I. Interviews of Nominees for the Alameda Health System Board of Trustees

Louis Chicoine, Executive Director, Abode Services, addressed the Committee and explained why he is interested in being on the Alameda Health System Board of Trustees.

Mr. Chicoine has been working to house homeless persons for 24 services throughout Alameda County, Measure A oversight Committee was chair of the committee, Tri-City Health Center Board Treasurer. Repealing healthcare and is very strongly committed to creating a system of care, and would like to keep it.

Peter Manoleas, L.C.S.W., Emeritus Lecturer, University of California, Berkeley’s School of Social Welfare and Board Member, La Clinica de la Raza,

Mr. Manoleas, the mission of AHS is a deeply held committed, employed in Behavioral Health, in Alameda County, taught at UC Berkeley for 30 years training social workers and internships, the different parts of the mission, service of the most vulnerable, erasing health disparities, 30 year board member of La Clinica. Has done a variety of public service work, Measure A Oversight Committee, Oversight to Linguistics and Cultural Access board in 1980’s, state boards, committee on Mental Health Research, what he might bring, many issues are familiar, perspective that can connect dots, with the safety net, workforce training comment.

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

Recommendation from Health Committee: Louis Chicoine, Executive Director, Abode Services will be recommended to the Alameda Health System Board of Trustees.

II. Alameda Health System Financial and Metrics Update

David Cox, Chief Financial Officer, Alameda Health System, presented a PowerPoint presentation on the Alameda Health System Financial and Metrics Update.

The AHS Board has adopted a new Metrics Report as a part of their strategic plan.

Access – This continues to be a significant area of focus. TNAA is averaging about 49 Days, well above our target, while other indicators are also lagging behind our targets. The leadership of our Ambulatory SBU is working to expand access.
**Sustainability** – Financial metrics are now trending below our long-term objectives. Payer mix is stable, but recent declines in certain volume indicators have impacted revenues and caused certain key ratios to decline.

**Quality** – Performing favorable to AHS targets

**Service** – Indicators have improved but still lag behind AHS targets

**Work Force** – Indicators continue to improve and are approaching our targets.

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

This item was informational only and required no Recommendation from the Health Committee:

### III. Overview of Substance Use Disorder (SUD) Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver Update

**Attachment**

James Wagner, LMFT/LPCC, Deputy Director, Behavioral Health Care Services, Carol F. Burton, LMSW, Interim Director, Behavioral Health Care Services and CEO – Jeweld Legacy Group and Nathan Hobbs, LCSW, Interim County Alcohol & Drug Program Administrator, Behavioral Health Care Services and Jill Louie, Management Analyst, Behavioral Health Care Services presented a PowerPoint presentation on the Overview of Substance Use Disorder (SUD) Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver.

The Drug Medi-Cal Organized Delivery System (DMC ODS) Waiver is a federal/state demonstration project to improve outcomes for DMC beneficiaries while decreasing other system health care costs. It provides systemic and practice reforms to develop a continuum of care that effectively treats the multiple dimensions of substance use disorders to make possible a full continuum of care for substance use services. An intergovernmental Agreement converts SUD system to managed care plan which counties elect to participate in for the 5 year waiver project (2015-2020).

- Alameda County is reaching 18% of estimated adult beneficiaries needing SUD treatment
- Local opioid-related hospitalizations costs increased 45% from 2009-2014
- Lack of standardized assessment tools and metrics makes tracking outcomes very difficult
- Current negotiated state rates do not cover Alameda County’s costs
- DMC quality standards require more from provider staff; providers have difficulty retaining staff at current reimbursement rates

The waiver is needed because Alameda County is reaching 18% of estimated adult beneficiaries needing SUD treatment and local opioid-related hospitalizations costs increased 45% from 2009-2014. The lack of standardized assessment tools and metrics makes tracking outcomes very difficult. Current negotiated state rates do not cover Alameda County’s costs and DMC quality standards require more from provider staff; providers have difficulty retaining staff at current reimbursement rates
Waiver Implementation Timeline

- Implementation plan submitted to DHCS July 2016
- Implementation plan approved by DHCS December 2016
- Fiscal plan approved by DHCSA September 2017
- Health Committee Presentation October 2017
- Request for Interest (RFI) October 2017
- Full Board Approval November-December 2017
- Request for Proposal (RFP) released January 2018
- RFP responses due March 2018
- Readiness Assessment April May 2018
- New awards issued April 2018
- New contracts start date July 1, 2018
- End of waiver June 2020

This item was informational only and required no Recommendation from the Health Committee:

PUBLIC COMMENT
None.

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