

Contra Costa County

Recovery Plan

State and Local Fiscal Recovery Funds

2022 Report

Executive Summary

As the local health jurisdiction, the Contra Costa County Health Department (CCH) plays the primary role in planning and implementing the COVID-19 pandemic response for Contra Costa County, working closely with other health systems, providers, businesses, community-based organizations, and residents. CCH is the largest provider in Contra Costa County of COVID-19 vaccinations, COVID-19 community-based testing and COVID-19 Contact Tracing and Contact Investigation (CI/CT) services. From June 30, 2021, through June 30, 2022, CCH has conducted 219,327 COVID-19 tests for 110,702 unique patients and administered 182,774 COVID -19 vaccines for 141,915 unique patients. CCH runs the County's COVID General Information and Scheduling Call Center, fielding hundreds of COVID-19 related calls every day. In addition, CCH provided infection control education to 7,327 businesses, schools, and community organizations that had a COVID exposure, with 22.4% (1,639) of these turning into outbreaks that received further mitigation support from the County.

In addition, CCH conducts other activities county-wide: issuing, directing, and communicating Public Health orders, guidance, and safety policies; collecting and sharing community level pandemic information; conducting emergency response activities and preparedness planning, laboratory processing and sequencing, and analysing and sharing COVID-19 county-level data using epidemiology. To better respond to communities across the County and address historic disparities as well as those related to COVID-19, CCH has worked closely with our community partners to build a broad and multifaceted system for ongoing community engagement and feedback that is used for and will continue to help guide equity-based response efforts.

Coronavirus State and Local Fiscal Recovery Funds (CSLFRF) supports and improves the ongoing response to COVID-19 within Contra Costa County in three main project areas; Prevention and Mitigation of COVID- 19; Delivery System COVID-19 Treatment and Medical Services; and Addressing Disparities in Public Health Outcomes, with the goal of mitigating the spread of COVID-19 and reducing disparities in vaccination rates and other COVID-19 health outcomes. These projects include a significant amount of staffing and infrastructure to support the services necessary to respond effectively to the pandemic. Since winter 2021/2022, the County has seen an increase in use of at home antigen testing kits, the implementation of the Path to Zero campaign, including the provision of therapeutics to positive patients, and more contagious COVID-19 variants as the dominant strains. The CSLFRF funds have allowed CCH to respond to this changing pandemic quickly and efficiently through adaptable infrastructure and sufficient staffing and resources.

Uses of Funds

The County of Contra Costa was awarded \$224,058,903 in Coronavirus State and Local Fiscal Recovery Funds (CSLFRF). On August 3, 2021, the County Board of Supervisors approved the use of \$112,029,451 exclusively for the use of the Health Services Department for the Fiscal Year 2021/22 for COVID-19 response activities. The County Health Services Department COVID-19 response cost for Fiscal Year 2021/22 was \$79,217,397. Quarterly financial reporting to the Board of Supervisors occurs with updates on the actual utilization of the available funding. During the FY 2022/23 Budget process, The County Board of Supervisors allocated \$83m to the Health Services Department (\$30M roll-over from first year and \$53M from second allocation). With the possibility of the Public Health Emergency ending in October 2022, the second year of COVID-19 response efforts is estimated at substantially less than the FY21/22 spend amount of \$79.2M.

CSLFRF funds will support the ongoing response to COVID-19 within Contra Costa County through three primary Public Health projects: Prevention and Mitigation of COVID-19, Delivery System COVID-19 Treatment and Medical Services, and Addressing Disparities in Public Health Outcomes. These projects build on and expand Contra Costa's existing COVID-19 response to efficiently and equitably protect and support communities throughout Contra Costa. The cost for each project is variable and will shift based on patient demand, circumstances on the ground, and the treatment protocols in place throughout the year. Accordingly, the project estimated expenditure amounts below are subject to significant change.

Contra Costa will use several coordinated strategies to maximize programmatic impact and effective, efficient, and equitable outcomes. These strategies include real-time data monitoring and data transparency; continued flexibility in workflows, adaptable infrastructure, and staffing; automating critical workflows, implementing evidenced-based guidelines for COVID-19 mitigation and recovery, and effective patient/community engagement, communication, and partnerships. The projects are described below.

Project 1: Prevention and Mitigation of COVID-19: \$49.3 million

Prevention and mitigation of COVID-19 is critical to controlling the spread of COVID-19 and supporting a strong and equitable recovery. The focus of these efforts is to support testing, vaccination, contact tracing/case investigation, public health epidemiology and communication with the public. CSLFRF funding will be used to support a broad range of these services and programming for prevention and response to COVID-19, including:

- **Vaccination programs:** The CCH Department (including Public Health, the Contra Costa Regional Medical Center and county operated Health Centers) continue to operate at least 10 vaccination sites every day, as well as home-based, business, school and congregate setting vaccination services and a Health Equity Mobile Vaccination Team. CSLFRF funds are used to maintain vaccination clinics and expand vaccination efforts as needed. Costs associated with vaccination programs include staffing, supplies, equipment, and facility expenses. 83% of the County's population is vaccinated against COVID-19, representing 963,345 county residents. A new COVID-19 booster is anticipated for approval in Fall 2022.
- **Testing:** CCH operates community testing sites and mobile testing teams. CSLFRF funds will be used to meet testing demand both through PCR and antigen tests provided at all testing locations. Costs associated with testing includes staffing, supplies,

equipment, facility expenses and texting platforms to ensure timely and secure receipt of testing results.

- **Contact Tracing/Case Investigation:** Effective Public Health communicable disease management requires efficient lab results reporting, case notification, case assignment and case/contact tracing both for the current surge and to prepare the County for future emergencies. CSLFRF funds help CCH invest in redesigning and digitizing workflows using advanced tools and technologies to increase efficient and accurate monitoring and contact tracing. In addition, funding is used to support technology and contact tracing/case investigation staff and to support isolation and quarantine of cases and contacts. This work is critical to disease outbreak tracking for our most vulnerable population living in congregate settings like skilled nursing facilities and residential care, as well as schools, workplaces, and other locations.
- **Public health epidemiology and data system enhancement:** Epidemiology continues to play a large role in driving our public health response. CCH uses CSLFRF funding to invest in innovative tools like wastewater testing, genomic sequencing of COVID-19 variants, and maintaining the County's Public Health lab capacity. Funding is also used for data system enhancement to improve data analytics to better monitor case rates, vaccination uptake, and other metrics, and to support public facing dashboards to provide updated data to the community. This component of the COVID-19 response required investment in advanced technology and equipment as well as staff with advanced skills and experience in bioinformatics, laboratory techniques, data science and molecular analysis. Improved analytics allows for early detection of hotspots, outbreak, and early surge planning, and communities disproportionately impacted.
- **Communication efforts related to COVID-19 and public health orders:** CCH is a primary source of information about Public Health Orders and COVID-19, including health information and data, resources and guidance for individuals, businesses, and the community. To provide timely information and combat misinformation, CCH uses CSLFRF funds to invest in website redesign and data dashboards, improving mass communication and alerting technology, and maintaining staff to support media updates, social media campaigns, online scheduling opportunities, and address questions from leaders and community members. Funding also maintains staffing for a dedicated, multilingual COVID-19 testing and vaccine appointment and general information call center.
- **Technical assistance and education:** CCH will continue to act as a primary source of technical assistance and education related to COVID-19 prevention and mitigation (e.g., infection control) for congregate living facilities, such as nursing homes and skilled nursing facilities, jails and incarceration settings, group living facilities (e.g., residential foster care and behavioral health treatment facilities) and other sensitive settings like homeless shelters and schools. Funding will continue to be used to maintain these efforts and help facilities navigate updated guidance and information and safely provide services using the most current guidance.
- **Purchase PPE and disinfection of public areas and facilities:** Funding will help CCH continue to coordinate and distribute PPE and other infection control supplies to be used internally and distributed to community partners. Between July 1, 2021, and June 30, 2022, CCH has distributed almost 3.2 million PPE and supplies to external community partners to ensure the safety and protection of our community agencies.

Project 2: Delivery System COVID-19 Treatment and Medical Services: \$10.1 million

This project involves maintaining and improving our delivery system to better respond to the medical and behavioral health needs of patients and residents impacted by COVID-19. CSLFRF funds are used for the following:

- **Treatment of COVID-19 Patients:** Enhancing health care capacity to treat COVID-19 patients and provide care and services for their near and long-term needs. This includes COVID-19 therapeutic treatment and treatment costs for long-term symptoms or effects of COVID-19, including post-intensive care syndrome.
- **Capital investments or adaptations:** CCH invests in capital investments and adaptations to public facilities, such as hospitals or health clinics, to improve infrastructure for the safe provision of services. This also includes increased sanitization practices, enhancements for social distancing and ventilation improvements in congregate settings, public health facilities or other public facilities to reduce the possible spread of COVID-19.
- **Addressing gaps in care resulting from COVID-19.** In addition to the direct impact on health, COVID-19 has resulted in thousands of missed or delayed routine health screenings, diagnoses and treatments, immunizations, dental screenings in children, and other health care maintenance. CCH will continue to utilize CSLFRF funding to make investments in patient care to close these gaps. This will include technology platforms to support patient engagement and health care maintenance reminders, streamlined appointment scheduling, electronic assessments and health surveys, and increased access to necessary immunizations through additional clinics. Funding will also be used to support staff that work with underserved/historically marginalized populations to improve health outcomes. CCH primarily serves Medi-Cal patients with historic health disparities, and this work will help ensure those disparities are not worsened with COVID-19.

Project 3: Addressing Disparities in Public Health Outcomes: \$19.7 million

The COVID-19 pandemic has disproportionately impacted communities of color, low-wage essential workers, seniors and other historically disadvantaged populations. CCH adapted strategies and applied lessons learned to maximize effectiveness and best reach communities that are disproportionately impacted and/or hard-to-reach. CCH has made significant investments in our ability to effectively monitor and respond to these disparities and has worked closely with our community partners and the public to improve the design and execution of public health programs and outcomes. CCH has a Health Equity team that oversees and guides this work, addressing racism and treatment inequities, and fostering inclusion, diversity and health equities. Our work to date is described in more detail in the Promoting Equitable Outcomes and Community Engagement sections of this report. CCH will utilize CSLFRF funding to continue these efforts to improve programs addressing the COVID-19 public health emergency through planning and analysis, which includes, but is not limited to:

- **Community engagement:** Funding will support the continuation and expansion of multiple community engagement efforts, including our Community Ambassadors programs, the COVID-19 Historically Marginalized Communities Engagement Unit (HMCE), and the Mobile Equity Vaccination Team. The Community Ambassadors are trusted community members within neighborhoods that act as cultural brokers of key health and safety messages. The HMCE hosts monthly workgroups with local

community members and CBOs focused on identifying barriers to testing and vaccination and collaborating on culturally appropriate approaches to address disparities. The mobile equity vaccination team is aimed at providing vaccinations where people gather and work, including churches, businesses, and community events. Funding also supported incentive programs and events to support the continued engagement in vaccination efforts among these communities.

- **Targeted consumer outreach and communications:** CCH uses data and community input to create and deliver targeted consumer outreach to share health education, vaccination and testing information and resources, and other targeted messaging through a variety of communication channels. In FY21/22, CCH sent 1.7m SMS messages to community members to provide test results, vaccination scheduling reminders and antiviral treatment options to positive patients. CCH uses CSLFRF funds to maintain and improve these efforts, including investing in redesigning our website and data dashboards, improving targeted communication, and alerting technology, and maintaining staff to support media updates, social media campaigns, and address questions from leaders and community members. Funding is also used to support contracts with outside consultants specializing in communications with traditionally marginalized and/or underserved communities, vaccine incentive projects and other targeted consumer outreach efforts.
- **Data analysis and evaluation** CCH is committed to providing timely and transparent data on testing, hospitalization, case, and vaccination rates to identify disparities, guide equity initiatives with input from Public Health, community-based organizations, and community members, and assess results. Funding is used to maintain and expand data identification, visualization and analysis efforts as the pandemic continues to evolve and change.

Promoting Equitable Outcomes

CCH continues to work towards equitable vaccination rates and reduced case rates across all population groups with a particular emphasis on historically underserved, marginalized, or adversely affected groups through a diverse set of strategies, including community ambassadors, partnerships with community and faith-based organizations, data-driven digital communication campaigns, and mobile vaccination clinics in areas where people trust.

During the past year, Contra Costa has maintained and expanded efforts of the ambassador program that focus on promoting equitable outcomes, specifically among African American, LatinX, homeless, non-English speakers, disabled, elderly, and rural populations. CCH has continued to utilize a team of 25 youth and young adult ambassadors to reach historically marginalized communities and provide information on COVID to residents through their social media channels and direct canvassing at businesses and door-to-door. The ambassadors come from the communities they serve and spend considerable time building trust and relationships with the community. The goals of this work are to 1) decrease the equity gaps for COVID vaccination rates and access to health resources in communities of color, underserved communities and those disproportionately impacted by the pandemic; 2) provide workforce development opportunities to underemployed members of the community interested in public health careers; and 3) develop strong partnerships with the community by building trusting relationships. Some of the highlights of their work this last year include managing 268 community clinics that resulted in over 27,000 vaccinations, engaging over 25,000 community members through various means, and conducting outreach to over 2,000 businesses with a positive engagement rate of 85%.

CCH maintains relationships with businesses, particularly restaurants, other food facilities and gas stations and frequently provides information regarding services to these groups. Additionally, the CCH Equity Team, led by the CCH Chief Equity Officer, Equity Manager and Equity Administrator, maintains relationships with community-based organizations, faith-based communities, and other community partners. Partnerships have been made or expanded with religious organizations (including churches and mosques), senior affordable housing sites, community empowerment organizations, farmworker organizations, schools and school districts, food banks and social service providers, and school districts.

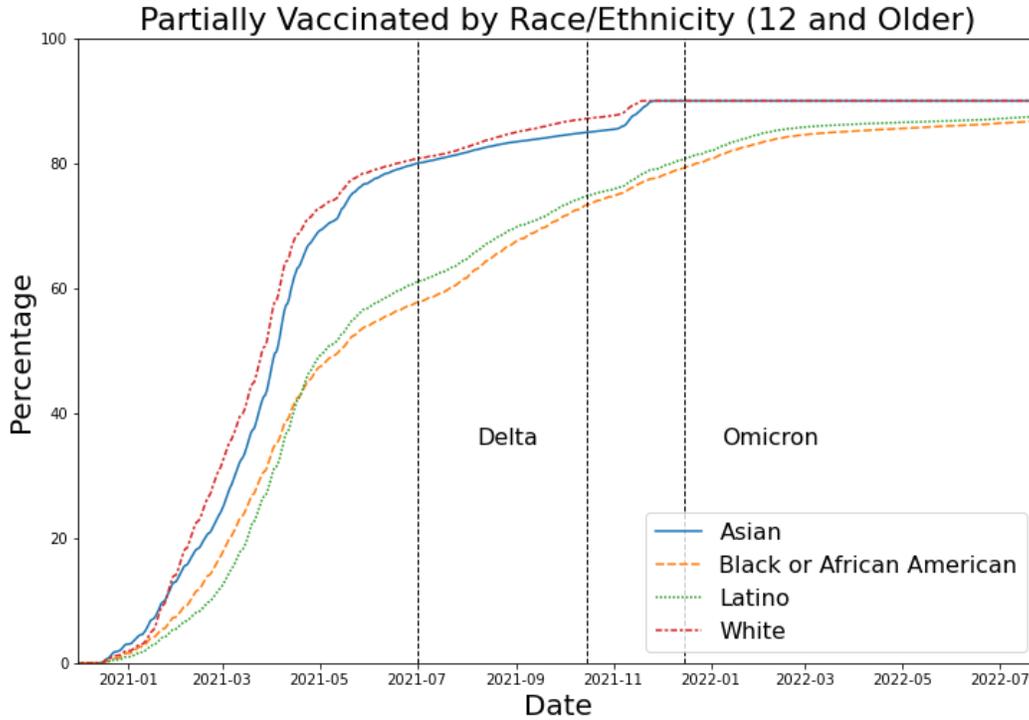
During the past year, the CCH Equity Team completed the following deliverables:

1. CCH finalized the summary report of findings from the Historically Marginalized Communities Engagement unit's first annual Community Partner Reflection Survey.
2. Conducted three presentations with CCH Leadership and partners to share survey lessons-learned and key takeaways for ongoing community engagement and two for community-based partners.
3. Supported staff and partner engagement meetings to plan culturally relevant social media and flyer content, and
4. Assisted the Equity Team and Public Information Office with finalization of the launch plan, introductory emails, and screensaver graphic design to promote the Baseline Organization Equity Assessment that launched on January 18th, 2022.

CCH continues to promote policies to reduce barriers to vaccination and testing services, including not requiring identification or insurance for appointments, allowing for walk-in patients for greater access and ability to provide services to the at-need population, and locating testing and vaccination sites within historically marginalized communities that have the lowest vaccination rates and highest case rates (such as the cities of Richmond, Antioch and the Monument Corridor area with the City of Concord). Additionally, CCH has a mobile team that provides vaccinations at locations within the community where people live, work, and play to further increase access to services.

CCH measures outcomes both by tracking rates as a percentage of the population for a variety of racial, ethnic, age and geographic groups. These data are tracked over time, with specific strategies designed to improve vaccination rates and testing. Vaccination rates, testing rates, positivity rates, and hospitalizations are tracked through dashboards where raw numbers and rates are displayed by race, ethnicity, geography, and age. Using these dashboards, the response team has been able to identify areas that are disproportionately impacted and provide additional outreach and resources to those specific populations or geographic areas. CCH uses a health equity measure to track cases and vaccination across various quartiles according to the Healthy Places Index (HPI). In addition, the county uses Census tract data to further drilldown and direct outreach efforts to communities in smaller and more personalized initiatives.

An example of a disparity targeted by the CCH team in FY 21/22 was the vaccination rate gap between White and African American and Hispanic populations, which has nearly been eliminated due to CCH efforts.



Another example of how the data dashboards were used is the 7-day rolling average measures that track hospital admissions by location, age, sex, race/ethnicity, vaccination status and patient region. Dashboards were used by the CCH leadership team on a regular basis to help drive response actions, target vaccination efforts and drive communication strategies that targeted specific demographic groups.

Sample of Internal COVID-19 Dashboard Showing 7-Day Rolling Averages of New Hospital Admissions



The CCH public-facing dashboards can be found here:

- Vaccine Dashboard: [Vaccine Dashboard | Coronavirus \(cchealth.org\)](#)
- COVID-19 Overview Dashboard: [Overview Dashboard | Coronavirus \(cchealth.org\)](#)

Community Engagement

CSLFRF funding is used to supplement existing funding to support the continuation and expansion of current community engagement efforts through various County's equity and engagement initiatives, and communication and outreach workgroups.

CCH works in partnership with CBOs to build trust among populations that are disproportionately impacted by COVID-19. Launched in March 2021, the COVID-19 Adult Ambassadors project hired, trained, and embedded trusted community members within neighborhoods as cultural brokers of key health and safety messages. The Ambassadors work in partnership with the Mobile Equity Team and have increased vaccination rates, disseminated prevention messaging, and engaged the community through family-owned businesses, social media posts, community centers, schools, places of worship and other gathering places. Building on this success, additional Ambassador programs including the Youth and Young Adult Ambassadors and the COVID-19 "Street Team" Ambassadors were formed to provide customized outreach to Contra Costa's youth and re-entry populations, respectively.

Additionally, funding supports the COVID-19 Historically Marginalized Communities Engagement Unit (HMCE). The HMCE hosts monthly workgroups with local community members and CBOs focused on identifying barriers to testing and vaccination and collaborating on culturally appropriate approaches to address disparities. The HMCE continues to expand the CCH internal and external equity initiatives to increase accountability to community-based partners and elevate their expertise and relationships.

Throughout the COVID-19 response, CCH has engaged in open dialogue with representatives from our disadvantaged communities to learn how to better reach, engage and build trust with them. Feedback elicited from the above initiatives has informed CCH' COVID response, such as staffing a multilingual call center and expanding testing and vaccine operations on the weekends and evening hours. CCH has also committed to providing timely and transparent data on testing, case, and vaccination rates to identify disparities and guide equity initiatives; working side by side with Public Health and CBOs to plan activities and target outreach and education.

In the Fall of 2021, CCH created a working group to coordinate COVID-related messaging across safety-net entities. Representatives from CCH divisions, including Public Health, Hospital and Health Centers, Detention, Managed Care Plan and Behavioral Health, as well as representatives from the COVID Equity Team (which represented community organizations and community groups) met on a weekly basis to review data on groups with lower vaccination rates, determine outreach strategies, and coordinate efforts. As authorizations for COVID vaccines expanded, outreach priorities shifted. For example, initially the group was working on increasing primary doses for Black/African Americans and Native American/Alaskan Native residents, which had the lowest vaccination rates in the county. Next, the group coordinated outreach for booster doses for the immunocompromised population, childhood vaccines, and booster doses for the 50 and older population. The team tested a variety of outreach methods to target populations, including texts, direct phone calls, mailers, secure messaging, and in-person outreach. As national priorities shifted to test and treat, the group implemented a campaign to text all COVID positive patients about the availability of Paxlovid, the COVID-19 antiviral medication. Over 20,000 messages went out between May – June 2022, resulting in over 500 calls to the county Advice Nurse for Paxlovid prescriptions. Throughout FY2021-22, the

coordinated outreach group facilitated over 205,000 outreaches, resulting in nearly 20,000 vaccinations.

Labor Practices

The Contra Costa County Recovery Plan does not include infrastructure projects.

Use of Evidence

Interventions developed by CCH for all areas of the SLFRF projects are evidence-based and data driven. Many strategies are based on evidence-based practices and studies focusing on patient engagement, reducing barriers to care, data automation and accuracy, infection control and mitigation and evidence-based strategies published by the Centers for Disease Control and the California Department of Public Health to improve vaccine uptake. Examples of interventions included in our proposed ARPA projects that use evidence-based strategies are listed below.

- **Mobile Testing, Vaccination and Other Services.** Evidence shows that bringing services to locations where people live, work and play can reduce barriers to health services and increase awareness. CCH has located COVID-19 testing, vaccination and infection control educational services into the community to reduce barriers and increase awareness among low-income and other communities disproportionately impacted by the pandemic.
- **Personalized Text Communication.** Evidence shows that receiving messages from your health care home increases uptake of health services, and studies have shown that text messages can be effective methods of communication around health behaviors. CCH provides text messaging to patients who miss their second dose of COVID-19 vaccinations, who are due for a COVID-19 vaccine booster or who are eligible for COVID-19 antiviral treatment options. In FY 21/22, CCH sent 1,323,180 text messages to patients for vaccination reminders or antiviral treatment options. In addition, to reduce delays in communicating COVID-19 testing results, CCH has made results available through multiple platforms including secure text message and the electronic health record patient portal. 400,761 text messages were sent to patients with their COVID-19 test result. A results queue provides telephonic follow up on testing results for patients who do not have text-enabled phones or internet access.
- **Using Trusted Leaders as Messengers.** CCH partners with religious leaders, primary care providers, and other prominent community leaders to support outreach and education efforts. Evidence demonstrates that uptake of health education messages increases when delivered by a trusted messenger.
- **Building Social Norms with Vaccine and Decreasing Access Barriers.** CCH has prioritized building a mobile vaccination model, positioning vaccination teams at workplaces, marketplaces, and other high traffic community settings. Mobile and stationary sites have also reduced access barriers by offering evening and weekend hours, walk-in options, and in-home vaccination for home bound residents.
- **Focus Groups Sessions.** Focus group sessions with community members and populations disproportionately impacted by the pandemic have provided a forum for understanding barriers and gathering community input. Focus groups are a best-practice approach for gathering community input.

- **Education Campaigns.** Communication toolkits using evidence-based prevention messaging have been developed and made publicly available. Messages are displayed through a variety of medium including targeted media ads, posters, social media messages, as well as stickers and buttons. Outreach teams have also partnered directly with businesses on employee health education and vaccine promotion campaigns.
- **Surge Preparedness and Response Action Plan.** Drawing on findings from After Action Reports completed during prior response events (e.g., Anthrax, H1N1), CCH provided guidance on policies, surge preparedness and response action plans for local hospitals. CCH also serves as a centralized entity for processing requests for PPE and other infection control supplies to be used internally and distributed to community partners.
- **Outbreak Prevention in Schools and Workplaces.** Case Investigation/Contact Tracing has been shown to be an effective way to reduce spread of infectious disease. Case Investigation/Contact Tracing teams have responded to 7,141 Outbreaks and Exposures in businesses and schools through June 30, 2022. A dedicated ‘locations’ unit was established within the Case Investigation/Contact Tracing Unit for monitoring outbreak associated with schools and businesses and providing guidance on infection control standards that decrease risk of future transmissions.
- **Antiviral COVID-19 Treatment.** CCH began providing free antiviral COVID-19 treatment options to the community to help patients recover faster from COVID-19 and avoid serious illness.

CCH is not planning on conducting a rigorous evaluation of our ARPA funded projects. CCH is in the contracting phase with UC Berkeley to explore options to collaborate on future program evaluation efforts related to our COVID-19 response.

Project Inventory

CCH has three projects that will be funded through CSLFRF funds. These projects target economically disadvantaged communities in at least five distinct census tracts (3740.00, 3505.00, 3142, 3650.02 and 3690.01), as defined by HUD’s Qualified Census Tracts. As the main safety net provider in Contra Costa County and the largest provider of Medi-Cal services, many of our primary beneficiaries earn less than 138% of the poverty level. Projects are summarized below.

Project 1: Prevention and Mitigation of COVID-19

Funding amount: \$49,340,883

Project Expenditure Category: EC-1

www.cchealth.org

Project Overview: Project 1 funds a broad range of services and programming for the prevention and ongoing response to COVID-19. All project activities are ongoing, with an expected decrease in services once the Public Health Emergency ends, and focus on maintaining, improving, and expanding testing, vaccination, contact tracing/case investigation, public health epidemiology, communication with the public, and the purchase and distribution of PPE. These activities are conducted by CCH and in coordination with community partners. The intended outcomes of this work are to improve vaccination rates in areas of the county with low vaccine uptake, effectively and efficiently meet the demand for testing with timely reporting of results, efficient and effective communicable disease management, improve CCH capacity for public

health epidemiology and data analytics, and effectively communicate with the public via trusted and culturally relevant partners and sources that bridge the digital divide.

Use of Evidence: The goal of this project is to mitigate the spread of COVID-19. Interventions developed by CCH for this project are evidence-based and data driven. All the strategies based on evidence-based studies that are listed in the Use of Evidence section apply to Project 1 activities.

Performance Report: Key performance indicators for this project include:

1. Percent of tests that are positive by age, region, race/ethnicity and homelessness: *See sample dashboard below*
2. 7-day average of the number of tests performed per day by age, region, race/ethnicity and homelessness: *See sample dashboard below*
3. Number of vaccinations provided by region, race/ethnicity, age, and homelessness: *See sample dashboard below*
4. Lab turnaround time for testing results for all labs processing tests collected in Contra Costa County: *See sample dashboard below*
5. Number of exposure events responded to in FY2021/22 (7/1/2021-6/30/2022): *CCH has responded to 8,714 exposure events for 41,094 cases and 20,271 contacts. 27% (2,345) of these events turned into outbreaks.*
6. Number of positive cases reached in FY2021/22 (7/1/2021-6/30/2022): *94,278 positive COVID-19 cases were reached. Of those cases, 31% (39,664) responded to outreach attempts.*
7. Percent of positive cases that provided contacts in FY2021/22 (7/1/2021-6/30/2022): *1,264 positive cases that were successfully contacted providing contact information (1%).*
8. Percent of positive contacts that were reached in FY2021/22 (7/1/2021-6/30/2022): *Approximately 10% of potential contacts were reached.*
9. Test positivity rates and number of tests are tracked in real time and stored on an internal COVID-19 operations dashboard: *See sample dashboard below*

Sample of Internal COVID-19 Operations Dashboard Showing Tests, Cases and Rates With Expanded Data by City and Race/Ethnicity

	Tests Performed	Confirmed Cases	County Population	Tests Per 1,000	Cases Per 1,000	Positive Test Rate
Age	69,863	14,823	1,159,507	60.25	12.78	21.2%
City	69,863	14,823	1,147,436	60.99	12.92	21.2%
City / Race/Ethnicity	69,863	14,823	1,146,261	60.95	12.93	21.2%
Alamo	663	101	14,905	44.48	6.78	15.2%
Antioch	7,844	1,984	112,848	69.51	15.99	23.0%
Bay Point	1,465	347	25,808	66.77	13.45	23.7%
Bethel Island	97	18	2,161	44.89	8.33	18.6%
Brentwood	4,886	964	66,097	61.82	14.58	23.6%
Asian	562	143	10,112	55.58	14.14	25.4%
Black or African American	266	58	5,948	44.72	9.75	21.8%
Hispanic or Latino	599	171	16,854	35.54	10.15	28.5%
Multiple Races	15	2	2,643	5.68	0.76	13.3%
Other	466	88	532	875.94	165.41	18.9%
Unknown	641	172	0	-	-	26.8%
White	1,537	330	30,008	51.22	11.00	21.5%
Byron	66	23	1,304	50.61	17.64	34.8%
Clayton	609	117	11,268	54.05	10.38	19.2%
Concord	7,520	1,639	130,065	57.82	12.60	21.8%
Crockett	168	26	3,445	48.77	7.55	15.5%
Danville	2,661	480	58,231	45.70	8.24	18.0%
Diablo	31	4	448	69.20	8.93	12.9%
Discovery Bay	694	149	16,159	42.95	9.22	21.5%
El Cerrito	1,818	303	24,846	73.17	12.20	16.7%
El Sobrante	1,280	298	0	-	-	23.3%
Hercules	1,689	406	25,864	65.30	15.70	24.0%
Kensington	346	41	5,329	64.93	7.69	11.8%
Knightsen	33	7	1,176	28.06	5.95	21.2%

Sample of Internal COVID-19 Operations Dashboard Showing Vaccine Administration Data by City and Race/Ethnicity

Vaccine Administration

Demographics
Drag to reorder hierarchy

City Race/Ethnicity Values
Age Range Sex Region
Month

	Total Vaccine Doses Administered	Partially Vaccinated	% Partially Vaccinated	Fully Vaccinated	% Fully Vaccinated	First Booster Dose	% First Booster Dose	Second Booster Dose	% Second Booster Dose
Total	2,690,375	1,016,747	87.7%	962,943	83.0%	622,772	53.7%	147,330	12.7%
Alamo	40,920	14,687	98.6%	13,923	93.4%	9,897	66.4%	3,161	21.2%
Antioch	226,068	90,122	79.9%	84,750	75.1%	47,526	42.1%	8,914	7.9%
Bay Point	57,379	23,416	90.7%	22,028	85.4%	11,523	44.7%	1,575	6.1%
Bethel Island	3,881	1,523	70.8%	1,410	65.5%	824	38.3%	242	11.2%
Brentwood	143,266	55,213	83.5%	52,503	79.4%	31,695	48.0%	6,994	10.6%
Asian	21,015	7,827	77.3%	7,424	73.3%	5,192	51.3%	897	8.9%
Black or African American	9,388	3,658	61.2%	3,485	58.3%	2,038	34.1%	373	6.2%
Hispanic or Latino	28,806	11,768	69.7%	11,108	65.8%	5,874	34.8%	775	4.6%
Multiple Races	5,734	2,025	76.3%	1,993	75.1%	1,463	55.1%	334	12.6%
Other	7,997	3,446	70.47%	3,184	651.1%	1,415	289.4%	183	37.4%
Unknown	2,024	1,079	-	836	-	178	-	5	-
White	68,302	25,410	84.8%	24,473	81.6%	15,535	51.8%	4,427	14.8%

Sample of Internal COVID-19 Operations Dashboard Showing Laboratory Turnaround Time for Positive Tests by Lab

Lab Collection to Reporting Time (Days)

Lab	Tests	Mean	Median	10th Percentile	90th Percentile
ELR - AEGIS SCIENCES Loc	126	1.1	1.0	0.0	2.0
CCRMC Lab	136	0.8	1.0	0.0	1.0
Contra Costa PH Lab	131	0.9	1.0	1.0	1.0
Kaiser Berkeley	889	1.0	1.0	1.0	1.0
LabCorp	103	1.3	1.0	1.0	2.0
National Labs	0	-	-	-	-
Quest West Hills	156	1.3	1.0	1.0	2.0
Other	1,663	0.7	0.0	0.0	1.0

Project 2: Delivery System COVID-19 Treatment and Medical Services

Funding amount: \$10,143,059

Project Expenditure Category: EC-1

www.cchealth.org

Project Overview: The intended outcome of this project is to maintain and improve CCH's delivery system to better respond to the medical and behavioral health needs of patients and residents impacted by COVID-19. All project activities are ongoing throughout the FY22-23 project period and will be conducted by CCH and, where relevant, in coordination with community partners. Project activities include enhancing health care capacity to treat COVID-19 patients, capital investments or adaptations to public facilities to improve infrastructure for the safe provision of services, technical assistance and education related to COVID-19 prevention and mitigation for congregate living facilities and addressing gaps in care resulting from COVID-19. The intended outcomes of this project are to improve health care capacity to provide care and services to COVID-19 patients, improve infrastructure for the safe delivery of services and build capacity to address gaps in care due to COVID-19.

Use of Evidence: The goal of this project is to improve the delivery system for COVID-19 treatment and related medical services and enhance workplace safety.

Performance Report: Key performance indicators for this project include:

1. Patients admitted with COVID-19 to Contra Costa Regional Medical Center by age, region, race/ethnicity and vaccination status in FY2021/22 (7/1/2021-6/30/2022):

By Race/Ethnicity		
Race/Ethnicity	# Patients	# Admissions
Asian	45	47
Black/African American	72	76
Declined/Unknown	12	12
Hawaiian/Pacific Islander	<11	<11
Hispanic/Latino	165	171
More Than One Race	<11	<11
Other Race	17	18
White/Caucasian	122	127

By Age Group		
Age Range	Patients	Admissions
Age 0-4	<11	<11
Age 12-17	<11	<11
Age 18-49	228	236
Age 50-64	108	115
Age 65+	100	104

By Region		
Region	Patients	Admissions
CENTRAL	156	159
EAST	116	122
Unknown	27	28
WEST	149	158

By Vaccination Status		
Vaccination Status	Patients	Admissions
Unvaccinated	231	239
Vaccinated	217	228

2. Patients admitted to the ICU with COVID-19 at Contra Costa Regional Medical Center by age, region, race/ethnicity and vaccination status in FY2021/22 (7/1/2021-6/30/2022):

By Race/Ethnicity		
Race/Ethnicity	Patients	Admissions
Asian	<11	<11
Black/African American	13	13
Hispanic/Latino	17	17
More Than One Race	<11	<11
Other Race	<11	<11
White/Caucasian	11	11

By Age Group		
Age Range	Patients	Admissions
Age 18-49	18	18
Age 50-64	18	18
Age 65+	22	22

By Region		
Region	Patients	Admissions
CENTRAL	18	18
EAST	16	16
Unknown	<11	<11
WEST	21	21

By Vaccination Status		
Vaccination Status	Patients	Admissions
Unvaccinated	32	32
Vaccinated	26	26

3. Patients admitted with COVID-19 to Contra Costa Regional Medical Center who are on ventilators by age, region, race/ethnicity and vaccination status in FY2021/22 (7/1/2021-6/30/2022):

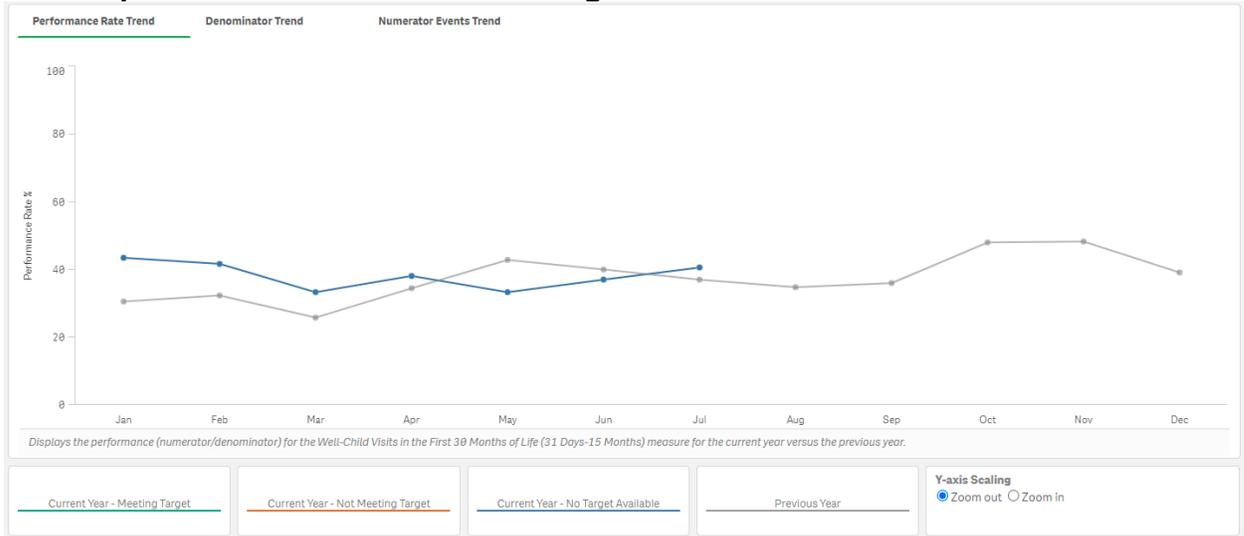
By Age Group		
Age Range	Patients	Admissions
Age 18-49	<11	<11
Age 50-64	11	11
Age 65+	<11	<11

By Region		
Region	Patients	Admissions
CENTRAL	<11	<11
EAST	<11	<11
Unknown	<11	<11
WEST	<11	<11

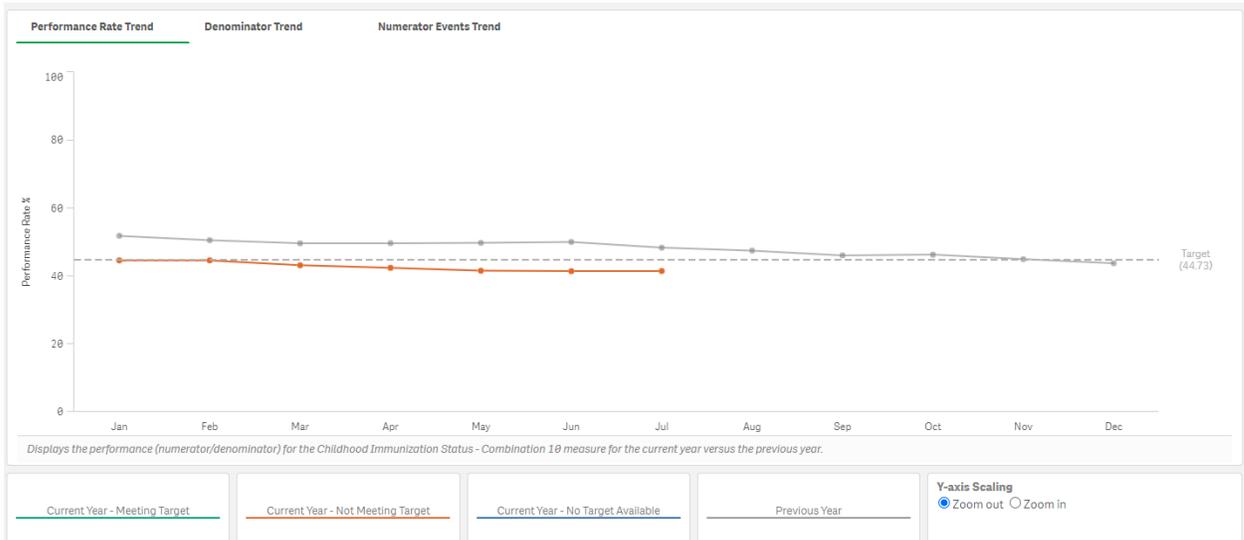
By Vaccination Status		
Vaccination Status	Patients	Admissions
Unvaccinated	11	11
Vaccinated	12	12

4. Increase percentage of children and adolescents ages 3-21 years who have had one or more well-child visits within the last 12 months among CCH patients: *See sample dashboard below*
5. Increase rates of childhood immunizations among CCH patients: *See sample dashboard below*

Sample of Internal Dashboard Showing Performance Rate for Well-Child Visits



Sample of Internal Dashboard Showing Performance Rate for Childhood Immunizations Over Time



Project 3: Addressing Disparities in Public Health Outcomes

Funding amount: \$19,730,456

Project Expenditure Category: EC-1

Project Overview: The COVID-19 pandemic has disproportionately impacted communities of color, low-wage essential workers, and other historically disadvantaged populations. This project addresses CCH's ability to effectively monitor and respond to these disparities and work closely with our community partners and the public to improve the design and execution of public health programs and outcomes. Key activities within this project include maintenance and expansion of current community engagement efforts, targeted consumer outreach and communications, and data analysis and evaluation to identify disparities, guide equity initiatives with input from Public Health and CBOs and assess results. The intended outcomes of this project are to reduce disparities in COVID-19 related public health outcomes.

Use of Evidence: The goal of this project is to eliminate disparities in COVID-19 public health outcomes. All interventions developed by CCH for this project are evidence-based and data driven. Project 3 activities are based on evidence-based studies that are listed in the Use of Evidence section.

Performance Report: Key performance indicators for this project include:

1. COVID-19 Hospitalizations of Contra Costa residents by age, region, race/ethnicity, and vaccination status: *See sample dashboard below*
2. 7-day average of the number of tests performed per day by age, region, race/ethnicity and homelessness (see sample dashboard under Project1): *See sample dashboard below*
3. Number of vaccinations provided by region, race/ethnicity, age and homelessness: *See sample dashboard under Project 1 above.*
4. Research and assess vendors for the following IT improvements:
 - a. HIPAA-compliant patient texting platform with electronic health record interoperability: *Two vendors were identified and selected to support HIPAA-compliant patient texting with EHR interoperability.*
 - b. Data tools to identify, visualize and analyze health data to better monitor disparities: *Internal Outreach dashboard is used to track and compare the effectiveness of ongoing messaging across various demographics. See sample dashboard below.*

Sample of Internal COVID-19 Dashboard Showing 7-Day Rolling Averages of New Hospital Admissions



Sample of Internal COVID-19 Dashboard Showing COVID-19 Outreach Executive Summary

