HEALTH CARE ADVISORY BOARD

Meeting Summary
October 4, 2016

MEMBERS PRESENT
Marlene Blum, Chairman
Bill Finerfrock, Vice Chairman
Rose Chu, Vice Chairman
Ellyn Crawford
Francine Jupiter
Deborah Leser
Rosanne Rodilosso
Tim Yarboro, MD

STAFF
Sharon Arndt
Cynthia Thackwray

MEMBERS NOT PRESENT
Dr. Michael Trahos, DO
Dave West
Ann Zuvekas

GUESTS
Karen Berube, Inova Health System
Dominic Bonaiuto, Inova Health System
Michelle Gregory, Neighborhood and Community Services
Pat Harrison, Deputy County Executive
Linda Hoffman, Neighborhood and Community Services
Dr. Gloria Addo-Ayensu, Health Department
Rosalyn Foroobar, Health Department

Call to Order
The meeting was called to order by Marlene Blum at 7:35 pm.

September 12, 2016 Meeting Summary
The meeting summary from September 12, 2016 was approved as corrected.

Housekeeping
From now until the end of the year, the HCAB will be meeting at the Health Department due to the construction in the Government Center.

Karen Berube, Assistant Vice President, Population Health at Inova Health was introduced to the group. Glynis Laborde, Director for Safety Net Clinics, was unable to attend.

Community Health Care Network (CHCN) Update

Pat Harrison and Dr. Gloria provided an update on the progress of CHCN. The transition from Molina to Inova is moving along, and Inova is making progress filling positions vacated before Molina's decision not to renew its contract as well as credentialing prospective hires after the transition. Inova is reviewing many of the existing processes and will work to make improvements as they move forward. Inova will also be reviewing the flow of new clients from CSB and other agencies into CHCN with additional work on process improvements internally. There is a plan to integrate primary and behavioral health services.

The deadline has been extended for NCQA Accreditation until October 17th to get all the necessary documents together. The new CHCN staff is working to get up to the 2017 standards. Part of this requires patients to access their electronic health records from the Patient Portal and CHCN have a 50% compliance rate with this. CHCN is currently at 5% with patient compliance.

Molina has been assisting through the transition and working to meet the timeline goals. There have been a lot of coordination issues with a little more work than anticipated such as computer issues and access to patient records. Dr. Gloria said these all should be resolved and on course.

One HCAB member asked if it was possible to have computers in the office for the clients to use to access the Patient Portal as a way to boost the compliance rate. Another suggestion was the use of the app linked to the software used in the offices since more clients have smartphones. Dr. Gloria emphasized that clients would have to be encouraged to participate to bring the compliance rate up to the 50% which is about 8,000 people.

HCAB members questioned the benefits of NQCA accreditation for CHCN. The possibility of directing resources elsewhere was raised. Dr. Gloria pointed out that CHCN may not reach Level III Accreditation but looking to achieve Level II certification. The purpose is to keep the momentum going with the staff. This allows the staff to work towards a goal instead of not doing anything at all. Through discussions, it was noted that workers didn't have an understanding of the Accreditation and what it involved. CHCN saw this as a chance to reset the standards and make sure everyone knew how

they fit in the process for common goals and common standards. This is a chance for additional Outreach through promotion.
A HCAB member pointed out that Accreditation can be good for future grant applications or the possibility of applying for grants. Another stated NCQA Accreditation was also was good for attracting new employees who wished to be employed by accredited companies.

The issue of staffing concerns and retention was raised. During the last few months of Molina's tenure, the numbers of patients being seen were going down due to staff leaving and not being replaced. Inova ended up doing the hiring after the change and had a quick turnaround even with the staffing problems. Despite some transition issues, Marlene Blum noted that Inova, in a short compressed timeline, has managed to do a good job maintaining program operations. County employees also had some changes during the same time as well. The pros and cons were weighed of hiring experienced workers versus new graduates. Thorough background checks must be done on all employees. Experienced workers tend to have lengthier backgrounds to go through than new graduates. The hardest part is securing information from the references. Every provider must to be credentialed to work in the offices.

It was noted that the lessons learned should be captured from this process to use in the future should this transition ever happen again, as well as a plan for the retention of staff. Inova was able to offer new employees a full benefits package.

Mt. Vernon was the most understaffed of all the offices at the end of Molina's time and has now been brought up to capacity with 1 Full Time, 1 Part Time (3 days a week), 1 Inova Nurse Practitioner (1 day a week) and 1 Physician.

Human Services Needs Assessment
Presentation by Michelle Gregory and Linda Hoffman from Department of Neighborhood and Community Services highlighted the main findings:

Fairfax has changed dramatically over the last 6 decades from suburban to highly dense areas. The population has grown but that is expected to slow down. The area is also more diverse and multi-lingual. Income inequality has increased but then slowed down. The recovery of jobs since the recession has not been equal. The child poverty rate is higher in the county due to the population size. The county is now seeing an increase in the number of renters with more people living in multi-family attached homes versus detached homes. Transportation costs have steadily increased due to the amount of time in the car and traffic in the area.

Ms. Coyle's slides are attached as Attachment 2.

Needs for Sustainable Housing

- Affordable Housing – residents spend about 1/3 of income on rent.
- Accessible Housing – how easy is it to get a rental if you have a disability?
- Supportive Services – A less expensive option and allow residents to remain in their home.

Economic Self-Sufficiency

- Financial Assistance – residents can't afford basic needs and assistance for these needs has risen.
- Child Care & Early Education – 2nd largest expense and waitlists for those seeking subsidies which do not always cover costs.

Healthy People

- Health Insurance – high rate of uninsured who are under the federal poverty level but not eligible for assistance with health insurance
- Behavioral Health Services for Adults – Challenges accessing outpatient behavioral services due to cost, location and transportation; challenges to residential treatment due to capacity and costs; language, stigma and cultural barriers; and the need to reduce the number of people with mental illness who are incarcerated.
- Behavioral Health Services for Children & Youth – increased demand in outpatient services; intensive care coordination and case management services who are unable to receive services from the county; gap in services for youth who are no longer eligible because they have "aged out."
- Domestic Violence – lack of emergency violence shelter beds, only 1/3 of the national standard available.

Connected Individuals

- Affordable & Accessible Public Transportation Services – residents are unable to effectively and efficiently travel through the county due to congestion and proves challenging for older adults and those with disabilities.
- Human Services Information – disconnect with internet access even though the county has a high percentage. Gaps with income level and homes with older adults which affects accessing services.

Human Services provides services for all Fairfax residents, not just those with low incomes. The county's human services system is working to get information out to the community groups to leverage support. Human Services is planning on bringing people together and developing strategies to be owned by the community and engage them.

The Community Human Services Needs Assessment Report was formally presented to the BOS last week. The Human Services Council has committed to holding a Summit and staff is developing a process for outreach and for engaging the community. The hope is to bring community partners together to pool resources after strategies are developed so no one is writing a blank check and there is an understanding where funds are going. This is not an attempt to build a bigger Human Services.

A question was asked about the inclusion of services for prevention such as diabetes and obesity. The assessment wasn't designed to focus on particulars since other areas in the County already address them. Several plans already fall under entities such as the Community Health Improvement Plan with Partnership for a Healthier Fairfax.

In terms of community needs, it was noted that the number of people without health insurance is around 30K, but CHCN supports half of that amount. In the data, may find people who are not seeking services and may not see them until there is something critical. The data identifies a very large population who do not have access because they fall into the coverage gap. This raises the possibility of using the money to purpose insurance instead of on services instead. It was noted as an idea to keep in mind as the models move forward in the future.

It was noted that two populations were missing: people who are undocumented and adults who do not make enough money to be covered but live in a home where the head of household makes more than is allowed. GMU has an algorithm that factored all that in and they fell into the 120,284 persons who lacked insurance in 2014.

Sharon Arndt showed the group the Infographics on the demographics page online for each of the communities. The districts are not exact.

Other Business

CCFAC. Two Additional Documents were distributed. The Consolidated Community Funding Advisory Committee will be meeting jointly with the Advisory Social Services Board (ASSB) on October 19 at the Health Department to discuss funding priorities for the consolidated community funding pool. An invitation has been extended to the Chair and Vice Chairs and in turn to the HCAB. If anyone wishes to attend, please let Chairman Blum know. The funding opportunity allotment is about $12.5 million for services or needs in the county from the community and is highly competitive. There was a link sent in the email with all the current programs listed. The application process is tough and must show the bigger picture. Everyone uses the same application, new and current programs, in order to compete equally.

The HCAB listed the following priorities:

- Exercise programs – things that promote mobility health
- Diabetes Prevention (i.e. YMCA)
- Expansion of specialty care
- Dental care
- Suicide Prevention
- Middle School Age Behavioral Health
- Assistance for health insurance co-pays and deductibles

If there are any more ideas, please send them to Chairman Blum.

Follow Up on 50+ Community Action Plan. Sherryn Craig is working on coordinating a meeting with the Commission on Aging and the Long Term Care Coordinating Council. The Department of Planning and Zoning has indicated that it will benchmark other community partners and agencies on how assisted living facilities are defined. HCAB staff will also conduct benchmarking analysis among regional jurisdictions, although regulatory environments may vary (e.g., Montgomery County, Maryland).

The next HCAB meeting will be on Monday, November 14.

There being no further business, the meeting adjourned at 9:57 pm.