

Steering Committee Meeting Agenda

Date & Time: May 2, 2019, 1:00-2:30pm
Location: Room 1119, Sacramento City Hall
915 I Street Sacramento, CA 95814

Committee Members in Attendance

- Jennifer Ablog, Kaiser Permanente
- Alan Arellano, Health Net
- Kelly Bennett, Sacramento Covered
- Lisa Bates, Sacramento Steps Forward
- Ashley Brand, Dignity Health
- Wendy Calderon, Sacramento Native American Health Center
- Danielle Cannarozzi, LIBERTY Dental
- Giselle Castro, Access Dental
- Samantha Earnshaw, Lutheran Social Services of Northern California
- Elizabeth Evenson, Health Net
- John Foley, Sacramento Self-Help Housing
- Emily Halcon, City of Sacramento
- Beau Hennemann, Anthem Blue Cross
- Erin Johansen, TLCS, Inc.
- Gabriel Kendall, 211 Sacramento
- Anira Khlok, City of Sacramento
- Gina Kosek, Sacramento Native American Health Center
- Victoria Lewis, Elica Health Centers
- Blanca Martinez, Molina Healthcare
- Summer McKenna, LIBERTY Dental
- Sarina Pera, WellSpace Health
- Jonathan Porteus, PhD, WellSpace Health
- Major Martin Ross, The Salvation Army
- Effie Ruggles, River City Medical Group
- Abbie Totten, Health Net
- Sgt. William Wann, Impact Team, Sacramento Police Department
- Christy Ward, One Community Health
- Ane Watts, Anthem Blue Cross
- Hazaiah Williams, Elica Health Centers
- Joil Xiong, Sacramento Covered

Others in Attendance

- Lisa Chan-Sawin, Transform Health
- Kristine Gual, Transform Health
- Gretchen Schroeder, Transform Health
- Alexis Sabor, Transform Health
- Alex Horowitz, Intrepid Ascent
- Carrie Grip, Rebuilding Together

Program Updates

- Dashboard (Lisa Chan Sawin & Jodi Nerell)
 - Pathways is up to 1,186 total enrollments from the start of the program, 634 are currently enrolled. Anthem is still leading active enrollments with 185 members in the program right now. We continue to skew towards older populations – with 43% of enrollees falling into the 41-55 age group and 25% in the 56-64 age group. There are 217 enrollees in permanent housing, 61 in transitional housing. The Impact Team is still responsible for the majority of referrals (43%) but our FQHCs are catching up at 30%.
- Service Contracts (Support Team)

We have finished our RFQ and awarded contracts to One Community Health and Sacramento Covered. The breakdown of new service contracts is as follows:

Provider Category	Organization	Capacity	Target Start Date
Physical Hub	One Community Health	125 enrollees	May 2019
Virtual Hub	Sacramento Covered in partnership with Sacramento County Health Center	375 enrollees (3 panels of 125 enrollees)	July 2019
Housing Services Provider	Sacramento Covered	300 enrollees	July 2019
ICP +	WellSpace Health	20 beds with respite services up to 90 days	June 2019

- ICP + (Gretchen Schroeder)
 - ICP+ will be funding 20 beds for Pathways enrollees. They will be accepting both Hub and hospital referrals. We will be sharing referral policies & procedures with relevant partners in the coming weeks.
- New Pathways Policies (Kristine Gual)
 - The Support Team has developed a series of materials to help meet enrollee needs. First are Mobile Device Best Practices. This is not a program policy but rather suggestions for internal organizational procedures that we recommend for staff using mobile devices. We have added these best practices on our Online Toolkit.
 - Next is the Client Grievance Policy which is meant to address clients who have problems with the program as a whole, not complaints with individual providers. This policy can also be found in the Online Toolkit.
 - Finally, Hub Flexibility Policy provides assignment and notification processes to ensure that Hubs are not assigned to serve enrollees beyond their contracted “cap.” We are finalizing this policy now and will add to the toolkit once approved.
 - Lisa Chan Sawin: For mobile device usage, these are best practices collected from the field nationally. We are seeing more field-based services with our program so please look at your own policies and give us feedback. For the Hub cap, we are finding that we need flexibility in panel size for the hubs due to many varying outcomes. When we get to 1,000 we will be at our max capacity so we are monitoring that closely.
 - Discussion:
 - Beau Hennemann: Regarding the Hub capacity policy, I am interested in more detail on this in particular for Hubs who will also be Health Homes providers. Is that addressed in the policy?
 - Emily Halcon: I can say that a lot of work around Health Homes is being done. It is our expectation that WPC should not impact Health Homes and vice versa. In terms of capacity, our program should be run regardless of other programs.
 - Gretchen Schroeder: The cap does not address the intersection of WPC and HHP. It is only for WPC capacity. It gives partners some flexibility for folks who are graduating. This will be an ongoing conversation. We check in with the program managers twice a month so we are very aware of panel size.
- Hospital Alerting Pilot (Kristine Gual)
 - We have talked about developing a hospital alerting pilot since the beginning of Pathways. It is a high priority need for care coordination. Alerts are typically a very manual process and we want to develop a more streamlined approach for discharge planning. The pilot we are proposing has three primary components: 1) automated alert delivery method, 2) standardized alert content, and 3) a method for maintaining an up to date community roster to allow hospitals to identify appropriate Pathways Care Team assignment for alert delivery. With an ever changing roster for Pathways, the last piece is critical. Thank you to UC Davis Health and Sacramento Native American Health Center for volunteering to test the workflows before opening the pilot to all service providers.

We hope the pilot will go live by the third quarter of this year. We are trying to be thoughtful and flexible in this testing period. We will continue to give regular updates.

○ Discussion:

- Beau Hennemann: Is UCD building the system or does the system already exist?
- Kristine Gual: Pathways is building the pilot with UCD. UCD has an information exchange platform and they have offered to be a data clearinghouse for alerts. They will be matching Pathways enrollees with internal alerts. If there is a match, it will shoot an alert to the appropriate hub. UCD Health will test message exchanges with SNAHC and the idea is they will be automated.
- Lisa Chan Sawin: We looked into CMT originally, since all four hospitals have CMT contracts on the system-level, but we are starting with a smaller system to test and build ourselves, rather than signing on with CMT.
- Ashley Brand: Not all hospitals within Dignity have signed with CMT yet. We are still working with them.
- Lisa Chan Sawin: This is good to know about Dignity. I bring CMT up because we know there is a national move towards automated hospital alerts. We want to build on their best practices as a means to test proof of concept and then expand slowly.
- Beau Hennemann: Why are we building something from scratch instead of using CMT? If UCD is the host of all the data, does that mean there will be agreements with the other hospital systems?
- Lisa Chan Sawin: We are not sure yet, in terms of the workflows. That's why we want to start small. We will need to work with partners in order to figure out which system makes the most sense. This was the lowest cost alternative, especially since UCD is building this for free. As we expand, we will need other financing conversations. CMT is also starting with hospitals, not clinics and CBOs, which is what we need.
- Kristine Gual: There is a huge tech component to this pilot but also an operations component. For example, what is the call to action upon receiving the alert? These are the workflows we need to work through. An early step for figuring this out will be developing a focus group with select direct service staff.
- Blanca Martinez: Who would be included in this roster?
- Kristine Gual: For the pilot, all active SNAHC patients and the idea is to do a daily push of the roster. If a patient on the roster checks into UCD, their care team is messaged.
- Blanca Martinez: What do you call active? Is that someone who is currently enrolled?
- Kristine Gual: We equate active with current enrollment. This is just a starting point. We can build the alerts for just WPC or include other programs but for now, yes, it will be active enrollments. This is why we want a focus groups to figure out what happens once the care team receives the alert. Should it be an

EHR alert? A text? And what does it say? We need to work through that together.

- Blanca Martinez: If you are interested in including Molina in that focus group, please reach out I think we have some ideas around what the information should be.
- WPC Housing Funds in Governor's Budget (Lisa Chan Sawin)
 - Governor Newsom is investing \$100 million in active WPC pilots. It's a one-time investment that can be spent through 2025. This money is more flexible than Medi-Cal funds but it needs to be spent on housing services for the mentally ill. Sacramento County received just over \$3 million. Funding was based on pilot housing rates, point-in-time homeless count in the County and rates of mentally ill homeless folks in the County. We received a lot compared to other counties. Money can be spent on actual housing (capital investments), hotel vouchers, etc. It cannot be used for navigation. We will need to submit justification to the state once we decide how to spend the money. We are excited for this resource and I think this funding can go a long way in addressing gaps.
 - Emily Halcon: There are a lot of funds in the state budget for housing and homeless. The Big 13 have been going back and forth with the state on these funds. I have provided the Mayor input on how to spend this money. It is important for the City that folks outside of County Mental Health get access to these funds and using the money to supplement housing is critical. We are looking at subsidies versus building a new complex. The Mayor's staff is relying on us for guidance so any feedback you have would be great.
 - Discussion:
 - Samantha Earnshaw: Can you provide more information about the rental subsidies?
 - Emily Halcon: The overview was written by health care folks and not housing folks. So, there is very little guidance around the housing piece. My guess is DHCS will provide flexibility as long as we prove we aren't already using money for these services.
 - Samantha Earnshaw: Would recuperative care fall under short-term housing?
 - Emily Halcon: The guidance did not contain that level of detail. We will need to ask the state.
 - Ashley Brand: Do you anticipate the money going to 2025?
 - Emily Halcon: If we used the funds to target only 20 high-acuity enrollees a year. But no, I don't think it will last that long.

City Updates

- Shelter Update (Emily Halcon)
 - This is bittersweet but the Railroad Shelter officially closed yesterday. It lasted so much longer than it was meant to and helped so many people in the City. Thank you to the Impact Team, Volunteers of America, and Sacramento Covered for all the work you did to get residents ready for closing. We are doing a deep dive on outcomes so please

share your experiences if you spent time in the shelter. We did a final tally yesterday and for the 16 months we were open, we served 658 enrollees and 264 enrollees (40%) did not return to unsheltered homelessness. We are happy about our outcomes given the ups and downs we faced. Despite challenges, we were able to serve many folks and we are proud of that. We will take these lessons into future endeavors.

- We started to ramp down two months ago. Last month we had 40-50 people left. Virtually everyone had an exit plan and we got many folks into board and care through A Senior Connection or they were transferred to another housing program. Only three people went back to the street yesterday. Everyone in the shelter is connected to Pathways and many have Housing Choice Vouchers.
- HEAP Implementation (Emily Halcon)
 - Last week additional HEAP funds were allocated to shelter programs, specifically the CalExpo shelter. SHRA received funds to use Capitol Park Hotel as permanent supportive housing. This site will be overseen by SHRA. They are pulling together a plan now and we will share more as it shapes up. Some of you are engaged in this already. There were two meetings this week to walk through referrals into the new supportive housing program. The County is working hard to allocate slots to Pathways, along with other programs. That is what these meetings are focused on. It does look like we will have 40 housing slots to refer folks to.
- Health Homes Update (Emily Halcon)
 - We know this program is going live in July and we have been talking with the health plans, as well as the state and County. The City is still thinking through its role but thank you to partners for reaching out. Continuity of care is very important to us and we are working on this behind the scenes.

Featured Organization: Rebuilding Together Sacramento (Carrie Grip)

- I am here from Rebuilding Together Sacramento. We focus on repairing homes, revitalizing neighborhoods and rebuilding lives. We focus on everything related to safe housing. We wanted to learn how we fit into the Pathways program. We understand the connection between the availability and condition of a home and a person's ability to thrive.
- We are a non-profit focused on improving living conditions for the following groups: low-income folks, seniors, those with disabilities, families with children, non-profit facilities and even community spaces. We have improved 6,700 homes in the Sacramento area since 1991.
- We rely on both volunteer and paid labor and receive many community referrals from programs like Pathways. Our goal is to decrease home related illnesses. We focus on the condition of the home. We want to reduce injury and falls. The fire department gets 2-3 calls for falls a day. Because of this, we tend to focus on seniors. There are simple things we can do in a home to improve the conditions for the people living there. For example, we have installed lights under beds to help navigate the house at night. Our services include rebuild events. For example, we had 500 volunteers repair 15 homes in Rancho Cordova last week. We helped provide new heat systems and repaired windows. We do some minor energy conservation work as well.
- In recent months, we have teamed up with Meals on Wheels and the Cosumnes Fire Department. The need for our services is growing. We have been thinking through our role in

the homeless arena. We are looking at areas where we can improve rental/temporary housing. Any suggestions are highly appreciated. We are growing and want to fill service gaps effectively.

- Discussion:
 - Lisa Chan Sawin: We will email these materials and Carrie's contact information to everyone in attendance.
 - Samantha Earnshaw: Do you work with seniors in apartments as well?
 - Carrie Grip: We are starting to. Right now, we do work in owner occupied homes but we are expanding to rentals. We are starting a pilot with Meals on Wheels which will help with rentals. We do work in mobile home parks as well.
 - Samantha Earnshaw: You said you don't really work with rentals. What if it was a small single-family home and the owner allows the changes? Does it need to be the tenant or the landlord?
 - Carrie Grip: We would need permission from the owner, but it seems to be case by case.
 - Blanca Martinez: Where do referrals come from?
 - Carrie Grip: Fire or police. Around 75% of referrals come from hospital discharge or Meals on Wheels.
 - Blanca Martinez: We have worked with rebuilding together in LA so I will definitely be connecting with you.

Discussion: Pathways DHCS Hospitalization Metrics Outcomes (Lisa Chan Sawin)

- We wanted to share new data we received from the state. We are required to report on hospitalization and housing metrics. Hospital utilization metrics are pay-for-outcomes (based on emergency department, inpatient, and all cause readmission rates). Length of time doesn't matter, any time in the hospital counts as one utilization. We report biannually on data we collect from health plans, hospitals and our own program. The state analysis will be used for payment and outcomes.
- We are responsible for tracking three hospitalization metrics. We think our data is much closer to the truth than what the state is showing. We are contesting state data on these accounts: 1) we don't know how the state data values are smaller than ours since we do not have access to all hospital data and 2) the All Cause Readmission data from the State is not consistent with data norms for this measure.
- The baseline year already has issues: we are looking at WPC months, not even the total time they are on Medicaid. The baseline is much more condensed than a full year within the program. To be able to understand the differences, we would need data from health plan and hospital payers. We will also be getting state data and methodology. To better address the high utilizers in our program, we would like to develop a super-utilizer workgroup. We want to move the dial on interventions and we can't without the data.
- Discussion:
 - Elizabeth Evenson: DHCS has a six month data lag so that may impact the way the rates are lining up.
 - Lisa Chan Sawin: That's a great point. The other pilots have pointed this out but this may play into the discrepancies we are seeing.

- Ashley Brand: I guess I don't understand the time period. Each cohort should have a baseline and post-graduation rates should be compared against pre-enrollment. If we really want to look at a baseline utilization, that is something to discuss. Are we losing funding with these outcomes?
- Lisa Chan Sawin: The hospital measures are pay for outcomes. Roughly \$70,000 per measure. The state did say we made the 3rd measure (Inpatient).
- Ashley Brand: If we started in November, they're using only two months for PY2?
- Lisa Chan Sawin: The state is using July 2017 through June 2018. Our local numbers start in November so it is truncated. We know our patients were not appropriately used in the baseline.
- Beau Hennemann: What can we do as a committee to help improve this?
- Lisa Chan Sawin: We want access to the disaggregate data from plans and hospitals to do a true analysis. Also, we would love to learn about any internal testing you do. Molina shared their own results with us in this way.
- Blanca Martinez: We looked at a cohort of 27 housed Pathways enrollees. Then we looked at data of enrollment compared to a year of pre-enrollment. In terms of ED costs, we are seeing a decrease. Even a few months ago we saw a drop in this same cohort. Then we work with Jodi to identify interventions for the high-utilizers we still have. I just need to know what data would be most helpful for you. We have a 67% drop in ED visits from the previous year.
- Ashley Brand: What is the point if this is the methodology?
- Lisa Chan Sawin: We need to line up with their report. We need to know the difference between the data sets so we can align and get paid on these measures.
- Emily Halcon: It is just as important to the City to tell an accurate story of the program as it is to get paid on these outcomes.
- Lisa Chan Sawin: We know there are areas that need improvement. We know we have super utilizers who frequent the ED. We can't zoom in on who these people are without data. It will allow us to target our efforts.
- Effie Ruggles: The state's data are always going to be difficult to reconcile. Even Medi-Cal enrollment numbers are off. We need to know exactly how they are slicing and dicing this so we are at least in the same realm. Maybe they need feedback in order to highlight what we are seeing on the ground.
- Kelly Bennett: I would like to see us invest time and money in evaluating this program so that we can tell our own story and analyze our own data. This will take data lists. I know there are active discussions around this happening at the City and we want to tell this story.