

# HEALTH SERVICES DEPARTMENT

## I. DEPARTMENT MISSION

Contra Costa Health Services (CCHS) cares for and improves the health of all people in Contra Costa County with special attention to those who are most vulnerable to health problems.

- We provide high quality services with respect and responsiveness to all.
- We are an integrated system of health care services, community health improvement and environmental protection.
- We anticipate community health needs and change to meet those needs.
- We work in partnership with our patients, cities and diverse communities, as well as other health, education and human service agents.
- We encourage creative, ethical and tenacious leadership to implement effective health policies and programs.

We have a department-wide goal to reduce health disparities by addressing issues of diversity, linguistic and cultural competence.

## II. OVERVIEW AND MAJOR PROGRAM DESCRIPTIONS

### OVERVIEW

Contra Costa County is one of the few counties in the country to offer the full spectrum of health-related services under one organizational structure. CCHS' responsibilities cover health at every level: the individual, the family, and the community. CCHS works to prevent disease by removing risks and promoting preventive and health-maintaining activities. CCHS intervenes quickly and effectively to contain communicable disease. CCHS provides a system of care to meet the health needs of county residents regardless of their ability to pay. This system includes primary, specialty and inpatient medical care, mental health services, substance abuse treatment, public health programs, environmental health protection, hazardous materials response and inspection, and emergency medical services, as well as a county-operated health maintenance organization, the Contra Costa Health Plan (CCHP). CCHP is a licensed, federally qualified health plan that credentials and contracts with needed specialty providers in the community, provides 24/7 advice nurse services for patients, as well as case management and care coordination for high-risk patients. For low-income and uninsured residents of Contra Costa, CCHS is the safety net, providing medical services not available to them elsewhere.

## **PROGRAM DESCRIPTIONS**

### **HOSPITAL & HEALTH CENTERS:**

**The Hospital and Health Centers Division** includes the Contra Costa Regional Medical Center (CCRMC) and nine Health Centers. CCRMC is a general acute care teaching facility with 166 licensed beds. CCRMC provides a full range of diagnostic and therapeutic services including medical/surgical, intensive care, emergency, prenatal/obstetrical, and psychiatric services. Ancillary services include pharmacy, rehabilitation, medical social work, laboratory, diagnostic imaging, cardiopulmonary therapy and ambulatory care surgery services. The licensed basic emergency room provides medical evaluation/treatment of urgent cases.

**The Crisis Stabilization Unit** provides crisis intervention and stabilization, psychiatric diagnostic assessment, medication, emergency treatment, screening for hospitalization and intake, disposition planning, and placement/referral services.

**The nine ambulatory care health centers** are located in East, West and Central Contra Costa County, and provide family practice oriented primary care, geriatrics, dental, rehabilitation, prenatal and adult medical services, as well as specialty clinic services. Specialty clinics include: podiatry, infectious disease, pediatrics, eye, dermatology, orthopedics, urology, ENT, gynecology, Hansen's disease, and others.

**The Emergency Medical Services Program** provides overall coordination of Contra Costa's Emergency Medical System. It regulates emergency ambulance services and the county's trauma system, establishes pre-hospital treatment protocols and certifies pre-hospital personnel, approves and monitors paramedic programs and first-responder defibrillation programs, provides planning and coordination of medical disaster response, and reviews inter-facility patient transfers.

BUDGET: \$488,316,788

FTE: 1923.08

### **CONTRA COSTA HEALTH PLAN (CCHP):**

The Contra Costa Health Plan (CCHP) is a county-operated, state-licensed, federally qualified Health Maintenance Organization (HMO). It utilizes Health Services Department programs for most of the health care provided to its members including services of the Hospital and Health Centers, Public Health (immunizations, CHDP services), Mental Health and Alcohol and Other Drugs Services.

CCHP operates three distinct health plans serving the following individuals:

- 1) **The Contra Costa Health Plan (CCHP)** is a county-operated prepaid health plan that manages care for Medi-Cal enrollees including Aid to Families with Dependent Children Members, Seniors and Persons with Disabilities (SPDs), and other Medi-Cal (non-crossover) members.

BUDGET: \$196,138,131  
FTE: 143.48

- 2) **The Contra Costa Community Health Plan** is a county-operated prepaid health plan available to certain Medicare recipients; In Home Support Services (IHSS) providers; employees of participating private and governmental employers; and individual members of the general public. The Contra Costa Community Health Plan also manages the care for individuals in the Basic Health Care program and the Low Income Health Program (LIHP), which consists of the Medi-Cal Expansion Program and the Health Care Coverage Initiative. Plans and product lines include:
- a) **Commercial Coverage** provides coordinated comprehensive health benefits from physical check-ups to treatment of major health problems. There is an array of benefits, premiums and co-payments depending on the plan chosen. Premiums are paid by the members or their employers.
  - b) **The County Employees Plan** enrolls employees and retirees of Contra Costa County and their eligible dependents. The Other Groups Plan consists of coordinated comprehensive health benefits directed at small and large businesses on a group basis. The Individual Plan provides coordinated medical coverage availability to individuals and families. In addition, this coverage is available to In-Home Supportive Services (IHSS) providers in Contra Costa County.
  - c) **The Healthy Families Program** is a low cost health insurance program that provides health, dental and vision benefits to low-income children who do not have insurance and do not qualify for no-cost Medi-Cal.
  - d) **The Medicare Senior Health Plan** product line serves Contra Costa senior residents who are covered under Medicare and who choose CCHP as their medical gap insurer. In addition to the basic Medicare coverage under this program, there are various benefits covered by member premiums that reduce the member's expenses for Medicare co-payments and deductibles for services not covered by Medicare, such as eye and hearing exams as well as glasses and hearing aids and some drugs not covered by Medicare Part D.
  - e) **The Basic Health Care (BHC) Program** is designed to provide needed medical care to the formerly state-sponsored medically indigent residents of Contra Costa County with incomes less than or equal to 300 percent of the federal poverty level. It offers limited health benefits compared to other groups. Services are primarily provided at Contra Costa Regional Medical Center (CCRMC) and the county-operated medical clinics.

f) **The Low Income Health Program** which consists of two programs:

- **Health Care Coverage Initiative (HCCI).** HCCI individuals are between 134%-200% of the federal poverty level (FPL). The care for these individuals is managed by the Health Plan and provided by the Contra Costa Regional Medical Center, the county-operated ambulatory care clinics, and through contracts with other local providers. Individuals that meet the eligibility requirements for this program, which includes proof of U.S. citizenship, have a scope of covered services that are consistent with those of the BHC program.
- **The Medi-Cal Expansion Program (MCE)** covers those uninsured county residents between 0–133% of FPL. In addition to the benefits covered by HCCI, the Medi-Cal Expansion Program also covers Emergency Services rendered outside of CCRMC under limited circumstances.

BUDGET: \$109,287,185

3) **The Major Risk Medical Insurance Program** serves Contra Costa residents who qualify for the Access for Infants and Mothers (AIM) program and the Major Risk Medical Insurance Program (MRMIP). Contra Costa Health Plan is a contracted health plan carrier for these programs, which are administered by the State's Managed Risk Medical Insurance Board.

**AIM** is a program for pregnant women that is not available to Medi-Cal or Medicare Part A and B recipients, and applies certain income guidelines. Women receive prenatal care and delivery services.

**Major Risk (MRMIP)** provides health insurance to Californians unable to obtain coverage in the individual market due to pre-existing health conditions. Enrollees participate with cost of their coverage and a \$500 annual deductible applies. Benefit limits are \$75,000 per calendar year and have a lifetime cap of \$750,000.

BUDGET: \$1,233,645

## **BEHAVIORAL HEALTH**

The Behavioral Health Division combines what was formerly Mental Health, Alcohol and Other Drugs Division, and the Public Health Homeless Program into one single administrative system of care. With increasing challenges in serving complex populations with multiple disorders, this change responds to the internal commitment of improved client care/outcomes through a “no wrong door approach” that focuses on the “whole” person. In preparation for Health Care Reform, and in response to the State Realignment and other external challenges, a consensus has emerged that recognized

the need for a broad system approach where addressing complex behavioral health needs is an expectation. The intended outcome is a system of care that is welcoming, recovery/resiliency oriented, culturally-capable, accessible, continuous and comprehensive, all which promote physical, social and emotional wellness and well-being. Behavioral Health offers the following programs and services:

1) **Mental Health Programs**

a) **Adult Program Services.** Mental Health Services for adults are designed to be responsive to the changing needs of individuals through a single point of coordination and integration. Under the intensive community support model, mental health operates four clinics for consumers over 18 years of age. This model prioritizes the provision of services necessary for clients to live successfully in the community, thus avoiding costly hospitalization and/or institutionalization. Adult mental health services include:

- **Crisis/Transitional/Supervised Residential Care:** Short-term, crisis residential treatment for clients who can be managed in an unlocked, therapeutic, group living setting and who need 24-hour supervision and structural treatment for up to 30 days to recover from an acute psychotic episode. This service can be used as a short-term hospital diversion program to reduce the length of hospital stays. This service also includes 24-hour supervised residential care and semi-supervised independent living services to increase each client's ability to learn independent living skills and to transition ("graduate") from more restrictive levels of residential supervision to less restrictive (i.e., more independent) living arrangements, including board and care facilities.
- **Outpatient Clinic Treatment and Outreach Services:** Provides scheduled outpatient clinic services, including psychiatric diagnostic assessment, medication, short-term individual and group therapy, rehabilitation, and collateral support services for seriously and persistently mentally ill (SPMI) clients and their families with acute and/or severe mental disorders.
- **Case Management Services:** Case managers provide screening, assessment, evaluation, advocacy, placement and linkage services in a community support model. Case management is also provided through supportive housing services, as well as the county clinics in West, East and Central County.
- **Day Treatment Programs:** Organized therapeutic treatment and activity programs (less than 8 hours per day) for adults who are recovering from a psychotic episode and who need training in socialization and independent living skills.

- **Mental Health Homeless Outreach/ Advocacy Services:** The homeless shelter in Antioch and the three regional drop-in multi-purpose service centers assist the homeless mentally ill to secure counseling, transportation, clothing, vocational training, financial/benefit counseling, and housing.
  - **Vocational Services:** Services include job search preparation, job referral, job coaching, benefits management, and employer relations.
  - **The Consumer-Run Community Centers:** Centers in Pittsburg, Concord and Richmond provide empowering self-help services based on the Recovery Vision, which is the concept that individuals can recover from severe mental disorders with peer support. The Centers, which are consumer operated, provide one-to-one peer support, social and recreational activities, stress management, money management, and training and education in the Recovery Vision.
  - **Substance Abuse and Mental Health for CalWORKs (SAMHWORKs):** Mental health specialty services provided for CalWORKs participants referred by the Employment and Human Services Department to reduce barriers to employment. It includes outpatient treatment for participants and their immediate family members, as well as aftercare in support of job retention.
  - **AB109:** Under AB109, probationers have five days upon prison release to report to their Probation Officer (PO) to review their probation orders. At their initial meeting, the PO determines whether the individual received “custody” mental health services and/or was released with a 30 day supply of psychotropic meds. POs may then offer the individual a referral to MH to be assessed for their voluntary continuation of medications and need for focused forensic case management services.
  - **Local Hospital Inpatient Psychiatric Services:** Provides acute inpatient psychiatric care at Contra Costa Regional Medical Center, involuntary evaluation, and crisis stabilization for seriously and persistently mentally ill clients who may be a danger to themselves or others.
- b) **Children’s Program Services.** Children’s Mental Health Services has established a System of Care (SOC), offering a continuum of services to meet the varied mental health needs of children, adolescents, and their families. The array of services offered in the SOC consists of various mental health programs and services from the most restrictive, institutionally based services (e.g., hospitalization) to the least restrictive, community-based services (e.g., early intervention and

prevention programs). Child and adolescent services are available for clients 0-18 years of age and offers the following services:

- **Local Institutional/Hospital Care:** Acute psychiatric inpatient treatment for children and adolescents is provided in private hospitals in order to avoid placing minors in the same psychiatric unit as adults at Contra Costa Regional Medical Center.
- **Out-of-Home Residential Care/Treatment Service Programs:** Structured residential therapeutic treatment service programs for seriously emotionally disturbed (SED) children and adolescents providing individual, group and family therapy and wrap-around teams.
- **Intensive Day Treatment Services:** Therapeutic treatment, educational and activity programs (less than 8 hrs/day) for children/adolescents who have behavioral/emotional disorders or are seriously emotionally disturbed (SED), psychosocially delayed or "at high risk." Many of these services are school based.
- **Outpatient Clinic Treatment and Outreach Services:** Outpatient clinic, school-site and in-home services, including psychiatric diagnostic assessment, medication, therapy, wrap-around, collateral support and crisis intervention services for seriously emotionally disturbed children and adolescents and their families.
- **Child/Adolescent Case Management Services:** Case managers provide screening, assessment, evaluation, advocacy, placement and linkage services to assist children and adolescents in obtaining continuity of care within mental health, health care, and social service systems. Community and school-based prevention and advocacy programs provide community education, resource development, parent training, workshops, and development of ongoing support/advocacy/action groups. Services are provided to enhance children's ability to benefit from their education.
- **EPSDT (Early and Periodic Screening Diagnosis and Treatment) Program:** Provides comprehensive mental health services to Medi-Cal eligible severely emotionally disturbed persons under age 21 and their families. Services include assessment; individual, group and family therapy, crisis intervention, medication, day treatment and other services as needed. Specialized services are available in cases of emergency foster placement. Therapeutic Behavior Services (TBS) are one-on-one shadowing of children and youth, on a short-term basis, to prevent high level residential care or hospitalization.

- **Seneca Mobile Response Team:** The mobile crisis response team, comprised of a Masters level therapist and a family support partner, provides short-term triage and emergency services to seriously emotionally disturbed children, adolescents and their families in order to prevent acute psychiatric crises and subsequent hospitalization.
- **Mental Health Services for Children 0-5 Years of Age:** Three contract agencies provide day treatment, outpatient, and in-home service to SED children or children at risk of significant developmental delays and out of home placement.
- **Special Education Services – Educationally Related Mental Health Services (ERMHS):** Mental Health Services are provided as part of a youth’s Individualized Education Plan (IEP) to fulfill a mandate under federal law to provide a free and appropriate public education to students with special needs in the least restrictive educational environment. Services include: individual, group, or family psychotherapy, day treatment services, collateral, case management, and residential placement.

c) **Other Mental Health Services**

- **Outpatient Mental Health Crisis Service.** The CCRMC Crisis Stabilization Unit provides crisis intervention and stabilization, psychiatric diagnostic assessment, medication, emergency treatment, screening for hospitalization and intake, disposition planning, and placement/ referral services.
- **Medi-Cal Psychiatric Inpatient/Outpatient Specialty Services (Managed Care).** Community based acute psychiatric inpatient hospital services and outpatient specialty mental health services are provided for Medi-Cal eligible adults.
- **Mental Health Services Act/Proposition 63.** Mental Health Services Act (MHSA) has expanded mental health care programs for children, transition age youth, adults, and older adults. Services are client and family driven and include culturally and linguistically appropriate approaches to address the needs of underserved populations. They must include prevention and early intervention as well as innovative approaches to increasing access, improving outcomes, and promoting integrated service delivery.

BUDGET: \$149,560,276  
 FTE: 376.7

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

Advocates for alcohol and drug free communities by promoting individual and family responsibility, hope, and self-sufficiency. Programs include prevention, treatment, and special services:

- a) **Prevention Services.** Prevention programs provide alcohol and other drugs education, drug free activities, community-based initiatives, problem identification and referrals for youth and adults.
- b) **Non-Residential Program.** Outpatient substance abuse recovery services for adults, youth/adolescents and family members who have alcohol and other drug problems. Services include individual, family and group counseling, educational and recovery support groups.
- c) **Residential Services Program.** Recovery services for men, women with their children, and detoxification for adults. Services include individual, group, family counseling and 12-step support services. Treatment is designed to promote recovery, healthy relationships, and positive participation in society.
- d) **Narcotic Treatment Program.** Outpatient methadone maintenance provided under a contract with Bay Area Addiction Research and Treatment (B.A.A.R.T) for opiate dependent adults, especially those persons at risk of HIV infection through I.V. drug use. Also includes services for pregnant addicts and persons suffering with co-occurring disorders.
- e) **Special Programs.** The department administers several time-limited federal and state special initiatives and demonstration projects including Perinatal Substance Abuse Treatment, First 5 (Prop 10), Bay Area Services Network (BASN) Project, and Comprehensive Drug Court Implementation (CDCI).
- f) **Support Services and Countywide Prevention.** Provides management of all substance abuse services, funds and programs, including contracted services. Oversees countywide service delivery system, including budgeting, program planning and evaluation, contract development and processing, and other services. This category also includes the provision of countywide prevention services, special projects and grant management.
- g) **Substance Abuse and Mental Health (SAMWORKs) Program.** Provides assessment, referrals and treatment for CalWORKs clients referred through the Employment and Human Services Department. Services include: outpatient and residential substance abuse treatment, childcare specialists, parenting classes and domestic violence counseling for individuals and groups. The goal of all treatment is to reduce barriers to employment.

BUDGET: \$15,451,735

FTE: 39

### 3) **Homeless Programs**

The Homeless Program has created an integrated system of care that includes information and referral, multi-service centers that provide case management and support services, outreach to encampments, coordination of a system for SSI eligibility determination, emergency shelter, transitional housing, and permanent supportive housing for adults, youth, and families. The county is the primary provider of emergency shelter for single adults, the only shelter and transitional housing for transition-age youth, administers the Shelter Plus Care Program, and provides guidance and staff to the Contra Costa Inter-jurisdictional Council on Homelessness (CCICH). Program includes:

- a) **Outreach and Engagement Services.** These services are aimed at identifying homeless individuals, youth and families in need of services, and assisting them in accessing the services necessary to end their homelessness. Outreach and engagement services include an interim housing intake line, outreach teams, and multi-service centers.
- b) **Adult Interim Housing Intake Line** is a toll-free number (800-799-6599) for any homeless single adult to access a bed within our adult shelter system.
- c) **Homeless Outreach Project to Encampments (HOPE)** is an integrated community-based access and services program that targets men, women, and children living within homeless encampments. In collaboration with Anka Behavioral Health, multi-disciplinary teams provide mental health assessments, interventions, medication management, immediate access to shelters, transportation, linkages to health care services, AOD detox and treatment services, housing services, and basic needs such as food and clothing.
- d) **Family Employment Resource Services Together (FERST) Multi-Service Centers** provides comprehensive support services, including case management, basic needs assistance, and outpatient drug abuse treatment at Anka Behavioral Health Services multi-service centers located in West, Central, and East County, serving over 900 adults and children each year.
- e) **Interim/Transitional Housing and Support Services** offers short-term shelter and support services including referral and preparation for permanent housing and/or mental health and AOD detox and treatment services that allow for stabilization.
- f) **Adult Interim Housing Program** are 24-hour shelter facilities in Richmond and Concord that focus on housing search assistance with case management and other wrap around services including meals, laundry facilities, mail, and telephone services. The program has the combined capacity to serve 175 men and women, including specialized services for veterans.

- g) **Supportive Services for Veteran Families** is a support service program that provides outreach, housing search assistance and case management services to homeless veterans residing in the Richmond and Concord interim housing facilities, and/or accessing services at the multi-service centers.
- h) **Philip Dorn Respite Center** is a twenty-four (24) bed shelter for homeless adults who are leaving the hospital and would otherwise be appropriate for discharge to their home, and have health care needs that cannot be met in the emergency shelter environment. This is a collaborative project with Health Care for the Homeless and local hospitals.
- i) **Sober Living Transitional Housing** is a 13-bed transitional living program for homeless men in recovery from addiction to substances. The goal of this program is to provide housing for up to two years, goal-oriented counseling, and relapse prevention services to homeless individuals recently graduated from residential and/or outpatient drug treatment.
- j) **Supportive Housing Program** provides a variety of permanent housing options for homeless adults, families, and transition age youth with disabilities. All housing options come with supportive services aimed at assisting the resident in maintaining their housing.
- k) **Shelter Plus Care (S+C)** provides housing subsidies to homeless persons with disabilities, and links them to support services. This program has the capacity to serve over 300 households.
- l) **PCH – Addressing Addictions to Alcohol (AAA)** is a partnership with Anka Behavioral Health, Inc. that expands upon Project Coming Home to provide permanent housing and supportive services to chronically homeless individuals who have a long-term addiction to alcohol.
- m) **Contra Costa Rapid Re-housing Program** is a federally funded initiative (HUD) to quickly re-house families who are recently homeless. In partnership with SHELTER, Inc., the project will provide temporary (12-15 month) rental assistance, housing placement services and transitional case management and support services to help families achieve self-sufficiency and housing stability. Each year, 12 family households will be served in the program.
- n) **Youth Continuum of Services (CCYCS) for Runaway and Homeless Youth** provides outreach, shelter, transitional, and permanent housing and services to youth ages 14-24. Programs include:
- **Homeless Youth** – Health, Outreach and Peer Education (HY-HOPE) is a health, outreach and peer education program whose goals are to reduce harm done to youth while they are on the streets, build trusting

relationships, provide healthier alternatives to being on the streets, and assist youth in making positive choices in their lives. Youth living on the streets and/or in any CCYCS program receive critical information and referrals to services, crisis intervention, life skills education and counseling. Additionally, health care is provided through an on-site adolescent health clinic sponsored by Health Care for the Homeless.

- **Calli House** is an eighteen bed emergency shelter and service program located in Richmond, California that serves youth ages 14-21. Youth-specific case management, vocational, educational services, health care, and substance abuse support services are provided at the center during the day.
- **Appian House** - Transitional Housing for Youth provides longer-term housing and services for 18-24 year old homeless and/or emancipating foster care youth. This program provides transition-age youth with the support, guidance, and skill development over an 18 to 24-month period that will lead youth to viable employment and permanent housing options.
- **Bissell Cottages** provides longer-term housing and services for 18-24 year old homeless and/or emancipating foster care youth who have mental health disabilities. This program provides transition-age youth with the support, guidance, and skill development over a two-year period that will support youth in their wellness and recovery and lead them to permanent housing
- **Permanent Connections** provides subsidized permanent housing linked to services for homeless youth with chronic mental illness, HIV/AIDS, or developmental or physical disabilities. Youth over the age of 18 receive “wrap-around” support services that assist them to not only maintain, but also thrive in their housing.
- **Homeless Management Information System (HMIS)** is a federally required, shared homeless service and housing database system administered by the County Homeless Program, in coordination with the Contra Costa Inter-jurisdictional Council on Homelessness, and utilized by community-based homeless service providers.

BUDGET: \$3,525,550  
FTE: 5.5

## PUBLIC HEALTH

The Public Health Division promotes, improves and protects the health of the residents of Contra Costa County with special attention to those who are most vulnerable to health problems and their consequences.

Clinical services provided include Women's Health Clinics, Pediatric Clinics, Immunizations Clinics, Sexually Transmitted Diseases (STD) Clinics, the Employee Occupational Health Program, and School-Based Clinics. Additionally, Health Care for the Homeless (HCH) provides mobile clinics at 14 sites where homeless people congregate, and a Respite Clinic. A number of these clinic services are jointly operated with the Ambulatory Care Division. This section also provides staffing and management for the Public Health Nursing (PHN) field services, and the Teen Pregnancy Prevention Initiative (TPPI).

PHNs provide nursing, health education, and support services through home visiting to new moms and babies, children with health issues, their families and adults to promote health, prevent disease, disability, and premature death.

Non-clinical direct services provided include:

- 1) **The Senior Nutrition Program:** Provides hot nutritious daily meals to the elderly, which is the fastest growing segment of the population in our county.
- 2) **Communicable Disease Prevention and Control/Health Emergency Response Unit:** These programs work to prevent and control the spread of communicable diseases through health education, epidemiological surveillance and investigation, case management, and laboratory examinations. Isolation of persons with communicable disease, when necessary to protect the public, and assurance that persons in contact with a communicable disease receive prophylactic treatment are integral components of these programs. Programs include:
  - a) **The Health Emergency Response Unit** develops plans and procedures to respond to the health impacts of naturally occurring disasters such as earthquakes, communicable disease outbreaks such as Pandemic Flu, and bioterrorism caused by human action.
  - b) **HIV/AIDS and Sexually Transmitted Disease (STD) Program** works to reduce the transmission of HIV and STDs by identifying cases and their sexual contacts, providing access to care, conducting monitoring and surveillance activities, and ensuring treatment of reported cases – Mobile HIV rapid testing is offered at fixed sites throughout the community, and HIV and STD testing are offered at closed sites serving high risk youth, men and women enrolled in AODS and detention services.

The HIV component also improves health outcomes for HIV positive individuals in Contra Costa through the provision of individual and community education and prevention services, home and clinic-based case management, clinic navigation support, and agency capacity building. Medical Social Workers assigned to the Positive Health

Clinics provide medication adherence support, assist with appointments and financial coverage issues, offer referrals to community services, and certify eligibility for enrollment in the State AIDS Drug Assistance Program. Community planning services, open to all interested parties, provide an opportunity for consumers, providers, and others to offer recommendations for service delivery system improvements.

- c) **Immunization Program** provides immunization clinics for children and adults, consultation to health care providers, and technical assistance to schools, day care centers, and preschool programs to ensure compliance with California immunization laws.
- d) **Tuberculosis Control Program** provides PHN case management for people with active tuberculosis, their contacts, and others with TB infection but at high risk for progression to TB disease. This program also provides medical consultation to the private medical community on TB disease and treatment.
- e) **Public Health Laboratory** has used Federal and State bioterrorism grant funds to obtain new equipment that provides real-time, rapid detection and identification of bioterrorism agents in as little as 2-3 hours after delivery to the laboratory. In addition, this equipment is used daily to support Health Services Communicable Disease Programs and Environmental Health by rapidly identifying influenza virus, Norovirus, Bordetella pertussis, and Tuberculosis within a few hours.
- f) **Disease Investigation and Control** receives reports of communicable diseases from medical providers, provides guidance to individuals, facilities and health care providers on controlling spread of disease and collects surveillance data. This program also responds to the public on issues of rabies control, working closely with Animal Services and veterinarians, investigates food-borne illnesses in collaboration with Environmental Health, and works with other counties, the State and the CDC as needed to control disease and protect residents of Contra Costa.
- g) **Linguistic Access Program** includes the Limited English Access Program (LEAP) and the Health Care Interpreter Network (HCIN). It currently oversees all interpretation and translation of written documents for Contra Costa Health Services, supports all Multilanguage clinics, and arranges in-person interpretation appointments for our health system. Fourteen healthcare interpreters are currently employed to provide interpretation by phone or video in more than 12 different languages and HCIN (state-wide interpreter network) provides interpretation for our patients in more than 170 languages. Currently this unit is handling more than 5,000 (video or audio) calls per month.

- 3) **The Family, Maternal & Child Health Programs** work in partnership and collaboratively with community members, county programs, and community organizations to provide support, resources, and services to eliminate health inequities and improve the quality of life for all children, youth and families in Contra Costa County. Programs include:
- a) **Black Infant Health Program (BIH)** aims to improve African American infant and maternal health and decreasing the Black:White health disparities in perinatal outcomes.
  - b) **Child Health and Disability Prevention (CHDP) Program** provides the oversight and coordination of services for Medi-Cal eligible children 0-21 years of age, including foster children, to receive complete health assessments for the early detection and prevention of disease and disabilities.
  - c) **Children's Oral Health Program** provides an array of oral health services including assessments, oral health education, fluoride varnish and dental sealants.
  - d) **Comprehensive Perinatal Services Program (CPSP)** recruits and approves medical providers to provide quality prenatal care service to low-income, at risk pregnant women.
  - e) **Fetal Infant Mortality Review (FIMR) Program** is an interdisciplinary case review process focusing on implementing system-wide interventions to decrease the incidence of fetal and infant mortality.
  - f) **Lift Every Voice (LEV)** provides outreach and case management services to incarcerated pregnant women and teens prior to release from the county detention facility and juvenile hall to assure that newborns have a safe environment in which to live after delivery and are not placed in foster care.
  - g) **Medically Vulnerable Infant Program (MVIP)** provides home-based case management services for at-risk infants who, because of medical conditions at birth, are at risk for developmental delays and other adverse health outcomes.
  - h) **Prenatal Care Guidance Program (PCG)** provides intensive home-based education and support services to over 375 Medi-Cal eligible women throughout Contra Costa County each year to promote early entry into prenatal care, ensure healthy birth outcomes, reduce infant mortality and morbidity, and ensure babies receive wellness care.
  - i) **Sudden Infant Death Syndrome (SIDS) Program** is a state-mandated program that provides grief support services to families and caregivers who have had an infant die of SIDS.

- 4) **The Community Wellness and Prevention Program (CW&PP)** examines the root causes of poor health, supports factors that promote community health, and reduces risk factors that contribute to the leading causes of death and disability. Programs include:
- a) **Tobacco Prevention Program (TPP)** works on issues of youth access to tobacco, reducing tobacco influences in the community, and reducing exposure to secondhand smoke. TPP has worked with Contra Costa cities to adopt and implement tobacco prevention policies to change community norms that facilitate behavior change and reduce tobacco use and exposure to tobacco influences. This work has led to reducing the illegal sales rate of tobacco products to youth from 37% to 8% in the unincorporated area of the county, adoption of the laws that protect residents from secondhand smoke exposure in both outside areas and inside multi-unit housing, and a decrease in the smoking rate by over 31% since 1990. Tobacco use and secondhand smoke exposure are causally linked to numerous cancers, heart disease and respiratory illness, and is a major contributor to health disparities. The TPP works with community partners to reduce health disparities through tobacco prevention policy adoption and implementation, particularly in communities most impacted by tobacco related health disparities.
  - b) **Injury Prevention and Physical Activity Promotional Projects (IPPP)** works with other county departments, cities, community groups and schools to reduce injuries and promote opportunities for everyday physical activity. The Project focuses on educating children and adults about traffic, pedestrian and bicycle safety, and built environment policies and best practices to create communities that are safer for walking and bicycling. Educational activities include providing traffic safety presentations to over 350 youth and bicycle helmets to over 250 low-income children annually, along with conducting safe cycling demonstrations at community events. IPPP is currently implementing a Safe Routes to School program in collaboration with School Districts, community groups, and the Public Works Departments in communities throughout Contra Costa.
  - c) **Built Environment Program** addresses the impact of the physical environment on health. The Program works with the County's Public Works Department of Community Development and reports to the Board of Supervisors and land use and transportation projects and policies to create healthier communities, and partners with city staff and communities to advocate for healthy community designs in city planning processes. Specific projects include providing the City of Richmond with an assessment of the health impacts of form based codes, providing community outreach for the City of San Pablo as the City plans for

redevelopment of major thoroughfares, and training residents on how to advocate for health promoting changes in their communities.

- d) **Lead Poisoning Prevention Program (LPPP)** provides a countywide, comprehensive program of prevention, screening, and clinical services for children and their families to reduce the child's exposure to lead, which causes cognitive and behavioral impairment. As a result of ongoing, aggressive, early intervention, the blood lead levels in children throughout the county are dropping. LPPP educates the community about the danger of lead and how to eliminate the sources, provides nurse case management for children with elevated lead levels, makes culturally and linguistically appropriate referrals, and links them to specialized clinical services that decrease the life-long impact of lead exposure on the child. The LPPP partners with other environmental justice organizations with the goal of an environmentally safe Contra Costa for children to grow.
  - e) **Nutrition & Physical Activity Promotion Program** partners with federal, state and community agencies to provide nutrition education, promote physical activity education and health eating habits to over 5,000 adults and children every year through food demonstrations in a variety of settings including child care centers, community events, and farm stand/farmers markets. In addition, the program trains community members such as teachers and Promotoras to work with their students and clientele to increase their knowledge of and familiarity with fruits and vegetables. The Program collaborates with community partners to identify and increase the number of outlets for healthy food and physical activity in low-income communities by increasing healthy foods at small stores, assessing the environment of local neighborhoods for opportunities for residents to be physically active, distributing locally grown produce, and other activities.
  - f) **WIC (Women, Infants, and Children)** is a federally-funded health and nutrition program that helps pregnant and postpartum women, infants and children under 5 years old to eat healthy foods and live a healthy, active life. WIC provides checks for nutritious foods, nutrition education, referrals to health and human services, and breastfeeding support. Fathers, mothers, grandparents, and other caretakers may use the benefits for the children enrolled in WIC. WIC is available to low income pregnant, breastfeeding, and postpartum women and children under age five who are at nutritional risk and who are at or below 185 percent of the federal poverty level. In Contra Costa County, approximately 22,000 participants receive WIC services every month at the four sites throughout the county.
- 5) **Other Programs** administered by the Public Health Department include:

- a) **The Developmental Disabilities Council of Contra Costa** works to develop and improve needed community services, while providing information about resources and taking a leadership role in planning, training and advocacy.
- b) **The Office of the Local Registrar (OLR) of Vital Registrations** is responsible for certifying and registering the annual fetal deaths that occur in the county, issuing permits for the disposition of human remains, and providing certified copies of birth and death certificates.
- c) **Epidemiology, Planning and Evaluation** provides health assessment and evaluation support to Public Health, the Contra Costa Health Plan, the Office of the Director, and other projects of Contra Costa Health Services. It identifies and statistically analyzes useable versions of standardized databases, including birth, death, hospitalizations, and demographic data; summarizes this data in presentations, reports, tables, graphs and maps; works with the managers to collect and analyze information for their use in the development of federal, state, and foundation grant applications, program plans and required evaluations; and responds to hundreds of requests each year for health information about the county.
- d) **Epidemiology, Surveillance and Health Data** monitor communicable disease incidence, prevalence, and trends in Contra Costa, providing active HIV and AIDS surveillance to assure accurate and timely reporting of HIV and AIDS coordinate information with four local laboratories, including Kaiser Regional Laboratory and private laboratories.
- e) **The Promotora and African American Health Conductor Programs** provide cultural and linguistic brokerage, assistance and support to Latino and African American West, East and Central County residents.
- f) **The Violence Prevention Re-entry Efforts Program** monitors and responds to community violence and creates a seamless pathway for individuals released from prison to a medical home.

BUDGET: \$42,493,507  
 FTE: 274

## ENVIRONMENTAL HEALTH

The staff of the Environmental Health Division is dedicated to serving and protecting the public health, safety, and environment for Contra Costa County residents and businesses. Environmental and Health Strategies include education, promotion, and the implementation of environmental health principles and laws designed to prevent disease and disability. Programs include:

- a) **Retail Food Programs:** Performs permitting and inspection of retail food facilities including restaurants, bars, retail food markets, mobile food preparation vehicles and temporary food facilities; inspection of institutional and school food service facilities; and investigation of food-borne illness outbreaks.
- b) **Recreational Health Programs:** Performs permitting and inspection of public pools, spas and recreational beaches; investigates waterborne disease outbreaks.
- c) **Plan Check Program:** Reviews, and based on meeting local, state, and federal requirements, approves plans for retail food, public pools and spa facilities.
- d) **Solid Waste Program:** Performs permitting and inspection of landfills and transfer stations; inspections of closed or abandoned landfills; permitting and inspection of non-traditional facilities such as those for compost and construction waste; code enforcement for abatement of exterior garbage, refuse and cast-off materials; and disposal of waste tires.
- e) **Medical Waste Program:** Performs registration, inspection and permitting of specified medical waste generators, treatment facilities, storage and transfer facilities and haulers; and registration and inspection of tattoo and body piercing facilities.
- f) **Land Use Programs:** Performs permitting and inspection of individual sewage collection and treatment systems; permitting and inspection of water wells, soil borings and monitoring wells; and evaluation of properties for compliance with environmental health criteria. Performs permitting and inspection of small water systems.
- g) **Body Art Program:** Performs registration of body artists, permitting including plan check and inspection of tattoo, body piercing and other body art establishments.

## HAZARDOUS MATERIALS PROGRAMS

As the State Certified Uniform Program Agency (CUPA) for all of Contra Costa County, staff of the Hazardous Materials Programs provides oversight, guidance, investigation and enforcement of the laws involving the handling, storage and processing of hazardous materials in order to assure that the health and safety of the community is not jeopardized. Programs include:

- a) **Emergency Response Program:** Provides an emergency response unit under the control of a Hazardous Materials Specialist 24 hours per day, seven days per week, for the identification and characterization of unknown substances and for risk assessment and oversight of hazardous

materials spills and releases, mitigating releases and spills, and disposing of small quantities of hazardous wastes.

- b) **Hazardous Waste Generator Program:** Provides enforcement, education, and consultation to hazardous waste generators for compliance with federal and state laws and regulations to assure a safe environment for Contra Costa workers and residents.
- c) **Hazardous Materials AB 2185 Program:** Performs review and dissemination of hazardous materials management plans, hazardous materials inventories, and inspection of businesses to ensure their compliance with their hazardous materials management plans and state and federal laws and regulations.
- d) **Underground Tanks Program:** Performs inspection and permitting of underground tanks in Contra Costa County to protect soil and groundwater from contamination by hazardous materials.
- e) **Above Ground Storage Tanks Program:** Ensures that facilities that have above ground storage of petroleum products follow their Spill Prevention Containment and Countermeasures Plan.
- f) **Accidental Release Prevention (ARP):** Implements the California Accidental Release Prevention Program and the County's Industrial Safety Ordinance that requires regulated facilities to develop and implement a prevention program, and requires that the businesses have an emergency response plan to respond to an incident and notify emergency responders and the public on protective actions to take.
- g) **Green Business Program:** Recognizes businesses that have good compliance and environmental practices by designating them as a Green Business.

BUDGET: \$19,122,694  
FTE: 95

### **EMERGENCY MEDICAL SERVICES (EMS):**

The Emergency Medical Services fund is used to reimburse physicians and hospitals for a percentage of the losses they incur in providing uncompensated emergency services. The fund is financed from court imposed motor vehicle fines assessed for moving violations.

BUDGET: \$2,143,328

### **DETENTION MEDICAL PROGRAMS**

Provides medical and mental health services to the inmates of the County Adult and Juvenile Detention Facilities. Services include:

- a) **Detention Facility Mental Health Services**, which provides assistance to the Sheriff's Department in the identification and management of the

mentally ill in the county's main detention facility. Services include medication management, behavior management, crisis counseling, and brief therapy for the more severely disordered inmates.

- b) **Detention Facility Medical Services** provides all primary care medical services for inmates in the county's detention facilities, including diagnostic testing, treatment, and nursing care.
- c) **Juvenile Health Medical Services** provides primary care medical services to inmates at the Juvenile Hall, including diagnostic testing, treatment, nursing care and physician care.
- d) **Juvenile Justice Facilities (Youth Institutional Mental Health Services)** provides funding for crisis intervention, medication evaluation and critical consultation by Mental Health Department staff to inmates held at the Orin Allen Youth Rehabilitation Facility and Juvenile Hall.

BUDGET: \$21,640,307  
FTE: 81.63

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

Provides for the habilitation or rehabilitation of children with specific handicapping conditions who are in need of specialist care, and whose families are unable to wholly or partially pay for the care required. Case management functions help ensure that appropriate medical care and equipment are provided to the clients.

BUDGET: \$9,023,360  
FTE: 56

### **CONSERVATOR/GUARDIANSHIP**

This program has responsibility for managing the financial affairs and daily support coordination of clients who are mentally ill, frail elderly or otherwise deemed to be incapable of caring for themselves in these areas. The Public Conservator is mandated by state law and the Public Guardian is responsible to the Board of Supervisors in the performance of these duties. Additionally, the program collects court-ordered Conservatorship related fees on behalf of other county departments.

BUDGET: \$3,197,140  
FTE: 21

### **AMBULANCE SERVICE AREA**

Reduces deaths and complications resulting from medical emergencies in Contra Costa by making and continuing improvements in the Emergency Medical Service System. Includes support for expanded first responder and paramedic service; EMS communications; Public Access Defibrillation; specified positions in the Health Services

EMS Division to support EMS System coordination, provide comprehensive quality improvement and pre-hospital program coordination, training, and medical oversight.

BUDGET: \$6,835,251

FTE: 7

### **III. DEPARTMENT ACCOMPLISHMENTS**

#### **HOSPITAL AND AMBULATORY CARE CENTERS**

- 1) Performance improvement goals and key milestones were met as a condition of the Delivery System Reform Incentive Payments (DSRIP) plan. In addition, an executive arm of the CCRMC and Health Centers Performance Improvement Committee was created to administer the quality process and insure all improvement work is fully vetted and evaluated.
- 2) Initiated the Patient Centered Health Home Model that provides medical care in teams centered around patient needs. PCHH is testing and evaluating methods of improving access to care including telephone consultations with MDs, protocol driven care, and group appointments
- 3) Initiated integrated behavioral health care in two clinic sites with plans to expand to two more. Hired LVN Panel Coordinators to assess the health needs of patients and insure timely access to care.
- 4) EPIC (ccLink) was implemented on July 1, 2012 throughout the hospital, health centers and detention health systems.
- 5) The majority of DSRIP milestones were met. Only one milestone was delayed: the expansion of the Concord Health Center due to building limitations. That milestone is expected to be met in 2013.
- 6) Monthly Rapid Improvement events were held throughout the hospital and health centers except during the months of ccLink "go live" when all resources were directed toward EHR implementation.

#### **CONTRA COSTA HEALTH PLAN**

- 1) CCHP has saved approximately \$1,400,000 from the 340B program in the first 6 months of Fiscal Year 2012. The savings are recognized as the difference between what the drug would have cost at contract rates verses the cost of the drug through 340B pricing.
- 2) CCHP successfully negotiated a contract for some specialty drugs with Well Partner, a 340B Mail Order Specialty Pharmacy.
- 3) CCHP conducted a pre-NCQA readiness audit in the 4th quarter of 2012. The final National Committee for Quality Assurance (NCQA) audit will take place in December 2013.

- 4) The Treatment Court Collaborative (TCC) system has been expanded to 6 days per week. Approximately 75% of the callers who talk with the provider do not need an appointment. This program also has a 95% satisfaction rate.
- 5) The Care transition program began January 28, 2013.
- 6) Flu Vaccine letters were sent to all members reminding them of the preventive nature of the flu vaccine. CCHP contracted with both Walgreens and Rite Aids pharmacies to provide flu shots to our members over age 10 from November 2012 through March 2013.
- 7) Each new publication produced in CCHP includes appropriate information about the Advice Nurse program.
- 8) The EPIC system was implemented July 1, 2012, for both CCRMC and CCHP functions.
- 9) The Community Based Adult Services (CBAS) program was successfully implemented in CCHP and the program now has 99 members enrolled.
- 10) A Community Coordinating Council was formed, with executive staff at CCHP meeting regularly with EHSD and community agencies such as skilled nursing facilities, Board & Care, Meals-on-Wheels, CBAS, and Aging Services to provide the IHSS and long term care benefits that the Governor mandated into managed care for both SPDs and dually eligible patients covered under both Medicare and Medi-Cal.

## **MENTAL HEALTH**

- 1) All staff at county-owned and operated clinics is now using the Level of Care Utilization System (LOCUS) and Child and Adolescent Level of Care Utilization System (CALOCUS) measures as part of the initial authorization and re-authorization review process. The measures are decision support tools that can be used to guide level of care decisions. With over a year's worth of data collected, baselines are now being developed as well as some analyses on fit between level of care and intensity of services and CALOCUS scores. Contract agencies have been trained on using the measures and are beginning to use them as part of initial and re-authorization process.
- 2) A new utilization review team has been established to focus on the quality and coordination of care of consumers with a focus on high utilization clients. Charts from all providers are gathered as part of the review process, in addition to CALOCUS or LOCUS scores. The review team has developed a protocol for reviewing clients on several factors that would indicate redundant services, lack of coordination of care, an excessive level of services given the level of acuity based on CALOCUS

or LOCUS scores and chart review, and progress toward treatment goals. Recommendations from the review are presented to clinic managers.

- 3) The Rapid Access project has been in a testing period to assess whether the intended goal of transitioning clients from Psychiatric Emergency Services (PES) and Inpatient services to outpatient services has been facilitated by the addition of the Rapid Access team in the West County Adult clinic. Two time slots were carved out each day for this transition; however, this process resulted in inefficiencies at the clinic since it required staff to block off portions of their day for these time slots. There is agreement on having programmatic changes to facilitate the transition of these clients, but through some other means that more efficiently uses staff resources. One programmatic change might be to conduct a pilot study in the Central County Adult clinic where more Clinical Social Workers (CSW) are available for transportation and peer support.
- 4) Additional psychiatric staff has been added during the year, which has drastically reduced psychiatric wait times, especially in regions where the problems were most acute. As of September 2012, there were 27.5 FTE psychiatrists working in the County's mental health clinics. In addition, there have been more psychiatric resources added to the Network and more referrals to Ambulatory Care for clients who can be appropriately served by these providers.
- 5) The Access Line is now the centralized access point for both adults and children. This additional work load has placed a heavy burden on the Care Management Unit where the Access Line is located, and additional staff is needed. Currently, there are not enough staff to handle the volume of calls on a daily basis. Consolidating access with the AOD and Homeless programs has been a common theme during the integration process meetings; however, to date access to the three service areas remains separate.
- 6) The Contra Costa Mental Health Plan (CCMHP) formed the Transportation Committee in the fall of 2011. The Committee's purpose was first to examine the transportation needs of consumers receiving services from CCMPH and then to determine whether existing resources and resource allocations met those needs. After a systematic review of policies, analysis of existing resources, and identification of potential gaps in transportation services, the Committee made a series of recommendations to senior management. Based upon its findings, the Transportation Committee made the following recommendations to Behavioral Health executive staff:
  - Revise the current Transportation Policy, creating clear and consistent guidelines for distributing transportation vouchers to consumers.

- Pilot the use of a shuttle to provide transportation to primary care appointments as well as community-based support services (either by utilizing county resources or through contracted services).
- Create cadre of trained peer workers to assist clients in learning how to take public transportation, how to manage harassment, apply for discount passes, and learn other skills necessary to successfully use public transportation.
- Implement transportation 101 hotline for consumers.
- Educate transportation agencies and schools about how mental health consumers are affected/ treated on public transportation.
- Determine if common meeting locations are accessible by public transportation, and promote the use of those locations which are more accessible.
- Place public transportation information in each of the county clinics.
- Educate community-based organizations about the need to advocate for route coverage on weekends for areas with little or no coverage.
- Promote bicycle use among interested clients.

The Transportation Committee created action items for each of these recommendations and, if resources are available and upon approval, assigned parties will begin implementation of prioritized activities in 2013. The project has been approved through the stakeholder process as part of the MHSA annual plan.

- 7) The Mental Health Financial Counselors continue to assist clients through the application process for enrollment into the Low Income Health Program (LIHP). Staff is exploring the possibility of expanding the service areas that would be covered by LHIP beyond county-owned and operated clinics.
- 8) The in-person Law and Ethics training is now available twice per year. Attendance is high at both trainings (101 attendees in March 2012; 178 attendees in November 2012). Cultural competency training has been expanded as well as more evidence-based training. In 2012, CCMH offered 31 cultural competency trainings, including Intergenerational Legacies: burden or Strengths, Best Practices in Working with Sexual Minority Youth and Cultural Diversity Training. The online training vendor, Essential Learning, has increased the number of courses available to Behavioral Health staff. Alcohol and Drug staff as well as Homeless Program staff now also have access to Essential Learning.
- 9) There has been a considerable effort put forth toward the implementation and expansion of evidence based programs, including expansion of the Positive Parenting Program (Triple P), Wraparound programs, the IMPACT model, and Depression-focused and Trauma-focused Cognitive Behavioral Therapy (CBT) programs. In addition, the county has

implemented the Trauma Recovery Group (TRG), a promising practice for Post-traumatic Stress Disorder (PTSD)

- 10) An analysis of the feasibility of using the EPIC system for Behavioral Health was conducted and it was determined that it would not be feasible, primarily because of Short-Doyle Medi-Cal billing rules and the reporting requirements of both Mental Health (e.g., CSI) and Alcohol and Drug Services (e.g., ASI). There are also shortcomings in terms of the clinical documentation requirements and the relationship between clinical documentation and claims. A decision was made to pursue a behavioral health vendor and develop interfaces between the two systems on critical clinical information.
- 11) There has been a variety of computer literacy training opportunities for staff, including online training, classroom trainings, and one-on-one training.

Six basic computer literacy classes were offered to staff each 2 hours in length and hosted in the training room in the Behavioral Health Administrative building. The course offered basic training on Microsoft Word 2010, saving, editing and storing electronic progress notes, and assessing Essential Learning for additional online computer literacy courses. At the end of each course, staff was given the option of signing up for one-on-one consultations at their individual work stations to discuss specific computer literacy needs. The County also purchased a keyboarding course and made it available to staff through the Essential Learning online library of courses. In 2013, CCMHP will continue to provide computer literacy training opportunities either through Contra Costa Adult School classes and/or host additional internal trainings (or refresher courses to previous staff attendees of computer literacy trainings).

The County provided computer literacy training to 44 staff. Trainings were very well received by staff and those who were surveyed gave the instructor and the content high markings. In 2013, the objective will once again be to train approximately 10 percent of staff on basic computer literacy concepts.

Approximately 15 staff received one-on-one consultations at their individual work stations. In 2013, CCMPH's objective will once again be to provide 10 one-on-one consultations to staff that are need of support around basic computer literacy.

Electronic progress note templates for clinical documentation are being considered for mandatory use by all staff. The plan is also to pilot Dragon Dictation software with 6 selected mental health staff (one per site) at each of the County clinics.

- 12) The Oak Grove project (First Hope) which provides community education to assessment, including facilities improvement and hiring of staff, was completed in 2012. The last quarter of 2012 was geared toward staff training and outreach. Over 20+ outreach presentations explaining prodromal symptoms, the rationale for early intervention and the evidence which supports the efficacy of this treatment model and the referral process have been made. More than 400 hundred people have participated in these presentations, which included outreach to Mental Health, Probation, Public Health, National Alliance for Mental Illness (NAMI), the ACCESS Unit, our MHSA stakeholder group and schools and education administrators. Materials have been developed in both English and Spanish and include the development of a website. Clinical services began in 2013. Supervision on assessment training, outreach and clinical treatment are provided by the PIER Institute of Portland, Maine, the developers of this evidence based practice. A database has been developed to track the elements required for certification by the PIER Institute. Telephone screenings and in-person assessments are currently underway. Within 2 weeks of opening the doors of the program 4 youth and their families were assessed and accepted for treatment.
- 13) An analysis of potential overlapping contracts was conducted and it was determined that relatively few could potentially be consolidated due to varying funding streams, different eligibility requirements, and other details implicit in the contract that made blending impossible. A small amount of additional FTE has been added to enhance contract monitoring, but more are needed given the volume of contracting agencies that are used in the system of care.

## **ALCOHOL AND OTHER DRUGS SERVICES**

- 1) A process to communicate the Behavioral Health change to service providers and clients/consumers is being developed. One proposed option for such community engagement has been a System of Care Design Forum, designed as a collaborative, community-based approach to integration, in which the input of County staff and contractors, service providers, programs and agencies, advisory commissions and boards, community-based organizations and advocacy groups, consumers, families and partnering agencies is actively encouraged and incorporated into the overall planning process. The Forum is a formalized process to gather input system-wide, while acknowledging the integration efforts already underway.
- 2) County managers and staff have initiated conversations to identify the service components of an integrated system and identify practices, modalities, and approaches, based on lifecycle population: Children, Transitional Age Youth (TAY), Adults, and Older Adults.

The four Services & Programs Integration Design (SPID) teams, one for each lifecycle population, have met six times in the past year; participating in the following work:

- Identifying the different client trajectories under the historic Behavioral Health Services programs through case studies and a program mapping process tool.
  - Discussed how an integrated system of care model “looks” and developed schematics for how clients should be able to navigate programs and services.
  - Developed five primary service components for integration:
    - Outreach, Engagement, Assessment & Triage
    - Prevention & Early Intervention
    - Treatment
    - Housing & Supports
    - Wellness, Resiliency & Recovery
    - Met with Program Managers and Line Staff as the first steps of participation in a “feedback loop” to conduct work and dialog with all system stakeholders.
- 3) The Division has adopted the Comprehensive Integrated System of Care (CCISC) process introduced by our consultants, Minkoff & Cline, which is a vision-driven system “transformation” process for redesigning behavioral health and other related service delivery systems to be organized at every level (policy, program, procedure, and practice) within whatever resources are available to be more about the needs of individuals and families needing services.
- 4) The integrated system of treatment under construction is designed to provide a combination of alcohol and other drugs/addictions and mental health services. These may include services provided in a psychosocial format. Services shall be provided to individuals with needs in one or both areas or for persons with identified co-occurring disorders.
- 5) Training of the workforce alone, we discovered, cannot create system change. We believe we can sustain workforce development efforts by creating partnerships and changing contract language. These efforts, paired with ongoing training, supervision, mentoring, coaching, consultation, and integration of the skills learned into job expectations, have supported provider organizations in the delivery of integrated treatment to individuals with co-occurring disorders.

## **PUBLIC HEALTH**

- 1) Public Health’s Immunization program provided over 16,000 vaccinations last year which included approximately 5,000 Tdap (Whooping Cough) vaccines.
- 2) School Based Health Centers expanded to East County schools.

- 3) The Teenage Pregnancy Prevention Program was implemented in the West Contra Costa Unified School District and the Pittsburg Unified School District.
- 4) Provided medical case management services for more than 800 HIV positive individuals in Contra Costa. Offered technical assistance and support to the Health Department in securing additional funding for expansion of HIV clinical services provided by CCRMC.
- 5) The Communicable Disease Program worked with school district personnel to educate them on disease outbreaks, disease reporting, and outbreak control.
- 6) The Health Emergency Unit, in collaboration with 5 other Bay Area health jurisdictions, developed risk mitigation plans to address the public health, medical, and mental/behavioral health needs/risks of the community including vulnerable populations.
- 7) Engaged stakeholders to develop a Health Impact Assessment in Richmond on food vendors.
- 8) The Family, Maternal and Child Health Programs received federal funding to implement the evidence-based Nurse-Family Partnership Program in Contra Costa.
- 9) The Senior Nutrition Program provided 363,000 nutritious daily meals delivered to the residences of 2,100 nutritionally at-risk homebound elders via 80 volunteer driven Meals on Wheels routes countywide, and served 166,700 nutritious daily meals to 4,600 seniors at 17 Senior Centers countywide during FY12-13, and delivered an additional 9,900 meals to HIV/AIDS participants under an agreement with the Public Health Division HIV/AIDS Program.

## **HAZARDOUS MATERIAL PROGRAM**

- 1) Completed 19 California Accidental Release Prevention Program audits, which represents one fourth of the total facilities covered by this program.
- 2) The General Chemical Bay Point preliminary audit findings were presented at the Bay Point MAC on October 2, 2012 and the Tesoro Golden Eagle preliminary audit findings were presented during the Concord Emergency Preparedness Fair on September 6, 2012.
- 3) Performed nine unannounced inspections during 2012-2013.
- 4) Completed 1,338 Hazardous Materials Business facility inspections.
- 5) Completed 820 Hazardous Waste Generator facility inspections.

- 6) Completed inspections of all 396 facilities subject to the underground storage tank regulations in fiscal year 2012-2013.
- 7) Completed 140 inspections of Aboveground Petroleum Storage Act facilities in fiscal year 2012-2013. 286 facilities are subject to the Aboveground Petroleum Storage Act regulations.
- 8) Responded to all incidents within one hour. All incidents were mitigated safely and effectively without injuries.

## **ENVIRONMENTAL HEALTH**

- 1) Land Use Program: An ordinance designed to protect the waterways and groundwater of the County has been drafted, reviewed by our regulating oversight agency, and submitted to county counsel for review.
- 2) Land Use: In first year of implementation of the alternative on-site waste water system permit program, 30 owners of alternative treatment systems submitted the required documentation. As the second year permitting year began in March 2013, permits were issued to all alternative treatment systems known to exist, and inspections of each of these systems were planned by the end of June 2013.
- 3) Food Program: In order to make more food facility safety information available to the public, two inspectors were field certified to Federal standards, and those in turn standardized five other inspectors. A new official inspection form was created, field-tested, and implemented on January 2, 2013. Field testing of laptops/tablets in the field occurred during February to April.

In addition, an app for Android and iPhone was developed by the department's Information Services staff. The app was released for public use in March.

Finally, a program was created to implement new state law allowing small scale production of food in private homes (cottage food law). Five businesses were registered and five others were permitted.

- 4) Food Program: Increased compliance with the farm stand ordinance by providing outreach to farm associations in the county about the farm stand ordinance. Three farm stands were permitted by EH for the permit year that ended in February 2013.
- 5) Division-wide. Many outreach activities were completed, including:
  - director presented at a meeting of county city managers;
  - held an open house for the county's chambers of commerce;

- created a new, user friendly brochure about the division, which was reproduced and has been distributed at more than 20 events, and posted on the website;
  - several program-specific brochures/booklets (Medical Waste, Enclosed Mobile Food Facilities, Temp Food Events, and Unenclosed Food Facilities) were created and produced for distribution to our clients in our lobby and at several other county locations such as the Board of Supervisor's district offices, and on the website;
  - participated in several health fairs, chamber of commerce events, student fairs;
  - provided food safety training at the adult schools in Richmond, Concord, Martinez and Pittsburgh;
  - conducted a large outreach effort as we rolled out the new enforcement program of body art, per state law that became effective July 1, 2012 by reaching out to all business departments to make them aware of the new law, direct mailing to all the known body art establishments, and creating a website specific for this new program; and
  - spearheaded a county-wide hand washing campaign which coincided with International Handwashing Week which included a board resolution and a podcast about the importance of hand washing for food handlers.
- 6) Solid Waste: Ongoing activities in north Richmond occurred as staff are in charge of the positioning of cameras in that area. Asked for and received a grant from the county's Fish and Wildlife committee to purchase a camera to set-up at various locations near streams and creeks around the county that are being stressed by illegal dumping.
- 7) Recreational Health: Staff members were trained in summer 2012 about the new aspects of Title 24. In spring 2013, during annual pool operator inspections, new aspects of the law were incorporated into the curriculum. Pool plan check guidance and associated forms were updated to reflect the new law.
- 8) Body Art: Created the body art program within EH to implement the state law. Permitted and inspected 30 body art facilities; and registered 71 body artists, ensuring that they had the correct requirements to practice under state law.
- 9) Administration: Finished scanning and inputting into OnBase all closed files except for those in Land Use, Solid Waste (50% scanned), and Plan Check. Completed input of active waste tire facilities and completed 50% of active Solid Waste and Pools/Spa files.

Upgraded outdated software system used to track EH activities and the fees associated with those activities. Implemented a related software to be used for field inspections, first using on desktop while we field test various laptops and tablets. In spring, field tested various laptops and tablets.

- 10) Emergency Preparedness and Planning: Conducted quarterly drills with EH staff, focusing on practical issues such as the ability to use the 440 radios, accessing the alternative site where food, water, a generator, and other emergency supplies are kept. Actively participate in the department's Emergency Management Team quarterly meetings, and the planning group for that team; participated in the Med Health Branch statewide drill in fall 2012, and several Red Cross disaster shelter trainings.

## **DETENTION FACILITIES PROGRAMS**

- 1) Detention Health Leadership completed the Executive Lean Training.
- 2) Detention Health Staff continue to participate in department-wide improvement events (Kaizens and Value Stream Mapping).
- 3) Detention Health Services Safety Representatives conduct monthly site inspections at all five detention facilities.
- 4) Detention Health Services Safety Coordinators conduct quarterly site visits to all five detention facilities.
- 5) Detention Health Services Safety Coordinators attend Risk Management Quarterly Safety Committee Meetings.
- 6) Detention Health Services conduct Crisis Prevention Institute (CPI) trainings for Detention Health staff.
- 7) Revisions/Updates have been made to the Division Injury and Illness Prevention Plan as well as the New Staff Orientation for all new employees.
- 8) Communication guideline algorithm established and presented to Detention Health staff on reporting critical system/patient care issues.
- 9) With the transition to Epic, Detention Health Super Users group worked closely with the ccLink build team to improve the ccLink system for Detention Health end users.
- 10) Detention Super Users train Detention Health Staff on updates to the Epic system.
- 11) Weekly updates on ccLink system improvements are communicated to all staff via email.

## **HOMELESS PROGRAMS**

- 1) The construction of the 12-bed Sober Living Program was completed in October 2012. A Request for Proposal (RFP) was issued out to the

community to secure a provider to operate the program. A provider has been selected and the program is anticipated to open April 2013.

- 2) The Project Application Assistance for Contra Costa Titles (AACT) SSI program continues to grow as the program focuses its efforts on working with the re-entry population. To date, 41 AB109 participants have been referred for SSI screening and application assistance.
- 3) The Homeless program continues to provide services to homeless veterans through the Supportive Services for Veteran Families (SSVF) grant and the Department of Veterans Administration per diem program within our adult shelter system of care. YTD: 105 veterans have been served.
- 4) The satellite health clinic continues to operate 20 hours/week.
- 5) Project Homeless Connect (PHC) #8 was held June 2012. The next PHC event will be held in September 2013.
- 6) The Homeless Encampment Protocols were revised and distributed to law enforcement, Public Works, County Administrator's Office, and homeless outreach service teams. Additionally, in collaboration with County Public Works Department and UC Berkeley, a research study is underway to examine the impact that the homeless and homeless encampments have on the canals; and to find ways to mitigate the negative effects on the waterways. Findings and recommendations are expected June 2013.
- 7) The homeless point in time (PIT) count was held January 30, 2013.
- 8) 75 additional permanent support housing units were added to the Continuum of Care.
- 9) Finalizing the agreement to develop permanent housing units for the homeless at the Concord Naval Weapons Station.

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

- 1) Adult Declaration Forms and CCS-Client transition communication protocol was implemented.
- 2) Convert open client records from hard copy to electronic records. Closed and "extra" active hard copy charts were scanned and stored, and active chart contents were reduced to the minimal documents required outside of electronic records systems.

#### **IV. DEPARTMENT CHALLENGES**

The following challenges will need to be met by the department during 2013-14 to maintain an efficient and effective health care delivery system:

- 1) Health and Human Services Realignment – Implementation of AB109 and the impact on the Behavioral Health Division will need to be closely monitored to ensure meeting the desired outcomes.

- 2) Pension Issues – The outcome of the lawsuit against the Public Employee Pension Reform Act (PEPRA) may adversely impact the system due to the loss of trained and highly skilled long term employees.
- 3) Labor/Personnel Issues – It is currently difficult to maintain adequate staff due to an arduous hiring process. These difficulties may be exacerbated by the outcome of the PEPRA lawsuit.
- 4) East Bay Regional Communications System (EBRCS) – The Department will become a full member of EBRCS during the coming fiscal year. This will result in additional expenses for the necessary communications equipment and a transition from the current system.
- 5) Affordable Care Act Implementation – This will impact both the Hospital and the Health Plan (CCHP). CCHP has applied to be one of the approved health care plans under the Affordable Care Act.

## V. PERFORMANCE INDICATORS

### HOSPITAL & HEALTH CENTERS

This division has developed multiple indicators and outcomes to monitor and improve quality and patient satisfaction. Some are determined by regulatory agencies, such as the State Department of Health Services Licensing Division, and the Joint Commission on Accreditation of Healthcare Organizations.

#### 1) CONTRA COSTA REGIONAL MEDICAL CENTER

##### a) Average Daily Census by Service Type

	Fiscal Year 2010-2011	Fiscal Year 2011-2012	YTD Actual December, 2012
Medical/Surgical	88	91	87
Psych	19	19	18
Nursery	16	14	15

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

	Fiscal Year 2010-2011	Fiscal Year 2011-2012	YTD Actual December, 2012
Med/Surg/OB Units	3.95	4.25	4.18
Psychiatric Units	7.77	9.54	7.69
Nursery	2.47	2.12	2.20

##### c) Emergency Departments Activities

The patient flow in the Emergency Room continues to be addressed. Visits to the Emergency Room have been reduced, thereby reducing waiting times for our patients.

Total visits by acuity level	Fiscal Year 2010-2011	Fiscal Year 2011-2012	Estimated Fiscal Year 2012-2013
Brief Evaluation	1,058	1,566	2,310
Limited Evaluation	12,353	13,881	12,282
Expanded Evaluation	30,211	26,145	26,160
Detailed Evaluation	10,478	10,908	9,384
Comprehensive Evaluation	1,641	1,909	1,204
Critical Care Evaluation	90	91	90
Total Emergency Visits	55,831	54,500	51,430
Average Monthly Visits	4,653	4,542	4,286
Left Without Being Seen	1,923	2,339	2,207

2) **CONTRA COSTA HEALTH CENTERS**

a) Outpatient Combined Medical Visits by Location

Monthly Average Visits	Fiscal Year 2010-2011	Fiscal Year 2011-2012	YTD Actual Fiscal Year December, 2012
Central County	13,554	13,459	10,026
East County	12,203	11,837	9,110
West County	7,008	7,318	5,361
Emergency Department	4,653	4,542	3,927
Total (FY monthly average)	37,418	37,166	28,424

Note: FY 2010/2011 & FY 2011/2012 include “minimal visits” of 2,142 & 1,996, respectively.

YTD December 2012 excludes minimal visits.

**CONTRA COSTA HEALTH PLAN**

a) Enrollment

	June 2010	June 2011	Actual 2012	Projected June 2013
AFDC Medi-Cal	49,485	55,420	57,093	57,799
Cross Over (Medi-Cal & Medicare)	64	59	55	52
Other Medi-Cal	2,663	2,961	3,683	3,710
Senior & Persons with Disabilities (SPD)	6,347	7,804	16,562	17,114
Senior Health	479	429	443	441
Basic Adult Care	3,288	3,703	3,649	2,858
HCI (became HCCI/MCE effective Nov. 2010)	9,585	11,840	11,735	11,644
AIM/MRMIP	54	52	54	48
Healthy Families	3,831	5,146	4,752	4,628
Commercial Members	11,213	11,232	11,076	11,018
Total	87,009	98,646	109,097	109,312

- b) **Medi-Cal Immunization rate for two year olds, Combination 3**  
 This measures the number of children who received their Combination 3 immunizations in a timely manner, according to guidelines.

	2009	2010	2011	2012
Medi-Cal Immunization rate for two year olds, Combination 3	82.48%	77.13%	87.16%	85.40%

- c) **Medi-Cal HEDIS rate for diabetes HbA1c testing**  
 This measures the percentage of diabetic members who had an HbA1c test performed during the measurement year.

	2009	2010	2011	2012
Medi-Cal HEDIS Rate for Diabetes HbA1c Testing	83.03%	85.40%	86.86%	84.91%

- d) **Medi-Cal HEDIS rate for breast cancer screening**  
 This measures the percentage of women ages 40-69 who had a mammogram to screen for breast cancer.

	2009	2010	2011	2012
Medi-Cal HEDIS Rate for Breast Cancer Screening	43.68%	56.19%	57.39%	54.57%

- e) **Medi-Cal HEDIS rate for annual well child visit ages 3-6**  
 This measure looks at the percentage of members ages 3-6 years who have had one or more well child visits with a primary care provider during the measurement year.

	2009	2010	2011	2012
Medi-Cal HEDIS Rate for Annual Well Child Visit Ages 3-6	77.37%	74.7%	78.82%	76.40%

## BEHAVIORAL HEALTH

### 1) MENTAL HEALTH

The Mental Health Department has adopted the following indicators which can be tracked over time and which are good measures of performance.

#### a) Outpatient Mental Health Visits

	Fiscal Year 2010-2011	Fiscal Year 2011-2012	Estimated Fiscal Year 2012-2013
Total Visits			
Adult Services	191,291	181,296	192,574
Children's Services	263,935	249,420	223,206
Combined Services	455,226	430,716	415,780

Average Monthly Visits	Fiscal Year 2010-2011	Fiscal Year 2011-2012	Estimated Fiscal Year 2012-2013
Adult Services	15,941	15,108	16,048
Children's Services	21,995	20,785	18,600
Combined Services	37,936	35,893	34,648

b) Utilization Measures

Average Monthly Visits	Fiscal Year 2010-11	Fiscal Year 2011-2012	YTD Actual Fiscal Year 2012-2013
Average Annual Number of Patient Days in IMD Beds	12,974	15,948	8,233
Average Daily Census in State Hospitals	12.6	15.8	18.4

2) **ALCOHOL AND OTHER DRUGS SERVICES**

a) Length of Retention for Patients in Treatment

Average Length of Stay (Days)	2010-2011	2011-2012	Estimated 2012-2013
Day Treatment	94	91	N/A
Methadone Maintenance (days between first and last visit)	676	624	579
Outpatient Treatment	76	82	89
Residential Detoxification	4	4	4
Residential Treatment	69	68	75

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

Youth Access to Services	2010-2011	2011-2012	Estimated 2012-2013
Youth (12-18) Tx Admits	504	482	416
Youth (13-18) Prevention Participants	9,104	3,553	8,530

**PUBLIC HEALTH**

Public Health evaluates performance by looking at community health indicators such as infant mortality, utilization of early prenatal care, and tuberculosis rates. Clinical Services are evaluated by process measures including number of clients served, cost per unit of service, and staff productivity measures. The Public Health Data and Evaluation Unit has been charged with developing more targeted outcome evaluations of public health programs, especially family, maternal, and child health programs and the county's programs serving people who are homeless.

1) **COMMUNICABLE DISEASES**

IMMUNIZATION	2010	2011	2012
Percentage of children in the county who receive all required immunizations when they enter child care.	92.6%	90.9%	91.7%
Percentage of children in the county who receive all required immunizations when they enter kindergarten.	92.0%	94.0%	93.7%
Percentage of children in the county who are immunized by age two for measles, mumps, rubella, diphtheria, tetanus, pertussis and polio.	78.0%	N/A	N/A

Disease Incidence Rates (per 100,000 residents)	2009-2010	2010-2011	2011-2012
Tuberculosis	3.1	5.7	5.2
Chlamydia	358.8	418.2	N/A
Gonorrhea	76.1	81.4	N/A
Syphilis (Primary, Secondary, Early Latent, Congenital in Infants <1 Year of Age)	12.1	8.0	N/A

Disease Incidence Rates (per 100,000 residents)	2007-2009
AIDS	5.6

2) **FAMILY, MATERNAL, AND CHILD HEALTH**

Children	2010	2011	2012
Women, Infants, and Children's Program (WIC) average number of vouchers issued per month	21,746	22,255	21,943

Perinatal (per 1,000 births)	2009-2011
Infant mortality rate	4.32
First trimester entry into prenatal care	83.05%

3) **CLINIC SERVICES**

	Fiscal Year 2010-2011	Fiscal Year 2011-2012	Estimated Fiscal Year 2012-2013
Public Health Clinic Services Average Client Encounters Per Month	1,761	5,523*	2,095

\*Increase due to vaccinations provided during H1N1 outbreak.

4) **SENIOR NUTRITION**

Senior Nutrition Program	Fiscal Year 2010-2011	Fiscal Year 2011-2012	Estimated Fiscal Year 2012-2013
Average Meals Served Per Month	40,735	44,171	45,193

## ENVIRONMENTAL HEALTH & HAZARDOUS MATERIAL

### 1) CONTRA COSTA ENVIROMENTAL HEALTH

Inspections (number performed)	Fiscal Year 2009-10	Fiscal Year 2010-11	Fiscal Year 2011-12	Estimated Fiscal Year2012-13
Solid Waste/Medical Waste Facilities	12,194	10,175	9,384	6,351
Consumer Protection (pool/spa/small water systems)	13,328	11,146	5,214	4,467
Retail Foods	22,477	21,876	24,648	15,915
Land Development	6,363	7,333	6,986	4,656
Misc. Program Inspections	3,538	3,751	3,975	2,748

### 2) CONTRA COSTA HAZARDOUS MATERIALS PROGRAM

Incident Response (number performed)	Fiscal Year 2009-10	Fiscal Year 2010-11	Fiscal Year 2011-12	Estimated Fiscal Year 2012-13
Business Plan	875	1,466	1,081	751
Underground Storage Tank	502	490	439	494
Aboveground Storage Tank	105	141	160	130
Hazardous Waste Generator	728	1,098	1,010	842
Response to incidents	88	86	82	94
Complaints received and investigated	101	92	95	120
Notifications received from industries	293	407	315	285

## EMERGENCY MEDICAL SERVICES

Statistics are monitored in a number of areas: ambulance services and air ambulance services (response/transportation times, and levels and quality of service provided); trauma care services (appropriate use of trauma center, trauma care); hospital resources (bed availability); and first responder defibrillation program (patient lives saved). Utilization statistics and trends, including number of ambulances dispatched, average response times, patients transported, patients receiving specialty trauma care, and defibrillation saves are compiled for each area on a regular basis to evaluate performance and to identify any areas for increased attention.

Activities	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	Estimated FY 2013-14
9-1-1 Ambulance Services Total Units Dispatched	77,872	78,580	79,833	80,769	79,000
Air Ambulance Services Patient Transport	258	234	262	238	230
Trauma Services Total Patients Transported to a Trauma Center	1,155	1,253	1,215	1,147	1,200
Cardiac Arrest Survival Rate (Utstein): National Cardiac Arrest Registry for Enhance Survival (CARES) Data <sup>1</sup>	32.9%	22.3%	32.0%	31.7%	32.0%
Cardiac Arrest Bystander CPR Rate (Utstein): National Cardiac Arrest Registry for Enhance Survival (CARES) Data <sup>1</sup>	33.3%	32.6%	35.5%	42.4%	42.0%
STEMI (High Risk Heart Attack) 911 Intervention Time: National Standard 120 Minutes <sup>2</sup>	87 min	94 min	88 min	87 min <sup>4</sup>	88 min
STEMI (High Risk Heart Attack) ED Door to Intervention Time: National Standard 90 Minutes <sup>2</sup>	53 min	58 min	54 min	52 min	52 min
Number of Designated STEMI (High Risk Heart Attack) Centers <sup>2</sup>	5	6	6	6	6
Number of STEMI ALERT Patients to STEMI Centers	132	122	134	134	130
Number of Designated Primary Stroke Intervention Centers <sup>3</sup>	N/A	4	7	8	8
Number of Stroke Alert Patients to Primary Stroke Intervention Centers <sup>3</sup>	N/A	N/A	N/A	638	640
Number of Paramedic Certifications/Renewals	471	372	459	450	450
Number of EMT Certifications/Renewals Processed	1,548	1,026	1,501	1,294	1,300

<sup>1</sup> EMS Statistics are compiled and reported on the calendar year FY 2011-2012 represents the 2011 calendar year.

<sup>2</sup> CCEMS participation in the NIH CARES Registry began in 2009

<sup>3</sup> The CCEMS STEMI System was launched in 2009.

<sup>4</sup> National metric changed to first EMS contact to intervention in 2012.