pathways to HEALTH HOME

Steering Committee Meeting Agenda

Date & Time: June 7, 2018, 1:00-2:30pm
Location: Room 1119, Sacramento City Hall
915 I Street Sacramento, CA 95814

Committee Members in Attendance:

- Kelly Bennett, Sacramento Covered
- Ashley Brand, Dignity Health
- Danielle Cannarozzi, LIBERTY Dental
- John Foley, Sacramento Self Help Housing
- Beau Hennemann, Anthem Blue Cross
- Erin Johansen, TLCS
- Kevin Kandalaft, United Health Care
- Nick Lee, Sacramento Steps Forward
- Gabriel Kendall, 211
- Jodi Nerell, Sacramento Covered
- Laura Niznik Williams, UC Davis Health
- Krishna Permaul, Health Net
- Sandra Poole, Molina Healthcare
- Dr. Jonathtan Porteus, WellSpace Health
- Martin Ross, Salvation Army
- Sarah O'Daniel, SHRA
- Abbie Totten, Health Net
- Christy Ward, One Community Health
- Holly Webb, WellSpace Health
- Hazaiah Williams, Elica Health
- Joil Xiong, Sacramento Covered
- Jill Fox, Volunteers of America

Support Team in Attendance:

- Lisa Chan Sawin, Project Lead
- Karen Linkins, Service Delivery Lead
- Mark Elson, IT Lead
- Margaux McFetridge, Communications Manager
- Alexis Sabor, Project Coordinator

Program Updates

2k by 2020

- Dashboard Numbers (Karen Linkins and Jodi Nerell)
    - Teamlets established by the Hubs have been in frequent contact.
    - Program had 12 folks get into housing this week, which is unprecedented; Pathways is sending notices to the service providers letting them know which enrollees are in permanent supportive housing (PSH) – that will be reflected as a blip in the housing disposition.
    - SSHH was able to house an individual that was frequently outside of City Hall — the work the program has been to get wraparound services to this individual has been noticed by City Council and the Mayor.
        - "Every staff and City Councilmember knew her and was worried for her. It was huge and tremendous and indicator for city staff that this is the right thing to do."
    - Sarah O'Daniel asked about the asterisk next to the 341 enrollee number.
        - Karen explained that is the total number of current enrollees. Number of all enrollees is different because some individuals have graduated, disenrolled, or have been connected to other programs. Jodi Nerell elaborated that 80 individuals were disenrolled due to no contact, 12 due to aid code changes, etc.
- Full Launch Update (Karen Linkins)
    - Karen shared the current status – three hubs up and running and are working well, not at full capacity yet. WellSpace will have 250 enrollees at capacity and the others will have 125 enrollees. Hubs are making referrals and working with the CHWs and housing partners.
        - A big focus right now is the referral piece— we also have switched over to getting much more active referrals from the FQHCs. For example, from the get-go SNAHC was ready to refer 40 people.
    - Other big focus is on the shared care plan. In Early Engagement, Pathways tested parts of it and the hubs are now actively working on it and completing it. Program has identified the "red fields" that must be required by the state. Getting good feedback from the providers and Jodi's team is actively providing information to the shared care plan.
        - Service documentation piece is critical for full launch —we are in a space where we need to know what services are being delivered. These are critical components to get us to full capacity and we're going slowly because they are new steps.
    - Share Care Plan Concepts — the SCP was always intended to be person-centered and have individuals' goals incorporated. Want to move folks through the program — not meant to be a long-term program, want them to be able to live independently. SCP is used to facilitate cross-sector collaboration. Red fields are the most critical pieces of info needed to serve folks-developed in Early Engagement with WellSpace and Elica.

        - Program has received positive feedback on this component. The other important thing is that this is a living document, there are requirements for updating every quarter, but we may want it to be updated more quickly.
    - Service Tracker — right now it is in Excel and is rudimentary, but it is being built into Salesforce. This is how people are going to get paid and what we have to report to DHCS. We are going to be able look back and see the types of services that people are using and what works. We have specificity in there and the hope is after 6 months we can look at enrollees by demographic. Then you can go deeper and look at the profile and service page to see what services they are utilizing.
    - May Learning Community Session — Focus was to bring the font-line providers together. Half-day session focused on the critical components of the work, including how these organizations are going to work together. We worked on techniques to enhance and strengthen relationships, supported getting people to meet each other and discuss implementation progress and tools.
        - A big component was introducing the notion of quality improvement – we have requirements for PDSAs from the state. This is new for some of the organizations involved so it was important to do some training. Topics covered were PDSAs and getting them to work, focused on working in teams (e.g., huddles and teamlets – two concepts for high-performing teams). Broke folks out by the hubs and cross-pollinated with the housing partners and CHWs so that every team had cross-sector members. Every group developed specific strategies.
    - Case conferencing — Sacramento Covered shared that the program service providers have been moving forward in talking about clinical information, including case planning with County Mental health. Pathways has reached out to them to co-plan because a clinic wasn't aware that an enrollee was already receiving psychiatric services from the County. There is an opportunity to do that with the methadone clinics as well, to know what medications everyone is accessing. Very encouraging.
        - Case conferencing is so critical – that is the cross-system focus. We do have the expectation that once a month there will be case conferencing. For huddles, we haven't established a defined protocol.
- Questions & Comments
    - Jonathan Porteus asked whether it is now a good time to have someone from County Behavioral Health join these meetings – Pathways providers need to convey the needs directly to the County. Fear that we'll move folks to the mild/moderate category if we only have the plans at the table, when there are individuals who have more severe diagnoses and higher service needs Karen responded that the data collected by the Shared Care Plan will provide more information on the population which will add to the conversation.
    - Karen also discussed future service provider training. The list of trainings that was shared with this group that Jodi initiated was passed on to the Service Delivery Committee and members added to it and also added evidenced-based practices. Did a

dot exercise to prioritize the trainings. The hubs had one color, etc. It was an interesting distribution because there are unique trainings needed by sectors. That is helping the Support Team prioritize moving forward with trainings at the Learning Sessions and also across organizations that are already scheduling trainings, for example SSF does regular trainings.

City Updates (Emily Halcon)

- County update
  - Ongoing convening of City and County leadership. Emily, the Assistant City Manager and County Health and Human Services directors meet monthly. There are a multitude of goals, including developing a better understanding what each of the jurisdictions are doing and trying to find the touch points. We are close to having a first stage DSA with the County for this program. That allows us to get BH data specifically for state reporting that is not client-level. Figuring out how to get that signed. We have a much broader vision about how to share data and are looking at signing the DSA that you all executed with the City.
  - Regarding duplicating services, FSRP and WPC are very similar. We are finding out in happenstance when we are touching the same person. We're doing a good job of figuring out on the ground, because the person tells us, etc. But it's not systematic. DHA recognizes that this is a huge problem – they are implementing the FSRP program. The County social workers are struggling.
  - Having a County staff person at these meetings would be wonderful and the invitation remains open. When I see them, I ask them to join. The County heard loud and clear when the MHSA resolution was passed by the Board of Supervisors that it was attached to countywide expansion of WPC. The County has a very strong interest in having direct access from county employees. We are having a meeting this month with the county and other cities to discuss touch points for referrals into the program and the hope is that this will support more collaboration. This needs to happen with the larger group.
  - Regarding the mental health dollars – and I'll look to TLCS to share information as well – my understanding is that a smaller chunk was used to expand services for an existing RST and FSP contract. Vast majority of the money will be allocated through the budget process this fiscal year. County will have to undergo contacting - in real time the budget will probably be approved in August.
    - Erin noted that is has been pretty confusing for TLCS — their understanding is that it is retroactive to TLCS Aug 1st. There is a line in there for coordination with WPC. We have carte blanche to coordinate and we need to coordinate with the CHWs and we're not sure how to do that.
    - Emily responded that these conversations need to continue and that it's great to know that there will be some sort of access. Not sure how that will look but glad to have you here and it's great that there are more services.
- City Triage Shelter
    - Shelter is staying open at least another 3 months through funding from Sutter. The owner needs to be in so we need to be out by November. The Mayor is working on

ongoing fundraising for that and other shelter – we don't have a location for a "sprung shelter," but we are looking for space. Our goal is to have a permanent or quasi-permanent shelter tied to WPC. Most people in the shelter have been enrolled in WPC – it's a great opportunity to build on those lessons learned. I'll let you know more when a site and funding has been identified. Most requests from funding are outside of my office – I am tapped out on General Funds. So there have been a lot of conversations about accessing private funds. The themes I have been hearing about priorities align nicely with what we talk about. ICP-ish beds – something more than a shelter bed, folks that can't wait in line or be on the streets.

    - City is also working on flexible housing dollars for prevention and housing supports – flexible pot of funds for individuals who might need 2 or 3 months of rent to stabilize.

- Discussion
    - Jonathan Porteus reiterated that the City and Pathways should ask the County to send someone from the Access team to case conferencing, given that we are talking about the lives of people.
        - Emily Halcon responded that she would happy to put that in writing with his help.
        - Jodi Nerell shared that the program only uses Access if the individual is housed — otherwise they go through Guest House (El Hogar).
    - Lisa Chan Sawin noted that the Support Team can help coordinate this. There are a lot of organizations that are touching the same individual. How do you do HIPAA standard training for housing and CBO partners? We often use the sane term but means different things. This is an opportunity to coordinate with Guest House, etc.
        - Erin Johansen shared that the County is assigning a point-person to do what Jonathan is talking about. That is a result of Emily's collaboration with Uma. Confident that is going to happen.
    - Jodi Nerell expressed concern about where the money is allocated. Like with the RST – they serve folks who are already housed. FSPs would help Pathways tremendously. Guest House is a vital entry point in.
        - Emily Halcon responded that her understanding is that County Mental Health will expand access, but not sure when it will hit the ground and we'll see services.
        - Erin Johansen added that RST was expanded by a 150 folks and was given a lot of housing support dollars. If they are ready to discharge folks into the primary care system, that small augmentation would open space in behavioral health for folks that are not at the FSP level. So that was the idea, they could serve homeless folks with that lower level. FSP was small amounts to support down stepping with housing supports – these dollars are contingent on HUD dollars. Guest House expansion – El Hogar received an

expansion for their RST – but not in a giant way. As they have more people outreaching they have to have more capacity. Not fleshed out yet.

- Jodi Nerell inquired about upcoming changes to the System of Care (AOD).
  - Jonathan Porteus responded that if the waiver goes through, it was budgeted by the County and they will adopt it. In the meantime, the County will use the current system of care. When the waiver kicks in there will be more fluidity.
  - Erin Johansen shared that TLCS is certified at one location— it takes a lot of time to get certified.
  - Lisa Chan Sawin added that there are challenges to getting up and running. Jonathan Porteus reiterated that any Drug Medi-Cal license takes 9-12 months – need DHCS streamline the system.

Partner Spotlight: SHRA (Sarah O'Daniel)

- Sarah O'Daniel provided an overview of SHRA partnerships and programs — she has been with the agency for 25 years and with the Housing Choice voucher program since 2011.
- Programs
  - Some of the programs administered include the voucher program and public housing, etc. These are not all of the programs that we administer. 84% of budget is federal dollars. Working on the public-housing project Twin Rivers – received $30m grant, in phase 1 have 150 families have been relocated to other units. Demolishing the building.
  - Sacramento Promise Zone – across the City, doesn't come with money, but gives preference points to government agencies and helps families within the Promise Zone extra support – received $66m through a variety of grants. Partner with the universities.
  - Community Nurse Corps – RNs serve underserved communities.
  - First care shared public housing program – transportation is a barrier. We have partnered with shared car company —it's at Alder Grove across from the jail and maintained by ZipCar – residents can use this service to get groceries, go to the doctor, etc.
- Other programs include assisting with affordable housing — $90m in loans and bonds, 395 units approved for renovation; portfolio management; Community Block Grant Program; Housing Authority – serve 12,000 through public housing; strengthening families; resident services – family self-sufficiency and resident training program.
- HCV Program — serve close to 13,000 families, project-based units, Shelter Plus Care — 12 waiting lists, 70,000 families on the waiting list right now; tenant-based waiting list is closed – opened it for two weeks in January, received 43,000 applications online. We pull over 6,000 families from the waiting list.
- On any given day we have about 400 + families looking for housing, prioritize homeless families; strategy developed with City and County last year to house 1,755 homeless families with turnover units. Move On creates the pipeline – gives folks in PSH a voucher and so that frees us PSH space.

- Pathways – Shelter Plus Care
    - We have done some training on the process and will continue to do that, e.g. how to fill out the paper work, etc.
    - Ashley asked whether the waitlist is associated with budget and availability? Does your budget only allow so many vouchers? Sarah O'Daniel responded that it depends, at this point we have the funding, but have to wait for the turnover housing.
    - Ashley asked whether there are any enticements for working with landlords? Sarah noted they are working with City and County's FSRP program, which provide supports for landlords. HUD has come up with a new methodology and we are one of 24 jurisdictions included.

IT Approach: What's on the Horizon (Mark Elson)

- Shared Care Plan Rollout
    - Team at Sac Covered has been working hard to get Salesforce up and running, training is coming up and others will be onboard in July
    - Each enrollee will have a care plan, brings together housing and social service info
    - Assessment is administered at enrollment and that information is captured here – other assessment tools can be added
    - Tab for clinical information. Right now it is entered manually – at this point it is not being piped in by partner's EHR but that is on the road map.
    - Jodi Nerell shared that enrollee goals are aligned with assessment – CHWs use EBPs to elicit what folks goals and strengths are, e.g. motivational Informing, TIC questions, CTI
    - Joil Xoing also noted that goals screenshot is a roll-up of everything as a summary.
- Hub Data Sharing with Hospitals
    - Progress in pulling data from hospitals and hubs - Other hubs are able to query hospitals for information – we need to work on workflows with Pathways and connecting with Elica's vendor on this
    - Want to tackle this issue of roster management where folks are enrolled in a number of programs – want to develop a community wide roster management system. Technology exists to do this, but won't be the first phase of doing this.
- Discussion
    - Beau Henneman asked whether there is potential to modify the interface. May want to have the person's goals be upfront and center. Also from a person-centered angle, are the goals only medical-centric? Can more personal goals be incorporated? It would be fantastic to see that. Joil Xiong noted that it's a pick list, but it's an open text description where you type it in. You can't see that here, but that's the level CHWs are recording. Karen Linkins commented that the paper version has this upfront and center and it is migrating into this. Conceptually we do want the goals present on the interface.

Wrap-Up and Close (Lisa Chan Sawin)

Committee meeting schedule is changing to quarterly — a new schedule will be sent out to the group.