



A Whole Person Care Pilot

Alameda County Care Connect Steering Committee

July 17, 2020



A Whole Person Care Pilot

Welcome

John Jones, Director of Engagement, East Oakland Black Cultural Zone and Just Cities

Nancy Halloran, Deputy Director, AC Care Connect



Agenda

1. Welcome
2. Consumer Story
3. Director's Report
4. Alameda County COVID-19 Housing and Homelessness Updates
5. Adjourn



A Whole Person Care Pilot

Consumer Story

John Jones, Director of Engagement, East Oakland Black Cultural Zone and Just Cities

Ban the Box Work





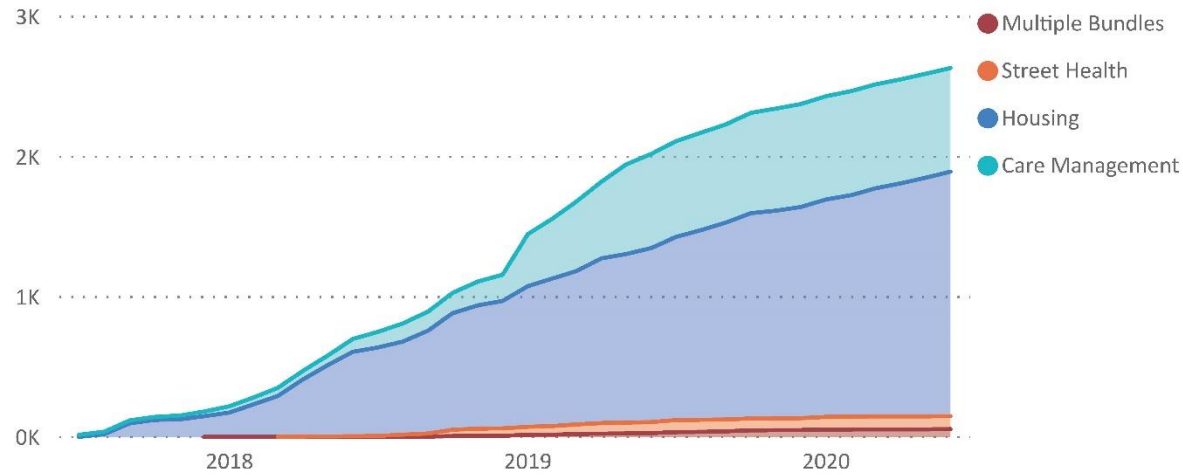
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Director's Report

Kathleen Clanon, MD, Executive Director, AC Care Connect

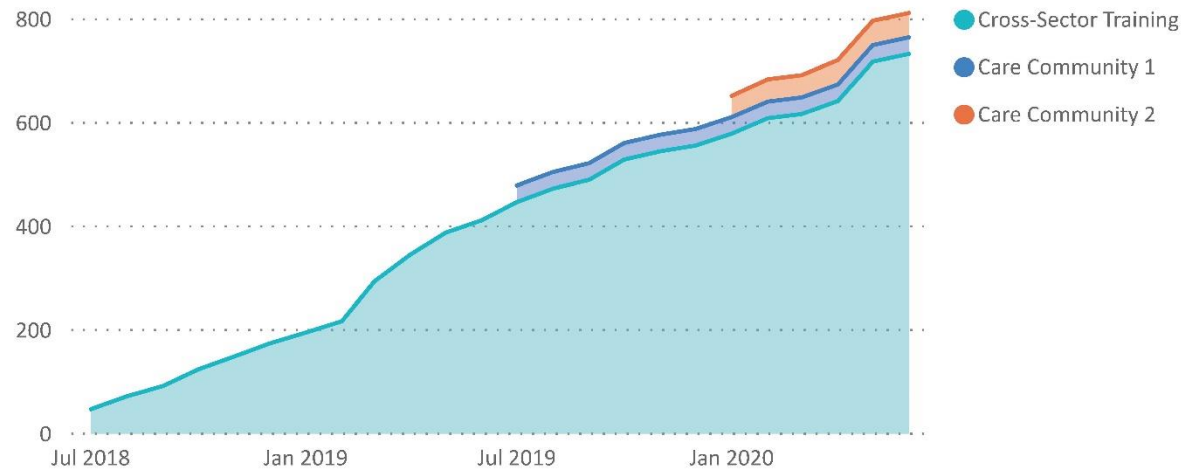
AC Care Connect: Whole Person Care Dashboard

1. People Ever Enrolled in Care Connect Bundles (Jul 2017 - Jun 2020)



Data source: Enrollment and Utilization report (cumulative count, April-June 2020 only includes preliminary Housing data).

2. Individuals Trained in Cross-Sector Care Coordination (Jul 2018 - Jun 2020)



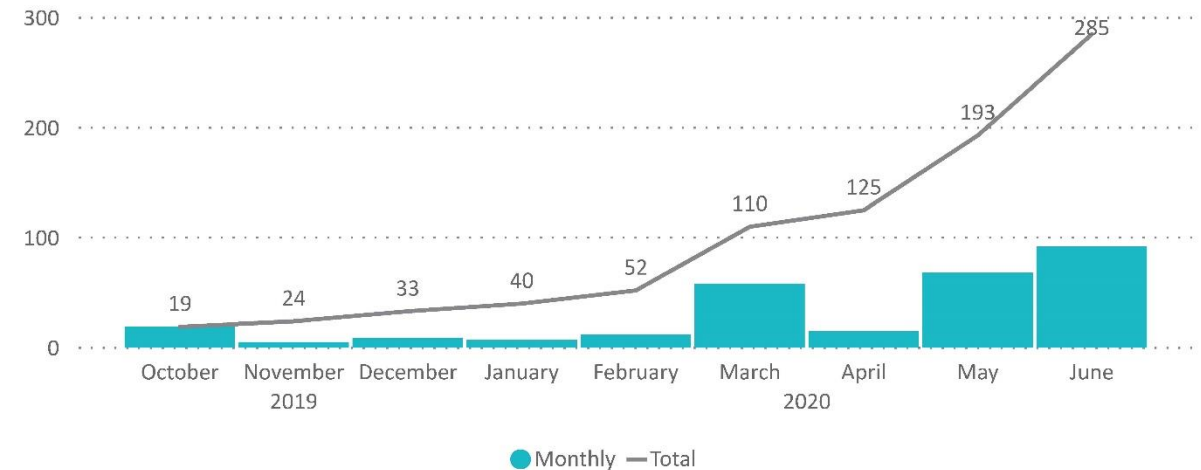
Data source: Care Connect Academy and Care Community team (cumulative count).

3. CHR and SHIE Utilization (Jun 2020)

| | |
|--|---------|
| Unique Community Health Record End User Logins | 392 |
| Consumers in SHIE - Currently Eligible | 37,965 |
| Consumers in SHIE - Ever Eligible | 70,153 |
| Expanded Population (including Ever Eligible) | 632,427 |

Data source: Social Health Information Exchange (end-of-month data).

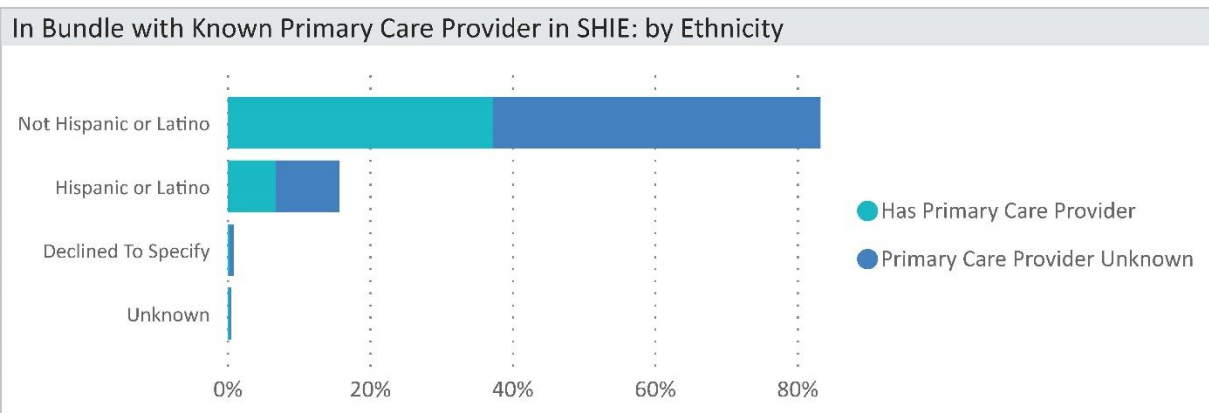
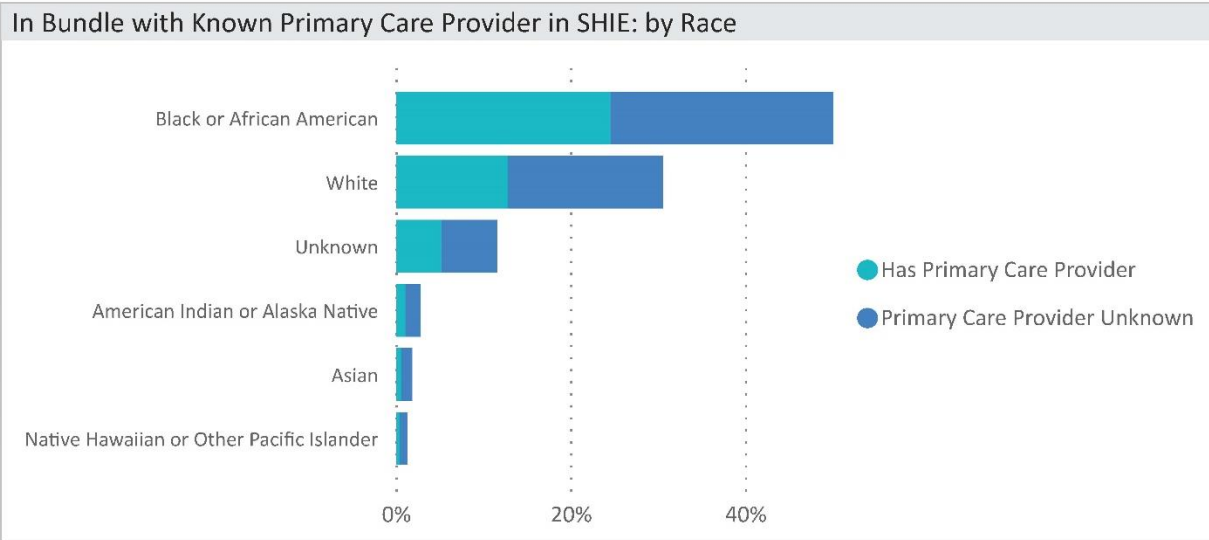
4. Signed Information Sharing Authorizations (Oct 2019 - Jun 2020)



Data source: Social Health Information Exchange (excludes 2 revocations of authorization).

AC Care Connect: Whole Person Care Dashboard

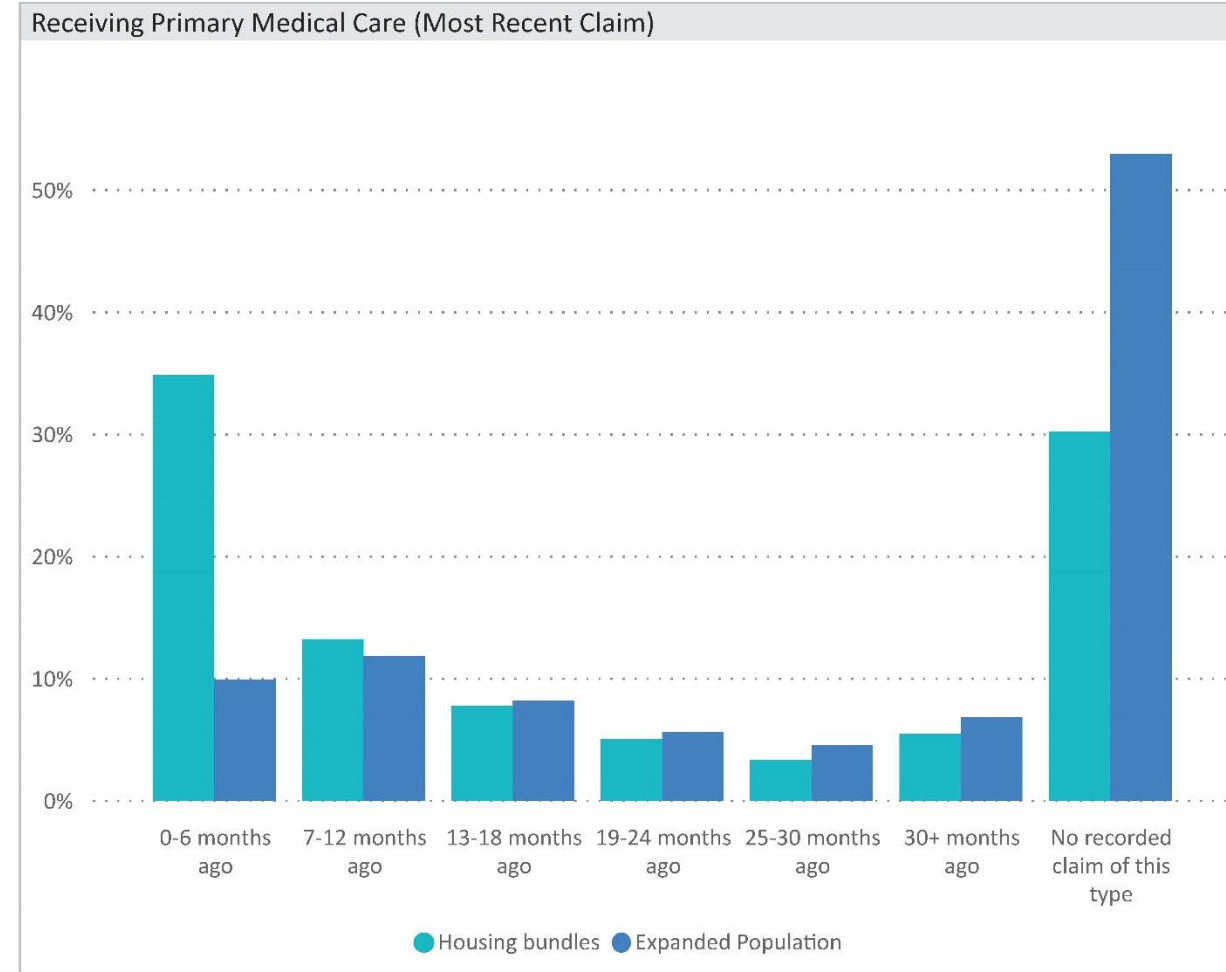
10. People Enrolled in Housing Bundles (Jul 2017 - Jun 2020)



Data source: Social Health Information Exchange.

Notes: Based on admission, discharge, and transfer (ADT) or Continuity of Care Document (CCD) patient information.

Race and ethnic classification data used from Homeless Management Information System. Reference data from Alameda County Homeless County & Survey Comprehensive Report 2019 on persons experiencing homelessness: Black or African-American (47%), White (31%), Other/Multi-race (14%), American Indian or Alaska Native (4%), Asian (2%), Native Hawaiian or Pacific Islander (2%), Hispanic/ Latinx (17%) and Non-Hispanic/ Latinx (83%).



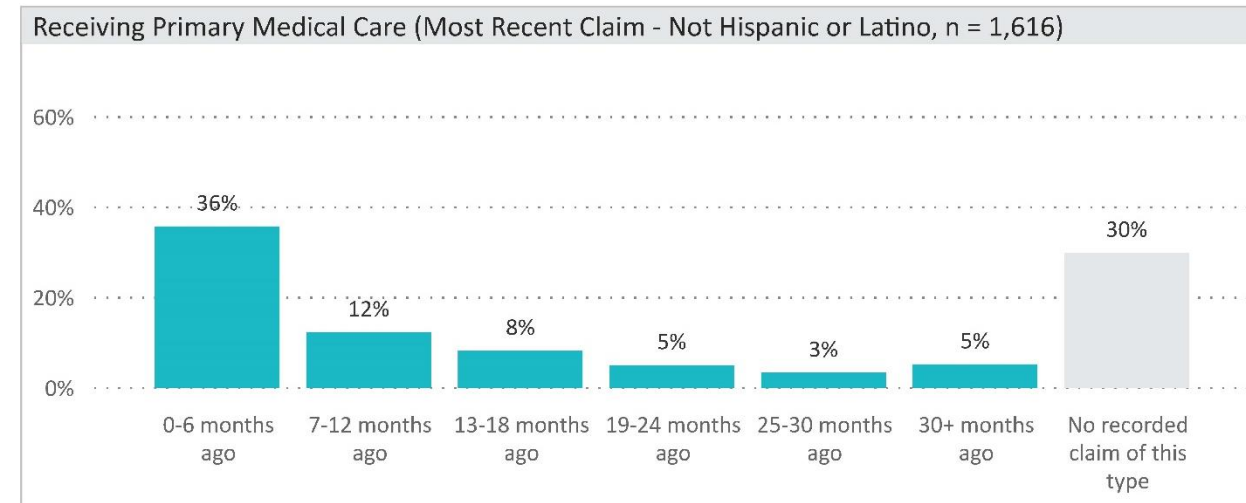
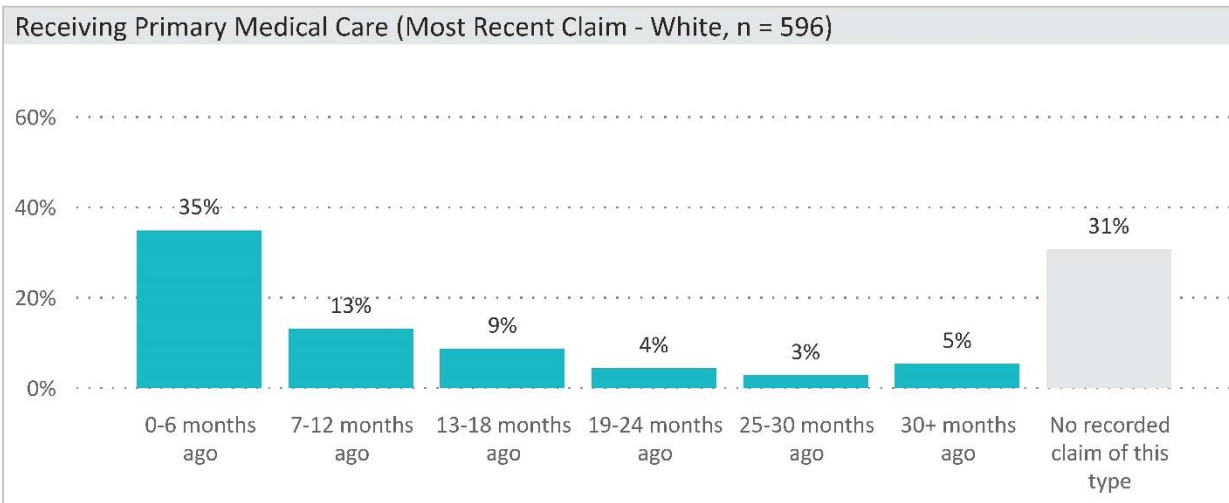
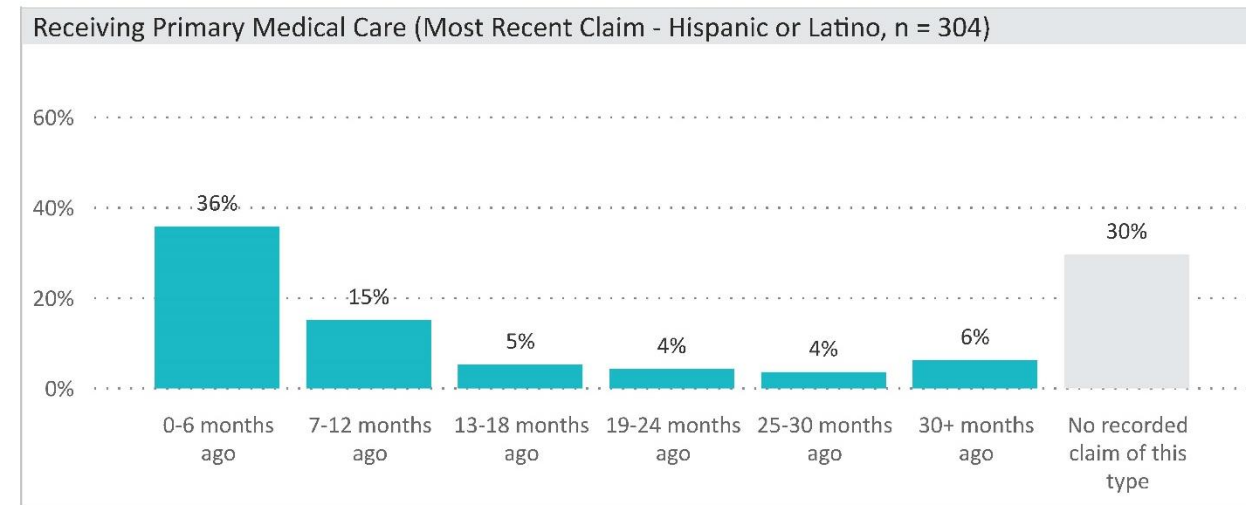
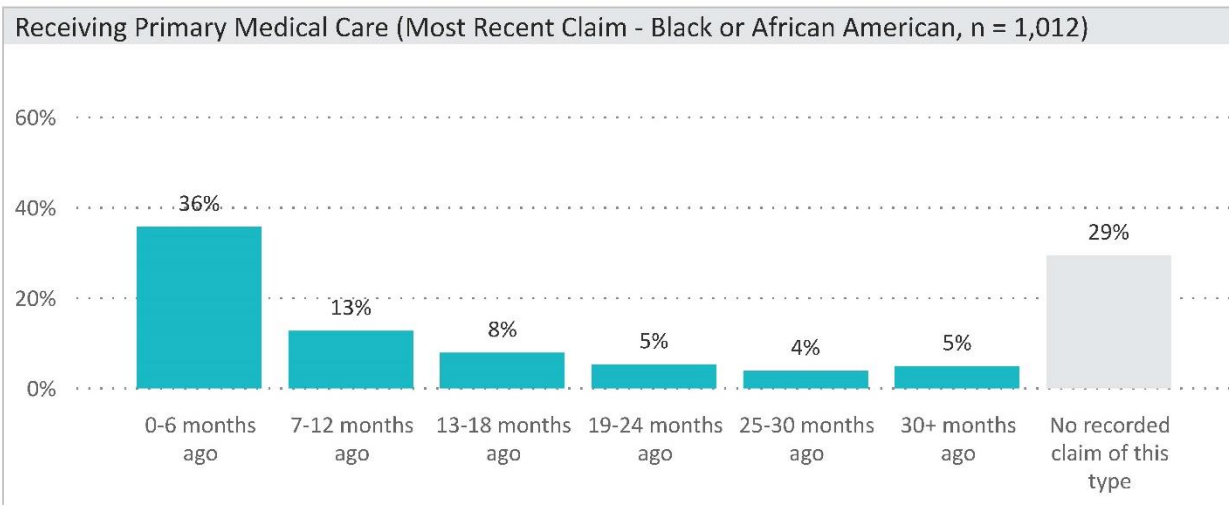
Data source: Social Health Information Exchange.

Notes: Analysis was conducted for people ever enrolled in a housing bundle (1,944) and the expanded population that is visible in the CHR (632,427). Primary Medical Care was assessed based on the following Current Procedural Terminology (CPT) codes corresponding to established patient office visits: CPT 99211, CPT 99212, CPT 99213, CPT 99214 and CPT 99215 as recorded by Alameda Alliance for Health, Anthem Blue Cross and AC Behavioral Health.

AC Care Connect: Whole Person Care Dashboard

11. People Enrolled in Housing Bundles - Race (Jul 2017 - Jun 2020)

12. People Enrolled in Housing Bundles - Ethnicity (Jul 2017 - Jun 2020)



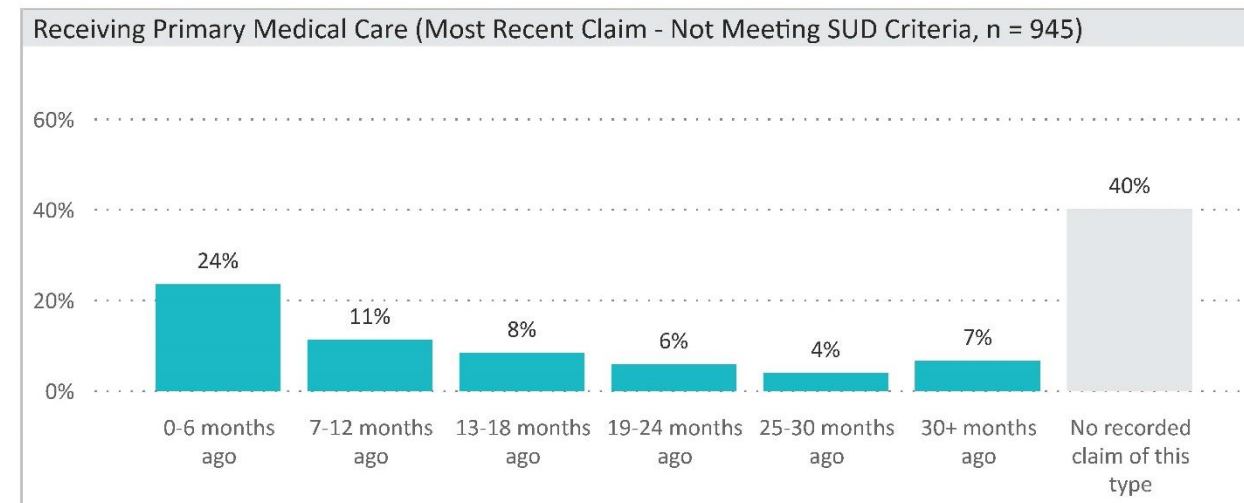
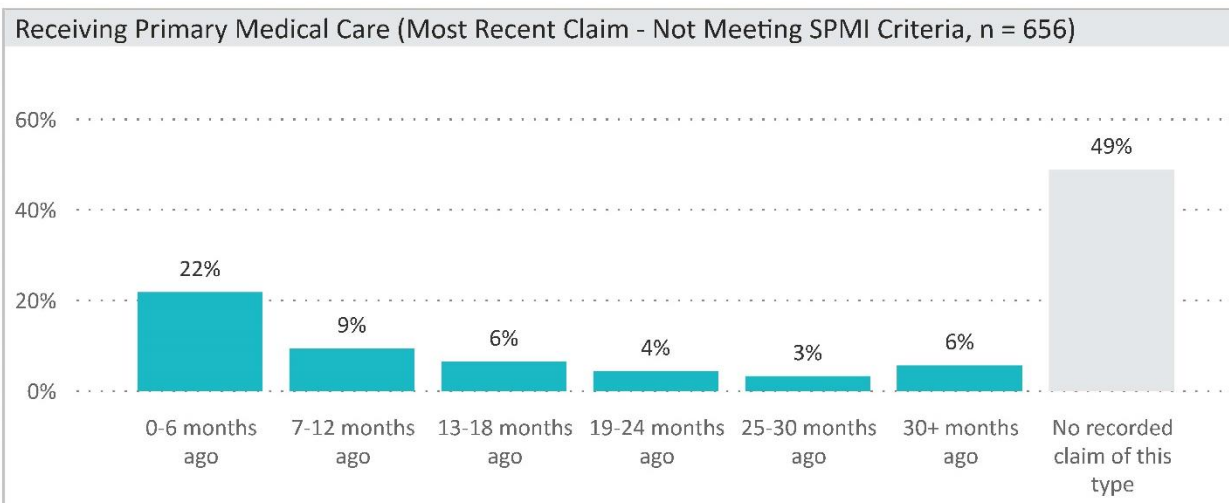
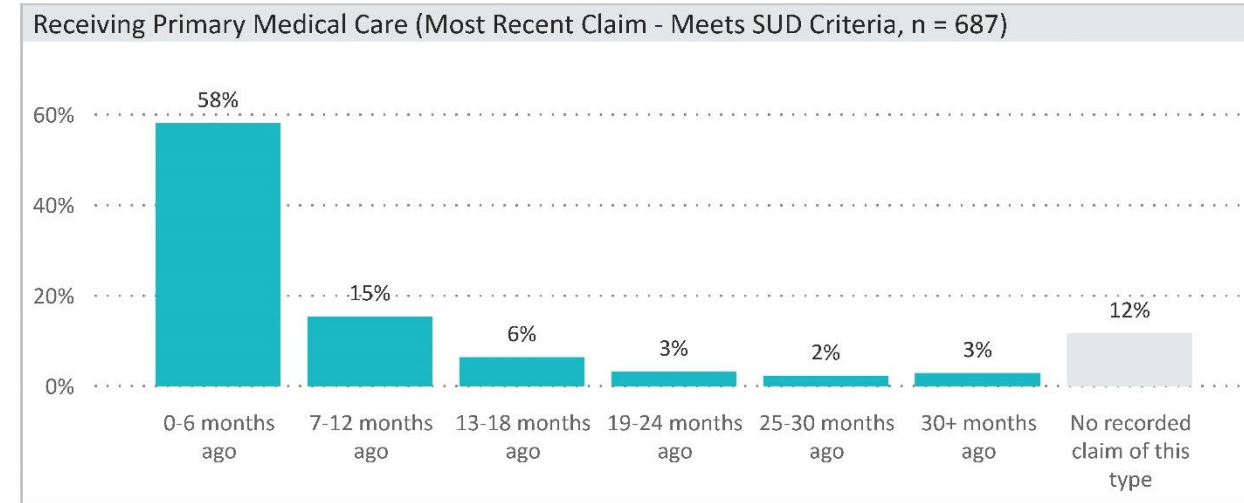
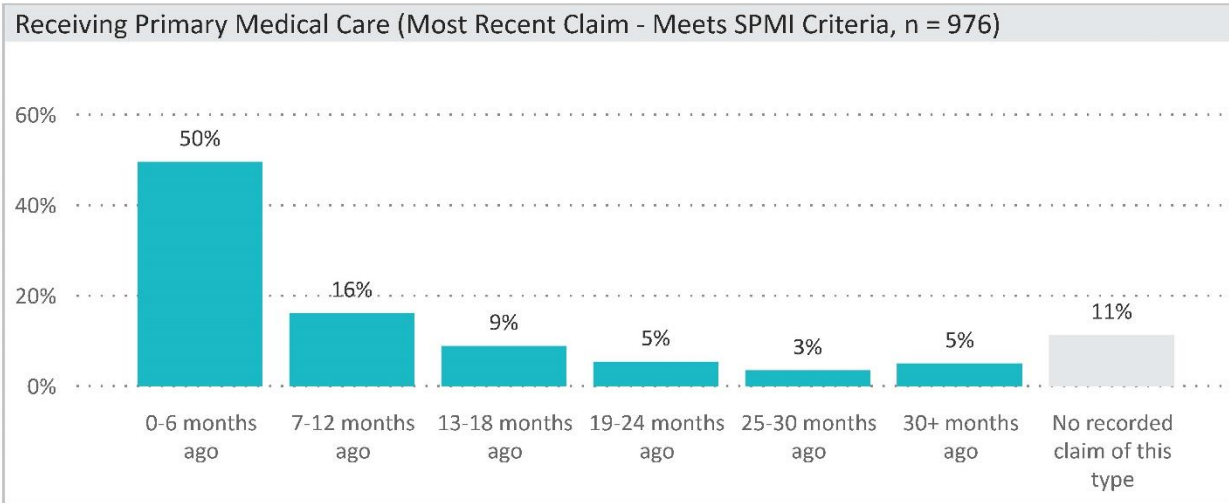
Data source: Social Health Information Exchange.

Notes: Analysis was conducted for 1,944 people ever enrolled in a housing bundle. Primary Medical Care was assessed based on the following Current Procedural Terminology (CPT) codes corresponding to established patient office visits: CPT 99211, CPT 99212, CPT 99213, CPT 99214 and CPT 99215 as recorded by Alameda Alliance for Health, Anthem Blue Cross and AC Behavioral Health.

AC Care Connect: Whole Person Care Dashboard

13. People Enrolled in Housing Bundles - SPMI (Jul 2017 - Jun 2020)

14. People Enrolled in Housing Bundles - SUD (Jul 2017 - Jun 2020)

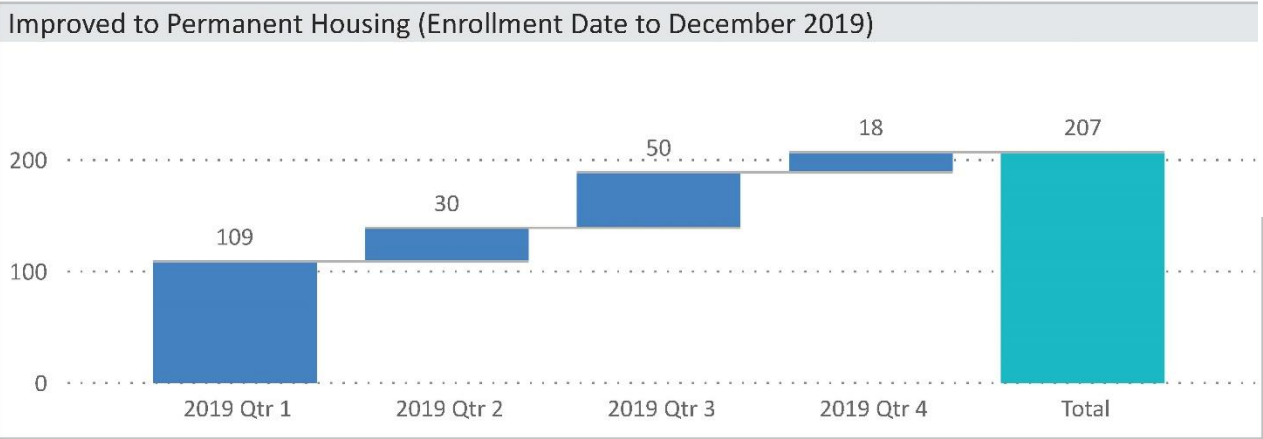


Data source: Social Health Information Exchange.

Notes: Analysis was conducted for 1,632 people ever enrolled in a housing bundle. Primary Medical Care was assessed based on the following Current Procedural Terminology (CPT) codes corresponding to established patient office visits: CPT 99211, CPT 99212, CPT 99213, CPT 99214 and CPT 99215 as recorded by Alameda Alliance for Health, Anthem Blue Cross and AC Behavioral Health. Severe and Persistent Mental Illness (SPMI) was defined as (i) receiving care from a Service team or a full service partnership (FPS) in the prior 12 months and/or (ii) 3 or more episodes with an SPMI DX with the last service occurring in the last 3 years (Schizophrenia, Bipolar, Delusional, or Major Depressive Disorders) and/or (iii) 10 or more SPMI DX episodes ever (data goes back as far as 1991). Substance Use Disorder (SUD) was defined as at least one qualified diagnosis in the prior 12 months from any clinical or mental health data provider not holding themselves out as an SUD Treatment facility (e.g. Alliance, Anthem or Mental Health Services).

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15. People Served in Housing Bundles (Jan 2019 - Dec 2019)



| Selected Housing Status Developments | | | |
|--|-----------------|-------|-------|
| Transition | Base population | Count | Share |
| From street in January 2019 to sheltered in December 2019 | 635 | 220 | 34.6% |
| Maintained Permanent Housing from January to December 2019 | 195 | 192 | 98.0% |

Data source: Housing Status Monitoring Sheet, 2019.

Notes: This preliminary analysis was conducted using available data in the Homeless Management Information System for 1,175 consumers who were (i) AC3/Medi-Cal eligible, (ii) were enrolled in a housing bundle and (iii) received a housing bundle service in 2019. First quarter data for the visualization includes housing status changes occurring in the period from Enrollment date to January 2019 as the reference housing status is that at the enrollment date. Permanent Housing in this analysis was defined as:

- a) owned by client, no ongoing housing subsidy
- b) owned by client, with ongoing housing subsidy
- c) rental by client, no ongoing housing subsidy
- d) rental by client, with other ongoing subsidy
- e) rental by client, with VASH subsidy
- f) permanent housing for formerly homeless persons (CoC project; HUD legacy programs; or HOPWA PH, or Rapid Re-housing)
- g) living with family (permanent tenure)
- h) living with friends (permanent tenure)

Sheltered is broader defined and also includes living with family or friends (temporary tenure), long-term care facility or nursing home, emergency shelter, interim/bridge housing, residential project or halfway house, medical or psychiatric facility, detox center and transitional housing.

Data Discussion

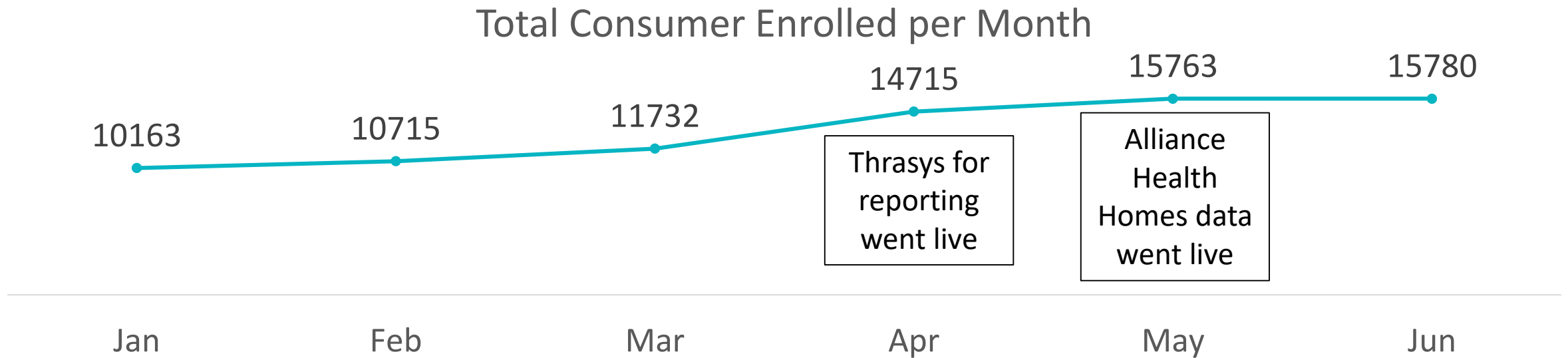
- Is this data surprising?
- What is likely behind the data? What are the drivers?
- How can we use the data we have to improve outcomes?



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Care Connect Enrollment Highlights*

- **18650 consumers ever enrolled in Care Connect!**
- Average 15,700 consumers enrolled per month
- Average increase of 9.4% enrolled per month in 2020.



*Data as of June 30, 2020

SHIE/CHR Operational Updates

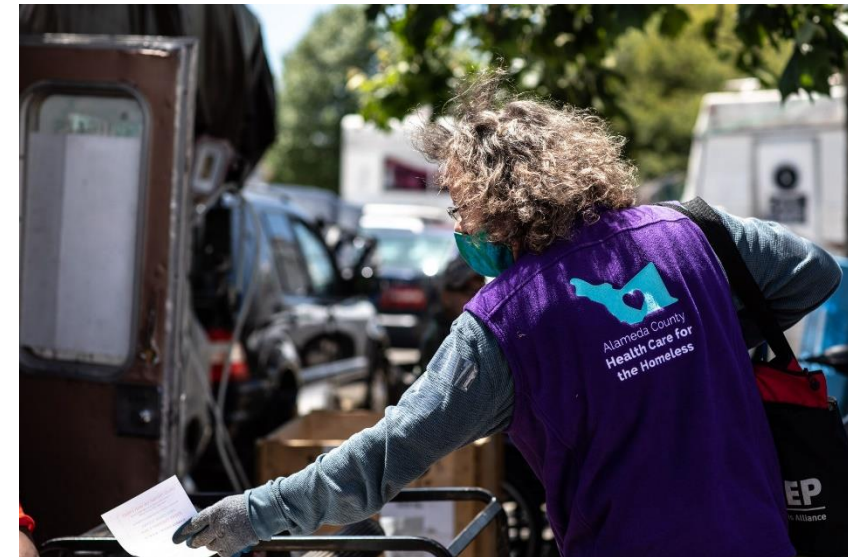
- Surpassed 600 users trained!
- 7 Training Sessions in June (107 Users trained)
- Kicking off **Wave 3 (July – September)** training & onboarding; still finalizing a list of about 14 organization (26 programs)
- New **FEMA Shelter Report** released to support COVID-19 isolation hotel operations & 100 Day Challenge Initiative
- **Pharmacy claims** data feed in EDI format now live for both Anthem & Alliance
- **Mortality data** from Public Health now showing in CHR

Care Coordination

- Care Connect is working with 100 Day Challenge team to create 400 viable housing plans for consumers at the COVID hotels
 - Providing support and training (housing problem solving, care connections, relationship building, coaching, and workflow development)
 - Use of the CHR hopefully will be introduced later in the fall
- CalAIM: Capacity Building with CB-CMEs
 - Bright Research Group to survey the Community-Based Care Management Entities (CB-CMEs) to identify their needs for capacity building for Enhanced Care Management
 - Results will guide the training and coaching support over the next year
 - Data will inform further development and expansion of CB-CME networks

Alameda County COVID-19 Housing and Homelessness Updates

Robert Ratner, MD, Housing Services Director,
AC Care Connect, Alameda County Behavioral Health



Project Homekey: Operation Comfort and Safer Ground

- Aims to create more non-congregate shelter settings for homeless individuals and households that need to quarantine or isolate
- High “heroic” levels of commitment from housing sector leaders and providers to collaborate and coordinate Project Homekey and Whole Person Care/wrap around services
- Four Counties participating in the **100-Day Challenge: 400** people secure safe stable housing by **September 4th**



Securing Clinical Support at the Hotels

- Clinical support provided by Samuel Merritt University and UCSF Nurse Practitioner students and Falck paramedics
- RFQs: Health vendor pools for comprehensive, ongoing clinical support at hotels
- Seeking support from Nursing Registry services to free up Public Health Nurses

FUN FACT:

Hotel Template Materials on the Public Health Department website have been accessed by 150 public, non-profit and private organizations and individuals in the month of April.

This includes 30 of California's 58 counties ranging from Del Norte to Imperial counties; 21 States including Arizona, Ohio, Montana, Massachusetts, Florida, South Dakota, Tennessee, and the territory of Guam; and Cal OES, FEMA and CDCR.



Project Homekey Goal

- **Total Homeless (based on 2019 PIT)** 8,022
- **Total Occupancy Goal** 1203
 - **Presently Operating** 803
 - **In Progress** 436
- **Total Planned by August 15th** 1,239



Project Homekey Existing Sites

| Hotels Leased | City | Max Occupancy | Current Occupancy* | % Occupied | Occupancy Notes | Target Population | Lease | Shelter Contract |
|---------------------------|---------|---------------|--------------------|------------|--|---|--------|------------------|
| Comfort Inn | Oakland | 100 | 37 | 37% | County lease begins 8/1 | COVID+/PUI | State | Abode Services |
| Quality Inn | Oakland | 98 | 38 | 39% | Isolation/Quarantine | COVID+/PUI | County | Abode Services |
| Radisson | Oakland | 285 | 269 | 94% | County lease begins 8/1 | Homeless/high risk | State | Abode Services |
| Marina Village Inn | Alameda | 50 | 49 | 98% | Referrals secured-all reserved | Homeless/high risk women and families | County | Building Futures |
| Springhill Suites | Newark | 119 | 117 | 98% | Referring from South, East, Mid-county | Homeless/high risk | County | Abode Services |
| Total | | 652 | 510 | 78% | | *occupancy data updated as of July 16 th | | |

Project Homekey Trailer Sites

| Trailers Leased | City | Max Occupancy | Current Occupancy* | % Occupied | Occupancy Notes | Target Population | Lease | Shelter Contract |
|--------------------------|----------|---------------|--------------------|------------|-----------------------|--------------------|----------|------------------|
| Alameda Trailers | Alameda | 5 | 4 | 80% | Alameda Safer Ground | Homeless high-risk | Alameda | Building Futures |
| Berkeley Trailers | Berkeley | 18 | 15 | 83% | Berkeley Safer Ground | Homeless high-risk | Berkeley | BFHP |
| Homebase Trailers | Oakland | 128 | 120 | 94% | Oakland Safer Ground | Homeless high-risk | Oakland | HCEB |
| Total | | 151 | 139 | 92% | | | | |



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Project Homekey Sites Coming Soon

| Sites Under Consideration | City | Max Occupancy | Lease/ Occupancy | Open Date | Status | Target Population |
|---------------------------|------------|---------------|------------------|-----------|--------------------|---------------------|
| New Site | Livermore | 126 | Lease | 7/29 | Identifying Vendor | Homeless/ High-risk |
| Quality Inn | Berkeley | 29 | Lease/Option | 7/21 | Approved | Homeless/ High-risk |
| Rodeway Inn | Berkeley | 41 | Lease | 7/21 | Approved | Homeless/ High-risk |
| Days Hotel | Berkeley | 140 | Lease | 7/24 | Approved | Homeless/ High-risk |
| Scattered Sites | Countywide | 100 | Lease | 7/13 | HCSA in Progress | Homeless/ High-risk |
| Total In Progress | | 436 | | | | |

Office of Homeless Care and Coordination (OHCC)

- **MISSION:** To bring together coordinated efforts to end homelessness within HCSA
- **VALUES:** Coordinating with other agencies and city leaders
- **GROWTH:** OHCC will evolve over the next few months and years at multiple levels of government



OHCC Activities

- Will utilize Results Based Accountability (RBA) approach to efforts and the population and program level
- Will work with the County Board of Supervisors effort to place a revenue tax measure on the Nov ballot related to housing and homelessness
- Will work in partnership with official governing and policy making bodies including, but not limited to, the Housing and Urban Development (HUD) Continuum of Care Board, Health Care for the Homeless governing board, and ballot measure oversight committee if ballot passes

OHCC and Coordinated Entry

- May become the “management entity” for the Alameda County housing crisis response system and coordinated entry in to the system
- Collaborating to implement upcoming coordinated entry and housing crisis system changes, including
 - greater transparency about available resources and probability of accessing a resource
 - more distributive approach to housing problem solving and standardized assessments
 - increased focus on building pathways to permanent housing
 - promoting expansions in deeply affordable and supportive housing
 - regionally focused street health outreach and coordination

Discussion

- What words or short phrases stand out for you from these descriptions?
- What emotional reactions come up for you when hearing about these upcoming changes?
- How can you and the groups that you represent add to the effort to end homelessness in partnership with this new office?
- What specific key action steps can you take in support of this collective effort?



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Adjourn

Next Meeting: August 21, 2020



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*For more information visit
www.accareconnect.org*

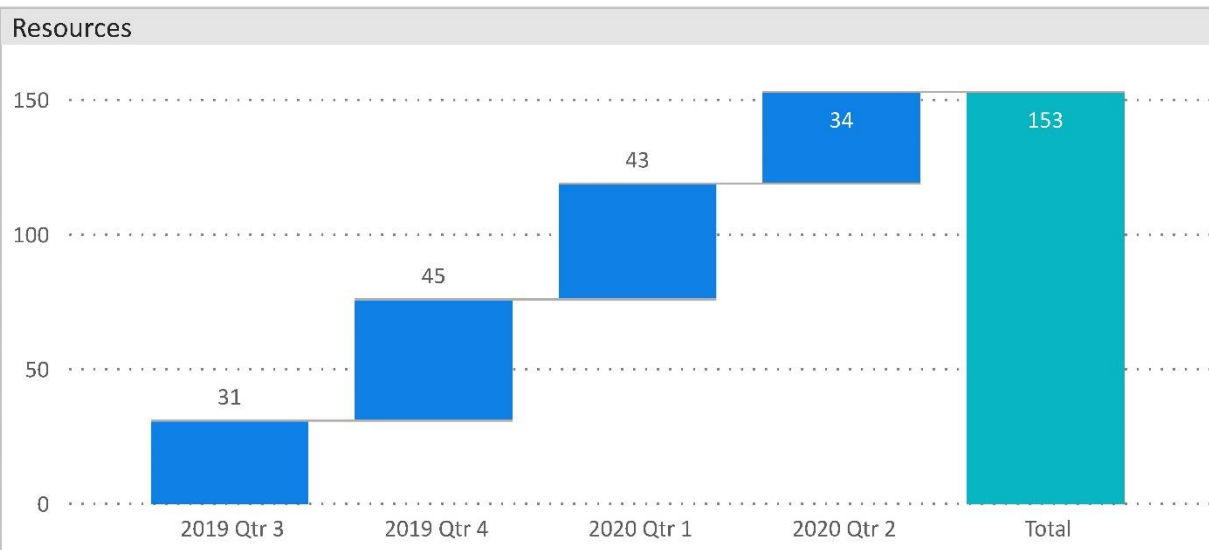
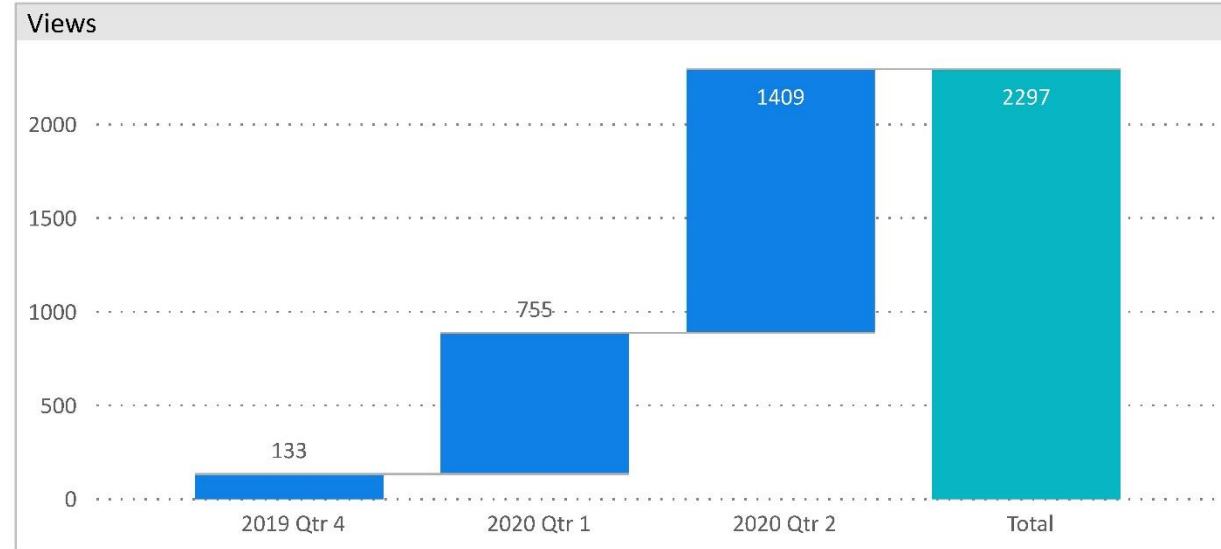
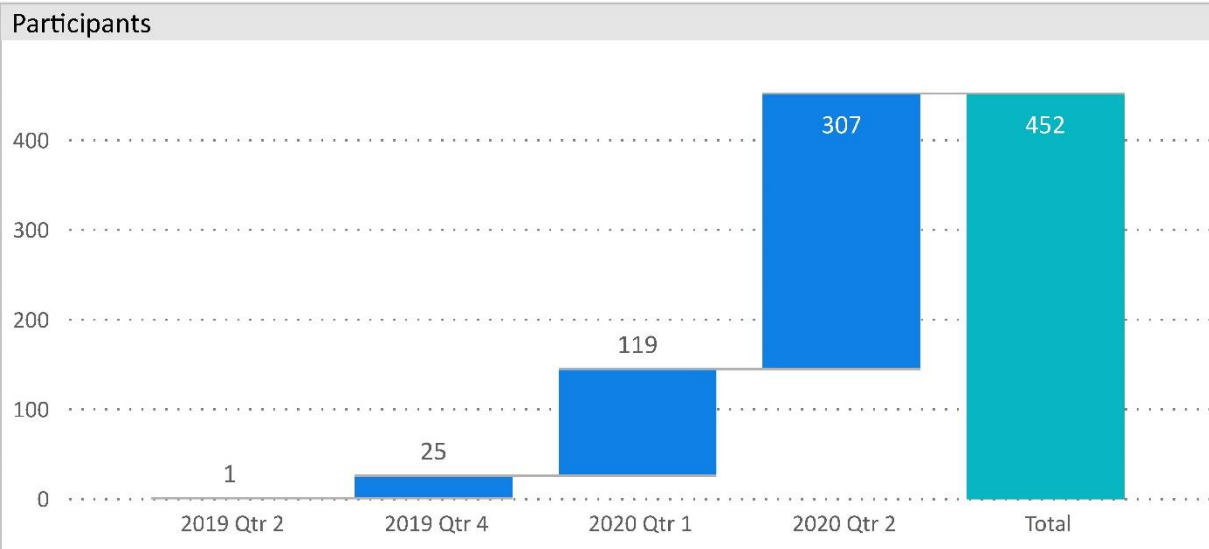


A Whole Person Care Pilot

Appendix: Dashboard slides

AC Care Connect: Whole Person Care Dashboard

5. Elemeno (Jan 2019 - Jun 2020)



Total Views - Top 10

| Resource | Views |
|--|-------|
| Housing Resource Guide for Providers | 240 |
| AC3 Acronyms | 146 |
| Provider Resource Recommendations | 119 |
| Benefits: Food | 110 |
| Flexible Housing Funds | 94 |
| What To Do If Your Client Is In A Mental Health Crisis | 87 |
| Benefits: Income | 78 |
| Housing Resource Centers and Coordinated Entry | 71 |
| Shower & Laundry Facilities | 70 |
| How to connect your client to SUD treatment | 65 |

Data source: Elemeno (views exclude Care Connect Team members and old PDF downloads so conservative count).

AC Care Connect: Whole Person Care Dashboard

6. Lifelong Medical Care (Sep 2019 - Jun 2020)



| County Bed Capacity | |
|------------------------------------|----------|
| Name | Capacity |
| Abode | 2-5 |
| Bay Area Community Services | 42 |
| East Oakland Community Project | 15 |
| Lifelong Medical Care (AC3 funded) | 15 |

| Housing Status Upon Most Recent Departure | |
|---|-------|
| Housing Status | Share |
| Shelter | 23% |
| Medical or treatment facility | 20% |
| Unknown | 18% |
| Place not meant for human habitation | 13% |
| Other | 8% |
| Temporary housing | 8% |
| Deceased | 5% |
| Permanent housing | 5% |
| Long-term care facility or nursing home | 3% |

Data source: Social Health Information Exchange, Lifelong Medical Care (bed capacity decreased in March to account for social distancing).

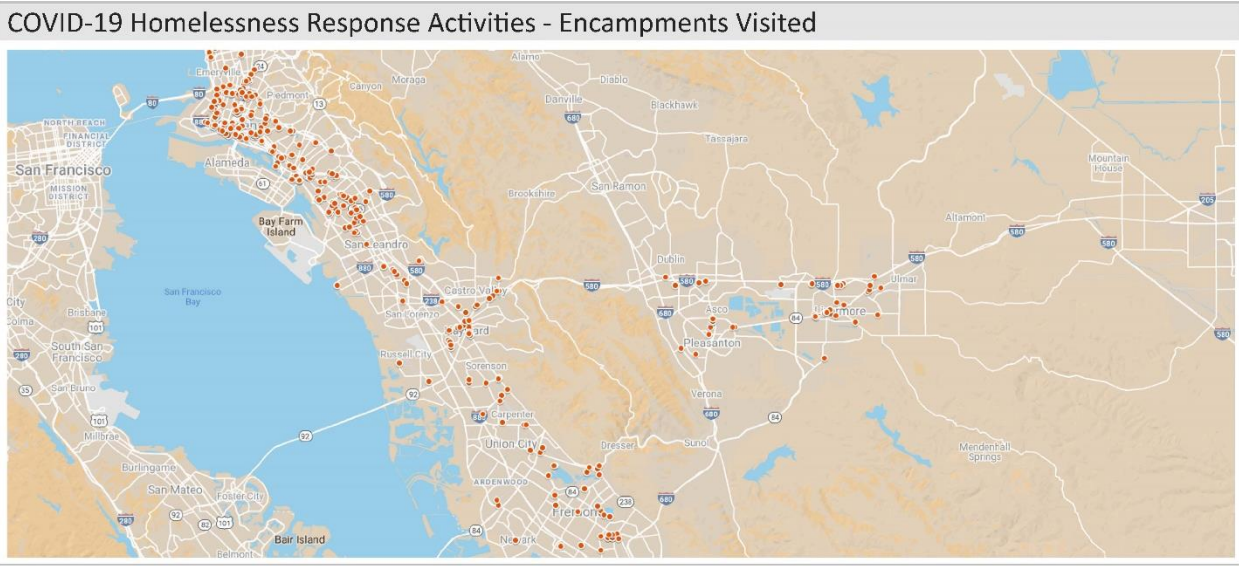
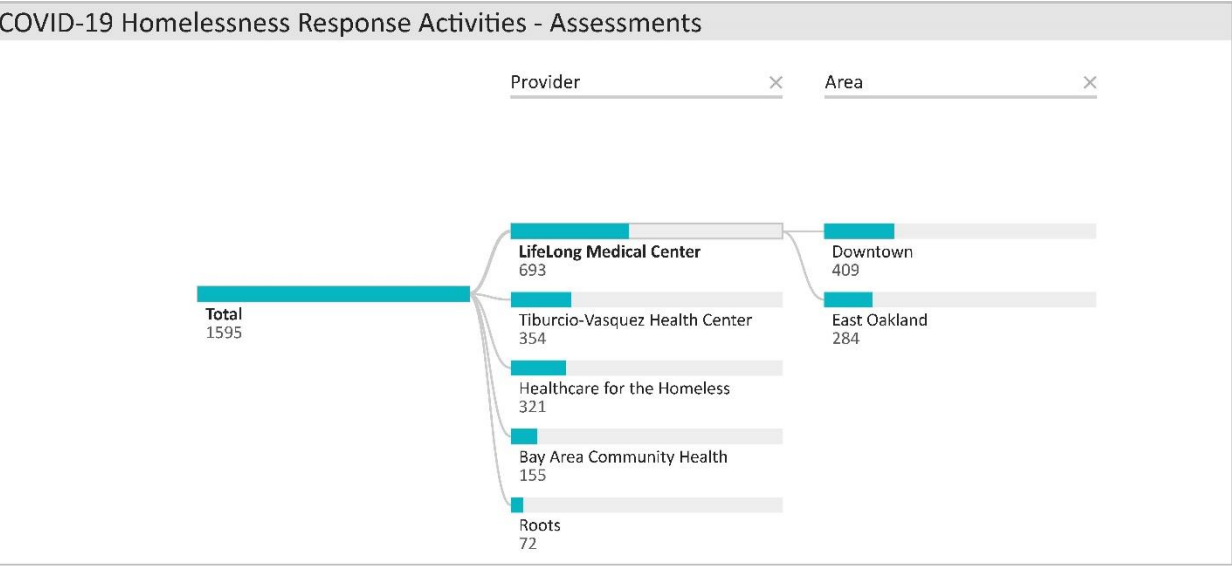
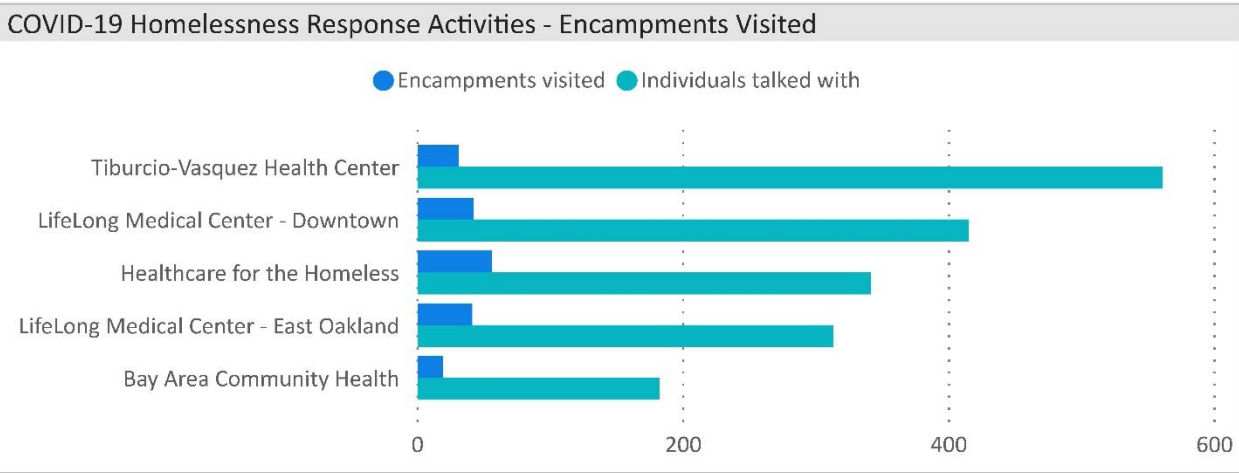
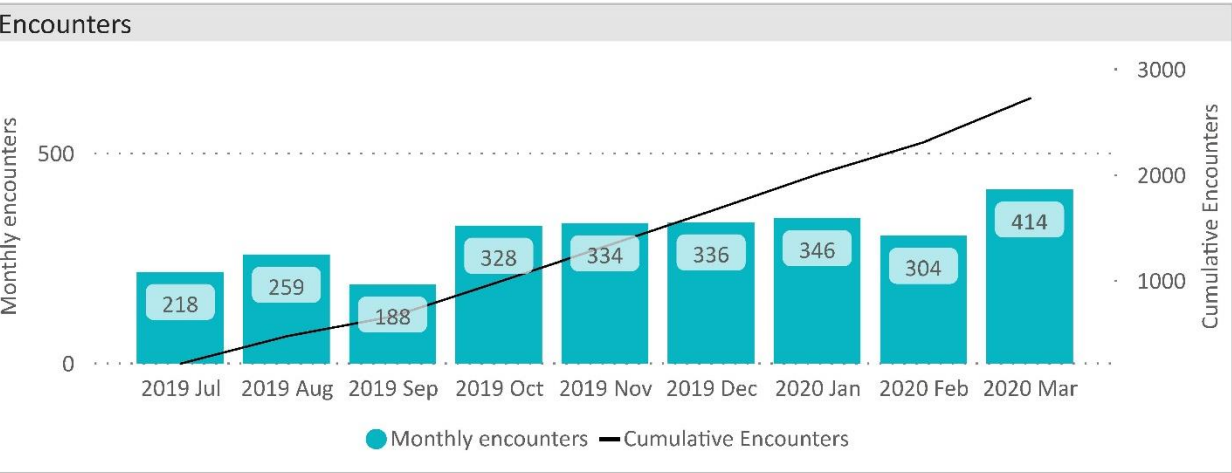
7. Consumer Fellowship Activities (2018 - 2020)

| | Fellowship I (Sep 2018 - Jun 2020) | Fellowship II (Jul 2019 - Jun 2020) |
|--------------------|--|--|
| Fellows | 9 | 9 |
| Training hours | 72 | 104 |
| Completed projects | 17 | 8 |
| Recent projects | COVID-19 Alameda County Rapid Response Resources Guide Peer-to-Peer Operation Safer Ground Welcome Calls 211 Reentry Portal Data Sharing Project New Employee Orientation Putting Care at the Center 2019 Annual Conference Co-Facilitators Substance Use Disorder ROI | |

Data source: Consumer Fellowship team.

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8. Street Health Outreach Teams (Jul 2019 - Jun 2020)



Data source: Alameda County Health Care for the Homeless HRSA uniform data system (Q2 not shown due to outstanding data request as contractor is transitioning its information system) for Encounters and COVID-19 outreach tracking log for COVID-19 Homeless Response Activities (likely to also include activities of non-Street Health Outreach Teams of these organizations).

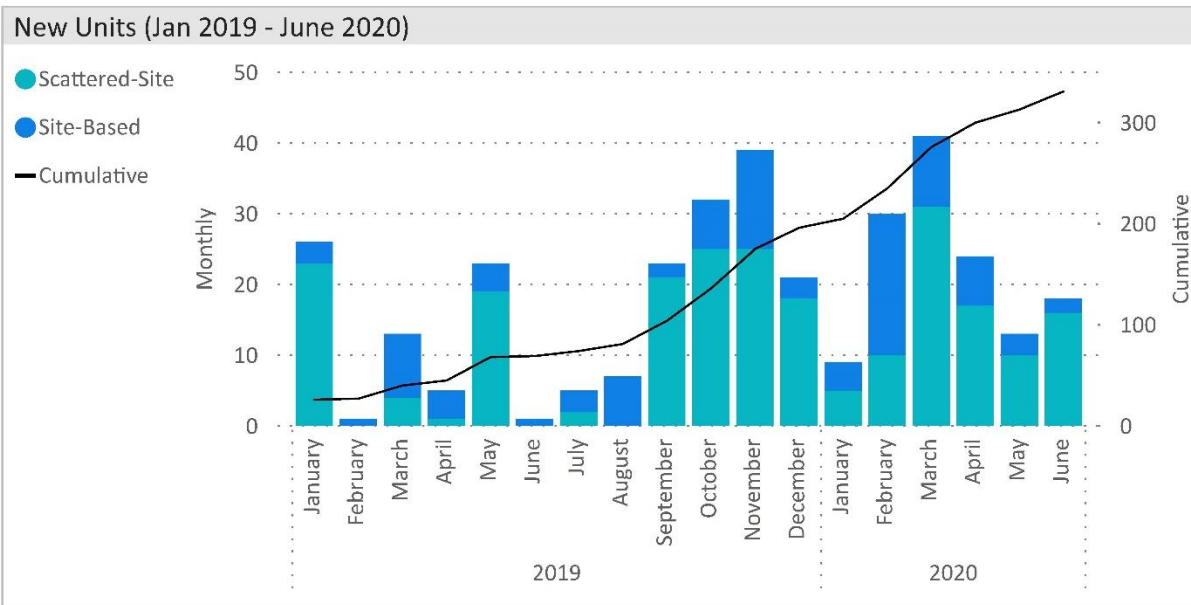
Notes: Encounters can be duplicated. When during the assessment people were deemed to be COVID-19 symptomatic, subsequent steps were taken, including testing, referrals to Operation Comfort or other appropriate level of care (i.e., Hospital Emergency Department). Roots data for encampments visited and individuals talked with was unavailable.

AC Care Connect: Whole Person Care Dashboard

9. Permanent Supportive Housing (Jan 2019 - Jun 2020)

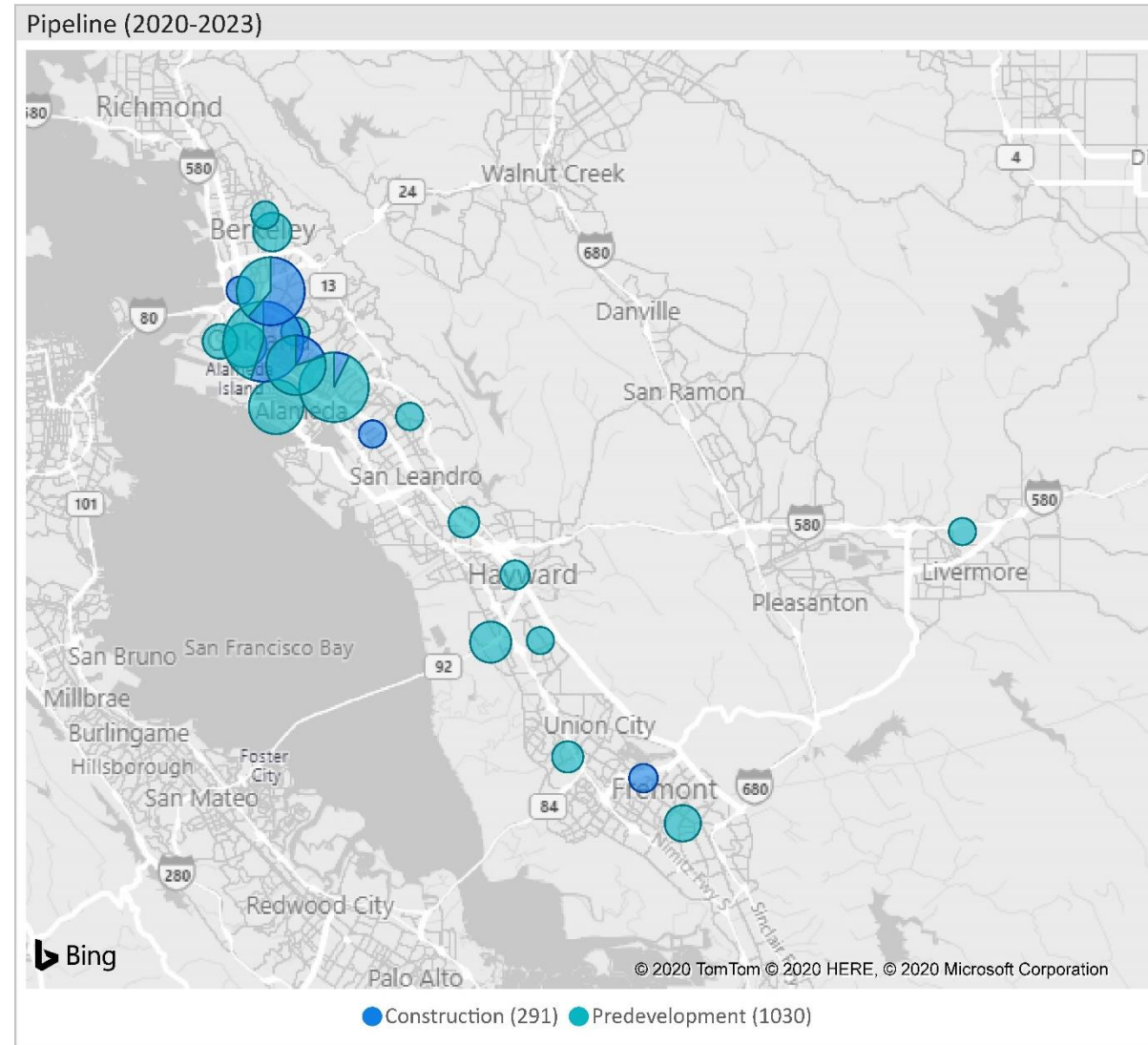
| Persons Experiencing Homelessness 2019 | | (Point-in-Time Count) | |
|--|-------|-----------------------|-------|
| Jurisdiction | Total | Jurisdiction | Total |
| Oakland | 4071 | Emeryville | 178 |
| Berkeley | 1108 | Union City | 106 |
| Fremont | 608 | Newark | 89 |
| Hayward | 487 | Pleasanton | 70 |
| San Leandro | 418 | Albany | 35 |
| Unincorporated | 349 | Dublin | 8 |
| Livermore | 264 | Piedmont | 0 |
| Alameda | 231 | | |

Data source: Alameda County Homeless Count & Survey Comprehensive Report 2019.



Data source: PSH Matching Log.

Notes: Shown openings required a referral and cover both newly created units and those resulting from attrition.
Units that opened before 2019 or where someone continued to live in at the start of 2019 are excluded.



Data source: Permanent Supportive Housing Pipeline Committee (not for public distribution).