**AC Care Connect Steering Committee Meeting Minutes**
**December 21, 2018**
**Brooklyn Basin/Tilden Room**
**1900 Embarcadero, Suite 101, Oakland, CA 94606**

Organizational Members:

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| ☐AAH: Scott Coffin (Co-Chair) | ☒AC3: Kathleen Clanon | ☒AHC: Ralph Silber | ☐AHS: Tangerine Brigham for Delvecchio Finley |
| ☒Anthem: Beau Henneman | ☒BHCS: Carol Burton | ☒EOBCZ: John Jones III (Co-Chair) | ☒EMS: Karl Sporer |
| ☐EOH: Elaine De Coligny | ☒HCSA: Colleen Chawla | ☐HCD: Linda Gardner | ☒Probation: Natasha Middleton for Wendy Still |
| ☒SSC: Wendy Peterson | ☒SSA: Randy Morris for Lori Cox | | |

AC Care Connect Staff: Valerie Edwards, Shannon Eng, Hanna Flores, Marta Lutsky, Kai Mander, Jennifer Martinez, Robert Ratner, Joy Sledge, Kimiko Tahara, Lillawa Willie

Guests: Sheilani Alix (C&C), Cristi Iannuzzi (C&C), Cheryl Northfield (C&C), Jessica Hanserd (C&C), Anna Landau (Alameda Alliance), Greg Garrett (AHC), Michelle Schneidermann (Alameda Alliance); Janet Myers (PAETC), Michael Reyes (PAETC), Ramesh Balakrishnan (Thrasys), Randy Belknap (Thrasys); Caity Haas (Anthem); Stephanie Chen (QIU); Terrell Hegler (BACS); Mark Elson (Intrepid)

| Agenda Item | Discussion Highlights | Action Item |
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| Welcome & Introductions | - John Jones III convened the meeting. | |
| Director's Report | Director's Report Highlights (Kathleen)<br>• Roadmap – Q1, 2019<br>○ Sustainability Workgroup will be launched in January; the Steering Committee will convene as the Sustainability Leadership Task Force in February or March<br>○ Comprehensive Care Management Academy established that brings together all trainings into one unit<br>○ Activities for care coordination network will be defined<br>○ HMIS will continue to migrate data and increase functioning<br>○ First wave of CHR will not happen in Q1, but will happen in Q2. Working on approved universal authorization document<br>○ Culturally affirmative strategies will roll out in Q1.<br>▪ By January, field treatment for agitation will be fully operational | - Sustainability: some questions on how much time is required to participate in another task force |

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| | ▪ Continuity of care and increased enrollment in housing bundles have been addressed by restructuring the bundles<br>○ Dashboard - performance at a glance<br>▪ Care Management, pushing towards target<br>▪ Housing Navigation has surpassed target<br>▪ Total enrolled has increased to well over 7,000 – achieved by enrolling people through pCHR<br>○ Data Exchange Strategies<br>▪ Start date has changed from March to June, due to concern by some partners about sending data into the system<br>○ Skills Development Unit<br>▪ Many organizations have been represented in trainings. 20 trainings in 2018, encompass 730 trainees from different sectors and 66 different agencies. The goal was to pilot different curricula and introduce individuals to one another's work. 5,700 patients have been impacted after the training, based on anecdotes collected from HealthPAC providers.<br>○ Sustainability<br>▪ Sustainability Leadership Task Force includes Steering Committee members, other strategic partners will be added--potentially Kaiser, other County departments, foundations. Workgroup will be assembled in January, and will meet monthly with work in between through 2020. Steering Committee will meet every third or fourth month as the Sustainability Leadership Task Force.<br><br>**ATTACHMENTS (SEE BELOW):**<br>Discussion Highlights | |
| CHR Demonstration | • Ramesh Balakrishnan, Thrasys presented a preview of the system<br><br>Discussion highlights<br>• Introduce AC Care Connect platform | - Beau is interested in making sure consumer identified goals are represented in care plan |

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| | ○ Designed to create care communities, will add stakeholders in waves. Comprehensive health records, notes, analytics. Three Layers –<br>▪ Layer 1: Data Integration/Social Health Information Exchange - cleansing data so that clinical, social, housing information can be organized into CHR.<br>▪ Layer 2: CHR – will have different views for different roles<br>▪ Layer 3: Role-Based Applications and Analytics – there will be collaboration tools<br>• Preview/demo<br>○ Platform will allow onboarding of organizations with standard log-in, this will determine what information the user sees. The platform also allows access to information that has been organized into CHR such as information about the consumer, encounters, medication, care team, family care givers, housing, documents in system, assessments. Different cohorts can be identified such as AC Care Connect eligible, bundle enrollees, admissions, psych or ER encounters, disease or other social conditions. Can refer individuals to various programs. Will also provide information about the shared care plan as well as shared discussion thread by providers. Collaboration tools will allow secured messaging, chats, alerts. Tools for scheduling services and joint meetings of the care team (virtual and face-to-face), analytics to look at data, outcomes.<br><br>Discussion<br>• How are person-centered goals represented in shared care plans? We are currently working to develop this.<br>• Admission to hospital or ED – currently in pCHR, this is of high value to care managers because they can act on it in real time. New agreements with partners to allow us to pull this information into CHR<br>• Who will be administering and editing items in the care plan? Lead care managers, different entities, etc. This is part of a configuring of the system around defining roles, the program will identify permissions upon log-in. Data governance group will determine these rules. | |

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| Data Governance Discussion | Mark Elson, Intrepid Ascent and Colleen Chawla, HCSA Agency Director presented<br><br>• Data governance is like resource management, i.e. water. Stewards have the responsibility to manage that resource well, the same principle applies to data. We are putting together a framework to enable stewardship of data across the network.<br>• Three Phases of Data Governance<br>  ○ Data sharing agreement was developed<br>  ○ Universal authorization document, lead to data governance for data sharing<br>  ○ Data governance committee that will involve County and non-County individuals<br>• Health Information Exchange within California: there are 10 health information exchange organizations – many nonprofits but also counties such as San Mateo and Marin. Governance compositions involve hospitals, health plans, medical groups, behavioral, etc.<br>• Many decisions will be necessary to be made by June by the Data Governance Committee. Who gets to use it, how, and for what purpose?<br>• What should membership on Data Governance Committee look like? 9-15 member body, principles: who is contributing data, funding? Who is essential to success from contribution and use perspective? AHS, FQHCs, Anthem, Alliance for Health, HCSA, BHCS, IT, CDA<br>• Group discussion:<br>  ○ Members – Probation, County Counsel (BHCS, Probation, other relevant areas), Consumers, end users of the data – care managers, non-health care CBOs, equity representations (geography, race, gender), clinicians and licensed professionals, training and communications expertise, people committed to data sharing, information referrals (see UC Berkeley school of data management?)<br>  ○ Is there bandwidth for best people to show up if more committees continue to be added<br>**ATTACHMENTS (SEE BELOW):** | - Convene a deeper discussion of role of Data Governance committee and decisions to make |
| Adjourn | • Next meeting: Friday, January 18th, 2019 from 3:00 – 4:30pm | |