Director's Report
July 19, 2019

JUNE MILESTONES and UPDATES

Alameda County was awarded $42,765,680 from the No Place Like Home Program (NPLH) fund to build 175 units of affordable housing

- Thanks to the foresight and hard work of Dr. Robert Ratner, this amount represents 24% of the total award amount for this round.
- The 175 units will be part of planned buildings for a total of 638 units and the awarded funding will help build these units as well.
- The NPLH funding supports the development and housing operational costs of permanent supportive housing for individuals who live with severe mental illness and are experiencing homelessness, chronic homelessness, or are at-risk of chronic homelessness.
- The 9 projects will take approximately 2-4 years before they are ready for move in.
- Referrals to these units will come from Health Care Services Agency - Home Stretch, Alameda County's coordinated entry permanent supportive housing matching unit.

All Community Health Center Network Clinics (CHCN) have signed Data Sharing Agreements

- La Clínica and Asian Health Services both signed in late June.
- Approximately 7,000 AC Care Connect eligible consumers have been identified among CHCN patients/members.

54 Consumers Participated in Two Focus Groups with Alameda County Probation

- The Consumer and Family Engagement team began work with Probation's contractors to socialize the concept that the key to culturally competent practice is assessment and engagement of the supervisee's support network.
- Probation asked that the need be researched and the focus groups were part of that.
- One attendee raised the value of employing family members - particularly mothers - of those who have been incarcerated as part of the service teams.
- Other insights included:
    - "I was a federal inmate, and I have been told that there are no state programs for federal inmates being released. That is why I am still homeless after 11 months."
    - "As adults, we have our pride and we sometimes do not feel like we should have to ask. That is why we need there to be levels where people are asking us what we need, how we are doing, and checking up on us."

- “The people in the programs become the family that you don’t have. Because with family, you have to be willing to really assist and not just go through the motions.”

JULY MILESTONES and UPDATES

Health Homes Launched on July 1

- Alameda Alliance for Health and Anthem Blue Cross can now bill the California Department of Health Care Services for intensive care management services provided by the network of Community-Based Care Management Entities (CB-CMEs) to consumers with a specific combination of chronic physical and mental health conditions and high acuity levels.
- A specific focus on consumers with Serious Mental Illness will roll out in January 2020.
- This program is paired with the AC Care Connect Care Management Service Bundle, providing identical services through an identical provider network to a larger population.
- Care Connect and the Health Plans have structured processes to ensure that there is a clear line of financial responsibility for each consumer on the back end to ensure zero duplication, while supporting a seamless consumer experience regardless of the payer.

26 Providers and Supervisors from 13 Programs Representing Care Management, Housing, Mental Health, Primary Care, Substance Use Treatment, and Health Plans Kicked Off the First Care Community

- Four half-day events were held on July 8-11, which included tours of the Fairmont Campus, the Henry Robinson, and the Trust Clinic.
- The organizations selected projects they will work on collaboratively as teams and with other organizations within the Care Community during the next 6 months to create organizational and system level change, like improving Care Coordination Processes, Discharge Planning and Follow Up, and reducing Duplication of Services.
- Many system level issues identified by these and other provider organizations will need executive-level attention to improve.

Crisis Connect Created a Lanyard with Follow-Up Information for Patients Discharged after a Behavioral Health Crisis

- Led by Jennifer Pearce with Bright Research Group, staff met with AC Care Connect Consumer Fellows monthly from February to May 2019, as well as with a group of stakeholders at Alameda County Behavioral Health who oversee different life stages of care (children’s system, Transition Age Youth, adult and older adult system of care) to plan the information people will receive at discharge to let them know someone would follow-up by phone.
- We heard from the consumers that brochures get wet easily for clients experiencing homelessness and they are hard to keep with you to refer to later. A lanyard is a safe, secure and easily accessible place for important information.

- Now staff are meeting with discharging facilities to coordinate the process of confirming phone numbers, providing the lanyard, and coordinating receiving data.

Provider Connect Launches on July 22

- Facilitated by AC Care Connect's Rebecca Alvarado, LCSW and Valerie Edwards, LCSW, Provider Connect is a monthly convening offered to direct service staff and front line managers to exchange successful strategies for consumer/provider engagement and problem solve racially saturated consumer relationship challenges that participants bring forward.
- Each session (schedule attached) will include:
    - A mini-training on promising culturally affirmative practices and tools that facilitate health and wellness partnerships with People of Color, particularly those of African descent.
    - Participants sharing successes in pushing past barriers to consumer engagement based on the dynamics of difference and peer consultation/problem-solving. They will surface current challenges in reaching across cultural divides to establish productive partnerships with clients.

UPCOMING AUGUST AND SEPTEMBER MILESTONES

Street Outreach Pilot in Unincorporated County Launches in September

- The multi-disciplinary team will include an RN, a social worker and an outreach worker who specifically serve individuals experiencing homelessness in unincorporated county.
- This pilot is an expansion of the Street Health team and supports the goal of increasing outreach with teams serving defined geographic regions with lower staff to unsheltered ratios.
- The primary goal of Street Health is to know and have a connection with every unsheltered person in the region and provide better connections to health care, housing, linkage and referral to substance use services, mental health services, social and legal services.

The CHR Help Desk Launches in September with the CHR go-live.

- The existing Health PAC One-e-app help desk is being leveraged to support the CHR, with increased staffing and additional training.
- The software Footprint will be used for the Help Desk and it will be hosted and configured by Alameda County Behavioral Health on behalf of AC Care Connect.
- Once the Alameda County Care Connect support email account receives an email requesting help, a ticket will be automatically created in the Help Desk system.