HEALTH CARE ADVISORY BOARD
Meeting Summary
October 5, 2015

MEMBERS PRESENT   **STAFF**
Marlene Blum, Chairman   Sherryn Craig
Rose Chu, Vice Chairman
Ann Zuvekas
Tim Yarboro, MD
Dave West
Francine Jupiter
Rosanne Rodilosso
Dr. Michael Trahos, DO
Ellyn Crawford

MEMBERS ABSENT
Bill Finerfrock, Vice Chairman

GUESTS
Rosalyn Foroobar, Deputy Director for Health Services, Health Department
Sharon Arndt, Health Department
John Silcox, Health Department
Michael Forehand, Inova Health System

Call to Order
The meeting was called to order by Marlene Blum at 7:39 pm.

September 9, 2015 Meeting Summary
The meeting summary from September 9, 2015 was approved as submitted.

Community Health Dashboard Presentation
Sharon Arndt, Director of Community Health Development & Preparedness provided an
online demonstration of the Live Healthy Community Health Dashboard. The
Dashboard is a web-based data resource for the Fairfax community. The site enables
anybody to explore existing population data. It provides online access to quantitative
data on a broad range of topics, links to existing local data resources, and
highlights promising practices to promote community health and well-being.

The Community Transformation Grant (CTG) provided the initial funding for the Community Health Dashboard. The Health Department supports ongoing maintenance for the site. The platform has over 100 health indicators from over 50 different data sources. Some data are disaggregated by zip code. As the dashboard expands and more stakeholders are added, the site will evolve.

Ms. Arndt described the tools included in the website and presented some examples over how it can be used under various circumstances.

With respect to a tutorial on how to use the dashboard, the Health Department hopes to produce a video soon. HCAB members also suggested demonstrations at regional meetings and reaching out to the nonprofit community.

Lines of Business (LOBs)
The Lines of Business (LOBs) are an inventory of what the County does. LOBs provide an understanding of the $7 billion full-service local government and vast array of programs and services to support a diverse population of more than one million people. They also provide a comprehensive explanation of the level of work performed by the county's services and programs and provide a more detailed presentation of services than what is currently in the budget. The LOBs were last completed in FY 2008 and FY 2010.

The Health Department's LOBs have remained fairly consistent with the exception of Long Term Care Development & Services which has been divided into an Adult Day Health Care LOB and a Long Term Care development LOB.

Additionally, the LOBs provide an opportunity to educate and inform the newly elected Board members and the community on what we do, how we do it, and how well we do it. LOBs describe the context (e.g., population growth, demographic shifts, urbanization, and aging infrastructure) in which services are provided. This process has resulted in a higher level discussion of the health department as a whole, where we are and where we want to be in the next five years to address 21st century public health challenges and community needs.

LOBs will be evaluated by determining how essential the LOB is in achieving one or more of the County Vision Element Objectives:

- Maintaining Safe and Caring Communities
- Building Livable Spaces

- Connecting People & Places
- Creating a Culture of Engagement
- Practicing Environmental Stewardship
- Maintaining Healthy Economies
- Exercising Corporate Stewardship

Criticality will be measured from a high of 4 to a low of 0.

- 4 = LOB is essential – Vision element cannot be achieved without this LOB. This ranking requires a detailed explanation and program examples.
- 3 = LOB is extremely important to achieving the Vision Element.
- 2 = LOB is important to achieving the Vision Element.
- 1 = LOB contributed to achieving the Vision Element.
- 0 = LOB is not applicable.

The rankings were summarized in an accompanying table.

Special Exception Criteria Discussion
Ellyn Crawford explained that applicants seeking a Special Exception are HCAB customers, and the more specificity that can be provided to them, the better the outcome will be. The suggested revisions (distributed vis-à-vis a handout) to the HCAB's existing Special Exception Criteria provide clearer emphasis and concise expectations for applicants.

The following prompts have been added under #4 Medical/Health Justification:
- Is medication administration provided onsite?
- How is it provided?
- Who provides it? Training, certifications?
- How are medications stored

The following prompts have been added under #5 Accessibility of the proposed facility/Subsection Financial accessibility:
- What are the applicant's plans for the HCAB's expectation that 4% of beds or units will be reserved for lower income residents?
- What is the policy regarding any resident who transitions from one of the reserved beds to memory care? What happens to the number of reserved assisted living beds?

The following prompts have been added under #7 proposed staffing levels and qualifications:

- What are the types and titles of direct care workers and key administrative staff and how many of each type?
- What certifications are required?
- What training/continuing education is provided?
- Describe shift coverage for the above staff. What are the ratios to residents during each shift?
- What is the performance evaluation process?

Given that the revisions pertain mostly to Assisted Living Facilities, it was suggested that the criteria are formatted into a Version A and a Version B. Ms. Crawford moved that the HCAB accept the revised criteria as amended from discussion. Dr. Trahos seconded. The motion passed unanimously.

Community Health Care Network Advisory Committee (CAC) Update
Ms. Chu briefed the HCAB on the CAC's meeting. The CAC received an update on a legislative initiative to add health departments to the Neighborhood Assistance Program, which distributes state tax credits to health care professional who deliver pro-bono services. The current program applies exclusively to local, regional, or statewide organizations with an IRS designation of a 501(c)3 or 501(c)4. In addition to the Health Department, Inova Health System has expressed its support for amending the legislation.

Ms. Chu also shared that CHCN-Bailey's is moving to the new Merrifield building and will officially open this November. Molina has agreed to serve out the remainder of its contract, which ends in June 2016.

Ms. Chu moved that the HCAB send a memorandum to the Board of Supervisors in support of the initiative. Ms. Zuvekas seconded. The motion passed unanimously.

Other Business
A presentation on the Homeless Medical Respite Program has been scheduled for January, and Cornerstones, which runs the shelter that houses MRP, has expressed interest and concern in the program. Kerrie Wilson, Executive Director of Cornerstones, has been invited to attend and participate in January's discussion as appropriate.

Ms. Craig circulated the Virginia Department of Behavioral Health & Development Services Integrated Medicaid Waiver Redesign.

The HCAB's contact sheet was also distributed for members to review and revise.

There being no further business, the meeting adjourned at 10:06 pm.