



Richmond Health Equity Partnership (RHEP) Meeting #8

West County Health Clinic
13601 San Pablo Avenue
San Pablo, CA 94806
November 28, 2012

Agenda

- Introductions, **Wanda Session** (10 minutes)
- Contra Costa Health Services 101 **Dr. Bill Walker** (40 minutes)
- Overview of Affordable Care Act,
Dr. Bill Walker/Wanda Session (25 minutes)
- Health Equity Data, Training, and Report Card,
Dr. Wendell Brunner, Abigail Kroch (20 minutes)
-
- Subcommittee Report Back (15 minutes)
 - Full Service Community Schools, **Wendell Greer, Linda Delgado**
 - Health in All Policies, **Gabino Arredondo, Shasa Curl**
- TCE Progress Report, **Jennifer Ly** (5 minutes)
- Next steps/Announcements, **All**
(5 minutes)

Introductions



Contra Costa Health Services Health Care Reform



Presented by:
William Walker, MD, Wanda Session

OBJECTIVES

- ◆ Overview of CCHS
- ◆ Programs and Services
- ◆ Bridge to Reform/Medi-Cal Waiver
- ◆ Theory of Change/Preparing for 2014
- ◆ Affordable Care Act

Contra Costa Health Services (CCHS)

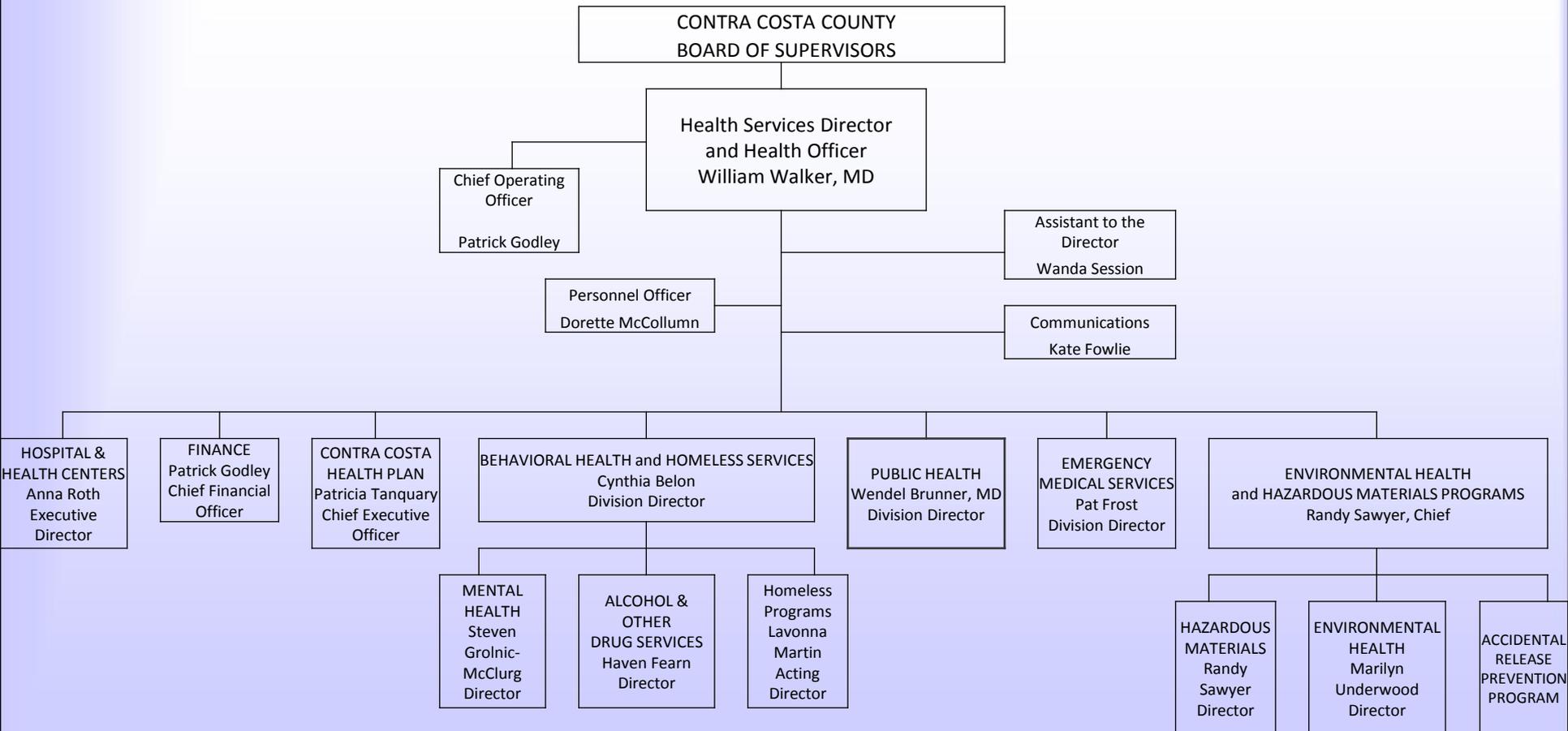
Comprehensive, integrated public health care system

Goal: Right Care, Right Time, Right Place

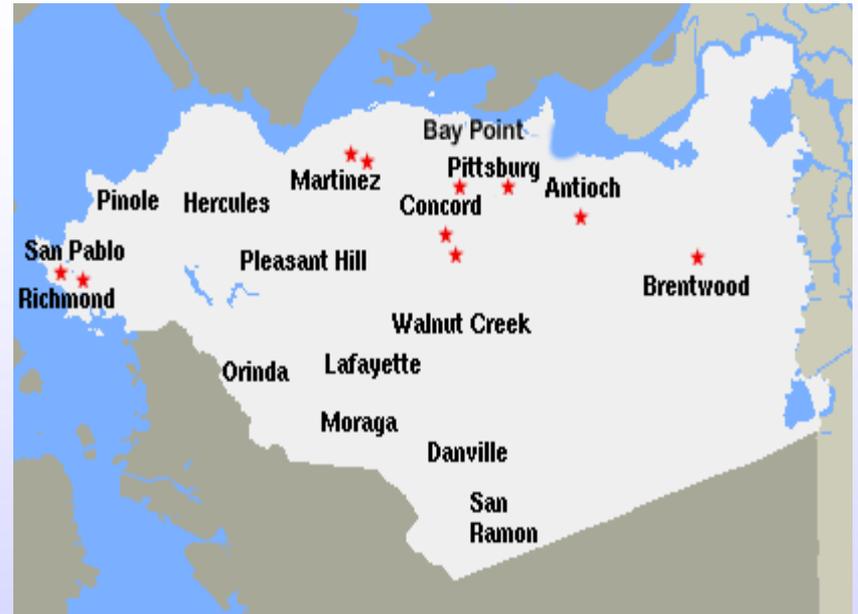
- ◆ Contra Costa Regional Medical Center
- ◆ Nationally recognized residency program
- ◆ Ten family-practice based primary care FQHC Health Centers
- ◆ An extensive network of mental health and substance abuse providers
- ◆ An array of public health outreach, education and disease management programs
- ◆ Contra Costa Health Plan
- ◆ Emergency Medical Services
- ◆ Hazardous Materials and Environmental Health Service
- ◆ FQHC School Based Health Centers

CCHS Organizational Chart

CONTRA COSTA HEALTH SERVICES



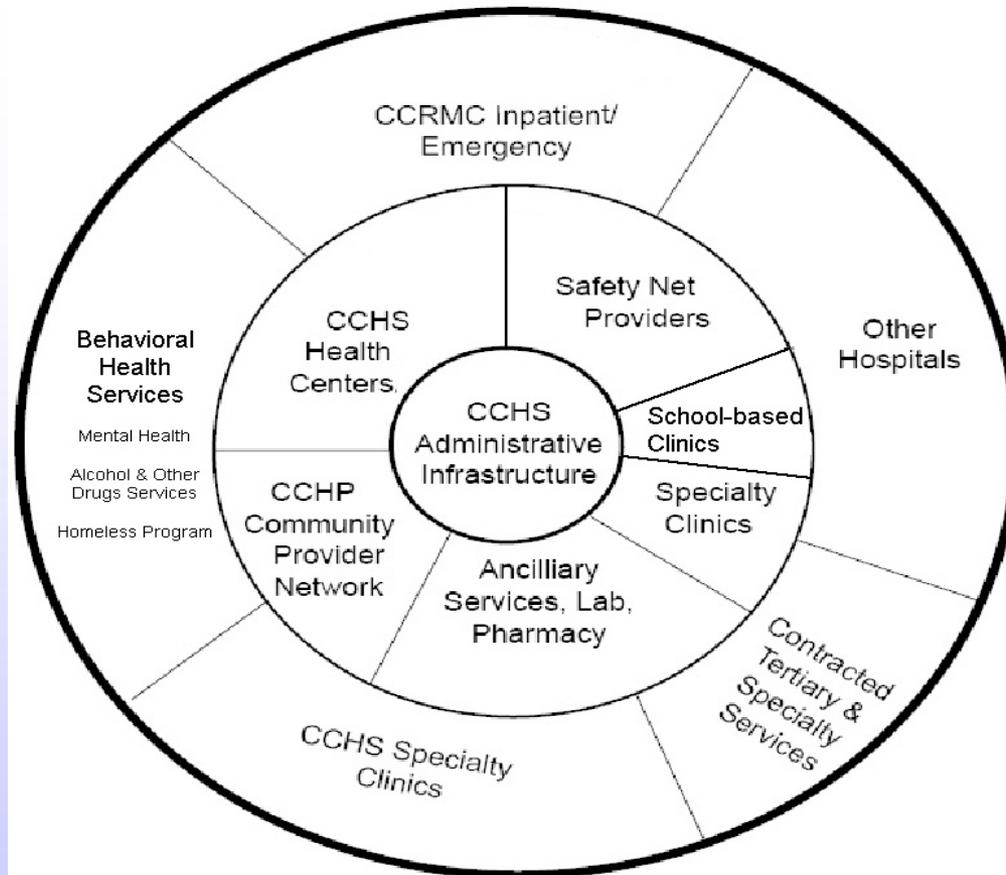
Contra Costa Regional Medical Center and Health Centers



166 Bed acute care hospital
55,000 annual ED visits

Ten FQHC Health Centers

Provider Participation



Affordable Care Act of 2010 (ACA)



By 2014 the ACA is expected to insure 32 million currently uninsured

Once fully implemented it is estimated 92% of Californians will be insured.

What is covered now under ACA

- ◆ Young adults can stay on parents insurance until age 26, and children can't be denied insurance due to pre-existing medical conditions.
- ◆ Ended lifetime dollar limits on coverage.
- ◆ Insurance companies cannot cancel your policy when you become ill.
- ◆ Seniors can get 50% discount on brand name drugs when they fall into the Medicare “donut hole.”
- ◆ Some wellness exams and most preventive care and screenings no longer require copays.

What is the CA Waiver?

- ◆ California's Five Year "Bridge to Health Reform"
- ◆ Increases access to health coverage and health care
- ◆ Mandates managed care for certain populations
- ◆ Promotes Public Hospital System Transformation

Low Income Health Plan (LIHP)

Provides care to low-income citizens or permanent residents between the ages of 19 and 64 who are uninsured and ineligible for other publicly funded programs such as Medi-Cal and Healthy Families

Two Programs:

- ◆ Medi-Cal Expansion (**MCE**) up to 133% FPL – Medi-Cal eligible in 2014 – fully federal funding
- ◆ Health Care Coverage Initiative (**HCCI**) – 134% - 200% FPL - State Exchange with federal subsidy

Primary Care Medical Home

- ◆ Patients have a health care team that is tailored to patient's health care needs
- ◆ Coordinates the patient's care
- ◆ Integrated primary and behavioral health care
- ◆ Proactively provides preventive, primary, routine and chronic care
- ◆ Rely less on emergency department care
- ◆ Incur fewer avoidable hospital stays
- ◆ More satisfied overall patient experience.

Delivery System Reform Incentive Payments (DSRIP)

- ◆ DSRIP was designed to:
 - Expand access to timely and appropriate care
 - Enhance quality of health care
 - Improve health for patients and communities
 - Introduce and test key concepts of Health Reform
- ◆ Some CCHS milestones:
 - collecting demographic data and comparing them to quality data
 - measuring patient experience/including patients in process redesign and leadership teams
 - introducing alternative "patient centered" models of care delivery
 - improving patient safety through more stringent interventions
 - Increasing primary care capacity – new clinics – extending clinic hours, virtual doctor visits.

Theory of Change

Right care at the right time and right place

- ◆ Patient-client centered approach to delivering high quality health care including electronic health record
- ◆ Working collaboratively with community partners and community members to improve health in communities
- ◆ Identifying healthcare disparities and implementing strategies to address inequities
- ◆ Increasing access to health care

? Questions ?

Full Service Community Schools

- FSCS Sub-committee Meeting January, 2013 Meeting Goals
 - Present new WCCUSD project team members and role
 - Present key health clinic staff/leadership
 - Clarify needs, vision and priorities of WCCUSD regarding FSCS
 - Introduce Timeline and goals of subsequent meetings
 - Briefly present strong local FSCS models
- Project Team



Community Schools Fundamentals Conference



Community Schools Fundamentals Conference 2012
December 5-6, 2012

National Center for Community Schools
The Interchurch Center | 475 Riverside Drive, New York City

Agenda At A Glance

Wednesday, December 5

7:30 - 9:00 AM	Registration & Breakfast	<i>Sockman Lounge</i>
9:00 - 9:15 AM	Opening	<i>Chapel</i>
9:15 - 10:45 AM	Plenary Presentation – Community Schools: A Strategy, Not a Program	<i>Chapel</i>
10:45 - 11:00 AM	Transition Break	
11:00 AM - 12:30 PM	Concurrent Workshops I – Comprehensiveness	<i>Breakout Rooms</i>
12:30 - 1:30 PM	Lunch & Networking	
1:45 - 3:15 PM	Concurrent Workshops II – Collaboration	<i>Breakout Rooms</i>
3:15 - 3:30 PM	Transition Break	
3:30 - 5:00 PM	Concurrent Workshops III – Coherence	<i>Breakout Rooms</i>

Health in All Policies

- Community Engagement

- Informational Community Meeting, City Hall (Nov 8)
- RYSE (Nov 13)
- Peres Elementary School (Nov 16)
- Chavez Elementary School (Nov 19)
- CBO Stakeholders (Nov 20 & 27)
- Richmond Neighborhood Coordinating Committee (Nov 12)
- Working Community Meeting (Nov 29)
- LifeLong Health Promoters (Nov 28)
- Neighborhood Councils (Ongoing)
- Building Block for Kids (Dec/Jan)
- City Council (Dec/Jan)

- HiAP Subcommittee

- December 13, 2012, 10:00-11:00AM



TCE Progress Report

Richmond Health Equity Partnership Progress Report – October 2012



INTRODUCTION

The City of Richmond adopted an innovative General Plan 2030 in April 2012, making Richmond one of few cities in the nation to include an element dedicated to Community Health and Wellness. The City of Richmond conducted two years of pilot implementation of the Community Health and Wellness Element prior to its adoption. In January 2012, The California Endowment awarded the City of Richmond, Contra Costa Health Services, West Contra Costa Unified School District, and University of California, Berkeley a grant to implement the Richmond Health Equity Partnership over the course of two years. The Richmond Health Equity Partnership will support collaborative leadership among key systems working to improve health outcomes for children and families in Richmond schools and neighborhoods. This document is a progress report.

PROJECT UPDATES

A) Intra-Agency Partnership & Collaboration

Improved existing and newly established intra-agency partnerships focused on promoting health equity and participating in Healthy Richmond activities, as evidenced by:

Activities/Objective and Indicators	Outcomes and Deliverables	Timeline
1. COR will convene the Richmond Health Equity Partnership (HEP), a group of leaders from the City, CCHS, and WCCUSD. Technical support to HEP and its subcommittee will be provided by Jason Corburn. The WCCUSD will lead the development of the FSCS strategy subcommittee, CCHS will lead the Data Tracking and Health Report Card subcommittee, and the COR will lead the HiAP strategy subcommittee. Community Engagement will be a key component of all the subcommittees. The COR will be responsible for coordinating schedules and facilities for the HEP and subcommittees.	A1. A regular HEP meeting and sub-committee schedule will be established. Each subcommittee will develop a community engagement strategy. Minutes from all meetings will be kept and distributed by the subcommittee lead.	Months 1-24

Regular HEP meetings have been established. They occur on the fourth Wednesday of the month, rotating

Announcements

- Cross-Site Leadership Learning Exchange, BHC
(Eastern Coachella, East Salinas, & Santa Ana)
Friday, November 30, 2012 10:00AM – 3:00PM
Richmond Auditorium
- Health in All Policies Working Meeting
City Council Chambers
Thursday , November 29, 2012 6:00-7:30PM