I. Measure A One-Time Allocations
   i. Connecting Kids to Coverage
      Attachment

   James Nguyen, Interim Finance & Administration Director, Health Care Services Agency, Allison Delgado, Program Director, East Bay Agency for Children, Gloria Vargas, Program Coordinator, East Bay Agency for Children presented a PowerPoint presentation on Connecting Kids to Coverage to request a one-time Measure A allocation.

   Connecting Kids to Coverage was launched in July 2013 by the Health Care Services Agency and the Social Services Agency to enroll eligible children and families in health insurance and public benefits.

   Connecting Kids to Coverage proposed objectives for 2017-2018 include:

   Increase Usage of Family Resource Centers: increase the number of individuals accessing physical, dental and mental health services and family supports.

   Improve health through School-based Services, including case management and links to community resources; connect students with a “medical dental home”, food pantry to address basic needs.

   The Health Care Services Agency requests a Measure A one-time allocation to support expansion of Connecting Kids to Coverage.

   ii. Healthy Homes Services for Seniors and Group Living Facilities Residents
      Attachment

   Larry Brooks, Director, Healthy Homes Department, Community Development Agency, presented a Power Point presentation on the Healthy Homes Services for Seniors and Group Living Facilities Residents to request a one-time Measure A allocation.

   The Fixing to Stay Program increases seniors’ ability to live independently following home modifications and also increase connections to senior services that promote wellness. The program assists low-income adults aged 62 years and older. In fiscal year 2016/17 seventy properties received home modifications.

   The Group Living Facilities Program increases the number of safe and healthy group living facilities in the unincorporated area of Alameda County.
Group Living Facilities are preserved and sustained in a way that reduces the possibility of negligent operators and also improve communications within agencies responding to housing conditions.

The programs provide health and safety risk assessments and home modifications for older adults.

The Healthy Homes Department, Community Development Agency, requests a Measure A one-time funding allocation to support these programs.

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

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

II. 2014-15 Measure A Citizen Oversight Committee Report

*Attachment*

Al Murray, Chair, Measure A Citizen Oversight Committee James Nguyen, Interim Finance and Administration Director, Health Care Services Agency, presented a PowerPoint presentation on the 2014-15 Measure A Citizen Oversight Committee Report.

The Measure A Citizen Oversight Committee is responsible for the annual review of expenditures of the health care services tax fund for the prior year and report findings to the Board of Supervisors.

In fiscal year 2014/15 Measure A funds were allocated to over 120 providers, with $35.1 million approved by the Board of Supervisors. In addition over $99 million was allocated to Alameda Health System.

**Measure A Oversight Committee Recommendations**

A. The Board of Supervisors should make a public announcement that Measure A funding is open to all organizations so that eligible organizations become aware of this funding opportunity and learn how to apply.

B. The Board of Supervisors should authorize the Health Care Services Agency to include evaluations of Measure A programs as part of its initiative to improve the oversight and outcomes in all its programs. This includes identifying additional funding to ensure that Measure A contracts are included in the initiative.

C. Health Care Services Agency should continue to work with recipients to improve the use of results-based performance measures and ensure that the population and services supported with Measure A comply with the ordinance.

**Purpose:**
- Request report progress
- Advocacy or Education
- Request Health Committee Recommendation or Position
- Other:

  This item was informational only and required no Committee action.
Rebecca Gebhart, Interim Director, Health Care Services Agency, Aaron Chapman, MD, Medical Director, Behavioral Health Care Services and Dr. Karyn Tribble, PsyD, LCSW, Chief Administrative Officer, Behavioral Health Services, Alameda Health System, presented a PowerPoint presentation on the John George Psychiatric Hospital Census Management Plan.

Issues of overcrowding were raised by the Service Employees International Union (SEIU) with a request for psychiatric emergency services (PES) be capped at 50 patients to ease overcrowding. Systems leaders met to discuss and strategize solutions and have reported to the Alameda County Board of Supervisors’ Health Committee on the following dates: July 11, 2016, August 1, 2016, September 26, 2016, November 14, 2016 and April 24, 2017.

The Census Management Proposal was developed by Alameda Health System (AHS) and was vetted with system partners and went into effect December 1, 2016.

Other strategies to ease overcrowding include:

- EMT/Clinician Pilot Program collaboration with BHCS, AHS, and First Responders
  - Seeking Bloomberg Grant for pilot
  - Goal: perform community-based and hospital-based assessments, reduce high cost transports, reduce wait times, “take persons in crisis to the right service at the right time”
- Post Crisis Mentoring Program
  - Goal to reduce repeat hospitalizations/ crises through positive peer support, mentoring and increased community connections and engagement.
  - Partnership between BHCS, JGPH & NAMI South County; Innovations > Ongoing BHCS Program.
  - Mentors on Discharge started Sept of 2016. First referral was on 1-14-17. 47 referrals were made from JPGH since January.

Census Management Strategy
- At times when conditions in PES exceed the ability of the unit to deliver high quality services, a temporary “hold” is placed on accepting transfers from local Emergency Departments and Inpatient Units. Once the Census Management Procedure is engaged, PES continuously assesses for “exiting” the Transfer Delay Procedure.

Pilot Initiation occurred on November 28, 2016 when PES Census had reached 36 patients.
- Duration: 4:30am – 7:30am
- Impact to Emergency Departments (EDs): None reported

Formally Implemented on December 1, 2016

Strategy initiated:

**Monday, March 13, 2017**
- Transfer Delay Initiated when census reached 48 patients
- Duration: 7:45pm – 7:45am
- Impact to EDs: 4 Patients

**Monday, March 20, 2017**
- Transfer Delay Initiated when census reached 56 patients
- Duration: 12:00am – 7:30am
- Impact to EDs: 2 Patients
Thursday, March 30, 2017*
• Inpatient Medical Emergency: Transfer Delay Initiated when census reached 32 patients
• Duration: 8:00am – 10:15am
• Impact to EDs: 0 Patients

Sunday, April 23, 2017*
• Inpatient Medical Emergency: Transfer Delay Initiated when census reached 44 patients
• Duration: 5:22am – 8:34am
• Impact to EDs: 0 Patients

On-Going Review of Census Management Strategy

Additional analysis is needed to evaluate recent upward trends in patients presenting to PES crisis stabilization unit. (Registered visits = slight increase noted in recent months). No additional use of area emergency departments noted with the initiation of PES Triage. Additional review and analysis needed in order to track beyond methods available to AHS. An initial increase in ambulance wait times was noted with the initiation of triage, with trends decreasing in recent months.

Purpose:
☒ 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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