Alameda County Community Provider Advisory Group

Meeting 5: Synthesis and Priorities

October 28, 2024

Alameda County Health

Agenda Overview

Welcome & Objectives for Today

Visioning

Mapping System Strengths & Gaps

CPAG Recap & Findings

Break

Brainstorming & Prioritizing Next Steps

Public Comment

Closing & Networking

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Today's Objectives

Map system assets and connections
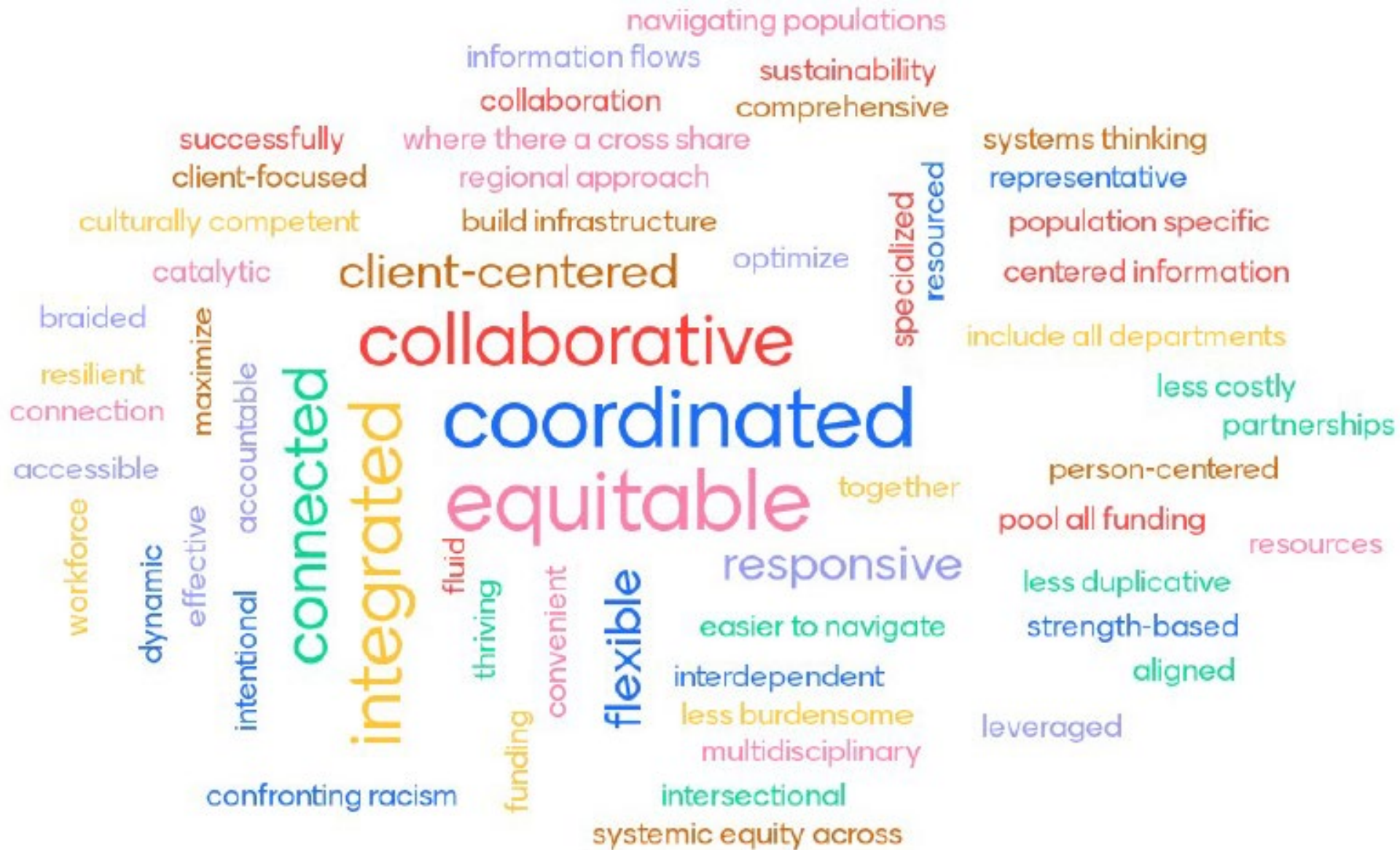
Identify shared priorities and actionable next steps

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

Join at menti.com | use code 3678 5451
or scan QR code

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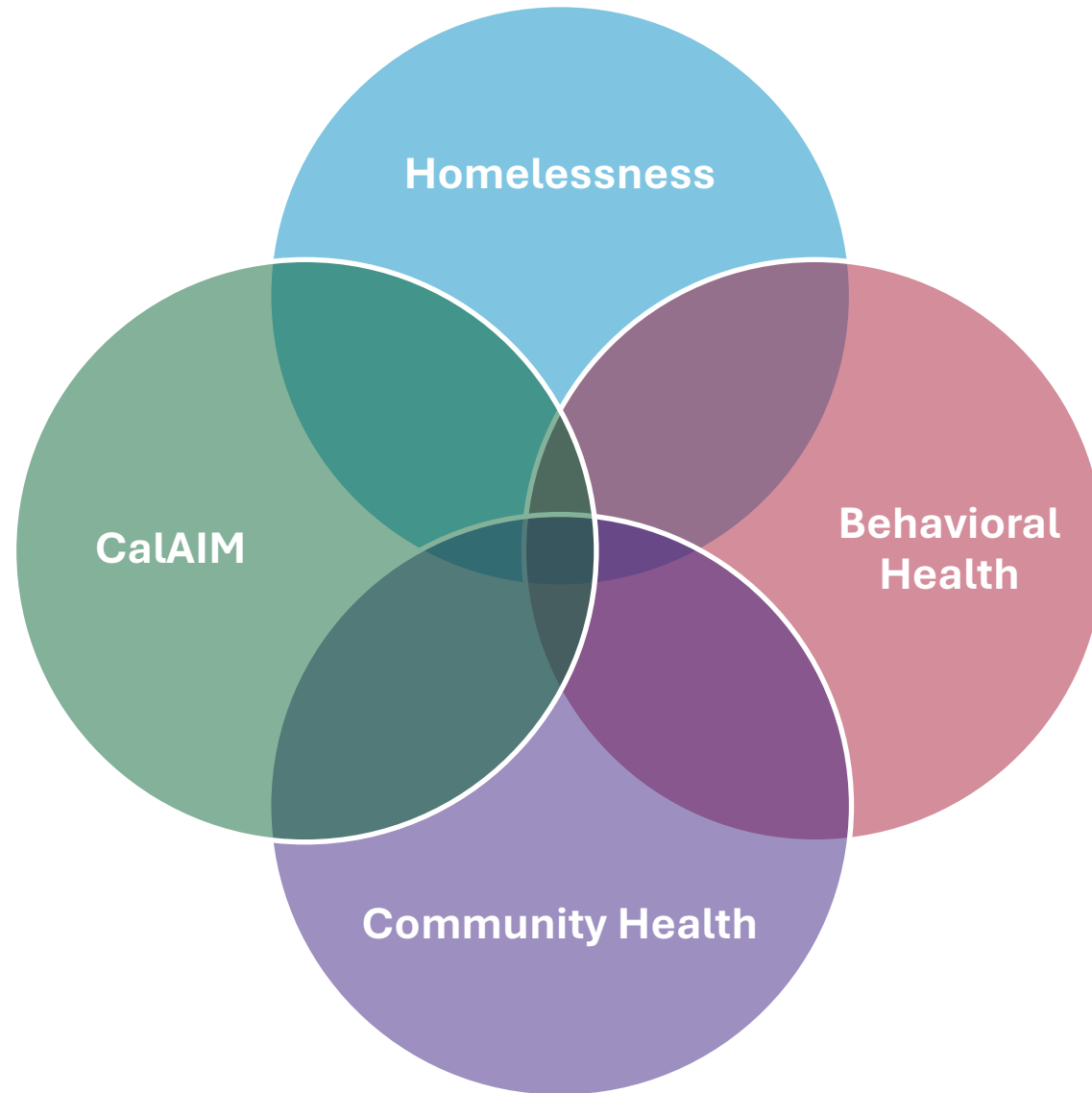
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CPAG Summary and Review

Origins of the CPAG

- Alameda County Health is implementing multiple large initiatives

- State mandates require more coordination, alongside significant shifts in funding and service delivery models

- Long-standing health disparities persist

- Improving health outcomes requires strategic collaboration across AC Health departments, community-based service providers, and other system partners

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Context across CPAG meetings

Venn diagram with four overlapping circles: Homelessness, Behavioral Health, Community Health, CalAIM

Cross-cutting priorities
- Equitable access to care and services
- Addressing physical, behavioral, and social health care needs
- Preventing and reducing homelessness
- Preventing and reducing justice involvement
- Integrated service delivery
- Supporting resilient communities
- Cross-systems coordination and data infrastructure

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CPAG Charge

- **Objectives**
  - 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

- **Deliverables**
  - Guiding principles for CPAG meetings
  - System priorities to support planning and future investments

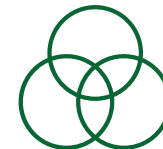*CPAG did not discuss program-specific funding to avoid future conflict of interest*

Guiding Principles
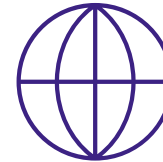
System perspective

Prioritize equitable access to care

Prioritize shared goals and coordination

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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**, including:
  - Increased collaboration improves access to care and continuity of care for clients
  - Collaboration is hindered by antiquated infrastructure and disjointed systems
  - Limited resources (people, time, money) to do increased work
  - Recruiting, training, and retaining workforce
  - Timely knowledge sharing and transparency while meeting tight implementation deadlines

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Meeting 2: Community Health

- CHNA and 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

- ACPHD 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

CHNA = Community Health Needs Assessment
CHIP = Community Health Improvement Plan

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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
  - Expands focus on housing and homelessness

- Increased coordination across County and MCPs to support a continuum of care from mild/moderate to severe illness

- Providers managing multiple paradigm shifts
  - Need focus on increased collaboration, data management, contract redesign, and expanding Medi-Cal

- 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

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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

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Recurring Discussion Themes

Health Equity

- Access to Care
- Coordinated Service Delivery
- Data Exchange
- Optimizing Funding & Contracting
- Partnerships Within & Across Sectors
- Workforce

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Looking ahead

⭐ = *engagement opportunity*

2024 Jul-Sep · **2024 Oct-Dec** · **2025 Jan-Mar** · **2025 Apr-Jun** · **2025 Jul-Sep** · **2025 Oct-Dec** · **2026**

Summer 2025: CPAG check-in

2025: Home Together Plan refresh

January 2026: PIT Count, Home Together Plan 2030

Summer 2024: BHSA bond applications for treatment sites open

Winter 2024 : BHSA bond applications for supportive housing open

Spring/Summer 2025: BHSA bond money awarded to cities, counties, tribal entities and other orgs

Jan - Mar 2025: BHSA Fiscal & Community Engagement Transition begins and First set of DHCS guidelines due

Spring/Summer 2025: BHSA Community Programming Planning Process

July 2026: 1st BHSA plan (FY26/27 – FY28/29)

June 2024 - May 2025: CHIP Implementation Workgroup develops priorities for CY 25-27 CHIP

Dec 2024 - Dec 2025: Population Health Management – MCP and CHIP alignment

Jan 2026: 3-yr CHIP (CY 25-28)

2024: Complete CHNA for 2025-2028

2025: Plan for 2025-2027 CHIP

Ongoing: CalAIM PATH Collaborative

Discussion

Break – 10 minutes

We will be back at 1:57pm

Brainstorming Next Steps

We will be back on the zoom webinar at 3:10pm

- For your topic, identify:
  - **Challenge**: a current challenge that is important to address
  - **Actionable step**: a next step that can be taken to address the challenge
  - **Who**: who should be involved

Poster Board Topics
Access to Care
Coordinated Service Delivery
Data Exchange Capacity & Needs
Optimizing Funding & Contracting
Partnership Within & Across Sectors
Workforce Challenges

Utilize the handout for specific challenges, if needed

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Gallery Walk and Voting for Next Steps

Rank your top actionable steps across all the topic areas
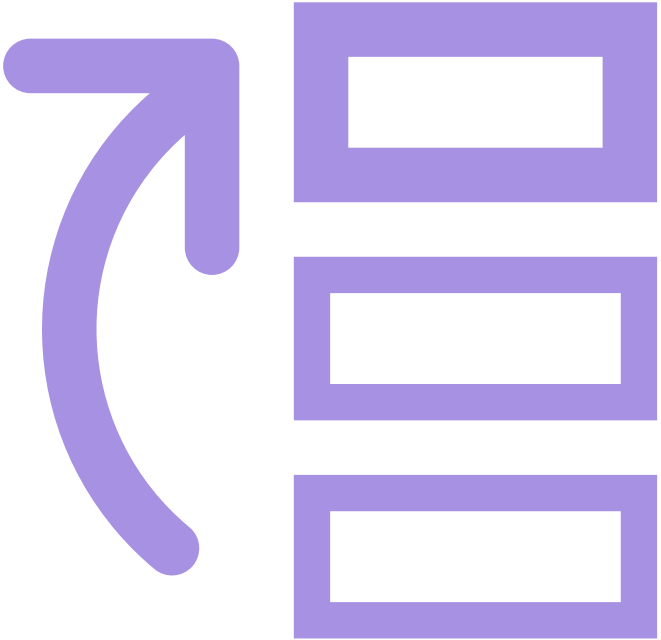
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Discussion
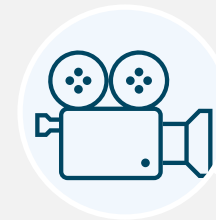
Closing Remarks

Connect with each other!

Using the Strengths and Gaps Map, connect with 1-2 organizations that have a strength you need (or vice versa)

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