

8/19/24 CPAG Meeting Notes

Attendees:

CPAG Members

- Noha Aboelata (Roots)
- Jamie Almanza (BACS)
- Dr. George Ayala (Delegate for Kimi Watkins-Tartt, AC Health)
- Keith Carson (BOS District 5, Co-Chair)
- Aneeka Chaudhry (AC Health)
- Colleen Chawla (AC Health, Co-Chair)
- Aiyana Knowles (Delegate for Aaron Ortiz, La Familia)
- Ana Rasquiza (RCD)
- Andie Martinez Patterson (CHCN)
- Cristi Ritschel (SAHA)
- Donald Frazier (BOSS)
- Dr. Chika Ugbaja (Great Expectations)
- Dr. Donna Carey (Alameda Alliance)
- Dr. Karyn Tribble (AC Health)
- Dr. Kathleen Clanon (AC Health)
- James Jackson (AHS)
- Jonathan Russell (AC Health)
- Kathy Young (TriValley NonProfit Alliance)
- Lisa Ryan (CalPEP)
- Matthew Maddaus (BH Collaborative)
- Narges Dillon (Crisis Support Services)
- Vaness Davis (Kaiser Permanente)

Other Participants

- Amy Shrago (BOS District 5)
- Brian Godwin (AC Health, joined via Zoom)
- Carolina Guzman (AC Health)
- Danice Cook (AC Health)
- Daniel Johnson (joined via Zoom)
- Elizabeth Taing (AC Health)
- Evette Brandon (AC Health)
- Fred Dillon (joined via Zoom)
- Jeannette Rodriguez (AC Health)
- Kerry Landry (Facilitator)
- Kimia Pakdaman (AC Health)
- Kristel Acacio (AC Health, joined via Zoom)
- Liz Perez-Howe (joined via Zoom)



Alameda County Health

- Lloyd Nadal (joined via Zoom)
- Lucy Kasdin (AC Health)
- Michael Arnold (Facilitator)
- Noah Gallo (AC Health, joined via Zoom)
- Ronald Browder (AC Health, joined via Zoom)
- Serena Chen (joined via Zoom)
- Stacy Hill (AC Health)
- Tangerine Brigham (AHS)
- Toni Panetta (Alameda Health Consortium)
- Vanessa Baker (AC Health)

Summary Notes

Opening Remarks

- **Supervisor Carson** noted that there's anxiety across local systems about upcoming changes at the state and federal levels.
 - CPAG meetings can be used as working sessions that help to mitigate that anxiety, as the group thinks through ways our system can best respond to the changing landscape.
- **Director Chawla** noted that AC Health has been working on coordination across departments and programs.
 - CPAG member perspectives, as behavioral health, homelessness, and community services providers, are important, and Alameda County Health is leaning on this group to help inform and support coordination.
 - Today's meeting takes a broad view of community health, using the Community Health Improvement Plan (CHIP), Population Health Management (PHM), and Health Program of Alameda County (HealthPAC) as examples.
 - The group won't have all the answers today but will take an important a step toward common understanding and connecting dots across sectors.

Community Health Improvement Plan (CHIP)

- Presented by **Dr. George Ayala, Evette Brandon, and Carolina Guzman from the AC Health Public Health Department (ACPHD)**
- Community Health Definition: Ensuring security in the social determinants of health, such as economic opportunity, housing, environment, education, food, safe neighborhoods, and transportation.
- Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) are required activities for ACPHD.
 - CHNA: Takes a comprehensive look at the health of Alameda County residents by studying a combination of social determinants of health and specific health outcomes of individuals, neighborhoods, and populations.
 - Link to [2022 – 2025 CHNA](#)
 - CHIP: An action-oriented plan that addresses the most significant health issues identified through an extensive assessment of socio-economic and health status data



Alameda County Health

- Historical CHNA/CHIP partnership across ACPHD and local non-profit hospitals has expanded as result of CalAIM
- ACPHD now partnering with Medi-Cal managed care plans (Alameda Alliance for Health, and Kaiser)
- Link to [2023 – 2025 CHIP](#)
- 2023 – 2205 priority areas and programs identified through a multi-stakeholder and community-informed process
 1. Access to care (Programs: sexual & reproductive health, WIC, immunizations, EmbraceHer)
 2. Promote economic security and opportunities (Programs: WIC, EmbraceHer)
 3. Peaceful communities and families (Programs: Office of Violence Prevention, Public Health Front Door)
- How to get involved with the CHIP:
 - CHIP Community Advisory Board: Launching in 2025, recruitment will begin Fall 2024
 - CHNA Focus Group Participant/CBO Nominations – submit [this form](#)
 - CHIP Workgroup Participation – submit [this form](#)

Population Health Management (PHM)

- Presented by **Dr. Donna Carey**
- Population Health Management (PHM) establishes a cohesive, statewide approach that ensures Medi-Cal members have access to a comprehensive program that leads to longer, healthier, and happier lives, improved health outcomes, and health equity.
- Medi-Cal Managed Care Plans (MCPs) are required to:
 - Gather, share, and assess timely and accurate data on member preferences and needs to identify efficient and effective opportunities for intervention through data-driven risk stratification processes, predictive analytics, identification of gaps in care, and standardized assessment processes.
 - Focus on upstream approaches that link to public health and social services and support members staying healthy through wellness and prevention services.
 - Provide care management, care coordination, and care transitions across delivery systems, settings, and life circumstances.
 - Identify and mitigate social drivers of health to reduce disparities.
- Per CalAIM, MCPs must work with the local health department on their Community Health Improvement Plan. Kaiser and Alameda Alliance for Health have been meeting with the AC Health Public Health Department for a year discussing coordination and collaboration.
- **Vanessa Davis** (Kaiser): This process has been a learning journey for Managed Care Plans, since this is the first time we've been required to partner with the Public Health Department. Ultimately, we are looking to leverage our assets (data, funding, etc.) to work toward advancing health equity in Alameda County

Health Program of Alameda County (HealthPAC)

- Presented by **Danice Cook**



Alameda County Health

- HealthPAC is not insurance, however it provides comprehensive health care services, mirroring the Medi-Cal scope of services, to low-income adults between 138% - 200% Federal Poverty Level and who are ineligible for Medi-Cal, Medicare, and Covered California
- Funding structure
 - Approximately \$66 million annual investment, that is generally split into 65% for Health Care Access Grants and 35% System Improvement Incentives. This second category can benefit the whole system, not just HealthPAC enrollees.
 - Example improvements funded by HealthPAC: cancer screenings, integration with behavioral health Father Corps, and Recipe4Health
- Over the last decade, HealthPAC enrollment has decreased due to expansion of Medi-Cal.
- COVID-19 and CalAIM highlight shifting priorities and responsibilities within the County.

HealthPAC and Alameda Health Consortium

- Presented by **Andie Martinez Patterson**
- Community Health Center Network (CHCN)'s Federally-Qualified Health Centers (FQHCs) serve approximately 45% of Alameda Alliance for Health's Medi-Cal population. There are 106 access points in the County, and clinics provide medical, dental, and behavioral health services.
- The Alameda Health Consortium coordinates all programs across the FQHCs, including Medi-Cal and CalFresh outreach and enrollment, HIV access, workforce development, and advocacy.
- HealthPAC has been essential for community health centers' ability to provide quality care and to drive system transformations.
- Successes include: offsetting costs of care for uninsured, HEP C treatment, treating opioid dependence, care after hospital discharge, and COVID vaccines, among many other successes
- Looking into the future: Focus on connections (e.g. utilizing CHWs and navigators), align goals and measures across MCPs, Public Health Department, and CHCN, and provide stable funding for primary care and prevention.

HealthPAC and Alameda Health System

- Presented by **Tangerine Brigham**
- Alameda Health System (AHS) is part of the larger health care eco-system in the county, with a core role as a safety net health care provider for health, dental, mental, and substance use services.
- AHS has used HealthPAC to provide preventative and primary care to participants and ensure access to specialty, ancillary, inpatient, and emergency department services.
- HealthPAC has also enabled overall system improvements, such as increased blood pressure and HIV screening, and increasing opioid treatments.
- Areas of future coordination for the system: workforce development, access to care, addressing social determinants of health, and coordinating care between providers.

Public Comment

- Fred Dillon: Really great meeting. Will these materials be shared after this meeting?
 - Yes, all materials are posted on <https://health.alamedacountyca.gov/community-provider-advisory-group/>.



Closing and Next Steps

- **Supervisor Carson** remarked that this has been a unique opportunity to learn from each other, share our internal priorities, and see where these may align with each other.
- The openness and transparency in these discussions is indicative of the unique collaboration that happens in Alameda County, across County departments, CBOs, and hospitals.
- Three key takeaways from today's meeting are around the theme of alignment:
 - Sharing strategic plans--how many of you have been able to cross share strategic plans with colleagues across sectors?
 - Aligning goals--how many of you have been able to overlay goals across systems?
 - Aligned measures: how many of you have had the opportunity to do that?
- This is the opportunity to do this.
- Thank you for the work that each of you do every day.

Themes from Participant Worksheets

- Participants submitted notes on a worksheet asking them to list challenges, pain points, opportunities, and assets related to the presentations. Themes from these worksheets included:
- Challenges and Pain Points
 - Ongoing silos across sectors (thinking, funding, etc.)
 - Lack of shared data and language across systems (standardization)
 - Workforce concerns (burnout, competitive salaries, retention, career ladders)
 - Access to care (lack of awareness, limited workforce capacity, Medi-Cal enrollment, etc.)
 - Organizational infrastructure needs (funding, data/reporting, Medi-Cal billing, quality improvement, etc.)
- Opportunities and Assets
 - Aligning assessments, goals, strategies, etc. across sectors
 - Leveraging CHWs and doulas
 - Focusing on integration (Behavioral health and primary care, mental health and urgent care, school sites, etc.) and training across sectors
 - Leverage mobile and telehealth services