

Contra Costa County **Recovery Plan**

State and Local Fiscal Recovery Funds

2024 Report

2024 Recovery Plan

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GENERAL OVERVIEW

Executive Summary

As the local health jurisdiction, Contra Costa County Health Services (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, community-based testing and Contact Tracing and Contact Investigation (CI/CT) services. In FY23/24 (July 1, 2023 – June 30, 2024), CCH conducted 43,855 COVID-19 tests for 26,416 unique patients and administered 14,952 COVID -19 vaccines for 14,150 unique patients. During the pandemic, CCH ran the County's COVID Multilingual Call Center and the COVID Testing and Vaccination scheduling line, fielding over a thousand COVID-19 related calls per day at the height of the pandemic. In addition, CCH provided infection control education to businesses, schools, and community organizations that had a COVID exposure and in FY23/24, CCH investigated 452 outbreaks in businesses, community organizations, congregate facilities, hospitals and schools involving 4,134 linked cases.

CCH also conducted 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 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) supported and improved 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 included a significant amount of staffing and infrastructure to support the services necessary to respond effectively to the pandemic.

In FY23/24, CCH continued to incorporate COVID-19 pandemic response services into existing county programs and infrastructure as the pandemic slowed and the California COVID-19 State of Emergency and Federal Public Health Emergency ended to ensure these services were sustainable. CCH developed a COVID-19 transition plan in the summer of 2023 to outline the various components of the pandemic response that would change over FY23/24. CCH encouraged residents to go to their medical home for COVID-19 testing, vaccinations and treatment where appropriate, while continuing to serve the general community through equity-driven mobile clinics and expanded clinical hours. Other projects supported social services benefit enrolment, health alerts and preventative health reminders, infection control support, responding to community resource requests, the COVID-19 at home test kit mailing program and more. These services and projects required a significant amount of staffing and infrastructure. The CSLFRF funds allowed CCH to respond to the pandemic as it changed and evolved, and to provide COVID-related services 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). Since receipt of the CSLFRF, the Board of Supervisors allocated \$162.2 million to Health Services Department for COVID-19 response and \$24.3 million for Pandemic Service Relief Payment to eligible county employees in recognition of services performed as essential workers during COVID-19 public health emergency. On April 23, 2024, the Board of Supervisors authorized the use of Coronavirus State and Local Fiscal Recovery Funds in the amount of \$37.5 million as contribution towards Hospital Enterprise Fund 1 for the provision of healthcare services to County residents in FY 23/24. The CCH COVID-19 cost for FY 23/24 was \$15.8 million. Quarterly financial reporting to the Board of Supervisors has occurred with updates on the actual utilization. The total allocation of \$224,058,903 was fully spent at the end of FY 23/24.

CSLFRF funds supported 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 Contra Costa's existing COVID-19 response to efficiently and equitably protect and support communities throughout Contra Costa. The cost for each project was variable and shifted based on patient demand, circumstances on the ground, and the treatment protocols in place throughout the year.

Contra Costa used several coordinated strategies to maximize programmatic impact and effective, efficient, and equitable outcomes. These strategies included 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:

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 was to support testing, vaccination, contact tracing/case investigation, public health epidemiology and communication with the public. CSLFRF funding was used to support a broad range of these services and programming for prevention and response to COVID-19, including:

- **Vaccination programs:** The CCH Department expanded hours at the Public Health Immunization clinics to address ongoing vaccine need in FY23/24. In addition, CCH continued to provide community-based vaccination services and a Health Equity Mobile team. CSLFRF funds were used to maintain vaccination clinics and equity-focused vaccination efforts. Costs associated with vaccination programs include staffing, supplies, equipment, subcontractor, and facility expenses. CCH also continued to support vaccine delivery and promotion in response to community need.
- **Testing:** CCH closed all the county-run community-based testing centers in November 2022, and focused on connecting residents with external testing partners, providing free COVID-19 test kits and providing information and resources through various communication platforms. CCH continued to provide COVID-19 test kits through a mailing program that provided 11,284 at-home test kits to County households during FY23/24. CSLFRF funds were used to support testing demand as needed in response to

community need, including staffing, supplies, equipment, facility expenses and texting platforms to ensure timely and secure receipt of testing results.

- **Outbreak Management** Effective Public Health communicable disease management required efficient lab result reporting, case notification, and outbreak assignment both for any current needs and to prepare the County for future emergencies. CSLFRF funds were used to help CCH invest in redesigning and digitizing workflows using advanced tools and technologies to increase efficient and accurate monitoring and managing outbreaks. In addition, funding supported technology and outbreak management staff and isolation and quarantine of cases and contacts. This outbreak management work was critical to our most vulnerable populations living in congregate settings like skilled nursing facilities and residential care, as well as schools, workplaces, and other locations. During FY23/24, 452 COVID outbreaks and exposures in businesses, schools, community organizations, hospitals and congregate settings involving over 4,134 linked cases were tracked, investigated and supported by Acute Communicable Disease and Centralized Administrative Triage Units. With the evolution of the epidemic and the end of the Public Health Emergency in May 2023, COVID outbreak monitoring has been consolidated into existing outbreak monitoring systems within CCH.
- **Public health epidemiology and data system enhancement:** Epidemiology continues to play a large role in driving our public health response to COVID-19. CCH used CSLFRF funding to invest in innovative tools like wastewater testing, genomic sequencing of COVID-19 variants, and to scale up the County's Public Health lab capacity. Funding was also used for data system enhancement to improve data analytics to better monitor case rates, vaccination uptake, and other metrics. This 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.

Examples of projects conducted in FY23/24 include:

- In collaboration with California COVIDNet and California Dept. of Public Health, the Public Health Laboratory performed next-generation sequencing on positive patient COVID-19 specimens received from hospitals and laboratories throughout Contra Costa County. From the sequencing results, COVID-19 variant information was uploaded into state and national repositories to improve overall surveillance, observe trends in transmissibility and maintain current statistics.
- Implemented a public health data visualization software, providing timely and equitable access to data in the community that can be used to analyze health needs, communicate public health findings and align efforts to improve health across all County jurisdictions.
- CCH continues to participate in wastewater testing, providing reliable and timely data on the prevalence of diseases, particularly COVID. Data is used to track trends and give CCH early warnings of other diseases to guide community guidance on preventative measures.

Communication efforts related to COVID-19: 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 used CSLFRF funds to invest in redesigning its website 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. These efforts included investing in chat bots and other advanced intelligence platforms to enable more efficient and timely response to community inquiries and support high volume requests.

Technical assistance and education: CCH acts 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 and skilled nursing facilities and assisted living facilities, jails and incarceration settings, group living facilities (e.g., infection control) for congregate living facilities, such as skilled nursing facilities and assisted living 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 was 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 was used to help CCH coordinate and distribute PPE and other infection control supplies to be used internally and distributed to community partners. During FY23/24, CCH distributed 227,700 COVID-19 tests to over 250 Community Based Organizations and managed an inventory of over 3,000 COVID-19 Response/Emergency Response Items. SLFRF funding supported staff, supplies, and warehouse storage.

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

This project involved 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 were used for the following:

- **Treatment of COVID-19 Patients:** This included enhancing health care capacity to treat COVID-19 patients and provide care and services for their near and long-term needs as well as treatment costs for long-term symptoms or effects of COVID-19, including post-intensive care syndrome. As part of this work, in FY23/24 CCH maintained our Advice Nurse line to any County resident who tested positive for COVID, connecting them to a provider for screening, education, and prescriptions for all FDA-approved treatments. In addition, CCH partnered with regional health agencies to refer patients with long-term COVID symptoms or effects.
- **Capital investments or adaptations:** This included investing in capital investments or adaptations to public facilities, such as hospitals or health clinics, to improve and/or expand infrastructure for the safe provision of services. This also included 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. It also included adaptation to CCH employee work environment, advancements of cyber security and the availability of additional trainings and tools to support efficient work days during emergency situations.
- **Addressing gaps in care resulting from COVID-19.** In addition to the direct impact on health, COVID-19 resulted in thousands of missed or delayed routine health screenings, diagnoses and treatments, immunizations, dental screenings in children, and other health care maintenance. CCH utilized CSLFRF funding to make investments in patient care to close these gaps. This included 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 was also used to support staff that work with underserved/historically marginalized populations to improve health outcomes, such as Promotoras and community ambassadors, and other local community based organizations focusing on health disparities. CCH primarily serves Medi-Cal patients with historic health disparities, and this work helped ensure those disparities were not worsened with COVID-19.

Project 3: Addressing Disparities in Public Health Outcomes:

The COVID-19 pandemic 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 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. CCH utilized 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 supported 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 hosted monthly workgroups with local community members and CBOs focused on identifying barriers to testing and vaccination, collaborating on culturally appropriate approaches to address disparities and supporting CCHS internal and external equity initiatives. This work also helped increase accountability to community-based partners and elevated their expertise and relationships. The mobile equity vaccination team is aimed at providing vaccinations where people gather and work, including churches, businesses, and community events.
- **Targeted consumer outreach and communications:** CCH used 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. CCH used 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 also supported 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, 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 was used to maintain and expand data identification, visualization and analysis efforts throughout the pandemic. The CCH

public-facing COVID dashboard was launched in April 2020 and retired in December 2024 as part of the CCH Covid transition plan.

Promoting Equitable Outcomes

The COVID-19 pandemic disproportionately impacted communities of color, low-wage essential workers, seniors and other historically disadvantaged populations. Contra Costa used CSLFRF funds to focus response efforts on reducing health disparities with African American, LatinX, homeless, non-English speakers, disabled, elderly, rural populations and other groups through a series of engagement activities and services for these populations. These services have included testing, vaccination, contact tracing, mobile teams, and outreach and communication efforts throughout the county.

CCH uses a variety of communication methods to outreach to residents, community organizations, and businesses. These include direct resident marketing, including social media. In addition to posting on its own channels and purchasing paid advertising, Contra Costa had a team of youth and young adult ambassadors that leverage their social media channels to reach historically marginalized communities and provide information on COVID and other health issues to residents. CCH also had a team of community ambassadors that engage in canvassing, both at businesses and door-to-door to provide information about COVID-19 and other health services to community residents. CCH maintains relationships with businesses, particularly restaurants, other food facilities and gas stations, and frequently provides information regarding services to these groups. Additionally, the Equity Team 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.

Additionally, CCH solicited community and resident input on the county's COVID-19 response during the pandemic using focus groups and ongoing engagement through a variety of workgroups, which allowed for process improvements. Throughout the pandemic, CCH developed multiple work groups to focus on outreach and engagement for specific populations, including African Americans, Latinx, Asian American and Pacific Islander communities, older adults and other historically marginalized populations. The work groups were composed of residents, community leaders, staff and faith-based leaders. In addition, CCH met quarterly with the Vaccine Equity Specialist in the CDPH Immunization Branch to discuss county-wide vaccine equity efforts and receive technical assistance as needed to help guide targeted efforts.

CCH used several strategies to reduce barriers to testing and vaccines. CCH did not require identification or insurance for vaccination or testing appointments at the CCH-run community vaccine and testing sites, and we allowed for walk-in patients for greater access and ability to provide services to the at-need population. Additionally, Contra Costa has a mobile team that provides vaccinations at locations within the community where people live, work, and play to further increase access to services, and will continue to support these services into FY24/25 using external funding.

CCH aimed to achieve equitable vaccination rates and reduced case rates across all population groups within the county through a diverse strategy, as discussed in other sections, including community ambassadors, partnerships with community and faith-based organizations, and mobile vaccination clinics in areas where people trust. We measured and evaluated these

efforts by tracking vaccination and testing with priority groups (e.g., African American, LatinX, rural zip codes and others) to help guide our work toward narrowing the equity gap. Tracking this data helped CCH invest further resources in those groups and geographies with the largest gaps.

Contra Costa used data from State and local sources to inform gaps in services from the beginning of the COVID pandemic. Vaccination rates, testing rates, positivity rates, and hospitalizations continue to be tracked through dashboards where raw numbers or rates are displayed by race, ethnicity, geography, age and other factors. Using these dashboards, the response team identified areas that were disproportionately impacted and provide additional outreach and resources to those specific populations or geographic areas. CCH used a health equity measure to track cases and vaccination across various quartile according to the Healthy Places Index (HPI). In addition, the county used Census tract data to further drilldown and outreach to communities in smaller and more personalized initiatives. Based on this data, county-run community testing and vaccination locations were strategically placed within historically marginalized communities with the lowest vaccination rates and highest case rates, including the cities of Richmond, Antioch and the Monument Corridor area with the City of Concord. Locating sites in these areas not only reduced barriers to access, but also increased visibility of COVID-19 response efforts.

One example of a targeted communication campaign using data to inform gaps in service in FY23/24 involved sending automated text messages to County residents to encourage Covid and Flu vaccines in the fall of 2023. A total of 83,022 patients received text messages with this reminder. In addition, we continued a 2022 texting campaign for residents who tested positive for Covid, informing them of treatment options. Within hours of positive test results entered on a patient's medical record, these patients received text messaging explaining FDA-approved treatment and urging patients to call the CCH Advice Nurse to obtain a prescription. This messaging included community members with positive test results in the state's CalREDIE reporting system. In total, 1,024 CCH patients received text messages about treatments options following their positive test results between July 2023 and January 2024.

Community Engagement

CSLFRF funding was used to supplement existing funding to support the continuation and expansion of ongoing community engagement efforts. CCH worked 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. Some highlights from projects conducted by the ambassadors during FY23/24 include:

- Collaborated with 180 partners to conduct Equity Mobile clinics that resulted in 1,744 vaccinations. These clinics took place in the evenings and on weekends in locations that were easy to walk to and part of the neighborhood fabric.
- Conducted 117 canvassing events, including canvassing over 22,145 homes and 6,267 businesses to share joint information on COVID19.

- Distributed 74,000 COVID-19 test kits.
- Conducted 11,815 quality engagements with County residents, including health education sessions and one-on-one conversations, (quality engagements are discussions lasting more than 2 minutes).

Beginning in 2023, the CCH Equity Team began working alongside the Contra Costa Regional Health Foundation to develop a Contra Costa Accountable Community for Health (CC-ACH), a community-driven collaboration dedicated to making lasting and transformation change in the health of a community and forwarding the goal of health equity. This project leveraged SLFRF and other external funding to advance the insights, relationships, and trust gained from multi-sector partnership models during the pandemic as the foundation to launch an ACH. CC-ACH implementation is taking place over two-and-a-half years and is co-designed with community members and partners to include establishing an equitable governance infrastructure, advancing partnerships along the pathway from “Community Engagement to Ownership” to address health equity, identifying health priorities and measurement strategies, and forming multi-sector implementation teams. CC-ACH also offers an external opportunity for CCH to extend and practice the CCH Equity Roadmap values to co-design strategies for shared power and decision-making.

Throughout the COVID-19 response, CCH 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 various initiatives informed the CCH COVID response, such as staffing a multilingual call center and expanding testing and vaccine operations on the weekends and evening hours. CCH 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.

Labor Practices

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

Use of Evidence

Interventions developed by CCH for all areas of the CSLFRF projects were evidence-based and data driven. Many strategies were driven by 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 to improve vaccine uptake. Examples of interventions included in our 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 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 provided text messaging to patients who needed to complete their Covid-19 vaccination series or who tested positive for Covid and were eligible for treatment

options. In total, 290,261 text messages, in over 10 languages, were sent for Covid-related services.

- **Using Trusted Leaders as Messengers.** CCH partnered 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 prioritized building and promoting a mobile vaccination model, positioning vaccination teams at workplaces, marketplaces, and other high traffic community settings. Mobile and stationary sites reduced access barriers by offering evening and weekend hours, walk-in options, and in-home vaccination for home bound residents. School-based clinics supported vaccinations for children and their families entering school.
- **Focus Groups Sessions.** Focus group sessions with community members and populations disproportionately impacted by the pandemic 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 were developed and made publicly available. Messages were created to be displayed through a variety of medium including targeted media ads, posters, social media messages, as well as stickers and buttons. Outreach teams 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 served as a centralized entity for processing requests for PPE and other infection control supplies used internally and distributed to community partners. SLFRF funds also supported a final COVID-19 After Action Report and Improvement Plan, conducted by CCH and an emergency preparedness consulting agency, identifying operational areas of improvement for future preparedness activities.
- **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 responded to 452 outbreaks in businesses, community organizations, congregate facilities, hospitals and schools involving 4,134 linked cases in FY23/24.
- **Antiviral COVID-19 Treatment.** CCH provided 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 and instead contracted with UC Berkeley and other external organizations to collaborate on program evaluation efforts related to the COVID-19 response. CCH also partnered with University of Southern California to evaluate the effectiveness of targeted incentive programs.

Performance Report

Project 1: Prevention and Mitigation of COVID-19

Key performance indicators for this project include:

- Percent of tests that are positive by age, region, race/ethnicity and homelessness:
- Number of vaccinations provided by location/region, race/ethnicity, age, and homelessness:
- Number of weekly COVID-19 cases reported to the State’s CalRedie reporting system.

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

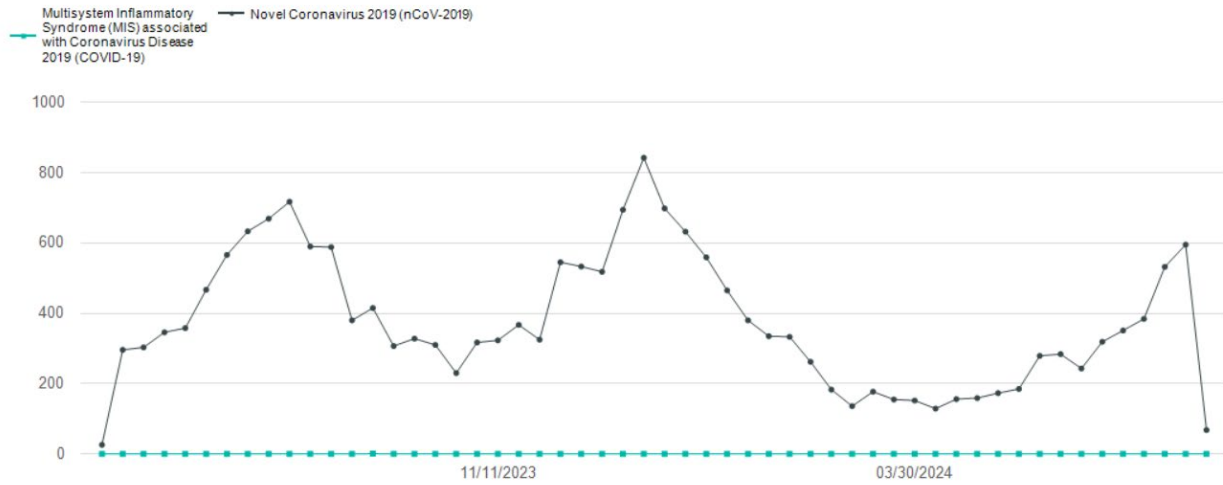
	Tests Performed	Confirmed Cases	County Population	Tests Per 1,000	Cases Per 1,000	Positive Test Rate
○ Age	69,863	14,823	1,159,907	60.25	12.79	21.21
○ City	69,863	14,823	1,147,236	60.99	12.92	21.21
○ City / Race/Ethnicity	69,863	14,823	1,146,261	60.95	12.93	21.21
○ Alamo	663	101	14,905	44.45	6.75	15.21
○ Antioch	7,844	1,804	112,848	69.51	15.99	23.01
○ Bay Point	1,465	347	25,908	56.77	13.41	23.71
○ Bethel Island	97	18	2,193	44.89	8.31	18.61
○ Brentwood	4,806	964	66,897	62.82	14.58	23.01
○ Asian	562	143	16,112	55.58	14.14	25.41
○ Black or African American	246	58	5,848	44.72	9.71	21.81
○ Hispanic or Latino	599	171	16,854	35.54	10.11	28.51
○ Multiple Races	15	2	2,443	5.68	0.79	13.31
○ Other	466	88	532	875.94	165.41	18.91
○ Unknown	641	172	0	-	-	26.81
○ White	1,337	330	30,908	51.22	11.00	21.51
○ Byron	66	23	1,384	50.61	17.64	34.91
○ Clayton	609	117	11,268	54.05	10.38	19.21
○ Concord	7,520	1,639	139,865	57.82	12.60	21.81
○ Crockett	188	26	3,445	48.77	7.55	15.51
○ Danville	2,461	489	58,231	45.70	8.24	18.01
○ Diablo	31	4	448	69.20	8.93	12.91
○ Discovery Bay	884	149	16,159	42.65	9.22	21.51
○ El Cerrito	1,818	303	24,446	73.17	12.29	16.71
○ El Sobrante	1,280	288	0	-	-	23.31
○ Hercules	1,689	486	25,864	65.30	18.79	28.61
○ Kensington	346	41	5,329	64.93	7.69	11.81
○ Knightsen	33	7	1,176	28.08	5.95	21.21

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	2,696,375	1,616,747	87.71	962,943	83.61	622,772	53.71	147,339	12.71
○ Alamo	36,339	14,697	88.81	15,923	93.41	8,897	66.41	3,161	21.21
○ Antioch	226,868	89,121	79.81	84,750	73.11	47,926	42.11	8,914	7.91
○ Bay Point	97,379	23,416	69.71	22,828	85.41	11,923	44.71	1,979	6.11
○ Bethel Island	3,881	1,523	70.81	1,410	68.91	824	38.31	242	11.21
○ Brentwood	143,186	81,213	85.31	91,880	79.41	31,898	48.81	6,964	18.81
○ Asian	21,615	7,927	77.31	7,424	73.31	3,182	31.31	887	8.91
○ Black or African American	9,388	3,658	61.21	3,485	58.31	2,038	34.11	373	6.21
○ Hispanic or Latino	28,888	11,768	69.71	11,108	68.81	5,874	34.81	775	4.81
○ Multiple Races	8,734	2,925	79.31	1,993	75.11	1,493	58.11	334	12.81
○ Other	7,897	3,446	78.71	3,184	65.11	1,416	289.41	183	37.41
○ Unknown	2,824	1,979	83.61	836	178	5	5	5	37.41
○ White	68,382	25,410	84.81	24,473	81.61	15,535	51.81	4,427	14.81

Sample of Internal COVID-19 Disease Reporting Dashboard Showing Weekly Case Rates

COVID-19



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

Key performance indicators for this project include:

- Patients admitted with COVID-19 to Contra Costa Regional Medical Center by age, region, race/ethnicity and vaccination status in FY2023/24 (7/1/2023-6/30/2024):

By Race/Ethnicity		
Race/Ethnicity	# Patients	# Admissions
Asian	25	27
Black/African American	34	36
Declined/Unknown	<11	<11
Hawaiian/Pacific Islander	<11	<11
More Than One Race	<11	<11
Other Race	65	66
White/Caucasian	46	47

By Age Group		
Age Range	# Patients	# Admissions
Age 0-4	<11	<11
Age 12-17	<11	<11
Age 18-49	79	80
Age 50-64	46	48
Age 65+	55	58

By Region		
Region	# Patients	# Admissions
CENTRAL	42	45
EAST	42	43
Unknown	11	11
WEST	89	91

By Vaccination Status		
Vaccination Status	# Patients	# Admissions
Unvaccinated	66	68
Vaccinated	118	122

- Patients admitted to the ICU with COVID-19 at Contra Costa Regional Medical Center by age, region, race/ethnicity and vaccination status in FY2023/24 (7/1/2023-6/30/2024):

By Race/Ethnicity		
Race/Ethnicity	# Patients	# Admissions
Asian	15	17
Black/African American	18	18
Declined/Unknown	<11	<11
Hawaiian/Pacific Islander	<11	<11
More Than One Race	<11	<11
Other Race	35	35
White/Caucasian	29	29

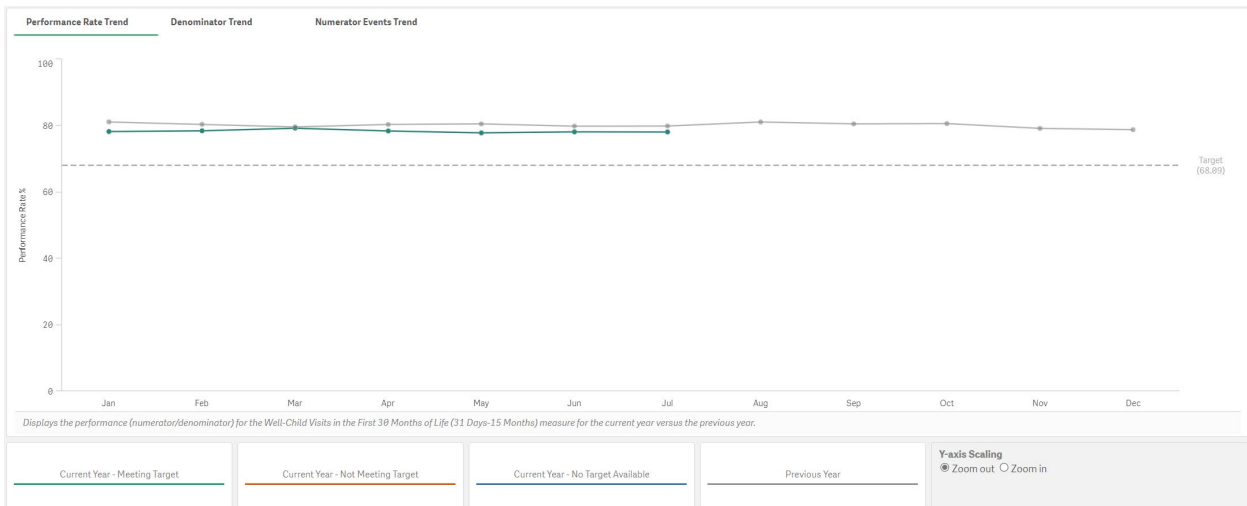
By Age Group		
Age Range	# Patients	# Admissions
Age 12-17	<11	<11
Age 18-49	29	29
Age 50-64	33	33
Age 65+	42	44

By Region		
Region	# Patients	# Admissions
CENTRAL	27	27
EAST	21	21
Unknown	<11	<11
WEST	53	55

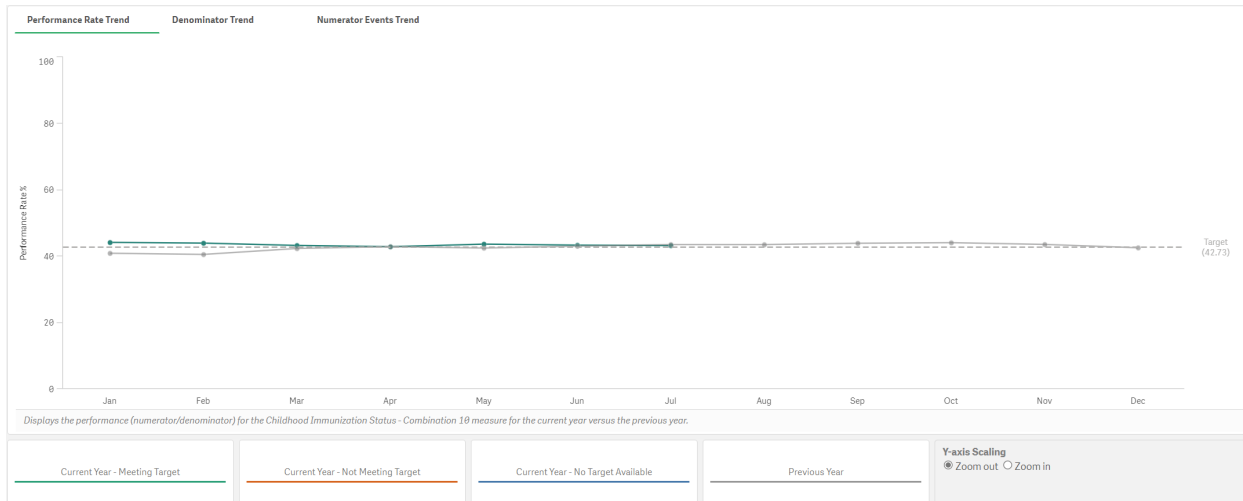
By Vaccination Status		
Vaccination Status	# Patients	# Admissions
Unvaccinated	34	34
Vaccinated	72	74

- 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*
- 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

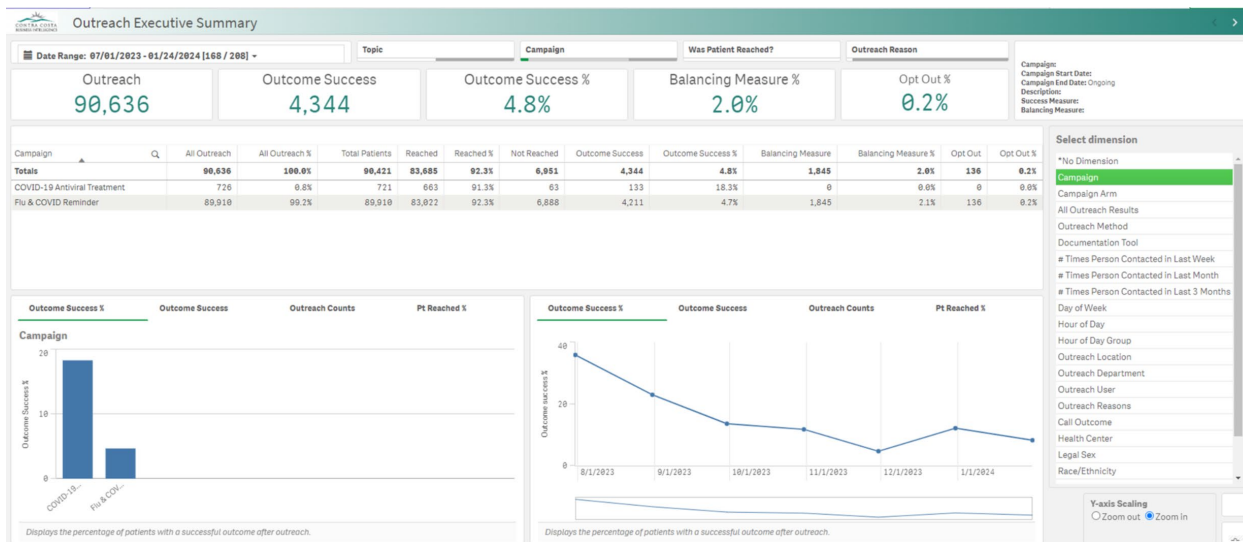


Project 3: Address Disparities in Public Health Outcomes

Key performance indicators for this project include:

- Number of vaccinations provided by region, race/ethnicity, age and homelessness: See *sample dashboard under Project 1 above*.

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



PROJECT INVENTORY

CCH had three projects funded through CSLFRF funds. These projects targeted 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 60% of the median income. Projects are summarized below.

Project 1: Prevention and Mitigation of COVID-19

Funding amount: \$86,052,623.00

Project Expenditure Category: EC-1

www.cchealth.org

Project Overview: Project 1 funded a broad range of services and programming for the prevention and ongoing response to COVID-19. All project activities were ongoing throughout the FY23-24 project period and focused on maintaining and improving testing and vaccination resources, contact tracing/case investigation, public health epidemiology, communication with the public and purchase and distribution of PPE by CCH and in coordination with community partners. As the California's COVID-19 State of Emergency and Federal Public Health Emergency ended in May 2023, CCH focused on more fully incorporating these COVID-19 services into existing CCH services instead of operating stand-alone COVID services. The intended outcomes of this project were 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 was to mitigate the spread of COVID-19. Interventions developed by CCH for this project were evidence-based and data driven. All the strategies based on evidence-based studies listed in the Use of Evidence section apply to Project 1 activities.

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

Funding amount: \$19,656,391.00

Project Expenditure Category: EC-1

www.cchealth.org

Project Overview: The intended outcomes of this project were 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. All project activities were ongoing throughout the FY23-24 project period and were conducted by CCH and, where relevant, in coordination with community partners. Project activities included 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, advanced cyber security to support increase in remote connectivity to the health system, technical assistance and education related to COVID-19 prevention and mitigation for congregate living facilities and addressing gaps in care resulting from COVID-19.

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

Project 3: Addressing Disparities in Public Health Outcomes

Funding amount: \$41,350,112

Project Expenditure Category: EC-1

www.cchealth.org

Project Overview: The COVID-19 pandemic disproportionately impacted communities of color, low-wage essential workers, and other historically disadvantaged populations. This project addressed 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 included 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 outcome of this project were to reduce disparities in COVID-19 related public health outcomes.

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

Project 4: Pandemic Service Relief Payment and Worker Retention Payment Program

Funding amount: \$24,708,620.50

Project Expenditure Category: EC-6.1

Project Overview: This project covered the cost of providing a one-time Pandemic Service Relief Payment of up to \$2,500 for employees who worked during the COVID-19 pandemic. This project also covered payroll taxes and administrative costs for the Worker Retention Payment Program that were not covered by the State funded program.

Project 5: Administrative Expenses

Funding amount: \$14,746,762.00

Project Expenditure Category: EC-7.1

Project Overview: This project funded indirect costs including but not limited to Personnel staff salaries and benefits, Fiscal Staff salaries and benefits, and Contract Administrative Staff salaries and benefits.

Project 6: Contribution Towards Hospital Enterprise Fund

Funding amount: \$37,544,394.50

Project Expenditure Category: EC-6.1

Project Overview: This project offset a portion of the General Fund subsidy to the Hospital Enterprise Fund for the provision of healthcare to residents of the County.

