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A Whole Person Care Pilot

Alameda County Care Connect Steering Committee

August 21, 2020

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Welcome

Scott E. Coffin, Chief Executive Officer, Alameda Alliance for Health

Nancy Halloran, Deputy Director, AC Care Connect

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Agenda

1. Welcome
2. Consumer Story
3. Director's Report
4. Ensuring Re-entry Success
5. Adjourn

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Consumer Story

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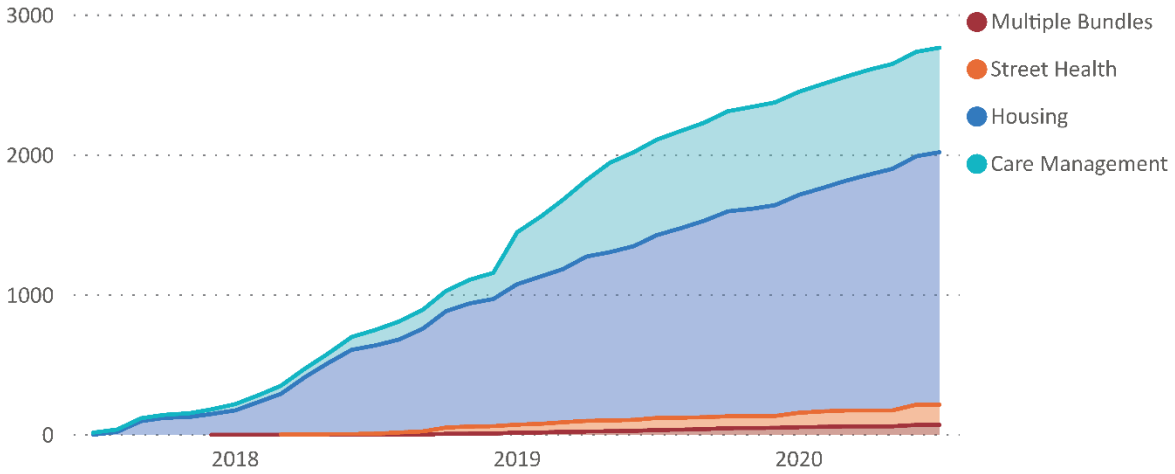
Director's Report

Kathleen Clanon, MD, Executive Director, AC Care Connect

AC Care Connect: Whole Person Care Dashboard

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



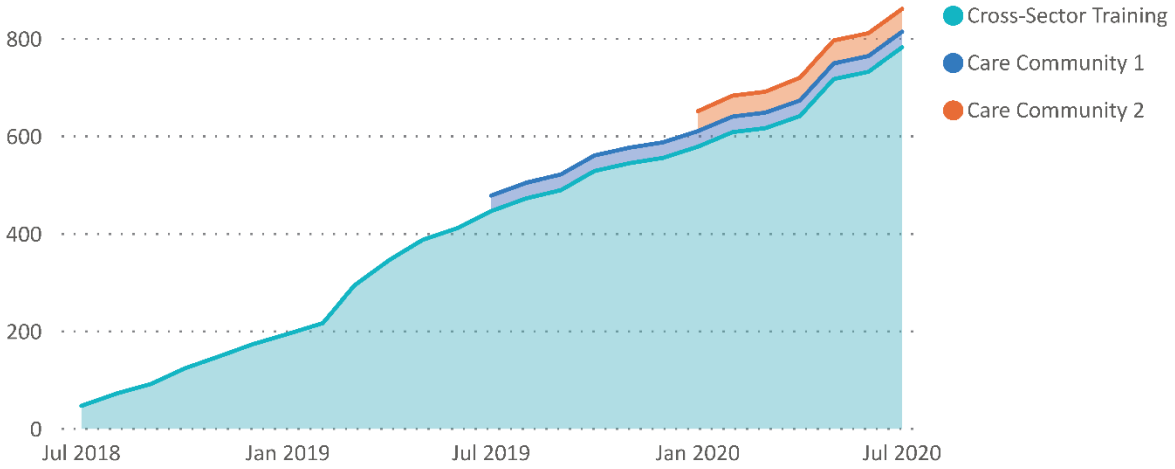
Data source: Enrollment and Utilization report (cumulative count, preliminary data from April).

CHR and SHIE Utilization (Jul 2020)

Unique Community Health Record End User Logins	**416**
Consumers in SHIE - Currently Eligible	**40,355**
Consumers in SHIE - Ever Eligible	**72,944**
Expanded Population (including Ever Eligible)	**641,159**

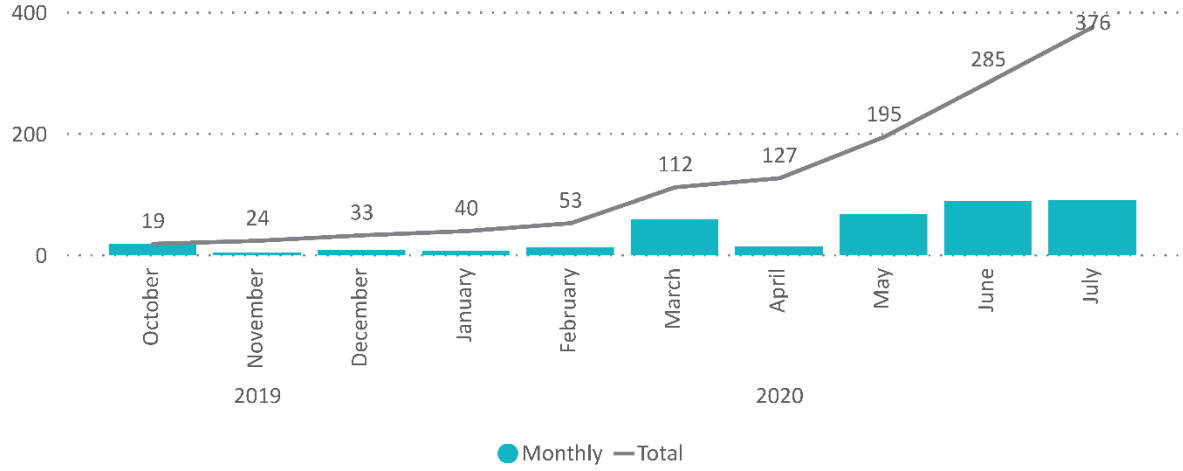
Data source: Social Health Information Exchange (end-of-month data).

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



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

Signed Information Sharing Authorizations (Oct 2019 - Jul 2020)



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

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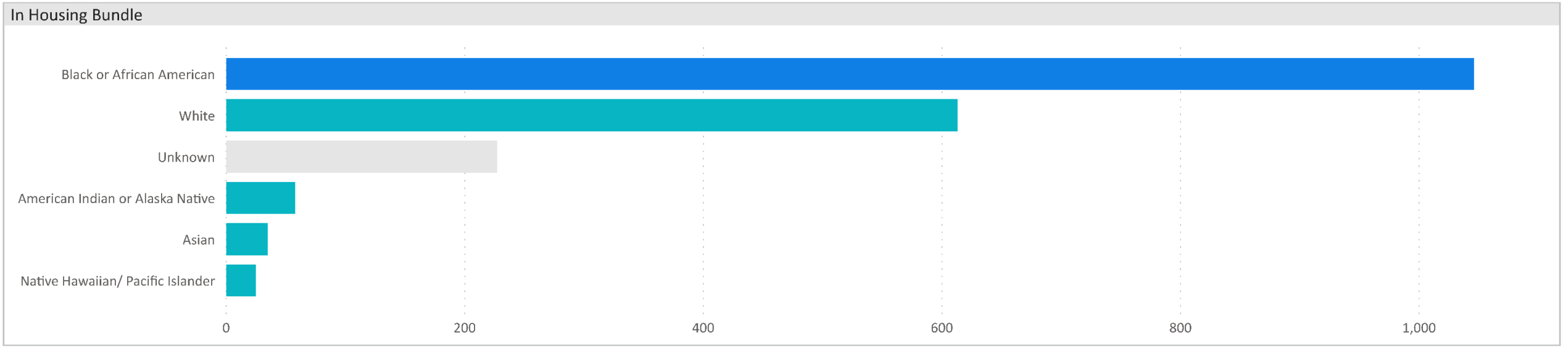
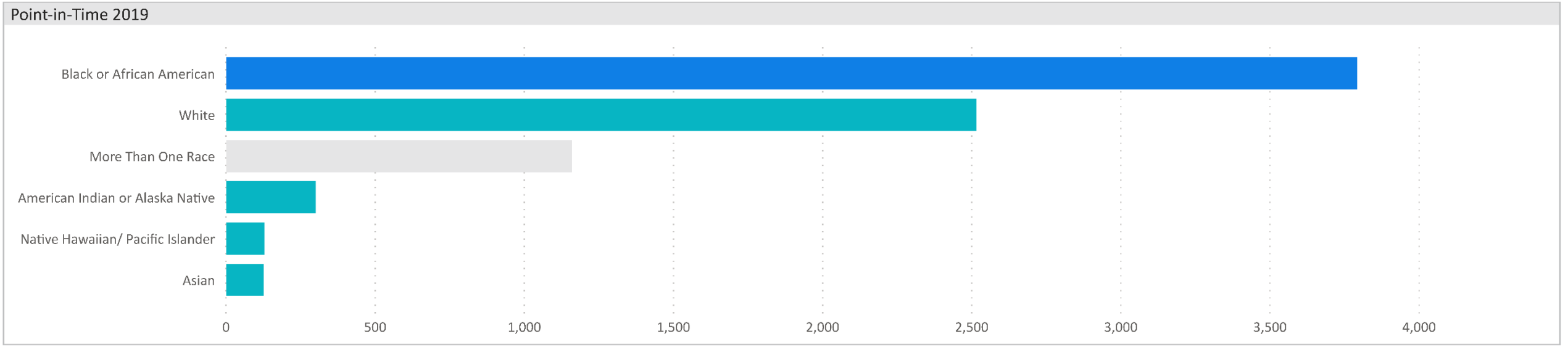
Housing Bundles (July 2020)





Data sources: Social Health Information Exchange (based on Housing Management Information System data), Alameda County Homeless County & Survey Comprehensive Report 2019.

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SHIE/CHR Updates: Wave 4

- CHR participants for Wave 4 (July – September) finalized
  - New programs from Abode, ACBH, AHS, BACH, Bonita House, Cherry Hill, HCSA (EMS), and Lifelong
  - New organizations: Asian Health Services, La Clinica, and Building Futures (hotel operator staff)
  - UCSF and Samuel Merritt nursing groups that staff the hotels
- CHR user onboarding team is conducting Workflow & Readiness Assessments and CHR user training

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Whole Person Care and Reentry Populations

- New approved Whole Person Care population as of July 2020: defined as beneficiaries who are recently released from institutions and/or justice-involved.
- Need for system/care coordination for people receiving COVID-related releases from CDCR
- As part of California Leadership Academy for the Public's Health: Alameda Alliance for Health working on coordinated entry of incarcerated persons in low-income areas in Alameda County

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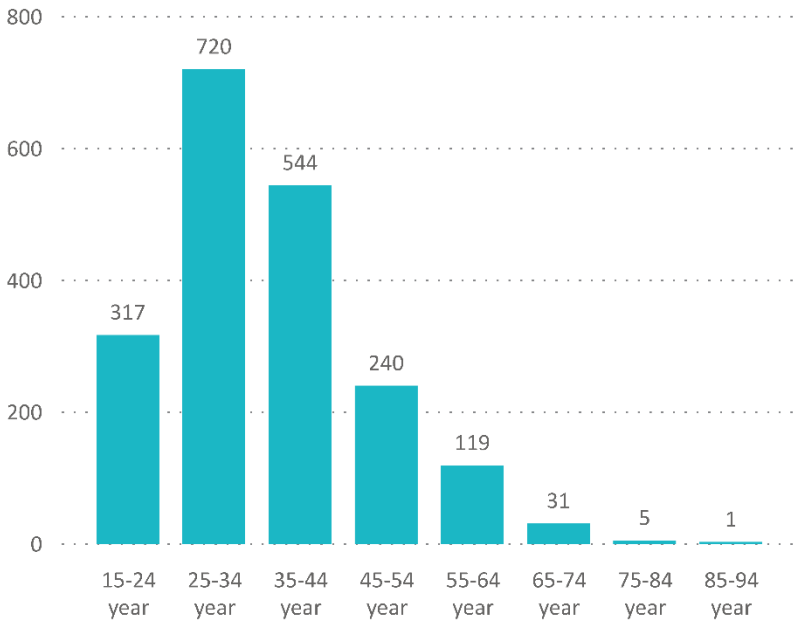
SHIE/CHR Updates: Santa Rita Jail Data

- Publicly-available Santa Rita jail census data (jail stays and releases) is now in the CHR
- Supports care coordination: can find lost-to-care consumers and improve continuity of care
- Reports include housing unit, next court date, expected release date
- CHR users will only see information for consumers attributed to their organization
- CHR users will receive alerts when consumer is incarcerated or released

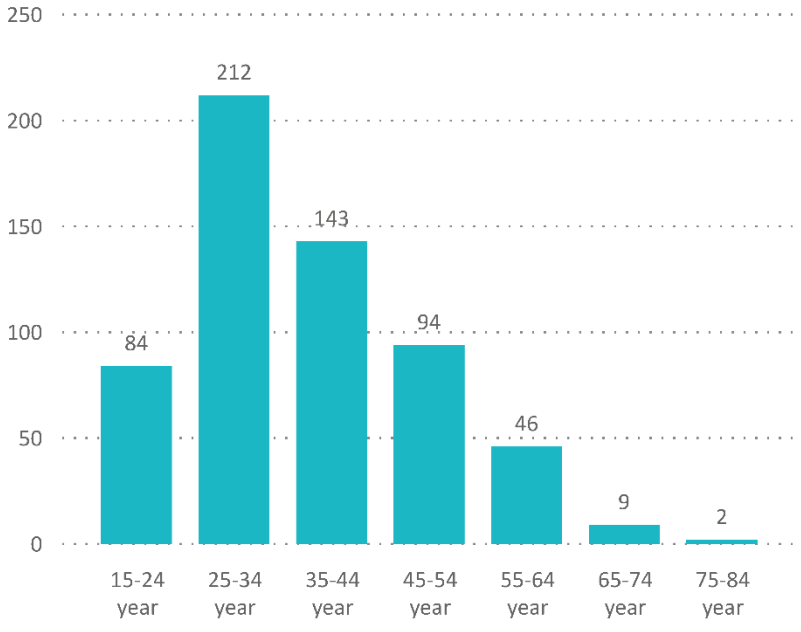
AC Care Connect: Whole Person Care Dashboard

Jail Census - A First Glance: 10 Days of Data

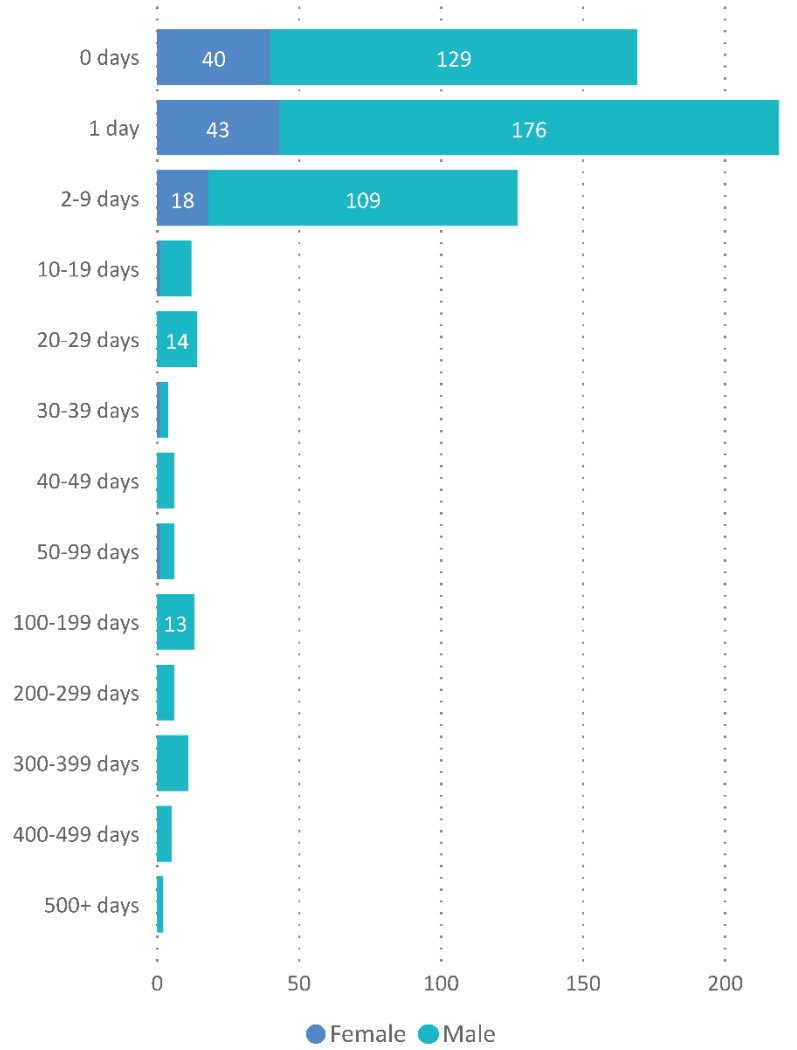
Jail Population - Age



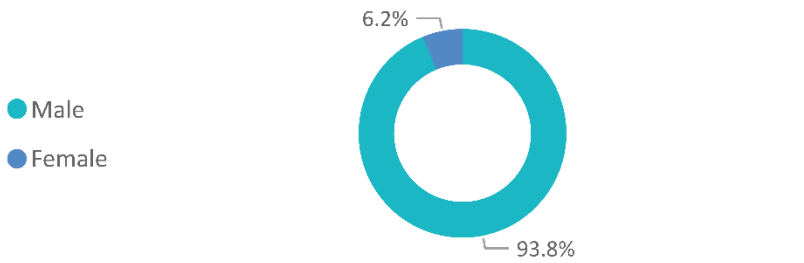
Jail Releases - Age (August 9-18)



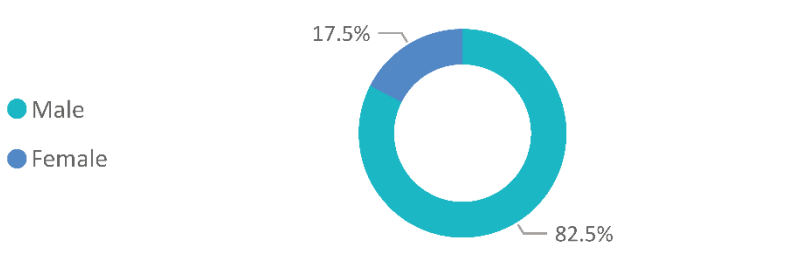
Jail Releases - Duration (August 9-18)



Jail Population - Gender



Jail Releases - Gender (August 9-18)



Incarcerated

1,977

Released (August 9-18)

590

Data source: Social Health Information Exchange (based on Santa Rita Jail data).

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Preliminary Analysis: Santa Rita Jail and Mental Health*

- Preliminary analysis: **65% people (837/1293)** in the jail data had an episode in the previous 12 months ACBH jail providers.
- Using the ACBH data as a proxy, this is the likely race and ethnicity profile of incoming jail data**:
  - Race
    - 57% Black/African American
    - 31% White
    - 4% Asian
  - Ethnicity
    - 78% Non-Hispanic or Latino
    - 12% Hispanic or Latino

* Based on data received from specified ACBH Jail Providers as a proxy for incarceration
** We do not receive race/ethnicity data from Santa Rita Jail

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Ensuring Re-entry Success

Wendy Still, Chief Probation Officer, Alameda County Probation Department

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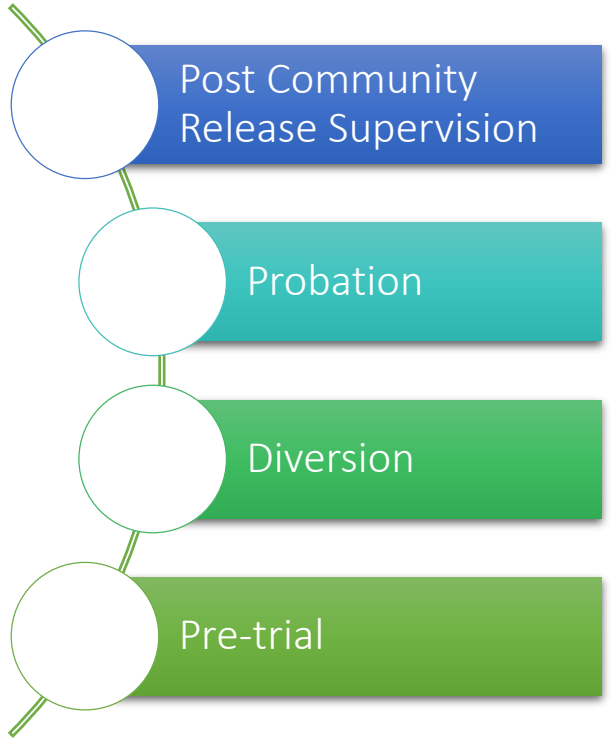
What is Probation

The Alameda County Probation Department (ACPD) Adult Field Services Division provides a wide range of services and supports to its clients, partnering agencies, and to the community at large.

Deputy Probation Officers perform the following to support clients while on supervision:

- Utilize an approach that is reliant upon partnerships between the Department, other County agencies and local community-based providers.
- Assessment of clients utilizing COMPAS, which is a validated risk and needs tool.
- Development of detailed case plans
- Provide clients with referrals for community resources
- Provide clients with concrete services to reduce barriers
- Utilize a response grid to reward positive behavior and intermediate sanctions to address noncompliance.
- monitor client compliance through personal contact, both with the client and through collateral contacts



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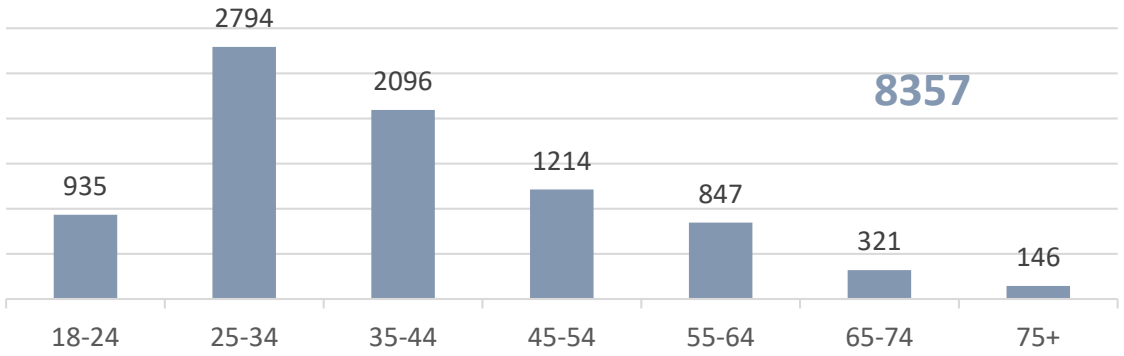
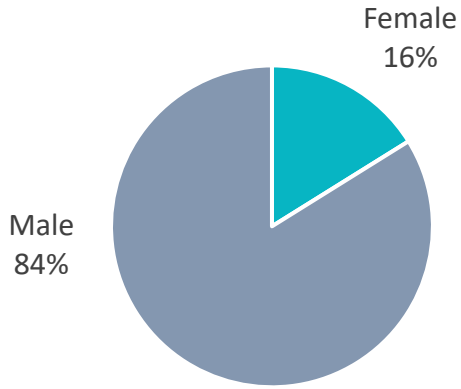
Demographics

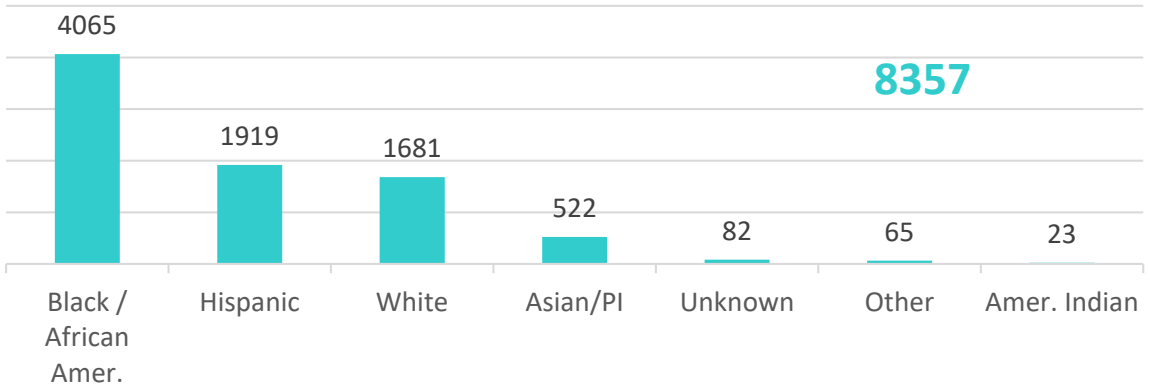
Adult Probationers by Age



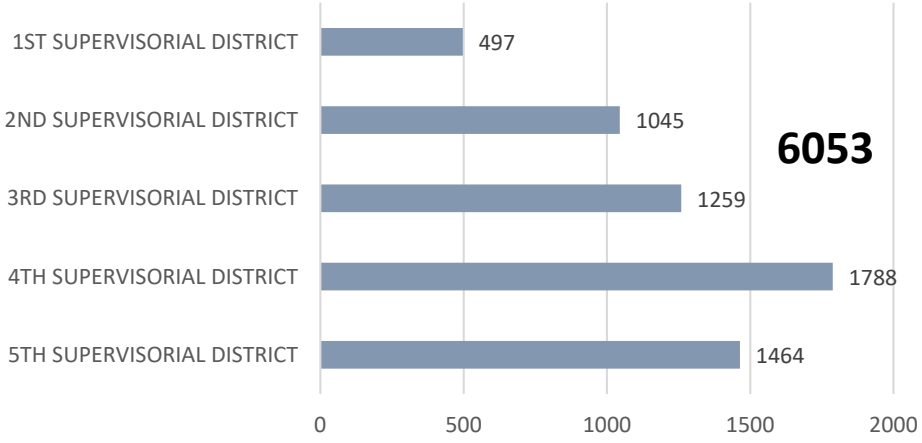
Adult Probationers by Gender



Adult Probationers by Race



Adult Probationers by BOS District



* note that these are clients with validated, in county addresses

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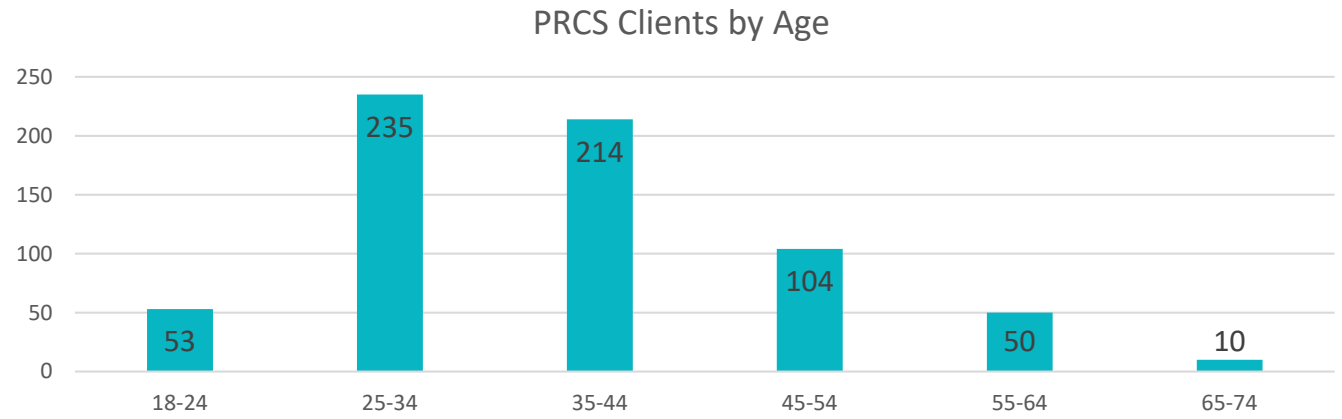
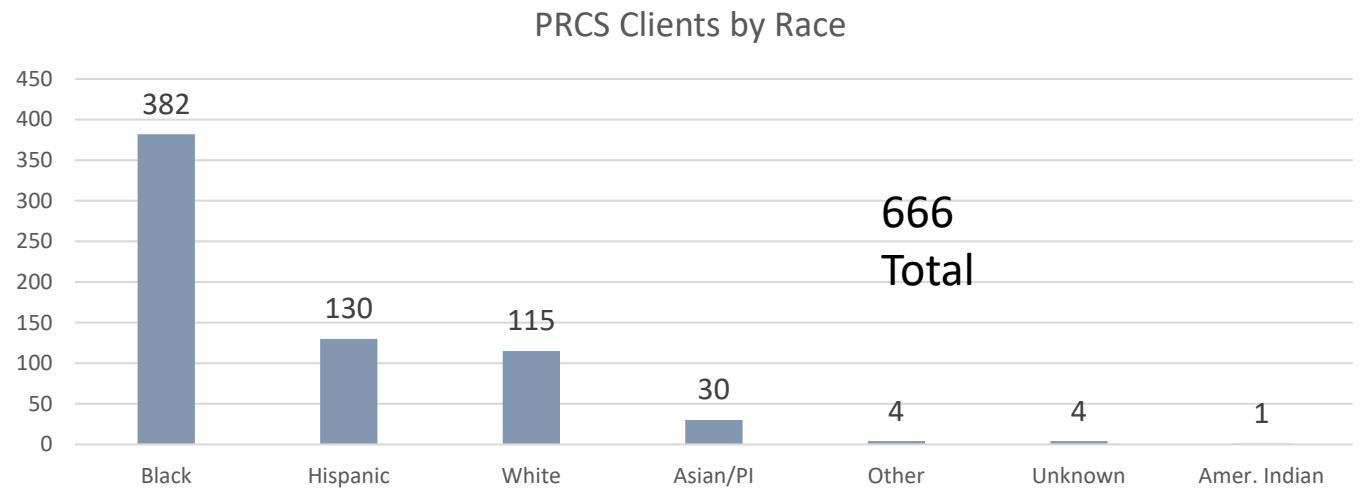
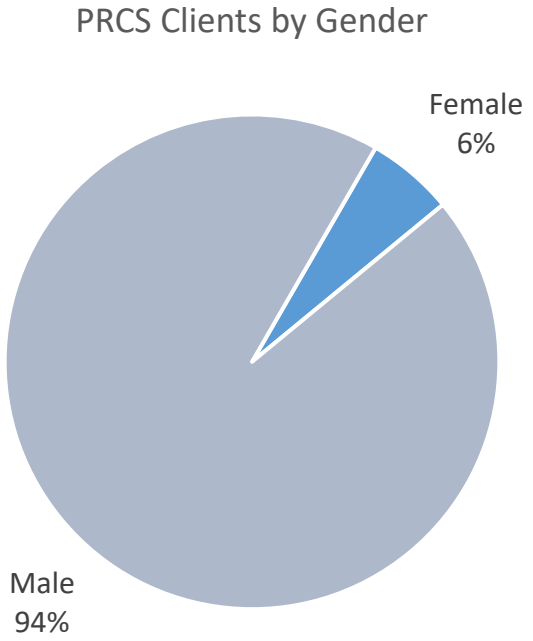
PRCS Client Demographics







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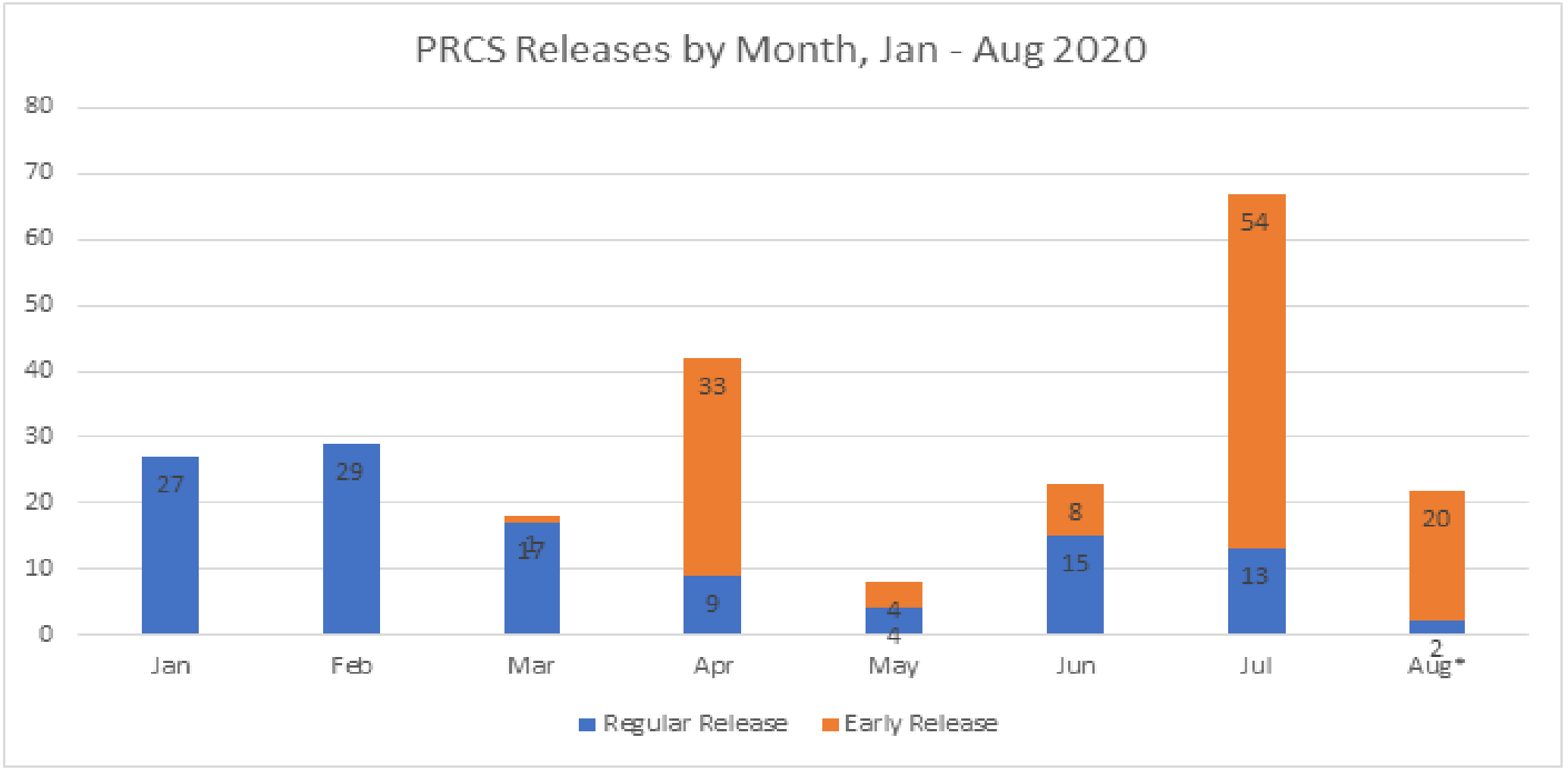
PRCS Releases by Month



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Contracted Programs & Services

Contracts

- **Employment Services**: Building Opportunities for Self-Sufficiency (BOSS)/La Familia
- **Educational Services**: Five Keys Charter Schools
- **For Us By Us (FUBU)/Peer Support**: Tri-Cities Community Development Center; Community & Youth Outreach (CYO); Men of Valor Academy (MOVA); BOSS
- **Career Technical Education (CTE)**: Center for Employment Opportunities (CEO); Cypress Mandela Training Center; Lao Family Community Development; Rising Sun Energy Center; Xerox; Youth Employment Partnership (YEP)
- **Family Reunification Services:** CenterForce, Asian Prisoner Support Committee, and Tri-Cities.

MOUs

- **Housing Services**: Alameda County Community Development Agency (CDA) – Abode; East Oakland Community Project (EOCP); MOVA, BACS/The Holland; BOSS/Center of Hope
- **Mental Health Services**: Alameda County Behavioral Health Care – Onsite Clinicians
- **Substance Abuse Services**: Alameda County Behavioral Health Care – CenterPoint

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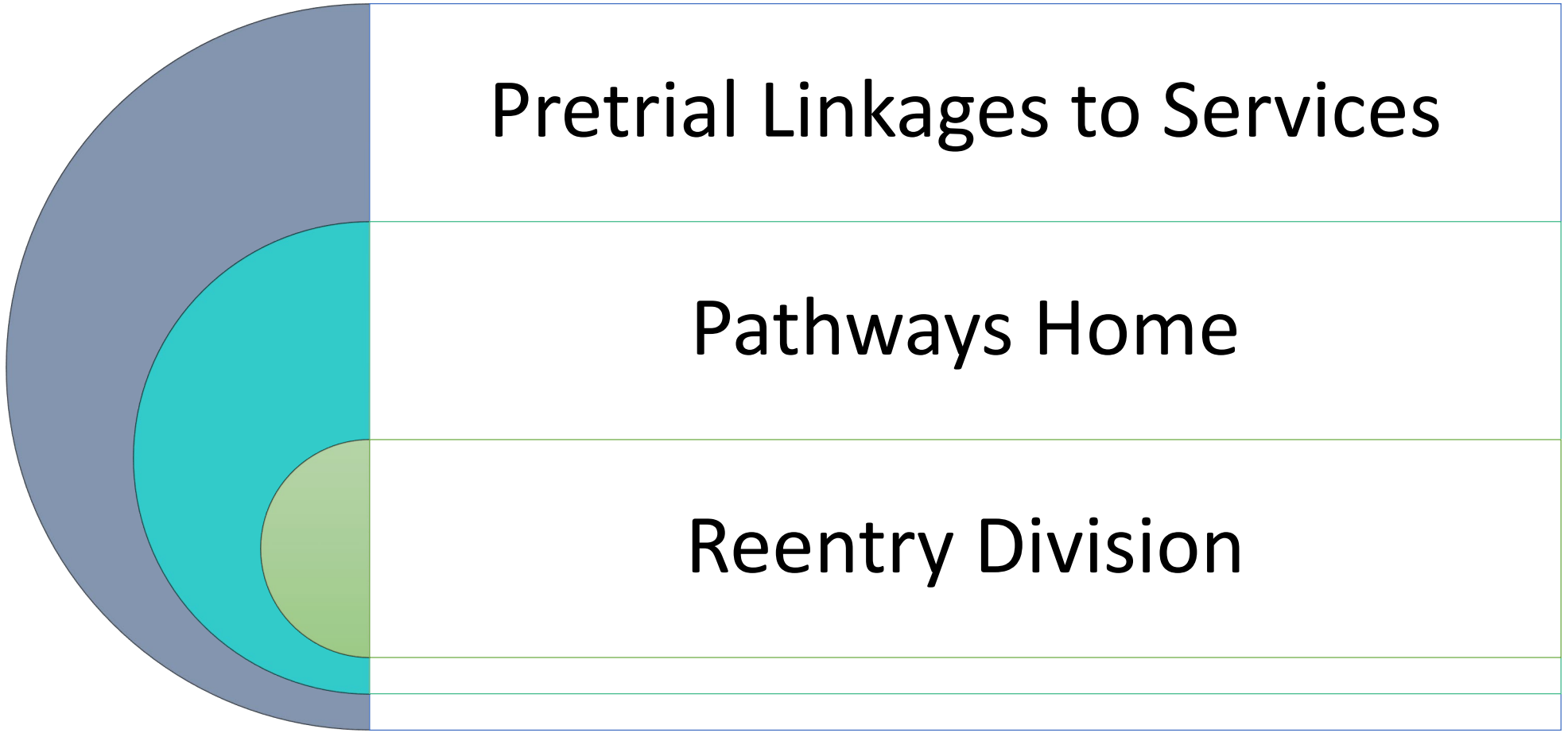
Important Projects



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Pretrial Pilot Program

Linkages to Services

The ACPD operates a Pretrial pilot program funded by the Judicial Council of California.

The pilot program began January 21, 2020 and is designed to increase the release of arrestees before trial using the least restrictive monitoring practices while ensuring public safety.

In addition, ACPD monitors pretrial defendants released on court-ordered conditions to ensure compliance, court appearances, and public safety.

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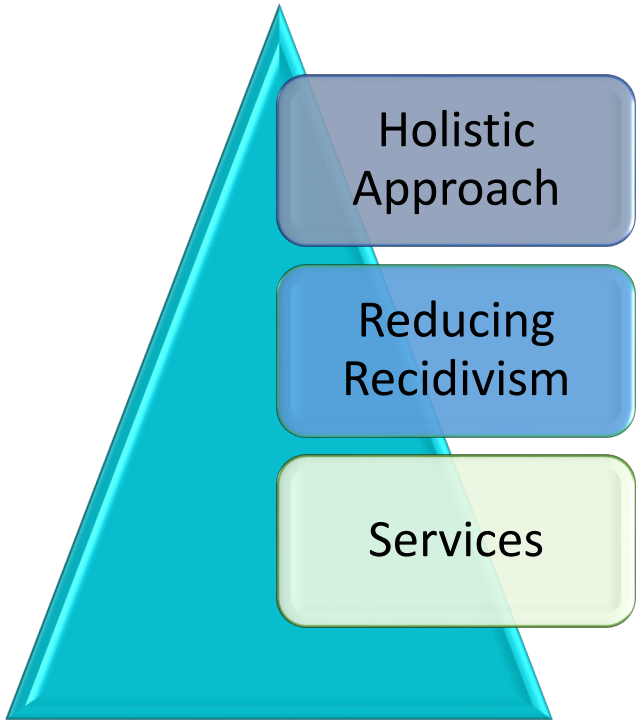
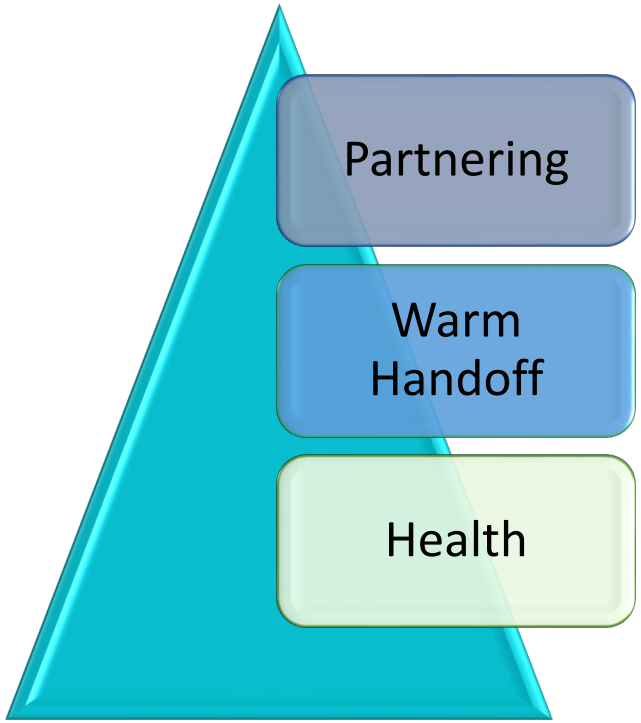
Pathways Project



- ACPD takes a holistic approach to serving clients' needs who are reentering the community from prison and jail, including early releases from the California Department of Corrections and Rehabilitation (CDCR).
- Reentry Initiatives include: **Reducing Recidivism** Through Systems Improvement, a BJA grant allowing ACPD to partner with CDCR, to implement Redesigning the Pathways Home: Alameda County's Pilot to Positive Reentry (Pathways Home), a program designed to reduce recidivism among high-risk clients returning to Alameda County from state prison by initiating case planning, service referrals, and reentry preparation for clients **before they leave prison** and continue that support through the probation supervision period.

COMPAS



ACPD is the first probation department in the state to partner with CDCR to prepare clients for reentry before they leave prison.

Through the program, DPOs reach into the prisons to complete COMPAS assessments and develop case plans with clients via Skype to facilitate a warm handoff into the community.

A MOU and data sharing agreement with California Correctional Health Care Services (CCHCS) under CDCR ensures ACPD can receive medical and mental health information for our PRCS clients, including medical benefit application status.

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Center of Reentry Excellence

CORE

- ACPD clients released from jail or appearing before a specialty court, who are diagnosed with a mental health condition or presenting with a substance use disorder should be referred to the ACPD's **Center of Reentry Excellence (CORE),** located at the Probation office on 400 Broadway in Oakland, CA.
- The Center is run by Felton Institute in partnership with Roots Community Clinic and offers services both onsite and in the community based on an assertive community treatment model that focuses on meeting clients where they are.
- The goal of CORE is to offer reentry resources and clinical services to individuals based on their individual needs.
- The CORE is designed to be one-stop shop for clients by leveraging onsite partnerships that offer services such as education, job placement, restorative justice, case management, food, and pro-social activities for probation clients.
- Clinical support staff, including a licensed Program Director, two clinical case managers and part-time psychiatrist address clients who need behavioral health support. Both clinical and reentry support staff, including peer navigators, make up the comprehensive treatment team. Since not all clients will be able to come to the Center, case managers and peer navigators are able to work with clients in the community and refer clients directly into partner programs that can provide more comprehensive treatment and support for severe mental health needs.

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Early Releases

ACPD has coordinated safe reentry for clients released up to 180 days early from the California Department of Corrections and Rehabilitation, while maintaining community safety.

SUPPORT OF OUR CLIENTS:

- Address Verification and Family/Friend coordination preparing for reentry
- Identification of housing programs for transient population to ensure they were eligible for equal benefit of accelerated release
- Case Plan Development for Clients to determine reentry needs
- Referrals to programs based upon needs
- Transportation Arrangements – personal pick up vs mass transit
- Coordination of benefit enrollment or identified gaps
- Education of the population on the Public Health Order and the Provision of services while on quarantine
- Coordinated receipt of transition of health care information and connection to services
- Issuance of Cell Phones/ Tablets
- Arrangements for necessary concrete services – hygiene bags, food/clothing gift cards
- Referrals to Operation Comfort or Operation Hope
- Incentives for compliance with Public Health Order and Supporting Community Safety

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ACPD Services Types

- Adult Education
- Alameda County 2-1-1
- Career Technical Education (CTE)
- Center of Reentry Excellence
- Educational Services
- Employment Services
- Family Reunification
- Housing Services
- Mental Health/SUD
- Peer Support

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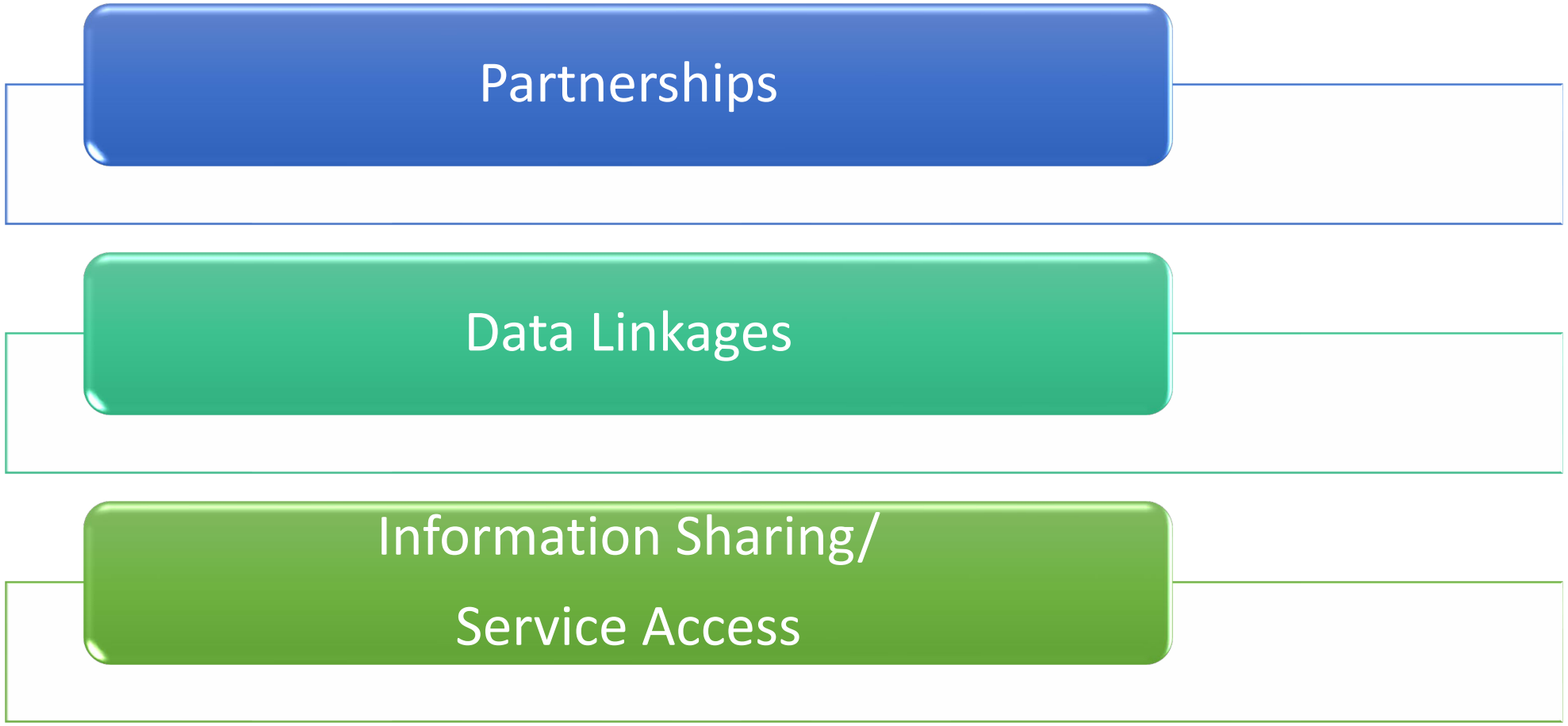
Next Steps



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Discussion

- How can your organization and those you represent support successful, stable re-entry for people leaving jail or prison?
- What data do we need to better coordinate/facilitate successful re-entries?
  - Who needs to know what *prior* to release?
  - What is needed *post-release* to coordinate connections to services and resources?
- What specific key action steps can you take to support this outcome?

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Adjourn

Next Meeting: September 18th, 2020

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For more information visit www.accareconnect.org

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Appendix slides

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Culturally Affirmative Practice (CAP)

- AC Care Connect's Consumer and Family Engagement Team integrates a CAP approach into clinical case management
- Culturally Affirmative Practice focuses on:
  - Building proficiency in cultural empathy and ethic, and acquiring the knowledge and skills needed to do this
  - Understanding the consumer in the context of what they care about
  - Being in service to health promotion
  - Engaging those who care about the consumer
  - Facilitating the consumer's rooting in their network and community

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Consumer and Family Fellowship and Peer-to-Peer Advisors

Consumer Fellowship Activities (2018 - 2020)

	Fellowship I (Sep 2018 - Jun 2019)	**Fellowship II** (Jul 2019 - Jun 2020)
Fellows	9	9
Graduated to P2P Adviser	4	8
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
- Putting Care at the Center 2019 Annual Conference Co-Facilitators
- Substance Use Disorder ROI

Data source: Consumer Fellowship team.

Note: P2P = Peer to Peer. Some Fellowship I activities continued after the end of the project.

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P2P Advisors: Outreach Activities & Purpose

- Eastmont Collaborative: to improve health outcomes for AC Care Connect eligibles of African descent, is underway again
- Outreach to guests of Project Roomkey hotels:
  - Average 150 calls/week and 90 conversations/week
  - Topics include clothing and hygiene resources, and linkage to services
- Mam Speaking Outbreak Team: to ensure that Mam speaking residents have information and resources to protect and improve their health

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Project Roomkey Updates

Type of Site	Locations	Max Occupancy	Current Occupancy*	% Occupied	Target Population
Safer Ground (hotels +scattered sites combined)		764	525	37%	Homeless/ high risk
Hotels**	Alameda, Berkeley (2), Newark, Oakland (2)	664	485	73%	Homeless/ high risk
Scattered Sites	Countywide	100	40	40%	Homeless/ high risk
Operation Comfort hotels	Oakland (2)	198	54	27%	COVID+/ PUI
Trailers	Alameda, Berkeley, Oakland	151	141	93%	
Total Roomkey		1,113	720	65%	

*occupancy data updated as of 8/13

**Livermore not included--data not yet available

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Project Roomkey Update, *continued*

- Four hotel site operators: Abode Services, Building Futures, Berkeley Food and Housing Project, and Five Keys
- Opportunities for sharing information and lessons learned
- Community-building activities
- Challenges include:
  - Securing ongoing clinical support
  - Quarantining early release prisoners from CDCR facilities
  - Transition of state hotel leases to county

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100 Day Challenge and 100 & Beyond

100 Day Challenge

- Goal: Develop viable housing plans for 400 guests at Safer Ground hotels
- Outcomes: As of 8/11/20 (40 days in), 125 guests have viable housing plans in place

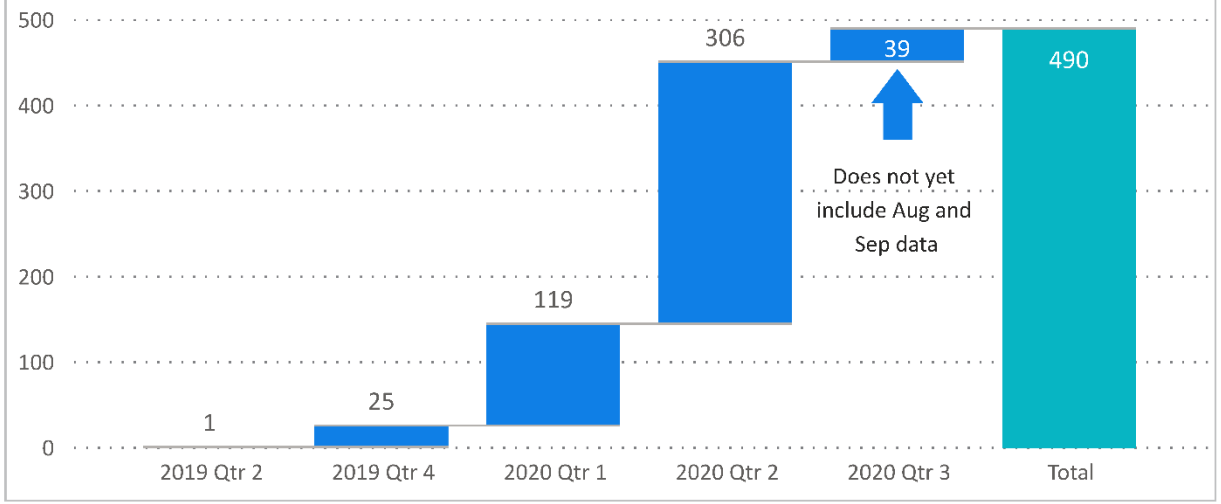
100 & Beyond: launched this week!

- Four-month collaborative (8/17/20 – 12/17/20) for Safer Ground staff
- Goal: Support 100 Day Challenge by strengthening processes and building staff capacity to effectively develop successful housing plans

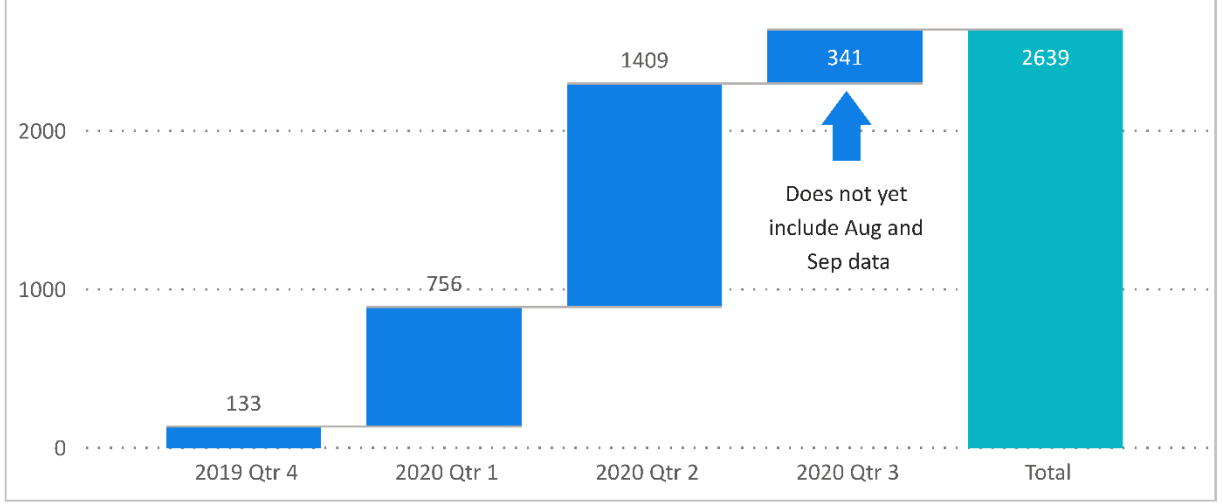
AC Care Connect: Whole Person Care Dashboard

Elemeno (Jan 2019 - Jul 2020)

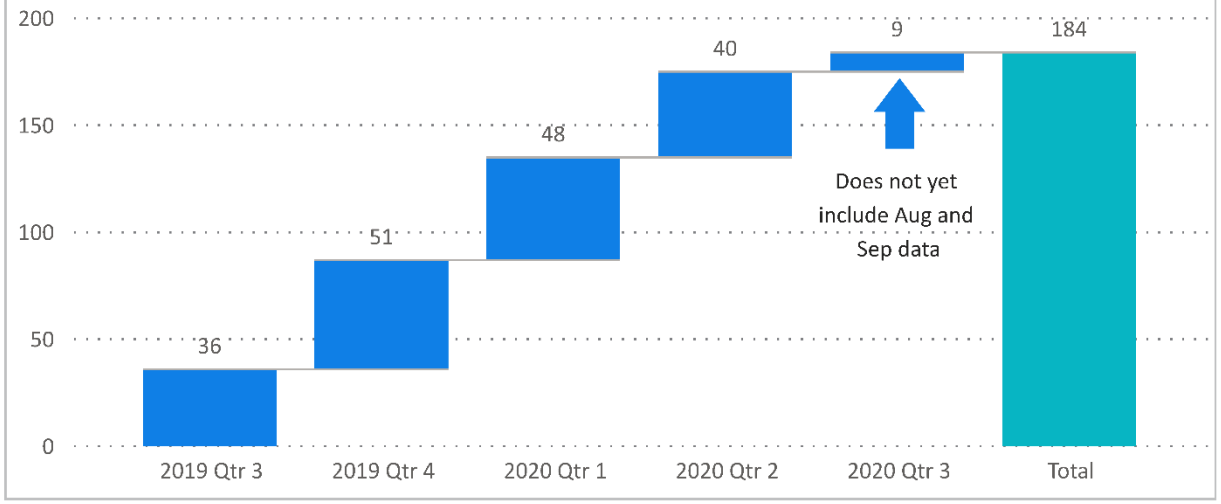
Participants



Views



Resources



Total Views - Top 10

Resource	Views
Housing Resource Guide for Providers	266
AC3 Acronyms	150
Provider Resource Recommendations	150
Benefits: Food	122
Flexible Housing Funds	105
What To Do If Your Client Is In A Mental Health Crisis	96
Benefits: Income	88
Housing Resource Centers and Coordinated Entry	80
Shower & Laundry Facilities	78
COVID Resources, Handouts and Special Guidance for Consumers	73

Data source: Elemeno.

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

AC Care Connect: Whole Person Care Dashboard

Permanent Supportive Housing (Jan 2019 - Jul 2020)

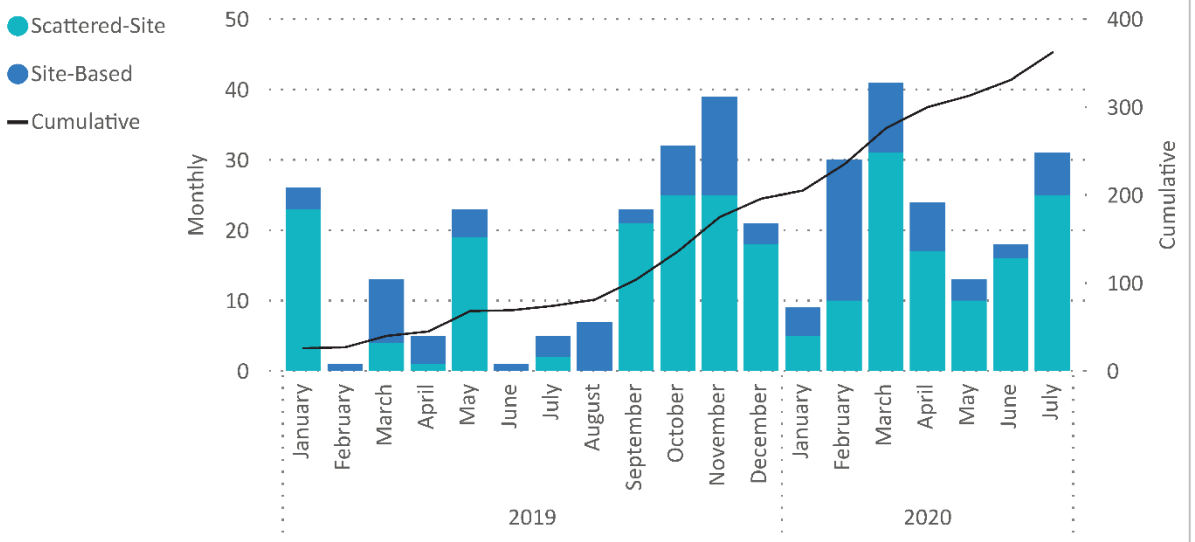
Persons Experiencing Homelessness 2019 (Point-in-Time Count)

Jurisdiction	Total
Oakland	4071
Berkeley	1108
Fremont	608
Hayward	487
San Leandro	418
Unincorporated	349
Livermore	264
Alameda	231

Jurisdiction	Total
Emeryville	178
Union City	106
Newark	89
Pleasanton	70
Albany	35
Dublin	8
Piedmont	0

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

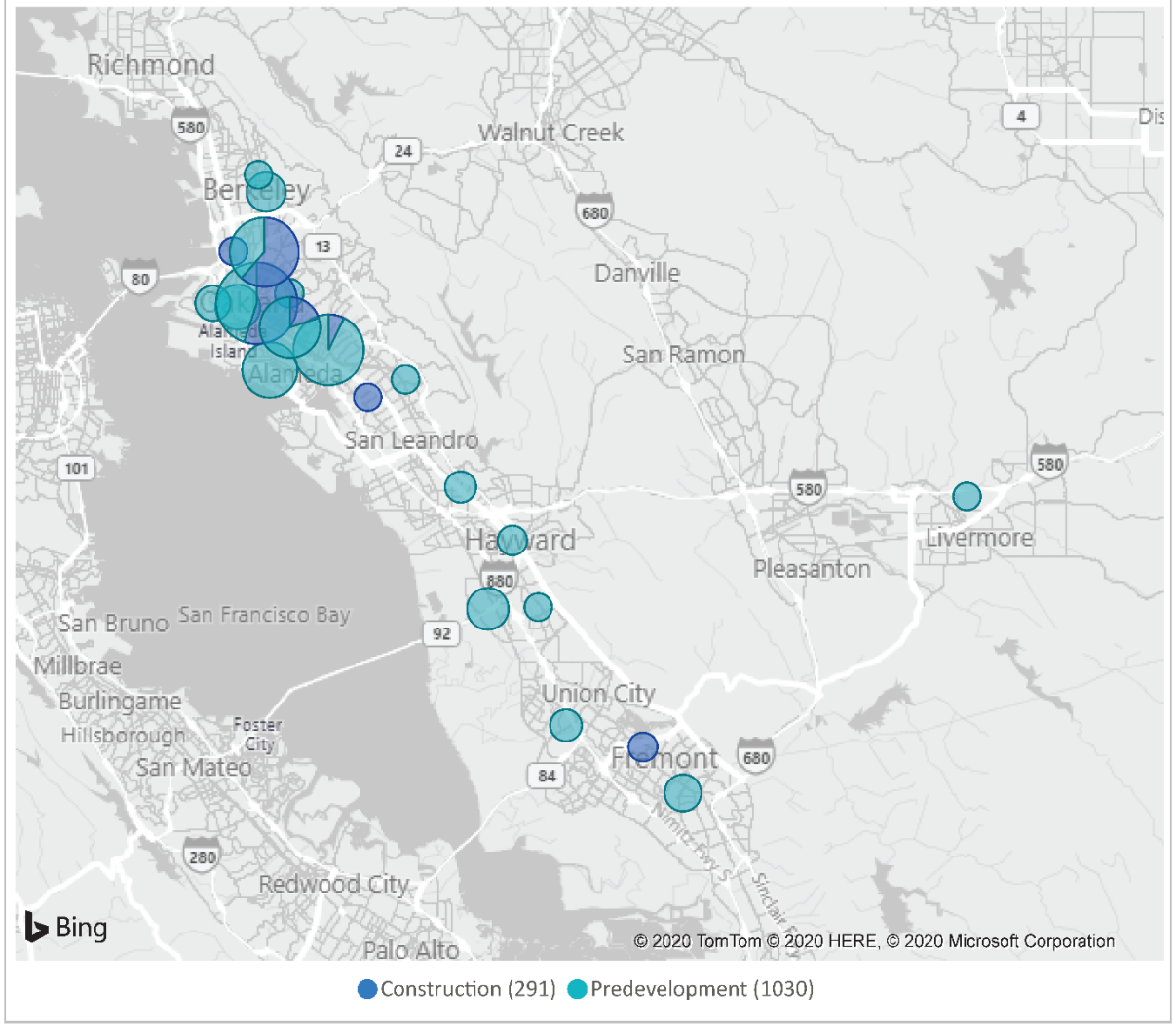
New Units (Jan 2019 - July 2020)



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.

Pipeline (2020-2023)

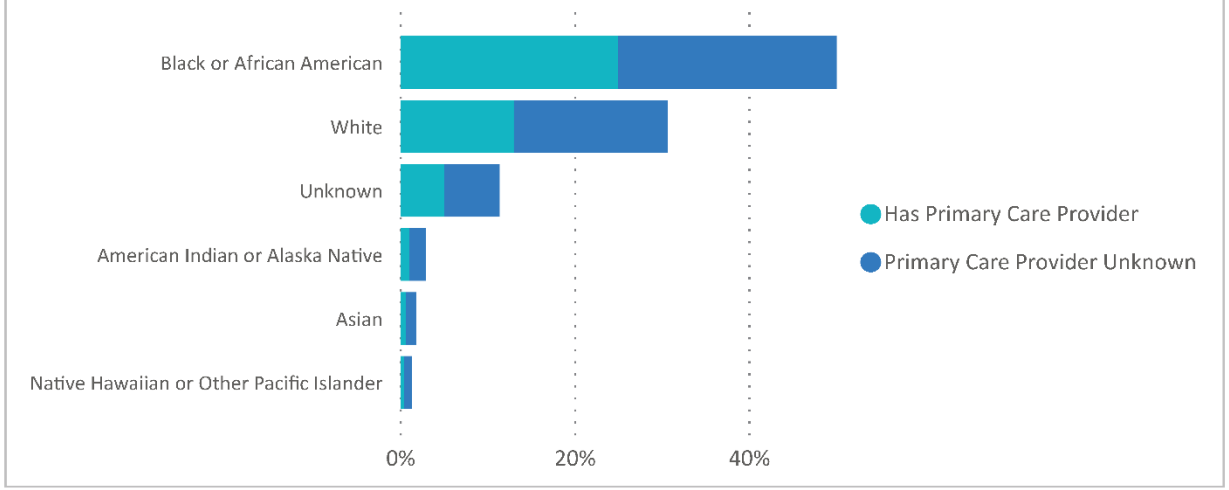


Data source: Permanent Supportive Housing Pipeline Committee (not for public distribution).

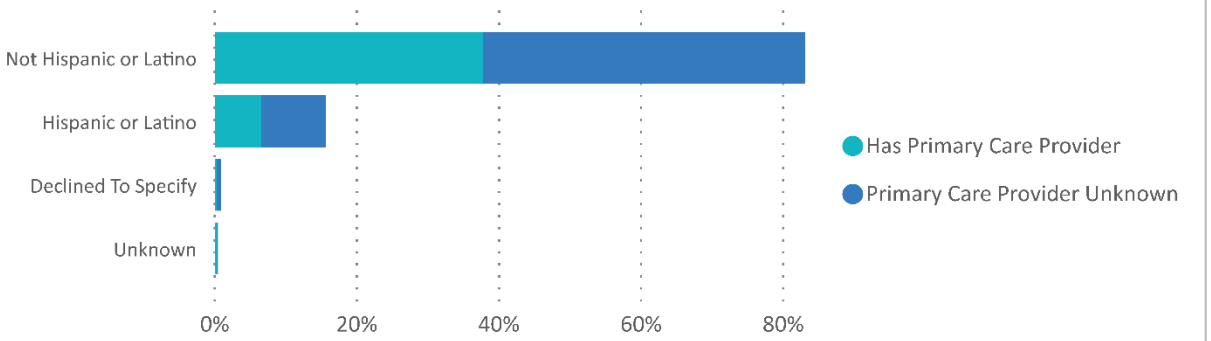
AC Care Connect: Whole Person Care Dashboard

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

In Bundle with Known Primary Care Provider in SHIE: by Race



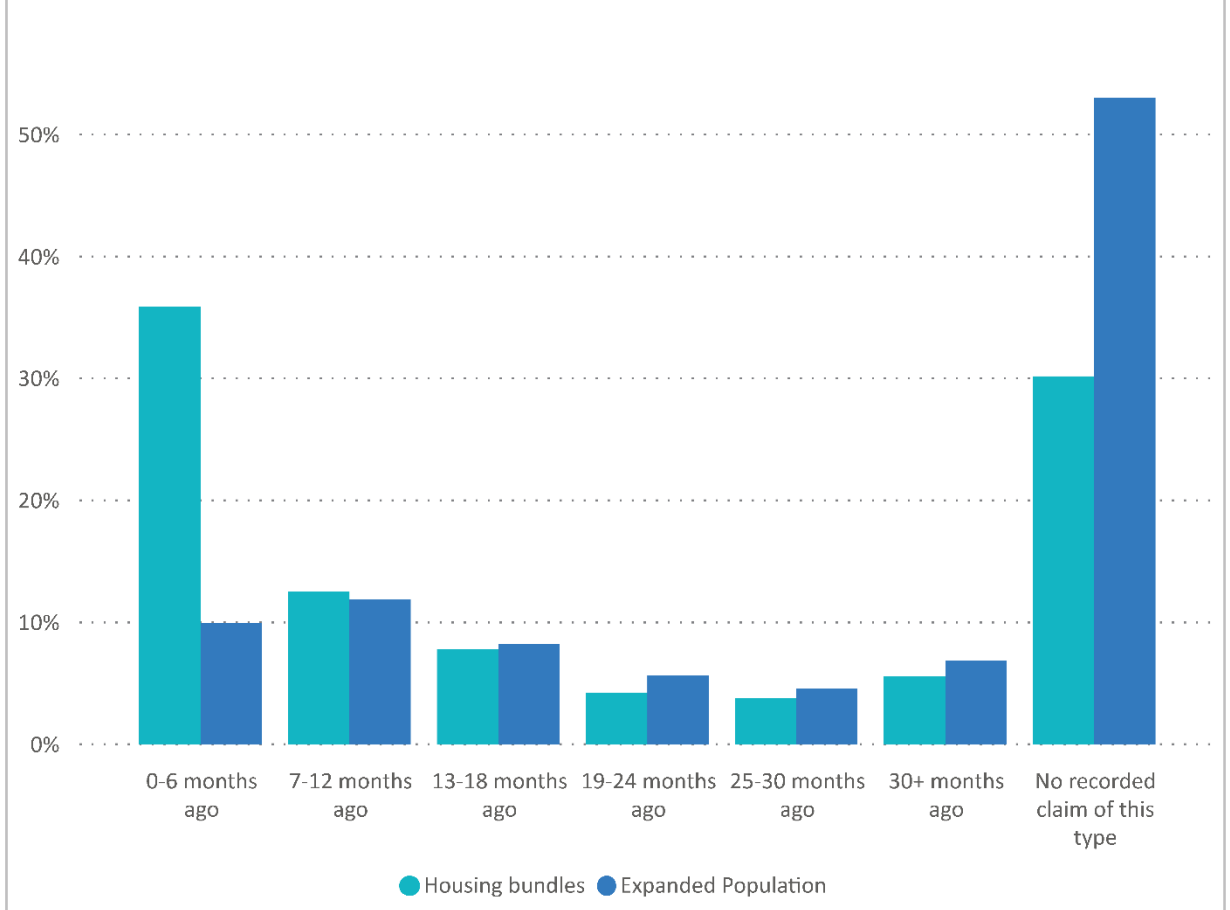
In Bundle with Known Primary Care Provider in SHIE: by Ethnicity



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%).

Receiving Primary Medical Care (Most Recent Claim)



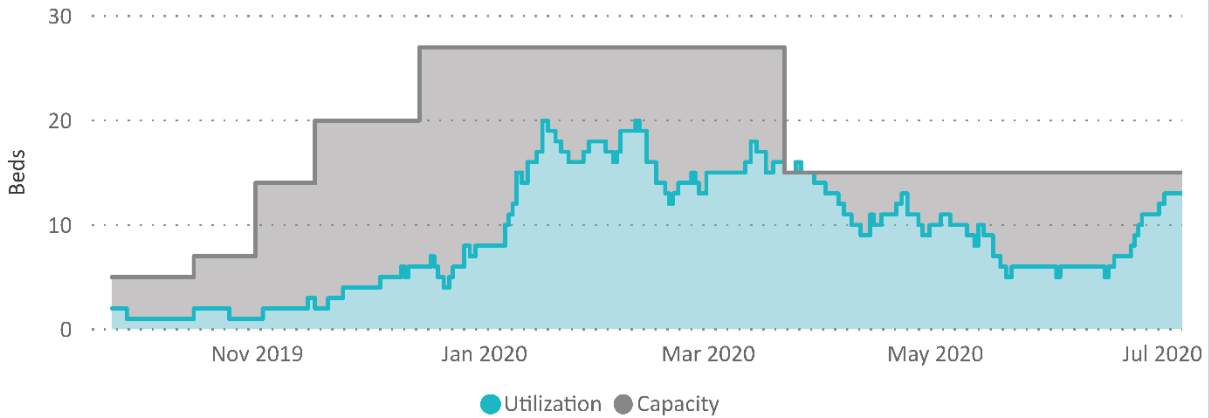
Data source: Social Health Information Exchange.

Notes: Analysis was conducted for people ever enrolled in a housing bundle and the expanded population that is visible in the CHR. 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

Lifelong Medical Care (Sep 2019 - Jul 2020)

Respite Bed Capacity and Utilization



County Bed Capacity

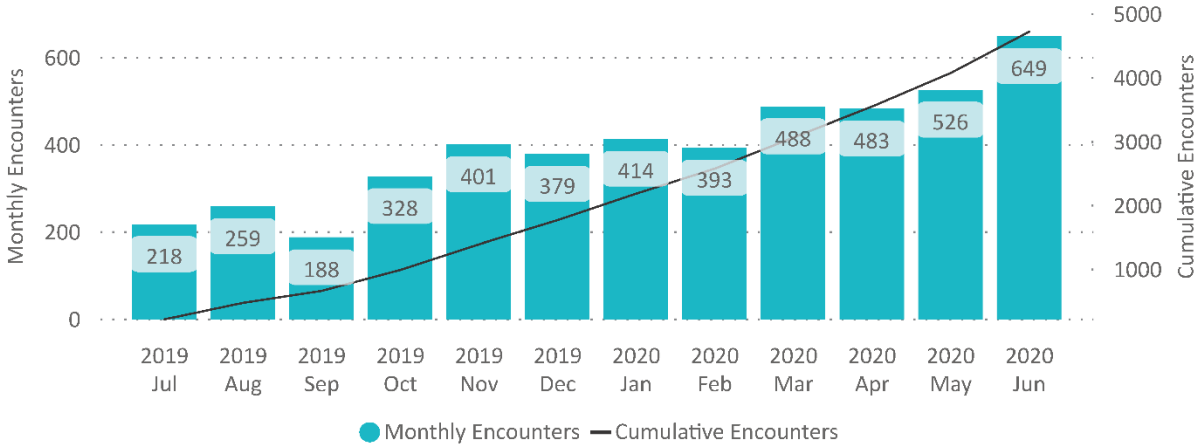
Name	Capacity
Abode	2-5
Bay Area Community Services	42
East Oakland Community Project	15
Lifelong Medical Care (AC3 funded)	15

Housing Status Upon Most Recent Departure

Housing Status	Share
Shelter	26%
Medical or treatment facility	19%
Unknown	17%
Place not meant for human habitation	12%
Other	7%
Temporary housing	7%
Deceased	5%
Permanent housing	5%
Long-term care facility or nursing home	2%

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

Street Health Outreach Teams - Consumers and Encounters (Jul 2019 - Jul 2000)



Data source: Alameda County Health Care for the Homeless HRSA uniform data system (preliminary data from April).