

Contra Costa County

Recovery Plan

State and Local Fiscal Recovery Funds

2021 Report

Executive Summary

As the local health jurisdiction, the Contra Costa County Health Services Department (CCHS) plays the primary role in planning and implementing the COVID-19 pandemic response for Contra Costa County, working closely with other health systems, providers, businesses, community-based organizations and residents. CCHS is the largest provider in Contra Costa County of COVID-19 vaccinations, COVID-19 community-based testing and COVID-19 Contact Tracing and Contact Investigation (CI/CT) services. Since the beginning of the pandemic through June 30, 2021, CCHS has conducted 338,337 COVID-19 tests for 187,782 unique patients and administered 584,861 COVID -19 vaccines for 313,606 unique patients. During this time, CCHS also conducted outreach to 57,774 positive COVID-19 cases and 19,848 positive case contacts. CCHS runs the County's COVID Multilingual Call Center and the Covid Testing and Vaccination scheduling line, fielding over a thousand COVID-19 related calls every day. In addition, CCHS provided infection control education to 3,941 businesses, schools, and community organizations that had a COVID exposure, with 12% (486) of these turning into outbreaks that received further mitigation support from the County.

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

Coronavirus State and Local Fiscal Recovery Funds (CSLFRF) will support and improve the ongoing response to COVID-19 within Contra Costa County in three main project areas; Prevention and Mitigation of COVID- 19; Delivery System COVID-19 Treatment and Medical Services; and Addressing Disparities in Public Health Outcomes, with the goal of mitigating the spread of COVID-19 and reducing disparities in vaccination rates and other COVID-19 health outcomes. These projects include a significant amount of staffing and infrastructure to support the services necessary to respond effectively to the pandemic. Since July 1, 2021, the County has seen a surge in COVID-19 cases, outbreaks, and testing. The CSLFRF funds will allow CCHS to respond to this changing pandemic quickly and efficiently through adaptable infrastructure and sufficient staffing and resources.

Uses of Funds

The County of Contra Costa was awarded \$224,058,902 in Coronavirus State and Local Fiscal Recovery Funds (CSLFRF). On August 3, 2021, The County Board of Supervisors approved the use of \$112,029,451 exclusively for the use of the Health Services Department for the Fiscal Year 2021/22 for COVID-19 response activities. Based on the trended cost from the prior year the County Health Services Department estimates \$135,311,296 for Fiscal Year 2021/22 COVID-19 response cost. Quarterly financial reporting to the Board of Supervisors will occur with updates on the actual utilization of the available funding. The County anticipates its second allocation of CSLFRF funds from the U.S. Treasury in the amount of \$112,029,451 in May 2022. The Board of Supervisors has not yet determined how to allocate the second allocation of CSLFRF funds at this time.

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

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

Project 1: Prevention and Mitigation of COVID-19: \$67.2 million

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

- **Vaccination programs:** The CCHS Department (including Public Health, the Contra Costa Regional Medical Center and county operated Health Centers) operate at least 10 vaccination sites every day, as well as home-based, business, school and congregate setting vaccination services and a Health Equity Mobile Vaccination Team. CSLFRF funds will be used to maintain vaccination clinics and expand vaccination efforts as needed. Costs associated with vaccination programs include staffing, supplies, equipment and facility expenses. We anticipate an increase in vaccine operations as vaccines for younger children are approved, recommendations for booster shots are issued, and vaccine mandates are implemented by businesses and industries.
- **Testing:** CCHS operates community testing sites and mobile testing teams. COVID-19 testing demand at County sites has more than doubled in the last month alone. CSLFRF

funds will be used to meet testing demand as it continues to rise with opening of schools, return to work, and during periods of increased community spread. Costs associated with testing includes staffing, supplies, equipment, facility expenses and texting platforms to ensure timely and secure receipt of testing results.

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

internally and distributed to community partners. Through June 30, 2021, CCHS has distributed almost 4 million PPE and supplies to external community partners to ensure the safety and protection of our community agencies.

Project 2: Delivery System COVID-19 Treatment and Medical Services: \$22.4 million

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

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

Project 3: Addressing Disparities in Public Health Outcomes: \$22.4 million

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

- **Community engagement:** Funding will support the continuation and expansion of multiple community engagement efforts, including our Community Ambassadors programs, the COVID-19 Historically Marginalized Communities Engagement Unit (HMCE), and the Mobile Equity Vaccination Team. The Community Ambassadors are trusted community members within neighborhoods that act as cultural brokers of key health and safety messages. The HMCE hosts monthly workgroups with local community members and CBOs focused on identifying barriers to testing and vaccination and collaborating on culturally appropriate approaches to address disparities. The mobile equity vaccination team is aimed at providing vaccinations where people gather and work, including churches, businesses, and community events. Funding will also support incentive programs and events to support the continued engagement in vaccination efforts among these communities.
- **Targeted consumer outreach and communications:** CCHS uses data and community input to create and deliver targeted consumer outreach to share health education, vaccination and testing information and resources, and other targeted messaging through a variety of communication channels. CCHS will use CSLFRF funds to maintain and improve these efforts, including investing in redesigning our website and data dashboards, improving targeted communication and alerting technology, and maintaining staff to support media updates, social media campaigns, and address questions from leaders and community members. Funding will also be used to support contracts with outside consultants specializing in communications with traditionally marginalized and/or underserved communities, vaccine incentive projects and other targeted consumer outreach efforts.
- **Data analysis and evaluation** CCHS is committed to providing timely and transparent data on testing, case, and vaccination rates to identify disparities, guide equity initiatives with input from Public Health, community-based organizations and community members, and assess results. Funding will be used to maintain and expand data identification, visualization and analysis efforts as the pandemic continues to evolve and change.

Promoting Equitable Outcomes

The COVID-19 pandemic has disproportionately impacted communities of color, low-wage essential workers, seniors and other historically disadvantaged populations. Contra Costa is currently focusing on health disparities with African American, LatinX, homeless, non-English speakers, disabled, elderly, and rural populations through a series of engagement activities and services for these populations.

CCHS uses a variety of communication methods to outreach to residents, community organizations, and businesses. These include direct resident marketing, including social media. In addition to posting on its own channels and purchasing paid advertising, Contra Costa has a team of 55 youth and young adult ambassadors that leverage their social media channels to reach historically marginalized communities and provide information on COVID to residents. CCHS also has a team of 17 community ambassadors that engage in canvassing, both at businesses and door-to-door to provide information about COVID-19 vaccinations to community residents. CCHS maintains relationships with businesses, particularly restaurants, other food facilities and gas stations, and frequently provides information regarding services to these groups. Additionally, the Equity Team maintains relationships with community-based

organizations, faith-based communities, and other community partners. Partnerships have been made or expanded with religious organizations (including churches and mosques), senior affordable housing sites, community empowerment organizations, farmworker organizations, schools and school districts, food banks and social service providers, and school districts.

CCHS does not require identification or insurance for vaccination or testing appointments. All vaccination and testing clinics allow for walk-in patients for greater access and ability to provide services to the at-need population. Additionally, Contra Costa has a mobile team that provides vaccinations at locations within the community where people live, work, and play to further increase access to services.

Contra Costa is measuring outcomes both by closing gaps, looking at the Healthy Places Index, as well as tracking rates as a percentage of the population for a variety of racial, ethnic, age and geographic groups. These data are tracked over time, with specific strategies addressed to improve vaccination rates and testing.

CCHS aims to achieve equitable vaccination rates and reduced case rates across all population groups within the county. This will be accomplished through a diverse strategy, as discussed in other sections, including community ambassadors, partnerships with community and faith-based organizations, and mobile vaccination clinics in areas where people trust. We will measure and evaluate these efforts by tracking vaccination and testing with priority groups (e.g., African American, LatinX, rural zip codes and others) and work toward narrowing the equity gap. By tracking this data, CCHS will be able to invest further resources in those groups and geographies with the largest gaps.

Contra Costa has used data from State and local sources to inform gaps in services from the beginning of the COVID pandemic. Vaccination rates, testing rates, positivity rates, and hospitalizations are tracked through dashboards where raw numbers or rates are displayed by race, ethnicity, geography, and age. Using these dashboards, the response team has been able to identify areas that are disproportionately impacted and provide additional outreach and resources to those specific populations or geographic areas. CCHS uses a health equity measure to track cases and vaccination across various quartile according to the Healthy Places Index (HPI). In addition, the county uses Census tract data to further drilldown and outreach to communities in smaller and more personalized initiatives.

Additionally, CCHS solicits community and resident input on the county's COVID-19 response using focus groups and ongoing engagement through a variety of workgroups, which has allowed for process improvements throughout the pandemic. CCHS developed multiple work groups to focus on outreach and engagement for specific populations, including African Americans, Latinx, Asian American and Pacific Islander communities, older adults and other historically marginalized populations. The work groups are composed of residents, community leaders, staff and faith-based leaders, with more than 100 participants attending each work group meeting. To date, CCHS has hosted 20 provider-led presentations for over 1,000 participants. During the meetings, work group participants learn the latest COVID-19 disease and vaccine information and are asked to volunteer to host vaccination sites, assist with registration, conduct vaccine outreach, and provide volunteers to staff the sites.

CSLFRF funding will support testing, vaccination, contact tracing, mobile teams, and outreach and communication efforts throughout the county, with a focus on traditionally marginalized communities. For example, testing and vaccination locations have been strategically placed

within historically marginalized communities that have the lowest vaccination rates and highest case rates, including the cities of Richmond, Antioch and the Monument Corridor area with the City of Concord. Locating sites in these areas not only reduces barriers to access, but also increases visibility of COVID-19 response efforts. Funding will also support mobile teams and outreach workers, which aim to further reduce access barriers.

Community Engagement

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

Additionally, funding will support the COVID-19 Historically Marginalized Communities Engagement Unit (HMCE). The HMCE hosts monthly workgroups with local community members and CBOs focused on identifying barriers to testing and vaccination and collaborating on culturally appropriate approaches to address disparities. The HMCE will deepen its focus in Fall 2021 to also highlight and further CCHS internal and external equity initiatives, both during and beyond the pandemic, to increase accountability to community-based partners and elevate their expertise and relationships.

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

Labor Practices-for Infrastructure Projects

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

Use of Evidence

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

- **Mobile Testing, Vaccination and Other Services.** Evidence shows that bringing services to locations where people live, work and play can reduce barriers to health services and increase awareness. CCHS has located COVID-19 testing, vaccination and infection control educational services into the community to reduce barriers and increase awareness among low-income and other communities disproportionately impacted by the pandemic.
- **Personalized Text Communication.** Evidence shows that receiving messages from your health care home increases uptake of health services, and studies have shown that text messages can be effective methods of communication around health behaviors. CCHS provides text messaging to patients who miss their second dose of COVID-19 vaccinations. To date, 4,531 patients received text messages and roughly 26% of these patients eventually scheduled or received their second dose. In addition, to reduce delays in communicating COVID-19 testing results, CCHS has made results available through multiple platforms including secure text message and the electronic health record patient portal. A results queue was established to provide telephonic follow up on testing results for patients who do not have text-enabled phones or internet access.
- **Using Trusted Leaders as Messengers.** CCHS partners with religious leaders, primary care providers, and other prominent community leaders to support outreach and education efforts. Evidence demonstrates that uptake of health education messages increases when delivered by a trusted messenger.
- **Building Social Norms with Vaccine and Decreasing Access Barriers.** CCHS has prioritized building a mobile vaccination model, positioning vaccination teams at workplaces, marketplaces, and other high traffic community settings. Mobile and stationary sites have also reduced access barriers by offering evening and weekend hours, walk-in options, and in-home vaccination for home bound residents.
- **Focus Groups Sessions.** Focus group sessions with community members and populations disproportionately impacted by the pandemic have provided a forum for understanding barriers and gathering community input. Focus groups are a best-practice approach for gathering community input.
- **Education Campaigns.** Communication toolkits using evidence-based prevention messaging have been developed and made publicly available. Messages are displayed through a variety of medium including targeted media ads, posters, social media messages, as well as stickers and buttons. Outreach teams have also partnered directly with businesses on employee health education and vaccine promotion campaigns.
- **Surge Preparedness and Response Action Plan.** Drawing on findings from After Action Reports completed during prior response events (e.g., Anthrax, H1N1), CCHS provided guidance on policies, surge preparedness and response action plans for local hospitals. CCHS also serves as a centralized entity for processing requests for PPE and other infection control supplies to be used internally and distributed to community partners.
- **Outbreak Prevention in Schools and Workplaces.** Case Investigation/Contact Tracing has been shown to be an effective way to reduce spread of infectious disease. Case Investigation/Contact Tracing teams have responded to 4,427 Outbreaks and Exposures

in businesses and schools through June 30, 2021. A dedicated 'locations' unit was established within the Case Investigation/Contact Tracing Unit for monitoring outbreak associated with schools and businesses and providing guidance on infection control standards that decrease risk of future transmissions.

CCHS is not planning on conducting a rigorous evaluation of our ARPA funded projects and is instead using evidence-based interventions as described above. CCHS is in communications with UC Berkeley to explore options to collaborate on future program evaluation efforts related to our COVID-19 response.

Project Inventory

CCHS has three projects that will be funded through CSLFRF funds. These projects will target economically disadvantaged communities in at least five distinct census tracts (3740.00, 3505.00, 3142, 3650.02 and 3690.01), as defined by HUD's Qualified Census Tracts. As the main safety net provider in Contra Costa County and the largest provider of Medi-Cal services, many of our primary beneficiaries earn less than 60% of the median income. Projects are summarized below.

Project 1: Prevention and Mitigation of COVID-19

Funding amount: \$67,200,000

Project Expenditure Category: EC-1

www.cchealth.org

Project Overview: Project 1 will fund a broad range of services and programming for the prevention and ongoing response to COVID-19. All project activities will be ongoing throughout the FY21-22 project period and focus on maintaining, improving and expanding testing, vaccination, contact tracing/case investigation, public health epidemiology, communication with the public and purchase and distribution of PPE. These activities will be conducted by CCHS and in coordination with community partners. The intended outcomes of this work are to improve vaccination rates in areas of the county with low vaccine uptake, effectively and efficiently meet the demand for testing with timely reporting of results, efficient and effective communicable disease management, improve CCHS capacity for public health epidemiology and data analytics, and effectively communicate with the public via trusted and culturally relevant partners and sources that bridge the digital divide.

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

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

Funding amount: \$22,400,000

Project Expenditure Category: EC-1

www.cchealth.org

Project Overview: The intended outcome of this project is to maintain and improve CCHS's delivery system to better respond to the medical and behavioral health needs of patients and

residents impacted by COVID-19. All project activities will be ongoing throughout the FY21-22 project period and will be conducted by CCHS and, where relevant, in coordination with community partners. Project activities include enhancing health care capacity to treat COVID-19 patients, capital investments or adaptations to public facilities to improve infrastructure for the safe provision of services, technical assistance and education related to COVID-19 prevention and mitigation for congregate living facilities and addressing gaps in care resulting from COVID-19. The intended outcomes of this project are to improve health care capacity to provide care and services to COVID-19 patients, improve infrastructure for the safe delivery of services and build capacity to address gaps in care due to COVID-19.

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

Project 3: Addressing Disparities in Public Health Outcomes

Funding amount: \$22,400,000

Project Expenditure Category: EC-1

www.cchealth.org

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

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

Performance Report

Project 1: Prevention and Mitigation of COVID-19

Key performance indicators for this project include:

- Percent of tests that are positive by age, region, race/ethnicity and homelessness
- 7-day average of the number of tests performed per day by age, region, race/ethnicity and homelessness
- Number of vaccinations provided by region, race/ethnicity, age and homelessness
- Lab turnaround time for testing results for all labs processing tests collected in Contra Costa County
- Number of exposure events responded to
- Number of positive cases reached
- Percent of positive cases that provided contacts
- Percent of positive contacts that were reached

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

Key performance indicators for this project include:

- Patients admitted with COVID-19 to Contra Costa Regional Medical Center by age, region, race/ethnicity and vaccination status
- Patients admitted to the ICU with COVID-19 at Contra Costa Regional Medical Center by age, region, race/ethnicity and vaccination status
- Patients admitted with COVID-19 to Contra Costa Regional Medical Center who are on ventilators by age, region, race/ethnicity and vaccination status
- Increase percentage of children and adolescents ages 3-21 years who have had one or more well-child visits within the last 12 months among CCHS patients
- Increase rates of childhood immunizations among CCHS patients
- Research and assess a vendor for a HIPAA-compliant patient texting platform with electronic health record interoperability

Project 3: Address Disparities in Public Health Outcomes

CCHS will use the key performance indicators below for this project to track and Identify disparities:

- COVID-19 Hospitalizations of Contra Costa residents by age, region, race/ethnicity, and vaccination status
- 7-day average of the number of tests performed per day by age, region, race/ethnicity and homelessness
- Number of vaccinations provided by region, race/ethnicity, age and homelessness
- Research and assess vendors for the following IT improvements:
 - o HIPAA-compliant patient texting platform with electronic health record interoperability
 - o Data tools to identify, visualize and analyze health data to better monitor disparities

**Contra Costa County
Health Services Department
Recovery Plan
Table of Expenses by Expenditure Category**

	Category	Cumulative Obligations to Date ¹	Cumulative Expenditures to Date ²	Amount Spent Since Last Recovery Plan ²
1	Expenditure Category: Public Health			
1.1	COVID-19 Vaccination	\$23,792,111	\$26,183	\$26,183
1.2	COVID-19 Testing	\$24,367,100	\$58,621	\$58,621
1.3	COVID-19 Contact Tracing	\$2,951,475	\$968,162	\$968,162
1.4	Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, etc.)	\$2,000,000	-	-
1.5	Personal Protective Equipment	\$2,660,498	-	-
1.6	Medical Expenses (including Alternative Care Facilities)	\$5,527,000	\$37,497	\$37,497
1.8	Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)	\$8,848,853	\$8,679	\$8,679
1.9	Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19	\$1,704,161	\$1,704,161	\$1,704,161
1.10	Mental Health Services	\$19,583	\$19,583	\$19,583
1.12	Other Public Health Services	\$25,318,832	\$17,500	\$17,500
	TOTAL	\$97,189,612	\$2,840,386	\$2,840,386

¹ According to Treasury guidance, an obligation is an order placed for property and services, contracts and subawards made, and similar transactions that require payment.

² CCHS SLFRA funding is for the period July 1, 2021 – June 30, 2022. The expenditures reported represent payments made for July services (note: this is a partial reporting of actual July services; vendor invoices and the subsequent payments lag 30-60 days after the services delivery data and will be reflected in the month of payment).