



# Annual Impact Report

December 1, 2019– November 30, 2020

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For more information, please contact Alvaro Fuentes, Executive Director of the Community Clinic Consortium, at [afuentes@clinicconsortium.org](mailto:afuentes@clinicconsortium.org) or 510-233-6230.

## EXECUTIVE SUMMARY

Contra Costa CARES (CARES) connects low-income, uninsured adults who are ineligible for other forms of health coverage, and living in Contra Costa County, with a primary care medical home. Services are provided through three community health centers – La Clínica de La Raza, LifeLong Medical Care, and Brighter Beginnings. Since the program’s inception in November 2015, Contra Costa County, Kaiser Permanente, John Muir Health, and Sutter Delta Medical Center have committed \$7.5M in combined funding, enabling the program to provide primary care access to more than 8,000 individuals countywide. Annual reports are developed to illustrate program impact, share findings regarding the health status of participants, and demonstrate program advancement towards its goal of providing access to quality healthcare for the remaining uninsured living in Contra Costa County.

Throughout the program’s fifth year (December 1, 2019 – November 31, 2020), CARES continued to be a valuable resource for low-income community members who are ineligible for primary care coverage through Medi-Cal and Covered California. Access to affordable healthcare became more important than ever due to the ongoing global COVID-19 pandemic and the subsequent economic crisis, which both disproportionately impacted low-income communities, communities of color, and immigrants. Since the program’s inception, primary care services have been provided to more than 8,000 individuals, with more than 33,000 visits to date. Annual enrollment for the program increased by more than 20% to reach the program’s cap of 4,100. Approximately 65% of CARES enrollees had one or more primary care visits. Furthermore, more than half the patients in the program are being seeing for a chronic disease diagnosis. Finally, since the program’s inception, 25% of CARES enrollees are frequent utilizers of the primary care services (6+ health center visits), indicating that the program continues to maintain a high engagement rate.

COVID-19 drastically changed how health care services could be provided due to stay-at-home orders, social distancing protocols, and a lack of adequate personal protective equipment (PPE) for health care workers early in the pandemic. To comply with these public safety measures, participating health centers rapidly adjusted to offer virtual care options, including telehealth (with video), and telephonic (phone-only) clinical visits when appropriate. In addition to an automatic renewal system that was put into place, telehealth was a key part of the program’s success during the pandemic. Patients were able to continue connecting with their primary care provider in a safe and socially distant manner through these remote appointments. Patients also found additional access to mental health services through telehealth. Remote appointments led to a reduction in no-show rates due to ease of access as well.

Overall, program data demonstrates how health centers successfully implemented operational changes that continued to sustain high levels of enrollment for the targeted population, as well as increased primary care utilization during a global pandemic. These results could not have been possible without the efforts of CARES health centers and program partners. With their assistance, thousands of individuals have managed to receive essential healthcare access during an unprecedented global pandemic.

## Program Highlights

- Program Enrollment: CARES has continued to grow during a time when other safety net service programs may have been overburdened or inaccessible for uninsured individuals in Contra Costa County.<sup>2</sup> The program steadily progressed towards its cap of 4,100 participants, reaching the cap at the end of the program year. This illustrates a growing demand for the program.
- Program Utilization: CARES continues to have high patient engagement in its fifth year with 64% of total enrollees having at least one visit with a primary care provider, up from 62% in year four, and 60% in year three. Patients have now been provided more than 30,000 primary care visits since the inception of the program. The data is evidence that CARES has continued to meet one of its original goals: Increasing coordinated access to primary care services for uninsured individuals across Contra Costa County.

## Participant Feedback

Surveys and patient perspectives brought forward some key insights regarding the program's impact:

- Due to limited staff capacity at the health centers, and a shift to predominantly telephonic visits from April through the end of the program year, an annual CARES survey was completed by only 33 patients. Surveyed members stated that the program continued to have a positive impact by providing them an access point for healthcare during the pandemic. Similar to the previous program year, 100% of the patients surveyed reported that they were receiving a satisfactory level of care or better with 90% of the patients describing the care as excellent. This demonstrates that the program remains popular despite the shift to telehealth services.
- Patients also continued to report that CARES has helped to reduce their overall healthcare spending. Of the 25 patients reporting that they had issues affording healthcare prior to CARES, 94% stated that enrollment in CARES helped them address health care costs during the pandemic. Trends also continue to remain the same with many respondents continuing to select dental and vision care as important additions.

## I. PROGRAM OVERVIEW

Contra Costa Cares (CARES) connects low-income, uninsured adults who are ineligible for other forms of health coverage, and living in Contra Costa County, with primary care services. Approximately 50,000 individuals in the county are estimated to qualify for the CARES program.<sup>3</sup> With an ongoing pandemic and anticipated reduction in health care coverage, CARES remains an essential part of health coverage in Contra Costa. The program partners with LifeLong Medical Care, La Clínica de La Raza, and Brighter Beginnings to provide a variety of primary care services to program participants. Specialty care, emergency care, inpatient care, vision, and dental care do not fall under the purview of CARES. Patients requiring these services are referred to other programs that will assist them. CARES has partnered with Operation Access to provide a direct pipeline to certain specialty care services, such as stress testing for cardiology. Local hospitals provide additional support to Operation Access through grants, clinical volunteerism, and in-kind use of hospital facilities for specialty care services.

CARES launched in November of 2015 and received \$1M of combined funding from Contra Costa County, Kaiser Permanente, John Muir Health, and Sutter Delta Medical Center. Up to FY 19/20, the hospitals and county have provided an additional \$5M of funding. The program's goal was to provide coverage for a 12-month period to approximately 3,000 individuals. The program was expanded in April 2017, creating additional enrollment slots, bringing total program capacity up to 4,100 participants. An additional \$1.5M was committed for FY 18/19, sustaining the availability of primary care coverage for more than 4,000 individuals countywide. Partners remained committed throughout FY 19/20 with hospitals and county funding continuing during this time. All CARES funding goes directly to the provision of primary care services. Contra Costa Health Plan (CCHP) provides pro bono program administration and a 24/7 Nurse Advice Line, while the Consortium provides ongoing data collection and evaluation, outreach, and communications, and convenes program workgroups out of general operating expenses.

The collaboration between public and private entities has been an essential piece in providing primary care services to the residents of Contra Costa. In year five, during an unprecedented health crisis program partners worked together to strategize and increase both program enrollment and utilization. This involved revamping the enrollment process, care services, and messaging to current enrollees. This report provides an overview of program progress and outlines how the program continued to grow despite challenging operational circumstances. In the past five years, Contra Costa CARES has continued to fill a critical primary care coverage gap in the local health system by providing essential healthcare services for residents regardless of their immigration status or ability to pay.

## II. YEAR IN REVIEW

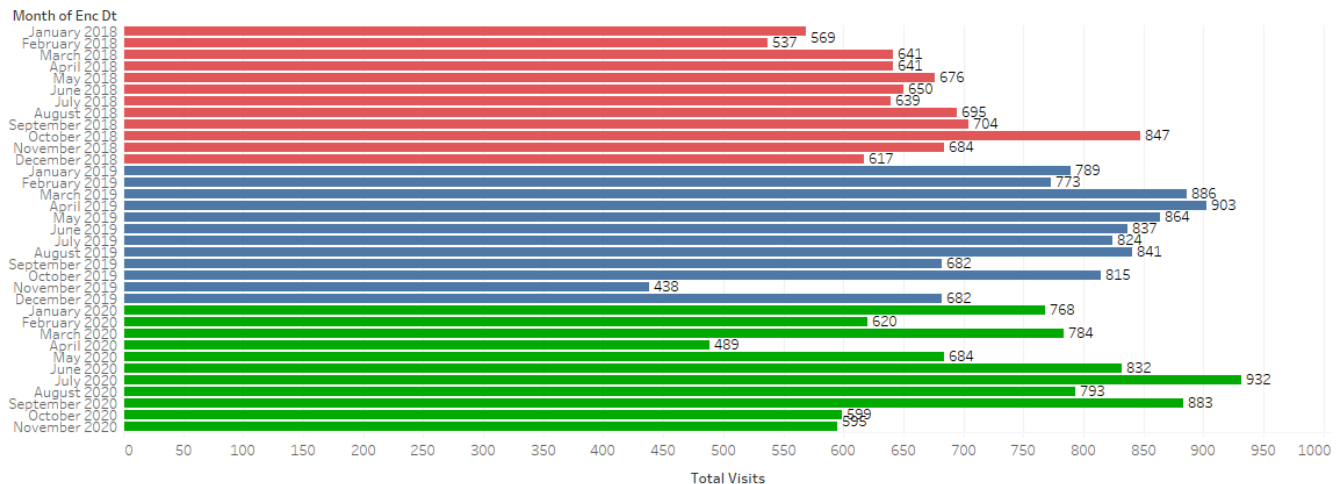
### Program Utilization

In its fifth year, program data continues to demonstrate high engagement from program participants. Since the beginning of the CARES program (December 1st, 2015), a total of 8,210 individuals have enrolled and 36,113 primary care visits have been provided. Patient engagement has also continued an upward trend with 64% of the total enrollees having one visits with a primary care provider. This is up from 62% in year four, and just 49% in year two. The number of high utilizers (patients with 6 or more visits) has also increased with 2,139 individuals falling into the category. These numbers increased despite stay-at-home orders, and COVID-19 protocols that required a rapid shift in clinic operations to primarily telehealth services, which significantly lowered overall health center utilization throughout April and May of 2020.<sup>4</sup>

As seen in figure 2, the actual number of overall visits remained consistent from year four to year five. Annual utilization for the program year (Dec 1st, 2019 – Nov 31st, 2020) actually increased with 69% of patients utilizing the program. The data provided shows that program partners succeeded in helping transition CARES patients to telehealth for coordinated primary care services during the pandemic. Data received from participating health centers’ electronic health records (EHRs) does not differentiate between telehealth and in-person visits, but program partners indicate that the majority of CARES visits (at least 50%+) from March-November 2020 were conducted via telemedicine. Given that studies<sup>5</sup> have shown that healthcare utilization dropped precipitously due to cancellations of elective care to increase capacity and social distancing measures, the fact that CARES was able to maintain program utilization speaks to how CARES has become a trusted source of health care for its patient population.

Figure 1: Total Community Health Center Visits Per Month (Years 3-5)<sup>1</sup>

#### Total Visits Per Month



<sup>1</sup> Lower visits in November 2019 can be attributed to an EHR implementation which has caused one clinic’s data to be inaccessible

## Enrollment

Throughout the program lifecycle, enrollment has continued to climb every year despite an explicitly anti-immigrant political climate from 2016-2020, and the COVID-19 global pandemic putting a halt on outreach initiatives. CARES once again saw a substantial increase in program enrollment in the past two years, increasing from 2,574 enrollees to 3,736 enrollees.

In August 2019, when the Department of Homeland Security officials changes to public charge<sup>6</sup> were announced, a noticeable drop to ~3,500 in enrollment occurred. Public charge underscored a larger issue the program saw during the Trump administration in which many immigrants decided to forego benefit programs due to fears of potential legal ramifications.<sup>7</sup> Up to this point, CARES had managed to blunt this “chilling effect” through increased engagement and outreach. The public charge rule is believed to have hindered some patients’ ability to feel safe when accessing safety net programs, by making them choose between their health and legal status. With health center enrollment staff remaining committed to ensuring clients know their rights and providing accurate information about the public charge rules, overall enrollment remained consistent.

Coming into its fifth year (December 1, 2019 – November 31, 2020), CARES maintained its enrollment and renewal rates to keep the number of CARES enrollees at ~3,500 from August 2019 to April 2020 as demonstrated on the enrollment graph. Beginning in April 2020, shelter in place orders were enacted and the county was put on lockdown. With patients unable to go into clinics to complete annual renewals and sign up for CARES, program partners came together to institute autorenewals and streamlined program sign up services. This meant that people enrolled in the program could continue utilizing CARES services without having to deal with renewal challenges. These changes, combined with a revamped outreach initiative, caused the CARES program to almost its enrollment cap of 4,100 by late November. Since January 2021, CARES has eliminated autorenewals to allow new individuals to continue enrolling into the program as slots become available. However, to date, enrollment has remained consistent at 4,100 illustrating sustained levels of growth.

Figure 2: CARES Program Enrollment

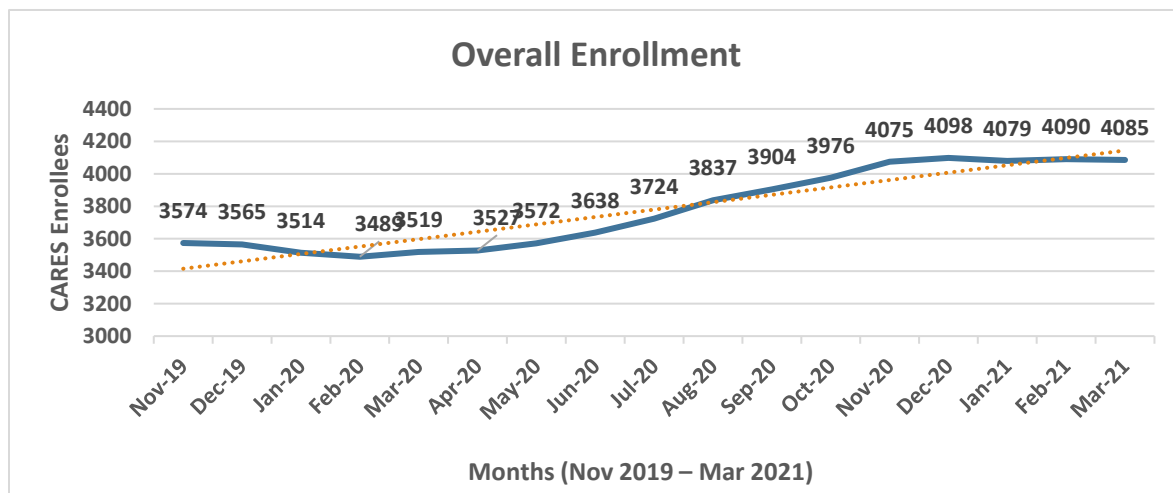






Figure 4: Age of CARES Participants  
(December 1, 2015 to November 30, 2020)

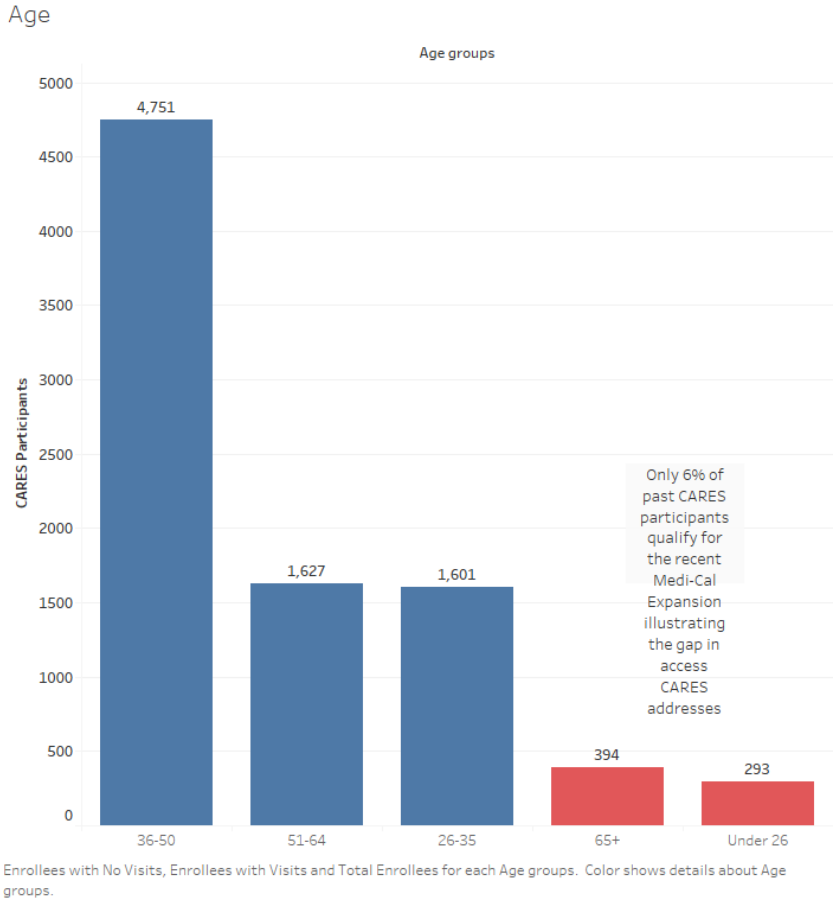
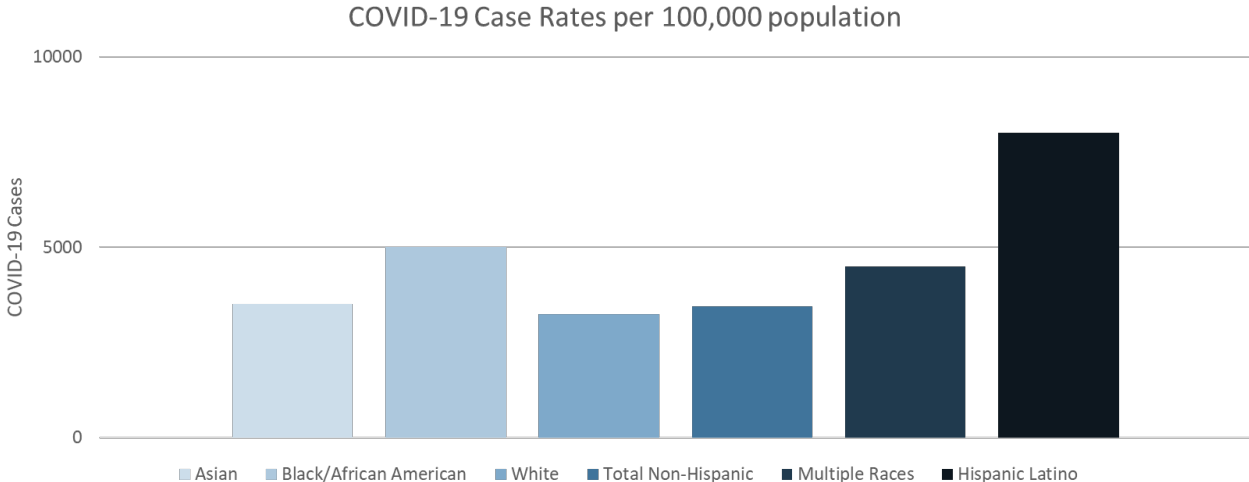


Figure 5: Overlay of CA COVID-19 Deaths by Race  
(December 1, 2015 to November 30, 2020)

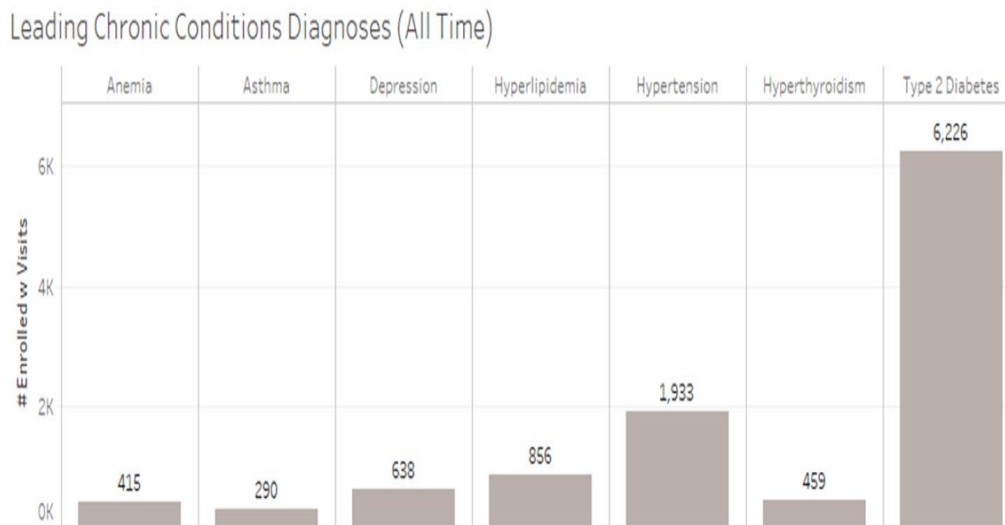


## Chronic Conditions

While the pandemic remains the largest concern for the CARES program, community health centers (CHCs) were created to address health disparities of all kinds by providing care to individuals who have traditionally received low-quality care. CHCs primarily do this by giving comprehensive primary and preventative care, reducing the need for more costly forms of treatment down the line, such as emergency room visits and advanced disease progression. To that end, the CARES program's work on chronic conditions has been an important topic that the report has continued to trend since its inception. Patients enrolled in CARES receive not only medical treatment, but linkages to resources that may help them deal with social determinants that influence these chronic conditions, such as a food bank for healthier diet options to address diabetes related concerns.

In 2020, type 2 diabetes continues to be the primary chief complaint for CARES patients, with more than 1,500 visits being related to the disease. This was followed by steady rates of increase in hypertension and hyperlipidemia, which have been correlated.<sup>11</sup> Figure 6 demonstrates that the program continues to act as a treatment center to manage patients' predominant chronic conditions.

Figure 6: Chronic Condition Appointments  
(December 1, 2015 to November 30, 2020)



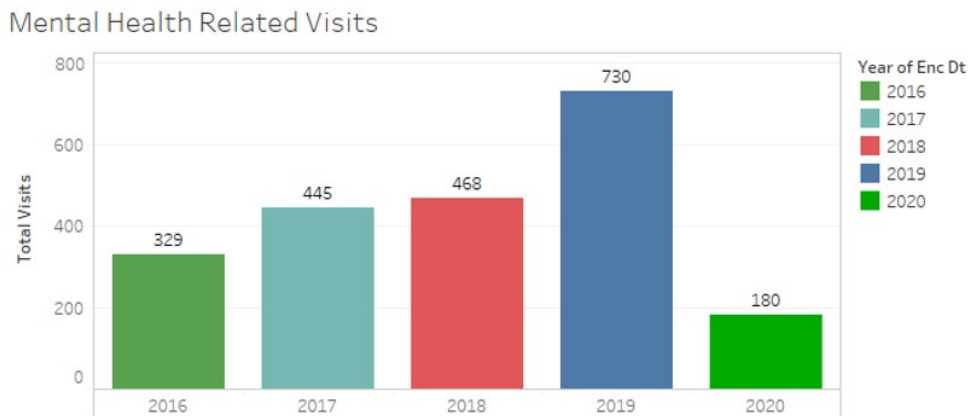
## Mental Health

CARES year five also saw an increase in mental health utilization. A KFF report states that, during the pandemic, 4 in 10 adults in the U.S. have reported symptoms of anxiety or depressive disorder up from 1 in 10 adults who reported these symptoms from January to June 2019.<sup>12</sup> This was followed up by another KFF tracking poll from July 2020 which found that adults are reporting negative impacts on their mental health and well-being, such as difficulty sleeping or eating, and worsening chronic conditions due to stress over the coronavirus.<sup>13</sup> These effects often are exacerbated in more vulnerable populations as they tend to lack health coverage to help deal with the ongoing effects of the pandemic like isolation. Essential workers such as service sector employees have also shown poor mental health outcomes<sup>14</sup> because of their increased chances of being exposed to coronavirus alongside difficulty in affording basic necessities as a result of the pandemic.

The CARES population falls into many of the aforementioned categories which may contribute to poor mental health outcomes for program participants. Combined with a climate of fear generated by the previous administration's punitive federal immigration policies, CARES patients face significant challenges that may impact their mental health. Further research points to trauma and social determinants of health being highly correlated with depression, anxiety, and other stress related symptoms.<sup>15</sup> While mental health services are not directly covered under the CARES program, participating health centers offer screenings and behavioral health services as part of their primary care programs. The data provided is imperfect as the program is only able to track mental health screenings. Counseling sessions are difficult to capture in the clinical billing data used for the analysis because they are not billed as CARES patients.

This year, two health centers shifted to new electronic health record system (EHR) which resulted in imperfect program data due to altered DRG codes and missing CPT codes for mental health. This combined with the shift to telehealth services following April shelter in place orders caused mental health screenings to drop to 180 from 600 in the year prior. As a reminder, the discrepancy noted could be due to imperfect program data. Regardless, more analysis needs to be conducted with partner health centers to determine the cause of this decrease. On a long-term programmatic level, CARES partners hope to continue developing infrastructure for mental health visits to improve mental health related care.

*Figure 7: CARES Patients Receiving Mental Health Screenings  
(December 1, 2015 to November 30, 2020)*



## COVID-19 and CARES Operations

Program partners determined that it was important to ensure participants and potential enrollees that they would not be removed from the program. During monthly outreach and enrollment calls with member clinics and county Medi-Cal Analysts, the group strategized on how to best maintain patient enrollment and program utilization. Its approach was to institute the following guidelines: provide easy pathways for renewal and enrollment, reenable access to primary care as quickly as possible, and educate county residents about social distancing and best practices. These ideas helped the CARES program hit its enrollment cap in year five.

Recognizing early that COVID-19 posed a threat to renewal and enrollment, partners instituted an automatic renewal policy to help Contra Costa community members remain in the program. The policy was quickly implemented which led to no gaps in coverage for CARES patients that may have been unable to enter a health center during the pandemic. While enrollment during the initial months of the pandemic dipped due to operational restructuring, counselors eventually developed a system to enroll eligible patients into the program remotely. This continued level of enrollment combined with automatic renewals led to the program reaching its cap of 4,100 patients by the end of the program year (November 2020).

Because the pandemic reduced availability of in-person visits, the prevalence of telehealth services jumped significantly during the last year. In March 2020, the first month of the pandemic, the CDC reported a 154% increase in telehealth visits over the same period in the last year.<sup>16</sup> Member health centers worked around the clock to also transition their services in March and April. This “lull period” is reflected on utilization charts with an observed dip in visits during these months. As conditions improve, clinics are slowly opening up in-person operations. Past CARES patients have also showed that travel options to clinics have been a deterrent to scheduling in-person visits. To that end, telehealth has opened up options for CARES patients, allowing some to receive care remotely if they cannot travel to clinics.

Program partners also continued to build upon outreach efforts. Last year, CARES partners utilized health promoters from community health centers and local community-based organizations such as public schools and the RYSE center to distribute information about impacts on immigration status. Understanding that racial disparities underline larger health inequities, CARES partners participated in county discussions about equitable distribution of testing and outreach to essential workers. These efforts included developing surveys to understand the concerns of Latinx essential workers and making sure discussions around healthcare involved the remaining uninsured in Contra Costa.

The program’s operational systems are continuing to evolve and improve in response to the community’s feedback. The efforts in the past year have had a major impact in helping maintain program enrollment and ensuring those who need care the most receive it. This infrastructure will continue to be improved upon in coming years.

### CARES Survey Analysis and Social Determinants of Health

In year five, the Consortium continued to develop a sustainable data infrastructure which consists of health center and hospital data sharing workgroups, implementation of data sharing best practices, patient privacy (HIPAA) trainings, and trending of annual program data. Understanding that an individual’s health extends beyond a medical visit, the program has continued the expansion of its qualitative analysis efforts to include CARES enrollees’ experiences. Continuing from year four, a survey has again been implemented by program staff to determine impacts of CARES on patient healthcare costs and patient satisfaction. Additional questions were also added to better understand the impact of CARES on healthcare coverage status during the pandemic.

Patient interviews in the second program year identified that the high cost of care had a negative impact on their daily lives prior to enrollment into the CARES program. To better understand what services were the most difficult to afford, and determine if the CARES program was addressing these concerns, the program rolled out a survey in years three and four. Program partners aimed to get data from experienced CARES patients, so surveys were primarily implemented with participants who had been enrolled for 11 or more months in the program. Because of the pandemic, all surveys were administered over the phone, which limited the number of surveys received to 35. During the program year, CARES patients indicated the program helped alleviate some of the healthcare costs associated with CARES. 95% of respondents indicated CARES helped them address healthcare spending during the pandemic. 72% of respondents indicated that the program helped them access care during COVID.

In terms of services, dental and vision remain the largest requested services for CARES patients. This remains consistent with results displayed in years 3 and 4 as seen in Figure 9.

Figure 8: CARES Services

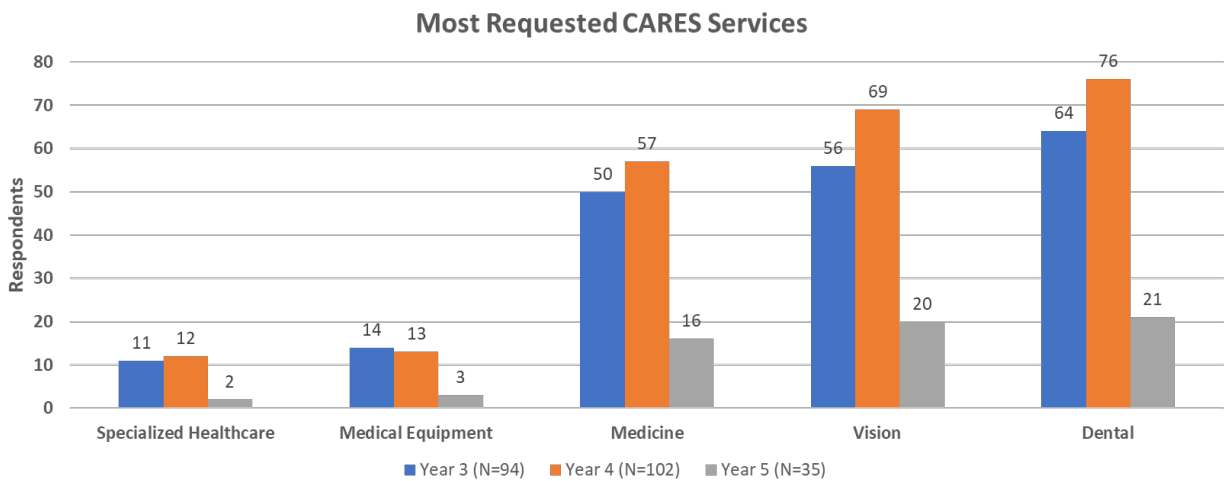
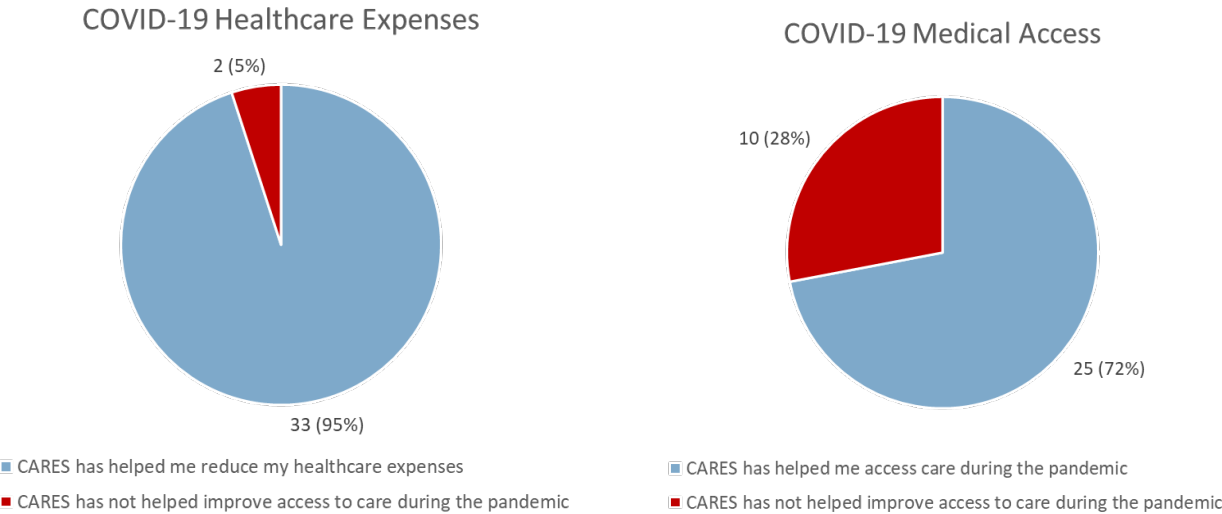


Figure 9: CARES Program Impact on COVID-19 Patients



### III. Moving Forward

Coming into its sixth year, CARES has continued to provide quality care through an unprecedented healthcare crisis. This is thanks to the collaborative relationships between CHCs, hospitals, CCHP, community members, the Contra Costa County Board of Supervisors, and partner organizations. CARES has undoubtedly become an essential resource for the remaining uninsured in Contra Costa, helping uninsured individuals access care for more than half a decade and providing essential coverage to reduce healthcare costs. With the program reaching its enrollment cap and continuing to increase in utilization, CARES has demonstrated how community partners can come together and have a major impact in addressing the health needs of the community.

In year six, CARES program partners plan to pursue the following next steps:

- COVID-19 Access and Outreach: CARES will continue to provide education and outreach initiatives for its target population. The program plans to continue to be a resource in providing healthcare services by distributing important healthcare information to patients and ensuring they have access to testing and care in the coming months.
- Sustaining Utilization and Healthcare Access: While programmatic changes have helped the program maintain its enrollment, it remains to be seen whether this can be sustained in year seven. Furthermore, as CARES was originally a pilot program created by county leaders, hospitals, community members and health centers, partners are still working to identify a long-term funding solution for the program.
- Improving Trending of Healthcare Data: Because two health centers have moved onto more robust electronic health records, the data collected from these centers can now be improved to provide a better understanding of the care patients receive. Examples may include breakdowns of the number of patients receiving telehealth services or understanding how many patients receive medication for their diabetes treatment.

Overcoming a once in a lifetime healthcare disaster is a challenge that requires a successful program infrastructure. Contra Costa has met this challenge with the combined efforts of its program partners to ensure that its most vulnerable populations are able to access essential primary care services. Each year CARES continues to grow despite operational constraints and unforeseen events, as evidenced by full program enrollment at the end of year five.



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