

Steering Committee Meeting Agenda

Date & Time: December 5, 2019, 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

- Kelly Bennett, Sacramento Covered
- Beau Henneman, Anthem Blue Cross
- Jodi Nerell, Sacramento Covered
- Kate Hutchinson, Lutheran Social Services
- Holly Harper, Sutter Health
- John Foley, Sacramento Self Help Housing
- Elizabeth Hudson, Sacramento Self Help Housing
- Meredith Evans, Peach Tree Health
- Joil Xiong, Sacramento Covered
- Jesse Williams, Sacramento Self Help Housing
- Jennifer Ablog, Kaiser Permanente
- Erin Johansen, Hope Cooperative
- Trina Gonzalez, UC Davis Health
- Amani Sawires-Rapaski, Volunteers of America
- Jonathan Porteus, WellSpace Health
- Ben Avey, WellSpace Health
- Michelle Watts, Sacramento Steps Forward
- Amber Simms, Dignity Health
- Blanca Martinez, Molina Healthcare

Committee Members on Phone

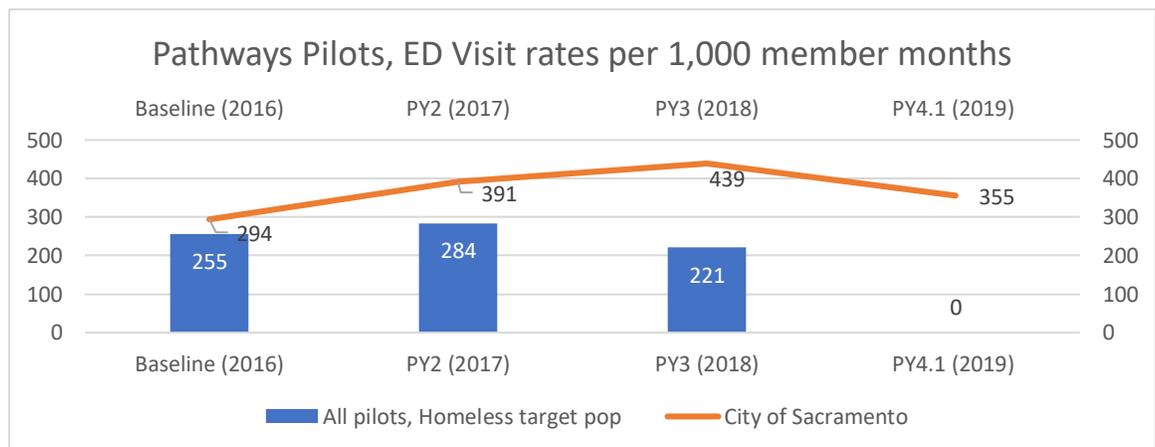
- Hazaiiah Williams, Elica Health Centers
- Holly Webb, WellSpace Health
- Dee Strickland, Peach Tree Health
- Aide Long, Elica Health Centers
- Alondra Thompson, One Community Health
- Elissa Southward, Dignity Health
- Alan Arnello, Health Net
- Wendy Calderon, Sacramento Native American Health Center

- Gabriel Kendall, 211
- Larry Carmichael, The Salvation Army
- Effie Ruggles, River City Medical Group
- Sommer McKenna, LIBERTY Dental
- Michelle AlaChappelle, Pathways Steering Committee Consumer Representative

Program Updates

- Dashboard
 - Jodi: This dashboard reflects November 2017 – November 2019. We have provided over 142,000 services to 1,710 enrollees total. We have 851 enrolled as of this morning. About 62% of referrals are from the health side. Hospitals are our top referrers right now. Health Plan assignment is the same. We have just under 500 folks in various stages of housing. About 55% of our population is outside, which is very concerning. We continue to skew older - 60% of folks are 55+. This has been a large pain point for us, particularly since the weather has turned. I want to thank everyone who stepped in to get folks inside. We have some incredibly acute patients on the street right now. We are seeing an uptick in cancer diagnosis's. Having support on the ground helps us combat this, but we could always use more help.
 - Lisa: Hopefully we will have more news on housing folks throughout today's presentations.
 - Questions:
 - Holly, Sutter: How is this information being communicated outside the Committee?
 - Jodi: I assume all the hubs have their EDs involved due to the acuity of our folks. Money is coming, but it's tough to not have a winter shelter to lean on.
 - Kelly, Sac Covered: We have support from our hospital board members, but it is truly not enough. We paid for a handful of people to just get them into room and board when the rain started.
 - Emily: The winter shelter is not happening this year, but even if it was it wouldn't be the right setting for these acute patients. The Mayor is working now on expanding winter shelters, but it is difficult to get off the ground if it's just us. Any support from partners is incredibly helpful. We continue to communicate with our service partners and continue to flag and focus our energy on some of these critical pieces.
 - John, SSHH: The City has funded scattered site shelters and SSHH will be opening a location soon. This housing will support folks who are in very critical condition.
 - Emily: Beau made this possible, so huge thank you to Anthem.
 - Michelle, Consumer Rep: What about the number of unsheltered folks dealing with mental illness and substance use? How are we reaching these folks? Are we specifically focusing on acute populations during this winter season?

- With the Winter Season, those who are sicker and unsheltered will have a harder time getting by. Consensus in the room is, yes, we are seeing more acute folks during winter in general, but we also serve sicker populations in general.
- State-Level Data from UCLA Evaluation
 - Kristine: We have an update on the State-Level evaluation of all WPC pilots. There are 25 WPC pilots statewide, ranging from LA County which has thousands of enrollees to those smaller than Sacramento's Pathways program. We are on the low to middle end among all the pilot sizes. Twice a year, we convene with all the pilots and DHCS. At the Fall Convening this past September, UCLA, the statewide evaluator, presented some program outcomes. They presented data on enrollment and utilization. Here are some takeaways:
 - First, homeless populations are not the focus of all WPC pilots. Other counties are focused on other high utilizer groups. Statewide, about 46% of WPC enrollees are homeless. However, many counties have similar cohorts to ours.
 - UCLA also presented utilization outcomes. Although they hypothesized that WPC will reduce ED/inpatient data, the statewide trends show an increase in ED and inpatient admissions in the second year of the program, followed by a slight decrease in the third year. This trend was true for all populations.
 - If we look at all the populations, we see that the homeless populations have the second highest baseline and follow this trend described above. There was a surge in PY2 as the programs ramped up, thus the highest utilization occurred during this time. After the initial surge, those rates are impacted and decline. We were very concerned when we first saw these rates, but it is exciting to see that our rates are aligned with all other pilots. We are seeing a 19% reduction this year to date for ED utilization, which is a huge accomplishment for our program.



- The data for inpatient services looks similar, we saw an increase in PY2 with a slight decrease in PY3. It does appear that our inpatient rate is not reducing in the same way as the ED data and our local evaluation will be looking into what could be causing that.

- Kristine: We had a training on Trauma Informed Care with 70 attendees. It was a great training with good feedback. Our next training is on Tuesday December 10th at The California Endowment. We will be discussing self-care, staff safety, and boundaries. If you have not RSVP'd, please connect with Alexis.
- Committee and Meeting Schedules for 2020
 - Kristine: We are changing up the structure of our Governance Committees in 2020. Please refer to the table below to see how these meetings will change:

Program Meeting	Frequency	Time Commitment	Attendees	2020 Proposal
Executive Committee	Quarterly	60 minutes	City leadership	Continue
Steering Committee	Quarterly	90 minutes	Partner executive leadership	Continue
Service Delivery Committee	Quarterly	90 minutes	Partner clinical leadership	Replace with quarterly Transitions Workgroup meeting
Learning Community Sessions	Quarterly	1 3-hour in person session + 1 60-minute webinar session (as needed)	Partner staff	Continue
IT Committee	Quarterly	Cancelled since March 2019	Partner IT leadership	Retire

- Exec and Steering will continue quarterly. Service Delivery will be repurposed as a transition workgroup to support WPC transitions, whether it be Health Homes or CalAIM focused. More to come on this. We will be retiring IT Committee in 2020. We may do ad-hoc meetings if needed.
- Questions:
 - Beau: What is the goal of the transition workgroup? Assuming CalAIM moves forward as proposed today, we actually have to have transitions finalized in July.

- Kristine: The transitions workgroup is intended to be a place to think through big picture. But there will be one-off conversations with health plans, and supporting readiness for our enrollees across health plans.

City Updates

- Governor's One-Time Housing Funding for WPC Pilots
 - Anira: We received \$3 million from the State for housing funds. We were initially going to RFP those dollars, but we will be sole sourcing to our existing housing providers instead. This is because our contracted housing providers have had lots of housing success to date and we want to use this money immediately. We are excited to house more people with those funds.
- Flexible Housing Program
 - Anira: This is a new program operated by the County, funded by HEAP. They provide intensive housing services and placement. Pathways received 40 slots. We will be prioritizing our most acute patients. We worked with Sacramento Covered to develop a short list. Our total lost includes 72 folks, all of whom are unsheltered. We will begin referrals January 1st.
 - Michelle: What costs are they covering?
 - Anira: Securing housing, move-in costs and rental subsidies for up to 24 months.
- City Shelters
 - Anira: Scattered Site Shelter is in progress and will be online in the next few weeks. We have 10 beds for Pathways enrollees, but we will explore the ability to increase this allocation. Will need to speak with funders. Meadowview Shelter is under way – will be 100 beds for women only. Hoping to approve construction costs soon. Broadway will begin development in the Spring.

Discussion Items

- Pathways PY5 Strategic Planning and CalAIM
 - Lisa: As we head into our final program year, we must be aware of thoughtful transitions out of the program. The State recognizes that WPC is working and wants to continue funding these types of services. This waiver ends in December 2020 and the State has started to plan for their next waiver. In our November 7th meeting with Executive Committee, we presented budget scenarios for the final year of the program. These scenarios were developed based on levels of care, allotted funds, time for referrals and number of enrollees served. The Committee considered many scenarios, but there were a lot of unknowns. CalAIM and State direction on transition had not yet been made public at the time of this meeting. We knew Health Homes was ramping up, but we didn't know what CalAIM would look like. The direction we received from Executive Committee was:
 - Phase 1: stay the course until June, get to 1,000 enrollees, and serve and refer as many folks as possible.

- Phase 2: Beginning July 2020, we would narrow referrals to City shelters only to ensure enrollment is slowed. We would also begin transitioning folks into other programs at the same time. At the time, Health Homes was the main transition program we were basing this plan off of.
 - Phase 3: In the last quarter we would end all referrals, focus on moving enrollees to other programs and support housed enrollees with the one-time governor's funds for housing.
- This all changed a bit after CalAIM came out. CalAIM wants to innovate and advance Medi-Cal through payment reform and evolving the delivery system. The goals of CalAIM are to: identify and manage member risk and need through Whole Person Care approaches and addressing social determinants of health; move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform. We will be focusing today and the ways WPC is impacted. DHCS is proposing the implementation of a statewide enhanced care management benefit within Medi-Cal managed care. The enhanced care management (ECM) benefit would replace the current Health Homes Program and elements of the Whole Person Care pilots, building on positive outcomes from those programs over the past several years. Our target population, homeless high utilizers, will be wrapped up in ECM. In addition, Medi-Cal managed care plans would integrate in lieu of services (ILOS) into their population health management plans – often in combination with the new enhanced care management benefit. In lieu of services may be focused on addressing combined medical and social determinants of health needs and avoiding higher levels of care. In July 2020, Medi-Cal managed care plans will be required to submit a transition plan to the State – including plans to transition all WPC pilots. Starting January 2021, Medi-Cal managed care plans will need to submit to a Model of Care proposal to DHCS and complete readiness for multiple target populations, including people experiencing homelessness, chronic homelessness, or risk of homelessness. Grab our one pager if you would like to learn more about the specific ways our pilot will be impacted by CalAIM. We ask that our partners follow these next steps in order to stay on top of this shifting landscape:
 - Communicate with your teams about the CalAIM proposal and its implications for your organization
 - Regroup with Executive Committee to consider PY5 strategy in light of CalAIM proposal
 - Continue referrals into program to reach capacity of 1,000
 - Continue serving 1,000 enrollees at capacity until July 2020
 - Ramp up use of \$3M housing dollars to house eligible enrollees
 - Form a Transitions Workgroup to plan for Pathways transitions
 - Map Pathways services to ECM and ILOS buckets
 - Start planning transitions for Pathways services into ECM services/ILOS
 - Continue communication about CalAIM as our pilot receives direction from DHCS

- Questions
 - Holly, Sutter: What is a sobering center?
 - Lisa: For intoxicated folks who need somewhere to sober up. Then they can enter a shelter or rehab.
 - Beau, Anthem: The intent is that these new benefits start Jan 2021 to align with the closure of WPC and HHP. It's extremely ambitious.
 - Jonathan, WSH: We need to encourage our plans to come through to these meetings so we can determine the model that works the best. I feel anxious about cutting off referrals in July. I would be interested in who can be transitioned off or stabilized. I don't want to recreate the wheel and cut people off from services even for a short period of time.
 - Lisa: I share your concern and our plans may need some time to work through how to implement this design. Different plans may elect different benefits or have different capacities. So, determining that will be no small feat.
 - Beau, Anthem: Based on what we learned from HHP and WPC is that the state takes a while to roll this out. And we have a long way to go. HHP transitions may be the way to deal since we know CalAIM will likely not happen when we assume.
 - Both ECM and ILOS are set to begin in 2021. But you are right, we don't think this will happen then. ILOS is a huge priority because of scrutiny around duplicated services.
 - Jonathan, WSH: Can I ask a long-range question? We started WPC in the City because of unwillingness. So, who will be managing what between the City and County?
 - Emily: It's fair to say leadership has changed at the County since this WPC decision. We are meeting with them next week to engage on next steps.
 - Effie, RCMG: Post a link to the resources please!