

Steering Committee Meeting Notes

Date & Time: April 5, 2018, 1:00-2:30 pm
Location: Room 1119, Sacramento City Hall
915 I Street Sacramento, CA 95814

Committee Members in Attendance

- Susan Hamlin, Volunteers of America
- Joil Xiong, Sacramento Covered
- Kelly Bennett, Sacramento Covered
- Jodi Nerell, Sacramento Covered
- Beau Henneman, Anthem Blue Cross
- Debby Grite, Anthem Blue Cross
- Hazaiah Williams, Elica Health Centers
- Sandra Poole, Molina Healthcare
- Ryan Loofbourrow, Sacramento Steps Forward
- Ben Avey, Sacramento Steps Forward
- Kristine Gual, Sacramento Native American Health Center
- Emily Halcon, City of Sacramento
- Janice Milligan, River City Medical Group
- Gabriel Kendall, 211
- Cathy Lumb-Edwards, Kaiser Permanente
- John Foley, Sacramento Self Help Housing
- Lauren Nizink Williams, UC Davis Health
- Reina Hudson, United Healthcare
- Jonathan Porteus, Wellspace Health
- Jennifer Ablog, Kaiser Permanente
- Sarah O'Daniel, Sacramento Housing Redevelopment Agency
- Giselle Castro, Access Dental
- Greg Stone, Peach Tree Health
- Amani Swaries-Rapaski, Volunteers of America
- Nick Lee, Sacramento Steps Forward
- Martin Ross, Salvation Army
- Liza Kirkland, Dignity Health

Support Team in Attendance

- Lisa Chan-Sawin, Project Lead
- Karen Linkins, Service Delivery Lead

- Mark Elson, IT Lead
- Alex Horowitz, IT Team
- Jean-Paul Buchannan, Communications Lead
- Margaux McFetridge, Communications Manager
- Jessica Kendall, Communications Team
- John Freeman, Project Manager
- Alexis Sabor, Project Coordinator
- Heather Bates, Chief Operating Officer, Transform Health

Committee Business

- Consumer Nomination Update (Margaux McFetridge)
 - Received 3 nominations
 - One from Elica, one from NAMI and one from WellSpace
 - Two have lived experience of homelessness, and one is currently homeless
 - We are now moving forward with interviews
 - Sharing info on this at the next meeting

Program Updates

- Service Delivery (Karen Linkins)
 - Had a Service Delivery Committee meeting two weeks ago and we covered: dashboard data, operationalizing the 4 phases of pathways, co-management across organization, the Shared Care Plan and training needs of our partners.
 - Talked about low or no cost training resources and got a nice list of suggestion from folks, will prioritize initial trainings and ones that will be implemented down the road
 - Program is evidence-based, but also innovative and we're developing and evolving and want to document that and share that with the community
 - Dashboard
 - Continue to be on track with numbers. During EE, it is a bit of an artificial period because it is not the full program, just pieces. The dashboard only tracks Sac Covered and outreach but with the addition of the Hub the dashboard will change.
 - Housing Disposition – averaging about 11% of enrollees housed since November. Goes up 3% every week. We have people going into various settings, so this is good. We have seven people moving into housing over the weekend.
 - John Foley - One of the great things the program provided is money. Landlords respond to having money for application fees or a down payment. The resources made available have been a huge piece of this.

Most of these people have rooms versus housing so we have to make sure that they have on-going support, so we can keep them housed.

- Emily Halcon – hearing this allows us to find more money. We can't pay ongoing rent fees, but we can do one-time things. We are looking for more flexible dollars, so it is really good to hear that this small amount is making a difference.

○ Questions?

- Beau Henneman - In terms of vouchers and long-term subsidies, how many who have been housed are going through that process?
 - John Foley responded that four enrollees were housed with vouchers, 10 waiting for vouchers. Primarily we are not looking at the voucher. We have 12-15 people with vouchers but it is not very widespread; No one moved in with a new voucher, but we are very excited to work with SHRA. We are weeks away from tapping into more vouchers, so we soon seen these numbers tick up.
 - Emily Halcon – Want to give recognition to SHRA. City and County as they reallocated turnover vouchers for this population and held a training on how to process a voucher. Will see those numbers go up because of the commitment to targeting that population.
 - Jodi Nerell- The work being done at the winter shelter with Social Security and VOA is also something to be recognized because they are doing a lot to get people at the winter shelter on their feet and they have a huge role in getting people into pathways.

○ Referral Rollout Status

- Both Dignity and Molina have started doing more organized referrals. We now have 10 referrals from Dignity through ED and inpatient care.
- Jodi Nerell - Received equal amount of ED and inpatient referrals from Mercy (Dignity). Social workers fill out the referral form extremely accurately, let us know how to identify people. Been able to engage the folks that have been referred. Doing a debrief next week with the social work team. Get folks before they are referred to ICP and shelters and nice to get them linked in that time.
- Piloting 20 referrals from the Molina health plan, sometimes you get a referral right when they hit Mercy (Dignity).
 - Karen Linkins - Still have to work out arrangements with the hospitals and health plans but this was a good test for us.
 - Ross – had the first referral from Salvation Army and without this meeting we would have missed her so I think that's what the program should be about. She is now in the system and getting the help she needs.

- IT – Mark Elson

- We are about to submit our first annual report to DHCS on our universal variant metrics. Thank you everyone for working hard on DSAs and getting other data to Sac Covered.
- Focusing on the Shared Care Plan functionality which is essential for care coordination.
- Working on readiness training regarding SCP and tracking data.
- Also connecting with HUBs to share clinical data across hospitals
- Connecting hospitals through the use of the national network and EHRs to access data.
- 25 partner organizations have turned in DSAs! This is a huge help for sharing clinical and enrollment data.

Communications & Media Strategy

- JP – We want you to see us as a resource for you. We understand some may be more comfortable already with media than others. We have to be on top of stories before they happen, and we have to share our success stories. The other piece is being prepared for tough questions. We have protocol that we all need to follow. Those things are:
 - Respond to press right away and get all the information on what they are looking for (deadline, topic, etc). Let them know someone will be in contact soon.
 - Then you need to contact the communications team. We can direct the media to the right source. That’s the Pathways comms team are here. We can communicate with you and the reporter and make sure you are well informed.
 - We want you to focus on implementation not getting caught up in responding to the media.
- Jessica – We really want to make this as easy as possible. How do we communicate our work to the public in a way they understand? We are so close to the program that we have to our knowledge so that the average person can get it.
 - Did a handful of trainings to get EE partners ready. Hope to continue trainings through full launch so you all feel comfortable.
 - We want to stay on message because that’s important for the overall narrative and staying in people’s brain. But trainings are also about helping you get comfortable with silence, answering the question on your terms.
 - 3 types of training offered to date – Intro to Media Training, Extended Media Training, Storybanking.
 - Give us feedback. We are here for you. You are in charge of this narrative.
- Margaux - We will also be providing boilerplate language to share internally so that you can explain the program
 - Dignity - We want this! Handful of talking points would be great sooner rather than later so we can prep our own teams
 - Lisa - This is coming!
- Questions?
 - Kelly – requests talking points for us to use as there are a lot of expectations around the program and the City’s homeless problem in general, so we want to be armed with those clarifying talking points.

- Emily – It’s not expected for you all to talk about initiatives outside of WPC. We agree that we need to be clearer on what WPC is and we are in the process of bringing light to all of our projects.
- Margaux – Also working towards a monthly communications meeting but that’s to be discussed
- Ross – proposing we do media training for all types of media but also some sort of press conference to lay out everything. We know how it feels to be on the front page during a crisis and we don’t want certain organizations getting heat.
 - Jessica - EE partners are the only people who have been trained but we are expanding this.
 - Ross - Have you contacted news and other media about what Pathways is? They need to be informed so they aren’t reporting false info.
 - Margaux - City and Pathways team has been working with Media but we are still in early engagement. Once we are in full launch our service partners will be included on these trainings. City is getting media requests.
 - Porteus – agree that there is a need for coordination. Not sure we need to preemptively prepare the media as there is more to homelessness than Pathways so we can’t speak for that. We need to own also that we care for sick people. Concerned about people reaching out to the media without discussing it. Seems like there’s more interest in saying something than grounding it in reality. An opportunity to be highlighted instead of critiqued.

Partner Spotlight:

Sacramento Steps Forward

- Ryan - Quick note: I participated in the team training and found it very fulfilling! It was good practice and good to say what we think the program is out loud.
- Sacramento Steps Forward is a 5013c working to end homelessness.
- In 2009, a committee was founded in response to a national media story. In 2011, County decided to not continue contract as CoC, so we became Sacramento Steps Forward.
- Intent – establish and implement private and public multi-jurisdictional policies and priorities, manage continuum of care, grant management, fund development, data collection and evaluation, community outreach.
 - Data collection – in hindsight would have started that work earlier
- Core Functions:
 - HEARTH grant
 - HUD Contract
 - Coordinated Entry
 - Homeless outreach / navigation
 - Other partners do it – TLCS, SSHH, VOA
- Housing Services Spectrum – work with literally homeless, do not refer into shelter systems or fund shelters, but partner with them

- Do assisted resolution – light touch to get folks housed
- In 2014 looked at the 10 year plan:
 - Looked at the homeless
 - Outreach
 - Acknowledged that people need a place to call
 - Working with 211 to call-in and get houses and resources to retain housing
 - Working on creating designated points of entry, HUD requirement that is unfunded
 - 3 locations, 11 assessments per week
 - Pilot stage, being built out
- PBID work – 2014 adopted the outreach model that focused on connecting folks to subsidized environments.
 - Housing outcomes – 754 – 346 assisted resolution, etc.
- Highways and byways – outreach in the Central City and work with partners in the unincorporated areas.
- Phased engagement – trust/honesty, crisis resolution, etc.
- Lessons learned – started with many assessments, built up list, and then had too many people on the list
 - Caseloads were 100-200 per caseload, capped it to 35-40 housing placements increased
 - Took over the grant process and have increased the HUD grant
 - \$20m was the last CoC allocation
 - 10 providers, 30 programs
 - Number of people who touched the system – known world
- Questions:
 - Beau Hennemann: Curious about the intersection between your work in health care, looks like you have contracts with Dignity and Sutter. What does that look like? What is being provided?
 - Our focus is on the housing. Working with individuals on just the housing component, worked with the WellSpace street nurse.

Overview of Shared Care Plan

- One of the core components of our model and a state mandate. We took state mandate and improved it with further with the help of partners. Handout has the data elements and it will give you a sense of what's being tracked
- Must be completed for each enrollee and the care coordinator is the keeper of the Shared Care Plan
- Initially had 2 documents but partners didn't like it so we created a merged version for the digital shared care plan and it will be hosted in the Sac Covered Salesforce system
 - Sac Covered are in charge of maintaining all data and data systems
 - Will show this version to folks at the 4/19 orientation
- Every field has a purpose - trying not to collect free text notes, we want to be able to track what's happening in the program and outcomes effectively.

- Access permissions and tracking user activity are important to consider because we don't want everyone to have access to everything.
- Future state – enhance the SCP to pull data automatically and populate certain fields through the hospitals national data systems
 - Working to identify a more robust platform to do that - to be implemented in 2019
- Questions
 - Suggestion – move member goals up on the shared care plan as that's what we are basing their care on
 - Sharing data with non-health care providers, how is there an extra layer of protection?
 - Click to view idea – certain data fields are more sensitive than others and we will track what people are opening.
 - Role based permissions?
 - Right now, everybody given access is critical and needs to see it.

Upcoming Dates and Deadlines

- Service Delivery & IT Committee Meetings cancelled for Pathways Orientation
- Thursday, April 19th from 12:30 – 5:00pm in City Hall, Room 1119
 - Full Launch Service Provider Orientation
- Thursday, April 19th starts at 5:00pm in City Hall Chambers
 - City Council Meeting
- Thursday, May 3rd from 1:00 – 2:30pm in City Hall, Room 1119
 - Steering Committee Meeting

Looking for materials from all of our meetings?

[Check out the Pathways to Health + Home website.](#) We update every month with slides, notes and agendas from every Pathways committee meeting.