

Joint Planning Committee

AHS - City of Alameda Health Care District

Date: June 26, 2023

Time: 4 - 6 p.m.

Join Zoom Meeting

<https://us02web.zoom.us/j/82045028678?pwd=OGM4cVIUZEFlZlZlNjVE05R2FkQXJIUT09>

Meeting ID: 820 4502 8678

Passcode: 438341

Dial by your location

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<p>District Board: Dr. Robert Deutsch – President Gayle Codiga - 1st Vice President Debi Stebbins - Executive Director Alixandria Williams – Executive Assistant</p>	<p>Alameda Health Systems: Jeanette Dong - AHS Chief Strategy Officer Richard Espinoza - AHS CAO Post-Acute Services Mark Fratzke - AHS COO Mark Friedman - AHS Board of Trustees Eric Gulley - Director of Business Intelligence Mario Harding - AHS CAO Community Hospitals James Helena - AHS Director of Facilities Kimberly Miranda - AHS Chief Financial Officer</p>
<p>District Board / AHS Liaison: David Sayen</p>	<p>Alameda Health System Fellows: Ethan Torrence</p>
<p>Alameda Hospital Medical Staff: Dr. Nikita Joshi - AH Chief of Staff and Medical Director of AH ED Dr. Pirnia - Orthopedic Surgeon and AH Vice Chief of Staff Dr. Tamina Isolani- Nagarvala - AH Hospitalist Medical Director</p>	<p>Other: Madylen McClellan - Smith- Kargn Architecture Katy Ford - Ratcliff Architects Rowena Manlapaz - Alameda Community Member</p>

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| 1. Call to Order | Dr. Robert Deutsch
Mark Fratzke |
| 2. Approval of Meeting Minutes from March 23, 2023,
ENCLOSURE | Dr. Robert Deutsch |
| 3. Update on AB 869: Legislation extending 2030 Seismic
Standards Deadline | Debi Stebbins |
| 4. Update on Financing Strategy | Debi Stebbins |
| 5. Update on Alameda Hospital Infrastructure Renovation | Mark Fratzke |
| 6. New Program:
A. Dementia Unit | Richard Espinoza |
| B. Mental Health Rehabilitation Center (MHRC)
ENCLOSURE | Patricia Espeseth |

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7. Next Meeting Date

Dr. Robert Deutsch

Mark Fratzke

8. Adjournment

Dr. Deutsch

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District Board	District Board / AHS Liaison	Alameda Hospital Medical Staff	AHS	Other's
Robert Deutsch M.D., President Gayle Codiga, Vice President Debi Stebbins - Executive Director	David Sayen - Absent	Dr. Nikita Joshi - Chief of Staff and Medical Director of AH ED Dr. Pirnia – Orthopedic Surgeon and AH Vice Chief of Staff Dr. Tamina Isolani- Nagarvala AH Hospitalist Medical Director Dr. Laura Lang – Chair of Anesthesia / Perioperative Medical Director	Jeanette Dong – Chief Strategy Officer Richard Espinoza – CAO Post Acute Services Mark Fratzke – COO Mark Friedman – Absent Board of Trustees Eric Gully – Absent Director of Business Intelligence Mario Harding – Absent CAO Community Hospitals James Helena – Absent Director of Facilities Kimberly Miranda – Chief Financial Officer Ethan Torrence – Fellow	Katy Ford – Ratcliff Architects Madelyn McClellan – Smith Karng Architects Rowena Manlapaz – Alameda Community Member

Agenda Item/Topic	Presentation and Discussion Notes	Action Items/ Follow-Up
Call to Order	The meeting was called to order at 4 p.m. by Dr. Robert Deutsch.	
Joint Planning Committee Meeting Minutes	Dr. Deutsch briefly reviewed the minutes from January 26, 2023.	A motion to accept the January 26 th minutes was made by Ms. Codiga and Seconded by Mr. Fratzke. The motion was unanimously carried.

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Attendance Requirements Under the Terminated State of Emergency	Ms. Stebbins informed the group that the District Board has enough participants on the JPC for a quorum as Mr. Sayen represents the District Board and is the AHS Board liaison. Ms. Stebbins noted that the post Covid teleconference rules state Board Meetings and Standing Committee Meetings of the Board require in-person attendance for Board members unless there are extenuating circumstances. Since the JPC is not a standing committee of the District Board or AHS there is more leniency with continuing teleconference participation.	
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Status of Alameda Hospital Capital Projects	<p>Ms. Stebbins introduced Madelyn McClellan from Smith-Karng Architecture who gave an update on the conditions assessment report for the chillers and boilers at Alameda Hospital.</p> <p>Ms. McClellan informed the group that her report was comprehensive on the chiller and boiler systems at AH. The report provides a recommendation for replacement of certain units. Ms. McClellan noted that she is still working through an estimate based on this assessment and will submit it to Mr. Harding by March 29th.</p> <p>Ms. Stebbins asked Ms. McClellan if there was a time frame for the infrastructure work that needs to be done. Ms. McClellan noted that a timeline is difficult to set as it is based on phasing because the whole system needs to be replaced specific phases have not been vetted at this time. Mr. Fratzke added that Ms. McClellan’s report notes that everything is in need of replacement. Ms. McClellan added that they would try to optimize as many resources as possible (i.e., reusing parts). However, some of the old components may not work well with the new ones.</p> <p>Ms. Stebbins asked Ms. Ford if any of the estimates expected from Ms. McClellan on March 29th would be duplicated in her report for the overall seismic requirements. Ms. Ford noted that some of the estimates could be duplicated in instances such as the electrical panels needing to be updated during an equipment upgrade. This would be considered work that has to be done in the seismic upgrade, but general maintenance or deferred maintenance of equipment is not a part of seismic upgrades.</p> <p>Dr. Deutsch asked Ms. McClellan how long a process like this would take. Ms. McClellan noted that it could conservatively be two years. Dr. Deutsch also asked would the system be more functional as time went on or would it only be functional after the work is completed. Ms. McClellan noted that if there is redundancy in the system and they can provide new locations for equipment it could speed up the process. However, if the equipment must be replaced in place, then the system would only be functional once the work is completed.</p> <p>Dr. Deutsch asked Dr. Lang how a two-year time frame for the replacement of all equipment to be fully functional would affect her staffing and operating room usage and what issues she has been working on. Dr. Lang informed the group that over the past few months she has been working with Theresa</p>	<p>Ms. Stebbins will check with the District Legal Counsel to see if there are any limitations on where the Jaber Funds can be used.</p> <p>Ms. Stebbins and Mr. Fratzke will meet with Ms. McClellan to discuss the next steps beyond the contracted conditions assessment.</p> <p>Dr. Lang and Dr. Pirnia will discuss what equipment could be useful in the OR at AH.</p> <p>Ms. McClellan and Ms. Ford will collaborate on their analysis reports.</p>
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	<p>Cooper and Greg Victorino to meet with each of the surgical services and collect needs assessments for each service. Dr. Lang noted they are working on strategies that can be deployed to facilitate cases being done at AH with the least amount of risk. Knowing the challenges surrounding temperature and humidity and figuring out how to carve out cases that can be done safely. Dr. Lang added that ophthalmology is an example of a service that does use equipment that will pose a fire risk when the humidity drops below the threshold. Dr. Lang noted that there are a lot of SPD limitations and orthopedics has a lot of SPD needs in the cases they facilitate. Dr. Lang noted they are in the process of collecting this information and hoping to complete a comprehensive assessment to allocate cases by site considering the site-specific resources.</p> <p>Dr. Deutsch asked Dr. Pirnia what some of the challenges are he faces. Dr. Pirnia noted that he has had to deal with temperature and humidity issues more frequently this year. Additionally he has also found there are structural limitations. As techniques have evolved more equipment is being added to the room making it harder to fit things. Dr. Pirnia also added that recently they have noticed the need to have complementary service to better facilitate care. Currently different services are prioritized at different campuses which creates limitations.</p> <p>Mr. Fratzke noted that he is interested in Dr. Lang's on-going assessment to see what opportunities are available at each site. Ms. Stebbins added that it would be good to tie some of the work Dr. Lang is doing with her committee together with the work being done for the JPC.</p> <p>Dr. Deutsch asked Ms. McClellan if there is any additional information she needs to provide a more detailed estimate. Ms. McClellan noted that the report she put together is just a conditions-based assessment on how the equipment looks, what is its life span, and how to replace the equipment. The estimate she will provide on March 29th is solely based on this assessment. The more detailed Ms. McClellan gets with design drawings and timelines the more solidified the estimated will get. However, Ms. McClellan has only been contracted up to the completion of the conditions assessment.</p> <p>Ms. Stebbins added that the District Board has looked at the Jaber Trust Fund Terms and felt this year's funds of \$164,0000 should go toward diagnostic or therapeutic care at AH. Ms. Stebbins asked Dr. Pirnia and Dr. Lang if there was any equipment in that price range that would help the situation in the OR. Dr. Pirnia noted that he would want to be more thoughtful about the choice but there are opportunities he would like to investigate. Mr. Fratzke added that it would be helpful to understand what services will be provided at AH and make an equipment choice based on that.</p> <p>Ms. Stebbins added that it would be helpful for Ms. Ford and Ms. McClellan to be in communication and compare the two analyses to see if there is any overlap, and possibly save money. Ms. Ford added that the seismic upgrade of the West Wing could dovetail into the equipment upgrade. When the share walls</p>	
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	<p>in the mechanical room and equipment upgrades are being done, the West Wing seismic upgrades can be worked on as well. Ms. Ford added that the West Wing only needs one share wall.</p> <p>Mr. Fratzke noted that Ms. McClellan is under contract with AHS. If there is an extension of her contract Mr. Fratzke would be happy to discuss the details. If there is no extension, then there would be a sperate agreement with Ms. McClellan and the District.</p>	
<p>AHS Strategic Programing Consideration</p>	<p>Dr. Deutsch asked Mr. Espinoza if he wanted to add anything regarding long-term care and the seismic requirements. The number of beds AH has for long-term care and subacute care will be a subject of discission. Mr. Espinoza noted that there is an increasing need for more clinically complex skilled nursing beds. A lot of SNF's on the island are taking some complexities but not as many that are seen at other sites. Mr. Espinoza noted that it is largely due to the fact other sites have more access to physicians. Mr. Espinoza also added there is a need for continued growth in post-acute service throughout the system.</p> <p>Mr. Fratzke added that it would be helpful to understand what programs are going to be put in Alameda because that will drive the scope of work. Mr. Fratzke noted that once it is decided what programs will be in Alameda it will be easier to determine the scope of the seismic work versus the scope of the remodeling work. Ms. Stebbins asked Mr. Fratzke to go over the programs he provided for consideration. Ms. Stebbins asked Mr. Fratzke to share the program considerations he put together. Ms. Stebbins also noted that title 22 requires a surgery center in an acute care hospital.</p> <p>Dr. Deutsch asked Ms. Manlapaz if she could provide the group with her opinion on how things could play out in the best-case scenario. Ms. Manlapaz noted that she agreed with Mr. Fratzke to determine what services are going to be provided and that will inform us what renovations are going to be required. Ms. Manlapaz noted that if it is true AH will remain an acute care hospital then provisions do need to be for surgery. Ms. Manlapaz added that it may not necessarily need to be at AH, which may reduce the scope of work.</p> <p>Mr. Fratzke presented his program considerations listed below.</p> <p>Mental Health Services:</p> <ol style="list-style-type: none"> 1. Inpatient Medical Psychiatric Unit - there is a big need for patients who come to the hospitals with medical issues and have a secondary psychiatric diagnosis. The MedSerg units are sometime ill equipment to handle the mental illness part of the diagnoses as it may be actively symptomatic. 2. Institute for Mental disease - a closed skilled nursing mental health facility. Patients would 	<p>Mr. Espinoza will work with Mr. Torrance and Ms. Brizuela to collect volume information on SNF usage and other levels of skilled nursing.</p> <p>Mr. Fratzke will work with Ms. Dong to discuss a more strategic plan relating to mental health programs.</p>

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typically be there for an average of 4 months. This would be regulated by the state department of mental health.

3. Crisis Treatment Unit
4. Addiction Services - outpatient
5. Outpatient Behavioral Health Clinic
6. Mental Health Urgent Care – in Southern California Mental Health Urgent Care facilities are very prevalent whereas in Northern California they are not.

Acute Care: Observation Unit – There is an average of 15 patients per day in the acute care setting who should be listed as observation status. If they do not meet the inpatient admission criteria there is no reimbursement. Some patients do meet short stay observation where they may need to be observed for a little while and then go home.

Skilled Nursing: Medical Skilled Nursing Unit – We are out of skilled nursing beds and without other facilities taking them the patients sit in the acute care settings.

Ms. Dong added that during a previous meeting with Ms. Stebbins they had discussed Mental Health Urgent Care. Ms. Dong noted that there is a current model that exists in Los Angeles that would be compatible with the Alameda Family Services mental health program. This offers an overnight stay and other services to help patients that need mental health care. Ms. Dong added that if this would be the only mental health urgent care in Alameda County if this were done. Ms. Stebbins noted that it would be worth attracting financing for these programs from the state and County.

Dr. Deutsch questioned the group if there was a forum of any kind to discuss the mental health needs of AHS and the various programs and funding. Mr. Fratzke noted that there is not a specific group to discuss the continuum of mental health care. Mr. Fratzke noted that collaborating with the County would draw a lot of interest. Ms. Dong noted that the County mental health advisory was created by state statute. Ms. Dong also noted that the new District Attorney has created a mental health task force. The HHS region nine captain lives in Alameda. Ms. Dong suggested reaching out to her regarding mental health sources. Dr. Deutsch

Ms. Stebbins suggested that it would be helpful to pull more data on the Skilled Nursing current population and other Skilled Nursing facilities on the island. Ms. Stebbins suggested researching what the need level for a medical SNF facility is.

Mr. Espinoza added that there is a program called Med Par Data that tracks post-acute admissions to acute hospitals, and it will give you a percentage of what the admission was (i.e., cardiovascular,

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	<p>stroke, etc.). The data will give the highest percentage of admissions in the area is and that is how SNF develops programs.</p> <p>Mr. Fratzke suggested that Mr. Espinoza and the fellows could provide data on volume as it relates to a medical based Skilled Nursing and how many skilled nursing beds are needed. Dr. Deutsch asked Mr. Espinoza if there was a designation reimbursement for a medical SNF. Mr. Espinoza noted that the SNFs are still considered post-acute, and he would recommend keeping them at a distinct part as it is highest for SNFs. Mr. Espinoza also added that it would be worth looking into a secured psychiatric SNF unit as there are not many available. Dr. Joshi noted that there is a need to improve the process of transfers and pathway development.</p>	
<p>Sources or Financing 2030 Retrofit</p>	<p>Ms. Stebbins reported on AB 869 introduced by Assemblyman Wood. There are two categories of hospitals that would be eligible for a five-year extension under the 2030 seismic deadline and possible rolling extensions based on certain criteria.</p> <ol style="list-style-type: none"> 1) Small rural hospitals 2) All district hospitals that fit one of four criteria <ol style="list-style-type: none"> a) One – two story structures with a small revenue base. b) There is a demonstrated financial hardship meeting the 2030 standards. c) Serve an above average percent of Medi-Cal patients. d) Has tried to pass a bond and failed in the last couple of years. <p>Ms. Stebbins also noted that there is a possibility if this bond were turned down by the voters it would qualify the hospital for the 4th criterion. Ms. Stebbins noted that Alameda Hospital is getting some special attention on this bill as the hospital is located in a seismic high-risk area. There may be more pressure on Alameda Hospital to meet deadlines because it is in such a high-risk area.</p> <p>Mr. Fratzke asked if there was a way to demonstrate why the bond would fail without having to float the bond. The district boundaries for Alameda cover the entire island and all the residents are being levied \$300 per year for taxes to the Health District. Mr. Fratzke added that the City of Alameda is doing a lot of development now which has a lot of residents' support and money. Mr. Fratzke also added that a 66 percent vote is needed to pass a bond and it is unlikely in the current economic conditions. Mr. Fratzke suggested demonstrating the dynamic that would warrant an affirmative no the bond won't pass.</p> <p>Ms. Stebbins noted this would be a great suggestion for a potential amendment to this bill. Ms. Stebbins noted that she will follow up with ACHD on this and other updates to come.</p>	<p>Ms. Stebbins will follow up with ACHD the suggested amendment for an affirmative no on a bond measure and other updates.</p>

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Adjournment	Dr. Deutsch adjourned the meeting at 5:15 pm	
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Minutes submitted by: Alixandria Williams, Executive Assistant

Approved: _____



Mental Health Rehab Center: Sub Acute Psychiatric Treatment

INTRODUCTION:

Mental Health Rehabilitation Center MHRC- Community Need

- Families, caregivers and advocates in Alameda County are advocating for improved access to mental health services for the seriously mentally ill (SMI) population.

REQUEST:

- Increase bed availability at Mental Health Rehabilitation Centers to ensure appropriate treatment is provided at the right level of care and in a timely manner.


BACKGROUND:

The current state of mental health services:

- Existing bed capacity falls short of meeting the demand for SMI individuals in Alameda County.
- Lack of available beds results in delayed or inadequate treatment, exacerbating the challenges faced by SMI individuals and their support networks.

JOHN GEORGE PSYCHIATRIC HOSPITAL – LENGTHY WAIT TIMES:

Unfortunately, wait times exceeding 6-8 weeks or longer are not uncommon especially for the seriously mentally ill who require locked level of treatment in a Mental Health Rehabilitation facility or placement at a therapeutic psychiatric skilled nursing facility.



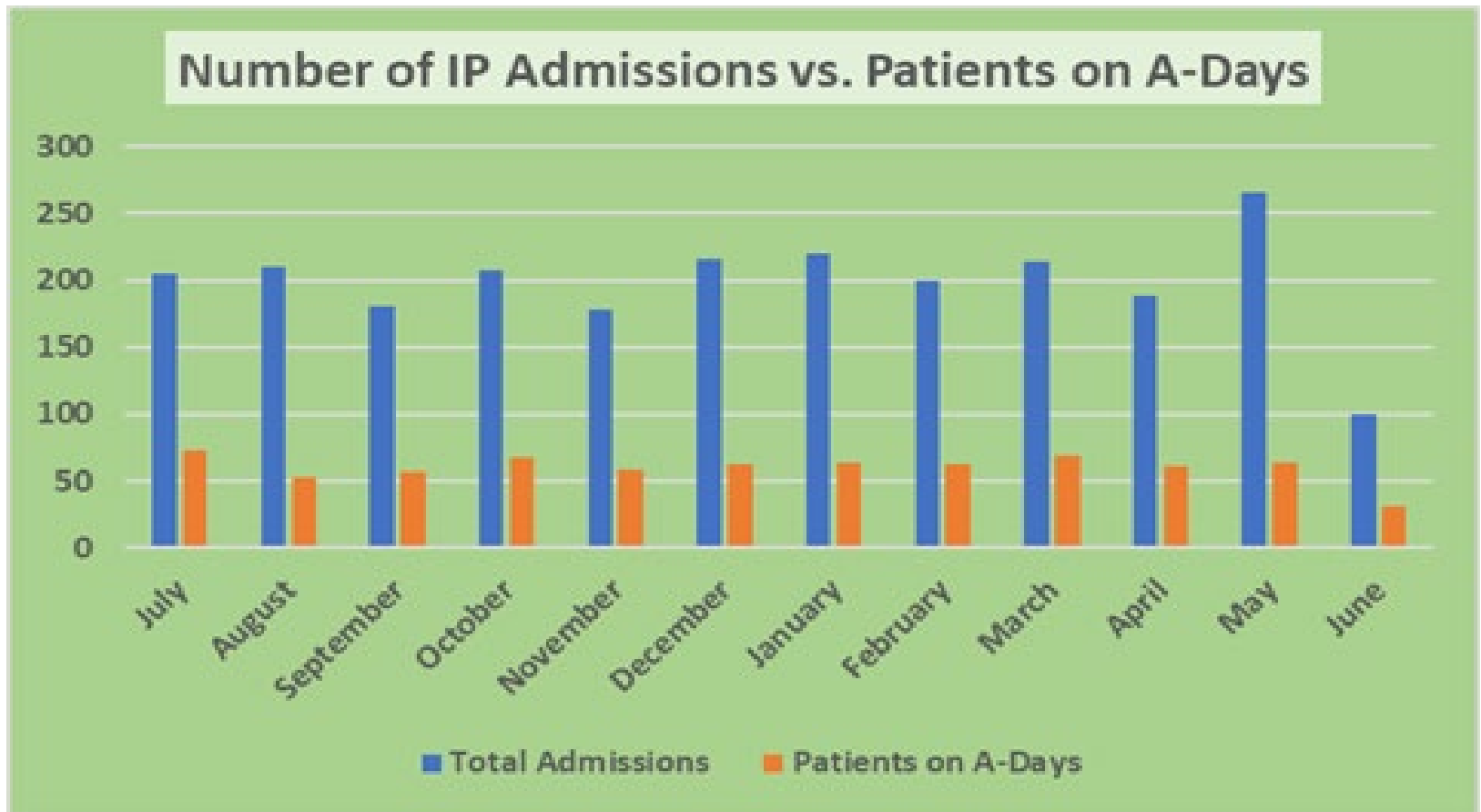
Such delays can hinder recovery and impose unnecessary burdens on patients and their families.

Access/Community Need

- On a given day at John George Psychiatric Hospital, 25-35 % of the patients have reached psychiatric stability and are waiting for a lower level of care, sub-acute placement/bed to become available.

FY 2022-2023	Total Admissions	Number Of Patients on A-Days	Percentage of Patients on A-Days
July	205	73	35.6
August	210	52	24.7
September	180	57	31.6
October	208	67	32.2
November	178	58	32.5
December	215	62	28.8
January	219	63	28.7
February	200	62	31
March	214	69	32.2
April	189	61	32.2
May	266	64	24

Patients on Administrative days are ready to be served at a lower level of care with more freedoms and treatment geared towards long term stability. The hospital is reimbursed for Administrative days at bed rate approximately a 5th of the acute bed rate even though the patients are receiving Acute services.



JOHN GEORGE PSYCHIATRIC HOSPITAL – IMPACT OF PROLONGED WAIT TIMES:

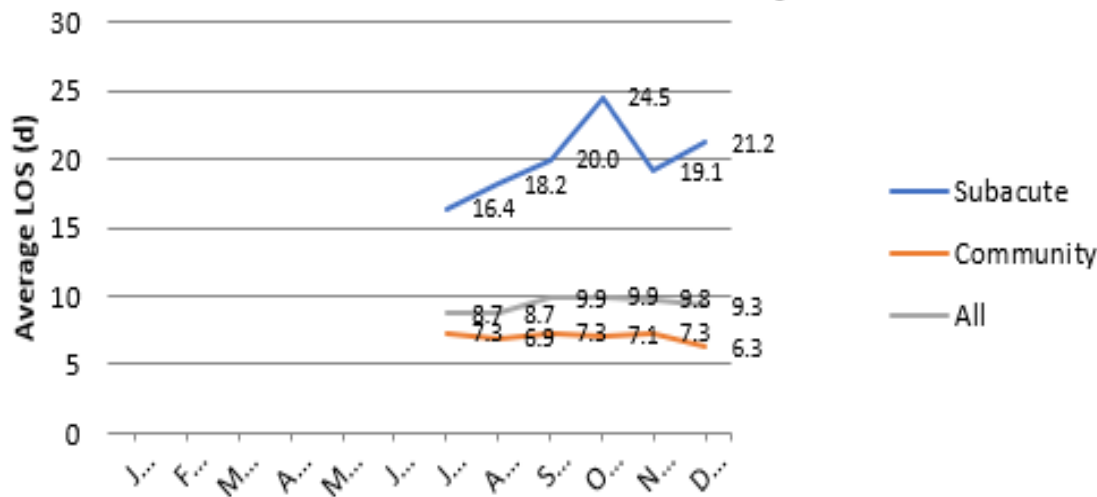
Creates barriers to delivering timely and appropriate treatment.

Patients may experience a deterioration of their condition during the waiting period.

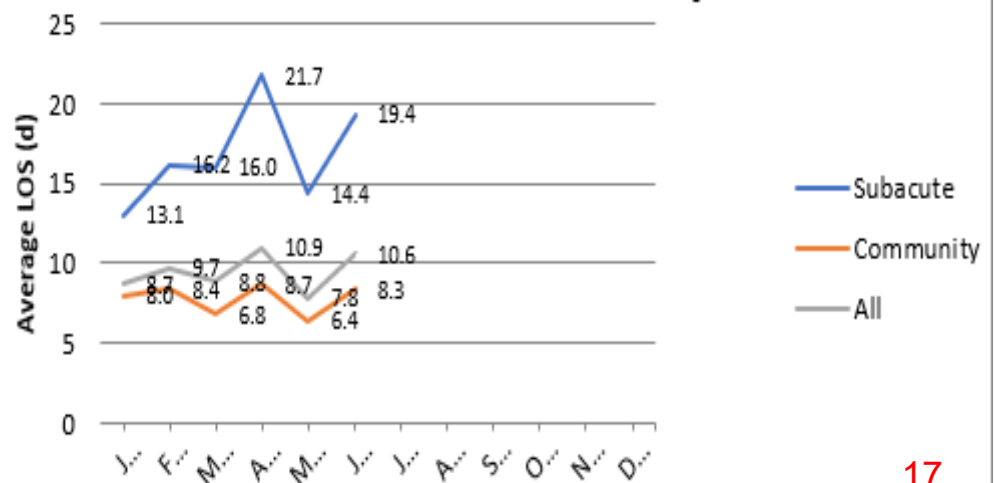
Extended stays of patients awaiting step-down treatment strain the capacity of John George Psychiatric Hospital, limiting its ability to admit new patients in need of acute care.

Length of Stay Based on Discharge plan

LOS: Subacute vs. Community 2022



LOS: Subacute vs. Community 2023



Sub-acute Program Components

Serves people with a primary mental health diagnosis who are conserved under LPS law of the State of California

Focus on recovery and wellness including promotion of independence and improvement in self-care skills.

Rehabilitation, psychiatric and medical services focused on multidisciplinary treatment.

Offers group therapy, individual therapy, weekly meetings with a therapeutic treatment team including a psychiatrist and social worker.

Assistance with discharge planning, community resources, and coordinating with outpatient treatment teams to provide a safe and effective transition back to the community.

Admission Criteria

Patients must be 18 or older with a primary psychiatric diagnosis requiring sub-acute inpatient treatment, be ambulatory and have the ability to take part in the program and services. Patients must be medically stable

Patients with eating disorders or Substance Abuse and Addictions alone are not eligible for admission.

Patients are typically on a Psychiatric Conservatorship (involuntary legal hold)

SUMMARY

- Alameda Health System is committed to helping the severely mentally ill of Alameda County. We are actively exploring better ways to improve patient care and to integrate care across service lines to better address the needs of the SMI of our community.
- We are actively exploring stepdown sub-acute care for the SMI as well as exploring better ways to partner with Alameda County to provide more integrated treatment to support the severely mentally ill in their recovery and their journey to wellness.