Summary/Action Minutes

I. Small Community Based Organization/Faith-Based Organization Housing Development Capacity Building Program

Linda Gardner, Director, Housing and Community Development, Community Development Agency and Michelle Starratt, Assistant Director, Housing and Community Development, Community Development Agency presented a PowerPoint presentation on the Small Community-Based Organization/Faith-Based Organization Housing Development Capacity Building Program.

The Board of Supervisors approved development of the Housing Development Capacity Building Program for Community-Based Organizations and Faith-Based Organizations (Capacity Building Program). The initial allocation of County funds to support this program area is $750,000, from the first two years of annual ‘boomerang’ funds that the Board designated for affordable housing and homeless responses. The San Francisco Foundation is planning to provide a $250,000 grant to the Bay Area Local Initiative Support Corporation (LISC) as the Capacity Building Program Administrator to leverage the County’s investment and expand what the program can offer.

The Capacity Building Program will have two phases. The initial phase of the program will provide trainings and an initial organizational self-assessment tool related to affordable housing development and needed capacity for all small community-based organizations (CBO) and faith-based organizations (FBO) that want to attend and/or want the tool.

In the second phase, a selected number of organizations will receive more intensive, ‘personalized’ technical assistance and support. These will be organizations that have one or more assets (land, buildings) and have made an organizational commitment to moving forward with using their assets to address the affordable housing and homelessness crisis. Selected organizations will be provided with stipends and work with the Program Administrator to create a focused organizational capacity-building plan related to housing development and then be provided with specific trainings and technical assistance towards implementation, including assistance to select an experienced development organization partner and legal and other needed assistance to enter into the partnership while achieving the CBO/FBO goals for its property and for its continued capacity building.

Local Initiative Support Cooperation representatives Cynthia Wong, Director and Quincy Phillips, were available to answer questions about LISC and the program. Examples of training offered by LISC include: basics of affordable housing development, financing and joint ventures.
Speakers

Reverend Lawrence VanHook, representing Bay Area Community Benefit Organization (BACBO) requested an opportunity to start the RFP process again since the funds have not been allocated. BACBO’s score on the RFP does not reflect the experience in BACBO.

Pastor LJ Jennings, representing BACBO, stated that the churches have been at the forefront of the entire process as it relates to passage of the Measure A1 bond and he requested that the RFP process start over. BACBO did not appeal because of the specific language they did not meet the criteria.

Kenneth Jones, representing the LISC team and was also a part of the BACBO team, stated that the LISC team and the BACBO team entered into conversations however could not come to a consensus.

Purpose:

- Report progress
- Advocacy or Education
- Request Health Committee Recommendation or Position
- Other:

Recommendation from Health Committee: BABCO will send the Health Committee an update of the members of BABCO. Housing & Community Development staff will send the RFP for the Community Based Organizations/Faith Based Organizations Housing Development Capacity Building Program. Staff will provide a list of organizations who may want to be a part of the training for building capacity. Staff to provide the process for the outreach and engagement, proposed strategies, including affiliations with the organizations to be trained.

II. Narcotic Treatment Program and Medication Assistance Treatment Program Update

Attachment

Carol F. Burton, MSW, Interim Director, Behavioral Health Care Services and Dr. Aaron Chapman, Medical Director, Behavioral Health Care Services presented a PowerPoint presentation on the Narcotic Treatment Program and Medication Assistance Treatment Program.

Medication Assisted Treatment (MAT) refers to the use of medications to facilitate the recovery of individuals with Substance Use Disorders. Medication Assisted Treatment does not suggest the use of medications alone. It suggests the use of medication in addition to counseling and other supports for recovery. Modes and actions of MAT vary between medications and substances of abuse. Opioid misuse affects every city in Alameda County, across all communities, starting in youth, 17% of Alameda County 9th and 11th graders reported misusing prescription drugs.

In 2016, an estimated 5.6 percent of people ages 12 years and older (79,186 people) misused opioids in Alameda County and 1.0 percent of people (14,254 people) had an opioid use disorder (OUD), defined as opioid abuse or dependence. There are 5,890 to 8,889 people with OUD in the county without local access to opioid agonist treatment (i.e. buprenorphine or methadone MAT). The county had 47 opioid overdose deaths in 2016.

Medication Assisted Treatment (MAT) exists for

- Nicotine use disorders
- Alcohol use disorders
- Opioid use disorders
- Research being conducted for Cocaine and Amphetamine Use Disorders (no specific MAT approved)

MAT is considered for use when other approaches aren’t working or haven’t worked, especially with heavy users of opioids. In addition, clients can choose to use the treatment.

People receiving medication treatment (MAT) for opioid use disorder have lower rates of HIV and hepatitis transmission, as well as lower mortality rates.
Strategies to meet the demand for MAT include: 1) Increase prescribers: Adding at least 235 prescribers with a 30-patient limit would double the county’s waivered prescribers and fill 59.9% of the treatment gap (if new prescribers treat an average of 15 patients); 2) Increase service locations: Add MAT in health centers, jails, EDs, hospitals, maternity practices, and existing addiction treatment programs.

Alameda County has applied for DHCS grant to participate in learning collaborative regarding expansion of MAT in jails (partnership between Sheriff’s Department, CFMG, BHCS). BHCS and the Community Health Care Network (CHCN) have sponsored physician trainings in order to increase the number of prescribers trained (and certified) to prescribe Suboxone (buprenorphine).

Three Alameda County FQHCs have obtained Health Resources & Services Administration (HRSA) MAT expansion grants in order to increase MAT services (Health Care for the Homeless, Lifelong, Tri-Cities). BHCS is partnering with network of Narcotic Treatment Programs to assist in expansion of MAT services.

Current opioid prevention efforts include:

- Increase public awareness with proclamation from the Board of Supervisors
- Reduce the demand curve by changing public perception
- Encourage people to keep meds safe, locked up and disposed of safely
- Support roll-out of expanded Safe Drug Disposal Sites
- Reduce overdoses:
- BOS funded a Naloxone program targeting illicit opioid users

Purpose:
- ✔ Report progress
- ✔ Advocacy or Education
- ☐ Request Health Committee Recommendation or Position
- ☐ Other:

This item was informational only and required no Committee action.

III. Alameda Health System (AHS) Quarterly Financial and Operational Report

Attachment

Delvecchio Finley, Chief Executive Officer, Alameda Health System, presented a PowerPoint presentation on the Alameda Health System Quarterly Financial and Operational Report.

Patient Activity Report – April 2018

- Acute Average Daily Census - 291
- Average Length of Stay up to 5.9 days
- Post Acute Average Daily Census – 300
- Emergency Department Visits - 10,817
- Clinic Visits - 29,611
- Physician work Relative Value Units - 83,239

Financial Revenue Report– April 2018

Net Patient Service Revenues (NPSR) includes $22.1 million adjustment for prior yr FQHC. The Collection Ratio NPSR was 15.6% for the month, but 23.2% w/o FQHC adj. The Budgeted Collection Ratio of 20.6% w/o FQHC adj to be achieved by June 30th. Supplemental Revenue $22.6 mill > Budget.

Overall Collection Ratio 31.2% YTD, 1.3% > Budget

Financial Report – Operating Expenses

- April Operating Expenses were $84.8, $2.6 million (3.1%) > Budget.
• Salaries, Wages and Registry together were UNDER budget.
• Benefits over for AHS Retirement plan $700K.
• Contracted services include a performance incentive payment.
• Pharmaceuticals continue to be > budget, consistent with higher IP activity.
• General and Admin expense includes increased expense for Foundation Gala.

Key Finance Updates

FY19 Budget Completed and Approved
  o Operating Budget target - 4.6% EBIDA Margin
  o Capital Expense Budget
    o EHR, Rehab Relocation, Routine Capital
    o Deferred/Unexpected Improvement needs for County owned buildings

Additional Reporting Requirement

AHS will report the following information to the Health Committee on at least a quarterly basis, or more frequently as noted:

- The status of Epic implementation, which will include progress to date relative to key project milestones, as reported by AHS to their Board of Trustees. This is in addition to the supplemental Toyon report metrics by hospital campus not related to EHR implementation that AHS has already committed to reporting to the Health Committee on a quarterly basis.

- The status of the $5M scope contingency identified in the EHR project budget, including any intention by AHS to engage these funds, as reported by AHS to their Board of Trustees.

- Any planned service reductions, including any service downgrades, changes, or closures that would result in a reduction in the scope of services provided, a reduction in the number of patients served, or a reduction of program staff. AHS will provide notification of planned service reductions as they are determined so that notice is not delayed due to the Health Committee’s quarterly meeting schedule.

- The status of facility maintenance, including work with GSA on facility maintenance and emerging facility needs. (NOTE: Still under review: AHS proposes to work directly with GSA and that they be responsible for reporting to the Board of Supervisors.)

The County will schedule quarterly hearings on the status of AHS’s EHR implementation at the Board of Supervisors Health Committee (concurrent to our routine Health Committee updates). AHS will submit the required information on a quarterly basis regardless of whether the Health Committee has scheduled the item for consideration. AHS will not be deemed out of compliance should the committee be unable to agendize the AHS EHR update at regular quarterly intervals.

An agreement was sent to the AHS Board of Trustees for review/approval (July 2018) and then will be sent to Board of Supervisors for approval, likely September 2018.

Purpose:
- [X] Report progress
- [ ] Advocacy or Education
- [ ] Request Health Committee Recommendation or Position
- [ ] Other:

This item was informational only and required no Committee action.

PUBLIC COMMENT

None.

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