

Executive Committee Notes

Date: February 7, 2019
Time: 10:00am - 11:00am
Location: City Hall, Room 5214

Committee Members in Attendance

- Deputy Chief Chad Augustin, Sacramento Fire Department
- Jaycob Bytel, Deputy Chief of Staff – External Affairs, Office of Mayor Darrell Steinberg
- Chris Conlin, Assistant City Manager, City of Sacramento
- Sergeant Bill Wann, Sacramento Police Department
- Emily Halcon, Homeless Services Coordinator, City of Sacramento
- Leyne Milstein, Assistant City Manager, City of Sacramento

Support Team in Attendance

- Lisa Chan-Sawin, Project Lead, Transform Health
- Gretchen Schroeder, Deputy Director, Transform Health
- Margaux McFetridge, Communications Manager, Transform Health
- Daljit Mehanger, Controller, Transform Health

Exec Committee Business

- Action Item: Approve 11/1/18 Meeting Minutes
 - Chris moved, Emily seconded and all approved.

Program Updates

- **Info Item: Dashboard & Enrollment/Utilization Numbers (Support Team)**
 - Pathways Dashboard — As of the end of January, program has 587 enrollees. Referral sources have ticked up on the health care side (i.e. hospitals). Health plan assignment is consistent — Molina's numbers continue to rise and they are actively submitting referrals. Housing is up to 235 enrollees housed. That number was around 180 in December. Age distribution of enrollees is still skewing older.
 - Enrollment and Utilization Numbers – Program is delivering more higher intensity PMPMs. The Pathways population is sicker than anticipated. State has to approve our high intensity PMPM increase for 2019 through a budget roll-over. Program does not have enough housing service capacity but we also discovered underreporting of housing services, which is being addressed. Outreach numbers are really close to goal.
- **Info Item: DHCS Reporting Update (Support Team)**

- Pathways is reporting on several metrics for the first time (permanent housing, initiation and engagement of alcohol and drug treatment, and follow-up after mental health hospitalization for the first time. Support Team will also be submitting the 2018 Narrative Report, which is posted on the state website.
 - Emily Halcon provided an update on the proposed collaborative work with Desert Vista Consulting for more community-based reporting, i.e. a local evaluation to highlight what the program is doing. Hoping to bring a proposal to the next Executive Committee if there is additional funding.
 - Support Team shared that UCLA is also conducting DHCS's evaluation of all WPC pilots. Sacramento's housing numbers have garnered interest across the pilots and CHCS, the state's consultant, has asked Pathways to present on our housing strategies.
 - Committee members noted that housing success stories are the types of stories we want to share, along with other things like how many people got signed up for Medi-Cal, etc. Part of our team does evaluations of these types of programs. Important to share successes. It would be great to see a short video that combines the data with the personal stories.
- **Info Item: Referral Pathways Status Update (Support Team)**
 - County, hospitals and managed care plans are referring into the program. We are one of the few pilots that have figured out how to get Kaiser referrals. We found a roundabout way of getting non-member referrals through Kaiser hospitals.
 - Emily: They don't serve a lot of homeless members.
 - Lisa: We are currently serving 19 Kaiser enrollees – don't have direct access to their data. Contra Costa is a bit more advanced, talking to Jen Ablog about this.
 - Chris: What is Kaiser doing for HHP in terms of data sharing?
 - Emily: Their model will likely be insular, won't be working with other plans.
 - Lisa: We've always seen Kaiser as different because their model is closed off and they struggle because they don't provide community-based services.
- **Info Item: Expanding Provider Capacity to Ramp Up Enrollment — 2019 Contract Renewals and RFQ for Hub & Housing Entities (Support Team)**
 - Program needs to ramp up services in 2019 to hit the 1,000 enrollment goal. In terms of contract renewals, Elica, SNAHC, WSH, LSS, and SSHH contracts will go to City Council on February 26th. Still, program needs more providers. For example, there are enrollees whose PCP assignments do not match the program's current Hubs. Program is looking for Virtual Hubs that are provider-agnostic and are experienced in field-based services.
- **Info Item: ICP + Status Update (Support Team)**
 - Program has a need for more respite care and we are working with WellSpace (WSH) to make that happen. WSH is close to getting the space ready. Funding is for 20 beds and related services. In the meantime, the Support Team has been working with the providers to develop referral processes with a launch goal of April 1.
- **Action Item: Program Budget/Cashflow and Negative MYOP Approach (City and Support Team)**

- Support Team is working on the program's annual invoice to the state, which will determine the IGT amount. Currently, the program does not have a gap in meeting the IGT obligation. Emily Halcon shared this does not include Sutter Health and their IGT commitment is increasing, but the City needs to operationalize that.
 - In addition, the program has to ramp up services to get up to the 1,000 enrollee goal. To ramp up to 1,000, there is a need to enter into new contracts in March and April – City does not have liquid dollars for the contract, i.e. there are no funds in the MYOP.
 - Leyne Milstein suggested working with accounting to structure funding like a grant since the City knows the money is coming in. City cannot pay for contracts for the amount that is not expected back.
 - City Pathways staff added that the challenge is that amount moves depending on the services and getting budget authority for moving targets. Program has budget authority for \$4m, but needs an extra \$2m. Part of that authority was eaten up by 2018 Incentive Agreements that will not be paid unless the City receives the IGT – so it is a timing issue. Question is, can we go in the negative for the Incentives knowing that we would not pay them if City does not get the IGT? Come March, City will need to enter into four new contracts (March 26th) – two of those contracts are ICP + (although they might not be finalized by that point).
 - Leyne Milstein added that this is a budgetary authority, not an accounting/cash flow issue.
 - Emily Halcon requested that Leyne look through the staff report language and provide feedback.
 - No action taken — next steps identified was for the City to schedule a meeting with Anira, Emily, Leyne, Daniel, and potentially Dawn to work through the issues and for Anira to review Budget Resolutions for budget authority language.
- **Info Item: Pathways Barrier Survey Results & Expedited Access Planning Sessions (Support Team)**
 - Support Team hosted two expedited access planning session webinars with Clinical and Non-Clinical partners – both noted that a major barrier is transportation.
 - City noted that Councilmember Jay Schenirer has gotten some transportation for the street team.
 - Support Team added that Medi-Cal can bill for medical transport, but it takes up to 10 days to arrange. Goal is to engage our partners on what solutions they can bring to the table. Especially with the health plans.
 - Deputy Chief Augustin shared that Fire has looked into a central hub for dispatch – they have contracts with different transportation types – Uber, wheelchair van – and bill back to the appropriate agency.
 - Emily Halcon noted that transportation may be something that the City can support standing up through Pathways.
 - Chris Conlin agreed that NEMT can really cut down on transports. Is there room to fund that through WPC? Support Team responded that we are looking at options— cannot use Medicaid funds to pay for the same services twice. Deputy Chief Augustin shared that this would be a fantastic addition for the City. Did a conference call with Uber, but this other company was much better — they had many more options.
 - Support Team added that another barrier for clinical partners is specialty care. The challenge is specialists do not open up spots for the homeless population. They need navigators or CHWs to

go with enrollees to appointments. There are some process solutions; we need to compel plans to open up providers. Emily suggested that plans/IPAs might be more willing to open up networks for Pathways enrollees if it was part of incentive.

- Support Team shared the final identified barrier — document retrieval and storage. Program is looking for a few strategies, but specifically looking for commitments to participate in working groups that would be included as a requirement in the Incentive Agreements.

- **Questions:**

- Governor's budget included \$100 million for WPC — what does that mean?
 - Lisa Chan Sawin shared that there is a couple of things to be aware of. DHCS was not a part of these discussions. DHCS staff has said that they have been tasked with spreading out the dollars to existing pilots. DHCS is going to come up with a mechanism to spread the dollars with a match. This is a way to jump start and drive more dollars. Depends on the timing — is it per year? If Pathways received \$4m the City could use the \$8m creatively.
 - Emily Halcon noted that the City could potentially align WPC funds with HEAP and could focus on rehousing people.
 - Leyne Milstein noted that she thought the City was not interested in additional WPC funds because of HHP. Support Team responded that the City may want to look towards transitioning the program to the County.

City Updates

- Info Item: HEAP/Shelter Update
 - Goals is 831 shelter beds across all City Council districts.