

Joint Steering Committee & Transition Workgroup Meeting Notes

Date & Time: September 24, 2020, 1:00-2:30pm
Phone/Web: Dial-in: +1 669 900 6833 US
Meeting ID: 737 586 1177
<https://us02web.zoom.us/j/7375861177>

Committee Members in Attendance

- Gabriel Kendall, 211
- Gisele Castro, Access Dental
- Beau Hennemann, Anthem Blue Cross
- Ane Watts, Anthem Blue Cross
- Elissa Southward, Dignity Health
- Hazaiiah Williams, Elica Health Centers
- Baktash Larmal, Elica Health Centers
- Tiffany Lan, Elica Health Centers
- Sydney Turner, Health Net
- Erin Johansen, Hope Cooperative
- Jennifer Ablog, Kaiser Permanente
- Danielle Cannarozzi, Liberty Dental
- Kate Hutchinson, Lutheran Social Services
- Samantha Earnshaw, Lutheran Social Services
- Blanca Martinez, Molina Healthcare
- One Community Health
- Alondra Thompson, One Community Health
- Jazmin Orozco, One Community Health
- Kristi Abbott, One Community Health
- River City Medical Group
- Effie Ruggles, River City Medical Group
- Christine DeMaria, River City Medical Group
- Joil Xiong, Sacramento Covered
- Kelly Bennett, Sacramento Covered
- Michelle Watts, Sacramento Steps Forward
- Christina Kitchen, Salvation Army
- Britta Guerrero, Sacramento Native American Health Center
- John Foley, Sacramento Self Help Housing
- Tahirih Kraft, Sacramento Self Help Housing
- Keilani Paneda, Sutter Health
- Ellen Brown, UC Davis Health

- Joshua Arnold, Volunteers of America
- Gwendolyn Jenkins, WellSpace Health
- Holly Webb, WellSpace Health
- Michelle Alachappelle, Steering Committee Consumer Representative
- Julia Burrows, City of Sacramento

Pathways Support Team in Attendance

- Emily Halcon, City of Sacramento
- Lisa Chan-Sawin, Transform Health
- Alexis Sabor, Transform Health
- Gretchen Schroeder, Transform Health
- Heather Bates, Transform Health
- Ron Spingarn, Transform Health
- Rochelle Mulondo, Transform Health

Program Updates

- Dashboard
 - Joil Xiong: From November 2017 through September 2020, we have a total enrollment of 2,125 with 913 current active enrollees. About 257,412 services have been provided across all clients. Referral sources are as follows: 29% IMPACT, 26% Federally Qualified Health Centers and 45% Hospitals and Plans. There is a total of 495 permanently housed clients, 346 transitionally housed and a total of 841 housed clients. Gender breakdown is largely male, and 41-55 years remains the largest age group.
- ICP+ Update
 - Gretchen Schroeder: We mentioned that we were launching ICP+ at the last Steering Committee meeting. Since then we have fully launched. We have a total of 20 beds and all hub, hospital and housing partners can refer into ICP+.
 - Gwendolyn Jenkins: We have had 82 admissions, 14 of those are re-referred intakes. Beds have rarely been empty, and we have maintained capacity. We have had 33 discharges and 12 of those were into transitional housing while 21 were placed into permanent housing. We encourage the hubs to continue to refer.

Discussion Items: Transition Update & Planning

- Outcomes & Direction from City Council
 - Emily Halcon: Thank you for your patience, and I am happy to share the outcomes from the policy conversation with the City Council on the September 8th. There is a lot of uncertainty at the moment, but we are being responsible about how we plan for the Pathways program transition. If you did not watch the City Council meeting, I recommend you read the staff report. We can send it afterwards. We presented three options to council.
 - Scenario 1: No State extension - Pathways ends on December 31, 2020;

- Scenario 2: State extension approved and executed by the City - Pathways is extended through December 31, 2021;
 - Scenario 3: Create a middle ground to bridge the uncertainty - the City works with partners to create a bridge program to fund a local transition period in 2021, if the State's waiver extension is not approved.
- Emily Halcon: We did not prefer the first scenario because it would mean disenrolling all the individuals that Joil just mentioned. The City seems to prefer scenario two. Our staff asked the Council to pursue scenario three to create a backstop should federal funding not come through. This would provide bridge funding. Mayor Steinberg expressed support for pursuing Scenario #2, with Scenario #3 as a fallback should the State's 1115 Medicaid waiver extension be rejected. There was no dissent from Council members. The program committed to come back to City Council in October with a funding plan.
- Julia Burrows: The Mayor is looking forward to this, it is a top priority of his.
- Next steps for Transition Planning
 - Lisa Chan-Sawin: We would like your feedback on several transition scenarios. The State has submitted an extension proposal. It is exactly what we expected the 12-month extension to look like with the same allocation of funds for PY6 if the Centers for Medicare and Medicaid Services (CMS) approves the extension. The State also added items related to health equity and COVID response; they expect a response from CMS in January. There is some chatter, that there may be some temporary funding while State and Federal government negotiate the extension. I would like to cover what we know now. Regardless of the scenario, enrollee transitions will not begin until 2021. No enrollee transition or ramp down activities will take place in 2020. Graduations and disenrollments will continue per our existing policies. We want to maximize the number of enrollees in the program through the end of 2020. Our goal is to process referrals until we hit our 1,000 enrollment cap this year. Regardless of the scenario, all partner agreements – including service provider contracts and data sharing agreements – will need to be extended. Decision-making and recommendations for transition will be a group effort amongst our Pathways collaborative. Partner feedback is critical for planning and execution. Right now, we are in the planning phase, your feedback is highly encouraged, and we will be reaching out to your organizations to confirm the right folks for these planning meeting.
 - Alexis Sabor: We have a question in the chat, “Does this mean that hub partners can refer into the program again?”
 - Lisa Chan-Sawin: Yes, we are looking at opening referrals again. We will have information coming out on this in the coming weeks. Since there are no more questions I will proceed. Scenario One is a 6-month local bridge. Pathways would be extended through June 2021. Enrollee transitions would begin by February 2021, at the latest. All enrollee transitions would conclude by June 30, 2021. These numbers are potential enrollment numbers, we are assuming that we will start at about 925 enrollees in the beginning of the year. As you can see on the timeline, our program would end at the end of June we anticipate ECM & IOS beginning in 2022.

- Lisa Chan-Sawin: Scenario Two is a 9-month local bridge. In this scenario, Pathways would be extended through September 2021. We will be able to back-bill if we do not hear back until later in 2021. Enrollee transitions could begin later in the year, allowing time to wait out the CMS extension decision. All enrollee transitions would conclude by September 30, 2021. We would continue business as usual, and back-bill the State on this. All enrollee transitions would be completed by the end of September. In this timeline, there is a longer planning and transition execution period.
- Lisa Chan-Sawin: Scenario Three is a 12-month local bridge. In this scenario, Pathways would be extended through December 2021. This would bring us straight to when ECM and ILOS begins. Enrollee transitions could begin later in the year, allowing time to wait out the CMS extension decision. All enrollee transitions would conclude by December 31, 2021. This is a good scenario because this will give us a longer transition if clients have to go through two transitions and would lead to less complexity for clients. The trade-off here is cost, it would increase the cost of the local bridge.
- Emily Halcon: There has to be one recommendation presented to City Council, we would like as much input from this group before I go back to Council.
- Lisa Chan-Sawin: We want to hear from you and enter a discussion about these different scenarios. Which scenario, at first glance, are you drawn to?
- Transition Scenario Discussion
 - Beau Henneman: I am drawn to the 12-month option because it provides the most services. I am worried we do not have all the information to make a decision about which scenario we prefer. Emily you mentioned you want this information by October, correct?
 - Emily Halcon: I would like to identify the local bridge option by October so we can execute contracts. Council could come back to augment this funding, but we must give Council a direction so we can start the implementation on this. Though, they could change their mind.
 - Beau Henneman: Are we still thinking about the entire Whole Person Care (WPC) population and how does that impact this decision? Some people will not be able to transition to other programs, how does that factor into this conversation?
 - Lisa Chan-Sawin: All three scenarios consider the entire WPC population. We asked our Service Partners how long they would need to transition in an ideal situation, and they said six to twelve months. We are going to explore all our options, but we need to understand our timeline first. We will have more conversations about the mechanics of transition in the coming months.
 - John Foley: At Sacramento Self-Help Housing (SSHH) we have come to see that there is a big benefit to case management for people after they are housed. Not so much to keep housing people, but time for housing retention is important.
 - Kate Hutchinson: Lutheran Social Services (LSS) agrees with that.
 - Emily Halcon: Yes, SSHH and LSS, we have been talking about how to increase some housing supports, regardless of the scenarios. Definitely would love to hear what that might look like to you.

- Britta: We will be converting WPC patients to HHP patients and the assessment process can take up to 90-days before they are actually assigned to a provider. I would ask for at least a 90-day transition process that includes patient notification and how they can engage in new programs including HHP with so specific actions on the process.
- Beau Henneman: Britta is right about timing, but I think we can flag that as something that we can develop workarounds for the delay. Ideally, we could use any assessment and care plan developed for WPC to meet the HHP requirements and speed things up.
- Kate Hutchinson: From an organizational point of view, it would be better to extend for 12-months. At LSS, we identified the programs that we'd move our Pathways staff to last Spring, with the intention to start staff transitions in September as Pathways caseloads reduced. We are now re-working that plan and making decisions about which staff to keep in Pathways and which to move onto new programs we developed.
- Holly Webb: The number of members that could easily transition to HHP is low for our organization, so CalAIM would help us a lot more to transition the most amount of people. I concur with Beau – the time needed to transition is not as long as expected, our concern is the eligibility for transition programs. The acuity levels of our clients may not fit into HHP easily, we looked at everyone in our program and only 25% of our panel could transition easily within three weeks at this point.
- Sydney Turner: We are in support of the 12-month extension.
- Erin Johansen: What is the downside of going for the 12-month extension and then cutting it off prematurely?
- Lisa Chan-Sawin: Council has given us \$5 million, but we need \$8 million for a full year of services. We have a funding gap and so we would need to fundraise or cut back services.
- Emily Halcon: There is a fiscal budget perspective on the City's end if they are not refunded by the State.
- Erin Johansen: This is based on every client being transitioned, but some people will not need to be transitioned. Does the \$8 million include all clients?
- Lisa Chan-Sawin: This would be the amount of money needed to run the program with our current panel to continue to provide services while we ramp down. Yes, there is a cohort that must be moved in HHP, but it still takes resources to move them into HHP. We would still need 8 million dollars.
- Lisa Chan-Sawin: Seems like most participants are drawn to Scenario Three, is this critical mass?
- Blanca Martinez: Yes, Scenario Three and more years of WPC.
- Lisa-Chan Sawin: What are your client concerns and organizational concerns around program transitions?
- Blanca Martinez: We talked about prioritizing which clients should be transitioned based on housing status and other indicators, is this still happening?
- Lisa Chan-Sawin: Yes, we are thinking through doing that.
- Sydney Turner: Do we have to do any planning for when the State of Emergency is over?
- Lisa Chan-Sawin: We are working with Sacramento Steps Forward (SSF) to rehouse individuals who were referred into COVID housing, in order to let our partners know

- where their clients are and were to transition them to. We used in-reach efforts from Sacramento Covered (SC) on this initiative. SureStay is closing at the end of the month, there were 33 Pathways enrollees in this shelter, and we currently have an active rehousing plan for all of these enrollees. These efforts will continue into next year there are other shelters closing later this year and early next year. This will help us think through how we will do this for our own program.
- Emily Halcon: We have funding to stay in motels until December, and the Board of Supervisors is considering extending one of the shelters until March of next year. We are still waiting on updates from Dr. Olivia Kasirye on the ongoing situation.
 - Michelle Watts: A lot of uncertainty around the shelter, but great work on your collaboration on the Sure Stay individuals that did not end up on the streets as a result of these efforts. I am proud of our system.
 - Lisa Chan-Sawin: In the Learning Community, we hope to capture best practices on this rehousing strategy, and we will share that.
 - Holly Webb: What about acuity assessments? Will those be updated to support some of these decisions?
 - Lisa Chan-Sawin: Acuity is something we want to consider; we need the most recent acuity score to make sure we are aware of where each client is. This will be in our transition plan. We want to get your feedback and thoughts on this process.
 - Michelle Alachappelle: How do we maintain a connection to services when staff are no longer available or have transitioned on?
 - Lisa Chan-Sawin: The State is contemplating Enhanced Care Management (ECM) and In Lieu of Services (ILOS), but that was before COVID-19 so there are many moving pieces. One of the things that we are working through is a roster on how to maintain the continuity of the program and determining what kind of documentation we would need to do so, so we are actively pulling partners to think through that.
 - Blanca Martinez: To add to Michelle's comment, do the Service Providers have the members sign an ROI to include the Health Plan? Lisa, will we have access to their care plan?
 - Lisa Chan-Sawin: Yes. We are contemplating how to make sure that the patients' care plan is successfully transferred to new programs. Also, we are focusing on fee-for-service (FFS) to see if patients want to sign up for managed care because they may not have access to any services if they stay on FFS. We hope you can sign-up for one of our transition workgroups as we work through this together. What are your indicators for a successful program transition?
 - Blanca Martinez: Success would be that the client has a point of contact, we reduce unnecessary hospitalizations, we ensure that we know who makes up the individuals care team, and that we know our responsibilities, so we are not duplicating efforts.
 - Samantha Earnshaw: From a housing perspective, success looks like an individual who has a reasonable income, and resources that will be able to supplement living needs. This individual gets along with their landlord and or housemates and stays connected to their community.

- Kelly Bennett: Success would be as minimal disruption for clients who are in the middle of working on their housing goal as possible, so they are not asked to transition to a new program or no program at all, we would like scenarios that maintain the housing and clinical assignment and their Community Health Worker (CHW).
- Effie Ruggles: Success would ensure that various programs have linkages between each other so there is a warm handoff for the patient, so we do not have to start from scratch.
- Kelly Bennett: Please share the slides so we can be having discussions internally around next steps. Thanks for all the work.
- How to Get Involved in Transition Planning
 - Lisa Chan-Sawin: We aim to send out a transition survey on this by Monday to capture all your feedback. We will reach out to make sure we have the right contacts for everybody so you can all participate in the Transition Workgroup. We are planning further Transition Workgroup meetings in October through December. In the November 5th meeting we will report out city council updates from the city council meeting. Thank you all in advance for your participation.