pathways to HEALTH HOME

Executive Committee Meeting Notes

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

Committee Members in Attendance

- Chad Augustin, Deputy Chief, Sacramento Fire Department
- Daniel Monk, Police Captain, Sacramento Police Department
- Emily Halcon, Homeless Services Manager, Office of the City Manager
- Jaycob Bytel, Deputy Chief of Staff, Office of the Mayor
- Leyne Milstein, Assistant City Manager, Office of the City Manager
- Chris Conlin, City Manager, Office of the City Manager

Support Team in Attendance

- Anira Khlok, Pathways Program Analyst, Office of the City Manager
- Lisa Chan-Sawin, Project Lead, Transform Health
- Kristine Gual, Project Director, Transform Health
- Gretchen Schroeder, Deputy Director, Transform Health
- Alexis Sabor, Project Coordinator, Transform Health

Exec Committee Business

1. Action Item: Approve 8/8/19 Meeting Minutes
    - Emily Halcon: Does anyone have any comments or changes? If so, share with Alexis. Motion to approve notes.
        - Seconded by Leyne Milstein, all approved.

Program Updates (please refer to meeting handout)

1. Info Item: Dashboard
    - Kristine Gual: This is the program dashboard as of October 15th. Enrollment is at 852. One thing that is exciting to highlight is we have housed 444 enrollees. There should be even more by now. We will break 450 by end of the month. Our population continues to skew older.
2. Info Item: WPC State-Wide Convening
    - Kristine Gual: DHCS hosts convenings twice a year. Andrew from Homeless Services and Jodi Nerell of Sacramento Covered presented a Pathways promising practice about the winter triage shelter at the Fall Convening. Many pilots were interested in what they had to share. UCLA also presented on their statewide findings to date. They broke down all the target populations and found that, across all the pilots, there was a surge in utilization after initial enrollment in PY2

and these rates started to decrease in PY3. Our trends follow this exact pattern. So we are aligned with the rest of the state.

3. Info Item: DHCS Reporting
    - Kristine Gual: We resolved our issues with the contested data from PY3. The state analyzed our data for discrepancies and they did end up reworking the ACR metric because of issues with their own data. Regardless, we did not technically meet our Pay-for-Outcomes metrics. However, the state allowed us to change our metrics to a measure we were able to meet. We repurposed 90% of that money. Again, this is still consistent with other pilots. We saw a 19% drop in ED utilization with PY4 data, which is very exciting.
    - Emily Halcon: This is state data and we will have a local evaluator to supplement these findings.
4. Info Item: Health Homes Program (HHP)
    - Emily Halcon: We are continuing to participate in a workgroup with the health plans and CBCMEs. Most of the conversations are related to WPC ramp down strategies and flipping enrollees to HHP. More to come on this in the coming months!
5. Info Item: City's Allocated Flexible Housing Program (FHP) Housing Slots
    - Emily Halcon: The City is using our HEAP dollars for shelters. The County is developing a flexible housing program. Overall, the program will support 600 beds across many programs. We have 40 slots with rent support, up to 18 months, specifically for Pathways.
6. Info Item: State Budget — $3M for WPC Housing Services
    - Emily Halcon: The governor gave us $3 million for housing. We already have the check. It's been deposited. We have communicated with all housing partners and we will sole source them instead of an RFP. We will be able to use this money to pay rent and specifically target enrollees struggling with mental illness.
    - Leyne Milstein: Did the housing providers get contracted via an RFP?
    - Emily Halcon: Yes.
    - Leyne Milstein: You should say that in the staff report.
7. Info Item: 2020 Contract Extensions
    - Emily Halcon: These are in the works!
8. Info Item: Housing Assignment Policy (include as handout)
9. Info Item: Pathways Learning Community Curriculum (include as handout)

Discussion Items:

1. Pathways Budget Review and Forecast
    - Emily Halcon: As you all know, we are a year away from the end of the program. We have been talking about this for a long time with Executive Committee so that we can support our providers and clients as we sunset the program. We have developed scenarios for ramp down and we need you all to make a choice about the direction the program budget should go. We are considering things we can control like budget impacts, how long clients will be in the program, provider staffing capacity and impact (i.e. some providers have other programs for staff while others will need to lay off staff when we ramp down), and finally program referrals – which will impact SFD, SPD and the hospitals the most. These are the things we can control. There are things we can't control like Health Homes and other program capacity. The state has not issued any direction on ramping down and we don't know what they will do. I am asking you all to consider the factors we can control to help direct the program based on that. CalAIM is also coming down the pike and there is a lot of uncertainty on that level. We need something

flexible, but thoughtful. These decisions will drive contracting ability. The amount we can contract for will vary based on the scenario we choose. We also want to give providers time for input after you al lay out the parameters.

- Gretchen Schroeder: We have three primary scenarios. Scenario 1 is based our application to DHCS. It will serve the most people and costs the most. It will provide a small window of time for clients entering the program closer to the end date, but has the longest referral period, which benefits all referral partners. Clinics won't like this because of the short amount of time for coordinating care. This scenario assumes we will serve 1,000 people all the way through. Scenario 2 stops referrals in June. It is middle of the road for cost and the depth of care is better – new enrollees will receive a full 6 months of care and we serve a good amount of people.
- Leyne Milstein: Is 6 months on care coordination the sweet spot?
- Kristine Gual: Our average is 6-9 months. We need at least 6 months to make impact. A longer trajectory of time is based on the intensity of services. It can also take several months to collect documentation like identification, housing vouchers, etc.
- Emily Halcon: Housing plays a big role here because being housed is critical for success. We wouldn't want to graduate folks who aren't getting housed. We also don't want to exit folks too early too so we can use the $3 million on folks.
- Jaycob Bytel: Do they need to be enrolled to use these funds?
- Emily Halcon: We have no way to track them unless they are enrolled.
- Leyne Milstein: Can we change that with DHCS? It seems silly to use money on enrollees only.
- Emily Halcon: Technically, the money is available until 2025, but they need the housing services. I asked the state about it and never got an answer. Our partners want to think of creative strategies with the money.
- Gretchen Schroeder: Scenario 3 is the most drastic. Referrals stop in March and active disenrollment starts sooner than the other scenarios. Scenario 3 serves fewest people, has the highest depth of care, and is the cheapest.
- Emily Halcon: This will impact the hospitals the most. They are our funders and they depend on this program. They are already worried about this.
- Gretchen Schroeder: We have more details about the budget impact in the next few pages of your hand out. These documents highlight potential funding gaps, our invoice to the state, and contracting. Future IGT gaps change based on the scenario we choose. All scenarios assume ICP+ is happening January 2020. We have two types of disenrollment: natural and active. Natural is based on people who are graduating/no contact, active is not and depends on flipping to other programs (but we will still have ineligible folks). We have a Kaiser grant in the works as well. Gap in May would be minimal, but it will be significant by the end. The May 2020 IGT Gap is already set in stone. Gaps for October 2020 and May 2021 will flex based on the number of people served in that time.
- Leyne Milstein: What happens if ICP+ doesn't start?
- Gretchen Schroeder: Money changes slightly. But, not enough to consider.
- Leyne Milstein: I feel ok saying that the last IGT can be fronted by the City. Only for the last one.
- Emily Halcon: The Homeless Services budget can cover the October gap.
- Gretchen Schroeder: We assumed we would not fill gaps in these scenarios. Scenario 1 would stop referrals in September and would have a natural/active disenrollment period over the last 3 months of the program. Scenario 2 stops referrals in June followed by active and natural

disenrollment. Scenarios 3 stops referrals in March followed by natural disenrollment until June. Active disenrollment will take place over the last 6 months

- Daniel Monk: If money is not an issue, help as many people for as long as we can. I know it's a cliff but it's better than nothing. I vote for Scenario 1.
- Leyne Milstein: I agree but, what do the hospitals think?
- Emily Halcon: I think hospitals would agree with Dan, but the service providers won't like it. They will have a staffing cliff and they will not like that. The clinics will be impacted the most unless we can assure that HHP flips are possible.
- Kristine Gual: We will have to determine who to transition and when, which can be rough if they aren't ready for transition. The housing partners don't have health homes contracts so they won't have programs to flip enrollees to.
- Jaycob Bytel: I talked to the Mayor. He wants Scenario 1 too. But, I am also concerned with the cliff for enrollees and so was the Mayor. The middle ground seems more flexible for everyone.
- Leyne Milstein: How did we decide 3 months versus 6 months versus 9 months? Is there a middle ground?
- Emily Halcon: Gretchen has developed many different scenarios and these were the sweet spots. We can ask providers what they think as well.
- Leyne Milstein: Can we narrow referral criteria to accept folks who will require less time in the program to reach stability?
- Emily Halcon: That might feel bad for folks who are very intense.
- Leyne Milstein: What about Health Homes?
- Emily Halcon: It doesn't provide the depth of services and they aren't ready for the level of work.
- Leyne Milstein: And there is nothing else?
- Emily Halcon: CalAIM but we don't know what will happen. It's also dependent on the health plans.
- Lisa Chan-Sawin: CalAIM is restructuring Medicaid state wide. They want it to be part of what they pay the plans for. It's not focused on creating programs. It will change the landscape.
- Leyne Milstein: Was June chosen for the end of the fiscal year?
- Emily Halcon: No, we don't follow that calendar.
- Leyne Milstein: Is there any important date we can tie it to?
- Emily Halcon: No, it's going to be arbitrary.
- Leyne Milstein: I vote Scenario 2, with a caveat to allow referrals for folks who could be successful for a small amount of time. Referrals should end completely by September.
- Jaycob Bytel: We will also have shelters by the end of WPC. We could provide more support with service-based infrastructure and gives a longer shelf life to the $3 million.
- Emily Halcon: We will have some shelter in June. But, only Broadway will focus on our target population.
- Jaycob Bytel: I like Scenario 2 modified.
- Chad Augustin: I prefer two. We need 6 months of engagement on the care perspective.
- Emily Halcon: We can modify 2 but modifications must depend on very strong partnership with Health Homes. It would be great to come back to this in March to see how the Health Homes flipping is working.

- Leyne Milstein: At the end of May 2021, there will be some funds that can be put aside to support any folks who require extra transition time. We will need to monitor transitions carefully and work well with clinics. How far is Health Homes from referrals with us?
- Emily Halcon: They are referring now, but it's based on their TEL list. The problem is bulk referral. Like can we give them 50 at a time and how much time does that take?
- Leyne Milstein: We can continue referrals only for folks who would qualify for Health Homes.
- Jaycob Bytel: That's a great idea. Can it align with shelter?
- Emily Halcon: We can have a CHW at the shelter and flag Health Homes eligible folks. Then we would just prep them for flipping at the end. We can use the other shelters as referral entities too. This can improve shelter flows, but it will upset the hospital.
- Kristine Gual: This is just for the last 6 months. We also see quite a bit of overlap of referrals too. Just shelter referrals will likely have ED crossover.
- Lisa Chan-Sawin: We need to consider data for Health Homes referrals too. We would need a DSA to refer from the TELs. We would base who is eligible on that TEL. It will depend on whether the system is ready to support this volume.
- Jaycob Bytel: CalAIM will impact this too.
- Leyne Milstein: CalAIM is a county responsibility. Health care is not our business, we need to get out of this. We can partner with them on CalAIM, but not run it. We can build the relationship with them.
- Emily Halcon: Anira and I will participate with the workgroups to keep a hand on the pulse. But I agree, we need to get out of this. I hear consensus on Scenario 2.3, with regular referrals through June 30th as we monitor Health Homes workflows. If Health Homes can improve referral capacity, we would continue referrals for Health Homes eligible patients via City shelters from July 1st through September 30th. We can revisit and assess as this rolls out.
    - Seconded by Leyne Milstein, all approved.
- Emily Halcon: What are next steps? Our partners know this is happening. We have talked to all Executive Directors. We will inform Steering in December. Then we will roll out an implementation plan.
- Gretchen Schroeder: Scenario 2.3 changes the dollars a bit so we will adjust the budget and get some rough numbers together at a future meeting.
- Leyne Milstein: We can also talk about what we are going to do with the IGT gap that Emily can't cover and also what we will do with the leftover money. I don't think we can make recommendations on how those dollars are spent now. But, we will want to ensure some money is set aside to keep people from falling off a cliff. The lessons learned from this pilot have been very valuable. It really is the best kept secret in Sacramento. Was this effective across the state?
- Kristine Gual: Yes, and other counties have the ability to keep these services going, which is exciting.