pathways to HEALTH HOME

Steering Committee Meeting Notes

Date & Time: March 1, 2018, 1:00-2:30 pm
Location: Room 1119, Sacramento City Hall
915 I Street Sacramento, CA 95814

Committee Members in Attendance

- Joil Xiong, Sacramento Covered
- Jodi Nerell, Sacramento Covered
- Kelly Bennett, Sacramento Covered
- John Foley, Sacramento Self-Help Housing
- Ryan Loofbourrow, Sacramento Steps Forward
- Nick Lee, Sacramento Steps Forward
- Emily Halcon, City of Sacramento
- Kevin Kandalaft, United Healthcare
- Dr. Porteus, WellSpace Health
- Holly Harper, Sutter Health
- Captain Martin Ross, Salvation Army
- Ane Watts, Anthem Blue Cross
- Effie Ruggles, RCMG
- Ben Avey, Sacramento Steps Forward
- Ashley Brand, Dignity Health
- Kristine Gual, SNAHC
- Erin Johansen, TLCS, Inc
- Sandra Poole, Molina Health
- Susan Hamlin, Volunteers of America
- Heather Bates, Transform Health
- Ané Watts, Anthem Blue Cross

Committee Members on the Phone

- Cathy Lumb-Edwards, Kasier Permanente
- Hazaiah Williams, Elica Health Center
- Blanca Martinez, Molina Health
- Britta Guerro, SNAHC
- Laura Niznik Willams, UCD Health
- Abbie Totten, Health Net
- Danielle Cannarozzi, Liberty Dental
- Gabriel Kendall, 211 Sacramento
- Krishna Permaul, Health Net

2k by 2020

- Greg Stone, Peach Tree Health
- Dr. Miguel Suarez, HALO

Support Team in Attendance

- Lisa Chan Sawin, Project Lead
- John Freeman, Project Manager
- Karen Linkins, Service Delivery Team Lead
- Mark Elson, IT Team Lead
- Alex Horowitz, IT Team
- Jean Paul Buchanan, Communications Lead
- Margaux McFetridge, Communications Manager
- Alexis Sabor, Project Coordinator

Committee Business

- Meeting Frequency
    - Ashley Brand: Not in favor of monthly meetings, but think there is value of staying until June or July.
    - Sandra agrees, would like to alternate between in-person and phone
    - Ryan frequency is fine, with phone engagement and interaction gets lost
    - Blanca with Molina, agree with Ashley and Sandra
    - Holly Parker - calling is better and we fully support that
    - LCS – Let's revaluate monthly frequency during summer, for now let's keep it the same
- Consumer Rep Nomination Process
    - Talked about this at the last meeting
    - Sending out a form to everyone next week for nominations
        - Following week we will collect and review
        - Week after that we do interviews and then we will pick our representative
    - Qualifications: Lived experience of homelessness, demonstrated interest in helping address policies in Sacramento, cannot be current employee or clients
        - We will include expectations for you to share with nominees
    - Thoughts?
        - SSF – just did this for us so we can pass that learned knowledge along
        - This will help us on the ground to improve services
    - Excited to bring on consumer rep! We want to make sure people are heard.

Program Updates

- Service Delivery
    - Updated Dashboard Numbers
        - Total of 343 enrolled right now.
        - Focus in the past few months has been doing care planning with the enrollees, so enrollments has been slowing down
        - Anthem has the most enrollees of the plans
        - Referral sources — majority coming from IMPACT

- Age – still skewing towards older populations
    - Captain Martin Ross: Why is the particular age group is skewing towards a particular group?
    - People with fixed incomes are being pushed out of their rentals due to the housing crisis
    - EH: 118 of these folks are shelter guests, took a report to Council, over 50% of people at the shelter are above 50 years, most have self-report disabilities. We even have a 90 year old. We are targeting elderly sick folks better than we have.
- Jodi: Uninsured/Other dropping — deployed additional resources to getting individuals' insurance sorted out
    - Martin Ross: more people ae getting insured and that's why its dropping?
        - Yes! The total number of people are getting connected to insurance, which is why the insurance % is dropping.
- Biggest Obstacle: People need to be assisted with IDs, etc. to get insurance. Part of the problem is people need IDs and other documentation to apply for medi-cal and that can take a month but then after that we get them enrolled in 48 hours.
- AT: Have you dug into what PCPs are being assigned? Be interesting to see that detail
    - KL: Yes, Sac Covered is analyzing that, looking at the assignments of folks, but not all are going to the FQs that are current partners.
    - LCS: We are tracking this, have a new cut of that data that we can share next month at this meeting.
    - RL: There are other outreach efforts going on in Sac, SSHH, SSF, and TLCS. Be willing and anxious to share what we have.

- Referral Rollout Timeline
    - Earlier in 2017 we were very focused on referral orgs
    - AB: Dignity scheduling a meeting with SW to explore what it could look like, and whether a person can come out in real-time.
    - JN: Blanca with Molina – identifying shared beneficiaries and how to identify their participation in the complex care management (CCM). Molina had 60 folks, we prioritized 21 of the 61 who scored level 4 in acuity.
        - Molina will provide HEDIS alerts and work with our CHWs, meeting this week to discuss to start piloting the referral form to receive referrals from TOC staff in the hospitals.
- Update on Transition from EE to Full Launch
    - Actively transitioning

        - Finalizing the Shared Care Plan - one thing we realized was having a separate Participant Profile and Shared Care Plan. Learned from WellSpace and Elica that it makes sense to have one plan
            - SD has a meeting tomorrow to talk this through
        - Developing policies and procedures on defining and refining the partners (referral partners, partners, eligibility and enrollment). Actively working on developing those flows.
        - We need to share with DHCS the results of PDSAs
        - Training for full launch – integral to learning community approach
- IT
    - DSA/BAA Status
        - Thank you for feedback on DSA – we took it to the city and tried to incorporate as much of your feedback as we can. We have sent the final and we hope to get them all back soon so we can get them through the city.
        - IPA's are contingent on getting the DSA in.
    - Preparations for Full Launch
        - We had a good meeting yesterday with the Hub entities and we focused on clinical data sharing and spoke about their role in the care management process
            - SD has a meeting tomorrow to talk this through
        - A lot of work with Sac Covered to get Salesforce into Shared Care Plans, and working with them to evaluate long-term vendors
            - Key partners will have reading access and write access to enter data
        - SSF – align HMIS with their picture
        - Lisa – want to be careful to share data with Housing. It is important to keep them in the loop in a way that meets everyone's needs
        -
- Operations
    - RFQ Process – wrapping up contract negotiations over the next week
    - Going to city council on March 20th
    - Also going to be diving into readiness review shortly

Partner Spotlight: SPD IMPACT Team – Sergeant Galliano

- PD formed this department four years ago as the homeless crisis increased
    - Community was not in support of the punitive approach, revolving door
- Even though we are police officers, we try to be collaborative with everyone in our community.
    - Work with the VA - thanks to Captain Ross and Salvation Army got 18 people off the streets.
- I'm the Sergeant in charge of the program and I have six officers assigned to partner coordination with different partners.
    - We had 4/10 coverage and outreach efforts were hampered by the gap in time
    - Now we have an overtime team made up of one Sergeant and 3 OT Officers

    - Being Out in the field seven days a week allows us to respond to partners request more frequently
- Officers collect data - it's really basic and we do it by hand
    - Average 39k calls per year related to homelessness, 10% of all calls
    - Many crimes are only committed because individuals are experiencing homelessness
- We found there was a large system already in place but we were siloed so we weren't sharing information and were not receiving
    - We ended up sued and started more ethical practices - Courts say our new approach is a much more ethical way to proceed
    - Our culture thought people were homeless because they wanted to be; we found when we engaged with the population that there were barriers
    - Once our goals were solidified, we developed a Compassionate Policing approach – officer's right to discretion and to divert the person away
    - Collaborative outreach for us is having someone to divert the person to
- Everything we respond to is a complaint from our community, once they receive the complaint, they determine barriers to finding their way out of homelessness, work with partners to remove those barriers, then co-deploy is the only way to operate.
    - We learned quickly that handing someone a card doesn't work.
    - So first we implement short-term solutions until longer term solutions.
    - Then feedback – I share what's working, what's not, how we are working with partners, etc.
    - Once Pathways came, before it was incumbent on the officer to decide which service provider to reach out. Now we refer individuals to Sac Covered and they do that assessment as it's hard for us to communicate with the health care systems
- Now we are trying to collect better data and be more transparent with our data. The more we became involved, the more people wanted to know what we were up to.
    - Data is posted every month on our website
    - For the most part is that IMPACT responds through 311 system; community is trained to treat it like a crisis.
    - Very much on the side of outreach. As an agency for the month of December, only 8 calls result in illegal camping enforcement – use it rarely as a tool for response
- Service refusal stat – this how often people refuse services
    - most people who refuse don't want to give up what they have to access a service
        - Kevin: Is there a feedback loop to incorporate that into program design, to bring that number down?
        - GG: We don't get into the weeds because don't have a data-tracking system.
        - Dr. P: Bold statement about low-barrier
        - GG: We conducted a super-user study, took 20 individuals who were super users, only one individual who said they were uncomfortable accessing services.

        - EJ: people are looking for housing, and if you are offering something other than housing, you often get that refusal.
        - GG: Yes, that is definitely a testament to the issues we are facing. Even in our housing system there are still barriers, e.g. like PSH in group living.
        - On Phone: Why are people refusing services? Animals, etc.
        - GG: All of the above, the whys are unique.
        - GG: We do a substantial amount of abatement. We only throw away as what individuals tell us is trash.
- Dr. P: People in North Sac are saying the IMPACT Team is bringing in other people. We as a group need to step up and support you.
    - GG: We've heard that criticism when we opened the shelter and that our policing style has increased homelessness in the Parkway. There is an "If You Build It They Will Come" mentality.
        - We do not engage in any type of moving activity. My mentality is if we do that, then we have two unhappy neighborhoods. As we do any type of abatement or assertive outreach, we don't ask people to move, ask them to be good neighbors until they access housing.
        - RL: there is research going on now with test sites, adjacent site, and a control site. Data is showing decrease in test sites, enforcement is what is driving displacement and increasing homelessness. Doing tremendous work.
- AB: How do you determine which officers go out, and how do you train fellow officers across the department
    - GG: We respond to 311 requests; other half of the calls are not 311 requests. We try to recraft areas, can't do that with W/X corridor (CalTrans won't allow it).
    - I trained individuals throughout the organization – we have a 220 people patrol force, 50-60 Reserve Officers that have been through our training and 10 additional officers.
    - All Peace Officers goes through 40 hours of training and have a block in there.
- Don't have access to service providers to call - waiting for Pathways to build us the services to call.

Full Launch Approach

- Two levels of goals:
    - Participant experience
    - Collective community care coordination across organizations
        - Requires co-management of enrollees
        - IDT is constituted by the strengths of orgs, leverage and coordinate assets and capacities
        - This is about QI, improving the model - it will change and what it will look like in a few years will be different. Need to invest in what works.
- Our approach - Four Phases:
    - Two core functions across organizations:

        - Client-level: CHWs, high-touch services, accompanying to appointments
        - System-level: Care coordination across organizations (Hub)
    - Outreach & Enrollment:
        - Outreach through identification/referral pathways
        - Eligibility verification and enrollment
    - Activation & Coordination:
        - Connection to behavioral health, health, and social services
        - Housing services
        - Care coordination
        - "Whatever it Takes"
    - Stabilization:
        - Less intensive (frequency & duration) care coordination/services supports
    - Graduation:
        - Achieves stability, obtained benefits, ability to self-management
- Hub is where the system-level care coordination lives - licensed individual manages the Shared Care Plan and coordinates with these entities
    - In this model, the Sac Covered E&E is providing the data backbone support.
    - RL: Are the pathways hubs keeping track of the caseloads and tracking the client?
        - KL: Yes, in coordination with the other entities, right now our N is small. They are the heart of it.
    - Kevin: Where do the MCOs come in?
        - KL: MCOs are articulating with the FQs and Sac Covered and build capacity to coordinate with the CCM. We see MCO CCMs as an active partner; critical in being able to step down.
    - AB: The other element that there is not clarity on, who is our first point of contact? I still have not heard that everyone has bought into that Pathways is the first point of contact.
        - KL: For now, the contact would be through Sac Covered, since they are maintaining the data.
        - AB: If we are educating our care coordination if a sub-set are going to be through other organizations; we need to sit down and work through the workflows.
        - LCS: Hubs will have the responsibility to work with other providers. Our goal is that the individual is always fully engaged with the CHWs. Alert function will be critical.
    - Captain Ross: One question and one request. Could there be an acronym sheet?
        - Yes! We will send something out!
    - Who fits in the Hub?
        - KL: Right now they include WellSpace, Elica, SNAHC
        - LCS: Hubs are centered in primary care – health care
- Housing entities will provide housing services; as a community, we want to build housing capacity. Mayor and City are doing a lot around the housing pieces.

    - JF: It's been confusing that we can't use the money for housing and told that we can't use it for a critical piece like having a number for landlords to call.
        - LCS: CMS does not allow us to use the money for housing. In terms of actual housing we have to work with what we have in the community.
        - EH: RFI from SHRA looking for partners to build tiny homes.
        - EH: $20m is the Mayor's aspirations to do a public/private campaign for housing development – competing interests for shelter, housing subsidies. State legislature is considering $1.5 billion
            - Understand housing access is critical and we welcome your feedback.
        - LCS: Our goal is that this population has services and supports and stabilized and ready to go into housing when it comes on
- Outreach piece – a number of organizations responded to the RFQ.
    - We are looking at varying types.
- LCS: We'll come back to the Learning Community and Communication Strategy next month