

Where Health Meets Safety

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



COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

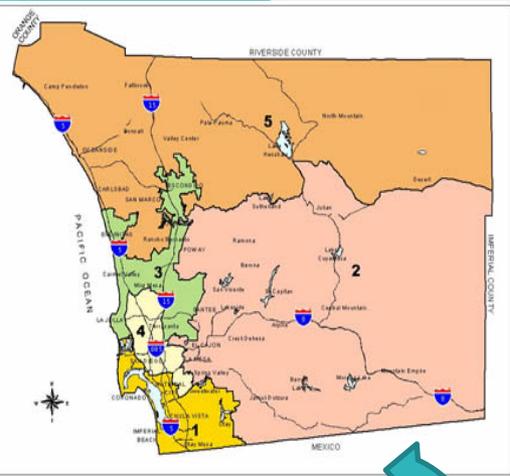


LIVE WELL
SAN DIEGO

September 30,
2014

Virginia Secretaries Summit on Analytics

SAN DIEGO DEMOGRAPHICS



- 4,261 square miles (larger than 21 U.S. States; same size as Connecticut)
- 5th largest U.S. County, 2nd largest in CA
- 18 municipalities; 36 unincorporated towns
- 18 tribal nations
- 42 school districts
- 2013 Estimates - 3.1 million population
 - 48% White
 - 32% Latino
 - 11% Asian/PI
 - 4.7% African American
 - 0.5% American Indian
- Region is very diverse

•Over 100 languages
•Large military presence
•Largest refugee resettlement site in CA
•Busiest international border crossing in the world (San Ysidro/MX)





- Board of Supervisors – 5 elected by District
- Sheriff and District Attorney elected County-wide
- 5 Major Groups
 - **Health and Human Services Agency (HHSA)**
 - Public Safety Group (DA, Sheriff, Probation, Public Defender, Emergency Services)
 - Land Use and Environment Group
 - Community Services Group
 - Finance and General Government



Medical Care

Supportive Services



Medical Monitoring



Physician / Primary Care



Therapy/ Ancillary Care



Pharmacy



Diagnostic Services



Mental Health



Acute/ Hospital Care



Dental



Medical Transportation



Education



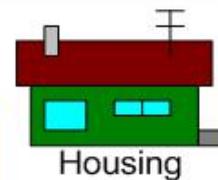
Vision Care



Personal Assistance



Protective Supervision



Housing



Laundry



Shopping



Financial Assistance



Housekeeping



Home Maintenance



Meals



Home Modification



Pet Care



Transportation



Intellectual Stimulation



Companionship



Money Management



Recreation 4

HHSA: FROM SILOS TO INTEGRATION



In 1998, HHSA brought together multiple separate departments involving healthcare, public health and human services:

Public health, mental health, Medicaid/indigent health, substance abuse, child welfare, aging, income support, childhood development, veterans, public guardian, etc.

- Integrated pre-natal to end-of-life serving ~1 million clients
- 6,000 employees, 185 advisory boards
- \$2 billion operating budget; No County-owned general acute hospital; County-owned Psychiatric Hospital and Skilled Nursing Facility
- Public/private contracting model for most service delivery
- Heavy emphasis on population-based approaches from welfare reform to health reform

PROBLEM



Lack of Exercise



Poor Diet



Smoking

RESULT



COST IMPACT



LIVE WELL
SAN DIEGO



*The Economic Burden
of Chronic Disease in
San Diego County*



OCTOBER 2010

ECONOMIC IMPACT IN 2007:

\$4.6 BILLION IN SAN DIEGO

OUR FRAMEWORK



**Building
Better
Health**

**Living
Safely**

Thriving

HEALTH
WELLNESS

SAFETY

QUALITY OF LIFE

COMPREHENSIVE APPROACH



SHARED STRATEGIES

- Building a Better Service Delivery System
- Supporting Positive Choices
- Pursuing Policy and Environmental Change
- Changing the Culture from Within County Government





Access to quality care



Increased physical activity



Healthy eating



Stop tobacco use

LIVING SAFELY



Residents are ***protected*** from crime and abuse



Neighborhoods are ***safe*** to live, work and play

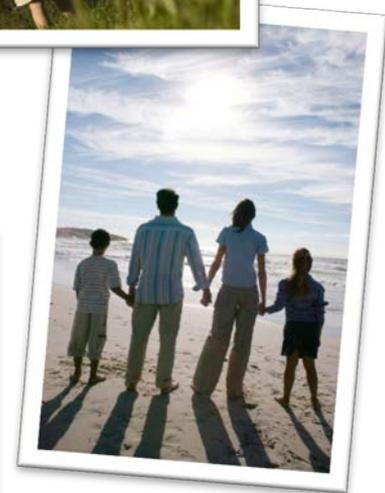
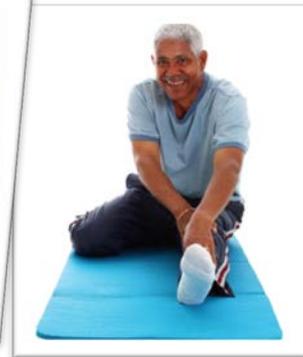


Communities are ***resilient*** to disaster and emergencies

WHAT LINKS “HEALTH” AND “SAFETY”?



- ❑ **Person-Centered**
- ❑ **Systems of Care/Service**
 - Care Coordination
- ❑ **“Accountable Community for Health”**



SHIFTING FROM “PROGRAM-CENTERED” TO “PERSON-CENTERED”



INTEGRATED SERVICES & SYSTEMS ACROSS THE LIFESPAN



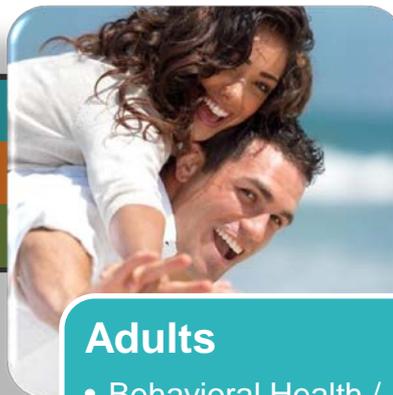
Drivers:

- Vision/Strategy
- Service Delivery
- Financing
- Workforce
- P3 in Action



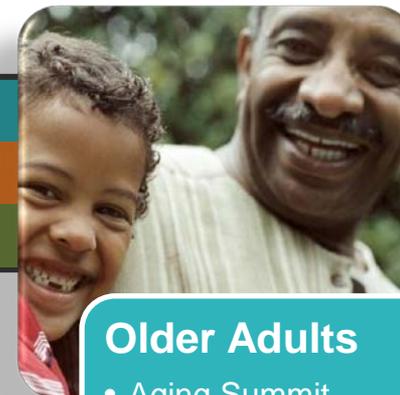
Children / Youth

- We Can't Wait
- Positive Parenting Program
- Kickstart



Adults

- Behavioral Health / Primary Care Integration Summit
- Bridges to Recovery
- In-Home Outreach Team



Older Adults

- Aging Summit
- Community Care Transition Program
- Passport to Healthy Aging

Public
Health and
Behavioral
Health
Services



Primary
Care



Social
Services



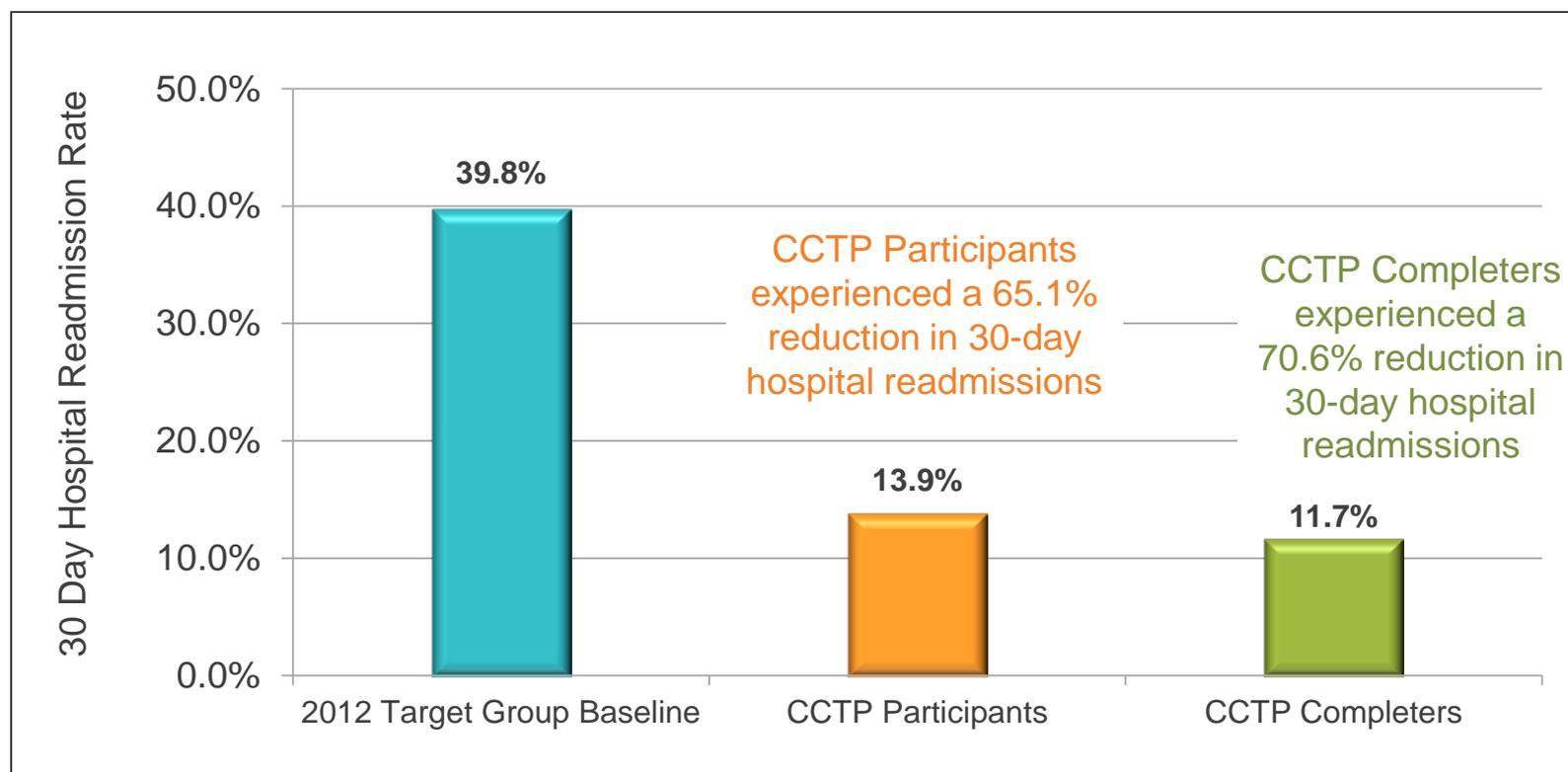
COMMUNITY-BASED CARE TRANSITIONS PROGRAM (CCTP)

- **Section 3026 of the Affordable Care Act**
 - **Goal:** reduce 30-day all cause readmissions for fee-for-service (FFS) Medicare patients by 20% in 2 years.
 - \$500 million over 5 years to test models for improving care transitions from inpatient hospital to home and other settings.
 - Link Community-Based Organizations to hospitals
- **San Diego Care Transition Partnership (SDCTP)**
 - Partnership between HHS and San Diego Health Systems – 11 hospitals/13 sites.
 - **Goal:** serve ~21K FFS Medicare patients per year for 2 years, starting January 2013.
 - Activate patients and caregivers to better manage chronic conditions.





Community-Based Care Transitions Program (CCTP) 30-Day All-Cause Hospital Readmission Rate January 2013 to January 2014



Target Group baseline: CCTP participants 30 day readmission rate from 2012

CCTP Participants: Those who completed services (CCTP Completers) + those who did not complete all aspects of the program

CCTP Completers: CCTP participants who completed all aspects of the program



Community Corrections Partnership

To coordinate all re-entry activities for the County.

- Chief Probation Officer
- Presiding Judge or Designee
- Public Defender
- Sheriff
- Chief of Police
- Director of HHSA, representing: Social Services, Mental Health, Alcohol & Drug

Goals:

- ✓ Efficiently use jail capacity
- ✓ Incorporate re-entry principles into custody programming
- ✓ Incorporate evidence-based practices



San Diego Mantra:
We can't arrest our way out of the problem.



Assembly Bill (AB) 109 implemented in 2011, shifted responsibility to local government for:

- Non-violent
- Non-serious
- Non-high risk sex offenders



Public Safety and HHSA partnership



Before AB109

Offenders referred to services by State parole with minimal follow-up.

Offenders released from prison with \$200 and told to report to Parole Officer.

Minimal program oversight or outcome monitoring.

After AB109

Establishment of Community Transition Center providing comprehensive assessment and linkage to services.

Behavioral Health system of care designed to specifically meet the needs of offenders.

Treatment programs work closely with assigned probation officers to monitor progress and collaborate on services.



- Implemented in January, 2013
- Eligibility determination for Medi-Cal
- Probation and Behavioral Health Screening Team co-located:
 - Initial identification of treatment needs
 - Screen and link offenders to appropriate treatment programs
- On-site detoxification and long-term residential treatment as necessary
- Linkage to community services



Working Together:

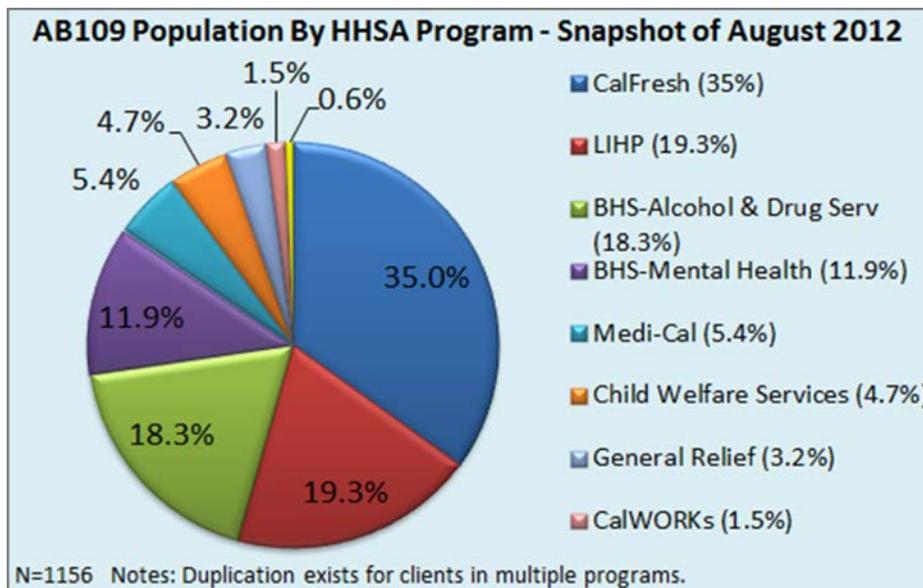
- Probation Officers
- Behavioral Health (Mental Health and Alcohol and Drug Specialists)
- Nurse Case Manager



AB109: INITIAL PILOT POPULATION FOR KIP



- *What services are needed?*
- *How should we prepare?*



Manual data match among 17 County systems provided a point-in-time portrait of this population.

It took one month to compile this report.

The Knowledge Integration Program (KIP) will provide the technology and process re-engineering to support:

- ❑ County staff team work.
- ❑ Client access to information.
- ❑ Analytics for monitoring, forecasting and resource allocation.

Impact of Expanded Medi-Cal:

- Majority of AB109 offenders will be newly eligible.
- Most BHS services eligible for reimbursement
- HHSA is working closely with Public Safety to ensure access to Medi-Cal.

ELECTRONIC INFORMATION EXCHANGE KNOWLEDGE INTEGRATION PROGRAM

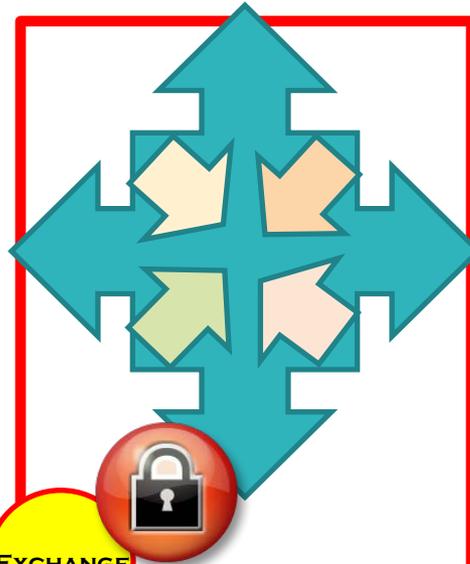


Conceptual

CONSENT



County customer makes choice about allowing their information to be shared, for better service.



EXCHANGE

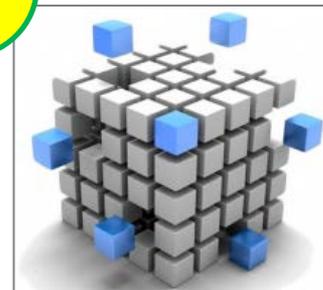
Secure Central Hub allows customer data to be exchanged between existing systems.

PORTAL

User can access available information about their customer via Portal.



ANALYTICS & BI



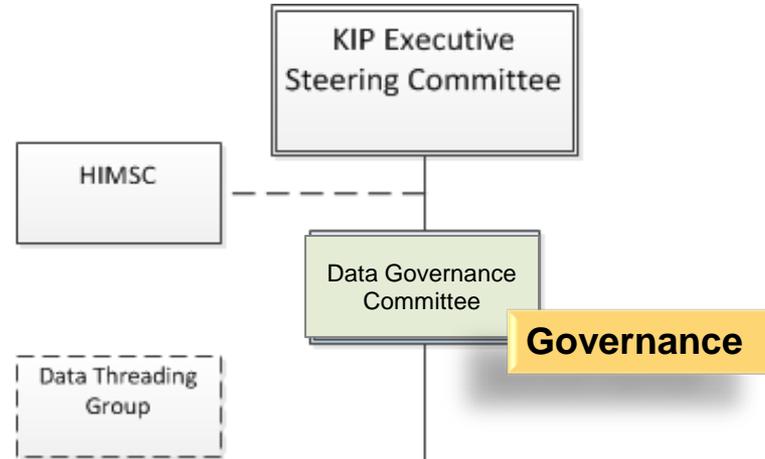
Decisions can be made using collective data.

Source: thinknook.com

DATA GOVERNANCE FRAMEWORK

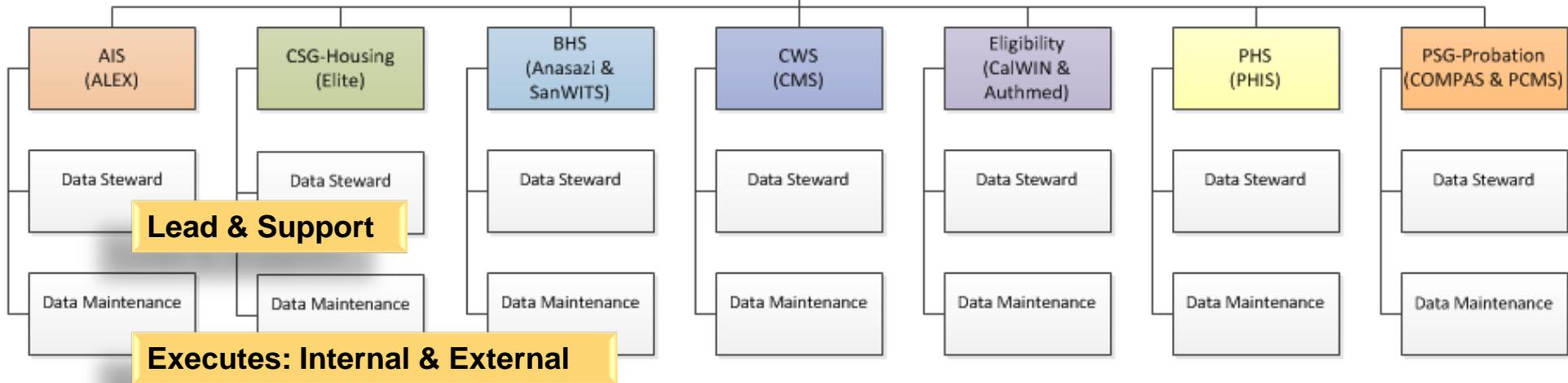


Living Model



Goal: Consistent Data Management Strategy Across Systems; Enterprise vs. Silo

Governance



Lead & Support

Executes: Internal & External

Current assigned individuals' job classifications already include data-related activities.

SAN DIEGO KNOWLEDGE EXCHANGE



County of San Diego, HHS, Public Health Services, Community Health



- High quality acute care

- Accountable care systems
- Shared financial risk
- Case management and preventive care systems
- Population-based quality and cost performance
- High quality acute care

- Population-based health outcomes
- Care system integration with community health resources
- Accountable care systems
- Shared financial risk
- Case management and preventive care systems
- Population-based quality and cost performance
- High quality acute care

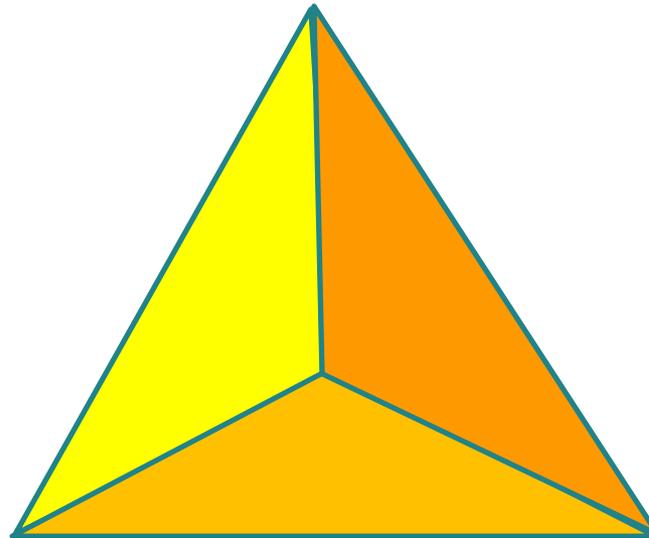
- Population-based health outcomes
- Care system integration with community health resources
- Accountable care systems
- Shared financial risk
- Case management and preventive care systems
- Population-based quality and cost performance
- High quality acute care
- **HEALTH (and SAFETY) IN ALL POLICIES**
- **Accountable Community for Health**
- **Person-centric, Community-led with open source data/transparency**
- **HIE → Knowledge Network Exchange**
- **Integration of physical health, behavioral health & public health**
- **Integrated delivery of health and social services toward shared outcomes**
- **Indicators of community wellness shared across private and public sectors, including military/VA**
- **Intergenerational caring communities**
- **Economic development across region**
- **Eliminating health and social inequities**

* Based on 'The Evolving Health Care System 3.0' by Neal Halfon, M.D., Director, UCLA Center for Healthier Children, Families, and Communities.



Improved ***Health*** and
Social Well Being for
the Entire Population

Better
Service
Systems for
Individuals



Lower Cost
per Capita

TO LEARN MORE



Visit
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Email us at:

LWSD.HHSA@sdcounty.ca.gov



Thank you!

