

## Inside

— 2 —

Director's Message continued

— 3 —

Service Excellence  
Honor Roll

Milestones

— 4 —

Reducing Health Disparities  
— New Advisory Group to Help  
Refine RHDI Direction

— 5 —

Reducing Health Disparities  
Continued  
— Looking at Disease-specific  
Focus Possibilities for RHDI

— How to Get Involved in RHDI

— 6 —

Six New Interventions for  
CCRMC/HC Systems Redesign  
Team to Tackle

Income Tax Help Is On the Way to  
Low-Income Residents of Contra  
Costa

Mental Health Awards Contract  
for Service to Children in Far East  
County

Training Planned on Treating  
Abuse of Alcohol and Other Drugs  
by Seniors

— 7 —

WIC Welcomes Contribution from  
Share the Spirit Campaign

TAP Turns 30

Inflammatory Breast Cancer the  
Topic of Latest 'Healthy Outlook'  
Column

— 8 —

Project Homeless Connect A Big  
Success

Two Groups Help Block Alcohol  
Ads from BART Trains, Stations

New CCHP Plan Debuts

## State of the "Union"

At the beginning of each new year, I like to reflect on the state of our integrated health department. The task was made considerably easier this year because recently Senior Staff and I met with Ryan Huff, who covers county affairs for the *Contra Costa Times*. Ryan is new to this beat and we gave him an overview of our unique organization – the only one in the state to have so many health programs under one administrative umbrella. As each Division Director described his or her programs and issues they were facing, I heard the word "unique" many times. The pride each person showed was very obvious. I thought you might like to hear some of the highlights from the meeting.

### The Big Picture

We began by pointing out that only 15% of our funding comes from county funds. That's a good thing, but it does leave us open to pressures from both the federal and state governments. The bulk of our money comes from MediCal and Medicare and there have been significant changes in that funding in the past two years. The most dramatic change is that money allocated previously to each public hospital system is now in a pot for 23 public hospitals to divide. The only new funding available to cover the increasing number of uninsured served by public hospitals will be awarded through a competitive process. This month we are submitting our application for that money and only a few projects in California will be funded.

### Our Health Plan

Our 30-year-old Health Plan was a good place to start for unique programs. The first federally qualified, publicly run health plan in the country, CCHP now has over 70,000 members. What's unusual is that CCHP is open to MediCal and Medicare recipients, county employees, single individuals and employees of small businesses and is used to manage our Basic Health Care program for all residents with incomes up to \$60,000 for a family of four. CCHP offers members more product lines than most public health plans. Patricia Tanquary, CCHP's Acting

CEO, explained that MediCal recipients have a choice between Blue Cross and CCHP and 80% of them choose us. Starting this month, we'll be competing with Kaiser and Pacific Care as well, so we are looking at new strategies to retain members and we're expanding our physician network.



Dr. Walker

### CCRMC/Health Centers

To give Ryan some perspective on how long it sometimes takes things to happen in county agencies, we explained that in 1952, the Contra Costa Grand Jury recommended rebuilding the county hospital. It finally happened in 1998. We built the hospital intentionally small, with only 166 beds. We discharge 10,000 patients a year, a low number for a county our size. We're able to do that because over the years, we established outpatient, family-practice health centers across the county. Our eight Health Centers do 450,000 outpatient visits a year. Our emphasis is on keeping people out of the hospital and on quality of care. The demand for outpatient services exceeds our current capacity and Ambulatory Care Director Diane Dunn-Bowie said we are attacking the problem through construction and expansion. Dr. Jeff Smith, Director of the Division, stressed that we try to be on the cusp of quality programs by having a better product. We've been designated a mentor hospital by the Institute for Healthcare Improvement in the area of medication reconciliation and have made some dramatic improvements in patient care in other areas. We'll be taking a hard look in the coming year at health care in West

Continued next page

## DID YOU KNOW

According to respective estimates, **1,029,377** were living in Contra Costa County at the start of 2006, including more than **40,000** adults without health insurance.

Contra Costa as we work with the West Contra Costa Healthcare District to keep Doctors Medical Center operating.

### **Public Health**

This is another area we are very proud of, with a lot of “firsts” including leading the way with our Board of Supervisors to protect the community from secondhand smoke exposure. Dr. Wendel Brunner said his programs focus on chronic diseases such as cancer, diabetes and heart disease, especially those impacting low-income, diverse populations, working on risk factors that contribute to those diseases. The programs use a spectrum of strategies and place a priority on reducing health disparities. Unique for this division is the responsibility for the Homeless Program, which is usually not assigned to a health department, as well as a partnership with Alcohol and Other Drugs Services. Communicable diseases are also still a high priority, especially preparing for health emergencies.

### **Mental Health**

Mental Health Division Director Donna Wigand stressed the guiding principle for public mental health is that everyone can recover given the right services and supports. She described four major components of this county's mental health system. Adult community services, where 100 new beds have been added in the last year through contracts and children's community services. Both of these have county-operated outpatient clinics throughout the county. They treat the most seriously ill clients. The third component is Care Management for all MediCal county residents receiving mental health services, which involves negotiating rates and authorizing treatment with private providers and hospitals. The fourth component is the new the Mental Health Services Act/Prop. 63 programming; four of these are rolling out over the next six months.

### **Hazardous Materials**

Having the Haz Mat Response Team in Health Services is unusual because often such teams are in fire departments. Our countywide Haz Mat Response Team has full-time, 24/7 responsibility. The Hazardous Materials Programs includes Hazardous Materials Specialists with science degrees that have extensive experience responding to hazardous materials incidents and providing regulatory oversight. Division Director Randy Sawyer said we also have the only Haz Mat program in the state, combining a wide range of functions under one roof. He called our state-mandated accidental release prevention program “the best in the state” since we have five engineers who spend four weeks a year reviewing safety practices, plans and much more in our local refineries – probably the only program in the whole country that can say that. The County Industrial Safety Ordinance requires regulated facilities to consider more proactive ways to make operations safe than any other jurisdiction in the United States.

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

Last month my Director's Report message was about how underfunded these programs are in terms of what the need is. Haven Fearn, Director of AODS, said we are truly unique in being the only county that operates a residential recovery facility – Discovery House. He pointed out that since very little county general fund money is put into AODS, we are limited in our treatment, recovery and prevention capacity. Most of funds supporting AODS come from state and federal dollars. Still, we provided services to 16,000 clients last year with comprehensive AODS care through contracts with county agencies. We had the fifth highest completion rate in the state for our Prop. 36 program —which offers treatment to non-violent drug-possession offenders.

### **Emergency Medical Services**

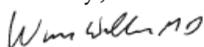
Art Lathrop, Director of EMS, said his division ensures that when people in the county call 911, they get an appropriate response. EMS also oversees the trauma system, which was one of the first in the state and is unique because we operate it jointly with Alameda County. EMS also has a unique relationship with Public Health, which makes possible a rapid response during a health emergency. This year, EMS will be working with the Board of Supervisors and others to distribute more defibrillators throughout the community to help save lives.

### **Environmental Health**

Fee-supported but understaffed, Environmental Health is involved in efforts to prevent food- and water-borne illnesses and illegal dumping. Director Sherman Quinlan said that as a result of a new law, the program will gear up to take on inspection of even more food operations, adding more than 600 state-licensed health care facilities where food is prepared and served. Rapid growth in the number of food facilities, with required plan checks and inspections will tax our already short-handed staff.

I'm very proud of the work all of our divisions are doing. All of you contribute to making us unique and creating effective ways to serve our county. **Happy New Year!**

Sincerely,



William Walker, MD

# GOING THE EXTRA MILE FOR SERVICE EXCELLENCE

## Honor Roll

### **Pam Dodson, RN**

*Emergency Medical Services*

For competent and enthusiastic defibrillator training that was put to good use by Officer Oscar Aranda during the Lafayette Reservoir run when a man fell to the ground. I wish you could have seen Oscar's face when he realized his actions, the defibrillator and the training saved the man's life. It was a proud day.

—Nominated by Michael Fisher, Lafayette Chief of Police

### **Christye McQueen**

*Health Emergency Response Specialist  
Public Health*

For extraordinary efforts to ensure the County's Call Center functioned effectively for the Golden Guardian exercise, including working through the night to deploy prerecorded messages and covering a double shift to coordinate operations.

—Nominated by Julie Freestone

### **Blanca O'Connor,**

*Community Health Worker  
Public Health Clinic Services*

For being reliable, professional, quick to respond, kind and always readily available to staff and patients. She is a top notch staff member who truly exemplifies one that is willing to go that extra mile.

—Nominated by Sheilah Zarate

### **Roylen Stack**

*Accounting Technician  
Finance*

For always going the extra mile in managing a very detailed budget with numerous funding sources, becoming knowledgeable of each funding source and its requirements and always being available to answer questions and problem-solve.

—Nominated by Cynthia Belon

### **Homeless Program**

*Public Health Division*

For going above and beyond to recruit community partners, collect supplies, arrange logistics, organize volunteers and host an amazing, first-ever, one-stop Project Homeless Connect event for 500 people in the homeless community at the Richmond Auditorium in December.

—Nominated by Dr. Wendel Brunner and Cynthia Belon

## **Employee Milestones**

Congratulations to these employees who have given us long years of service: Jeff R. Kaufman, Judy M. Stauder, Nancy A. Stothers, Alesia L. Berry, Valerie S. Dickerson, Marian M. Gentry, Brenda L. Simmons, Mary M. Staehli, Kay D. Schaefer, Jovencio D. Tan Jr., Jennifer Moore-McDowell, Cindy G. Carmichael, Janice G. Cobaleda-Kegler, Stephen R. Cohen (10 years); Zenaida Dougherty-Dos Santos, Alez J. Bantugan, Rhonda N. Goss, Elsie L. Cain, Loan T. Hoang, Nancy Phothypom, Gregory Montoya, George Julie Ann Parsons, Celia T. Pananganan, Marianne R. Bunce (15 years); Teresa Igbinalador Teresa, Brigitte E. Imhof, Ann T. Loflin, Lorena B. Mercado, Mary J. Murphy, Hector Rivera-Lopez, Maggie L. Nguyen, (20 years); Sherlee J. Motquin, April R. Roberts, Mendel C. Manzano, Phyllis Lee, Lorene Francois (25 years); and Leslie Anderson (35 years).

As part of our Reducing Health Disparities Initiative (RHDI), our divisions are working on three key areas: improving linguistic access, implementing educational activities on diversity and cultural and linguistic competence, and developing an organizational climate that values patient, customer and employee diversity. Each month, this page highlights what CCHS is doing to address health disparities and what still needs to be done.

## Reducing Health

# Disparities



*From left, José Martín, Dr. William Walker and Dawna Vann comprise our RHDI Leadership Team.*

## New Advisory Group to Help Refine RHDI Direction

*By José Martín, RHDI Leader*

The New Year heralds an exciting time for our continued efforts to reduce health care inequities in our county with the Reducing Health Disparities Initiative (RHDI). After interviewing staff and holding focus groups involving RHDI Division Work Groups and Division heads, we're getting ready to launch a strategic update of RHDI.

### How it started

We began implementation of RHDI in April 2003 after the Institute of Medicine issued *Unequal Treatment*, a report about the impact of race on health outcomes. The report said that even in settings where providers and programs are clearly dedicated to providing the best care for everyone, race seems to predict who will have less access and poorer outcomes.

Many CCHS employees have worked very hard since then to address the three key areas of our initiative: linguistic access, education and training to foster organizational growth and change, and further developing an organizational

climate that values patient, client, customer and employee diversity and addresses health disparities.

## What's next

As part of our strategic update, we've taken a long, hard look at what we've accomplished so far and what still needs to be done. We're forming a Strategic Advisory Group to help the RHDI Leadership Team (Dr. Walker, myself, Dawna Vann and consultant Laurin Mayeno) think through the major issues that need to be addressed in updating the RHDI.

Dr. Walker selected 16 representatives from different divisions to form the Advisory Group and the membership should be finalized this month. The group is scheduled to meet three times between now and February to go over all the input from the focus groups and interviews. The advisory group and the leadership team will use this information to refine the direction for the RHDI, and we hope to have a draft plan for this finished by the end of February. In consultation and collaboration with senior leaders, Dr. Walker will approve the final plan.

This new plan will include what is working well, what needs to be strengthened, what needs to be changed and what needs to be added. We'll have refined/additional objectives and clarify leadership, staffing, structure and evaluation processes, as well as an operational vision, guiding principles, and common language.

## Always looking forward

We envision the updated RHDI plan to be a living and working document that will continually be refined and revised as the different divisions, work groups and committees apply it in practice.

Our current objectives are necessary, but not sufficient to achieve our vision of reducing health disparities. We are asking the Strategic Advisory Group to help us move further toward our vision in a way that works best for the organization and helps us make a meaningful impact on health disparities.



*José Martín, RHDI Leader, can be reached at [jmartin@hsd.cccounty.us](mailto:jmartin@hsd.cccounty.us) or 925-957-5426.*



*Many CCHS staff members work to address disparities in diabetes in our county including, from left, Dr. Troy Kaji, Otilia Tiutin and Ken Tilly. See the April 2006 edition of the Director's Report online at [cchealth.org](http://cchealth.org) for more information.*

## Looking at Disease-specific Focus

### Possibilities for RHDI

As part of our strategic update of RHDI, we're looking at some new ideas to help give the RHDI more focus, such as having a department-wide focus on one particular health disparity. We are asking the Strategic Advisory Group to help us assess the potential for a disease-specific focus on diabetes. Diabetes is chosen for discussion because it impacts many communities, has risk factors that affect many disparities, and offers opportunities for cross-division collaboration. – José Martín

## How to Get Involved

CCHS staff who want to get more involved in the RHDI can contact their RHDI Division Work Group Chair or representative. Not all divisions have RHDI work groups. The following is a list of division chairs or representatives. (If you don't see your division listed, contact: José Martín, RHDI Leader, at [jmartin@hsd.cccounty.us](mailto:jmartin@hsd.cccounty.us) or 925-957-5426.)

**CCHP, Otilia Tiutin, 313-6063 (5-6063)**

**Public Health, co-chairs: Debbie Card, 313-6117 (5-6117) and Joanne Genet, 313-6763 (5-6763)**

**AODS, Curtis Christy, 313-6382 (5-6382)**

**Mental Health, temporary chair: Sherry Bradley, 957-5114 (7-5114)**

**CCRMC/HCs, Marcelle Indelicato, 370-5108 (5-5108)**

**EH, Vanessa Cordier, 646-5225 (5-5225)**

## Six New Interventions for CCRMC/HC Systems Redesign Team to Tackle

After being recognized for outstanding participation in the Institute for Healthcare Improvement's (IHI) 100,000 Lives Campaign, staff at CCRMC and the Health Centers are now considering how we can do the same with the IHI's new national campaign. In addition to the six intervention improvements we have already been working on, IHI announced another six last month in conjunction with its new 5 Million Lives Campaign. This two-year campaign focuses on saving lives endangered by the estimated 15 million incidents of medical harm done to patients each year in U.S. hospitals. The organization defines medical harm as unintended physical injury resulting from inadequate medical care. The six new interventions include: use infection control practices to prevent Methicillin-Resistant Staphylococcus Aureus (MRSA) infection; reduce harm from high-alert medications; use recently developed methods to reduce surgical complications; use science-based guidelines to prevent pressure ulcers; improve care for congestive heart failure; and implement "leveraged processes" to help hospital boards of directors to become more involved in care improvement. Dr. Steve Tremain of CCRMC/HC Systems Redesign Unit, said he and team member Anna Roth are reviewing the new interventions and considering possible recommendations to help staff implement all 12 interventions.



For more information, call Dr. Steve Tremain at 925-370-5122 or Anna Roth at 925-370-5200, ext. 4576. To read more on the six interventions of the 100,000 Lives Campaign, visit [cchealth.org](http://cchealth.org) and click on Publications to access Dr. Walker's message in the July 2006 edition of the Director's Report.

## Income Tax Help Is On the Way to Low-Income Residents of Contra Costa

The "Earn It! Keep It! Save It!" (EIKISI) campaign is gearing up for its fourth year of providing free income tax preparation help to low-to-moderate income residents of Contra Costa. The project is administered by the Family Economic Security Partnership, a public, private and nonprofit collaboration including CCHS, County Employment and Human Services Department, United Way of the Bay Area, First Five Contra Costa, Internal Revenue Service, and the East Bay Community Foundation. Last tax season, EIKISI helped 1,987 families and individuals in Contra Costa County file their taxes and collect more than \$2.3 million in tax refunds and credits. The tax preparation services are provided at locations all around the county, called VITA sites for Volunteer Income Tax Assistance. They are staffed by trained volunteers, which last year included eight CCHS employees. The sites will open in late January and early February and keep scheduled hours through April 15.



*Earn It, Keep It, Save It poster*



For more information about where and when the VITA sites are open, call 800-358-8832. Other information about the project is available on our website at [cchealth.org](http://cchealth.org) or by contacting program manager Lloyd Madden at [Lmadden@ehsd.cccounty.us](mailto:Lmadden@ehsd.cccounty.us) or 925-313-1736.

## Mental Health Awards Contract for Service to Children in Far East County

Our Mental Health Division recently awarded a \$1.5 million contract to Familias Unidas to provide mental health services for children and their families in Far East Contra Costa. The organization will partner on the 18-month contract with Asian Pacific Psychological Services and New Connections. The contract is the final piece of services for 2007 funded by the Mental Health Services Act, or Prop. 63. The area covered includes the cities and towns of Brentwood, Discovery Bay, Knightsen, Bethel Island, Oakley and Byron. "This collaborative will provide service to children who have a history of repeated failure in learning environments, who are below 300% of the federal poverty level and are not eligible for other mental health services," said Division Director Donna Wigand. "We are looking forward to working with these contractors and have the utmost confidence in them."



For more information, contact Kimberly Mayer at [kmayer@bsd.cccounty.us](mailto:kmayer@bsd.cccounty.us) or 925-957-5132.

## Training Planned on Treating Abuse of Alcohol and Other Drugs by Seniors

"Alcohol, Medications and Other Drugs: Their Abuse and Misuse Among Older Adults" is the title of a free training to be hosted January 17 by the County Alcohol and Other Drugs Advisory Board and our AOD Services Division. The workshop will be hosted by Linda Shaefer, a Marriage and Family Therapist and Clinical Supervisor with the county Senior Peer Counseling Program. The topics include the causes and effects of such abuse, how to identify and assess it, barriers to detecting it and interventions. The training is planned from 8:30 to noon January 17 in Classroom A of the John Muir Medical Pavilion Center for Recovery, 2740 Grant St. in Concord. Continuing education units and certificates of attendance will both be available for small fees.



To register, which is required, contact Lois Johnson by January 12 at [ljohnson2@bsd.cccounty.us](mailto:ljohnson2@bsd.cccounty.us) or 925-313-6381.

## WIC Welcomes Contribution from Share the Spirit Campaign

The Contra Costa Women, Infants and Children (WIC) Program was delighted to receive \$7,500 from the Share the Spirit Campaign conducted by the Volunteer Center and the *Contra Costa Times*. The Times also paid a visit to the Pittsburg office of WIC to do interviews with recipients for stories to promote the campaign. Last year the newspaper visited WIC in Concord for the same reason. The program also has offices in Brentwood and Richmond. The Contra Costa WIC provides nutritious food and nutrition education to 18,000 pregnant and postpartum women and children under 5 every month.

 For more information on who qualifies for WIC, call 1-888-WIC-WORKS (942-9675).

## TeenAge Program Turns 30

Thirty years ago, Contra Costa Health Services blazed a trail by starting its own TeenAge Program, and that trail is still being cleared in 2007 by the program known as TAP. "It definitely has evolved," says Program Manager Ahna Suleiman, "but we are still the only health department in the Bay Area offering direct services to young people." That has been the case ever since late in 1976, when Beverly Jacobs was a Program Director in Public Health and the main writer of the application for a federal grant that created TAP. "We became the model," recalled Beverly, or BJ, as she is better known. BJ, who made presentations about TAP three different times at the annual conference of the American Public Health Association, recalled that she was contacted and sometimes visited by health workers from other states that were interested in the revolutionary program. One thing that has changed over the years is increased stability and experience among the TAP staff, which was mostly college students for the first few years. It became a launching pad for numerous CCHS staff who remain with us today in other capacities. The program, part of Public Health's Family, Maternal and Child Health Programs, has helped educate thousands of Contra Costa teens about health and sexual responsibility issues over the years. Events throughout 2007 will celebrate the program's three decades as a unique presence in the public health field.

 For more information contact Ahna Suleiman at [asuleiman@hsd.cccounty.us](mailto:asuleiman@hsd.cccounty.us) or 925-313-6189.

## Inflammatory Breast Cancer the Topic of Latest 'Healthy Outlook' Column

The most recent installment in our series of "Healthy Outlook" columns in the Contra Costa Newspapers chain focused on a fast-growing cancer known as inflammatory breast cancer (IBC). It was written by Marianne Bunce, an oncology clinical nurse specialist at CCRMC. She wrote, "IBC is a relatively rare type of breast cancer, but it is often advanced when diagnosed due to its aggressive nature. The woman typically will see her doctor because one breast is enlarged, firm, and possibly itchy. The skin often appears red, warm and thickened, similar to the finely dimpled surface of an orange. Her doctor may not detect a lump, and treat her for a breast infection with antibiotics. Sometimes in IBC, antibiotic treatment may appear to help. But IBC should be suspected if the swelling and other breast changes don't resolve completely....Unfortunately, most IBC tumors have spread to the lymph nodes in the armpit or elsewhere by the time the diagnosis is made, so a combination of aggressive therapies is necessary. First, chemotherapy can reduce the size of the tumor before surgery. Then, if the tumor is small enough, it may be possible to cure the cancer by surgically removing just the tumor (lumpectomy) and not the whole breast (mastectomy)....Then, localized radiation therapy to the affected breast may be needed. And finally, once the woman has healed from surgery, additional chemotherapy may be needed to maximize the potential for cure."



Marianne Bunce

 To read more of this and other Healthy Outlook columns, visit [cchealth.org](http://cchealth.org) and click on the Healthy Outlook link in Items of Interest or on the Publications page. For more information about IBC, contact the local American Cancer Society office at 800-227-2345 or visit the ACS Web site at [www.cancer.org](http://www.cancer.org).

---

The Director's Report is published monthly. Deadline for the February edition is January 12. Publicize your upcoming events and successes by sending information to Julie Freestone at 597 Center Avenue, Suite 255, Martinez 94553, fax 925-313-6219, email: [jfreestone@hsd.cccounty.us](mailto:jfreestone@hsd.cccounty.us). The Director's Report is available online at [cchealth.org](http://cchealth.org) and on iSite, our intranet, at [cchs](http://cchs).

## Project Homeless Connect A Big Success

Public Health's Homeless Program achieved resounding success with its first ever Project Homeless Connect and is now looking forward to a second such event in 2007, possibly in Central County. During the December 7 event at Richmond Auditorium, program staff was aided by 266 volunteers and 151 service providers in delivering a wide array of services and supplies to 509 homeless residents of Contra Costa. Some 40 of them were seen in "Homeless Court" by Superior County Judge Stephen Austin, another 115 received dental service including treatment for 65, and 24 received shelter assignments. The event was covered by two TV news stations and some print media. Homeless Program Director Cynthia Belon, LCSW, said the volunteers and providers did a great job, and she was most proud of her own staff's hard work in making a groundbreaking event for Contra Costa go off without a hitch: Kimberly Baello, Felix Box, Lavonna Martin, Roberto Reyes and Evan Smith. The program is now eagerly looking forward to putting on more such events in its mission to end homelessness in the county.



 For more information on the Homeless Program, visit [cchealth.org](http://cchealth.org) and click on Health Topics or call 925-313-6124.

## Two Groups Help Block Alcohol Ads from BART Trains, Stations

Two committees staffed by Fatima Matal Sol of our Alcohol and Other Drug Services Division won a political victory in the name of health last month when the Bay Area Rapid Transit (BART) Board of Directors did an about face regarding a controversial advertising policy. Both the County Alcohol and Other Drugs Advisory Board and the West County Alcohol Policy Working Group had voted to ask the Board of Supervisors to urge the BART Board to reverse a new policy allowing 17% of BART system advertising to promote alcohol. Fatima says members of both groups met with Supervisor John Gioia before the Board voted unanimously to pass a resolution opposing alcohol advertisement on BART trains and stations, and that State Sen. Tom Torlakson, the City of Richmond and several other Bay Area groups also wrote. The letters highlighted the problem of underage drinking and alcohol advertisement. On December 7, the BART Board voted 7-2 to abandon the month-old 17% policy in favor of a prohibition on alcohol ads in the BART system.

 For more information, contact Fatima Matal Sol at [fmatal@bsd.cccounty.us](mailto:fmatal@bsd.cccounty.us) or 925-313-6311.

## Health Plan Unveils 'SelectCare' Plan

Contra Costa Health Plan staff have been busy for the past year working to open SelectCare, a new Medicare Advantage Plan designed for "dual" eligibles. Dual eligibles are those who live in Contra Costa County and have both Medicare Part A and Part B as well as full scope Medi-Cal (no share of cost). The new product provides one source for coordinating all Medicare benefits, Part D Drugs and Medi-Cal benefits, including long-term care, without the deductibles and co-payments normally associated with a Medicare plan. SelectCare members will be assigned a Personal Advisor for the first 90 days of enrollment and will be able to choose from two terrific networks of providers for their care: Contra Costa Regional Medical Center and Clinics or the Community Provider Network. And as with all of our other Health Plan products, SelectCare members will get the preventive care they need to stay healthier, independent and in their own homes. Launching the product was a real test of endurance as CCHP managers, also known as the Leadership Forum, struggled with implementing the extensive rules and requirements. They would also like to thank Art Webb and his team in Information Services for their dedication and assistance in getting this off the ground.

 For more information, please contact Judi Louro at [jlouro@bsd.cccounty.us](mailto:jlouro@bsd.cccounty.us) or 957-7251.

## Do you know someone who's going the extra mile?

To recognize a CCHS employee, vendor or volunteer for outstanding Service Excellence performance, submit the "Going the Extra Mile" commendation form, available from every CCHS Division Director, or email your commendation to [ServicEX@hsd.co.contra-costa.ca.us](mailto:ServicEX@hsd.co.contra-costa.ca.us) or fax it to 925-313-6219. The form can also be downloaded from the Internet (About Us page) or iSite, our Intranet.