

Health and Healthcare Strategic Planning Meeting  
September 28, 2018

The aspirations of the group were: Housing; Access and Advocacy: Access to Healthcare for All; Access to Healthcare - Universal Healthcare and Access to Food; Intervention and Better Use of Resources, including early intervention programs for the sick, mentally ill and youth including, mandatory assisted outpatient for the mentally ill, juvenile diversion programs;

Solutions included: Increase requirements for developer to contribute to housing (i.e. Build Hotels & Apartments); and Universal Health Insurance.

Aspiration: Housing		
Specific Challenge or Problem	Evidence this Challenge or Problem Exists	Impact of the Challenge or Problem on You?
Lack of affordable housing	Families moving out of County	Traffic congestion
Substandard housing	Traffic and commute increase	Difficult to recruit
Imbalance of hospitality work vs. affordable housing	Low Housing Stock	Majority of wages spent on housing
	Section 8 Waitlist	Increase of homeless population
Housing Stock - Use i.e. Vacation Homes	Kids/people are sick (mold, paint, lead)	Overcrowding = many people in one home
	Poor health	Use of ER
	hotels being built; slower construction for affordable housing	Missing School or Work
		# of tourists
	Second Homes	low wage workers - working poor
	Unoccupied Homes	Decrease in rentals
		Decrease in families with children/ changing demographic

Solution			
Actions to Solve	Who Needs to Be Involved	Pros   Cons	
Rent Control	County	More affordable housing	People don't make enough profit (Owners)
Incentives Section 8 Vouchers for Landlords	Developers		
FastTrack building permits	Housing Authority	Less traffic	Will take a long time
<b>Increase requirements for developer to contribute to housing (i.e. Build Hotels &amp; Apartments)</b>	Community	Decrease in homeless population	Crowding more people in smaller areas Hard to get people on board
	Cities		
	Advocates		
Set aside land areas for housing, only changing	Employees	Healthier Community	
Increase coding section (inspect rentals)			
limit the # of vacation homes			
Granny Units			
Affordable housing for elderly			

Red indicates top vote getter(s).

Aspiration: Access and Advocacy: Access to Healthcare for <u>All</u> ; Access to Healthcare - Universal Healthcare and Access to Food		
Specific Challenge or Problem	Evidence this Challenge or Problem Exists	Impact of the Challenge or Problem on You?
Awareness of resources	Ill homeless - not getting help they need.	Increase in chronic doses
Overcrowding / delays to get into clinics	People go to Emergency Department because they are not aware of other options	Lowered preventive services utilizations (lower than average compared to State)
Expensive Co-Pays		Increased costs of healthcare/ insurance (end user pays)
Remaining Un/Under Insured	Clinics may have to send patients to Emergency Departments because they are at capacity	Premature death
Convenience relative to people meeting care		Loss of productivity
Transportation to/from care	Medical related bankruptcy at hospitals	
Conflicting priorities in healthcare system; dilute focus (also applies to demographics of people)	Charity Care Programs	
	Care is centralized; people are not - GIS data	
	Need to bus vets to SF	
Access to food		
No consistent party to advocacy that reaches County around healthcare		

Red indicates top vote getter(s).

Solution			
Actions to Solve	Who Needs to Be Involved	Pros   Cons	
More / increase efficacy of preventive service programs (requires data / eval)	City, County, Regional Groups, State	Decrease in doses and illness	Maybe increase in programmatic costs
<b>Universal Health Insurance</b>	Doctors, Nutritionists, CBO's healthcare, leadership (hospitals included), faith-based groups	Increase productivity	Going to take a long time to change (10-15 years)
Benchmarking / evaluation of program effectiveness	Data analytics team/ researchers/ surveyors	Lower costs	Could create overburdened resources
Match communication methods with respective audiences (language and media)	Engaged community = across all demographics	Healthy & Happy Community	may change financial risks (unknown)
System / institutionalized patient advocacy program	Insurers	Decreased gaps in the Healthcare System	there's is a cost associated with living longer
	Schools		
Understand / survey the barriers to accessing care (esp. related to transportation)	Funders (e.g. Gasser)	Data Driven	
Path to citizenship for undocumented workers and enable proper healthcare			
Use data from food system study to identify next steps to improve food access			

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Aspiration: Intervention and Better Use of Resources, including early intervention programs for the sick, mentally ill and youth including, mandatory assisted outpatient for the mentally ill, juvenile diversion programs.		
Specific Challenge or Problem	Evidence this Challenge or Problem Exists	Impact of the Challenge or Problem on You?
No assisted outpatient treatment programs for the mentally ill	NSH Admissions almost universally had multiple hospitalizations in the preceding year - usually with failure to maintain prescribed medication	More people in jails and hospitals victims as a result of criminal activity by the untreated increase in homeless population
Lack of early intervention programs in multiple areas coupled with focus on punishment to address health issues		
Lack of diversion programs for the < 25 program	Difficulty accessing existing programs	We don't know whether we are spending wisely or whether our focus and outcomes are what we want
	No one has seen one	
Lack of Community Needs Assessment and evaluation of how resources are currently allocated (i.e. effectiveness)	The jail is not authorized by the BOS to medicate mentally ill inmates	Mentally Ill getting sicker and being denied treatment
Lack of medication in jail for the mentally ill - including those with existing medication orders		

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Solution			
Actions to Solve	Who Needs to Be Involved	Pros   Cons	
Implement Laura's Law	BOS, Criminal Justice System, Mental Health	Better outcomes fewer assault victims	\$\$
Expand programs that show improved outcomes - evidence based programs prevention and early intervention	Everyone		Risk of over use
Expand and utilize existing programs and use up to age 25	County, Service Providers, Patients, and Advocacy Groups	Stabilized mentally ill people	Loss of personal autonomy
		Fewer jail cells	Requires change in attitudes that treatment means abandoning the concept or accountability
Require County Programs to provide the same data (including outcomes) as is required of contract providers - have services and non-profits meet and reach agreement on mutual goals and services being provided		Better outcomes	
		Better outcomes - less kids in the systems, cost savings	
			Better utilization of resources and focus on where the problems lie and on programs that work
BOS authorize appropriate involuntary medication for jail inmates		Safer jail, healthier inmates	Would require proper staffing.

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