State of California - Health and Human Services Agency
Department of Health Care Services
Whole Person Care
Lead Entity Narrative Report

City of Sacramento
Annual Narrative Report, Program Year 5
April 1, 2021

REPORTING CHECKLIST

The following items are the required components of the Mid-Year and Annual Reports:

Component	Attachments
1. Narrative Report **Submit to:** Whole Person Care Mailbox	☐ Completed Narrative report ☐ List of participant entity and/or stakeholder meetings *(if not written in section VIII of the narrative report template)*
2. Invoice **Submit to:** Whole Person Care Mailbox	☐ Customized invoice
3. Variant and Universal Metrics Report **Submit to:** SFTP Portal	☐ Completed Variant and Universal metrics report
4. Administrative Metrics Reporting (This section is for those administrative metrics not reported in #3 above - the Variant and Universal Metrics Report.) **Note: If a Policy and Procedures document has been previously submitted and accepted, you do not need to resubmit unless it has been modified.** **Submit to:** Whole Person Care Mailbox	☐ Care coordination, case management, and referral policies and procedures, which may include *protocols and workflows.)* ☐ Data and information sharing policies and procedures, which may include *MOUs, data sharing agreements, data workflows, and patient consent forms.* One administrative metric in addition to the Universal care coordination and data sharing metrics. Describe the metric including the purpose, methodology and results.
5. PDSA Report **Submit to:** Whole Person Care Mailbox	☐ Completed WPC PDSA report ☐ Completed PDSA Summary Report
6. Certification of Lead Entity Deliverables **Submit with associated documents to:** Whole Person Care Mailbox and SFTP Portal	☐ Certification form

NOTE: The WPC Quarterly Enrollment and Utilization Report is submitted on a quarterly basis to the DHCS SFTP site.

Whole Person Care

City of Sacramento
Annual Narrative Report, Program Year 6
April 1, 2021

I. REPORTING INSTRUCTIONS

Pursuant to the Whole Person Care Agreement and the Special Terms and Conditions of California's Medi-Cal 2020 §1115 Medicaid Demonstration waiver, each WPC Program Lead Entity ("Lead Entity") shall submit Mid-Year and Annual reports for the duration of the WPC Program. The WPC Reporting and Evaluation guidelines, Attachment GG, provide the requirements for the Mid-year and Annual report.

The Mid-Year Report narrative contains data January-June 30, and is due August 31 for Program Years (PYs) 3-5.

The Annual Report narrative contains data from January 1 through December 31, and is due April 2 each program year. The Annual Report is not meant to be duplicative of narratives provided in the Mid-Year Report, but aims to capture a complete picture of accomplishments and challenges during the Program year.

The Lead Entity is required to submit these reports to the Whole Person Care inbox at: 1115wholepersoncare@dhcs.ca.gov.

II. PROGRAM STATUS OVERVIEW

Instructions: Please provide a brief overview of your program's successes and challenges and any lessons learned during the reporting period. Structure your responses in alignment with the WPC program's goals using the following as headers (from STC 112): increasing integration among county agencies, health plans, providers, and other entities; increasing coordination and appropriate access to care; reducing inappropriate emergency and inpatient utilization; improving data collecting and sharing; achieving quality and administrative improvement benchmarks; increasing access to housing and supportive services; and, improving health outcomes for the WPC population.

Please limit responses to 500 words. If additional information is needed, please contact your assigned Analyst.

Current word count: 497

Increasing integration among county agencies, health care and housing providers, health plans and other entities. Pathways continued to expand and strengthen integration among service providers and other external partners, including coordinating with Sacramento County and managed care plans to begin transition planning. Pathways worked closely with the five Sacramento managed care plans to begin planning enrollee transitions out of WPC and into appropriate programs and services. In addition, Sacramento County agreed to participate in Transition Workgroup meetings starting in September 2020 as County programs will part of enrollee transitions out of WPC for the fee-for-service population.

Increasing coordination with and access to appropriate clinical care, housing, and supportive services. Pathways completed referrals into the County's Flexible Housing Pool (FHP), where Pathways enrollees received both placement and housing support services. The Pathways housing providers worked closely with the County to conduct warm hand-offs between Pathways providers and FHP providers. In addition, Pathways coordinated with Sacramento Steps Forward (SSF), the lead agency for the Sacramento Continuum of Care, in response to Project RoomKey (PRK) rehousing efforts. Since September, Pathways has met with SSF biweekly to do case conferencing for Pathways enrollees exiting or entering (PRK) hotels.

Reducing inappropriate emergency and inpatient utilization and improving health outcomes. Pathways service providers continued to test strategies to reduce inappropriate service utilization and improve health outcomes for enrollees. In response to COVID-19, some Pathways providers leveraged their mobile clinic staff to provide field-based medical care for unsheltered enrollees to avoid inappropriate emergency and inpatient hospital utilization. In addition, Pathways funded ICP+ beds were fully ramped up in the second half of PY5 and have been at maximum capacity through

December 2020. The ICP+ beds allow enrollees up to 90 days of respite care, which helps to prevent some inappropriate hospital utilization.

Improving data collection and sharing. Pathways' Data Management and Eligibility and Enrollment entity continued to collaborate with SSF, the manager of the County's Homeless Management Information System (HMIS), on identifying individuals in the Covid-19 shelters who were eligible for Pathways. SSF created rosters of Pathways eligible individuals staying in Covid-19 shelters and shared this with the Pathways Team to identify, assess eligibility for and enroll into Pathways in support of re-housing these individuals and supporting them with their clinical care needs. Similar data sharing occurred between Pathways and FHP. Rosters were developed to share case manager contact information between FHP and Pathways providers to support warm hand-offs between programs.

Achieving quality and administrative improvement benchmarks. Pathways increased the flexible one-time housing fund threshold from $3,000 to $5,000 per enrollee. This was done in response to quality improvement efforts that found increases in rent and other housing retention expenses in Sacramento were a barrier to housing for many enrollees and the $3,000 flexible fund cap needed to be increased to meet rising costs. The increase to $5,000 enabled the Program to keep up with rising costs for housing and allowed for other expenses like furniture that would support enrollees in becoming stably housed.

III. ENROLLMENT AND UTILIZATION DATA

Instructions: For the Mid-Year report, provide data for January-June 30 of the Program Year and for the Annual Report, provide data for January-December 31 of the Program Year.

The tables below should reflect enrollment and utilization numbers, consistent with your invoice and quarterly enrollment and utilization reports.

For revisions of enrollment and utilization data submitted during the Mid-Year Report (Months 1-6), changes should be made in bold. Additionally, note explicitly in the additional box at the end of this section if no changes were made to the Mid-Year reported data.

Item	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Unduplicated Total
Unduplicated Enrollees	70	63	42	28	21	68	292

Item	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Unduplicated Total
Unduplicated Enrollees	66	31	31	25	19	14	478

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*For **Fee for Service (FFS),** please report your total costs and utilization for each service. These reports should tie to your budget, invoice and utilization report. Add rows as needed.*

FFS	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total
ICP+ Bed Days Cost	$0	$0	$136,724.00	$142,378.00	$146,233.00	$154,200.00	**$579,535.00**
ICP+ Bed Days Util	0	0	532	554	569	600	2,255
Outreach & Referral FFS Cost	$133,194.00	$142,358.00	$145,360.00	$137,144.00	$138,250.00	$144,254.00	**$840,560.00**
Outreach & Referral FFS Util	1,918	1,909	1,807	1,410	1,436	1,681	10,161

FFS	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Total
ICP+ Bed Days Cost	$159,340	$159,340	$154,200	$159,340	$154,200	$159,340	$1,525,295.00
ICP+ Bed Days Util	620	620	600	620	600	620	5,935

FFS	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Total
Outreach & Referral FFS Cost	$143,780	$145,360	$142,674	$141,726	$139,198	$129,876	$1,683,174
Outreach & Referral FFS Util	1852	1447	1419	1422	1317	1357	18,975

PMPM	Rate	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total
Housing Bundle #1 Rate	$375	$339,000	$354,750	$356,625	$348,750	$344,250	$354,750	$2,098,125
Housing Bundle MM Counts 1		904	946	951	930	918	946	5,595
Enhanced Case Management & Navigation Services Bundle #2 Rate	$537	$439,803	$459,672	$455,376	$446,247	$437,655	$455,376	$2,694,129
Enhanced Case Management & Navigation Services MM Counts 2		819	856	848	831	815	848	5,017
Lower Level Case Management & Navigation Services Bundle #3 Rate	$282	$28,764	$29,046	$29,328	$28,764	$29,328	$29,046	$174,276
Lower Level Case Management & Navigation Services MM Counts 3		102	103	104	102	104	103	618

PMPM	Rate	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Total
Housing Bundle #1 Rate	$375	$368,625	$360,375	$353,625	$353,625	$348,375	$342,750	$4,225,500
Housing Bundle MM Counts 1		983	961	943	943	929	914	11,268
Enhanced Case Management & Navigation Services Bundle #2 Rate	$537	$468,801	$456,450	$449,469	$448,932	$441,951	$435,507	$5,395,239
Enhanced Case Management & Navigation Services MM Counts 2		873	850	837	836	823	811	10,047
Lower Level Case Management & Navigation Services Bundle #3 Rate	$282	$31,866	$31,584	$30,738	$31,302	$30,456	$30,174	$360,396
Lower Level Case Management & Navigation		113	112	109	111	108	107	1,278

Services MM Counts 3								

Please provide additional detail, if any, about your enrollment and utilization for this reporting period. (Optional)

[Remove brackets and input response here, size 12 Arial font only]

IV. NARRATIVE – Administrative Infrastructure

Instructions: Please describe the administrative infrastructure that has been developed specifically for the WPC program and how it relates to achievement of program goals. Reimbursement will be based on actual costs expended and employees hired/employed for the WPC pilot, and only up to the limit of the funding request in the approved budget.

Please note the narrative submitted during the Mid-Year report will be considered part of the Annual report and will not need to be resubmitted. Include updates, notable trends, and highlights of achievements/progress as well as any changes since the report. Please limit your responses to 500 words.

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As the program has evolved, some personnel have shifted, and no longer directly aligns with the DHCS's budget personnel line items. City program staff include the Homeless Services Manager, Senior Accountant Auditor, Administrative Officer and City finance staff. The City's costs for staff time are invoiced through the Data Manager and Data Analyst personnel line items. The Homeless Services Manager led the program and supervised the Senior Accountant Auditor and Administrative Officer, worked closely with the City finance staff and oversaw the Pathways Support Team. The Homeless Services Manager was the primary City point-of-contact for the program and was responsible for all City-related project deliverables, including supporting strategic decision-making on program policies and budget management; facilitating City review, approval, and execution of Pathways-related contracts; invoice processing, and budget management; and participation in Pathways external and internal meetings. The Senior Accountant Auditor and Administrative Officer provided support for program budget management.

The Pathways Support Team was responsible for day-to-day program operations, and providing legal, financial, service delivery, and IT subject matter expertise (SME) as required. During the reporting period, the Pathways Support Team included the Project Lead, Project Director, Deputy Project Director, Project Manager, and Program Associate. Service Delivery subject matter experts were available for limited projects. The City's costs for these staff are invoiced through the Program Director, Program Senior Analyst, Financial Analyst, Senior Program Manager, Program Analyst, and Quality Control Analyst budget line items.

The Pathways Support Team continues to oversee Pathways operations; provide project management to ensure deadlines and milestones are met; provide program analysis and strategic recommendations to support City decision-making; draft program materials, memos, and reports; provide logistical support and content development for internal, governance committee and external stakeholder meetings; develop and monitor service provider contracts; review and submit program invoices on behalf of all service providers; support service provider Quality Improvement and PDSA activities;

oversee compliance monitoring; and support DHCS reporting. City staff and the Pathways Support Team work closely together to oversee the budget and monitor expenditures in the program.

Deliverables completed by City Pathways staff and the Pathways Support Team during PY5.2 include:

- Review and revision of service provider contract terms;
- Support execution of contract extensions and amendments;
- Support for provider-level PDSAs and quality improvement, including Learning Community Sessions;
- Facilitate discussions and initiate planning around ramp-down and the eventual close of the program;
- Development and dissemination of program policies;
- Expansion of the amount available per enrollee for flexible housing funds to address rising rents and deposits;
- Support for DHCS reporting in coordination with the Data Management Entity;
- Management of service provider invoicing and program budget;
- Ongoing maintenance of the Online Toolkit;
- Support for housing partners' coordination with the Sacramento Housing and Redevelopment Agency on Housing Choice Vouchers for Pathways enrollees;
- Support for providers in serving Pathways enrollees in the COVID-19 environment;
- Support for Pathways communications as requested.

IV. NARRATIVE – Delivery Infrastructure

Instructions: Please describe the delivery infrastructure that has been developed as a result of these funds and how it relates to achievement of pilot goals. Reimbursement will be based on actual pilot expenditure for the final deliverable or outcomes, up to the limit projected or estimated costs in the approved budget.

Please note the narrative submitted during the Mid-Year Report will be considered part of the Annual Report and will not need to be resubmitted. Include updates, notable trends, and highlights of achievements/progress as well as any changes since the prior report. Please limit your responses to 500 words.

Current word count: 303

In the second half of PY5, Pathways Delivery Infrastructure budget funds were primarily directed to: 1) ongoing hosting and maintenance of the Pathways Shared Care Plan (SCP) portal in Salesforce, 2) subject matter experts (SME) to support service delivery, data sharing practices and budget scenarios, 3) technical support required for COVID-19 response, program enrollee transitions/ramp down planning, and 4) the purchase of GIS software in support of the City building geolocation and hot spotting technical capacity with the local Continuum of Care (CoC), which would support both location and planning services and coordination between City Police and local service providers through the CoC. This will enable better coordination, tracking and deployment of services.

From July through December 2020, the Pathways Data Management Entity, Sacramento Covered, continued to improve and augment the SCP Portal. Additional functionality and augmentations to the SCP Portal during this time included:

- Expansion of licensed users to accommodate additional Pathways service provider staff, including setting limits on the number of licenses each partner entity can claim;
- Planning and implementing a referral in-reach effort with the local CoC, including creation of a roster of potentially eligible Pathway's enrollees via the County's HMIS based on individuals placed into COVID-19 shelters;
- Improvements to the SCP Portal functionality, including updates to the user-interface that allowed providers to better manage and track enrollee enrollment, disenrollment and coordination and provision of services;
- Improvement and expansion of the SCP system functionality for reporting and monitoring services. Fields were added to support efficient data entry and better tracking of enrollees in COVID-19 shelters; and
- Development of data infrastructure to support transition planning.

In addition to improving the SCP system and functionality, the Data Management Entity worked with City Pathways staff and the Pathways Support Team to coordinate services with the County's Flexible Housing Pool and the COVID-19 shelters.

V. NARRATIVE – Incentive Payments

Instructions: Please provide a detailed explanation of incentive payments earned during the Reporting Period. Elaborate on what milestones were achieved to allow the payment, the amount of each payment, and to whom the payment was made. The lead entity will only be permitted to invoice for actual incentive payments made.

Please note the narrative submitted during the Mid-Year Report will be considered part of the Annual Report and will not need to be resubmitted. Include updates, notable trends, and highlights of achievements/progress as well as any changes since the prior report. Please limit your responses to 500 words.

Current word count: 653

Incentive payments are earned and paid annually. For PY5, 18 partner organizations were offered and executed Incentive Agreements. Incentive amounts for these organizations fall within the maximum allowable amounts for three different categories of providers (hospitals, managed care plans, and community-based partners) as defined in the City's DHCS-approved application. Payments earned were based on the following triggers:

1. WPC Governance Participation – Attend Pathways Steering Committee Meetings.
2. WPC Clinical Protocols, Policies & Procedures – Development & coordination of workflows & consent process with other programs.
3. Active Involvement in Barrier Identification & Resolution – Active participation in planning for transition; filling out surveys, attending transition meetings, providing requested data on successor programs and referral pathways, and support development of Pathways transition.
4. Referral Support – Target List Development – Attend Transition Workgroup meetings, provide data for transition planning.
5. Data Sharing (Planning & Adoption) – provide enrollee data upon request.
6. Maintain data integrity for WPC enrollee encounters and support DHCS reporting.
7. Support workflows to ensure appropriate coordination of referrals and enrollment to avoid duplication of enrollment with other programs.

Hospitals: Up to $100,000 per organization ($300,000 total)

1. Dignity Health
2. Sutter Health
3. UCD Davis Health

Managed Care Plans: Up to $100,000 per organization ($400,000 total)

4. Aetna
5. Anthem Blue Cross
6. Health Net
7. Molina Healthcare

Community-Based Partners: Up to $155,000 per organization ($890,000 total)

8. Elica Health Centers (clinic)
9. Lutheran Social Services of Northern California (CBO)
10. One Community Health (clinic)
11. River City Medical Group (CBO)
12. Sacramento Covered (CBO)
13. Sacramento Fire Department (government agency)
14. Sacramento Native American Health Center (clinic)
15. Sacramento Police Department (government agency)
16. Sacramento Self-Help Housing (CBO)
17. Sacramento Steps Forward (CBO)
18. WellSpace Health (clinic)

In addition to incentives in our approved application, five milestones were added through a bonus augmentation as follows:

1. Building provider capacity for program coordination and enrollment supports into Medicare and SSI. The amount earned was $2,000,000, paid to City partners .
    1. Held two provider trainings on June 25, 2020 (54 individuals in attendance), and August 4, 2020 (34 in attendance).
    2. Developed new policies and workflows to facilitate applications and enrollments into Medicare, SSI and other government assistance programs.
2. Transition planning with providers, managed care plans and the County, taking into account continuity of care and services. The amount earned was $3,000,000, paid toCity partners.
    a. Held eleven meetings with health plan partners to plan transitions for enrollees in managed care. Held a meeting with Sacramento County focused on how transition impacts County programs.
    b. Held Transition Workgroup (TWG) meetings to develop workflows and plan transition activities. At the first meeting, there was hesitancy to share concrete feedback in a large group setting amongst some partners. Thus, we hosted more meetings in smaller groups in an effort to foster open discussion. Eight TWG meetings were held, and outcomes are documented in a transition plan outlining our timeline, approach, and planning activities. It is a living document that will be refined as transition planning efforts continue into 2021.

3. Expansion of new sheltering opportunities for unsheltered women. The amount earned was $2,000,000, paid to City partners..
    a. An operator for the Meadowview Navigation Center, Volunteers of America, was secured by the Sacramento Housing and Redevelopment Agency (SHRA) and a contract was executed on September 14, 2020.
    b. SHRA provided a certificate of occupancy on September 22, 2020. At that point in time, there were thirteen individuals placed into beds. Due to COVID-19, the operator is wary of filling all 100 beds at once and plans to reduce occupancy in order to allow for social distancing.
4. Development of up to an additional 25 shelter beds for Transition Age Youth (TAY). The amount earned was $1,000,000, paid to City partners..
    a. Released an RFP to operate 25 TAY shelter beds on August 3, 2020.
    b. Two operators were selected – Walking the Village and the Sacramento LGBT Community Center. Contracts were executed by the City Council on November 17, 2020.
    c. The City provided a certificate of occupancy on November 23, 2020. At that point in time, there were nine individuals placed into beds.
5. Capacity building for outreach and social services integration between the City's Police Department IMPACT team and community organizations, including building GIS technical capacity for geolocation and hot spotting. The amount earned was $2,000,000, paid toCity partners.
    a. Developed WPC-like policies and procedures for this unit, shared with the Pathways Support Team on November 24, 2020.
    b. The Interim Director of the new Office of Community Response, Bridgette Dean, presented at the CoC Board Meeting on November 18, 2020.
    c. Purchased GIS software for the Mental Health Unit, also known as the Community Support Team. The total cost came out to $62,419.87.

Back-up documentation can be provided upon request.

VI. NARRATIVE – Pay for Outcome

Instructions: Referencing the Whole Person Care Universal and Variant Metrics Technical Specifications, please provide a detailed explanation of the status of your program's performance on the pay-for-outcome metric(s). For the Mid-year report, only report those measures that are reported semi-annually; for the Annual report, please report all. Provide details that demonstrate what was achieved for each outcome, any challenges, and any lessons learned. Reimbursement will occur for achieved outcomes based on proposed annual target and methodology. Please limit your responses to 500 words.

Current word count: 177

The City of Sacramento reports annually on one Pay-for-Outcome metric for Pathways: Housing Services.

Housing Services
Our Annual PY5 Housing Services rate is 99.34%, meaning that 99.34% of all enrollees referred to housing services from January - December 2020 actually received housing services. The PY5 rate is a 102.73% increase from the Baseline rate 49.00%. The total amount earned for this pay for outcome metric was $28,792 which is 50% of the total max amount for this item.

Pathways has continued to be successful in meeting our Housing Services goals due to our focus on enrolling high-acuity, high-utilizer, unsheltered homeless individuals, as opposed to the at-risk population. The housing service providers continue to improve their housing location and retention workflows in order to place enrollees in housing that is a good fit for their specific situation. This includes leveraging landlord incentives, shared housing between enrollees when appropriate, and the use of the Governor's One-Time housing funding to pay for rental subsides. Program resources and processes have been adjusted to ensure Housing Services capacity for all program enrollees.

VII. STAKEHOLDER ENGAGEMENT

Instructions: Please provide a complete list of all program policy meetings you have held with participating entity/ies and/or stakeholders during the reporting period, and a brief summary, with topics and decisions, of the proceedings. The list of meetings will not count against your word limit. An attachment to this report is also acceptable, please note below if this option is being used. Please Note: Do not include meetings held as part of providing WPC services (e.g., care planning, MDT meetings). Meeting information provided in the Mid-Year Report does not need to be resubmitted.

Current word count: 887

Pathways held 8 governance committee meetings between July – December 2020:

1. 7/30/2020 – Pathways Executive Committee (Remote)
2. 9/24/2020 – Joint Steering Committee and Transition Workgroup (Remote)
3. 10/15/2020 – Pathways Executive Committee (Remote)
4. 10/22/2020 – Transition Workgroup (Remote)
5. 10/29/2020 – Transition Workgroup PM Meeting
6. 11/05/2020 – Joint Steering Committee and Transition Workgroup (Remote)
7. 11/19/2020 – Transition Workgroup (Remote)
8. 12/10/2020 – Transition Workgroup (Remote)

Governance Committee meetings during this period focused on:

- Ongoing DHCS Section 1115 waiver updates related to the federal waiver extension;
- Presenting and discussing Pathways' transition scenarios with and without the federal waiver extension;
- Reviewing Pathways extension funding plans to present to City Council;
- Debriefing on City Council's approval to fund the extension of the Pathways program until December 2021 with or without a federal extension;
- Development of a Pathways Transition data approach, including cohort breakdowns and discussion of major challenges on the path to readiness by cohorts;
- Collection and review of transition partner survey results to identify partners' successes and concerns with transitioning enrollees out of the Pathways program;
- Next steps for contracting in PY6;
- Highlighting successes in 2020.

Key decisions made and actions taken by the governance committees in PY5.2 included: 1) Executive Committee presented transition funding scenarios to the Sacramento City Council where Council approved funding a transition ramp down period with or without federal extension; 2) Executive Committee approved a funding

approach after Council voted to extend the program; 2) Steering Committee approved a transition data approach; 3) Transition Workgroup began cohort prioritization based on the Executive Committee's approval of the ramp down period.

Pathways continued to participate in policy meetings with health plans, hospitals, and community-based partners focused on the changing Medi-Cal landscape related to transition planning:

- 7/2/20 — Health Homes/ WPC/ ECM Gap Analysis with Anthem Blue Cross and Health Net
- 7/23/20 — Health Homes/ WPC/ ECM Gap Analysis with Anthem Blue Cross and Health Net
- 8/6/20 — Health Homes/ WPC/ ECM Gap Analysis with Anthem Blue Cross and Health Net
- 8/11/20 — Health Net Transition Planning One-on-One
- 8/12/20 — Sacramento Managed Care Plans HHP Check-Ins
- 8/31/20 — Anthem Blue Cross Transition Planning One-on-One
- 9/14/20 — Anthem Blue Cross Transition Planning One-on-One
- 10/7/20 — Sacramento Managed Care Plans HHP Check-Ins
  10/8/20 — Health Homes/ WPC/ ECM Gap Analysis with Anthem Blue Cross and Health Net

Pathways actively participates in transition meetings hosted by the California Association of Public Hospitals and Health Systems (CAPH) with other WPC pilots. These meetings initially focused on the changing Medi-Cal landscape related to CalAIM and planning for transitioning enrollees out of WPC pilots. However, their scope has shifted to focusing on impacts of COVID-19 and planning for various scenarios related to the timing and uncertainty around WPC ramp-down and potential closure. Pathways has attended the following CAPH WPC Transition Planning meetings during the reporting period:

- 7/10/20, 7/24/20, 8/7/20, 8/21/20, 9/4/20, 10/2/20, 10/16/20, 11/13/20, 11/27/20, 12/11/20,

Pathways continued to host Learning Community Sessions to support contracted Pathways service provider staff in improving their knowledge of various topics and ability to address the needs of Pathways enrollees. Since the Pathways Learning Community historically met in-person, COVID-19 required Pathways to pivot and conduct these exclusively via webinar. The Learning Community Sessions conducted during this reporting period are recorded below:

- 8/4/20 — Pathways Learning Session // Medicare Basics, SSI Eligibility & Medi-Cal Part 2
- 11/20/20 — Pathways Learning Session // Being Creative about Self-Care in a Virtual World During a Time of Transition
- 12/23/20 — Pathways Learning Session: Coordinated Entry System (CES) & Permanent Supportive Housing (PSH) Training w/ Sacramento Steps Forward

Due to participants' positive feedback from the PSH Learning Community Session, an additional Learning Community Session is being planned for the next reporting period to continue addressing the same topic on a deeper level.

VIII. PROGRAM ACTIVITIES

Care Coordination

A. Briefly describe 1-2 successes you have had with care coordination.

1. **Convening Meeting to Develop Care Coordination Plan with the Sacramento Housing and Redevelopment Agency (SHRA)**. The Housing Choice Voucher (HCV) program is a crucial and impactful path to permanent housing for Pathways enrollees. In the City and County of Sacramento, the HCV program is administered and operated by SHRA. As part of the HCV process, housing providers, including Sacramento Self Help Housing (SSHH), Sacramento Covered (SC) and Lutheran Social Services (LSS), submit applications and supporting documents on behalf of their enrollees to SHRA, which processes the applications, conducts the enrollee briefings, and awards the vouchers. Between November 2017 and June 2020, Pathways housing partners noted several inconsistencies and issues related to submission, processing, and management in SHRA's voucher process. In the spirit of fostering collaboration and improving communication and care coordination with SHRA, the Pathways Support Team, on behalf of the City of Sacramento, collected qualitative and experiential data from housing partners to identify key issues, themes, and barriers in the HCV process. The data and experiences of Pathways housing partners demonstrated: 1) ongoing instances of lost HCV applications; 2) unclear, undefined, and inconsistent terms used on reports to describe the status of HCV applications; 3) policies and procedures that led to delays in processing HCV applications and lack of transparency about the receipt or status of HCV applications; and 4) there were unclear policies or guidance about requesting enrollee briefings in the SHRA office in response to COVID-19 safety and exposure concerns. These findings were shared with SHRA and the three housing partners. A meeting was scheduled in July 2020 which included the project contact from the City of Sacramento, SHRA, the housing providers (LSS, SSHH, and SC), and the Pathways Support Team with the goal of working together to develop a care coordination plan and improving communication among all parties. As a result of this meeting several key steps were integrated into the HCV process including: 1) improved paper and electronic workflows; 2) SHRA sending weekly and monthly reports to housing partners to address application issues, confirm applications received, and provide status updates; 3) clarified and updated COVID-19 enrollee briefing and meeting protocols; and 4) definition of terms on all data reports. The meeting demonstrated key goals and objectives of the collective impact model framework, which is the basis of the Pathways Health + Home program. It allowed the aforementioned stakeholders to develop thought partnership and foster communication by working

together to improve the care coordination and communications process, which ultimately led to a more seamless and streamlined HCV process for Pathways housing partners and enrollees

B. Briefly describe 1-2 challenges you have faced with care coordination, and lessons learned from those challenges.

1. **Addressing Enrollee Non-engagement in COVID-19 Shelter Rehousing Efforts Across Partners.** In April 2020, through an unprecedented community-wide housing effort led by a collaboration between the City of Sacramento, Sacramento County, and Sacramento Steps Forward (SSF), the COVID-19 Homelessness Response Team provided almost 600 temporary COVID-19 shelters/quarantine isolation units to individuals who were the most susceptible to illness or death from COVID-19. In the Fall, as beds filled and the shelter funding subsided, rehousing these individuals was paramount. The three Pathways housing providers were engaged with the County, City, and SSF on this collaborative effort by providing focused, intensive care coordination and services aimed at rehousing Pathways enrollees in the COVID-19 shelters. There were numerous challenges as partners attempted to rehouse enrollees within the shelters, the biggest challenge being enrollee engagement. After multiple failed engagement contact attempts made by housing navigators, providers worked with Sacramento County to issue letters to enrollees notifying them that the shelters were closing and that they would have to move out by a certain date. This was an attempt to prompt enrollees to become more responsive and work with providers on rehousing options. Providers worked with the County to tailor these letters so enrollees in the shelter could clearly understand the message.

2. **Overcoming Communications Challenges in COVID-19 Shelter Rehousing Efforts.** In PY5.2, Pathways continued to partner with Sacramento County to rehouse vulnerable enrollees who were referred into COVID-19 emergency shelters at the height of the pandemic. As partners started to rehouse enrollees, they had to overcome communication challenges between entities. Shelter Operators, Sacramento County and Pathways housing providers did not have an efficient communication channel through which they could discuss which enrollees needed to be rehoused, best options to suit the enrollees' needs, timing for these efforts, and other coordination topics. To mitigate this, a roster was created and shared amongst the collaborative with contacts at each of the aforementioned organizations with the intent to increase communication amongst providers about enrollee needs. Additionally, the County established bi-weekly case conferencing calls with Pathways providers to further increase communication. In this forum

partners case conference to brainstorm solutions for enrollees that they are having challenges rehousing.

Data Sharing

A. Briefly describe 1-2 successes you have had with data and information sharing.

1. **Established a Data Sharing Workflow Between Pathways and the Sacramento County Flexible Housing Pool (FHP) to Support Warm Handoffs**: In PY5.1, Pathways initiated referrals into the County's Flexible Housing Pool (FHP), where Pathways enrollees would receive a housing placement paired with housing support services for up to 18 months. Starting in August, it was decided that Pathways enrollees in FHP would be disenrolled from their Pathways housing panel in an effort to avoid duplication of housing support services. This was challenging at first because the Pathways housing case managers did not have a way to contact the FHP providers in order to do a warm hand-off out of the Pathways housing panel. The Pathways Support Team connected with the County FHP Manager to talk through how case managers could get in contact with each other. It was decided that the Pathways Data Management Entity would create an FHP roster that includes the enrollees' name, FHP placement, and the name and contact information for the Pathways housing case manager. The Data Management Entity would then send this list to the FHP Manager who would note the case manager name and contact information for FHP. After this, the roster was shared with both FHP and Pathways providers so that they could keep in contact once enrollees were in FHP and begin the Pathways housing panel disenrollment process. By the end of the reporting period, all Pathways enrollees were successfully disenrolled from their housing panel and warm hand-offs between Pathways and FHP were completed.

B. Briefly describe 1-2 challenges you have faced with data sharing, and lessons learned from those challenges.

1. **Data Sharing with Sacramento County to Determine Pathways Eligibility Among Individuals in Emergency COVID-19 Shelters.** As PY5.1 came to an end, Pathways re-engaged with the County to conduct inreach at the COVID-19 emergency shelters after the successful inreach effort that occurred over the summer. The Pathways Data Management Entity needed to create an initial list of individuals in the shelters who were not connected to a program and might have been eligible for Pathways. There were data collection challenges as the Pathways Data Management Entity attempted to pull a list of potential enrollees from the County's

Homeless Management Information System (HMIS). The Pathways Data Management Entity reached out to Sacramento County's Data Analyst to build a customized list that included the COVID-19 risk of all potential enrollees. Through this data sharing coordination effort, the Pathways Data Management Entity was able to create an initial list of potential enrollees in the COVID-19 shelters. Data collection and entry continues to be a challenge for Pathways providers. Housing providers have to enter data in the Pathways Shared Care Plan and also in the County's HMIS data management system. Due to limited staffing capacity and data volume, there are often data gaps and neither system contains up-to-date data information.

Data Collection

A. Briefly describe 1-2 successes you have had with data collection and/or reporting.

1. **Development of Reporting Workflow Between the Interim Care Plus Program (ICP+), the Pathways Support Team and the Pathways Data Management Entity -** In 2020, the Pathways program expanded the number of ICP+ beds in the community by 20, for a total of 36 ICP+ beds. The 20 Pathways beds are reserved for Pathways enrollees referred either by local hospitals or Pathways Hub partners. Upon launch, ICP+ found that there were often more than 20 Pathways enrollees in ICP+ beds at any given time and yet ICP+ could only invoice Pathways for the 20 Pathways beds. ICP+ did not want to designate certain physical beds as Pathways only and have enrollees change beds depending on the Pathways ICP+ census. ICP+ also did not have the invoicing experience to bill Pathways under a bed day model per enrollee. The Pathways Support Team worked with ICP+ staff and the Data Management Entity to develop a new bed day invoicing workflow that could also provide the data needed for reporting. ICP+ needed to be able to identify only 20 individuals each night in the Pathways beds without physically moving enrollees in specific beds. A new ICP+ tracker was developed in August that listed all Pathways individuals in ICP+ each calendar day. This tracker was shared with both the Data Management Entity and the Pathways Support Team for consistency in reporting and invoicing. Creating this type of data collection process for respite care services is building capacity in the Sacramento Community to be able to gather better data on how many ICP+ beds are used on any given night and which individuals are filling those beds. It is also helping the ICP+ provider develop new skills that will assist them in being able to work with a variety of payors.

B. Briefly describe 1-2 challenges you have faced with data collection and/or reporting.

1. **Invoicing Challenges Are a Barrier to Collecting Rehousing Rental Subsidy Program Data**. In early 2020, the Pathways rehousing rental subsidy program, funded through the Governor's one-time housing funds, was allocated to the three Pathways housing providers (SSHH, SC, and LSS) based on panel size. The program has been incredibly beneficial in supporting Pathways enrollees by keeping them temporarily housed as they seek permanent housing placements. However, the rehousing invoice process has been an ongoing challenge for all three housing providers due to documentation requirements. Providers are required to submit a lease and/or rental agreement, a monthly rental subsidy tracker that includes sustainability plans, and an organization check request form and/or a check stub indicating the nature of the expense. All three providers have shared that the documentation requirements (particularly the lease requirements) for the rehousing invoices are cumbersome and time consuming for their staff. Given the documentation requirements, all three providers have fallen behind on invoice submissions. This poses a data challenge as it is nearly impossible to get timely and accurate current data on enrollees receiving rehousing services across the Pathways program, without having up-to-date invoices from our partners detailing provision of these services and who is benefitting from these dollars with their correlating sustainability plans. In the future, it would be helpful to work with the housing providers to understand what documents are readily available, how best to collect those documents and what information is critical for invoicing and data collection, versus what is excessive and time- consuming. Currently, our housing providers report that leases are not always available in the timeline required for invoicing, nor are payments processed by landlords in a timely manner, making it difficult to gather invoicing documentation for each month's invoice.

Barriers

A. Looking ahead, what do you foresee as the biggest barriers to success for the WPC Program overall?

1. **Implementation of Enhanced Care Management (ECM) and In Lieu of Services (ILOS) Across Five Health Plans.** The Pathways program is unique in provision of Whole Person Care, not only because it is the only City-led pilot in California, but also because enrollees are assigned to five distinct Medi-Cal managed care health plans which serve the County of Sacramento. Though the health plans have been cooperative and supportive partners, as we look ahead towards transition, this presents unique challenges. As per DHCS guidance, all plans will need to submit their model of care (MOC) outlining

transition plans and providers they will contract with to implement ECM and ILOS by July 1, 2021 and prepare for official program launch on January 1, 2022. This presents a very tight timeline for the five health plans to ensure both the health and housing needs of Pathways enrollees are addressed across five different MOCs, and coordinate and align transition plans with providers in preparation of the December 31, 2021 program sunset date. The City and Pathways Support team are working to develop a collaborative transition plan across all stakeholders to address these anticipated challenges.

2. Limited Housing Options for Pathways Enrollees. The City of Sacramento has emerged as one of the most competitive housing markets in the United States. This has had devastating effects on availability of affordable housing and rising rates of people experiencing homelessness and housing insecurity. Similarly, the Pathways program has felt this strain in seeking permanent housing solutions for enrollees. Currently, there are only 250 permanent supportive housing slots available to Sacramento community, including the program's approximately 900 enrollees. The Housing Choice Voucher (HCV) program through the Sacramento Housing and Redevelopment Agency (SHRA) has been an important partner for our housing providers. Unfortunately, the HUD Fair Market Rent for Sacramento has not kept pace with the rising rents and has created a large gap between what market rental rates are and the amount the HCV can cover. The limited options for housing for low income or formerly homeless individuals poses a significant challenge for working with Pathways enrollees to become more independent and stable. There needs to be additional investment in housing for individuals needing more support and for those who are working their way back to independence.

IX. PLAN-DO-STUDY-ACT

Instructions: PDSA is a required component of the WPC program. The WPC PDSA Report template will be used for each PDSA that the LE is conducting. Summary and status reports are required components of your Mid-Year and Annual reports. Please attach all required PDSA documents and completed template demonstrating your progress in relation to the infrastructure, services, and other strategies as described in the approved WPC LE application and WPC STCs. Note: For the Mid-Year Report, submit information from January – June 30. For the Annual Report, submit information inclusive of all PDSAs that started, are ongoing, or were completed during the Program Year.

PDSA Attachments:

1. PY5 Mid-Year PDSA Summary Table
2. WPC PDSA Care Coordination: July 2020-December 2020
3. WPC PDSA Comprehensive Care Plan: July 2020-December 2020
4. WPC PDSA Comprehensive Care Plan: September 2020-Decembe 2020
5. WPC PDSA Data Sharing: October 2020-December 2020
6. WPC PDSA Reducing Inpatient Utilization: August 2020-December 2020
7. WPC PDSA Reducing Inpatient Utilization: August 2020-December 2020
8. WPC PDSA Reducing ED Visits: July 2020-December 2020
9. WPC PDSA Reducing ED Visits: July 2020-December 2020