

## Steering Committee Meeting Notes

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

**Phone/Web:** <https://global.gotomeeting.com/join/148105533>  
Dial +1 (646) 749-3122 // Access Code: 148-105-533

### Committee Members in Attendance:

- Tatyana Bak, Elica Health Centers
- Kelly Bennett, Sacramento Covered
- Ashley Brand, Dignity Health
- John Foley, Sacramento Self Help Housing
- Beau Hennemann, Anthem Blue Cross
- Reina Hudson, UnitedHealthCare
- Erin Johansen, TLCS, Inc.
- Nick Lee, Sacramento Steps Forward
- Janice Milligan, River City Medical Group
- Jodi Nerell, Sacramento Covered
- Laura Niznik Williams, UC Davis Health
- Sarah O'Daniel, Sacramento Housing and Redevelopment Agency
- Sandra Poole, Molina Healthcare
- Jonathan Porteus, PhD, WellSpace Health
- Captain Martin Ross, The Salvation Army
- Hazaiah Williams, Elica Health Centers
- Ané Watts, Anthem Blue Cross

### Committee Members on the Phone:

- Jennifer Ablog, Kaiser Permanente
- Cathy Lumb-Edwards, Kaiser Permanente
- Krishna Permaul, Health Net
- Amani Sawires, VOA of Northern CA and Northern NV
- Abbie Totten, Health Net
- Laura Velasquez, Liberty Dental

### Support Team in Attendance/On Phone:

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

### Program Updates

- Updated Dashboard Numbers (Karen Linkins/Jodi Nerell)
  - Current numbers as of Jan 26<sup>th</sup>:
    - 334 enrolled, outreach double the outreach touches expected
    - Distribution across plans, still consistent with Anthem and then Molina
    - Focus on folks coming from the north with the focus on shelters
    - 50% of enrollees are over the age of 50
- Referral Rollout Timeline (Karen Linkins)
  - Program is working with Sac Fire and Dignity, discussions initiated with UCD, Sutter, and Kaiser
  - Ashley Brand shared that Dignity is exploring direct referrals in the hospital and adding prior ED/Inpatient visit info on the referral form. Dignity is working with Sacramento Covered to figure out what the response will look like (e.g., in-person, 30 min or 4 hours). Starting with Mercy Hospital and have their social worker involved. Mercy is already keeping a loose record of who could be eligible – about 50 individuals. Want to start small and at Mercy and then potentially expand.
  - Jodi: In the next month or so will operationalize this and our preference is to have someone there in-person to meet enrollees.
- Joint Service Delivery/IT Committee Meeting Highlights
  - First joint meeting together. Teams shared program goals and vision, talked about the IT platform, and how to integrate the platform into the care coordination.
  - Received positive feedback on the meeting format from members because of interest in cross-sector and cross-division conversation.
  - Support Team may be proposing changes to the way that we are meeting – sensitive to everyone’s time and want to maximize time efficiency.
- Data Sharing Agreement Status Update (Lisa Chan Sawin/Mark Elson)
  - Support Team provided an overview of the DSA webinars — presentation and audio will be posted on the website.
  - Organizations should submit feedback on the DSA and BAA. Support Team is working with the City to collect and address feedback.
  - Beau Hennemann asked to what extent the DSA is expected to change given the feedback. Mark Elson responded that major changes are not expected and the structure of the agreement will largely be the same. Support Team does not expect the changes

will require significant review by legal/finance. Support Team will send partners a clean version and redline copy.

- RFQ Process - Next Steps and Timing (Lisa Chan Sawin)
  - Selected 12 organizations to move on and through a Readiness Review/Contract process. Goal is to have multiple conversations with each of the respondents.
  - Need contracts wrapped up and signed by the end of the month. Readiness Review phase includes preparation and readiness support for our partners.
  - Sarah O’Daniel asked for clarification on whether all 12 organizations are expected to have contracts for services. Lisa Chan Sawin responded that the goal is to have contracts with all 12 organizations; need to make sure that partners understand what they need to do, and have scopes of work line up. Pathways will bring together four or more organizations to serve as hubs, three for housing service entities, and five outreach organizations.
  - Erin Johansen asked whether the Support Team had a sense of what the program was looking for in the number of providers and if the results were in line with expectations. Lisa shared that there were more outreach organizations than expected, pleased with the number of hubs, and expected more housing providers.
  - Kelly Bennett inquired whether there is flexibility between housing and outreach applicants to work together or flexibility outside what was applied for. Lisa responded that the Support Team is working with the City’s legal staff to understand there is room to do that within the procurement process.
  - Beau Hennemann asked how the providers will all fit together. Lisa responded that there is a strong framework, but there is some grey area where those handoffs are, which will be worked through prior to full launch.
  - Karen Linkins noted that at the RFQ Respondent meeting yesterday the group discussed four phases: 1) Outreach, 2) Activation, 3) Stabilization, and 4) Graduation.
    - Function of the hubs is at a system-level where we want systems-level care coordination. The hubs will maintain the Shared Care Plan and will be doing the care coordination, and the case conferencing.
    - Organizations will be working to the top of their expertise.
    - In the readiness phase the program will be working out who should be working with whom, looking at geography and/or natural partnerships.
    - Need to build trust — many partners have not worked together. This is a community approach to care coordination as opposed to individual organizations doing care coordination. Now we know who wants to play and can build with these organizations.
  - Lisa Chan Sawin added that one of hallmarks of Whole Person Care is the continuous PDSAs and Learning Cycles; being able to learn what works and what doesn’t. We are challenging partners to work together in a different way.

- John Freeman shared that the housing organizations would like to discuss strengths and capacities together as a group with the Support Team. Emily Halcon requested that SHRA be included in that meeting.
- Jonathan Porteus noted that it feels like a lot of social engineering is about to happen, but that is good. There are some pretty ossified systems.
- Karen Linkins shared that what was talked about at the RFQ Respondents Kickoff Meeting was the acknowledgment that partners are going to be working on this for a while and it is a commitment. This notion of co-management and co-coordination – no longer “my patient” but all of our patients. This gets to a place where we can do more person-centered care.
- March 20<sup>th</sup> City Council Meeting Announcement (Emily Halcon)
  - Emily announced that the March 20<sup>th</sup> City Council meeting will be an opportunity to celebrate the success of the project with the public and she would love all partners to be there.
  - **Action Item: Send a calendar reminder for City Council March 20<sup>th</sup> meeting.**
- Process for Selecting Steering Committee Consumer Representative (Lisa Chan Sawin)
  - Support Team will ask for nominations for who you might want to nominate as a consumer/client and will send a survey.
  - Emily noted that as partners think about people who should be nominated to keep in mind that individuals should not be a Pathways enrollee or employee of your organizations.
  - Kelly Bennett inquired how would this person be supported in this commitment. Lisa noted that the program will support their travel and be provided a stipend. Emily shared that the City is open to hearing what partners think is appropriate for a stipend or anything else to provide support.

#### **Partner Spotlight: River City Medical Group (Janice Milligan)**

- Janice Milligan provided an overview of River City Medical Group (RCMG), which has a long history here in Sacramento in the 70s and 80s because of a large number of immigrants there was a shortage of physicians for Medicaid enrollees. Physicians banded together and working together in loose affiliations. The doctors formed a medical group and in 1992 became a Primary Care Case Management (PCCM) program. Board of directors is still made up of physicians to treat Medicaid beneficiaries. In 1995 Sacramento went into the process of GMC and the model changed. RCMG decided not to become a plan – decided to stick to our roots.
- As of today, RCMG is the only medical group that is exclusively Medi-Cal Managed Care (MMC). RCMG’s mission is to recognize and meet the needs of the Medi-Cal population.
- Janice provided an overview of how RCMG and MMC work in Sacramento:
  - Feds pay the state and state contracts with the MMC plans and contract with RCMG.
  - RCMG provides the providers and are now contracted with all of the FQHCs and recently Sacramento County clinic. They have specialty providers and independent practices with PCPs.

- Kaiser Permanente does not contract with RCMG and RCMG does not contract with any of the hospitals, but they do work with Kaiser because many RCMG patients get into Kaiser hospitals.
- There are other IPAs that can fit into the RCMG “box” – Imperial might fit in there, etc.
- Health plans pay the hospitals, but our providers provide the care in and out of the hospitals. In Sacramento, this is the prevailing model.
  - Contract with four MMC plans: Anthem, Molina, Aetna, and Health Net/Centene
  - Provide service and manage care in 12 counties (most services are in Sacramento) for 260,000 + Medi-Cal beneficiaries.
  - Have about 550 PCPs and another 1,600 specialty providers.
  - We have a family of providers – RCMG, Sacramento Family Medical Centers, Surgery Center, Whole Health Community Clinic – all entities were going through ownerships changes, because they are critical Medicaid providers the board brought on.
  - Also affiliated with academic institutions – California Northstate University (for-profit).
- RCMG offers a variety of contracting options; they are owned and operated by physicians.
  - When budgets are cut at the state-level, they can help fill the gap and are flexible.
  - RCMG has been able to increase some flexibility to specialty networks –meet daily to recruit specialists.
  - Host advisory groups to help providers better serve patients.
  - Support programs for high-need patients.
  - Work with many CBOs and help them raise money.
  - PCP medical homes with in-house complex case management, developed in partnership with Health Net.
- Pathways Role:
  - Whichever organizations end up being the hubs, we have a contractual relationship. We are a part of the community now, and our work on the Steering Committee is to be a part of the solution because we certainly understand what will happen when we don’t.
    - Have innovative technology for Medi-Cal, experienced Executive Team.
    - Do innovative things to increase access to care for Medicaid beneficiaries.
    - Bring systems of care integration. Whether we are supporting hubs that are PCPs or hospitals, we can do work to share information, before and after people have services.
    - Have the flexibility to be a GMC provider. Social work program started to work with hospital-based social workers. Work collaboratively, not duplicatively, e.g. we don’t duplicate what the FQHCs are doing and provide resources for smaller organizations.

- Questions:
  - Ashley Brand responded to Janice’s remarks about being collaborative and non-duplicative. For Pathways, who is the point of contact when someone has been enrolled? We need to know that everyone is bought in on who that contact is.
    - Karen Linkins responded that the short answer is that we don’t know yet, long answer is that we need to do this in the next six weeks. Some of this will come up with the IT platform, but that won’t solve it. It’s balancing centralization and diffusion. Ashley replied that she understand this a small population and it will be an ongoing process on how we don’t confuse those touchpoints. Not sure how to solve it, but need to keep talking about it. Karen agreed and noted that figuring this out ties into Health Homes.
    - Janice chimed in that the Health Home requirements look the same — one way or another, the system will have to reform. To have Sacramento articulate that, we can share how this work and how to pilot it. Still fuzzy in the details, but not fuzzy on the accountability. Lisa noted that there will be a lot more on that end. We will continue to have conversations on how to do that on the ground and systemically as a community.

### **Early Engagement: Successes, Challenges, and Lessons Learned (Karen Linkins)**

- Karen Linkins shared a brief overview of successes, challenges, and lessons learned from Early Engagement:
  - Successes: Assertive outreach is working, met targets, partners are gearing up to share data, and County committed MHSA funds.
  - John Foley noted that Sacramento County is putting a lot of efforts into homelessness and wanted to know if there is any coordination. Emily responded that the County has also put out an RFQ to do something very similar to Pathways; almost like a mini-version. City is aware of this and is working with the County — trying not to step on each other’s toes. Our goal is to merge programs and not have duplicative services or completion. Moving forward and having those conversations.
- Sarah O’Daniel stated that there might be overlap in County and Pathways service providers. If both groups of enrollees need the same housing units, there are concerns. Lisa responded that the program is working to coordinate and balance this moving forward.

### **Environmental Scan Highlights (Elizabeth Hagan/Karen Linkins)**

- Support Team provided a quick overview of highlights from the Environmental Scan and results from key informant interviews and surveys. Key findings included:
  1. Coordination/Collaboration – duplication of services
  2. Lack of availability of Housing Stock and Housing Services
  3. Lack of availability of MH and SUD services – waitlists, transportation

- In regards to housing availability, the Support Team noted that program intends to develop a more comprehensive strategy to develop housing services in parallel to housing stock — need more property management, on-site services, and supports.
- Erin Johansen commented that if we intentionally number the priorities that will bring more attention to the most pressing priority. Housing stock needs the number one amount of attention.
  - Captain Martin Ross noted that if California has 23% of the nation’s homeless population, is it necessary to have a comprehensive approach to get other counties and states to participate in these efforts. Will more people come if we build it? Lisa responded that the overlap between health and housing is rising to the forefront and there are other Whole Person Care pilots throughout the state.
  - Janice Milligan shared that neighboring counties have forums with the same kinds of stakeholders, e.g. in Placer County. Health Net and San Joaquin are working on this. Even in rural counties like El Dorado, they have collaboratives on housing stock. Ashley Brand also commented, noting she does not want us to fear people coming in if we build services.
  - Emily Halcon acknowledged that housing conversation is way bigger than Pathways and the Mayor recognizes this and knows we need to focus on this. Welcome to ideas on how to get to 1,000 units.