ALAMEDA COUNTY CARE CONNECT (AC3)

Whole Person Care Pilot

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League of Cities Homeless Task Force Meeting

May 11, 2017

DESCRIPTION

- *Optional Competitive Grant Program*
- *County is the Lead*
- *50% Funding Match*
- *1115 Waiver program: Medi-Cal patients only*

PURPOSE

- *Build infrastructure to improve integration, reduce unnecessary utilization of health care services, and improve health outcomes*

IS WHOLE PERSON CARE IN MY COUNTY?

DHCS California Department of HealthCareServices

Whole Person Care Pilot

Lead Entity	Estimated 5-year Beneficiary Count	Total 5-Year Budget
Alameda County Health Care Services Agency	20,000	$283,453,400
Contra Costa Health Services	52,500	$203,958,160
Kern Medical Center	2,000	$157,346,500
Los Angeles County Department of Health Services	137,700	$900,000,000
Monterey County Health Department	500	$26,834,630
Napa County	800	$22,686,030
County of Orange Health Care Agency	8,098	$23,500,000
Placer County Health and Human Services Department	450	$20,126,290
Riverside University Health System - Behavioral Health	38,000	$35,386,995
San Bernardino County - Arrowhead Regional Medical Center	2,000	$24,537,000
County of San Diego, Health and Human Services Agency	1,049	$43,619,950
San Francisco Department of Public Health	10,720	$118,000,000
San Joaquin County Health Care Services Agency	2,130	$17,500,000
San Mateo County Health System	5,000	$165,367,710
Santa Clara Valley Health and Hospital System	10,000	$225,715,295
Shasta County Health and Human Services Agency	600	$19,403,550
Solano County Health & Social Services	250	$4,667,010
Ventura County Health Care Agency	2,000	$97,837,690

www.dhcs.ca.gov/provgovpart/Documents/WPCApplicationsBasicStats.pdf

VISION

Create a system of whole person care that helps high-need patients achieve optimal independence and health, in safe and stable housing.

Crisis / intensive

- ❑ Emergency Dept
- ❑ Psych Emergency
- ❑ Homeless Shelters
- ❑ Street Homeless
- ❑ Jail
- ❑ Sobering Centers

Stability & Wellness

- ❑ Supportive housing
- ❑ Primary Care Medical Home
- ❑ Specialty Mental Health Home
- ❑ Substance Use Treatment
- ❑ Home Health Services

WPC PURPOSE:

BUILD INFRASTRUCTURE TO IMPROVE INTEGRATION, REDUCE UNNECESSARY UTILIZATION OF HEALTH CARE SERVICES, AND IMPROVE HEALTH OUTCOMES.

Three kinds of infrastructure

Data Exchange, e.g.

- ❑ *Community Health Record, Shared Care Plans*

Human Infrastructure, e.g.

- ❑ *Develop coherent system of care coordination*
- ❑ *Incorporate CHR in workflows*
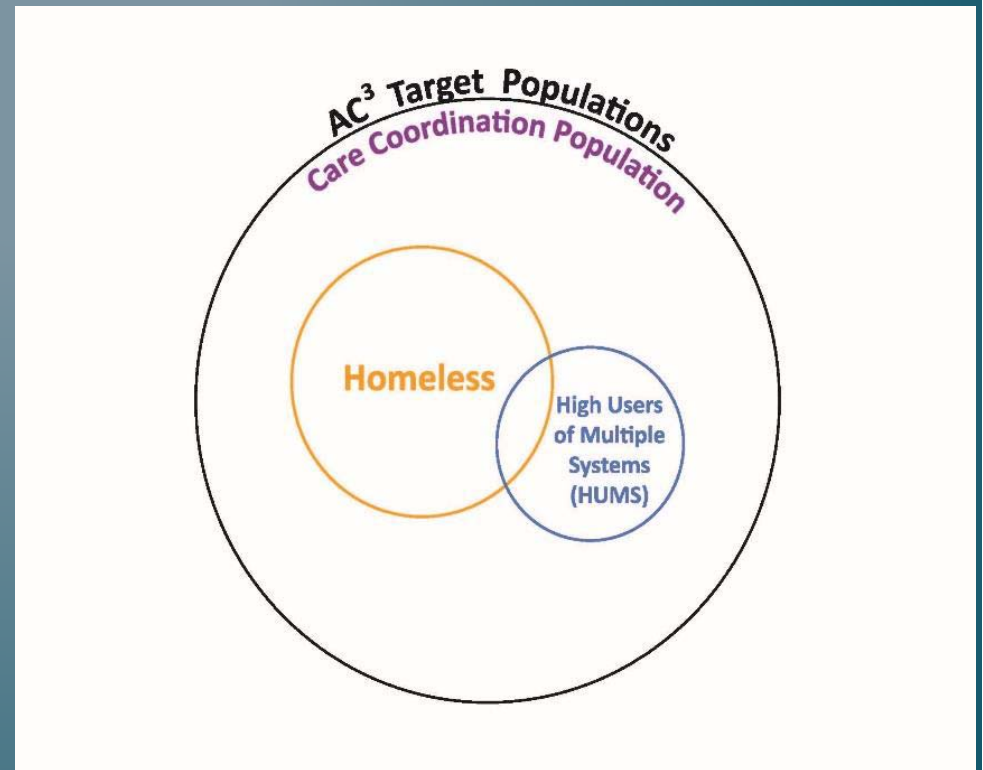- ❑ *Understand and work across diverse systems*

Housing, e.g.

- ❑ *Enhance and scale up Coordinated Entry System, Housing Resource Centers*
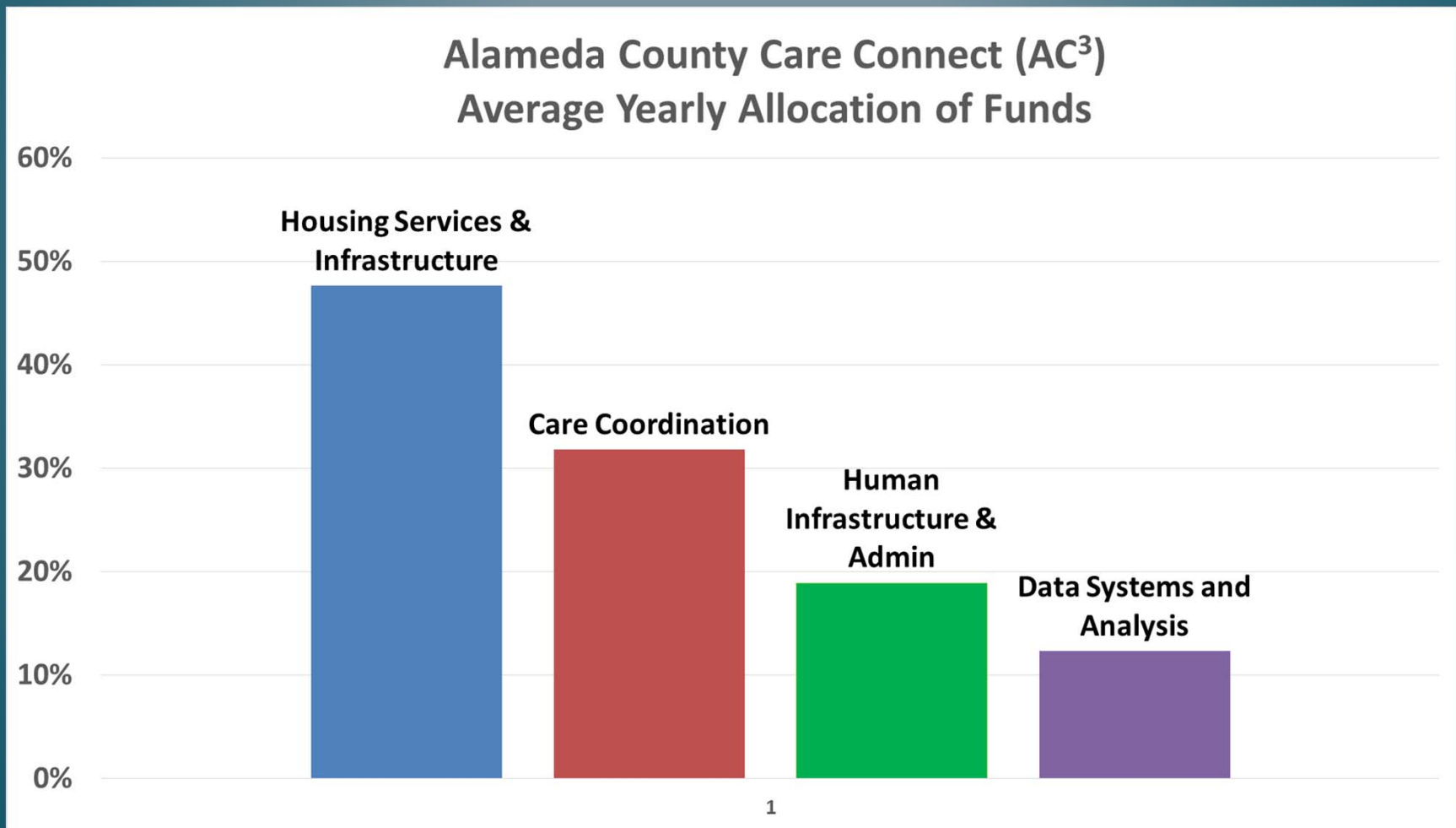- ❑ *Community Living Facilities Quality Improvement*

AC CARE CONNECT FOCUS POPULATIONS

☐ *People who are **homeless** (~10k)*

☐ *People who are **high utilizers of multiple systems** (~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, including above)*

☐ *Administrative enrollment with client opt-out opportunity*

AC³ Target Populations
Care Coordination Population

Homeless

High Users of Multiple Systems (HUMS)

BUDGET REQUEST: $28M x 5 YEARS (NEW DOLLARS)

Alameda County Care Connect (AC³)
Average Yearly Allocation of Funds

AC CARE CONNECT COMPONENTS: HOUSING SOLUTIONS FOR HEALTH

Get People Off the Street

"First Aid" for Homeless Clients
- ❑ *Engagement and outreach*
- ❑ *Client move-in pool*
- ❑ *IHSS rapid intake*

Preventing Homelessness:
- ❑ *Housing & Tenancy Sustaining Service Bundles*
- ❑ *Housing education and legal assistance*

Expand Options for the Future

Increase Supply of Supportive Housing:
- ❑ *Community Living Facilities QI program*
- ❑ *Flexible Landlord Pool*
- ❑ *Housing Development Pool*

Pay for Outcomes:
- ❑ *Stable housing at 6 & 24 months*

AC CARE CONNECT COMPONENTS: HOUSING SOLUTIONS FOR HEALTH

Transition to Housing:

*Housing Transition Service Bundle

*SNF Transitions

*Homeless outreach

*Client move-in pool

*IHSS rapid intake

Sustaining Housing:

*Housing & Tenancy Sustaining Service Bundles
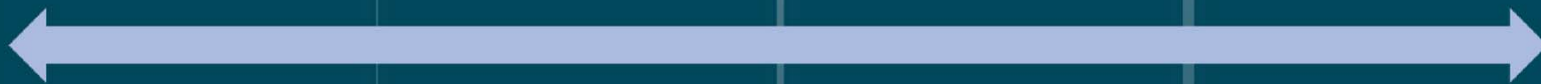
*Housing education and legal assistance

Increase Supportive Housing Options:

*Community Living Facilities QI program

*Flexible Landlord Pool

*Housing Development Pool

Pay for Outcomes:

*Stable housing at 6 & 24 months

OUTREACH AND ENGAGEMENT
1000/ YEAR SERVED @ $668,000/YEAR

- *Countywide expansion of street outreach and engagement*
- *Approximately 2,400 people are unsheltered (2015)*
  - *2017 count not available yet but likely BIG increase*
- *ACCC will add 8 FTEs to go from estimated 12 to 20;*
  - *assume each FTE can serve 125 individuals*

- *Sustainability plan: support organizations to bill MAA*

LANDLORD RECRUITMENT & INCENTIVE FUNDS 600 UNITS PER YEAR @ $1.2M/YR

❑ *Engage landlords in offering supportive housing units w/ subsidies*

❑ *Goal is to locate & centrally manage approx. 600 units countywide*

❑ *Includes 24/7 landlord hotline; potential master leasing; coordination with service providers & subsidy payers; marketing & PR for recruitment; risk mitigation funds, etc.*

COMMUNITY LIVING QUALITY IMPROVEMENT $1M/YR

❑ *Create oversight system for Community Living Facilities, modeled on program in San Diego (ILA)*

- ▪ *Create online directory*
- ▪ *Support owners and residents through standards and accountability*
- ▪ *Improve quality through training and incentives*
- ▪ *Address resident grievances*

HOUSING POOL
$3.2M/YR IN GF $

❑ *Pilot permits the redirection of some health care savings to housing development*

❑ *Housing development fund of $3.2m/year modeled after program in Santa Clara County*

❑ *Housing development loans up to $250,000/unit for projects with set-asides for extremely low-income,*

❑ *homeless people, people with mental illness, etc.*

OVERALL TIMELINE

Start-up: Jan-Jun 2017

Phase 1 Pilot: July 2017-Mar 2018

Phase 2 Pilot: Apr 2018 -2019

Scale-up, Sustainability Planning 2019-2020

Wrap-up & sustainability 2021

Alameda County Care Connect

Plan **BIG**

Start small...

... grow...

& sustain!