

## Steering Committee Meeting Notes

**Date & Time:** January 4, 2018, 1:00-2:30 pm  
**Location:** Room 1119, Sacramento City Hall  
915 I Street Sacramento, CA 95814

### Committee Members in Attendance:

- Jennifer Ablog, Kaiser Permanente
- Ben Avey, Sacramento Steps Forward
- Kelly Bennett, Sacramento Covered
- Ashley Brand, Dignity Health
- Giselle Castro, Access Dental
- John Foley, Sacramento Self-Help Housing
- Emily Halcon, City of Sacramento
- Beau Henneman, Anthem Blue Cross
- Erin Johansen, TLCS, Inc.
- Kevin Kandalaft, United HealthCare
- Gabriel Kendall, 211 Sacramento
- Nick Lee, Sacramento Steps Forward
- Ryan Loofbourrow, Sacramento Steps Forward
- Cathy Lumb-Edwards, Kaiser Permanente
- Janice Milligan, River City Medical Group
- Jodi Nerell, Sacramento Covered
- Krishna Permaul, Health Net
- Dr. Jonathan Porteus, WellSpace Health
- Amani Sawire Raspaski, VOA of Northern CA and Northern NV
- Richard Robinson, Kaiser Permanente
- Abbie Totten, Health Net
- Ane Watts, Anthem Blue Cross

### Support Team in Attendance:

- Lisa Chan Sawin, Project Lead
- John Freeman, Project Manager
- Karen Linkins, Operations Team Lead
- Mark Elson, IT Team Lead
- Jean Paul Buchanan, Communications Lead
- Margaux McFetridge, Communications Manager

## Early Engagement Update (Lisa Chan Sawin/Karen Linkins)

- Support Team provided an updated on Early Engagement enrollment numbers:
  - Enrollment: 257 enrollees in 2017 — me enrollment and outreach targets
  - Referral sources: Majority of enrollees are still coming from IMPACT, ICP programs, FQs (primarily Elica and WellSpace), SHRA, and SSF
  - Health plan assignment: Majority are in Anthem or FFS
  - Demographics: Still seeing trend of over the age of 50
  - Regions: Focus on North Sacramento because of the shelter
  - Services: Services account for all people encountered, including winter shelter guests who may not be enrolled.
    - Housing Coordination includes filling out applications, transportation to a housing appointment, anything tied to housing placement
    - Health Coordination includes anything to do with Medi-Cal, including transportation to clinic, picking up walkers, etc. Anything tied to a health intervention.
    - Program Readiness is anything to support people for health and housing, i.e. social services – getting IDs, getting disability, or homelessness status
  - Questions from committee members:
    - Erin Johansen asked if the service number included multiple services per person? Sac Covered responded that it does.
    - Ashley Brand asked what area is encompassed in the “North encompass.” Sac Covered responded anywhere north of the Arden area. It was asked what geographic designation encompasses downtown. Recommended to include a central area. Quarterly map would be great to produce.
- Enrollee clinic assignments:
  - Significant “other” distribution
  - Abbie Totten asked where this data came from — some of the categories are not clinics. Sac Covered noted that they were aware that IPAs and Molina were listed because EHS and Hill were treating the enrollees and they were not assigned to a clinic.
  - Support Team shared that River City Medical Group had identified the assigned PCPs for enrollees and that the data does not include Kaiser, uninsured, out of county. Fairly surprised at the spread of these enrollees. Sacramento Covered noted that data for “clinic unknown” would be run shortly.
  - Ashley asked whether the program knew how many enrollees have established care at these sites. Support Team responded that is in process.
  - Beau Henneman noted that in Alameda County, they looked at where people were assigned and where they get services and it was drastically different. Asked what the next step is to educating the clinics on what WPC is and what we are

doing. Support Team responded that the program needs to start doing that education and will do a more formal session with the clinics about this. Challenge is to not get too far ahead of ourselves if their care is not established. Goal is to have the clinics to refer in at full launch.

- Other issue this brings up is that now we have to see where are these people getting care, where do we place hubs and do the care coordination? What if they are assigned to a clinic that isn't participating in WPC. This is elucidating a lot of different things that we need to talk about – program does not want to break provider relationships. Need to know who their PCP is and if they are actually getting care. Brings up how the IPAs should be engaged.
- Janice Milligan noted that least the program knows where they could be getting care. The important thing is that everyone of those people could be getting care. Ashley Brand responded that the program should be mindful of what access really looks like – scheduling an appointment a week out is different than going to the ER when then they care, a place to sleep, and food.
- John Foley noted that with housing, they find that if people have income and a voucher, sometimes they do not want to go and get the housing. So they try to talk to them about what they need and listen. That may apply here.
- Kelly Bennett shared that in health care navigators ask where they want to get care and people do have preferences and sometimes they are mis-assigned. Sac Covered's CHWs will have the ability to facilitate changes as needed for patients and this will hopefully be in alignment with the program. Need to honor their requests.
- Support Team reiterated that one of the challenges this highlights is that for those in the program, and their PCP is not a hub with a Pathways Care Team, should there be a clinic-agnostic hub, floater hub.
- Amani Sawires shared that VOA serves thousands of people in shelters and that the person who connects with them at that moment has a lot of opportunity and power to move the individual to what they choose. With Elica, they meet the needs of the person in the shelter and when that happens, oftentimes the individual wants to continue that relationship.
- Dr. Porteus said that it would be helpful to know which enrollees were from WellSpace. They had a high-volume coming from the respite program and probably came in from health center. What WellSpace has seen from their immediate care services, is a high-volume of folks assigned to other clinics. They see them and refer them back to those clinics.
- RFQ Update
  - Deadline for the responses is Friday, we will be quickly reviewing and scoring the responses to get through the readiness review and contracting process. Goal is to have contracts finalized by Council by end of March.

- Incentive Agreements Update
  - If you have not submitted your signed agreement, please do so as soon as possible.

**Partner Spotlight: Volunteers of America - Northern California and Northern Nevada (Amani Sawire Rapaski)**

- Goal is to strive for social impact by changing lives: Crisis response, Housing, employment, reentry
  - 32 years old, 14,000 employees nationwide
  - 500 employees in Sacramento
  - Our area spans Oakland to Nevada
  - Served more than 17,000, more than 14,000 of whom were homeless
  - 66% of services are in supportive housing, emergency shelters, and employment
  - Crisis response services are essentially emergency shelters
- Housing assistance and placement services – housing placement support, most people that we work with are literally homeless, have a large call for permanent supportive housing.
  - Employment services – it is very difficult to stay housed if individuals are unemployed
    - Do employment assessment, readiness, training, paid on the job training, we work on the rehabilitative side, many struggle with BH needs, SUD and MH issues, and connect these individuals with those services
- 7,000 units in the region of affordable housing, each site as a service coordination piece - our facilities are very nice
  - Winter Triage Shelter – opened on the 8th and will be open through March 31, 2018. We know how to do homeless shelters – were never planning to take 200 people on day one. 130 people as of last night, will have 150 by next week?
- Work with Pathways is the operation of the low barrier-shelter – pets are okay, partners okay (including people that you consider your family), possessions okay, wheelchairs okay, no sobriety requirements – only requirement is that you are not violent.
  - We have kennels outside, many pets are not very well trained. Pets can sleep and hang out with their owners. 53 pets came out of the 135 people – people have lots of pets.
  - Saw a lot more aging people last year.
  - Work closely with the Pathways Team – Sac Covered and SSHH coordinates guests' care. For Non-Pathways eligible people they have a coordinator onsite who is helping them.
  - Provides three meals, snacks, and laundry. WellSpace and Elica provide additional health services onsite,

- Lots of relationship building onsite - Front Street and vet come once a week, transportation is being provided by bus passes and Uber.
- Emily Halcon noted that VOA has done a huge lift for the City — the connection of the shelter with Pathways is a great opportunity for us to prove to the City that this program is a benefit to the community. That is why the design is so purposeful and controlled access. Unfortunately, we can't have open access, walk-ups and lines – that is what we promised to the community. Mayor's goal is to have multiple shelters based on the success of this.
- Amani noted that she has been spending a lot of time with the neighbors and community and the majority has said the street has never looked so clean. We pick up after ourselves and street feeders. Last year we had hundreds of people lining up to get into the shelter early in the morning and there was a lot of garbage left behind.
- Everyone who has wanted to be there has got in. In general, smaller shelters are better — high intense medical needs is not appropriate for the shelter, e.g. on oxygen or end of life.
- Questions:
  - A committee member asked how individuals get in What are the entry points? Can individuals stay the whole time? Amani responded that ideally, they won't stay the whole time – idea is to create housing plans. But there is no time limit.
  - Lisa noted that Amani's point about respite is good – ICP + was written into the WPC application. Pathways will be doubling the number of ICP+ beds in the community this year.
  - Abbie Totten noted that Health Net works with the Gospel Center in Stockton that has a recuperative care program with hospitals though WPC – it's not medical personnel, must be ambulatory, they got grant funding for their facility. Wayne loves his program and will share.

### **Data Sharing Relationships and Agreements (Lisa Chan-Sawin & Mark Elson)**

- Importance of Data
  - Clinic data is informing how the Hubs should be structured.
- Agreement Objectives
  - We want to build on existing relationships and protect client data.
  - We're looking to leverage existing resources - Sac Covered as a hub for data.
- Pathways Agreements
  - Most organizations are signing Incentive Agreements.
  - Data Sharing Agreement (10 page) - Under review by your organizations, defines the scope and purpose of sharing data with Sac Covered and each other.

- BAA – “Covered Entity”, organizations that provide health care services, have sub-contractors (i.e. business associates), we are trying to get Sac Covered to establish BAAs with partners right now.
  - DSA is with the City, BAA is yours that you execute with Sac Covered
- Consent Form – received feedback from Dignity, they caught important small things and we are making changes.
  - There is a County effort for a universal consent form — want to work to align with them to the extent that we can.
- Data Sharing Agreements and BAAs
  - DSAs – signed by City and Partner, terms discuss sharing data with Partners
  - BAAs – Clinics, hospitals, some plans are sharing their BAAs with Sac Covered
    - Krishna Permaul asked whether the intent is that plans provide PHI to the City or will plans share PHI with partners?
    - Mark responded that there are cases where data will be shared with Sac Covered and then be shared with the City for reporting to the state, but the City will never receive PHI, City will only validate reporting. The data management entity will be receiving data and our team be supporting.
  - Data-sharing is really to support care coordination
    - Richard Robinson asked whether the DSA and incentive agreement are linked? Lisa responded that they are not.
  - Sac Covered will serve as the Data Management Entity
    - Committee members had a number of questions and regarding the Data-Sharing Agreement:
      - Needed clarification on the process — do the partners send the data to Sac Covered and data will be aggregated by Sac Covered, and then the City will validate data at Sac Covered, and then City will upload to state at Sac Covered? Should the agreement state that we are sending data to Sac Covered if the data is not being sent to the City?
      - Do the BAAs and DSAs spell out the process?
      - Does the DSA call out that there is a Data Management Entity and stipulate where the data will be housed and which parties have access (does not specifically need to call out Sacramento Covered)? It has to say how it is going to work - as long as it is spelled out there shouldn't be any issues.
      - Regarding the other partners, e.g. housing partners, when we talk about sharing our data with other partners that we don't have BAAs with, that will be a non-starter. What is the intent around sharing data with those partners?

- Current DSA is so gen and broad legalese and we need more detail in the agreements so that our lawyers will sign.
- Suggested that the Support Team bring together the people who are signing to discuss the issues.
- Regarding sharing with non-Covered Entities, Dignity created a consent form that allows the enrollee to have data shared to non-Covered Entities. That is the approach seen in other counties. All of those things have to be listed in the consent form, and we have to be informed. Do housing orgs even want to have BAAs?
- Support Team responded:
  - City is signing the data-sharing agreement with all of the partners because it is viewing and validating the data and ultimately this is a City project.
  - Agreements are written in a way to support flexibility and longevity.
  - Goal isn't share all data under the sun – we do have to address those nuances, but also need to share relevant information.
  - Looked at what other counties have done, including San Diego, which the plans signed.
  - We tried to have a relatively general and clean DSA that lays out obligations – we need to come up with a structure on how to change it. Our challenge is that we don't have a whole lot of time.
  - TBD in terms of BAAs with housing orgs. Right now, the reporting relates more to the clinical partners. We will go slowly in including housing orgs.
- Baseline Reporting Request
  - BAA is a way to get the baseline data for 2016 quickly
    - Ashley Brand requested that the Support Team send us documents that individuals signed without names so that they can run those numbers and start there from.
    - Support Team responded that it would send the plans and hospitals the consent forms and other materials and do a technical support call for the DSA.
    - Support Team will also be sending a template for baseline data.

### **Program Goals for 2018 (Lisa Chan-Sawin & Karen Linkins)**

- Early Engagement vs Full Launch
  - 2018 – Critical year to get things right
  - 2019 – How do we create a community of care?
  - 2020 – Regional approach to homeless, system changes

- Trying to create sustainability

#### **At-Risk of Homelessness Workgroup (Karen Linkins)**

- Goal is to thought partner around developing definitions on “At-Risk of Homelessness” and develop strawman for the identification process and service delivery approach
- Workgroup will be formed in the coming weeks and will meet at least once
- Workgroup will report out to appropriate committees and finalize the approach by end of February
- Pathways Support Team will work with Early Engagement partners to implement in March