

## **HEALTH CARE ADVISORY BOARD**

Meeting Summary

November 6, 2019

### **MEMBERS PRESENT**

Marlene Blum, Chairman  
Rose Chu, Vice Chairman  
William Finerfrock, Vice Chairman  
Ann Zuvekas  
Ellyn Crawford  
Philippe Beauchene  
Tim Yarboro, MD  
Dr. Michael Trahos, DO

### **STAFF**

Sherryn Craig

### **MEMBERS PARTICIPATING REMOTELY**

Maia Cecire

### **MEMBERS ABSENT**

Rosanne Rodilloso  
Shikha Dixit

### **GUESTS**

Gloria Addo-Ayensu, MD, MPH, Health Director, Health Department  
Jessica Werder, Deputy Director of Public Health Operations, Health Department  
Chris Revere, Deputy Director for Innovation and Planning, Health Department  
Shauna Severo, Director, Health Services, Health Department  
Dominic Bonaiuto, Inova Health System

### **Call to Order**

The meeting was called to order by Marlene Blum at 7:31 pm.

### **September 9, 2019 Meeting Summary**

The meeting minutes from September 9, 2019 were approved as submitted.

### **Adult Day Health Update**

Shauna Severo, Director, Health Services, provided an update on the Adult Day Health Care Lines of Business (LOB) Phase II. The ADHC Program was one of several programs identified during the LOB process that, while valued in the community, might benefit

from additional research innovation, cost effectiveness, and service efficiencies. A Steering Committee was assembled and included family caregivers from all four ADHC Centers; County staff (Health Department, Neighborhood and Community Services, Department of Family Services); members from County Boards, Authorities and Commissions (BACs) serving older adults or individuals with disabilities (HCAB, Commission on Aging (CoA), Disability Services Board (DSB), Social Services Advisory Board, Multicultural Advisory Council (MAC), Adult Day Health Care Associates, and Long Term Care Coordinating Committee (LTCCC) Steering Committee); an Alzheimer's Association representatives; a geriatric social worker and consultants.

The Committee conducted a benchmarking study to look at alternative ADHC models and service delivery, including outsourcing. The committee selected award winning and reputable adult day health care centers to study. An online survey was developed to collect quantitative data. Health Department staff conducted site visits to all centers in the DC Metro Area to collect qualitative data. The Steering Committee participated in site visits at two private not-for-profit centers – Insight Memory Care Center in Fairfax County and Easter Seals ADHC program in Montgomery County, Maryland.

In addition, a financial analysis of the ADHC program was completed, and committee consultants conducted a cost benefit analysis. County operated centers' service unit cost at full capacity was \$120.87. Private-operated centers' service unit cost at full capacity was \$103.81. The difference in cost between the county- and private-operated models was attributed to (1) staff salaries and benefits, (2) low county turnover rates resulting in salary compensation at the top of the income range, and (3) the use of a sliding fee scale versus a flat rate. Results from the cost benefit analysis included (1) county operation of the Fairfax ADHC Program at full capacity, (2) phased in privatization of one center at a time, and (3) privatization of all Fairfax ADHC facilities.

After analyzing all options from the Cost Benefit Analysis, the Steering Committee determined that only addressing the ADHC Centers may be short sighted as there is an opportunity to develop a more integrated, innovative and seamless service delivery model for co-located facilities in the County. The Steering Committee recommended that the County should begin to explore an integrated service delivery model to include the varying levels of care (senior centers, senior center support services, adult day health care). Benefits of such a model would include easier transition from one level of care to the next; the opportunity to share staffing and operational resources (e.g., meals, transportation, supplies/equipment); one organizational unit structured with unified leadership; and one organizational budget.

To determine the potential for an integrated senior services model, the Steering Committee recommended the County issue a Request for Information (RFI). The RFI is intended to identify reputable and able private providers interested in administering the range of services at a co-located facility for older adults and what kind of County support private providers expect. Moreover, the RFI will allow the County to evaluate private providers' ability to offer valued features of ADHC, which may include:

- Affordability for all County residents regardless of income;
- Geographic accessibility to promote ease of access throughout the County;
- Quality assurance monitoring;
- Transportation services to and from the program;
- Breakfast, lunch and snack;
- Extended hours of operating Monday through Friday;
- Ongoing health monitoring;
- Robust therapeutic activity schedules; and
- Living wage and benefits for employees.

Before the RFI is issued, a report, with the Steering Committee's recommendations, must be prepared and presented to the Board of Supervisors (BOS). County staff has met with County Executive leadership and the Steering Committee will reconvene to ensure its recommendations, developed more than 11 months ago, are still valid. Based on the Steering Committee's findings, a Not In Package (NIP) memo will be prepared for the BOS. After the NIP is submitted, an RFI will be issued. Ms. Severo agreed to provide copies of the NIP, after it is sent to the BOS, to the HCAB. The RFI will be in effect for four to six weeks after it is issued. Ms. Severo expects it may take 5-6 months before additional information can be prepared and submitted to the BOS. Any actions that are taken as a result of the RFI are not expected to occur during the FY 2021 budget cycle. Dr. Gloria and Jess Werder expect that the FY 2022 timeframe is more realistic for implementing any program changes.

While Ms. Severo said that the Steering Committee supported the idea of moving forward with the RFI, Ellyn Crawford, the HCAB representative to the committee, felt that caregivers were not enthusiastic and felt outnumbered by County participants who endorsed the decision. The CoA was also reluctant, but later agreed to support the RFI. Ms. Severo said she would be more conscious of soliciting feedback from affected stakeholders, especially those who are underrepresented in committee meetings due to existing work and family commitments.

While the BOS initiated the LOB discussion/process, Ms. Severo shared that additional efforts to market the program and increase enrollment have been successful. Average daily attendance increased from 90 participants in 2017 to 103 in 2019. In response to a question regarding full capacity, Ms. Severo stated that an average daily attendance of 140-145 participants is equivalent to 100% center capacity. Ms. Severo will be meeting with fiscal staff to update program financials and enrollment.

With respect to the RFI, Ms. Severo stated that cost will not be *the* eliminating factor. The County recognizes that its higher ADHC program costs are a result of salaries and benefits along with low employee turnover. The County ADHC's average staff turnover is 25% while the industry's average is 60%. The HCAB underscored the direct correlation between salary/benefits and employee turnover, which can also affect quality of care and services provided to participants.

### **2020 Legislative Program - Substance Use Disorder Position**

Chris Revere, Deputy Director for Innovation and Planning, presented an overview of the County's draft Substance Use Disorder Position. Opioid deaths remain the number one cause of unnatural death in Fairfax County. Preliminary data suggest that opioid deaths in 2019 are on pace to exceed 2018 rates, with the greatest impact on 25-35 year-olds. The Health Department will continue to work with its human service partners to provide information on drug disposal. It was recommended that the Health Department reach out to hospice patients and their families. Staff will follow up with Epi and Population Health staff to identify the rates of opioid deaths throughout Virginia as well as other states (e.g., Ohio, West Virginia). It was noted that Fairfax might be able to learn from other jurisdictions about innovative ways to work with law enforcement or providing prevention and treatment services. County staff will also do additional research on what legislative solutions exist to address the epidemic (e.g., privacy regulations).

With respect to the draft position statement, there was considerable discussion around the terminology fentanyl, a synthetic opioid and schedule II prescription drug that is typically used to treat patients with severe pain or to manage pain after surgery. While synthetic opioids, like fentanyl, are manufactured by pharmaceutical companies, they can also be manufactured illegally in clandestine labs and distributed by illicit means. HCAB members felt that the Board should broaden its substance use disorder position to include pharmaceutical (i.e., fentanyl) or illicit synthetic opioids (i.e., fentanyl analogs). Dr. Trahos moved that the HCAB send a memo to the BOS recommending an editorial change to include both illicit fentanyl and fentanyl analogs. Phil Beauchene seconded the motion.

**Other Business***Continuing Care Facility (CCF)*

Marlene Blum participated in a joint meeting with representatives and County staff from the Commission on Aging and the Long Term Care Coordinating Council regarding current and future CCF use determinations. A meeting with the Zoning Administrator has been requested in order to determine if there is a loophole in the CCF definition or an internal policy in how the definition is applied. Ms. Blum will keep the HCAB informed as additional developments warrant.

There being no further business, the meeting adjourned at 9:35 pm.