

## Executive Committee Meeting Notes

**Date:** August 8, 2019  
**Time:** 10:00am - 11:00am  
**Location:** City Hall, Room 5214

### Committee Members in Attendance

- Chris Conlin, Assistant City Manager, Office of the City Manager
- Emily Halcon, Homeless Services Coordinator, Office of the City Manager
- Leyne Milstein, Assistant City Manager, Office of the City Manager
- Chad Augustin, Deputy Fire Chief, Sacramento Fire Department
- Daniel Hahn, Chief of Police, Sacramento Police Department

### Support Team in Attendance

- Anira Khlok, Program Analyst, Office of the City Manager
- Lisa Chan Sawin, Transform Health
- Gretchen Schroeder, Transform Health
- Kristine Gual, Transform Health

### Exec Committee Business

1. Action Item: Approve 4/18/19 Meeting Minutes
  - Leyne Milstein moved to approve the minutes, Chad Augustin seconded the motion, all approved.

### Pathways Evaluation

1. Info Item: Overview of Pathways Evaluation ( Karen Linkins, Jennifer Brya)
  - Karen Linkins: This is a report providing overview of what we are planning for evaluations. It does not include input from stakeholders, such as this Executive Committee. We will go over the initial design and any research questions of interest. Please let me know if anything comes to mind.
    - The first slide has three research questions worked out with the City (Emily Halcon and Anira Khlok) on how to think about evaluations. Question one asks to look at the impact of care coordination and co-management, which is a unique feature of Pathways. This includes factors that contribute to enrollee engagement and success such as services, staffing, and co-management work across partners and systems.
    - Question two asks about the role of temporary shelter placement- is it worth investing in temporary shelter to stabilize people? Does it get them ready for permanent housing? What are the most effective intervention strategies, barriers, and facilitators?

- Question three looks at the overall impact of the Pathway model for health plans and hospitals, in terms of ED utilization. It evaluates the big costs and whether there are cost offsets.
- Emily Halcon: The primary funders are hospitals, so this is critical for them to continue to invest and we hope they find it meaningful.
- Karen Linkins and Jennifer are meeting with the hospitals and health plans to review these questions.
- Karen Linkins: Slide two lists the major variables and factors that influence these variables, like demographics, program engagement, housing and shelter type, and access to services. The slide also mentions the impact of partnership, collaboration, communication, a shared vision, and the need for aligned and less duplicated services. Finally, are the lessons learned, pitfalls, challenges, successes, sustainability factors.
  - The third slide has an overview of the evaluation, its relatively simplistic. There may be opportunities for comparison groups, maybe with other city or housing programs. We can potentially select comparison of a sub-population or do a synthetic cohort of similar people who were not enrolled in the program.
  - The evaluation takes a mixed method approach. Qualitative in the form of focus groups case notes reviews, and interviews, and quantitative in the form of data services utilization, and costs.
  - The Shared Care Plan will provide data on services, acuity, client engagement, and can allow us to look at improvement and functioning.
- Jennifer Brya: We would get utilization data out of Salesforce and data sources from compiled parts of the DHCS reporting requirement. The methodology has been problematic, but it is still a rich data source that isn't listed here on the slide.
- Emily Halcon: Do you have thoughts on what the product will look like?
- Jennifer Brya: We want to make it in real-time as much as possible and we want to develop a dashboard that is different from this program's dashboard. Our dashboard would be in real time and geared towards these mentioned outcomes. The City can use this information to report publicly what is going on with the program. Our intent is to do it quarterly if this can be agreed with the health plans. We also want to have a report done by the end of 2019, predicated on getting the data. The focus is to look at individuals enrolled during the early engagement phase of 2017 and 2018 and see what is happening with them and any early learnings. The final report will be looking at cohorts based their time of enrollment.
  - In addition to the reports, we will develop PowerPoints and briefings to use for City and County services, and for DHCS. These materials can also be important for health services and providers to continue with service delivery when the project ends.
- Emily Halcon: Anira and I are very excited about this evaluation and look forward to seeing the results. The quarterly reports can be brought into Executive Committee so you all can see those dashboards as well. If people want to dig deeper, we can make that happen as well.
- We approved doing this project with the funding. Karen and Jennifer will be doing this a little longer than Pathways in order to present to Council and inform other programs in our division. We are funding outside of WPC to pull general funds and do as a separate project.
- Leyne Milstein: This may be something we want to make into a larger presentation to the State depending on the data.

- Lisa Chan Sawin: There may be applicability to sharing with the County as well. It will be helpful to improve the quality improvement activities and work with Jennifer and Karen later on.

### Program Updates (please refer to meeting handout)

- Please see the information in the packet in your own time, and feel free to reach out to Support Team, Emily, or Anira.
1. Info Item: Dashboard ( Lisa Chan Sawin)
    - Served over 1,400 individuals from beginning of program
    - 769 individuals by the end of July
    - Expect to top 800 in the next month.
    - Our referral sources have gone up. There is a healthy balance between impact team and partners. Everything is aligned with what we've seen in the past
  2. Info Item: DHCS Reporting ( Lisa Chan Sawin)
  3. Info Item: Hospital Alerting Pilot Status ( Lisa Chan Sawin)
  4. Info Item: Health Homes Program ( Lisa Chan Sawin)
  5. Info Item: HEAP Funding and City's Allocated Housing Slots ( Lisa Chan Sawin)
  6. Info Item: State Budget — \$3M for WPC Housing Services ( Lisa Chan Sawin)
    - Emily Halcon: We will have to take an action to Council in September to line us up for receiving this money. We won't see the money until early next year, but there are other steps to be taken soon. We just got notified of this two weeks ago. We don't have a lot of options, but we will talk about this later. We need to be thoughtful about how we spend it.
      - \$3M is our cut, based on how we use services.
    - Lisa Chan Sawin: This money can be used for housing and extends through 2025. We have a few questions, such as can we fund housing support services past 2025? It's through Medi-Cal. We need a letter and commitment in writing from the City on how it will be spent.
    - Emily Halcon: The goal for council is the 2<sup>nd</sup> or 3<sup>rd</sup> week of September.

### Discussion Items:

1. ICP+ Implementation Issues
  - Action Item: Approval of Approach to Addressing ICP+ Siting Issues
    - Lisa Chan Sawin: Here is some background on ICP+. ICP+ are crisis respite beds for people being discharged from hospitals without homes or home care. Many of these people are homeless individuals. 16 beds are funded by Sutter. Different from ICP+, ICP does not have 24-hour nursing support, and is funded by all 4 hospital systems.
    - There is not enough capacity of ICP+, the census is almost 99% full every day and people have to be turned away. We want to double the beds in the community. WSH is the vendor but we've had a number of siting issues. A contract was approved by City Council for 20 beds to be able to open up and change processes. A lot of work has been done with our partners to make work-flows and we are ready to go. The issue is that Salvation Army came back to WSH with an increased rental rate. It was \$26 per bed per day in the rental application, but is now \$70 per bed per day. This is because ICP+ beds take up the space of two normal beds.

- Emily Halcon: Salvation Army is most complex because they are used to selling beds to different funders at different rates. They are not cost allocating by funder, rather they are spreading it across. They are now trying to say everyone who rents a bed from us owes \$35. How they got this number is unknown to us. Salvation Army owns the facility, unlike other partners we work with. They are selling beds to other programs as well, creating a competition scenario.
- WSH has purchased a building and their long-term goal is to move into a permanent shelter of their own.
- Lisa Chan Sawin: they are submitting plans to City next month and want to get program running by Spring. But we have 14 months left of the program. We can wait until their building comes up and use it for the last 8 months of program. Or we can have a combined approach with Salvation Army beds, which are only 8 male beds at the higher rate for now and move into the WSH building when it is running.
- Emily Halcon: We can reallocate ICP money to something else in the program or choose to fund 8 beds now with several financing scenarios. There is the danger of precedent if we choose one of these routes. ICP+ beds are very important to hospital funders, backing out fully will not sit well with funders.
- Anira Khlok: Since we already submitted the rate to DHCS, we would have to authorize a higher rate.
- Chris Conlin: How do they justify it?
- Lisa Chan Sawin: We negotiate it and would have to go back to the State to justify. We know they may be higher than other ICP+ beds in the State, but we only have one option. We could apply an incentive agreement to WSH that gets passed on. Their preference is to increase the rate so they can get this from hospitals later on.
- Emily Halcon: We are having a conversation with the 4 hospitals tomorrow about this, who will be inheriting this problem when the program ends. There's no real budget or tracking and the hospitals pay whether there is a good outcome or not. We can hold them to a higher standard than the hospitals can.
- Lisa Chan Sawin: The hospitals want to know if there will be an outcome difference between these options. We need to decide whether we move forward with ICP+ beds or not.
  - If City moves forward, we must decide if we fund 8 beds for the rest of program or go up to 20 when the new building opens for a shorter time.
- Leyne Milstein moved on moving forward with funding beds, and not funding an increase in the rental rate, and to find some other mechanism. The motion also includes getting in writing a detailed budget from Salvation Army and a confirmation in writing from WSH that the rate will return to the prior rate when they open their own building. Chris Conlin seconded, all approved.

## 2. Pathways Budget Review and Forecast ( Gretchen Shroeder)

- Emily Halcon: We got IGT for May and are good to go through contracts this calendar year. We are in a better fiscal picture if we get money from Sutter that they have committed to. We've been talking to them for a year to increase that amount and they agreed but haven't paid yet. I'm going to brief Jaycob Bytel tomorrow. If Sutter doesn't come forward, our gaps are significant. If it does come through, we have smaller gaps that we can manage. I will be asking a mayoral push on Sutter since they agreed but have yet to make it happen.
- Gretchen Schroeder: We need to go over ramp down scenarios depending on the budget.

- Baseline includes 8 ICP+ beds through June 30<sup>th</sup>, a ramp up to 1,000 enrollees by the end of December and a maintenance of that number through the end of py5
- Without Sutter money and at baseline, there would be significant gaps for the next 3 IGT.
- With Sutter money and baseline:
  - There would be an IGT gap that comes in final IGT after the program ends and all services are completed and paid for. May 2021 would be the last IGT for the City to pay for work and the last 6 months of 2020.
- Leyne Milstein: From a government perspective, if in all these scenarios we have a balance in the program, its not a concern what we have left at the end. We're only floating what we have and may not get back what we have. I need to think it through and see that final column before I decide. Should I care about the gap? Does the money that comes back have ties to it?
- Emily Halcon: The money could go into reserve for Health Homes?
- Lisa Chan Sawin: There will be some things to work out and pay. This happens in other programs and the money that comes back doesn't have ties. Other cities view this extra money as revenue.
- Gretchen Schroeder: I have some ramp down money with no gaps, but that means we'd have extra money that doesn't go to services.
- Emily Halcon: Is it better to do no ramp down and flip into Health Homes or do a gradual ramp down? We will discuss in more detail next meaning.
- Lisa Chan Sawin: We will add the final column back in and circulate the updated chart through email to see what money the City gets back. We can serve fewer people with a smaller gap and get money back or service more people with a larger gap. If we do it through incentive agreements, it would be budget neutral.
- Emily Halcon: I would like to have Leyne dig more into these scenarios and look through what would mean with various ramp downs.
- Chris Conlin: Is receiving money from Sutter the only scenario that works?
- Gretchen Schroeder: We would need to start cutting enrollment now and ramping down now. There is no other source of funding.
- Lisa Chan Sawin: We would have to fundraise and see if other groups are willing to pay. Maybe TCE? They have a separate project that provides funding to Sacramento.
- Leyne Milstein: Ideally, we would never ramp down and flip all into Health Homes Why don't we move forward with that. We should set this up so we get the money by the end of the year, ideally by the end of October.
- Gretchen Shroeder: The key is to get it before May IGT.
- Emily Halcon: There is no action to take right now. I need to sit down with Jaycob tomorrow. We can sit down with Leyne's staff on how to approach funding.
- Leyne Milstein: If we get zero strings, we budget a reimbursement to get a net of zero. We get \$1.7M for the program and get \$1.7M back. Do we want to get that reimbursed? I don't see a down-side as of now.
- Emily Halcon: We need to work on scenarios of what max Health Homes would be. I would argue this is money earned that should stay in homeless services, but that's up to Council. I could see a lot of supplementary uses.

- **Wrap Up and Next Steps**

- Lisa Chan Sawin: We will plan out all ramp down scenarios to present at next meeting and add the final column and send out the budget spreadsheet via email.
- Emily: I will ask Jaycob for a plan in the next week or so and report out on my conversation with the hospitals about ICP+.