pathways to HEALTH HOME

Steering Committee Meeting Agenda

Date & Time: September 5, 2019, 1:00-2:30pm
Location: Room 1119, Sacramento City Hall
915 I Street Sacramento, CA 95814

Steering Committee Members in Attendance

- Kelly Bennett, Sacramento Covered
- Brenda Santiago, Lutheran Social Services
- Ashley Brand, Dignity Health
- Elissa Southward, Dignity Health
- Miguel Suarez, Health And Life Organization
- Jodi Nerell, Sacramento Covered
- Gina Kosek, Sacramento Native American Health Center
- Beau Henneman, Anthem Blue Cross
- Gabriel Kendall, 211 Sacramento
- Michelle Watts, Sacramento Steps Forward
- Hazaiah Willams, Elica Health Centers
- Effie Ruggles, River City Medical Group
- Jillian Marks, One Community Health
- Sydney Turner, Health Net
- Meredith Evans, Peach Tree Health
- Dee Strickland, Peach Tree Health
- Wendy Calderon, Sacramento Native American Health Center
- Trina Gonzalez, UC Davis Health
- Sarbjit Gill, Peach Tree Health
- John Foley, Sacramento Self Help Housing
- Britta Guerrero, Sacramento Native American Health Center

Steering Committee Members in Attendance By Phone

- Paul Hyppolite, Molina Healthcare
- Michele AlaChappelle, Steering Consumer Representative
- Karen Brockopp, TLCS, Inc
- Lisa Rufo, Access Dental
- Jennifer Ablog, Kaiser Permanente
- Fabbi Cruz, Aetna Better Health
- Holly Webb, WellSpace Health
- Ryan Loofbourrow, Sutter Health
- Joil Xiong, Sacramento Covered

2k by 2020

- Alan Arnello, Health Net
- Summer McKenna, LIBERTY Dental
- Dan Monk, Sacramento Police Department
- Abbie Totten, Health Net

Support Team Members in Attendance

- Anira Khlok, City of Sacramento
- Lisa Chan-Sawin, Transform Health
- Kristine Gual, Transform Health
- Gretchen Schroeder, Transform Health
- Alex Horowitz, Intrepid Ascent
- Alexis Sabor, Transform Health
- Amanda Rosenberg, Transform Health

Program Updates

- Dashboard
    - Jodi: This dashboard goes through the August 15, 2019. As of this morning, we have enrolled a total of 1586 folks since the start of the program. We have 797 actively enrolled right now. We are growing at a rapid pace. We have delivered 108,000 services across the care team since the program started. The health system referrals are growing now that we have almost all hospitals referring into Pathways. Health plan assignment is the same, with Anthem leading. About 400 folks have been housed – thank you so much to our housing providers! We are skewing male and still skewing above 55.
    - Lisa: We are making sure to be thoughtful with our assignments and disenrollments as we get closer to 1,000.
    - Questions:
        - Beau: What falls under service support? The 64% of services?
            - Jodi: These services are primarily provided by outreach CHWs in the field. Usually connecting to social services or transportation. Care coordination services are for clinical hubs and housing services are for housing.
            - Lisa: Service supports cover the biggest chunk because that's where social service connection comes into play.
- Pathways ICP+ Beds
    - Lisa: As part of our application to DHCS, we wanted to increase ICP+ capacity in the community. ICP+ is medical respite post-hospital discharge. We originally wanted to double the beds and add 16 Pathways funded beds. We were able to get 20 beds approved by City Council and now we are working with WSH on siting. We are having some siting issues, but we are on track to get this implemented next year.
- Housing Assignment Policy
    - Kristine: We are rolling out Housing Assignment Policy policy this month. We collaborated with the City and our housing service providers to streamline how we assign enrollees to housing providers. This was done by standardizing the services housing entities provide. We used to keep the housing pathways more separated. For

example, SSHH and LSS were the only entities doing housing choice vouchers before we defined this policy. Now, all providers will work on all housing paths – with the exception of Housing with Dignity. We think this will help us make more placements.
    - Gretchen: Thank you all for helped us work on this! We are excited to build some more program capacity.
    - Questions & Comments
        - John: In the past, we have not been successful housing people without money to cover move-in expenses. The fact that the City provides this money is really great for us.
- Pathways Feature in Health Affairs
    - Lisa: Health Affairs is the leading health policy journal in the USA. Margaux worked with Health Affairs and secured a feature on our pilot for a RJW funded series about health system transformation. Go see Alexis if you want a copy of the article!

City Updates

- WPC Funding in Governor's Budget
    - Anira: The City wants to tap into these resources to help support more folks in getting housed. We have $3 million coming down the pike and we plan to do an RFP for housing providers in early 2020 for these funds. We can't spend money on services we already provide, but the City wants to explore covering rehousing costs as well as complement the existing resources and services in the community.
    - Lisa: These dollars can be used to pay for actual housing so this is really a special pot of funds that we get to tap into. We believe this will help us house more enrollees.
- City Shelters
    - Anira: City Council approved 2 new shelters (Meadowview, Broadway & X). We have no details on this as of yet, but we will hopefully have updates in the next few months.
- Health Homes Program
    - Anira: The City and many of our partners have been meeting with a Health Homes (HHP) workgroup. We want a better understanding of how the program will function, especially regarding clients that are eligible for WPC and HHP. We will share any big learnings with the group as it impacts WPC. Thank you to all the providers who are helping work this through!
- Pathways Evaluation
    - Anira: Our consultants will be reaching out to schedule a webinar describing the approach. We will also be conducting surveys and using Shared Care Plan data. Keep an eye out for more on this in the coming weeks. We are hoping to align this data request with reporting data requests in order to reduce the amount of work you are all doing.
- Program Enrollment Capacity
    - Anira: We are approaching our program cap of 1,000. Some partners have been anxious about the intersections of HHP and WPC as we reach capacity. Our goal is to maintain capacity at 1,000 enrollees. So, we will continue to accept referrals. The pilot will enter

its final year in 2020 and we will be exploring ramp down strategies, but we are not there yet and will remain at full capacity.

Reflecting on Pathways to Date: Pathways Service Providers

- Tell us a little bit about the team you have built to provide services to Pathways enrollees.
    - Jodi: As the program has matured, Sacramento Covered has moved into more of a care coordination and housing role. The team organized around this work are 13 CHWs, two desk managers, two program managers and me. Three of us have clinical licenses, including myself. We have a complex population to work with, especially in terms of mental health, so we like to marry clinical expertise with our team on the ground. I could not be happier with the team we have and am so grateful to everyone in our organization who stepped up for this program. The navigational support from CHWs have been tremendous. We have provided some trainings to staff around homelessness, street outreach and understanding the medical system. We really want to treat everyone the way they want to be treated, not how we think they want to be treated.
    - Gina: We started off with a small staff. Me, as an RN, and two case managers. We took a very clinical approach. Our patients are very sick, they are critically ill patients which can be overwhelming. Now, we have five case managers, two care team nurses and one team lead. The nurses have been critical for us and are at the center of our clinical approach. We actually just diagnosed someone with a brain tumor today, which would not have been possible without clinical oversight. Our case management team is amazing and are always willing to help. They keep up centered.
- What are some of the obstacles you have overcome since Pathways started?
    - Jodi: It's a pilot! The point is to test stuff out. Some of the initial obstacles are what comes with having open creativity. The new workflows, at the start, was the biggest thing. We had to be mindful of who we were serving and our own limitations in helping them. This was very apparent for us as the Eligibility & Enrollment office. The triage shelter was both a blessing and an obstacle in one. We learned a ton about how it needs to run. Hosting low barrier triage comes with a ton of baggage (i.e. dogs, belongings, etc.) and so we had to be ready for that.
        - Michelle: Do we have some sort of mechanism for outreach deep on the ground? For folks in limbo or living on the street. When we talk about triage, are we waiting for them to come to us? Or do we go look for them?
        - Lisa: We have an approach to outreach that is focused on warm referrals. Because of the criteria to enter the program, identifying enrollees through finding people doesn't always work.
        - Jodi: We have a utilization criteria for enrollment so most referrals come from the health care system. The only times we have been deployed to assist with targeted street outreach was with the SPD Impact team. The largest effort was for filling the triage shelter, so 200 people. We have done some targeted outreach with the County and neighborhood associations across the City. But, they were all very targeted and we were usually requested to do so.
    - Gina: We were not engaging with all of our clients in the beginning. Providing equal services across enrollees was tricky, that's why the portal is truly game-changing. We can do some much with that tool. The next obstacle is how sick these folks are. We have lost two patients since the start of the program, both had terminal diseases. Our

connections with partners like hospice were critical here. We have a high no show rate and our front office has been helping to support both the patients and our providers.
    - Jodi: We have lost 34 enrollees program-wide. This accounts for about 4% of disenrollments.
- What are your greatest successes to date?
    - Jodi: The people we have helped. The triage shelter. Relationships with law enforcement, especially in the beginning, really helped get enrollment up. We are almost two years in the pilot and we still have program integrity. I am so proud of my team and the grateful for the support from my organization's leadership.
    - Jodi: I am also very proud of the Shared Care Plan. We started on Shared Care Plan on paper! Now we have a fully integrated care management platform. It has helped us live up to the collective impact model we are trying to live by. It was a huge lift and other pilots have not even gotten this far.
    - Gina: I am seeing people with improving labs, becoming self-sufficient, making their own appointments. We had one enrollee who was never engaged before this program and she is now fully self-sufficient. She has recently been housed! I am proud of our clinic. We provide services that are really improving lives and to see them become more engaged is beautiful to see.
- What are you most proud of in the program?
    - Jodi: The City should be incredibly proud. We are the only City in the nation with this type of program and look what we were able to do! We are further along than full-on counties. The collaboration across partners has been truly revolutionary. We are supporting national health system transformation efforts.
- How has this program changed your approach to services within your organization?
    - Jodi: It crystalized our lanes of business. We have fluidity between all our programs, no matter where they are based.
    - Gina: Our partnerships with other agencies has been amazing. Warm hand-offs are huge and help so much more than faxing. The other day, our fax machine was down so we just walked over the Sacramento Covered to work things through. That was not possible before.
- How has the program built capacity within your organization?
    - Gina: We have a case management department now. We are more able to offer guidance and resources to all clients because we have a bridge to the City.
- Questions:
    - Jillian: Have you done training with your providers around working with homeless populations?
        - Gina: We are really fortunate because we have a ton of training available in house. We have trainings on domestic violence, mental health, motivational interviewing, and more. It was training we already had in place.
    - Abbie: Sacramento Covered has done a Managed Care 101 in the past. Is this still happening? I am curious to know the level of engagement we are getting on preventative quality measures.
        - Jodi: Part of onboarding for Sacramento Covered is Managed Care 101. We also host an annual training for all staff. Each CHW gets trained when they are onboarded and Managed Care 101 is a huge piece of that training. Additionally,

some plans send us care reports (enrollment lists) and the plans will provide a list of the gaps in care, which is how we manage quality. We also do monthly calls with complex care managers who keep us on track for HEDIS too. Mammogram seems to be the biggest metric we miss.
    - Gina: We also work with plans who do trainings. They provide trainings on HEDIS to all staff.
    - John: SSHH would love more training on this!
    - Brenda: LSS always has trainings at all staff meetings.

Discussion Items

- DHCS Contested Data Update
    - Lisa: We are in the midst of contesting data with the state. We are looking at emergency department utilization, inpatient utilization, and all-cause readmissions. We had very different numbers from the State so we have been looking into the data to find out why. Thank you Joil and Kristine for all your work on this. However, this reconciliation is still ongoing. We had to collect disaggregated data from PY3 in the last month and send it back to the state for review. Thank you to all the hospitals and plans for helping us meet this deadline. We know this was a scramble and we don't want to do it again. Special thanks to Joil Xiong from Sacramento Covered for compiling the client level data to deliver to DHCS on very short notice. This experience has prompted conversations around our data collection approach. We are in the midst of developing a new system. Previously, we have only asked for the aggregate data needed for reporting. Moving forward, Sacramento Covered will begin collecting and storing both the aggregate and disaggregate data sent by the hospitals and health plans.
    - Kristine: We are in the midst of developing this approach and we plan to have it figured out by the next big data request (January 2020). The data due date will be February 2020 and that's when we will ask for both summary and client level data. Our goal is to make this process as easy as possible.
- New Approach to Learning Community Sessions & PDSAs
    - Kristine: Since full launch, our Learning Community Sessions have been largely focused on huddles, Shared Care Plan documentation, PDSAs, care coordination roles and responsibilities, and special topics for service delivery like specialty care. We want to pivot from these types of trainings to focus on skill and capacity building now that the program is more secure. We want to share knowledge across agencies. We asked our service partners what type of trainings would be most useful to staff. This is the list that was vetted by each program manager: trauma-informed care; self-care, boundaries and staff safety; motivational interviewing; street medicine and ED discharge planning; verbal de-escalation training; program transition planning; cultural competency and empathy; critical time intervention model; harm reduction philosophy of care; substance use and health issues; and working with aging populations. Our first skill based training will be focused on trauma informed care. We want to open these trainings up to all partners – not just service providers. Is anything missing from this list?

        - Abbie: Will you be combining your Trauma Informed Care training with best practices from DHCS? That way people are aligned with the state and could access Prop 56 funds.
            - Lisa: We will definitely make sure this happens!
        - Beau: The list looks great. I think the part of this is the Learning Community has been WPC focused so we have not really been involved. But, HHP is looking to provide a similar list of trainings. I think there is an opportunity to align HHP with WPC. No need to recreate the wheel!
        - Ashley: I was also wondering about how much there has been in terms of a cross walk between HHP and WPC. Who is already participating in trainings like this? We heard from others today that trainings are offered.
            - Kristine: This is exactly what we want! We want to share and do group trainings or have partners facilitate a training themselves. This list started in 2018 with Service Delivery Committee and then we drilled down with front line staff on what would be most useful to get trained on.
        - Britta: So this list was developed by the people in the room?
            - Kristine: No, with front line staff. This is the first time we are bringing topics to Steering.
        - Brenda: I think the list if great. I would add verbal de-escalation – some sort of physical space/safety training.
    - Kristine: We are required to submit 8 PDSAs every 6 months. These are the topics we are required by DHCS to report on:
        - Reducing Inpatient Utilization (2 semi-annually)
        - Reducing ED Utilization (2 semi-annually)
        - Comprehensive Care Plan (2 semi-annually)
        - Data Sharing (1 semi-annually)
        - Care Coordination (1 semi-annually)
    - Kristine: Before now, we collected PDSA's from service provider every month. Providers were able to choose the topic they reported on and then the support team would use these PDSAs to inform the reporting PDSAs. However, most of the PDSAs from providers have been focused on internal procedures. We want to adjust this workflow so we can align work across partners on program-wide PDSA topics, define 1+ Key Performance Indicator (KPIs) for each PDSA and then use quarterly program manager meetings to develop PDSAs together. We had a wonderful conversation a week ago with the program managers. They all shared an interest in learning from one another and aligning the topics we choose as a group. Inpatient and ED are our primary measures with DHCS. Now that we have seen success with getting enrollees housed, the program managers wanted to focus on strategies to keep people housed and away from the ED. Comprehensive care plan is all about our SCP. We have made many changes to the housing tab so we will be tracking how those changes improve workflows and care. Interventions to support recently housed and prevent evictions was a topic of great

interest. We are also interested in the communication workflows between field based teams and desk based teams for care coordination.

- Michelle: So happy to hear a focus on preventing evictions. We need to find a way to educate folks about timely responses and how to move forward if you have an eviction.
- Britta: I think you should have approached leadership first instead of program staff. It seems too far gone now, but this is something leadership should have been brought in on.
    - Lisa: My apologies. These topics are not yet finalized. The intention isn't for every partner to work on every topic. We wanted folks to choose 1 or 2. Some make more sense for the hubs or the housing folks.
- Kelly: Are PDSA's still an every other month commitment?
    - Lisa: Yes, but we look to provide more support.
- Jodi: I am confused on the topics. So, the state gave us goal posts to work around? Or did PMs choose these topics? Where did the topics come from?
    - We have buckets that we have to report on no matter what. When we first started doing PDSAs, providers chose solely based on their preference. Then the support team would determine which bucket the PDSAs would fall into. We want to be more proactive about it, hence the more specific KPIs under each partner.

- Kristine: We will send out a document with these proposed topics for comments.