ALAMEDA COUNTY
BOARD OF SUPERVISORS'
HEALTH COMMITTEE

Monday, January 11, 2016
9:30 a.m.

Supervisor Wilma Chan, Chair
Supervisor Keith Carson

Location: Board of Supervisors Chambers – Room 512 5th floor
County Administration Building, 1221 Oak Street, Oakland, CA 94612

Summary/Action Minutes

I. Safe Prescribing Coalition: Plans for 2016

Attachment

Dr. Kathleen Clanon, Medical Director, Health Care Services Agency, presented a PowerPoint presentation on the Safe Prescribing Coalition and their plans for 2016.

The Safe Prescribing Coalition has seen an increase in opioid use in Alameda County. Opioid use has increased nationally and in 2015 overdoses surpassed auto accidents as the number one cause of accidental death in the U.S. In Alameda County, 17% of all 9th and 11th graders reported misusing prescription drugs. In every school district surveyed, there was adolescents misuse prescription painkillers.

The Safe Prescribing Coalition has been working with several partners to reduce opioid use in Alameda County. Strategies implemented include:

- Strategy 1: Reduce the total number of pills prescribed
- Strategy 2: One patient, one prescriber – reduce doctor shopping – all but two Alameda County emergency departments have signed onto an agreement not to prescribe chronic opioids.
- Strategy 3: Reduce overdoses with the Naloxone program targeting illicit opioid users.

Activities planned for 2016

The Safe Prescribing Coalition will be working with doctors and clinics to implement voluntary Clinical Guidelines to improve education for patients on pros & cons of opioids. Also, doctors and clinics will prescribe fewer pills at a time and work on lowering doses.

The Safe Prescribing Coalition requests to work with the public and patients to increase public awareness by forwarding a proclamation to the Board of Supervisors for placement on their agenda proclaiming March 2016 as Prescription Drug Abuse Awareness Month.

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

Recommendation from Health Committee: Approved. Move to the full Board of Supervisors.
II. Safe Drug Disposal Ordinance
Attachment

Bill Pollock, Chief, Household Hazardous Waste, Environmental Health Department, presented a PowerPoint presentation on proposed revisions to the County’s Safe Drug Disposal Ordinance.

In June of 2012, Alameda County passed the nation’s first pharmaceutical take-back ordinance. The ordinance covered prescription drugs only and not over the counter (OTC) drugs. The Drug Enforcement Agency (DEA) ruled that only law enforcement could collect controlled substances.

New DEA rules effective as of October 2014, state that controlled substances may now be collected at Pharmacies. The County’s ordinance provisions have been revised to reflect the new DEA rules, including:

- Covering OTC’s and eliminates sorting at “one day events”
- Allowing controlled substances to be collected by hospitals and pharmacies
- Stewardship organization must provide kiosk to any DEA registrant to allow for drug disposal
- Minor change to definitions to clarify the ordinance and make enforcement easier.

The Environmental Health Department requests the Committee’s approval to move the item to the full Board of Supervisors for approval.

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

Recommendation from Health Committee: Approved. Move to the full Board of Supervisors.

III. Alameda County Health Care for the Homeless Program & 330h Plan of Correction
Attachment

Dr. Damon Francis, Interim Director, & Medical Director, Health Care for the Homeless Program, Health Care Services Agency, presented a PowerPoint presentation on the Alameda County Health Care for the Homeless Program and the 330h Plan of Correction.

The purpose of the presentation is to explain the need for a change in governance structure for the Health Care for the Homeless Program and introduce the recommended solution.

The typical 330 health center program is a private non-profit and the regulations reflect this. However, some health centers are operated by public entities, these are referred to as “public centers”. In 2014, the federal Health Resources and Services Administration (HRSA) published new requirements for the governance of public entity health centers. In California, many counties, including Alameda have 330 health centers as part of their public hospital and healthcare systems; all have been going through the process of meeting the new requirements.

Public agencies must now meet specific governance requirements, or they may establish a “co-applicant” governing board to meet the requirements. The County has two public entities, the County (the grantee), and Alameda Health System (AHS), the sub-recipient. In August of 2015, a HRSA site visit determined that neither the Board of Supervisors (BOS) nor the AHS Board of Trustees (BOT) meets the requirements. Failure to establish a Co-Applicant Board would result in the loss of the County’s 330 grant and related Federally Qualified Health Center (FQHC) revenue totaling $19 million.
In November 2015, the Alameda Health System Health Care Services Agency executive staff, Health Committee staff, and Health Care for the Homeless Program leadership met to review consultant recommendations and agreed on a proposed solution to form a Joint Co-Applicant Board.

Co-Applicant Board Requirements

- Must be an independent self-perpetuating board that has the authority to appoint itself;
- Must be composed of a minimum of 9 and a maximum of 25 members;
- Normally, majority of members must be served by the 330 HCH Program - currently waived for HCHP as a homeless program;
- Public agency boards (BOS, BOT) may retain responsibility for general fiscal and personnel issues.

The Co-Applicant Board is separate from and independent of the public agency. The Joint Co-Applicant Board will provide community board oversight to the HRSA-approved program scope of homeless services at both HCSA and AHS programs. The Co-Applicant Agreement & Co-Applicant Board Bylaws define the respective roles and responsibilities.

The Health Care Services Agency requests the Health Committees approval to move this item to the full Board of Supervisors.

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

Recommendation from Health Committee: Approved. Move to the full Board of Supervisors.

IV. Behavioral Health Care Services Crisis Services & John George Psychiatric Hospital Update

Attachment

Manuel Jimenez, Director, Behavioral Health Care Services (BHCS), presented a PowerPoint presentation on the department’s crisis services and an update on John George Psychiatric Hospital.

Crisis services are designed to stabilize individuals in psychological distress and engage them in the most appropriate course of treatment. BHCS is mandated by the State to ensure availability of services to address beneficiaries’ urgent and psychiatric conditions 24 hours/7 days a week.

Issues impacting crisis services, which result in overcrowding at John George Psychiatric Emergency Services include:
- Geographically large county
- Growing population
- High concentrations of poverty
- One of the highest 5150 rates in the State
- Insufficient diversion capacity
- Inpatient bed shortage (2007-2009 reduction of BHCS beds purchased due to budget cuts)

BHCS proposes a Four Region Model to provide mental health crisis services and alleviate some of the impacts on patients and overcrowding.

Each Region would have 5150 receiving centers and crisis stabilization units to assess 5150 holds in addition to crisis residential services to stabilize clients and provide diversion in lieu of inpatient services.
Proposed Regional Crisis Services Model funding is projected at an annual charge of $20.5 million with BHCS’ projected annual cost of $9.4 million. Additional capital costs may be needed for each region.

In the interim, BHCS has contracted with other psychiatric services outside of the County to alleviate overcrowding at John George Psychiatric Hospital

Speakers

Guy Qvistgaard, Chief Administrative Officer, John George Psychiatric Hospital, stated that his recommendation would be to increase the strengths of the current model of crisis services at John George Psychiatric Hospital and an expanded model that does not solely focus on a decentralized theme.

Troy Nixon, Registered Nurse, John George Psychiatric Hospital, stated he has worked at John George Psychiatric Hospital for the last 22 years. On behalf of the patients, nurses need help to ensure patients and employee safety and are overburdened by the overcrowding at the hospital.

Purpose:

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☐ Advocacy or Education
☒ Request Health Committee Recommendation or Position
☐ Other:

Recommendation from Health Committee: Approved. Move to the full Board of Supervisors.

PUBLIC COMMENT

Joe Rose, past member of the Alameda County Mental Health Board, would like to know what the BHCS is doing to reduce hospitalizations and re-hospitalizations.

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