

10/28/24 CPAG Meeting 5 - Notes

Attendees:

<p>CPAG Members</p>	<ul style="list-style-type: none"> • Aaron Ortiz (La Familia) • Ana Rasquiza (RCD) • Andie Martinez Patterson (CHCN) • Aneeka Chaudhry (AC Health) • Dr. Chika Ugbaja (Great Expectations) • Colleen Chawla (AC Health, Co-Chair) • Donald Frazier (BOSS) • Jamie Almanza (BACS) • Jonathan Russell (AC Health) • Dr. Karyn Tribble (AC Health) 	<ul style="list-style-type: none"> • Dr. Kathleen Clanon (AC Health) • Keith Carson (BOS District 5, Co-Chair) • Leigh Ann Brenneke (delegate for Cristi Ritschel, SAHA) • Matthew Maddaus (BH Collaborative) • Matthew Woodruff (AAH, joined via Zoom) • Narges Dillon (Crisis Support Services) • Dr. Noha Aboelata (Roots) • Vanessa Davis (Kaiser Permanente)
<p>Other Participants</p>	<ul style="list-style-type: none"> • Amy Shrago (BOS District 5) • Elizabeth Taing (AC Health) • George Ayala (AC Health) • Jane Garcia (La Clinica) • Jeannette Rodriguez (AC Health) • Kerry Landry (Facilitator) • Kimia Pakdaman (AC Health via Zoom) • Lucy Kasdin (AC Health) 	<ul style="list-style-type: none"> • Michael Arnold (Facilitator) • Noah Gallo (AC Health) • Sequoia Hall (Roots) • Stacy Hill (AC Health) • Suzanne Warner (AC Health) • Toni Panetta (Alameda Health Consortium) • Vanessa Baker (AC Health)

Summary Notes

Agenda Item	Notes
Opening Remarks	<p>Supervisor Carson kicked off the meeting with the following remarks:</p> <ul style="list-style-type: none"> • Thank you to all CPAG members and staff who joined these CPAG meetings and actively participated. Throughout the course of this meeting, many of you met someone new and made connections to new organizations. We found through the course of these meetings that many of us are facing the same challenges and anxieties as we serve many of the same clients. This space has been important in identifying these commonalities. We will spend today working toward collective action on these points. <p>Director Colleen Chawla kicked off the meeting with the following remarks:</p> <ul style="list-style-type: none"> • Alameda County is often lifted up throughout the state for our ability to work across County agencies and safety net providers. I’m proud of this collaboration and look forward to our future efforts today.
Meeting Objectives	<ul style="list-style-type: none"> • During today’s meeting, we will: <ul style="list-style-type: none"> ○ Map system assets and connections. CPAG members will identify their strengths and areas that they need to leverage other organizations’ strengths. System map forthcoming ○ Identify shared priorities and actionable next steps. CPAG members will identify next steps and then prioritize which of these steps are most important to move forward with in the next 3-5 years. Actionable steps forthcoming



Visioning Word Cloud Activity

In 2-3 words: What does our ideal system look like in the next 3-5 years?

80 responses



CPAG Summary and Findings

- Origins of CPAG
 - We convened the Community Provider Advisory Group in order to coordinate around several large, and changing, state and federal mandates. We continue to see health disparities and want to work as a system to improve health outcomes.
- Context of CPAG Meetings
 - There are several areas where we’re seeing these large initiatives, including CalAIM, Homeless, Behavioral Health, and Community Health.
 - We knew that there were common priorities across these areas, including equitable access to care, addressing health with whole person care, and integrated service delivery, to name a few
- CPAG Charge
 - Our objectives as a group were to:
 - Develop shared understanding of evolving safety net policies and landscape



- Align cross-sector priorities to support health and wellbeing of our communities
- Identify system strengths and opportunities
- We had two deliverables
 - Guiding principles for CPAG meetings
 - System priorities to support planning and future investments
 - We are focusing on this last deliverable during the meeting today
- Meeting 1 Takeaways
 - Changing state/federal policies and reimbursement
 - Pushing the system to connect dots across organizations and sectors
 - Shifting provider, payer, and system influencer roles
 - Focus on shared communities and clients requires new ways of working together
 - An increasingly interconnected landscape brings opportunities and challenges
- Meeting 2: Community Health
 - Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP)
 - required for County Public Health
 - provide a data- and community-informed roadmap for improving population health
 - Medi-Cal Managed Care Plans implement Population Health Management (PHM) initiatives to ensure Medi-Cal members have access to comprehensive services
 - Public Health Department partnering closely with residents, community partners, and Alameda Alliance for Health and Kaiser on development of next CHNA/CHIP
 - HealthPAC
 - Long history of County providing critical safety net support
 - Ensures access to primary, specialty, ancillary, inpatient, and emergency care
 - Population ineligible for Medi-Cal is declining
 - Leveraged for quality care improvement and system transformations at FQHCs & AHS
- Meeting 3: Behavioral Health



- Transformative systems change underway, with significant operational impacts to County BH, MCPs, and providers
- BHSA/Prop 1: Includes SUD services; Prioritizes services for people with most severe illness, shifting away from prevention; and Expands focus on housing and homelessness
- Increased coordination across County and MCPs to support a continuum of care from mild/moderate to severe illness
- Holistic models—like BOSS’s Wellness Empowerment and Resiliency Campus— are critical for promoting health equity, but may not be connected to sustainable billing structures
- Meeting 4: Housing & Homelessness
 - AC Health’s Housing & Homelessness Services team (H&H, formerly OHCC):
 - Home Together Plan as roadmap
 - “Healthcareification” of homelessness through CalAIM and BHSA brings opportunity and challenges
 - Despite historic investments, inflow of people entering/returning to homelessness outpaces the number being housed
 - Disproportionate impacts on Black and Indigenous communities
 - Progress slowed by limited sources of ongoing funding
 - Provider panel discussion:
 - Partnerships have been helpful in reducing barriers, adding capacity, and coordinating care
 - Need better infrastructure to support partnerships
 - Need to leverage private philanthropy to incubate and innovate
 - Increasing number of funding streams adds overhead burden, delays, and operational/administrative hurdles
 - Leverage core competencies across agencies to strengthen system
- Recurring Discussion Themes
 - Health equity is at the center of all our discussions.

	<ul style="list-style-type: none"> ○ We heard the following elements multiple times as it relates to our ability to improve health equity: <ul style="list-style-type: none"> ▪ Access to care, coordinated service delivery, data exchange, optimizing funding and contracting, partnerships within and across sectors, and workforce ● Looking Ahead <ul style="list-style-type: none"> ○ Many upcoming milestones with several areas for engagement, including: <ul style="list-style-type: none"> ▪ June 2024 – May 2025: Community Health Improvement Plan (CHIP) implementation workgroups – sign up here ▪ 2025: Home Together Plan refresh ▪ 2025: Planning for CHIP ▪ Spring/Summer 2025: BHSA Community Programming Planning Process ▪ Summer 2025: CPAG check-in ▪ Ongoing: CalAIM Path Collaborative – learn more here
Brainstorming and Prioritizing Next Steps	Brainstorming and prioritizing next steps forthcoming.
Public Comment	<ul style="list-style-type: none"> ● No public comments
Closing and Next Steps	<p>Supervisor Carson provided the following closing remarks:</p> <ul style="list-style-type: none"> ● We are looking forward to referencing your work today to identify areas that will help us be responsive to the needs of the community. <p>Director Colleen Chawla provided the following closing remarks:</p> <ul style="list-style-type: none"> ● Thank you for coming together for identifying next steps. I heard from a couple people that we'd like to check in before summer 2025, so keep an eye out for follow-ups from this meeting.