

Steering Committee Meeting Notes

Date & Time: December 7, 2017, 1:00-2:30 pm

Location: Room 1119, Sacramento City Hall 915 I Street Sacramento, CA 95814

Attendees:

- Jenifer Ablog, Community and Government Relations Manager, Kaiser Permanente
- Ben Avey, Director of Public Affairs, Sacramento Steps Forward
- Kelly Bennett, Chief Executive Officer, Sacramento Covered
- Ashley Brand, Director, Community Health and Outreach, Dignity Health
- Danielle Cannorazzi, Community Outreach Supervisor-Sacramento, Liberty Dental
- John Foley, Executive Director, Sacramento Self- Help Housing
- Emily Halcon, Homeless Services Coordinator, City of Sacramento
- Holly Harper, Community Benefits Manager, Sutter Health
- Beau Hennemann, Director, GBD Special Programs, Anthem Blue Cross
- Erin Johansen, Executive Director, TLCS
- Kevin Kandaloft, Chief Executive Officer, United Healthcare
- Gabriel Kendall, Director of Community Relations and Program Development, 211 Sacramento
- Nick Lee, Vice President of Operations, Sacramento Steps Forward
- Ryan Loofbourrow, Executive Director, Sacramento Steps Forward
- Cathy Lumb-Edwards, Director Geographic Managed Care, Kaiser Permanente
- Dina Maxwell, Anthem Blue Cross
- Janice Milligan, Vice President of Community Relations, River City Medical Group
- Jodi Nerell, Director of Behavioral Health Integration, Sacramento Covered
- Laura Niznik Williams, Assistant Director, Government and Community Relations, UC Davis
- Krishna Permaul, Senior Program Change Leader, Health Net
- Sandra Poole, Policy Manager, Molina Healthcare
- Jonathan Porteus, Chief Executive officer, Wellspace Health
- Martin Ross, Divisional Secretary, Salvation Army
- Effie Ruggles, River City Medical Group
- Amani Sawires-Rapaski, Vice President/ Chief Operating Officer, Volunteers of America
- Sarah Thomas, Assistant Director, Sacramento Housing and Redevelopment Agency
- Abbey Totten, Vice President, Government Programs and Community Relations, Health Net
- Hazaiah Williams, Community Development Director, Elica Health Centers
- Joil Xiong, Chief Operating Officer, Sacramento Covered

1. Welcome & Introductions (Lisa Chan-Sawin)

- Lisa welcomed committee members and members introduced themselves

2. Partner Spotlight: Sacramento Self-Help Housing (John Foley)

- Started 25 years ago at Loaves and Fishes with intention to connect with landlords and get people off the street. Spoke with landlords that couldn't get tenants, used to be a lot of them back in the day, and our mission is to help folks get stately housed.
- Have navigators (outreach workers) in Folsom, Elk Grove, and Citrus Heights.
- We work with housing counselors: Families get connected with other agencies and they'll get them connected with us so we can help them with the housing issue.
- We do permanent supportive housing (HUD funded) for chronically homeless disabled folks; scattered site shared housing all across the county.
- Some housing is transitional; Cathedral staff will identify folks and house them short term, about 2 months on average.
- Some folks are "unattractive tenants" we operate with the help of Sutter and they can continue to drink at their house. It allows us to keep them safe and help them in other ways. The calls for service have dropped by 80%; they are some of the most vulnerable and also troublesome.
- With Wellspace Health SSHH has 3-4 homes scattered around the county and clients are able to be housed right after they have been discharged from the hospital
- Elk Grove bought short term houses for us; 1 permanent supportive housing (transitional housing) 1 house with children (families); most homes single adults.
- Renter's Helpline for tenants to provide advice and support. A third of the time we help them relocate. We have attorneys on staff to deal with discrimination cases-- Project Sentinel.
- Working with Sac Covered to identify housing barriers for 40-45 people to develop solutions to get them housed. Got our first person housed yesterday.

3. Program Updates (Lisa Chan-Sawin & Karen Linkins)

- Program enrollment numbers: 149 have been enrolled, 29 pending in the program; beginning to restrict referrals to accommodate Winter Triage Center guests. The greatest source of referrals has been IMPACT team.
- Health coverage: Enrollees represent all of the health plans and a number of individuals have out-of-county health coverage. Sacramento Covered is working to get coverage transferred to Sacramento. Some Medi-Cal recipients are still Fee-for-Service (FFS). Program is waiting to get them converted to managed care plans and is actively connecting individuals to services.
- Demographics: 40% of population is over the age of 50. Program is aware that it needs to connect with long-term care providers as part of the continuum of services offered. Majority of enrollees are male.

Discussion/Questions:

- Dr. Porteus noted that the term "out of county" makes him wonder how many individuals are being drawn in from other counties. Great that we are enrolling people but concerned that we have residents of this community that have been waiting for a long time not getting services. Debby Maddis mentioned that in the Whole Person Care Learning Community session in Los Angeles, 0-25% are out of

county enrollees. Jodi Nerell responded that Sacramento Covered did pull data to locate the referral source for the out of county enrollees and they are in the WellSpace ICP programs. "Out of county" does not mean that they are not currently living in Sacramento, but it is where they were last enrolled in Medi-Cal.

- Erin Johansen wanted more information on the number of touches versus enrollments and asked how many individuals were not enrolled. Jodi Nerell responded that most touches resulted enrollment; just two individuals were not enrolled.
- Gabriel Kendall asked what the average number of services is for each enrolled person. Jodi Nerell responded that they do have tracking management, but do not know offhand the average number of services per person (at least one though). They are mining of the queue; SSF has provided Sacramento Covered with list of 166 folks who have received services in the last 90 days. The team ran Medi-Cal eligibility, most have not been enrolled. They research the last VI-SPDAT and see if they had a hospital event in the last year.

RFQ Update (Lisa Chan-Sawin)

- Lisa Chan-Sawin provided an update of the release of RFQ on December 1st and the Mandatory Pre-Submittal Responders' Conference on December 6th. RFQ threads the needle with Health Homes and team is anticipating future programs down the pike and encourages everybody to participate. Will issue responses to questions and the draft Program Manual by Monday, December 18th. Team is learning new things every day and making program adjustments along the way and encourages everybody to take a look. Have been highly focused on enrollment and developing a lot of protocols and workflows and from that effort we will learn a lot.
- RFQ Timeline was presented. John Freeman noted that the purpose of the RFQ is to solicit a broader net. Lisa Chan-Sawin noted that we have asked participants to self-select and let us know the scope of work you are interested in.

Discussion/Questions:

- Abbie Totten asked about the turnout at the Responders' Conference. Lisa Chan-Sawin noted that more than 60 folks across different organizations in the room.
- Erin Johansen asked when answers to questions that arose during the Responders' Conference would be posted. John Freeman responded that will be posted on or before December 18th.

4. Reviews and Endorsement of Pathways Tools, Forms, and IT Approach (Lisa Chan-Sawin, Karen Linkins, and Mark Elson)

- Support Team noted that endorsement is tied to the triggers for incentive payments, which is in part the reason for going through this. All items have gone through conversations and endorsement of the Service Delivery and IT Committees.

Universal Screening Tool:

- Karen Linkins provided an overview of the tool. It is based on the Oregon model and allows for a comprehensive assessment. Captures social determinants of health and medical needs, as well as acuity of need. It is not a deterrent for people to enroll in the program (is taking less than 10 minutes to complete with clients). Clarified that endorsement does not mean that the universal screening tool can't be changed or altered down the road.

Discussion/Questions:

- One committee member asked whether the tool was paper-based or electronic. Jodi Nerell noted it was the Community Health Worker's preference; it is distributed electronically and also in paper form. If responses are on paper, the CHW enters it electronically later.

Action Taken:

- Steering Committee was asked if there were any objections to the tool, none were voiced, and the Committee endorsed the tool.

Member Profile

Karen Linkins provided an overview, explaining that the Member Profile is connected to the outreach and eligibility process and used to collect information for the Shared Care Plan. This profile is completed by the CHWs and a clinician reviews and signs off on them. The Member Profile makes initial identification of health, housing, and social service needs. This is part of the process of making this person-centered. This tool then is part of the warm handoff to the WellSpace and Elica Pathways Care Teams.

Discussion/Questions:

- Ashley Brand requested that it be called a Client Profile or Member Profile, as opposed to a Shared Care Plan to avoid any confusion. The team responded that changes can be made. Team will work on new name for this form, which will be shared at a later date.

Action Taken:

- Steering Committee was asked if there were any objections to the tool, none were voiced, and the Committee endorsed the tool.

Referral Form

- Karen Linkins provided an overview, noted that it is being tested with SHRA, SSHH (for Winter Triage Center guests) and WellSpace. On the back of referral form is the description of the Pathways to Health + Home project. Form is to be referred into program, not a release of information.

Discussion/Questions:

- Ashley Brand noted that she recently met with Dignity compliance officers, who clarified that they always need consent for referrals.
- Some members noted that their compliance and legal teams would need to look at the form before their organization could adopt it.

Action Taken:

- Steering Committee was asked if there were any objections to the form, none were voiced, and the Committee endorsed current use of the form.

Pathways Universal Consent Form

- Mark Elson provided an overview, noting that all enrollees need to sign a consent form, so a form was needed immediately. Adapted the form that the LA County WPC program is using and shared it with the Service Delivery and IT Committees. Form is compliant with HIPAA and federal and California law. Recognize that the County is working on a consent form as well and look forward to a convergence path with the County consent form.

Discussion/Questions:

- Ashley Brand noted that the same people are at the same meetings regarding the consent form and that having two universal release forms do not make sense.
- Janice Milligan the form that the County has developed is not proprietary in any way shape or form. Lisa Chan-Sawin agreed that there is a lot of overlap and there are some differences that have significant consequences.
- Mark Elson responded that it is unclear how to operationalize the County form for Pathways, because there are not the systems in place to handle such granular levels of consent. The program is not in a position to adopt that form now but in the future, the City and partners can decide whether to put the time, resources, and effort to do so.
- Laura Niznik Williams noted a concern surrounding the mental state of the client who is signing these forms. Not clear if all individuals understand what they are signing. Karen Linkins responded that the team is open to recommendations and advice to address this issue.
- Lisa Chan-Sawin noted that the Support Team is planning a series of education sessions around privacy and security that will go over HIPAA, current law, and data sharing.
- Sarah Thomas made a point that SHRA does not want any health info.

Action Taken:

- Steering Committee was asked if there were any objections to the form, none were voiced, and the Committee endorsed current use of the form.

IT Approach (Mark Elson)

- Mark Elson provided an overview and context for the IT Approach endorsed by the IT Committee. Sacramento is a unique and complicated service delivery market. The Support Team has had good discussions with stakeholder groups and we have heard loud and clear that a centralized system is preferable and we need an approach that goes beyond the Pathways program. Our goal is to not create a new siloed program and we have been thinking about how we can solve problems together. As we looked into both a highly centralized versus de-centralized IT approach to sharing data, the IT team developed a hybrid approach that was approved by the IT Committee.

- The Hybrid IT Approach provides a foundation for data sharing and tracking outcomes and is designed so that it is broad enough. Nobody is going to be asked to share data that they do not want to be shared. It is built with flexibility in mind and it is highly feasible. This is a framework we would like to continue moving forward with.

Discussion/Questions:

- Gabriel Kendall from 211 inquired whether the approach offers a single platform, including community resource for referral. Mark Elson noted that there could be a distinct platform for social services.
- Kelly Bennett asked how many organizations participate in the IT committee. Mark Elson responded that all partners have been invited to have a designee from each organization.

Action Taken:

- Steering Committee was asked if there were any objections to the IT Approach, none were voiced, and the Committee endorsed the approach.

5. Data Sharing Agreements Overview (Mark Elson)

- Tied to incentive agreements and note that one of them is to sign a data sharing agreement; template will go out today and we will take feedback in January.

6. Upcoming Dates (John Freeman)

- Dec 14: SD and IT Committees
- First Thursday: Exec and Steering Committee
- Third Thursdays: SD and IT Committee