

Steering Committee Meeting Agenda

Date & Time: January 30, 2020, 1:00-2:30pm
Location: Room 1119, Sacramento City Hall
915 I Street Sacramento, CA 95814

Phone/Web: Dial-in: +1 669 900 6833 US
Meeting ID: 737 586 1177
<https://zoom.us/j/7375861177>

Committee Members in Attendance

- Hazaiah Williams, Elica Health Centers
- Alicia Gonzalez, Sacramento Native American Health Center
- John Foley, Sacramento Self Help Housing
- Beau Henneman, Anthem Blue Cross
- Joil Xiong, Sacramento Covered
- Alondra Thompson, One Community Health
- Holly Webb, WellSpace Health
- Ashley Brand, Dignity Health
- Michelle Watts, Sacramento Steps Forward
- Dee Strickland, Peach Tree Health
- Jesse Williams, Sacramento Self Help Housing
- Jennifer Ablog, Kaiser Permanente
- Trina Gonzalez, UC Davis Health

Committee Members on Phone

- Holly Harper, Sutter Health
- Erin Johansen, Hope Cooperative
- Ane Watts, Anthem Blue Cross
- Meredith Evans, Peach Tree Health
- Giselle Castro, LIBERTY Dental
- Amani Sawires-Rapaski, Volunteers of America
- Alan Arnello, Health Net
- Effie Ruggles, River City Medical Group
- Gabriel Kendall, 211

Program Updates

- Dashboard
 - Joil Xiong: Last month, we reported 508 for individuals in permanent or transitional housing. Pretty much everything else is the same from previous months. The gender and age breakdown is the same. Referrals are still at 30% for each sector. We also reached an important milestone: over 500 enrollees have been housed!
 - Lisa Chan-Sawin: We are really excited to have reached this housing milestone. This is due to all the hard work our service partners do on the ground and everyone involved to help our folks get and stay housed.
- Pathways ICP+
 - Gretchen Schroeder: ICP+ is ready to go. There will be 20 beds available by mid-February. We originally did a lot of work on ICP+ policies and procedures over the summer and will be reviewing those to ensure they are up to date.
 - Holly Webb: We are already identifying folks for the beds.
 - Ashley Brand: Recognizing that the funding would have been used for an extended amount of time, where will the rest of this funding go after the program sunsets at the end of the year?
 - Lisa Chan-Sawin: We have been really thoughtful about redirecting any remaining funds to go back towards services.
 - Gretchen Schroeder: We are also funding higher acuity individuals than originally anticipated, which accounts for the use of these funds.
 - Emily Halcon: The original application was for 16 individuals, so we have added 4 additional beds with this money.
 - Gretchen Schroeder: We are developing a process for Pathways Hubs to make referrals. It was created over the summer by the Hubs, but we need to review these. We were going to create a separate new pathway of referral, so we do not disrupt other processes going on.
 - Lisa Chan-Sawin: We have to be very careful about the referral services, but this is an opportunity for the housing and Hub partners to work together.
 - Holly Harper: Is there an opportunity to re-educate our on the ground staff on these referrals?
 - Lisa Chan-Sawin: There is opportunity to revisit this. We will be reaching back out to our partners around launch. We don't want to disrupt what is working on the ground now and we want to align with the existing hospital process that works.
 - Holly Harper: I think that would be really valuable, and it would be great if we could be copied on that.

- Support Team Changes
 - Lisa Chan-Sawin: Many of you know that Kristine Gual left my team in December and is still doing amazing things in the community. I want to introduce everyone to Ron Spingarn, who is coming in as our new Project Director. Please reach out to him any time.
 - Ron Spingarn: I look forward to meeting and working with all of you.
 - Lisa Chan Sawin: Here is a list of our current support team and how to contact us. Please reach out to us so we can support you if needed.
- CalAIM -> Medi-Cal Healthier California for All
 - Lisa Chan-Sawin: The effort to redesign our state Medicaid program is changing the landscape we currently reside in. There are a lot of changes going on and it's a wide-ranging initiative. We are focused on what has an impact on Pathways and Whole Person Care, specifically. There are a lot of moving parts to this conversation and we are currently in the stakeholder engagement process with the state. We wanted to bring a few things to your attention on what we know right now. We wanted to note that the State originally planned on sunseting Targeted Case Management (TCM), WPC, and Health Homes at the end of the year. This week, we learned that TCM will not be ending as the state originally planned. TCM provides important funding streams for County programs. The State also contemplated moving from monthly open enrollment to annual. They have since walked back from this as well and this change will not occur. We also need to discuss Enhanced Care Management (ECM) and In Lieu Of Services (ILOS). ECM is a new program that is run through the health plans and will basically replace WPC and Health Homes. ILOS are services plans can provide in lieu of medical mandated benefits if the ILOS services will cost less. However, plans are allowed to pick and choose which of the 13 ILOS services they want to cover. Both ILOS and ECM are envisioned to start January 2021. We don't know how this will look exactly yet. Now, the plans are expected to submit a draft transition plan for each County they work in by July 1st, 2020 that states what ILOS they will adopt. There are a number of options the plans can choose from. We are looking forward to work with the plans to identify these changes.
 - Beau Henneman: One thing I keep telling people is that, while there is always a stakeholder process, this one in particular feels much more involved. They are making changes based off the feedback we all provide regarding ILOS and other program services. There has been good robust discussion in the ECM/ILOS workgroup. Now there is only one more meeting in February and we have to have plans in place by July. This leaves a short window for us to turn it around. It's going to move very quickly.
 - Lisa Chan-Sawin: We will keep bringing updates that are relevant from our service partners as we move forward.

- Holly Harper: Beau, can you clarify what optional means for ILOS?
 - Beau Henneman: I interpret it to mean, “kind of optional”. There has been feedback that these things should be mandated to move towards consistent services across the state. So far, the state made it clear that they have to make it optional in order to abide by CMS requirements. They are also making sure that the infrastructure developed by WPC is carried on and these services live on. I think what they are working towards is making these mandated maybe 5+ years down the line. I heard there was a comment made during a call I missed that said LTSS (long term services and supports) will be fully integrated by 2026.
 - Holly Harper: Thank you, that is perfect for clarifying.
 - Ashley Brand: Is there talk across the state to look for consistency since each plan has unique services?
 - Beau Henneman: The intent they are working towards is that everyone has the same services in the long run, but how people delegate these services is not uniform right now.
 - Lisa Chan-Sawin: There’s a lot more to come on this and ILOS is just one component of it.
- April – December 2020 Contracts
 - Gretchen Schroeder: We are doing our extension through the end of March and are getting ready for April-December. We don’t know what this will look like going forward, but I want to share what the Executive Committee has provided us for guidance. We discussed how we want to ramp up through June, then start to narrow referrals for the last 6 months of the program and do transitions in the Fall. Based on this, we want contracts with a lot of flexibility. Knowing this, panel sizes will not be evenly balanced the last 9 months of the program. Also, as we get closer to our enrollment cap, we may see folks coming in who are assigned to certain PCPs and may need to do some rebalancing. We will be working together in our transition workgroups in the next few weeks to discuss these key changes.
 - John Foley: Jodi started to loop people into transitional houses, FHP. How does this fit in to the transition timeline?
 - Gretchen Schroeder: We have 40 slots between the 3 providers, and we have budgets assuming we will not serve these 40 people for housing services only.
 - Emily Halcon: For scatter site shelters, those are sheltering options to align with Pathways clients that will live beyond Pathways. We will need to consider how we will transition the people who are in these shelter beds when the program ends.
 - Holly Webb: On ramp down you mentioned referring to other shelters. Is that speaking just to housing only? These people still may need care coordination services.

- Emily Halcon: This was designed by Executive Committee when the City had expected 2 large shelters. We thought they may be an easier population to provide services to. This will be the referral pathway. The shelters have now been changed by City Council, so we need to revisit.
- Lisa Chan-Sawin: We also want to be sensitive to the fact that it is a lot of ramp up work for new patients and it's not fair to enroll people who will only be able to receive a few weeks of services. We want to create a thoughtful transition.

City Updates

- New Transportation Benefit and Governor's One-Time Housing Funding for WPC Pilots
 - Anira Khlok: We sent out contract supplements to our housing partners that include transportation benefits for transportation costs. We are also incorporating the one-time housing funds from the Governor into these contracts. We are asking our partners to administer housing subsidies to quickly house folks and help them reach long term housing.
 - Beau Henneman: Are these ongoing rental subsidies?
 - Anira Khlok: These one-time dollars are strictly for rental.
 - Emily Halcon: We are hoping there won't be money left over. If we see it occurring, we would have to restructure how this money gets transferred, but will not send it back to the state.
 - Ashley Brand: How many people will be ready to shift from subsidies to paying their own rent? If there is money left over, maybe this could further assist?
 - Holly Harper: This is really exciting work and I think we are missing an opportunity to share this with the community and our local hospital administrators. It would be great to get together to communicate these successes better.
 - Emily Halcon: On February 4th, we are prepping the Mayor to provide some strong commentary on it. It would be great to work with you on some press opportunities.
 - Gretchen Schroeder: In our January newsletter, we are highlighting LSS to share some of their successes. Please look to see what has been working for them.
- City Shelter Update
 - Emily Halcon: There is a lot going on that is conceptual around City Shelters. We did open our first two shelters with SSHH as the operator. There are 8 homes, each housing 4-5 folks. We are prioritizing Pathways enrollees into these sites. John Foley can speak to how these work. We are excited for the others to come online soon. We are coordinating, through Sacramento Covered, on referring our most vulnerable people inside first. The other change is that the City and County

turned a switch on shelters in the River District. North A and North 5th are two county owned buildings that house 204 beds collectively. They've been operated differently throughout the years. The City recently made funds available for a collaborative. They are both now 24/7 and provide intensive services for outreach only. The City and County are working to make sure we are measuring funding the same way. For some of you on the ground, the change that is happening is that we are prioritizing people who are unsheltered in the district. SHRA will be presenting at the February 4th Council meeting on their plans.

- Holly Harper: Is there any real conversation about making what was TACC something different or better? I heard there is a missing piece.
 - Emily Halcon: There was an idea that TACC was a detox center, but this is a misnomer. It had become a shelter for recovering from chronic alcohol inebriation. We haven't solved the problem of needing a detox shelter, but this site will be used more effectively as a different type of shelter.
 - Holly Harper: I think there is some opportunity through CalAIM for this. If you could send out the SHRA info that would be great.
- Local Evaluation Update
 - Anira Khlok: We hope to have a preliminary evaluation report in February. Our evaluators are going through quantitative data for this report. There are some information gaps that they are working to fill. They are scheduling focus groups with select service providers. They want me to share that they will be reaching out to everyone to gather your perspectives. Stay tuned.

Featured Organization: Sacramento Family Justice Center

- Faith Whitmore: We offer free wrap-around services. Our services may be relevant for you all because 63% of women out on the streets have experienced Domestic Violence and 1/3 are on the streets *due* to Domestic Violence. It's a community and public health issue. Many people say that housing is a huge influence on why victims stay. We want to enhance and complement all the work being done in the community while providing victims with the services they need. We offer training for medical personnel and train with Kaiser as well as mobile services training.
- Lisa Chan-Sawin: This is such an important resource. There are special criteria to get you on the list for hub-centered housing. We want to give everyone an opportunity to connect with Faith and receive some of her resources.
- Holly Harper: I think there are some opportunities for us to reconnect on this.
- Emily Halcon: Faith points out a lot of what we see in the homeless population. This past year, the Federal Government put out funds just for Domestic Violence programs. Last week, we were told we are getting two new Domestic Violence projects through My Sister's House and Opening Doors. Both offer additional spots for wrap-around housing. We are excited to have resources dedicated to this population.

- Alondra Thompson: I had a call from our clinic of someone who wants support. Is there a direct number for providers?
- Faith Whitmore: Everything we do is done on a walk-in basis, so no appointments are needed. I can provide my direct contact information. We are working very closely with law enforcement to bring people straight to our center or have us pick them up. We are open every weekday from 8:30am-5pm.

Discussion Items

- Pathways Transition Planning
 - Lisa Chan-Sawin: Many of you know that we need to be thoughtful around how we transition patients and maintain continuity of care. We will be replacing Service Delivery Meetings with a Transition Workgroup. We want to work with everyone to make sure we are thoughtful in this process. We want to share that we have draft Transition Workgroup charters and a principles, goals, and objectives document. These are a strawman documents and we highly encourage people to submit feedback and responses on these drafts. There will be nuances based on organization that we need to take into account. Some patients may also not have a subsequent program to transition into and we want to have a conversation on how to support these patients. We want to meet monthly in the first six months then support our service partners in the last few quarters. We heard from our partners that quarterly is not enough, which is why we opted to switch to monthly for the initial period. Any thoughts on this? As you think about this, please give us feedback.
 - Trina Gonzalez: It seems to me that transition seems to be two layers: policy and groundwork?
 - Lisa Chan Sawin: The goal of this workgroup is to work through policies and procedures. We have high level structural mapping to do, but want to consider how this will be implemented on the ground as well. We want to engage the program administrators since they do a lot of the planning work and we want to design processes that really work for everyone. This first meeting is level setting with our service partners. We will be expanding this to our plan and hospital partners as we move forward. For the charter, we wanted to map out transition plans to take into consideration every Pathways enrollee. Some may be lower acuity and more ready for transition. Others may not be ready yet. This is why we need to work closely with our hub partners on acuity needs and also with our housing partners on who is housed and what current housing needs are. We've laid out some goals with measurable objectives in the transition goals and objectives sheet. For a sense of the work, we know we need to work with local providers to understand the delivery landscape and what capacity is for these programs. We still need to receive a lot of information. We are hoping to work with the plan partners to determine these batch processes. To give you a sense

of what this year looks like, this is a high-level draft timeline. We will have to revisit these dates as things continue to change. Please give us your thoughts on this as well.

- John Foley: One wonderful thing is that there is money to pay rent for the first time. However, this may make us move people into housing who aren't ready to be housed. This will require transitions for us. Some staff members may also be leaving as the year moves on and we may lose some of our most skilled staff. We are anticipating some worrisome push-pull. It's hard to know that we are gaining these funding benefits as the program is also ramping down.
- Lisa Chan-Sawin: I think there may be potential for conversations between our service partners and plans around contracting. The goal is to maintain the capacity to the extent possible. We want to take into consideration all fiscal implications, including staffing. We will have a lot of conversations together.
- Holly Webb: My concern is that the longer we go with accepting referrals, the more we will be taking in folks who aren't ready for transitions. These are people who don't make changes in 3 months. Even with this money, we can house these people, but they may not stay housed. They will continue with mental health and substance issues. The transition needs to be as transparent as possible.
- Emily Halcon: I recognize that one-time money for people with complex issues isn't ideal. We are working with SSF to try and provide people with some form of subsidies.
- Lisa Chan-Sawin: One of the conversations we are anticipating is also how to create additional program capacity and transition the people who are ready first. We need to work with our clinical partners on this and recognize that our Hubs know where each patient is.
- Beau Henneman: I want to confirm that in the charter it says, "participating organizations for members as of now". Is the ongoing workgroup going to include all providers? I get a little worried when I see timelines like this about transition plans being submitted separately in June and July. I think we need to have full workflow discussions to work towards incorporating the key pieces.
- Lisa Chan-Sawin: Yes, we recognize that not all partner organizations have been involved in CalAIM and want to have some levelling conversations first. That was our intent as well and we may not have captured it accurately in these drafts yet. We want to develop in our first meeting how we can best bring in our other partners in the following meetings.
- Holly Webb: I would also think that first you need to get a sense of the population and who these candidates are.
- Ron Spingarn: These materials have been sent out before this meeting started. Please share internally with your staff so we can gather as much feedback as possible.