Whole Person Care Pilot Update: Alameda County Care Connect (AC³)

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Sample Outcomes

- Create a countywide data-sharing and care coordination system, w/ financing for a \$15M technology purchase
- Reduce admissions to PES/John George by improving follow up & development of housing alternatives
- Provide housing navigation services to approximately 1600 homeless Medi-Cal beneficiaries and ongoing case management and tenancy supports for approximately 1,000 previously homeless Medi-Cal beneficiaries upon transitioning into permanent housing.
- Seed a housing development fund by up to \$14M (local \$\$) over the course of the grant

What will be different for patients & families?

- 1000 more supportive housing slots immediately and infrastructure development for more in the future
- A consistent "front door" experience and standard of care for patients and families
- Only have to tell their story once—patient information is available to all providers appropriately & with permissions
- Improved navigation system to help patients get the right service at the right time
- Facilitated transitions and linkages between services such Drug Court, Sobering Center, Integrated Behavioral Health Care at FQHCs, Emergency Departments, and primary care

Target Populations

- People who are homeless (~10k)
- People who are high utilizers of multiple systems (HUMS) (~6k), and
- Care Coordination Population: people with complex conditions who are receiving care management in one system, but require care coordination across multiple systems (>20k, included above)

Homeless

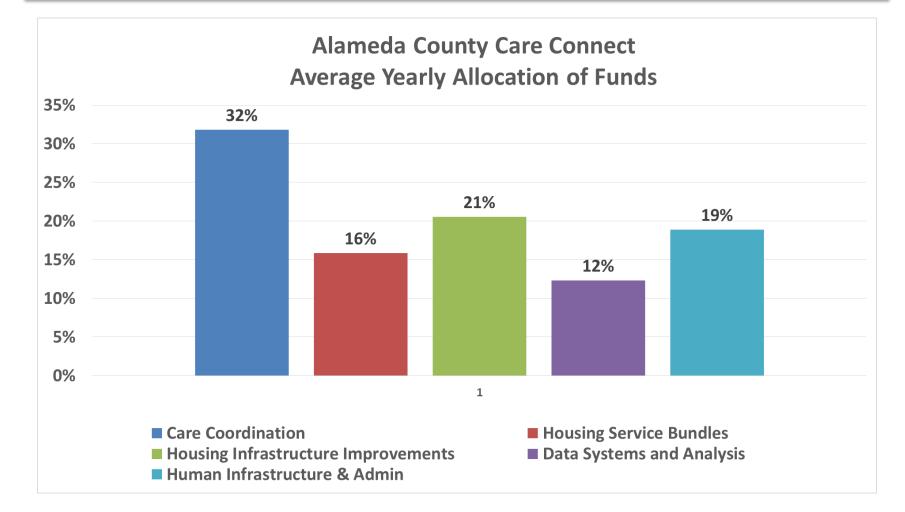
High Users

of Multiple Systems (HUMS)

How AC³ will Support Improvement in Crisis Services

- Prioritized access to supportive housing for high utilizers
- Increased capacity for step-down services
- Facilitated care transitions, continuity of care & post-discharge care
- Linkage to substance use treatment, primary care, etc.
- Staff to support collaborative planning & "human infrastructure"

Budget Request: \$28,434,278



Partner Organizations: Public

AC³ is built on strong partnership with managed care organizations (Alliance, Anthem, BHCS, DMC-ODS)

Other County partners on board:

- Behavioral Health
- Housing & Community Development
- Everyone Home
- Information Technology
- Probation
- Social Services

- Housing Authority of the County of Alameda
- City of Berkeley Health, Housing and Community Services
- City of Fremont Human Services
- City of Oakland Human Services

Partner Organizations: Community

- Alameda Health System
- Kaiser Permanente
- Sutter Health
- Alta Bates Summit Medical Center

- Abode Services
- Homeless Consumer/ Community Advisory Board
- East Oakland Community Project
- Satellite Affordable Housing Associates

What's Next?

- Review by state completed Sep 2016
- Notification of Award Oct 24, 2016
- Formal Acceptance Nov 3, 2016
- First IGT (75%) Jan 15, 2017; remainder after baseline data is approved

meanwhile...

- Prepare preliminary approval process
- Prepare to submit baseline data (year 1 deliverable) due by Mar 1, 2017

Healthy Teeth, Healthy Communities Medi-Cal 2020 Waiver Pilot

Care Coordination and Continuity of Care:

Network of Community Health Workers helps families find and book initial and follow up appointments with Denti-Cal providers, using web-based care coordination management system.

Provider Recruitment: Increasing the number of private dentists who accept Denti-Cal through targeted recruitment, incentives, and training opportunities.

Provider Capacity Building: Technical assistance and continuing education for dentists around best practices for serving very young children, continuity of care, and Denti-Cal billing.



TRAINING

