HEALTH CARE ADVISORY BOARD

Meeting Summary
January 14, 2008

MEMBERS PRESENT
Marlene Blum, Chairman
Rose Chu, Vice Chairman
J. Martin Lebowitz
John Clark
Francine Jupiter
Ellyn Crawford
Tim Yarborough

STAFF
Sherryn Craig

GUESTS
Verdia Haywood, Deputy County Executive, Human Services
Caroline Valentine, Department of Systems Administration for Human Services
JoAnne Jorgenson, Health Department
Julianna Miner, Health Department
Chris Stevens, Health Department
Ann Rieger, Inova Health System
Jennifer Siciliano, Inova Health System

The meeting was called to order at 7:38 pm.

Approval of the Minutes

Under the "Review of Workplan" section, Francine Jupiter asked that the minutes reflect HCAB members' interest to accompany Health Department staff on Board of Supervisor visits. The minutes of the December 10, 2007 HCAB meeting were corrected and accepted.

Update on Special Study

Supervisor Smyth is planning to assemble an Advisory Committee to look at the impact of Inova's projected capital improvements. In addition to Marlene Blum and Wes Joins (Lewin Group), the committee will also have representation from the Providence District Planning Commissioner and the Community Services Board (CSB). The committee will convene at the end of January or beginning of February. Marlene will keep the rest of the HCAB apprised of the committee's progress.

Restructuring the Fairfax-Falls Church Community Health Safety Net Presentation

Verdia Haywood, Deputy County Executive, Human Services, provided a briefing on the County's efforts to restructure the health care safety net. The County defines the safety net as "those providers that organize and deliver a significant level of care and other related services to uninsured/underinsured, Medicaid, and other vulnerable populations." The County and Inova Health System continue to be the County's major safety net providers.

An estimated 80,000 – 100,000 residents of Fairfax-Falls Church are uninsured. Of that group, approximately 35,000 – 45,000 have incomes below 250 percent of the Federal Poverty Level (FPL). 25,000 – 30,000 people are currently enrolled in a safety net health care program supported by the County, Inova, or both.

There are several factors influencing the County's decision to restructure the safety net. First, the system is almost at capacity. Currently, CHCN does not have a wait list, but this trend is not expected to continue. Second, some sites are geographically remote from where patients live. The Western Fairfax area, for example, lacks a Health Department District Office or CHCN clinic. Moreover, some sites are located in unnecessarily expensive or cramped physical settings (e.g. OB/GYN clinic). Many patients also require specialized services to address chronic illnesses or cultural or language barriers. Additionally, information systems are insufficient. Verdia noted that the current safety net is funded almost entirely by the County Government and Inova Health System. Restructuring would allow the County to leverage resources from Federal and State governments as well as the private sector.

Verdia reviewed the Guiding Principles of the Safety Net. The restructured safety net will seek to improve quality of care by:

- Matching patients with special needs toward provider settings designed to meet those needs;
- Incorporating medical education and other health professions training programs into safety net health care settings;
- Integrating behavioral health care with primary care—this is a high priority and will also be addressed by the BOS commission appointed to study behavioral and mental health issues;
- Improving geographic accessibility;
- Developing more integrated information systems and more coordinated quality improvement efforts; and
- Integrating children services delivered through Inova Pediatric Center (IPC), MCCP and SCHIP into the Safety Net system.

Additionally, the restructured safety net will seek to expand patient resources by:

- Recruiting additional community providers to share the task of serving low-income uninsured patients;

- Extending patient care resources through medical residents and other high level health professions trainees; and
- Further defining and developing service capacity through the use of nurse practitioners.

The original strategy to restructure the safety net included the creation of a 501(c)(3). This vehicle would have been used to fundraise and leverage funds from third parties, establish joint ventures/partnerships, and increase private sector involvement. Legislation passed in the 2006 General Assembly provided the County with the legal framework to move forward with the restructuring initiative.

In January 2007, the BOS established the Fairfax County Safety Net Health Center Commission. The Commission has the authority to assist in or provide for the creation of a nonprofit corporation, partnership, limited partnership, association, foundation, or joint ventures for providing medical care and related services. It also has the authority to contract for the management and operations of health care and is exempt from Virginia procurement regulations. The Health Center Commission must have five members appointed by the governing board, and those five members cannot engage the larger community in the governance structure. The Commission's five members currently include the County Executive, Deputy County Executive (Human Services), Deputy County Executive (Chief Financial Officer), Director of Health, and the Director of the Fairfax-Falls Church Community Services Board (CSB).

Verdia acknowledged that the current Commission membership does not represent safety net interest and community groups. To address this concern, at the October 22, 2007 Safety Net Commission meeting, a decision was made to appoint ex-officio members to the Commission in order to engage stakeholders for input and discussion. Ex-officio members would include the Inova Health System, Medical Society, Chamber of Commerce, MCCP Advisory Group, and MCCP Foundation, Inc.

Moving forward, several action steps were identified:

- The Fairfax County Safety Net Health Care Commission will serve as the governance structure of the Health Safety Net.
- Current staff from the Health Department and CSB will provide staff support to the Commission.
- The Commission will continue to engage and appoint ex-officio members.
- The Commission will explore engaging MCCP as part of the safety net joint venture.
- The Commission will explore the possibility of fundraising with the MCCP Foundation and/or the Northern Virginia Health Foundation.
- The Commission will solicit a partnership proposal that includes several components, including:
    - Integrating of behavioral and primary health care;

- Decentralizing and expanding capacity of OB services (Inova's 3rd trimester/delivery services, Health Department case management support), enhancing coordination and transition of patients, and leveraging expertise or both public and private sectors;
- Demonstrating how a partnership might work for Medicaid and SCHIP clients without decreasing services to uninsured patients;
- Soliciting and obtaining volunteer physician participation;
- Coordinating a system of specialty referrals; and
- Providing the flexibility to work with small businesses and insurance companies to produce an insurance product: "Fairfax Family Health Plan."

The Commission released the solicitation for partnership/Safety Net provider in December 2007. This solicitation included the existing scope of services plus the capacity to expand and support the above components. Chris Stevens said proposals are due January 25.

Another change, illustrated in "The Envisioned System" (pp. 12 of presentation), is the creation of a Central County Community Health Center. This site may be located in the Central County Human Services Center (formerly the Woodburn facility).

During the question and answer portion of the presentation, Verdia Haywood suggested that the County may need to reconsider how it funds safety net providers. The Northern Virginia Health Foundation (NVHF), of which Verdia is a board member, has thus far given out small grants to a large number of nonprofit providers. However, once the grant cycle concludes, there is no guarantee that the nonprofits can sustain their programs beyond the two-year period. What the NVHF is considering, and perhaps the County should follow, is a structure that extends funding beyond two years, increases the funding amount, and puts a premium on program sustainability. This methodology would incentivize medium and larger-sized providers to apply for funding. Marlene Blum cautioned that there may be some community resistance if the County pursues this approach.

Marlene also noted a nonprofit organizational structure, like that in the original proposal, would allow the County to access federal and state funding. Verdia felt that resources could still be leveraged using a foundation.

Marlene asked about the status of the Safety Net Charter. Verdia said that the County Attorney's Office had a draft charter, and he hoped to share it with the BOS at the end of February. Marlene asked if the HCAB would have an opportunity to review the charter, given that this commitment was made a year ago when staff originally presented the plan. Verdia said that the charter would go to the HCAB before the BOS incorporated the document. JoAnne will provide a copy of the charter to the HCAB when it is made available to her.

There was a question of what the term “ex-officio” meant. Francine Jupiter said it meant groups could participate, but not vote. Verdia agreed with that interpretation. Marlene cautioned that the groups designated as ex-officio members did not necessarily represent the community at large. Verdia replied that the list was just a placeholder, and it would be expanded in the future.

Marlene reminded Verdia that the HCAB had raised some serious concerns last year, and that many of those questions remained unanswered. Under the new proposal, Marlene asked what guarantee the County would have that adequate resource levels would be met. Moreover, the issue of accountability was raised. Under the new framework, it was not clear that the Safety Net would be responsive to community concerns. Finally, Marlene asked what changes, besides OB, would be planned at Inova. Verdia said that the Pediatric Center would be integrated into the new safety net.

With respect to provider recruitment, Lyn Crawford asked if the County had pursued a Public Health Service partnership. JoAnne Jorgenson said that the area did not qualify for PHS grants. Lyn encouraged staff to keep applying.

Rose Chu expressed concern about the proposed insurance product. Verdia acknowledged her concerns, but felt it was still too early in the process to offer additional detail.

John Clark asked if Reston Hospital would be included in the Safety Net. Verdia said that at some point, he hoped it would.

A question was asked about physician recruitment. Ann Rieger said that the Inova MCV Springfield campus was in negotiations to provide support to the Safety Net. MCV is currently a partner with the Health Department and CHCN. JoAnne Jorgenson said that the County would continue to work with the nursing programs at Marymount and George Mason Universities. Dr. Lebowitz was supportive of the MCV partnership and noted that it would improve quality of care and provide excellent training for junior residents.

Marlene Blum, expressing concern that she has heard in the community, asked if the new Safety Net would eliminate the need for a Lease Agreement between the County and Inova. Verdia said emphatically that the Lease Agreement would continue to define the relationship between the County and Inova and there was absolutely no intention to get rid of it.

Verdia assured the HCAB that their participation was critical to the development of the Safety Net. He will come back to the HCAB with the charter.

Presentation on the Draft Implementation Plan to Prevent and End Homelessness in Fairfax-Falls Church Community

Verdia Haywood provided a brief presentation on the Draft Implementation Plan to Prevent and End Homelessness. This plan was presented to the BOS in November 2007. There are about 2,000 homeless individuals in Fairfax County.

Under the Draft Implementation Plan, the County would shift to a Housing First model. This policy provides stable, permanent housing as the first step, not the last. The goals of Housing First are to (1) remove barriers to rapid re-housing, (2) deliver services to people once they are housed, and (3) keep those people in their housing. During the development of this plan, the County learned that Housing First costs less than institutional settings. Services can be provided more effectively. People respond to social interventions in a dignified environment, and lastly, community costs (e.g. health care, law enforcement/public safety) decrease substantially.

Verdia reviewed the Guiding Principles of the plan:

- Community acceptance and support of the Housing First approach is critical and will be challenging.
- Political will is required to provide the leadership, commitment, resources, support, and flexibility necessary for the plan's success.
- The County needs strong participation from the business community.
- Collaborative leadership and management will be essential.
- Collaboration across all agencies will be needed to make the necessary organizational, policy, practices, and process changes.
- There will be meaningful opportunities for input from persons who are or have been homeless.
- Diverse funding and resources will be sought throughout the community.
- Accountability will be demanded from all participating organizations.

Verdia reminded the HCAB that the County's approach to homelessness has been one of management. By contrast, Housing First provides a strong focus on permanent housing and prevention. There is a single access point to provide integrated services in the community and a formal, communitywide partnership will work to provide these services.

Verdia acknowledged that there would be some challenges in implementing the plan; the County does not have enough available housing or funding to make the plan happen. The County would need to identify new sources of funding and redirect existing resources to support the Housing First approach. The County would also need to explore alternative and innovative housing sites, such as the Culmore Revitalization Project. Similarly, the County would need to convert transitional housing and utilize existing housing to provide permanent housing units. Verdia stated that there are

2,000 housing units under the Housing Authority's control. Some of these units would need to be available for Housing First. Lastly, new types of permanent housing (i.e. single room occupancy SROs) would need to be developed. This would require the identification and adjustment of key land use, programs, and operational policies.

Services would be provided through Housing Opportunities Support Teams (HOST). HOSTs would build on existing government and nonprofit locations and resources, but not be tied to a specific physical location. HOSTs would also be flexible to adapt to local conditions.

The governance structure of the implementation plan is modeled after best practices from around the country and formalizes the community partnership that has been evolving in the County for many years.

The formalized partnership is illustrated on page 10 of the presentation. Verdia noted the Foundation component of the partnership. Currently, the County level of giving is disproportionate to the level of need. The County only raises $2.5 million annually vis-à-vis the United Way Campaign. It is hoped that a Foundation would reinvigorate fundraising efforts. Dr. Lebowitz encouraged staff to publicize its fundraising efforts. Verdia mentioned that the County is working with Freddie Mac and the National Alliance to End Homelessness to coordinate public relations and communications efforts. Moreover, Verdia will be meeting with the Housing Authority to review the plan, which will also require a change in their policies.

In terms of timing, transition activities, communications, training, and learning are ongoing. Formal BOS approval of the implementation plan is expected by March 2008. The Governing Board and the Office to End Homelessness will tentatively be put in place by August 2008 with a full transition to the Housing First system by the end of 2008.

John Clark asked what percentage of the homeless is mentally ill. Caroline Valentine stated that roughly 70 percent of homeless individuals (not in families) fall into that category.

Staff Update on Mobilizing for Action through Planning and Partnership (MAPP)

Julianna Miner, Strategic Planner for the Health Department, provided an update on the Mobilizing for Action through Planning and Partnership (MAPP) project. Before the Health Department can meet with the Board of Supervisors, Verdia Haywood has asked HD staff to brief the County's Senior Management Team. This group has been busy with budget preparations, but staff is working to get something scheduled. Once the Senior Management Team is briefed, Julie will schedule meetings with the Board of

Supervisors. Marlene Blum will try to come to as many Supervisor meetings as possible, and HCAB members who are also interested in attending will be welcome.

Julie was not able to give a definite timeline for scheduling the MAPP assessments, but she thought next summer/early fall may provide the greatest opportunity. In response to the HCAB's interest in having town hall/district style meetings, Julie felt this activity would dovetail nicely with the Community Strengths and Themes Assessment. Again, the Health Department is looking at a tentative timeframe of late summer/early fall.

JoAnne Jorgenson also announced the arrival of Mike Andrews, the new Public Information Officer (PIO). He will be helping to coordinate many of the MAPP activities.

Other Business

The dates for the March budget meetings will be Monday, March 3; Monday, March 10; and Monday, March 24.

Due to the Columbus Day holiday, the October 2008 meeting is scheduled for the third Monday of the month—October 20. However, Sherryn will send out three dates to the group and they should let her know what their preference is for the October meeting.

There being no further business, the meeting was adjourned at 9:23 pm.