

## Steering Committee Meeting Notes

**Date & Time:** February 7, 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
- Michelle AlaChappelle, Consumer Representative
- Lisa Bates, Sacramento Steps Forward
- Ashley Brand, Dignity Health
- Giselle Castro, Access Dental
- Scott Crawford, Health Net
- Fabbi Cruz, Aetna Better Health
- Elizabeth Evenson, Health Net
- John Foley, Sacramento Self Help Housing
- Sarbjit Gill, Peach Tree Health
- Trina Gonzalez, UC Davis Health
- Emily Halcon, City of Sacramento
- Holly Harper, Sutter Health
- Beau Hennemann, Anthem Blue Cross
- Gabriel Kendall, 211 Community Link
- Anira Khlok, City of Sacramento
- Gina Kosek, Sacramento Native American Health Center
- Kathleen Marshall, One Community Health
- Blanca Martinez, Molina Healthcare
- Sommer McKenna, LIBERTY Dental
- Janice Milligan, River City Medical Group
- Jodi Nerell, Sacramento Covered
- Johnathan Porteus, PhD, WellSpace Health
- Martin Ross, The Salvation Army
- Brenda Santiago, Lutheran Social Services of Norther California
- Amani Sawires-Rapaski, Volunteers of America of Northern CA and NV
- Aide Silva, Elica Health Centers
- Miguel Suarez, HALO
- Sergeant Wann, Sacramento Police Department
- Holly Webb, WellSpace Health
- Hazaiah Williams, Elica Health Centers
- Joil Xiong, Sacramento Covered

### Other Attendees:

- Brandy Bluel, Resources for Independent Living

### Support Team Members in Attendance

- Lisa Chan-Sawin, Transform Health
- Gretchen Schroeder, Transform Health
- Margaux McFetridge, Transform Health
- Alexis Sabor, Transform Health

### Program Updates

- Dashboard: Nov 1 2017 – Jan 31 2019 (Jodi Nerell)
  - Pathways had enrolled 1,007 folks in that time — just clipped the 1,000 mark. 578 folks currently enrolled. Over 47,000 services have been provided.
  - Hospital system has been responsible for 22% of referrals into the program as of late (includes UC Davis, Dignity). Impact Team responsible for 44% of referrals and more Impact referrals are expected with upcoming outreach events.
  - Health plan assignment remains stable with Anthem at the largest number of enrollees, followed by Molina and Health Net.
  - More enrollees have been housed since we last reported out. In December, the housing number was 183 but with the help of ReStart, SSHH, and LSS Pathways has now housed 235 folks. Temporary housing spiked too. The shelter capacity is down to 100 now so the program has less people indoors. But we are getting more people housed and are looking forward to increasing housing capacity.
  - Gender is about the same (skewing towards male) and about 90% of enrollees are 45 and older. The Impact Team referred two 70 year-old individuals recently and the program currently has an 80 year-old enrollee.
  - 65% of our enrollees are struggling with a chronic health condition and 70% are classified as high acuity due to addiction. Data sharing agreements with the County will help us with our most sick patients. About 20% of entire pop is high acuity in all four categories. That is a large proportion of the cohort when you think of the amount for resources that top 20% requires in order to stabilize.
- DHCS Reporting Update
  - Q4 Enrollment & Utilization Report (Lisa Chan Sawin)
    - Program recently submitted the Q4 Enrollment & Utilization report. Learned last year that ramping up took longer than anticipated. For 2018, goal was to ramp up to 1,000. Still need more housing services.
    - Goal for 2019 is to get more housing providers. Also our population is largely high acuity and so we have more high care coordination PMPMs than anticipated. Even without being at capacity, we are seeing more high acuity enrollees. Currently working with DHCS to move remaining lower intensity case

management PMPMs to high intensity in order to reflect needs of the population. Also need more Hubs and Housing providers to ramp up to 1,000.

- Annual Variant & Universal Metric Report (Joil Xiong)
  - Report is due on April 1<sup>st</sup> and the County, health plans, and housing providers should have received a data request from our team. This is to support the one report due April 1<sup>st</sup>. Please reach out if you have any questions.
- Questions:
  - Ashley Brand: Can you talk about the ramp up to 1,000? What does the ramp up look like? Hand off referrals? In working with Sacramento Covered, Dignity's hospitals have learned a lot about face to face interaction and I think it would be nice to understand what outreach looks like at an increased capacity. Jodi's team is already great, I'm more curious what the expansion looks like for other groups.
  - Jodi Nerell: For context, the current process is when Sac Covered receives a referral, CHWs respond within 24 hours (but we aim for less). Same response time if we get a call from hospital inpatient. If we get a referral from hospital emergency departments, we respond within two hours.
  - Lisa Chan Sawin: As we try to hit our target we know we have some gaps. We are looking and intend to do an RFQ for additional housing and hub entities since that is where the biggest gap is currently. We also want to use these committees to talk through ways to improve process.
- Committee Meeting & Learning Session Highlights (Lisa Chan Sawin)
  - Service Delivery Committee met in December. Focused on accomplishments and lessons learned through a panel of our service providers. Wanted to elevate what we are doing. Notes from the meeting are available if you have any questions
  - IT also met in December. The meeting was centered around the Shared Care Plan (SCP). Incredibly useful tool on the ground and we have been working with providers to continuously improve the tool. Committee also talked about the implementation of the hospital notification pilot. Next steps are to learn what options are available since there is a gap/need in the community around this functionality. Working through the logistics of that right now.
  - There was also an in-person Learning Session in December. Learning Sessions are for direct service staff and the program aims to meet with them every 45 days. At the December Learning Session, we worked on communication across organizations, training and orientation of the SCP, and collected feedback from staff on the use of SCP. We also launched a SCP ticketing system where providers can now flag issues in the tool, ask questions or provide suggestions.
  - Also hosted a Learning Session webinar in January for the program managers that was focused on improving the SCP. Talked through data documentation as some partners were going about data entry differently.
  - Discovered in this Learning Session that secure communication is an issue across the care team. Learned that almost all service partners have IT security policies but, some of those policies don't address use of mobile phones. Currently reviewing service provider

policies we collected after the Learning Session and they are providing some context for what some organizations are doing. We wanted to open up the conversation to Steering to get your thoughts or insight into what your organizations do. If you are willing to share policies that would be great.

- Erin Johansen: TLCS uses an app called AirWatch –a mobile device management system. We have field staff text with clients but I don't know exactly how it works. I will send you TLCS policies.
- Gina Koseck: SNAHC policy is we don't use cellphones. Text messages are saved by the carrier. Looking into secure texting apps right now.
- Aide Silva: Elica's CHWs have work phones and they exchange information via calls with Sac Covered CHWs in a private room. Only allowed to use work phone on a secure line – no texting. We use secure email as well. We only have policies around use of personal cell phones, not work cell phones.
- Support Team will bring these topics to Service Delivery and IT and we will share what we find with all of you at the next meeting. Please share your policies with us.
- 2018 Incentive Agreements Update (Lisa Chan Sawin)
  - Thank you to everyone who filled out the Barrier Survey and for providing points of contact. Next step is signing the program manual attestation and returning it to us. We need everyone at the table and we are actively thinking about 2019 Incentives.
- Expanding Service Provider Capacity (Lisa Chan Sawin)
  - Program currently does not have enough capacity to serve 1,000 enrollees at a time. Planning on extending contracts with current service partners and plan to bring those contracts to City Council on 2/26. Need additional service providers even with these extensions so the City will be issuing an RFQ at the end of the month with a launch goal of May. New organizations can apply and existing providers can apply for new roles.
  - Looking for proposals from physical hubs and virtual hubs. Our model has always respected PCP assignments but not all enrollees have a PCP in our current hubs. Looking to create virtual hubs to ensure the same level of service without running into provider assignment conflicts. Looking for partners with strong managed care plan relationships and can work with other PCPs in the community.
  - RFQ will not be as lengthy as the last process. The RFQ will include copies of the contracts, including rates. Please see the tentative timeline in the table below.
- Questions:
  - Beau Hennemann: What are the parameters for becoming a virtual hub? Are you casting a wide net or are you looking for a specific type of organization.
    - Lisa Chan Sawin: We are looking for provider entities with established clinical relationships who work with a broad range of specialists. We do want a range of providers to participate. Non-clinical folks can apply only if they have a strong clinical connection in the community.

## City Updates (Emily Halcon)

- HEAP/Shelter Updates
  - HEAP: City is working with SSF and Sacramento County on HEAP money from the state to be used for emergency sheltering. Do not want people to forget that the largest chunk will be standing up a flexible housing program and Pathways will be able to refer folks into the program. It is going to be run by County but they have connected with SSHH and LSS. More to come on this as more comes out. Target referral date is somewhere in April.
  - Shelters: On Tuesday night, City Council committed \$1.6 million to augment sheltering activity. These funds will be combined with state money. Includes private funds as well. On Tuesday February 12<sup>th</sup> at 2pm, Mayor Steinberg will announce how these fund will be spent in the next two years. It will be focused on trying to get as many shelter beds as possible. The Railroad shelter has taught us a lot about how to be effective and we want to continue integrating other partners as we stand more shelters up. The physical location is the focus in the press but I'm focused on operationalizing the shelters and bringing in partners. There are two locations being scouted right now: one near Cal Expo and one in Florin. Please follow and watch the conversation at the City level.

## Featured Organization: Resources for Independent Living (Brandi Bluel)

- RIL is a non-profit that serves people with disabilities. Offer eight core services: Information and Referral, Advocacy, Independent Living Skill, Assistive Technology, Peer Counselling, Personal Assistance Services, Housing, and DOGFITE.
- Housing is one of our main core services. Good at what we do — get folks housed but it takes time. Do not own or operate housing but we have a housing list as well as a housing workshop every 3<sup>rd</sup> Wednesday of the month at 10am. The workshop covers everything related to housing from landlords to eviction.
- Independent skills classes every 3<sup>rd</sup> Tuesday. Offer classes on how to advocate for yourself. In June, we have a training on employment and interviews. All these dates and resources can be found on website.
- Do walk-ins every Wednesday from 9-4. We never turn people away but, we try to get most folks in on Wednesday. We do an intake process with folks in order to determine what they need. Sometimes you don't need the whole process, we can help you at certain steps along the way. Depends on the consumer.
- RIL has about 28 agencies in the state and assisted technology is one of our most used resources across California. Received a grant in December that allows enrollees to try assistance equipment. RIL helps them purchase items should they decide they want it — we have given away wheelchairs, walkers and more.
- Voice Options is a new pilot program for folks with speech disabilities. RIL provides a demonstration with some apps and does assessment of which app works best for the consumers' needs. They can take an iPad home, try all the apps and when they choose one they like, they are given a free iPad with the app of choice. Since December, we have already given

out 13 and we have hundreds still to give out. The state is doing this because folks with speech issues often can't call for help so this is a better way for folks to communicate their needs.

### **Discussion: Expedited Access Planning Session Results & 2019 Incentive Agreements (Gretchen Schroeder)**

- Pathways hosted two webinars with clinical and non-clinical incentive partners to talk though expedited access to care. Presenting the top two issues from each call to you all today hoping to discuss solutions.
  - Non-clinical Issues: Transportation; document retrieval and storage
  - Clinical: Access to specialty care providers; transportation
- Access to Specialty Care
  - Gretchen Schroeder: How do we ensure care for our enrollees? We heard that some specialists are booked 4-5 months out and then some are located far away (Lodi, Roseville, Grass Valley, etc.). It depends on the specialty but it's problematic across the board, especially for rheumatology, neurology, gastro, and endocrinology. We also heard getting the referral faxed is an ongoing issue.
  - Jonathan Porteus: Developing relationships with IPAs and Plans. Maybe even find ways to provide the services in-house.
  - Ashley Brand: I think this issue is bigger than Pathways. We should aim for a larger approach for these larger systemic problems.
  - Lisa Chan Sawin: We are trying to understand what is preventing local specialists for opening their panels to us. Is it capacity? Process? Would love feedback on this. I know from RCMG that no-shows play a huge role in this. It is not one solution fits all, but we want your ideas. Maybe we can even create a workgroup.
  - Ashley Brand: Pathways should look at what other committees are addressing this before getting more meetings on the calendar.
  - Jodi Nerell: This is not just endemic to our population but since we are working with them right now, I am wondering if there is another way to go about this. I have worked with other organizations that had volunteer doctors provide specialty care for undocumented adults. It is also not just the delay but the processes we have to go through impact us as well. We are looking at an 80% denial rate right now. 65% of our folks are really sick with chronic conditions and we can't get them into the doctor. This leaves us with a lengthy appeal process. I think getting a group of doctors together once a week is a temporary solution. In my past experience, everyone was working together and the members understood the importance. Better to do this than try to change the managed care process.
  - Gina Koseck: We have similar thoughts. SNAHC has optometry and podiatry right now. Love Jodi's idea. Think it's a great solution.
  - Jonathan Porteus: We love the idea of specialty clinics. How does an FQHC provide specialty services? IPA connections might be the way. What is the network adequacy? Spirit program is amazing but we need more.

- Janice Milligan: I think it would be a good idea for a smaller group to discuss these issues with Jodi to go through the data and see if we can come up with a grouping solution for some of these problems. I think the data is critical for addressing these issues effectively.
- Transportation
  - Learned that GMC specialists tend to be really far away. Transportation can be coordinated, but takes 7-14 days. When providers are really far away, it's difficult to arrange transportation. It's also difficult to arrange if the appointments are really long.
  - Jodi Nerell: Outreach does a lot of the transportation and we don't always have access to health plan transportation and even getting the patient organized is tricky. We Lyft folks to appointments or if they need urgent transport. We coordinate transportation for housing as well and we go with folks to their housing appointments. We work with SSHH on divvying up the group to get them from one place to another. Same for SSI, DMV, the bank, even more. And we also use Lyft. We are spending \$5,000 a month on transportation and I'm not sure where that money is coming from. Not part of scope. We weren't intending to fall into this role but we needed it to get folks to places. Currently fundraising for transport needs.
  - Erin Johansen: Transportation is constantly an issue with us. It has to be built into the budget. It is something that should be paid for by this program. I think it should be to be written in to the scope. People will always need transportation.
  - Gretchen Schroeder: We are under the impression that the plans need to know about transportation days in advance.
  - Elizabeth Evenson: Somewhat true. We are required to provide transportation but we are working on increasing our capacity for this.
  - Gretchen Schroeder: What about using public transportation?
  - Jodi Nerell: Need to consider who is eligible for paratransit. This is more work on our end but we are trying it out for the folks who can't. Paratransit also charges patients \$5-10 a trip.
  - Lisa Chan Sawin: Support Team will develop some working groups around these issues (in an efficient way).