An Initiative of Alameda County Health Care Services Agency | A Whole Person Care Pilot

September 2020

Partner Update

Dear Partner,

Welcome to our September *Partner Update*.

This issue includes highlights from our September Steering Committee meeting and updates on recent activities that support the delivery of whole person care across Alameda County.

These activities include:

- SUD treatment for the jail population
- Care coordination for the reentry population
- Efforts to reduce homelessness
- Outreach to prevent the spread of COVID-19 among residents of long-term care/skilled nursing facilities and
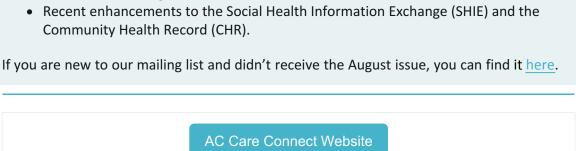- Recent enhancements to the Social Health Information Exchange (SHIE) and the Community Health Record (CHR).

If you are new to our mailing list and didn't receive the August issue, you can find it here.

AC Care Connect Website

Highlights of Steering Committee Meeting

This month, the Steering Committee continued discussion of the jail population presented in August, and focused on how to support care coordination and successful reentry, and prevent recidivism.

- **Addressing the Substance Use Disorder (SUD) treatment needs of the Santa Rita jail**

population: Nathan Hobbs, Director of Alameda County Behavioral Health Care Services (ACBH) Substance Use Continuum of Care, discussed a pilot project of Options Recovery Services (Options) that addresses the SUD treatment needs of the Santa Rita jail population and provides outpatient SUD case management and reentry planning services. Following the onset of the COVID-19 pandemic, SUD providers successfully transitioned from in-person to telehealth services at Santa Rita jail. As a result, Options was able to reach more clients than would be possible with in-person services. Justin Phillips and Jennifer Caldwell, Options staff, also discussed the systemic barriers to successful reentry and coordination of SUD treatment on exit from jail. These include the often unplanned and unpredictable timing of release from custody (e.g., late at night on the weekend) and limited access to health care and other data such as housing information. It is hoped that the CHR may be used to help break down siloes, improve access, and accelerate care.

- **What factors support successful reentry and reduce recidivism?** Dr. Dennis Hsieh, incoming Chief Medical Officer for Contra Costa Health Plan, discussed the Los Angeles County Whole Person Care Re-Entry program where he previously served as Medical Director. The pilot focused on providing care management services to the jail population and smooth reentry and connection to needed services. Services included ensuring clients were enrolled in Medi-Cal and other programs/services prior to release and providing a cell phone and a 30-day supply of medications on release. Dr. Hsieh discussed the challenge of matching the client's data collected by the jails, which rely on fingerprints for identification, to their information retained in other systems (e.g., Medi-Cal), which makes it harder to connect post-release. Scott Coffin, CEO of Alameda Alliance for Health, facilitated a panel which included Dr. Hsieh; John Jones, Director of Engagement, East Oakland Black Cultural Zone and Just Cities; and Wendy Still, Chief Probation Officer, Alameda County Probation Department. Coffin also engaged Steering Committee and other audience members in an interactive discussion focused on how to achieve successful reentry in Alameda County including what data should be collected, what gaps in care/services present barriers to successful reentry, and how organizations can participate in closing the gaps. Participants wrote their answers to these questions on an interactive virtual white board. Among the suggestions were:

  - Being able to get in contact with the client, understanding their priorities, and helping them to be their own best and strongest advocates,
  - Ability for all who are providing care/services to the client to communicate with each other and to have information on the client's medications and on services needed/received, and
  - Hiring community outreach workers with similar lived experience to build trust with clients.

Updates on Efforts to Reduce Homelessness

- **100 Day Challenge to Fight Homelessness ended on September 4 with 98 households transitioned to permanent housing!** This initiative focused on developing viable housing plans for guests of the Safer Ground COVID-19 quarantine hotels. It housed an average of one household per day over the 100-day period. The CHR played a role in helping providers at the hotels identify housing resources and connect guests to these.

- **100 & Beyond Collaborative launched.** Building on the 100 Day Challenge, this four-month collaborative, spanning September – December, is facilitated by AC Care Connect. It supports staff of Safer Ground hotels in strengthening processes and building staff capacity to develop viable housing plans for hotel guests. Participating

organizations, which receive incentives to support and acknowledge their work, include:

- Abode services: one team each from the Oakland, Newark, and Livermore hotels
- Berkeley Food and Housing: one team from the Berkeley hotel
- Building Futures: one team
- East Bay Innovations: one team serving multiple hotel sites
- Five Keys: one team from the Oakland hotel
- Housing Consortium of the East Bay: one team from the Oakland HomeBase site

- **173 people trained in cross-sector care coordination in August.** Several trainings were offered in August including *Mental Health Challenges in our Current Landscape, Substance Use Disorders Services, Alameda County Emergency Medical Services, Public Benefits, and Group Facilitation in the Virtual World*. In late August, we began providing training under the 100 & Beyond initiative. 21 individuals attended the August 27 training, *Integrated Care 101*, which focused on integrated/ collaborative care in community health settings. September has been a busy training month. Courses offered included *Housing Services Overview; Trauma Informed Care, Recovery, and Healing (2 courses); Group Facilitation in the Virtual World; Behavioral Crisis Response; The Empathy Effect: Countering Bias to Improve Health Outcomes (2 modules);* and *Motivational Interviewing: Foundational Concepts and Skills*.

- **Project Roomkey updates- goal met!** Alameda County met its goal of securing 1,200 non-congregate shelter rooms with a total of nine (9) Roomkey hotels in operation. These include:
    - New Livermore Safer Ground site (112 rooms/households) opened August 24th
    - Total Roomkey hotels: 9 hotels operated by 4 organizations
    - Abode: 3 hotels in Oakland, 1 Newark, 1 Livermore
    - Building Futures: 1 hotel in Alameda
    - Berkeley Food and Housing Project: 2 hotels in Berkely
    - Five Keys: 1 hotel in Oakland

- **Alameda County submitted proposals to acquire four (4) Project Homekey hotels**.

- **The county received an Emergency Solutions Grant (ESG).** This will fund bridge housing subsidies for 220 households for periods of 12 - 18 months.

- **Do you know anyone who has a housing unit to lease?** Building strong and lasting partnerships with property owners is a critical step toward ending homelessness in Alameda County. Alameda County is looking for property owners who have units available to lease to join our program to permanently house county residents. There are a number of benefits for landlords/ property owners including guaranteed on-time monthly payments, resident support services, and additional financial incentives. To learn more: call 510-777-2100 or email *ACHomes@acgov.org*.

- **Resources to support consumers in securing housing:** Check out all the resources available on Elemeno. We just added a new resource: *Navigator - Housing Problem-Solving Overview*.

Helping prevent the spread of COVID-19 in long-term care and skilled nursing facilities

In April, several AC Care Connect staff were deployed to support Alameda County's efforts to address the COVID-19 pandemic. It soon became evident that the residents and staff in

long-term care (LTC)/skilled nursing facilities were particularly vulnerable to COVID-19 infection; in fact, by early summer more than 50% of COVID-19 deaths in Alameda County were residents of these types of facilities. As a result, Alameda County formed a Long Term Care Partnership group in May 2020 with a goal to leverage community resources and improve coordination and collaboration between the County and local hospitals in response to COVID-19 outbreaks at LTC facilities. The team is focused on developing and implementing prevention strategies and conducting outreach to the county's 70+ Skilled Nursing Facilities and other LTC facilities. Team members developed and shared policies and guidance for administering COVID-19 testing for staff and residents, and are helping to train and educate staff on fit-testing to ensure that masks fit correctly to protect them against airborne pathogens. Upcoming activities include promoting the use of telehealth to support residents and their families in completing advance care directives and a research project in partnership with The California Endowment to analyze the relationship between race/ethnicity and COVID-19 morbidity and mortality.

SHIE / CHR Updates

Highlights of recent activities, changes, and enhancements to the CHR include:

Outpatient data is now flowing into the CHR. This includes expanded hospital outpatient (OP) data as well as clinic data (e.g., from the Community Health Center Network). The data range is service dates from 9/4/20 going forward and includes date and location of service and associated diagnosis codes (*if available*).

Update on effort to match Santa Rita jail census data with records in the SHIE. As mentioned in the August newsletter, we are now receiving limited publicly-available jail census data—information on jail stays and releases only. CHR users are able to see the information for consumers who are attributed to their organization. This data can help find consumers who are lost-to-care and support better coordination of care for those who are incarcerated and those who being released from jail. Over the past month, we've been working to match the jail census data with records from other sources in the Social Health Information Exchange (SHIE). Matching is still in progress and will be completed soon.

Demand for CHR training continues to grow. We cohort users in "waves" and train staff from programs and organizations spanning a variety of sectors that are involved in providing care to AC Care Connect enrolled consumers. New organizations are indicated with an "*" .

- **Wave 4 is ending.** Participating organizations include Abode Services, Alameda County Behavioral Health, Alameda Health System, Asian Health Services*, Bay Area Community Health, Bay Area Community Services, Bonita House, Cherry Hill, Health Care Services Agency Emergency Medical Services*, and LifeLong Medical plus staff of the isolation and quarantine hotels.
- **Wave 5 will span October through December.** Participants will include Building Futures' hotel staff*, AC Care Connect's Eastmont Collaborative at Alameda Health System's Eastmont Wellness Center, Roots Community Clinic*, Integrated Behavioral Health Programs from CHCN clinics*, and several substance use disorder (SUD) and mental health partner programs*.
- **Wave 6 is in the early planning stages.** It will launch in early 2021.

For more information on AC Care Connect, click here.

Thank you for your ongoing dedication and support of Care Connect, Alameda County's Whole Person Care initiative. Please feel free to share this newsletter by

forwarding to friends and colleagues.

Your partner in connecting consumers for better health,

Kathleen A. Clanon, MD
Director, Alameda County Care Connect and Medical Director
Alameda County Health Care Services Agency

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AC Care Connect Steering Committee Members
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