are organized under four areas:

1. Data and measurement.
2. Services provided to our community in a culturally appropriate manner.
3. Community engagement across all our efforts, and
4. Internally focused efforts related to hiring and employees.

Our equity efforts are data-driven, guiding CCH in resource and service allocation. Our facilities are located in neighborhoods where there are historic health disparities. We also examine equity in our key metrics. Two examples of this are the Quality Improvement Program which is overseen by Contra Costa Regional Medical Center and Health Centers where every metric is stratified by race/ethnicity, sexual orientation and gender identity and area of service. These metrics are reviewed monthly and improvement plans are developed to account for health disparities. Contra Costa Health Plan is also addressing equity by regularly reviewing of a core set of metrics, furthering equity across the county as the metrics reflect services provided by CCH as well as the community network of providers.

As we continue to improve our services using an equity lens, we are examining our services. One example of this is the equity work in the Continuum of Care (COC) where CCH and our partners have committed to advancing racial equity throughout the homeless crisis response system. Another example is the work of the PRIDE Initiative to further training around sexual orientation, gender identity and pronouns in our registration staff that greet people when they come for appointments.

Our internal equity work continues in 2023 with a Roadmap which outlines department goals and strategies focused on hiring, promotion and welcoming for all staff. CCH contracted with the Justice Collective to facilitate a team of CCH staff including our Chief Equity Officer to engage in a planning process using the results of a staff survey in 2022 to identify issues and develop solutions. During this year, efforts will be focused on implementing the Roadmap and repeating the staff survey.

## **Contra Costa Regional Medical Center**

The greatest challenge to Contra Costa Regional Medical Center and Health Centers CCRMC/HCs is the transition out of the COVID-19 public health emergency (PHE). For three years the PHE has impacted all aspects of patient care, operations, and funding. The impact of the pandemic is being felt in more advanced disease in patients who delayed care due to shelter in place orders, cancelled clinics, and delayed procedures and surgeries; hospital surges of COVID-19 positive patients; increases in psychiatric emergency room visits; decreased staffing; and increased utilization of supplies for personal protection.

As the primary Medi-Cal (Safety-Net) hospital and clinic delivery system for Contra Costa County, the current facilities are inadequate in size and scope to accommodate CCRMC/HCs continued need to provide clinical and health services to our assigned patient population. CCRMC/HCs empaneled patient assignment has grown to well over 142,000 individuals and is expected to continue to grow in the years to come. An additional 78,000 lives seek specialty services, care coordination services, and hospital services within CCRMC/HCs system of care. CCRMC/HCs has dedicated efforts to provide community



standard clinical services on campus; however, in some service lines we are falling short. Meeting the clinical demand of our current and future patients requires expansion of services in areas such as primary care, pediatrics, dermatology, interventional radiology, oncology, urology, maxillofacial services, orthopedics, ophthalmology, oncology, cardiology and pulmonary.

While we continued to grow as expected, our biggest constraint to managing and scaling services is staffing and the limited amount of physical space and parking to provide direct patient care on the Martinez Campus.

California SB1334, effective January 1, 2023, required that public sector employees be subject to the same meal period and break standards as the private sector, increasing our staffing needs. Additionally, 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. Capital investment is needed for seismic retrofitting, HVAC upgrade, equipment modernization and end-of-life equipment replacement to stay fully licensed and accredited.

Federal 1115 Waiver funding streams transitioned to managed care pay-for-performance funding. This created challenges with the addition of new metrics with cross-divisional impact. The Quality Incentive Program (QIP) represents a new pay-for-performance program for California's public health care systems that converts funding from previously existing supplemental payments into a value-based structure, meeting the Managed Care Rule's option that allows payments tied to performance. QIP payments are received when specific improvement targets are achieved. Modernization of the outpatient setting and infrastructure to support the improvement work and reporting is not only essential but critical to meet the set goals of future federal funding. The complexity of our current system regarding the oversight of service lines poses a threat to meet the pay-for-performance expectations.

The PRIME Medi-Cal Waiver expired June 30, 2020 during the 2020-21 fiscal year. The successor waiver program, California Advancing and Innovating Medi-Cal (CalAIM) will result in a collaboration with Public Health and Behavioral Health which will require the delivery system to provide wrap-around services and enhanced care management. CalAIM that was originally scheduled to begin January 2021 was delayed for one year due to the impact of the COVID-19 health emergency. The new program kicked off in January 2022 and will continue to inform the extent of operational and structural change needed to continue providing care. The challenge is funding may not be realized at the same level as required with current staff and programs.

### **Contra Costa Health Plan**

The distribution of Contra Costa Health Plan's (CCHP) membership by age group and geographically within the county has changed. Currently East County has 43% of all membership while Central has 27% and West has 29%. The major change in the last 5 years is the ratio between children and adults. Historically it was 60% children and 40% adults. Because of the Affordable Care Act (ACA) it transitioned to 42% children and 58% adults. As the trends reflect more seniors there would be a need for more contracted geriatric services to accommodate for the shift in population.

For CCHP Members who are not assigned to Kaiser, going to Kaiser Richmond for emergency room usage has improved with LifeLong clinic (Federally Qualified Health Center [FQHC]) opening an urgent care clinic near Kaiser Richmond. Following an emergency visit our Utilization Manager and Advice Nurses continue to work with Kaiser staff after post stabilization to transfer the members to a network hospital. Additionally, our ongoing challenge is to find appropriate long-term care or skilled nursing facilities for lower levels of care for our members to transition out of an acute care setting.

Under the contract with the Department of Health Care Services (DHCS), we track visits, inpatient stays, and other services to our Medi-Cal members. Together these are defined as Encounter Data which is an interaction between the patient and a health care provider to provide services or assess the health status of a patient. DHCS has defined some quality measures to ensure we capture these encounters in a timely and accurate manner. Most of our pharmacy and medical encounters are tracked through our claims adjudicating system. However, there are a myriad of issues with having a large provider network with encounters being tracked from many provider specialties all which is further complicated because we have a subcontract with Kaiser. We need stronger oversight on this process and on the quality of our encounter data. All Managed Care Health Plans are now being scrutinized by DHCS on the quality of encounter data.

The Managed Care landscape in Contra Costa County continues to evolve. Several of the large commercial plans are adding the Medi-Cal product to their business relationships with the providers in the community. Many times, they leverage their foundation dollars to assist FQHCs on facilities and other Community grants. We are seeing these relationships develop with the Community Providers and Commercial Plans seeking to contract with CCRMC and FQHCs. This can be viewed as a risk to CCHP's long standing dominance in the marketplace. In 2022, the Request for Proposal (RFP) for a model change was released by the Department of Health Care Services. CCHP has applied to be a Single Plan Model under the CMS 1115 waiver. This new model requires a two-year readiness strategy to ensure all of our operations can absorb the Anthem population in 2024. In addition, there are new requirements that include a large Population Health Program, an Equity Roadmap along with an Emergency Response Department. CCHP is in the two-year look back period for our NCQA three-year accreditation. Therefore, it is critical for sustainability that we ensure that our Healthcare Effectiveness Data and Information Set (HEDIS) scores are in the highest percentile, and our National Committee for Quality Assurance (NCQA) accreditation and our Quality Improvement Initiatives exceed our competitor's scores and programs. In addition, we must continue to strengthen our relationship with the Community Providers and the large health delivery systems of John Muir Health and Sutter Health by having regular Joint Operation Meetings to coordinate care and resolve any business issues that may arise. This will ensure a stable provider network that is essential to maintain our service excellence and large share of Contra Costa County's Medi-Cal Managed Care members.

### **Public Health**

The COVID-19 pandemic significantly impacted the Public Health Division and will likely continue to draw upon staff, resources, and funding. The Pandemic has exposed the harsh reality that many aspects of core Public Health functions, from epidemiology to communicable disease control were inadequately resourced to address even modest surges in reportable diseases, let alone something the scale of a pandemic. This challenge may be best served from taking a system view of where specific investments can be made to build infrastructure to manage surge events including those that have an extended duration, such as pandemics. As COVID-19 becomes endemic, the division must accommodate the additional need for services and infrastructure to continue to protect the health of our community. As emergency-related funding ends, the division will also need to address an increase in resources while decreasing funding.

Contra Costa County and the entire State of California have seen stark increases in STD rates over the past few years while operating under flat funding. This has caused heavier caseloads for disease investigation and program staff and less capacity to expand community education and provider outreach.

The County has seen a large increase in the unhoused population that is exasperating homeless services provided by the Health Care for the Homeless program.

## V. PERFORMANCE INDICATORS

### CONTRA COSTA REGIONAL MEDICAL CENTER AND HEALTH CENTERS

	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>
Total Patients Admitted	9,139	8,705	8,297	8,144	8,493
Total Patient Days	46,778	48,216	41,192	39,251	44,835
Average Daily Census	128.19	131.74	112.55	107.54	122.84
Total Outpatient Visits	506,935	523,025	502,234	515,828	495,109
Total Live Births	1,967	1,910	1,863	1,663	1,748
Total Physical Therapy 15 Min	79,816	74,695	62,686	60,174	58,565
Total Occupational Therapy 15 Min	43,774	33,573	32,021	37,804	38,714
Total Radiology RVS Units	43,036	35,224	35,238	52,301	55,312
Total Ct Scan Procedures	11,372	10,964	10,413	11,539	12,853
Total Nuclear Med RVS Units	283	317	249	324	338
Total Lab Procedures	705,146	688,847	627,908	874,416	817,441
Total Pathology Procedures	31,246	31,131	26,635	31,303	38,737
Total Operating Room Minutes	399,540	410,520	342,000	330,510	317,490
Total Surgery	4,420	4,425	4,395	3,439	3,452
Total Cardiopulmonary/Respiratory Therapy	33,504	25,788	22,700	28,938	28,188
Total Pulmonary Function Svc	1,659	1,374	939	1,025	1,627
Total EEG Procedures	225	289	254	275	211
Total EKG RVS Units	24,901	24,562	21,050	21,119	22,117
Total EMG Procedures	896	794	699	786	933
Total Pharmacy Prescriptions	136,683	152,425	118,918	114,479	121,938

### CONTRA COSTA HEALTH PLAN

CCHP M-Cal Plan Enrollees (Total)	180,018	175,157	177,924	206,863	229,754
CCHP M-Cal Plan Enrollees (CCRMC/HC Network)	93,803	90,877	99,143	116,833	134,786
CCHP M-Cal Plan Enrollees (Community Provider Network)	53,719	52,241	46,933	51,560	52,169
CCHP M-Cal Plan Enrollees (Kaiser)	32,496	32,039	31,848	38,470	42,799
CCHP Commercial Plan Enrollees (Total)	8,918	8,401	7,785	7,389	7,164
CCHP Commercial Plan Enrollees (County Employees)	6,740	6,504	5,733	5,350	4,993
CCHP Commercial Plan Enrollees (Commercial)	2,178	1,897	2,052	2,039	2,171

**BEHAVIORAL HEALTH SERVICES (BHS)****MENTAL HEALTH**

	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>
Institution for Mental Disease (IMD; average per month)	42	54	47	47	50
Board and Care (average per month)	216	227	208	180	162
State Hospital (average per month)	21	19	17	16	15
<b>Inpatient Average Daily Census</b>					
Subtotal Adults	119	63	73	46	63
Subtotal Adolescents	116	116	134	107	109
<b>Total</b>	<b>235</b>	<b>225</b>	<b>262</b>	<b>153</b>	<b>200</b>
<b>Crisis Residential</b>					
Bed Days	4,163	6,263	3,750	2,701	3,404
Avg Census/Day	11.4	17.2	10.3	7.4	9.3
<b>Mobile Crisis Response Team (Adult)</b>					
Total Calls	n/a	1,072	1,799	3,035	2,985
Dispatched	168	412	326	914	564
<b>Mobile Crisis Response Team (Children)</b>					
Total Calls	749	1,056	789	939	1,113
Dispatched	333	509	124	195	272
<b>Access Line</b>					
Incoming Calls	23,901	24,176	18,654	22,650	28,781
Outgoing Calls	40,435	38,919	36,118	38,558	40,170
<b>Total</b>	<b>64,336</b>	<b>63,095</b>	<b>54,772</b>	<b>61,208</b>	<b>68,951</b>
<b>Clients Served (Medi-Cal)</b>					
Children	n/a	7,238	7,655	7,499	6,910
Adult	n/a	14,112	13,074	12,903	11,816
<b>Total</b>	<b>n/a</b>	<b>21,350</b>	<b>20,729</b>	<b>20,402</b>	<b>18,726</b>
<b>Total Outpatient Visits</b>					
Adult Services	154,884	140,227	145,038	157,389	151,852
Children's Services	285,757	287,181	264,164	242,352	239,356
<b>Combined Services</b>	<b>440,641</b>	<b>427,408</b>	<b>409,202</b>	<b>399,741</b>	<b>391,208</b>

**ALCOHOL & OTHER DRUGS**

	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>
Residential Days (total annual days)	42,147	48,226	41,558	29,007	36,763
Outpatient Visits (total annual visits)	55,446	24,442	26,147	8,347	28,975
Narcotic Treatment Program Dosing Encounters	n/a	335,655	278,873	264,750	242,268
Narcotic Treatment Program Outpatient Visits	n/a	23,176	15,016	11,075	12,194
Number of unique clients served in treatment	n/a	2,967	2,731	2,145	* 2,867
Number of total treatment admissions	n/a	4,791	4,126	4,894	* 4,314
*** Number of clients received Medication Assisted Treatment (MAT)	n/a	1,230	1,160	1,203	* 1,850
Number of individuals served in prevention services	n/a	1,200	1,300	1,275	* 1,688
Number of Youth (13-18) admitted in treatment	n/a	287	130	140	* 194

\* Actual numbers are half of the estimated total.

\*\*\* Only includes services under DMC-ODS Plan. The totals reflect combination of medications used to treat Opioid disorders

**HEALTH, HOUSING AND HOMELESS SERVICES**

Unduplicated Clients Served in County Shelters	1,096	1,094	1,133	1,094	1,155
Unduplicated Clients Served in ALL Homeless Programs	7,679	8,505	8,201	6,328	6,832

**PUBLIC HEALTH**

	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>
Vital Registration					
Burial Permits Sold	9,333	8,880	9,216	10,320	10,618
Death Certificates Sold	45,601	43,044	45,516	53,208	53,056
Birth Certificates Sold	9,359	9,504	8,712	9,444	10,028
Senior Nutrition					
Congregate Meals	152,101	139,308	188,340	339,240	186,578
Home-Delivered Meals	433,619	476,399	538,737	508,786	678,013
Total Meals	585,720	615,707	727,077	848,026	864,591
WIC					
Pregnant	n/a	15,432	14,448	17,280	17,863
Breast Feeding	n/a	20,328	18,456	23,400	23,685
Non-Breast Feeding	n/a	8,940	7,836	8,268	8,177
Infants	n/a	42,048	37,296	41,592	41,834
Children	n/a	90,060	83,508	112,896	121,964
Total Vouchers Issued	181,552	176,808	161,544	203,436	213,523
CHDP/EPSTDT					
Medical/Dental Exams	275	636	552	480	450
Public Health Lab					
Number of Lab Tests	135,773	127,310	109,301	189,642	313,703
Immunizations					
Immunizations Given (Excluding COVID-19)	6,874	9,562	8,762	10,402	7,004
COVID-19 Immunizations	n/a	n/a	n/a	328,889	104,252
Occupational Health					
Encounters	1,365	816	661	960	989
Targeted Case Management					
Encounters	19,949	19,512	19,044	21,492	21,495
AIDS Program					
AIDS/HIV Tests	541	310	238	131	117

<b><u>ENVIRONMENTAL HEALTH</u></b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>
Solid Waste/Medical Waste Facilities	1,621	1,397	1,267	1,380	1,688
Consumer Protection (pool/spa/small water systems)	2,207	1,178	1,026	2,714	1,432
Retail Foods	9,605	7,772	7,213	10,250	10,888
Land Development	1,876	1,362	1,664	1,687	2,452
<b><u>HAZARDOUS MATERIALS PROGRAM</u></b>					
Business Plan	1,735	1,776	1,493	1,345	1,342
Underground Storage Tank	750	780	976	720	690
Aboveground Storage Tank	272	242	258	235	220
Hazardous Waste Generator	1,392	1,448	1,032	1,104	978
Response to incidents	30	30	38	26	44
Complaints received and investigated	31	63	73	46	92
Notifications received from industries	217	292	218	225	672
<b><u>DETENTION</u></b>					
Martinez	644	583	451	364	333
West County	753	623	546	389	445
Marsh Creek Clayton	53	62	43	29	36
Detention - Average Monthly Inmates	1,450	1,268	1,040	782	814
Medical Screenings at Intake	n/a	22,135	13,066	11,784	13,831
Mental Health Screenings at Intake	n/a	10,437	5,054	4,632	6,111
Patient Request for Medical / Dental / Mental Health Services	21,781	20,971	18,154	23,584	30,311
Physician / Nurse Practitioner Completed Appointments	n/a	9,791	8,257	8,077	8,727
Dental Services	1,484	1,637	1,346	1,488	1,266
Psychiatrist Assessments	n/a	6,459	6,687	6,697	5,956
Mental Health Case Managed Patients	n/a	7,457	8,136	7,253	6,570
<b><u>CONSERVATORSHIP</u></b>					
Conservatorship Client Months	n/a	11,762	11,880	11,411	11,081
Conservatorship Clients (total unique clients)	1,141	1,184	1,196	1,149	1,094
<b><u>CALIFORNIA CHILDREN'S SERVICES (CCS)</u></b>					
Cases (annual)	4,253	4,298	4,111	4,121	4,660

**NOTE:** n/a data is not available or newly reported.

## RACIAL EQUITY

Equity Statistics	County Residents who received services or were enrolled with CCH	Residents enrolled in Contra Costa Health Plan	Members Enrolled in Enhanced Case Management Services	COVID-19 Admissions at CCRMC
American Indian/Alaska Native	1,297	492	36	0
Asian	66,889	27,742	482	45
Black/African American	52,998	29,955	2,080	76
Declined/Unknown	88,713	38,984	128	14
Hawaiian/Pacific Islander	3,733	1,892	63	2
Hispanic/Latino	139,585	93,342	2,337	158
More Than One Race	6,917	3,470	183	13
Other Race	28,237	10,469	402	31
White/Caucasian	122,318	41,325	2,320	126
<b>Grand Total:</b>	<b>510,687</b>	<b>247,671</b>	<b>8,031</b>	<b>465</b>