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2022 NACo

LEGISLATIVE CONFERENCE

FEBRUARY 12-16 | WASHINGTON HILTON | WASHINGTON, D.C.





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Health Steering Committee Subcommittee Meeting

Chair: Hon. Derek Young, Pierce County Council Chair

Saturday, February 12, 2022

9:30 AM -- 12:00 PM EST

Columbia 11 & 12 | Terrace Level



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Health Steering Committee Leadership

- **Committee Chair**

Hon. Derek Young, Council Member, Pierce County, Wash.

- **Vice Chairs**

Hon. Clay Jenkins, County Judge, Dallas County, Texas

Hon. Greg Puckett, Commissioner, Mercer County, W.Va.

Hon. Helen Stone, Commissioner, Chatham County, Ga.

Mr. Kenneth Wilson, County Administrator, Franklin County, Ohio

Hon. Oliver Gilbert, Commissioner, Miami-Dade County, Fla.

Hon. Toni Preckwinkle, Board President, Cook County, Ill.





Health Steering Committee Leadership

- **Behavioral Health Subcommittee Leadership**

Chair: Hon. Phyllis Randall, Chair At-Large, Loudoun County, Va.

Vice Chair: Ms. Lynn Canfield, Mental Health/DD Board, Champaign County, Ill.

Vice Chair: Hon. Carl Vande Weerd, Supervisor, Sioux County, Iowa

Vice Chair: Hon. Monica Sparks, Commissioner, Kent County, Mich.

- **Long-Term Health Subcommittee Leadership**

Chair: Hon. Tom Whiston, Commissioner, Morrow County, Ohio

Vice Chair: Hon. Larry Lautenschlager, Supervisor, Winnebago County, Wis.

Vice Chair: Hon. Gloria Whisenhunt, County Commissioner, Forsyth County, N.C.

- **Medicaid and Indigent Care Subcommittee Leadership**

Chair: Mr. Nick Macchione, HHS Agency Director, San Diego County, Calif.

Vice Chair: Hon. Justin Rodriguez, Commissioner, Bexar County, Texas

Vice Chair: Hon. Susan Morris, Commissioner, Isanti County, Minn.

Vice Chair: Hon. Tarenia Carthan, Commissioner, Douglas County, Ga.

- **Public Health and Healthy Communities Subcommittee Leadership**

Chair: Ms. Carol Moehrle, Public Health Director – Idaho North Central District

Vice Chair: Hon. Andy Hunthausen, Commissioner, Lewis and Clark County, Mont.

Vice Chair: Hon. Dotti Owens, Coroner, Ada County, Idaho

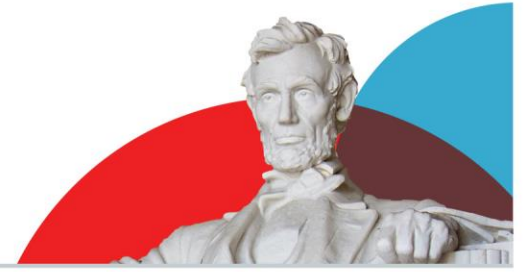
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Agenda

- Welcome and Introductions/ Housekeeping
- Innovators & Implementers: How Counties are Supporting the Strategic Vision for Medicaid and CHIP
- Break!
- Public Health Forward: County Strategies for Modernizing the US Public Health System
- Meeting Conclusion



Housekeeping

- ✓ Please stay masked unless actively eating or drinking
- ✓ Use standing microphones for questions and comments.
- ✓ Virtual attendees- please remain on mute if you are not speaking to minimize background noise.
- ✓ Virtual attendees may “raise hand” to be recognized or ask questions and make comments in the chat.
- ✓ In-Room wifi: AetnaCares **PASSWORD**: HealthyCounties!
- ✓ Virtual Tech Issues? Call 202-765-1538



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Innovators & Implementers:

*How Counties are Supporting the Strategic Vision for
Medicaid and CHIP*



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Medicaid & Counties:

Why we care about the program



Counties fiscally contribute to the Medicaid program



Counties administer Medicaid-eligible services and own/operate Medicaid facilities



Counties cover the cost of care for the uninsured and medically indigent



Innovators and Implementors of Medicaid services



Medicaid Policy Priority Areas



Expand coverage & repeal
exclusion policies



Increased flexibility,
transparency & partnership

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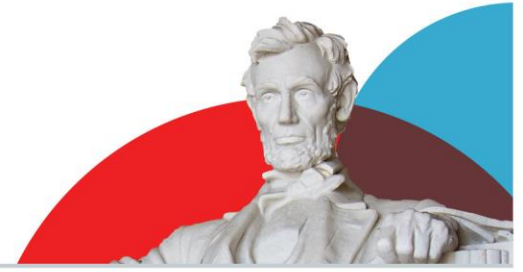


Speaker Information:



Daniel Tsai

Deputy Administrator & Director, Center for
Medicaid and CHIP Services, Centers for
Medicare & Medicaid Services



County Medicaid Innovations In Action



Nick Macchione
HHS Agency Director
San Diego County, Calif.



Helen Stone
Commissioner
Chatham County, Ga.



SUBSTANCE USE IN SAN DIEGO COUNTY: Medicaid Innovations & Impact

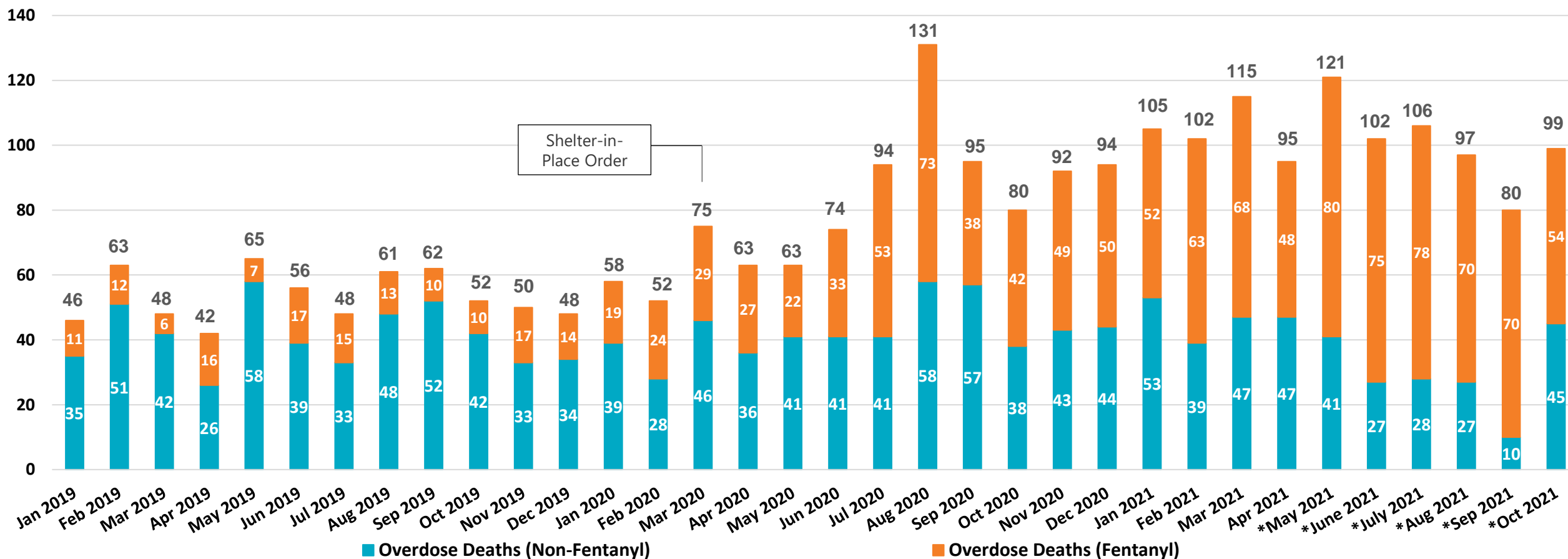
Nick Macchione, Agency Director, Health and Human Services Agency
County of San Diego, CA

NACo Legislative Conference, Washington DC, February 12, 2022





Accidental Overdose Deaths in San Diego County, January 1, 2019 – October 31, 2021



Updated 11/15/21

*Data for May 2021 - Oct 2021 include probable overdose deaths, pending investigation

**Oct 2021 accidental fentanyl overdose deaths reflect only the first 3 weeks of October

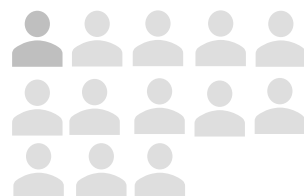
COMMUNITY NEED



LIVE WELL
SAN DIEGO

1 in 13

**SAN DIEGANS HAVE A
SUBSTANCE
USE DISORDER**



65%

**INCREASE IN
ALCOHOL-RELATED DEATHS**



990%

**INCREASE IN THE
FENTANYL-RELATED
OVERDOSE DEATH RATE**

COUNTY OF SAN DIEGO HARM REDUCTION STRATEGY



LIVE WELL
SAN DIEGO

COUNTY OF SAN DIEGO HARM REDUCTION STRATEGY STRATEGIC DOMAINS & BODIES OF WORK

CROSS-SECTORAL CONVENING



Substance Use Harm
Reduction Taskforce

HEALTHCARE INTEGRATION & ACCESS



Naloxone
Distribution Program
& Standing Order

Syringe Service
Program
Implementation

DMC-ODS
Implementation

HOUSING



C-HRT/Safe Haven

Permanent
Supportive Housing

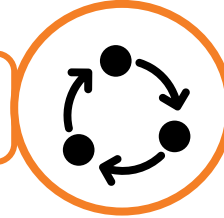
WORKFORCE



Peer Support
Workforce

Workforce Taskforce

HEALTHCARE INTEGRATION & ACCESS



Drug Medi-Cal Organized Delivery System

- Volume
- Quality
- Financial Sustainability

DMC-ODS: VOLUME

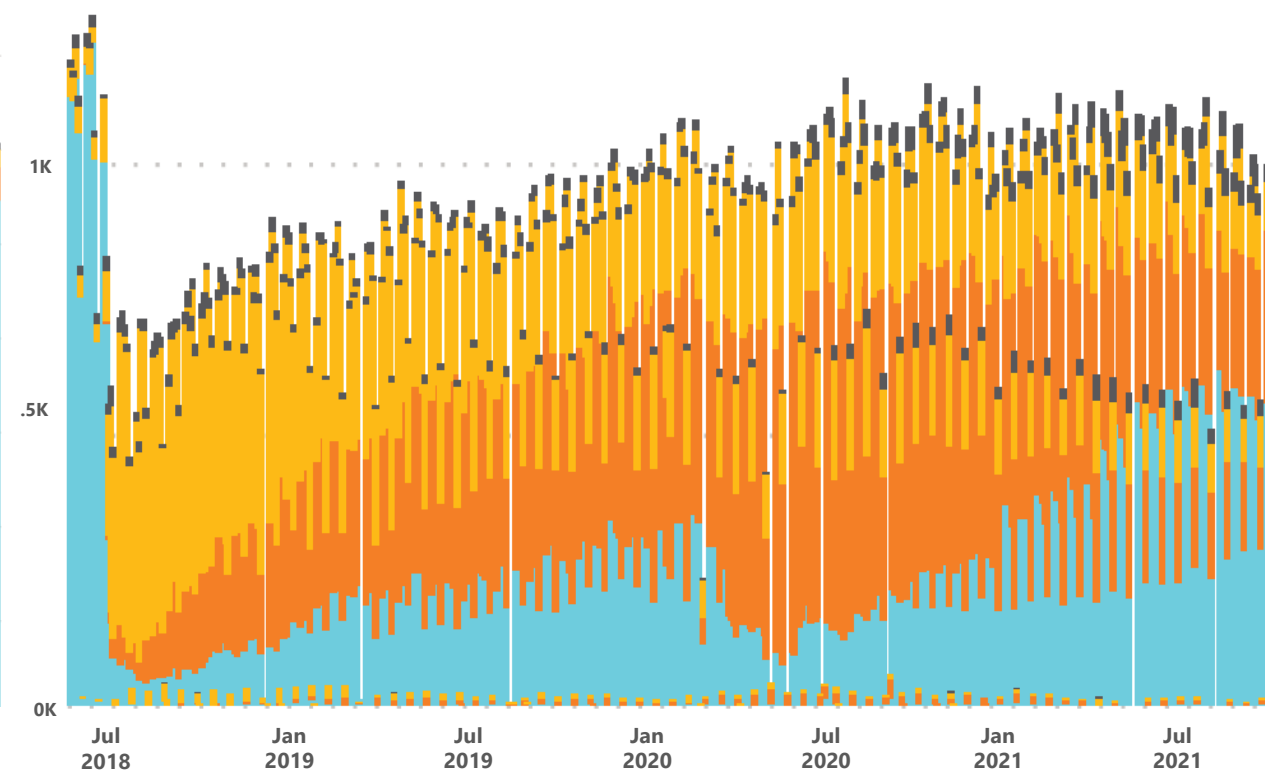
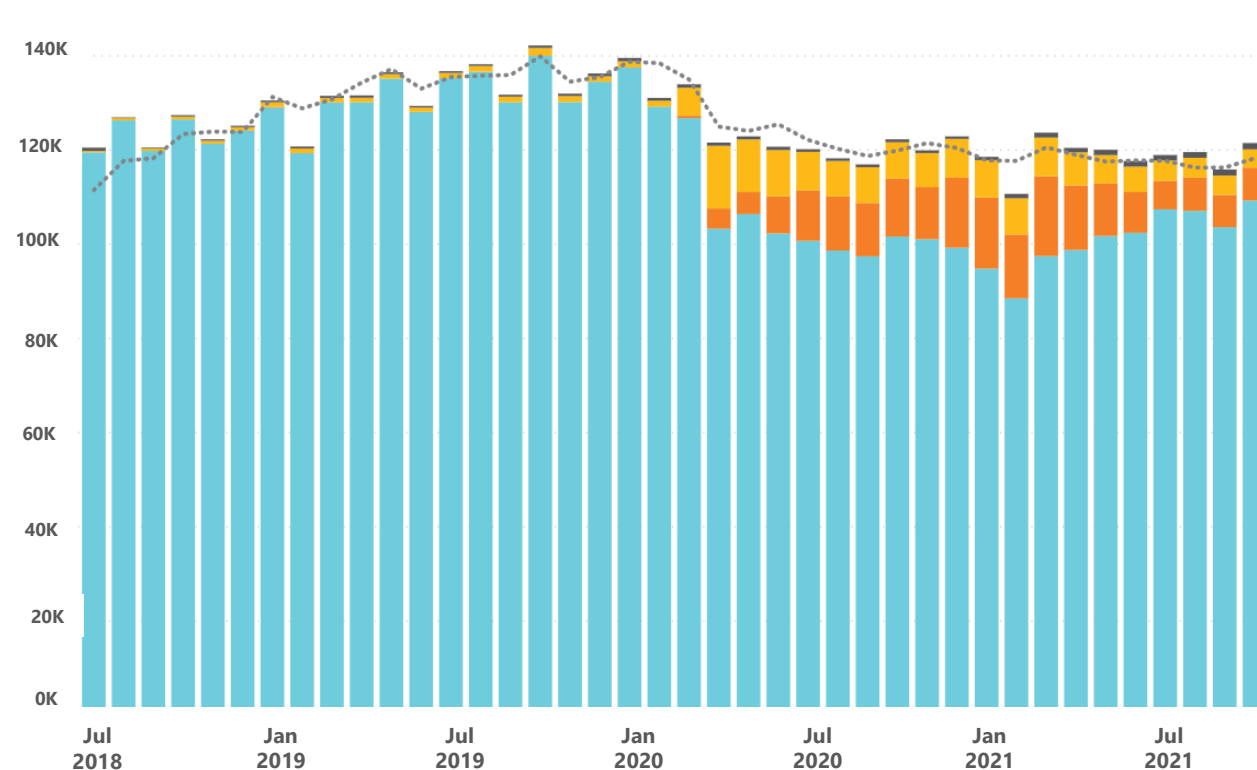


LIVE WELL
SAN DIEGO



HEALTHCARE INTEGRATION & ACCESS

Number of DMC-ODS Encounters/Services Provided, July 1, 2018 – October 21, 2021



DMC-ODS: QUALITY



HEALTHCARE INTEGRATION & ACCESS

ACCESS TO CARE

OVER 90%

INITIATION & ENGAGEMENT

OVER 90%

INDIVIDUALIZED CARE

46% → 76%

CLIENTS RECEIVING CASE MANAGEMENT
YEAR 1 TO YEAR 3

14% → 40%

CLIENTS RECEIVING INTENSIVE OUTPATIENT
SERVICES YEAR 1 TO YEAR 3

WHOLE PERSON WELLNESS



- San Diego County's Whole Person Care pilot program under the Medi-Cal 2020 Section 1115 waiver.
- It demonstrates innovative ways to reduce costs among high utilizers of multiple public systems.
- The program provides enhanced care coordination services for high-risk, high-utilizing Medi-Cal beneficiaries with one or more of the following conditions:
 - Frequent Emergency Departments (ED)
 - Frequent Inpatient services,
 - Experiencing homelessness or are at risk of homelessness;
 - Serious mental health (SMI),
 - Substance use disorders (SUD), and/or
 - Chronic physical health conditions.

WHOLE PERSON WELLNESS



LIVE WELL
SAN DIEGO

Annual funding

- **\$8 million** annual budget of county funds to support staffing, services, infrastructure (IT), and “pay for outcomes”.
- The amount was split roughly 50/50 fed/County, so ~\$4M each per year.

Service Years

- There were four active service years with enrollees in place (2018 – 2021).

Program Data

1. Behavioral Health Utilization: 57% decrease in psychiatric inpatient days
2. Housing Retention Rates: 85% (6-month) and 77% (12 month)
3. **ED Utilization:** “High Acuity Team” participants saw 23% ED visit reduction
4. **Incarceration Rates:** Noted decreases for incarceration rates



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Questions?





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Break!





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Public Health Forward:

County Strategies for Modernizing the US Public Health System



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BIPARTISAN POLICY CENTER

Public Health Forward: Modernizing the U.S. Public Health System

FEBRUARY 12, 2022

COUNTY STRATEGIES FOR MODERNIZING THE U.S. PUBLIC HEALTH
SYSTEM

ANAND K. PAREKH, MD, MPH
CHIEF MEDICAL ADVISOR

bipartisanpolicy.org



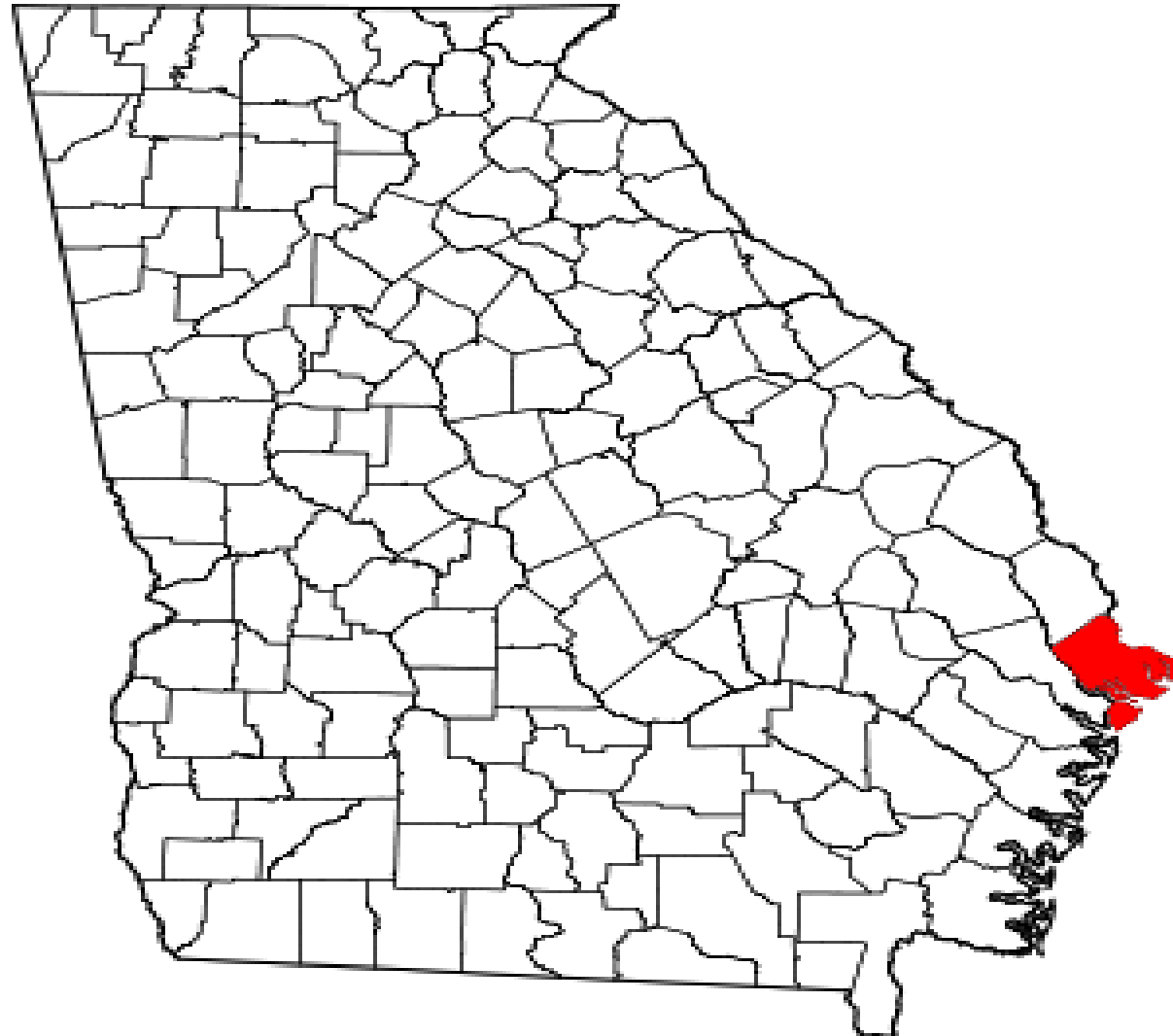
- Coalition led by the Bipartisan Policy Center, national public health associations, and philanthropies to articulate a 5-year vision for governmental public health in the U.S. and an actionable framework for state and local elected and health officials to reach this vision.
- While the focus is on state & local officials, the initiative recognizes the critical role of the federal government and the private sector to complement these activities in order to improve the public's health.
- The initiative comes at a time of opportunity as there has been a significant short-term infusion of resources to support public health activities and the workforce in response to COVID-19.
- The initiative also comes at a challenging point for governmental public health given the politicization of public health over the course of the pandemic.



- **Mike Beebe**, Former Governor, Arkansas
- **Mary Ann Borgeson**, Commissioner, Douglas County, Nebraska
- **Michael Curry**, Esq., President and CEO, Massachusetts League of Community Health Centers; Member, National Board of Directors, NAACP
- **Matt Eyles**, President and CEO, America's Health Insurance Plans
- **Charlotte Haberaecker**, President and CEO, Lutheran Services in America
- **James Madara**, M.D., CEO & Executive Vice President, American Medical Association
- **Sly James**, Former Mayor, Kansas City, Missouri
- **John Kasich**, Former Governor, Ohio
- **Ron Nirenberg**, Mayor, San Antonio, Texas
- **Phyllis J. Randall**, Chair At-Large, Loudoun County, Virginia, Board of Supervisors
- **Michael Rell**, Mayor, Town of Wethersfield, Connecticut
- **Kristen Silverberg**, Executive Vice President for Policy, Business Roundtable
- **Jonathan Singer**, Former State Representative, Colorado
- **Deb Soholt**, Former State Senator, South Dakota



- In 2026, the United States is becoming a healthier nation because elected and public health officials seized the historic opportunity to invest in new and transformative ways to modernize the governmental public health system.
- In a healthier America:
 - Advances in health equity continue to be made through partnerships with various sectors and community engagements
 - Sufficient, predictable, and flexible public health funding supports the public health system
 - A robust, modern, interoperable, and secure public health information system delivers real-time, accurate, and actionable data
 - Modernized laws, policies, and statutes protect and promote the public's health
 - A highly skilled, trained, and diverse public health workforce provides evidence-informed programs and services





- Action #1: Provide flexible funding and maximize existing assets to support public health services and capabilities, including those needed to address health inequities.
- Action #2: Evaluate the social and economic impact of public health programs and strategies.



- Action #1: Strengthen the collection of timely and actionable public health data to guide programs, respond to emergencies, and address health inequities.
- Action #2: Invest in data sharing between public health departments and health care entities



- Action #1: Invest in the recruitment and retention of a diverse and inclusive governmental public health workforce.
- Action #2: Improve hiring and promotion policies and processes to ensure high-quality public health services.



- Action #1: Review, evaluate, and modernize public health governance structures and statutory responsibilities.
- Action #2: Support and clearly communicate the roles of public health departments to the public.



- Action #1: Incentivize partnerships between public health departments and other sectors (e.g., housing, food, transportation) and stakeholders (e.g., business, faith-based organizations, health care).
- Action #2: Establish a dedicated body charged with routinely monitoring, assessing, and influencing the implications for health in all government sector policy discussions.



- Action #1: Invest in long-term relationship-building and partnership development with residents and community-based organizations (particularly those serving communities experiencing health inequities) and in Tribal consultation.
- Action #2: Invest in the capacity of CBOs and provide resources to support collaboration with public health departments.

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Breakout Group Facilitators:



Hon. Phyllis Randall
Chair of the Board of
Supervisors, Loudoun County,
Va.



Anand Parekh
Chief Medical Advisor,
Bipartisan Policy Center



Dr. Judy Monroe
President and CEO, CDC
Foundation



Dr. Jose Montero
Director, Center for State,
Tribal, Local and Territorial
Support, CDC





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Virtual Break Out Group Discussion Prompt:

*Strengthening Local Public
Health Through Community
Partnerships*

Question #1: How are you working to incentivize partnerships between public health departments and other sectors (e.g., housing, food, transportation) and stakeholders (e.g., business, faith-based organizations, health care) in your county?

Question #2: Do you have a dedicated department or entity that provides routine monitoring, assessments, and influence on the implications for health in all county policy discussions?



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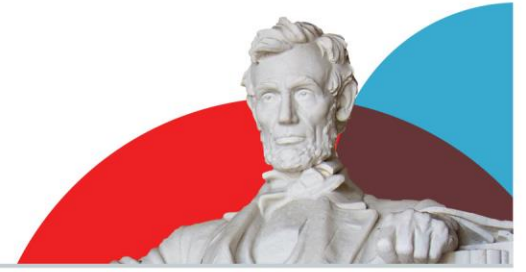
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Report Out & Questions



Coming Up Next:

- Lunch Break On Your Own
- Health Steering Committee Business Meeting begins at **1:15 PM EST**
- Virtual attendees please note **separate zoom link** for business meeting!