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

October 2020

Partner Update

Dear Partner,

Welcome to our September *Partner Update*.

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

If you are new to our mailing list and would like to review prior issues, you can find them here. You can also sign up to receive future issues of the *Partner Update* using the link at the bottom of this newsletter.

AC Care Connect Website

Highlights of the October Steering Committee Meeting

During the October Steering Committee meeting, attendees received updates on efforts to improve care coordination for consumers experiencing or at risk for behavioral health crises, and reentry populations:

- **Alameda County's Community Assessment and Transport Teams (CATT) are providing care and services that best meet the needs of the client, while avoiding ambulance transport which is costly and often unnecessary.** Claudia Hein, Senior CATT clinician with Bonita House, gave an overview of the Community Assessment and Transport Teams (CATT), a pilot project to respond to behavioral health emergencies that was launched in July. Dr. Karl Sporer, Emergency Medical Services

(EMS), and Bridget Satchwell, System Outreach Manager with AC Care Connect, and partners from Alameda County Behavioral Health, Bonita House, and Falck Alameda County, have played significant roles in making this project a reality. Each team has a licensed behavioral health clinician and an emergency medical technician (EMT) who assess behavioral health, substance use, and other issues on scene while triaging the client's resource needs rather than transporting them to an emergency room or John George Psychiatric Hospital's emergency services unit. CATT can make referrals and assist with transport to a shelter, sobering center, mental health facility, or other designated destinations. There are currently five teams: one each in San Leandro, Hayward, and Oakland, and two in Fremont. The goal is to deploy up to twelve teams throughout the county. Dispatched through 911, the team arrives at the scene within 15 minutes and may stay for several hours to deescalate the situation and assess the consumer's needs. In the majority of cases the consumer needs crisis stabilization and the most common disposition site is Amber House where the consumer may stay for a period of time and get connected to needed services. To date, this approach has been effective in reducing involuntary hospitalizations and 5150s. Hein stressed the importance of sharing information about the project and encouraging people to request CATT when contacting 911.

- **Crisis Connect helps consumers prevent behavioral health crises.**The Crisis Connect project is a partnership between Alameda County Behavioral Health (ACBH) and AC Care Connect. The project offers non-high utilizing consumers a phone call within 24-48 hours after discharge from John George Psychiatric Hospital's (JGPH's) emergency services unit, a Crisis Stabilization Unit, or the mobile crisis team. The objective is to help prevent another crisis by assessing the consumer's needs post-discharge and connecting them with needed services and resources. The Crisis Connect team is largely staffed by peers and family members and has served 89 people in the nine-month period between January - September 2020. The team has faced some challenges in connecting with consumers due to inaccurate or missing phone numbers and JGPH staff are working to improve the capture of phone numbers.

- **Efforts to improve the reentry process are underway.**Next steps include:
    - Convening a cross-sector planning group to discuss improving re-enrollment in Medi-Cal and warm hand-offs to care;
    - Creating a plan for jail discharge summary information to be included in the consumer's record and to provide items, such as cell phones, needed for smooth reentry; and
    - Determining what additional data can be included in the SHIE and CHR such as family contacts and service utilization history along with how to obtain and share information about social services, housing, and other needs at release.

Those interested in participating in the planning group may contact Jennifer Martinez, AC Care Connect Program Development Director: Jennifer.Martinez@acgov.org

Updates on Efforts to Reduce Homelessness

Efforts continue to transition Safer Ground hotel guests to permanent housing. Occupancy rates remain high at Alameda County's Safer Ground hotels and the current focus is on helping guests secure permanent housing. This work is supported by CARES Act and Emergency Solutions Grant funding. Alameda County's Office of Homeless Care and Coordination and partner organizations are conducting centralized landlord recruitment to increase housing options. Property owners who have units available to lease are encouraged to call 510-777-2100 or email *ACHomes@acgov.org*. Benefits for landlords/ property owners include guaranteed on-time monthly payments, resident support services,

and additional financial incentives.

Operation Comfort hotels will remain in operation well into 2021. These hotels serve persons who have tested positive for COVID-19, have symptoms of COVID-19, have been tested and are waiting for their results, or have had close contact with someone who has COVID-19. In addition to those experiencing homelessness, any community member who meets the above criteria and who lives in a residence with so many people that they cannot safely isolate may qualify for Operation Comfort hotels.

The Community Health Record (CHR) is playing a role in connecting hotel guests to needed services. Recently Dr. Alexis Chettiar, co-interim medical director at Alameda County's Project Roomkey hotels, described how the CHR is supporting coordination of care for hotel guests: *"In the past, we'd have to dig through backpacks to find scraps of paper that might have information on where an individual had received medical care or on any conditions they might have. Having access to the CHR is like turning on a lightbulb—you can see so much about the person's conditions and use of services and help ensure that they will be connected to healthcare in the community when they leave the hotel."*

SHIE / CHR Updates

The Community Health Record (CHR) is one year old!Please see the special edition of our October CHR User newsletter for highlights of the evolution of the CHR since its launch on September 25, 2019. The numerous enhancements over the past year are largely due to CHR users' feedback; this has helped increase the value and impact of the CHR as a tool for care coordination and delivery of whole person care.

Over the next several months we expect to add many new data sources to the SHIE and/or CHR. These include:

- EMS encounter data and various data attributes including where clients were transported after being picked up from the emergency call location;
- Inpatient, ED, and outpatient clinical record and discharge summaries for consumers seen at AHS facilities, St. Rose Hospital, and Sutter Hospitals;
- Clinical records including admission, discharge, and transfer notification for AC Care Connect's "ever eligible" population who are patients at Community Health Center Network (CHCN) clinics; and
- Clinical record and lab test data for HealthPAC patients.

CHR users are urged to work with consumers to obtain signed Information Sharing Authorization (ISA) forms to maximize the CHR's value to providers. The ISA enables essential information to be viewable and shared among members of the consumer's care team. At the Steering Committee meeting Cristi Iannuzi, Director of Strategy and Implementation with AC Care Connect's Data Exchange Unit (DEU), gave a demo of the CHR. This overview highlighted the value of having a signed ISA in the CHR, which enables CHR users to have a more comprehensive view of the consumer's situation and needs, and connects the various providers who are engaged with the consumer in creating a shared care plan.

Trends in AC Care Connect's Whole Person Care dashboard metrics remain consistent with those of recent months.

AC Care Connect launches Mam Community Outreach Team

To address the high levels of COVID-19 infections, morbidity, and mortality in Alameda County's Mam community, AC Care Connect's Consumer Engagement team launched the Mam Community Outreach Team. Consumer Engagement Project Manager, Rebecca Alvarado, leads the team and brings more than 20 years' experience in connecting the Mam-speaking community with health care and other social services. Team members include three recently-hired Health Services Trainees; all are trilingual in Mam, Spanish, and English and have strong ties to Oakland's Mam community. These ties have been very helpful in establishing the trust that is key to achieving the project's objectives, which are:

- Provide Mam community members equal access to fact-based information regarding COVID-19 and COVID-19 prevention strategies;
- Reduce and prevent new COVID-19 infections;
- Reduce morbidity and mortality; and
- Support Mam community members in implementing isolation and quarantine efforts to halt COVID-19 outbreaks.

In just two months, the team has engaged with 26 families. Referrals come from a variety of sources with the outreach collaboration between the City of Oakland Department of Violence Prevention and the Oakland Fire Department being the most common. The team is also using the SHIE to identify and inform outreach efforts. The needs are multiple and include connecting family members to testing and explaining contact tracing and its role in preventing the spread of COVID-19. In this work the team engages closely with the Division of Communicable Disease Control and Prevention, which does the actual contact tracing.

Future of AC Care Connect: Update on 1115 Waiver Extension Proposal

In September, the California Department of Health Care Services (DHCS) submitted a proposal to the Centers for Medicare and Medicaid Services (CMS) for a 12-month extension of the Section 1115 waiver, which funds AC Care Connect. DHCS staff has expressed optimism that CMS will approve the extension but is unsure when a decision will made. AC Care Connect's staff is hopeful that the extension will be approved while planning contingencies in case it is not extended or a decision is not made before the end of the calendar year.

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

Aaron Chapman, Alameda County Behavioral Health Care Services | **Kathleen Clanon, M.D.,** Alameda County Care Connect | **Scott Coffin**, Alameda Alliance for Health | **Lori Cox**, Alameda County Social Services Agency |**Elaine de Coligny**, Everyone Home | **Delvecchio Finley**, Alameda Health System | **Colleen Chawla**, Health Care Services Agency | **Beau Hennemann**, Anthem | **John Jones III**, East Oakland Black Cultural Zone and Just Cities | **Karl Sporer, M.D.,** Alameda County Emergency Medical Services | **Wendy Peterson**, Senior Services

Coalition | **Ralph Silber**, Alameda Health Consortium | **Wendy Still**, Alameda County Probation | **Suzanne Warner**, Housing and Community Development

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