

**Director's Report
February 15, 2019**

We have an opportunity to deliver a more coordinated approach to care and services that will ultimately lead to optimal independence and health for our consumers.

Alameda County Care Connect

JANUARY ROADMAP MILESTONES UPDATE

Sustainability Task Force launched

- Care Connect hosted the first Sustainability Workgroup meeting on January 16. Members include county and subject matter experts and technical advisors on areas related to the sustainability of whole person care program components, such as housing, care coordination, IT systems, data exchange, financing, and more.
- The Workgroup reviewed a preliminary sustainability plan and offered thoughtful questions to consider along with rich feedback on strategies related to communication, funding, and planning. The draft plan will be discussed, updated, and refined with additional stakeholders in coming months.

Culturally affirmative strategies implemented

- The team began collaboration with AHS Behavioral Health to improve health outcomes for patients of African descent assigned to the Eastmont clinic who are identified as having severe mental illness (SMI) and no case manager.
- While metrics are still in development, the team anticipates the reduction in emergency room visits and bed days will be measured.

Field treatment for agitation fully operational

- Congratulations to Dr. Karl Sporer of AC Emergency Medical Services (EMS) and psychiatrist Dr. Melissa Vallas of Care Connect Behavioral Health Crisis team on the successful January launch of field treatment for agitation. The first month's results reported by EMS are as follows:
 - 63 accepted olanzapine, which is taken voluntarily by mouth as a dissolve tab
 - 54 (86%) had their status listed as "improved" after receiving the olanzapine
 - 9 (14%) had their status reported as "unchanged"
 - There were no adverse effects reported
- Anecdotal information underscores the promising initial results:
 - Police call for ambulance transport of a consumer in psychiatric distress, unable to engage with paramedics due to voices. He becomes calm shortly after

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- accepting olanzapine and is able to answer questions regarding his medical and psychiatric history.
 - Police call for ambulance transport of a highly agitated consumer who is hearing voices, threatening people and acting out. He is placed in restraints for verbally threatening paramedics and calms down after accepting olanzapine. He is thanked for his behavior, the restraints are removed, and he apologizes. Although still having delusions, he remains calm and cooperative throughout pre-hospital care and is transported to John George PES without restraints and without incident.
- Drs. Vallas and Sporer will closely monitor the progress of the program and gather data over this first year to evaluate the effectiveness of the intervention.

FEBRUARY ROADMAP MILESTONES

Interest in countywide portal identified

- Care Connect is no longer pursuing a new administrative infrastructure acting as a portal for care management services. Instead, the team will clarify, map, and teach the current referral pathways to the participants of the care community model. This content will be a key part of the provider/staff resource package reported under future milestones.

Support network assessment and engagement strategies commenced

- Work continues with Probation to develop the service system's capacity to assess and engage the consumer's informal network. Network assessment and engagement is a key function of the Eastmont collaborative project described under January milestones.

Ecosystem planning

- Care Connect recently conducted project planning intensives to focus and refine the current program and change implementation model which is organized by system level (swim lanes). The team is evaluating a community-focused cohort model and testing assumptions to ensure project implementation achieves common vision, removes obstacles, builds on examples where success is accelerated, and respects capacity impact at the provider level.
- A decision will be reached within the next two months for presentation and discussion at Steering Committee.

FUTURE MILESTONES: FEBRUARY, MARCH, APRIL

Comprehensive care management academy established (March)

- The Comprehensive Care Management Academy was fused with the Care Coordination Academy to become one Care Connect Academy. The Care Connect Academy is up and running, regularly offering intensive training in many topics including Strengths-based Motivational Interviewing, Trauma Informed Care, Mental Health First Aid, Accessing Primary Care, and more. Special tracks will be rolled out later this year with topics of particular relevance to CB-CMEs and housing service providers.

Training database online registration (March)

- The online registration database tool is on track for March implementation.

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CHR Wave 1 Launch (March)

- The current go-live date for the first wave of CHR users is July 2019 due to last-minute delays in receiving the data feeds necessary to build the Social Health Information Exchange and Community Health Record.

Universal authorization form adopted (March)

- The team is processing feedback from the County Counsel Round Table held last month, and conducting universal authorization workflow planning sessions with Thrasys and Intrepid Ascent. Planning is also underway for translation into threshold languages.
- The form will be presented to the Data Governance Committee on March 7.

Provider/staff resource package completed (April)

- The launch of a new care community model is anticipated in April when the team will dive more deeply into the processes and challenges of a particular set of providers serving a shared set of consumers.
- Training resources for consumer engagement and navigating the system of care will be refined to compliment the new care model. These resources and tools will continue to evolve and improve through the care community engagement process.

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