

pathways to HEALTH HOME

Service Delivery Workgroup Notes

Date & Time: March 15, 2018, 1:00-2:30pm

Location: Sacramento City Hall, 915 I St. Room #1119

Committee Members in Attendance

- John Foley, Sacramento Self-Help Housing
- Effie Ruggles, River City Medical Group
- Jodi Nerell, Sacramento Covered
- Leslie Parker, WellSpace Health
- Ben Avey, Sacramento Steps Forward
- Fatemah Bradley Martinez, Sacramento Self-Help Housing
- Ane Watts, Anthem Blue Cross
- Eric Schwimmer, Anthem Blue Cross
- Mark Talavera, Anthem Blue Cross
- Martin Diaz, Kaiser Permanente
- Kimberly Anderson, Kaiser Permanente
- Erin Johansen, TLCS
- Laura Niznik Williams, UC Davis
- Sydney Ryden, Health Net
- Kristine Gual, Sacramento Native American Health Center
- Aide Silva, Elica Health Center
- Christie Gonzales, WellSpace Health
- Lacey Mickleburgh, McGeroge
- Alexis Bernard, Turning Point
- Ashley Brand, Dignity Health
- Greg Galliano, SPD
- Catherine Geraty-Hoag, Dignity Health
- Gwen Jenkins, WellSpace Health
- Elizabeth Hudson, Salvation Army
- Johathan Porteus, WellSpace Health
- Amani Sawires-Rapaski, VOA
- Yuriy Shevtson, Elica Health
- Dina Maxwell, Anthem Blue Cross

On The Phone:

- Cathy Lumb-Edwards, Kaiser Permanente
- Krishna Permaul, Health Net
- Reina Hudson, United Health
- Paula Ackerman, Health Net
- Miguel Suarez, HALO
- Blanca Martinez, Molina Health
- Kate Hutchinson, LSS

Pathways Support Team

- John Freeman
- Debbie Maddis
- Heather Bates
- Karen Linkins
- Jennifer Brya
- Jean Paul Buchannan
- Gelmy Ruiz
- Alexis Sabor

Program Update: Early Engagement – Karen Linkins

- Dashboard: Progress and Status of Early Engagement Referrals and Enrollment
 - We are at about 350 enrolled and there's been a lot of activity since our last meeting in January
 - Still skewing to older enrollees over the age of 40
 - Majority from North Sac
 - Majority of referrals from Impact
 - All of health plans have enrollees
 - Reflecting touches and services – almost 4,000 (this is mostly outreach)
 - Our new Dashboard also reflects housing: base off of cumulative enrollees (360+). Here are some new statistics for you all:
 - 2 pregnant women
 - 10 families
 - 91% homeless
 - 9% housed (not including shelters)
 - 59% in a shelter
 - 32% unsheltered
 - 7% in permeant housing
 - 2% transitioning out of Pathways
 - 25 enrollees dis-enrolled since Nov 1st
 - 8 have not had contact for 3 months

- Questions?
 - Tell us about who graduated! How did they get to that point?
 - Karen: Early dis-enrollees were enrolled at the start of program. To be eligible to “graduate” you must be housed, and you have to be categorized as a Level 1 which means you can self-manage. Folks in supportive housing are the most likely to graduate because they have built in support. One of our graduated enrollees was a mom with 4 kids, are now in VOA housing.
 - Were they housed through this program?
 - Yes
 - Do we have a plan for how to support our hubs now that we are in the throes of enrollment?
 - Still being worked out but now with the DSA its more possible to share information across partner organizations. We provide support for them, and we correspond almost daily.
 - Molina is currently case managing 61 of our enrollees (4 are not acute).
 - RCMG and Health Net have about 35 combined. Of those those 35, 14 are working with a care coordinator.
 - We are learning the way plans vary (ex. when they intervene, processes) ~~and this stuff takes time.~~
 - United is still working through how to manage the program but for now we will have a dedicated person to this project from them.
 - One of the role the Pathways team has is support implementation and documentation. We are actively studying the different models that exist so there are a lot of players
 - Benefits of early enrollment is that we tested out the processes of co-management and found the right people to work with (especially for high risk patients)
 - We will continue to learn how to better this as we move into full launch

Update: Full Launch - Karen Linkins, Debby Maddis, Jennifer Brya

- Overview of Model – EE to Full Launch
 - Shared Care plan is finalized and will be available soon. Care policies and procedures have been developed and are documented. We are working on defining workflows from partners to Sac Covered and vice versa.
 - Workflows from health plan, hospitals and IPA to outreach organizations in progress too
 - Testing – PDSA cycles, documented and will be reported to state
- Pathways Approach – Doesn’t live in one organization
 - 4 intervention phases of Pathways:

- 1) Outreach/enrollment
 - Outreach, verifying eligibility, engagement care planning and goal setting
 - Activating individuals
 - Pre-and post-enrollment period
 - 2) Activation and connection
 - Where individual begins to get the services, they need
 - Idea here is to do whatever it takes to get health on track
 - 3) Stabilization
 - Less intensive, coordination goes down, frequency and duration is less
 - Transition to lower level care
 - Where the client is doing more reaching out than the CHW
 - 4) Graduation
 - Client has achieved stability
 - Participant experience: 1 well-coordinated health and housing system of care
 - That they can access at any starting point.
 - Client level – services, supports and navigation
 - Any support or care that someone could need
 - System Level – care coordination
 - Cross organization care and data that recognizes the infrastructure that medical lacks. Will make sure people have expedited access to care.
 - Trying to align all the information needed to get people enrolled. But housing services are being deployed at this time as well. Both processes require similar information.
- Participating Partners & Roles
 - Referrals
 - In the process of testing different strategies
 - HMIS queue opened in December
 - Now we are testing Sac Fire, Dignity Health systems
 - Piloting both ED and inpatient referrals from Mercy general. Social workers will do referrals and have a 2-hour window to get a CHW (for ED) and 24 hours for (inpatient)
 - PD and Fire will help up locate high utilizers - very difficult to locate folks
 - Dignity found 50 high utilizers in 2 weeks
 - Expect to open up range in April and May
- Key Processes: starting to think about how to hand this off to the hubs
 - Frequency of info, best way to send it, assignment.
 - Learned a lot from Elica and WellSpace, shout-out to everyone who helped us with these early lessons.

- Shared Care Plan
 - We had 2 separate documents in EE (profile was done at outreach and then FQHCs had their own care plan that was combined with that first piece)
 - adapted from Oregon documents
 - Through this we decided that one single doc makes the most sense that can combine both those things. EE partners got together as a group and figured out what we all needed, what needed to be in plan, what wasn't essential.
 - Had to determine what was required in 30 days and what wasn't
 - Example of what was essential: what percentage of enrollees complete a shared care plan in 30 days, know the clients goals and strengths, what are the issues (medical and not), PHQ9, Hemoglobin A1C (necessary for h and HB)
 - IT also has a column as its going to be in a data base
 - Shared Care Plan is paper bound for a while but there will be both digital and paper inevitably
 - Will be in a data management system that everyone will have access to (outreach, hubs and housing - all will use it)
 - Needed in order to really address these individuals and get them to stabilization
- Co-Management
 - Starting to see needs around board and care placements, specialty care, and we will need all partners to help in these scenarios
 - Commitment to doing things outside the set health care structure
- Questions?
 - Kimberly (Kaiser)- what system is being used to gauge health plan assignment?
 - CHW runs it when we receive the referral form and its updated monthly
 - Ben – do we have a shared definition of “homeless”? I might suggest putting it on the shared care plan so it's clear to everyone what being homeless is in the program
 - Levels of access? Hubs could all see from all hubs?
 - We do have a concurrent set of activities for data and there will for sure be permission
 - IT will be doing a lot to ensure access is appropriate
 - Health plans? Not part of team?
 - Health plans are partners and are essential for care coordination but haven't worked out sharing this information with the plans. We aren't there yet with the health plans but we could work this out.

- IT team is thinking through what the various sharing strategies are and how to notify when enrollees are in trouble. Exploring alert system and determining what data elements must be exchanged.

Toolkit Preview - Jennifer Brya & Patricia Talbot

- Program manuals are dense so we developed a web based tool kit to summarize key information that will be avail while doing outreach. Not live yet but almost verified. Will have links to move from one place to another.
 - Companion to the manual (which was published in December) however the program has changed so much through EE that the manual is out of date. We will be updating quarterly as the program progresses.
 - Outside of forms and other processes - resources and partner contacts will be there as well.
 - Almost everything we've learned today will be in the toolkit and it will adjust as the programs adjusts.
 - It will be user friendly. Searchable and organized to meet the needs of various audiences. It's an expectation that things are going to change and be adaptive and this tool will be fluid too.

Brain Storm for Potential Trainings – Jennifer Brya

- We have various different trainings available for our partners in preparation for full launch. Some are program specific like “HMIS” Training or “Shared Care Plan” training. Some are more for content like “Social Determinants of Health” and “Domestic Violence”. However, this is scratching the surface of trainings we need. We want everyone to know as much as possible about the program before going into Full Launch.
 - We would love to hear what topics you think should be here that are not currently represented
 - Balance between “need to know” (Sales Force), boarder context (HIPAA) and then clinically oriented topics.
 - Also, somewhat philosophical.
- Training Ideas or Training Resources you currently have.
 - Effie – RCMG has a de-escalation training that we would be happy to share
 - Christie – Substance abuse training at WellSpace
 - Aide – providers asking to be a part of any free resources so FQHCS can benefit
 - Kristine – SNAHC has a Field Based Safety Manual that we would love to share. We would love to have an overview of Good Practices for Housing – it's very stressful for SNAHC staff and we would love to be better at dealing with this
 - IMACT – have a ton of info on Field Based Crisis Intervention and most can be found online
 - Ben – Mediation Training from Sac Mediation, how do we work through a problem together

- Eric – how to Navigate a Health Plan
- Dignity – Medical Terminology
- Christie – request: sounds like this is a great info bank like just in general, could we make this available on the online tool kit?
 - We for sure want to make resources online and through the learning community.
- Cap Health Network have a ton of resources that we can use
- Blanca – if we can identify the 5 top health conditions for our members and then train on what those conditions look like, how to explain it and comorbidities?
- Any pure navigator trainings in town
 - Samsung Navigation Seminars?
 - Ben – we have an outreach navigator training that we use to train
- Karen - trainings around cultural competence for medical topics?
 - Empathy training.
 - Kristine – Harm Reduction Services are good at training on this
- Kaiser – Population Specific Training.
 - There is a need for this for sure.
- Housing first and fair housing trainings. Renters Helpline?
- Blanca – want to discuss this internally and then who do we reach out to if we have a training to offer?
 - Reach out to pathways@transformhc.com
- Aide – there is a need to identify homeless outreach and service delivery leaders to serve in an advisory capacity? Elica has had a lot of success working with leaders
 - Everyone should be getting a survey for a consumer representative but this is not enough. We are exploring an option for a stipend attached.
 - Maybe a great thing would be a Pathways graduate to give this feedback?
 - City wants someone who isn't an employee or client for any of the partner organizations.
 - Reaching out to you all about stipend details

Next Steps for Service Delivery Work Group

- DSA's are being scanned in right now as we speak. DSAs are going be voted on March 20th
- Contracts will be voted on April 19th
- Learning community Session 1 in April
 - Think of it as an orientation for everything you need to know about pathways.
 - Others will be more focused on best practices