AC Care Connect Steering Committee Meeting Minutes August 16, 2019 1900 Embarcadero, Suite 101 Brooklyn Basin Room

Organizational Members:

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

AC Care Connect Staff: Rebecca Alvarado, Neetu Balram, Morgan Brannon, Tony Carroll, Valerie Edwards, Nancy Halloran, Marta Lutsky, Kai Mander, Jennifer Martinez, Mona Palacios, Jerri Randrup, Robert Ratner, Joy Sledge, Rhonda Smith, Kimi Tahara, Renee Yun, Colleen Budenholzer

Guests: Nicole Gamache-Kocol (RDA); Lauren Hart (UCSF EMS Fellow); Cristi Iannuzzi (C&C Advisors); Muriel Lamois (PCG); Adrian Lewis (AHS Fellow); Laura Miller (CHCN); Cheryl Northfield (C&C Advisors)

	Agenda Item	Discussion Highlights	Action Item
1. V	Velcome & Introductions	Kathleen Clanon facilitated	
2. D	Director's Report	 Kathleen Clanon reviewed the Director's Report (See meeting slides 4-9) Housing outcomes (since Aug 2017): 1,168 chronically homeless clients enrolled in housing bundle Landlord Liaison increase in housing capacity (374 rental units) BACS and Abode working to reduce wait period (approx. mos. currently) 31,469 street encounters (not unduplicated) Spent \$204,000 on client move-in expenses \$650K in rapid rehousing spent \$450K in flexible funds spent 	
3. 5	HIE Presentation	 Cristi lannuzzi presented on SHIE (See meeting slides 10-17) September 2019 launch of CHR (Alameda County Care Connect) Discussion Highlights The SHIE is bigger and more respectful than other similar systems Linda: How is the system more respectful? Dr. Miller: Patient no longer has to be conveyer of papers Tangerine: How much have you reduced the amount of time it takes to house someone? Are you setting-up an expectation? KAC: Should say "to house some individuals experiencing homelessness." For example, in Care Communities Abode presented case of someone living in a van who is HIV+. Should be higher on the byname list but HIV status had not 	

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	 been shared with housing navigators. The person moved from 800+ to number 6 in priority after status shared and updated. Gregg: Suggests under "AC will save lives" add: through improved or enhanced care coordination, etc. Linda: Under efficient/effective bullet. Implies current system is disrespectful. Cristi described "Hero moves": Get consumer's consent to share Upload critical documents Complete the circle of care: Reach out to other care team members Cristi presented a live demo of CHR (AC Care Connect) Getting consent electronically opens up a lot of client information (HIV status, etc.) Crisis information, care team, client documents (i.e. ID, birth certificate), medical conditions, patient records, etc. can all be updated in real time Can message anyone on care team through system Elaine: Do medical, housing, BH, etc. team have same view of system? Cristi: Once consent received, yes Randy: End-user engagement issues—will it take too much time? KAC: Only a small number of people within any given organization will be using it; different levels of integration with existing systems are available. Many smaller orgs are on spreadsheets so no competing electronic health record. We are advertising to end-users advantages of system. Aaron: Is there a place to store consent to contact father, for example Cristi: Yes, in documents tab Gregg: Do you get a different view depending on level of access? Cristi: Yes, there is a bit of a delineation between what they can do. First rollout, care managers and case managers. Clinical support user would have access to system, but not the shared care plan. Gregg: Will more user types be added at a later date? Cristi: Any additional types to be brought to Data Governance Committee before being added Elaine: Why housing staff would need to know meds info: if in a shelter d	

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	 Cristi walks through examples of data access levels within CHR CCDA meaning: (clinic equivalent of admission transfer notification) ISA will allow us to share mental health information KAC: Mental health information shared because WPC statute; lots of work being done to ensure the policy remains beyond WPC waiver is over CHR operates under ISA, not HIPPA. Mental Health information sharable under HIPPA, while CHR would honor client wishes in ISA Elaine: May explain that things will be slower at first, and then much faster once CHR adopted. Nancy asks SC for feedback for upcoming report (See II Prog Status Overview 2019 Mid-Year for SC doc)	
Adjourn	Next meeting: Friday, September 20, 2019 from 3:00 – 4:30pm	