AC Care Connect Steering Committee Meeting Minutes July 19, 2019

1900 Embarcadero, Suite 101 Brooklyn Basin Room

Organizational Members:

☑AAH: Scott Coffin (Co-Chair)	△AC3: Kathleen Clanon	⊠AHC: Ralph Silber	□AHS: Tangerine Brigham for
			Delvecchio Finley
☑Anthem: Beau Henneman	☐BHCS: Aaron Chapman	□EMS: Karl Sporer	⊠EOH: Elaine De Coligny
□ HCSA: Colleen Chawla	☐ HCD: Suzanne Warner for Linda	⊠Just Cities: John Jones III (Co-Chair)	☑ Probation: Wendy Still
	Gardner		
⊠SSC: Wendy Peterson	⊠SSA: Randy Morris for Lori Cox		

AC Care Connect Staff: Neetu Balram, Tony Carroll, Valerie Edwards, Shannon Eng, Nancy Halloran, Brittany Hathorn, Jennifer Martinez, Mona Palacios, Jerri Randrup, Bridget Satchwell, Sasha Savinovich, Rajbir Singh, Joy Sledge, Rhonda Smith, Kimi Tahara, Liz Taing

Guests: Aneeka Chaudhry (HCSA); Amalia Freedman (RDA); Ryan Fukumori (RDA); Greg Garrett (CHCN); Rebecca Gebhart (HCSA); Rajib Ghosh (C&C Advisors); Natasha Middleton (Probation); Thato Ramoabi (RDA); Sandy Stier (HCSA)

Agenda Item	Discussion Highlights	Action Item
Welcome & Introductions	- John Jones III facilitated	
2. Roadmap Update Presentation	 Amalia Freedman of RDA presented the updated project Roadmap (see slides) The Roadmap is a tool for alignment across the project and to see how different components of the project interact This version is an evolution from the last version; instead of representing different components in traditional siloes (e.g., housing, care coordination, data system), the current version is more integrated. Question to consider in looking at it what do you need to know about a program or milestone to help you (or your org) support accomplishing that milestone? It is a work in progress and some components/projects aren't reflected (timeline or major players) 	
3. Data System Updates and Celebration	Kathleen Clanon presented on progress in the data sharing system. (See slides: Update on feeds, data sharing agreement, CHR help desk - All CHCN clinics have signed DSAs. Alameda Health System signed and opened spigot. - The CHR Help Desk Launches in September with the CHR go-live. - Current HMIS data will soon flow into the SHIE - Will allow for reporting on overlapping populations - Version 3 of the Data Sharing Agreement has been approved - Reviewing Wave 2 Organizations for CHR Rollout	

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	 Wendy Still: noted that, as great as all the progress is, she is disappointed that probation data has not been included; this unfairly leaves their clients out of the improvement. She emphasized that we should view this as a challenge to resolve, and they are ready to work collaborative to resolve. Kathleen explained to the group that the reason the decision was made was that many partners were concerned that having probation on the Information Sharing Authorization would be a barrier to clients signing. However, we said we would revisit. When is it time to do that? Wendy Still: When people are ready, let's get the leadership together and talk about what the concerns are. Probation only wants very limited info to be able to connect to other providers. It was noted that the current anti-immigrant environment in the US leads to fear, the concern is not about the Probation dept in Alameda County. Wendy noted it's helpful to know underlying concerns, and stated Probation doesn't give information to ICE. 	Identify other counties that are sharing criminal justice/ probation data
4. Director's Report	 Kathleen Clanon reviewed the Director's Report (See attached report and meeting slides) Discussion highlights Health Homes Program launched. Scott reported that the State has observed the collaboration going on in Alameda County. Noted that there will be a dip in Care Connect Care Management numbers because now HHP will pay for some of them. Randy noted that SSI Medi-Cal is administered by federal not state/county. There will be 3 pathways to respite and recuperative beds: 1) from hospital to recuperative, 2) street to recup, (street teams or shelter outreach,) 3) people in shelters who have need for some medical or mental stabilization. The program is still being developed: what is the right mix and how are we going to pay for it. Point in time count released: we should ask Elaine, EveryoneHome, go over the complete county wide report for Steering. 	Reach out to SF to learn more about their recuperative care model Have a report on PIT count from Elaine at an upcoming meeting
5. Sustainability Report Back Care from June	 Liz Taing facilitated report out of changes targeted by members Chief Still: Met with HCSA regarding partnership opportunitiesstate budget has significant funding medically assisted treatment (MAT). Tangerine: Fully implemented multi-disciplinary rounds with nursing and care managers. Using visibility board. Using Interqual to support ED clinical decision making, standard work for common admission criteria. 	

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	 Randy: Not at last meeting, but wanted to report on IHSS pilot working with Robert Ratner to enable homeless enrollment into IHSS, which is very complicated. He noted that there is no money allocated to help with enrollment in IHSS. 	
6. Policy Updates	 Aneeka Chaudhry facilitated discussion (see slides) Timeline review: We need to be on the Sept-Jan timeline, that's when influence happens. Be ready to comment on legislation, if not a proposal SB361 Health Homes through 2024, and state could put general fund money in there. Discussion highlights John Jones III: Need to remove housing barriers for people reentering from jail or prison — ban the box, eliminate the use of background checks Beau: if the state's timeline slips, we won't know about future in time to avoid loss of service in Jan 2021 Is there room to start encouraging state to address homeless prevention? State needs to address underlying issues. Natasha: at national level, conversation happening about eliminating background checks Elaine: We should work with Housing California and Corporation for Supportive Housing (CSH)they want to sustain whole person care. Discussion of which state organizations are most important in WPC advocacy. CSAC needs to take the lead. To get CSAC, everyone else is involved. CAPH, CSAC, County Health Exec, all three are very active collaboratively Behavioral Health Directors are involved. CAPH leads on 1115, but who leads on whole person care? 	
7. Next Steps	Next meeting time to give updates	-
Adjourn	Next meeting: Friday, August 16, 2019 from 3:00 – 4:30pm	