DHCS State of California - Health and Human Services Agency
Department of Health Care Services
Whole Person Care
Lead Entity Mid-Year or Annual Narrative Report

Reporting Checklist

City of Sacramento
Annual Narrative PY4
May 1, 2020

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

Component	Atachments
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.

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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

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.*

Max Word Count: 500

Increasing integration among agencies, health plans, providers, and other entities. In PY4, Pathways continued to increase integration among external partners and contracted service providers. The program continued to engage in strategic planning with managed care plans and community clinic partners to establish an overarching approach for coordination between the Health Homes Program (HHP) and Pathways. This expanded to include CalAIM as the components of that program evolved and developed. The City also continued to integrate its sheltering and housing strategies with Pathways, including providing non-WPC resources for Room & Board housing and coordinating with the County Flexible Housing Pool, funded with the State Housing Emergency Aid Program (HEAP) funds to support Pathways enrollees in finding housing. By pairing Pathways care coordination services with non-Pathways housing resources, enrollees received wraparound health, behavioral health, and social services that improve the likelihood of successful housing placements.

Increasing coordination and access to appropriate care, housing, and supportive services. Pathways continued to improve care coordination between Pathways service provider partners by refining the Shared Care Plan Portal (which allows providers to share information in real-time) and requiring data entry in the Sacramento Homeless Management Information System (HMIS) by the Housing providers. In addition, Pathways Housing providers worked with landlords to secure new housing opportunities and expand existing ones. This was imperative for increasing the capacity of Pathways Housing providers to house more clients.

Reducing inappropriate utilization and improving health outcomes. During the reporting period, Pathways service providers continued to explore and test strategies to reduce inappropriate utilization and improve health outcomes for enrollees. These strategies included increasing enrollee attendance of specialty care appointments, increasing real-time referrals from local hospitals and targeting high-utilizers of hospital services more aggressively.

Improving data collecting and sharing. In PY4, Pathways began developing a new data collection process for the program's DHCS Variant & Universal metrics report with the County, managed care plans, and hospital systems. The process was updated to include collection of disaggregated client-level data to enable Pathways partners to better track clients and improve both care coordination and efficiency of providers use of resources.

Achieving quality and administrative improvement benchmarks. In PY4, the Pathways consulting team encouraged all providers to improve completion of enrollee Shared Care Plan required fields, which is a key administrative benchmark for the program. Developing an internal report for providers to run so that they may determine their completion rate allowed them to monitor their internal processes and increase the completion rate for required fields.

In addition, the program continued to update Pathways data sharing and care coordination policies and procedures, including updating a policy to standardize processes for disenrollment's, graduations and other transitions out of Pathways.

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III.   ENROLLMENT AND UTILIZATION DATA

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	82	73	81	54	71	89	450

Item	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Unduplicated Total
Unduplicated Enrollees	91	70	48	57	65	48	829

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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	Costs and Aggregate Utilization for Quarters 1 and 2						
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total
ICP+ Bed Days Cost	$0	$0	$0	$0	$0	$0	$0
ICP+ Bed Days Util	0	0	0	0	0	0	0
Outreach & Referral FFS Cost	$109,261.87	$110,872.78	$103,378.54	$74,592.24	$94,763.66	$86,358.90	$579,228.00
Outreach & Referral FFS Util	1,560	1,583	1,476	1,102	1,384	1,259	8,364
Housing Move In Costs				███████	███████	$17,186.85	$36,402.39
Housing Move In Util				█	█	13	31

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FFS	Costs and Aggregate Utilization for Quarters 3 and 4						
	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Total
ICP+ Bed Days Cost	$0	$0	$0	$0	$0	$0	$0
ICP+ Bed Days Util	0	0	0	0	0	0	0
Outreach & Referral FFS Cost	$103,490	$95,590	$97,960	$108,546	$104,438	$128,138	$1,217,390
Outreach & Referral FFS Util	1,720	1,570	1,762	1,997	1,848	1,750	19,011
Housing Move In Costs	$14,270.15	$14,339.38	███████	$16,821.40	$15,073.21	███████	$127,220.40
Housing Move In Util	15	13	████	13	17	██████	108

For **Per Member Per Month (PMPM),** please report your rate, amount claimed and member months by PMPM type. These reports should tie to your budget, invoice and utilization reports. For "Bundle #" below, use the category number as reported in your submitted Quarterly Enrollment and Utilization Report. Add rows as needed

PMPM		Amount Claimed						
	Rate	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total
Housing Bundle #1 Rate	$375	$153,750	$236,250	$257,250	$249,375	$258,375	$280,875	$1,435,875
Housing Bundle MM Counts 1		410	630	686	683	708	761	3,878

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PMPM		Amount Claimed						
	Rate	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total
Enhanced Case Management & Navigation Services Bundle #2 Rate	$537	$293,739	$309,849	$334,014	$324,348	$334,551	$366,234	$1,962,735
Enhanced Case Management & Navigation Services MM Counts 2		547	577	622	637	650	705	3,738
Lower Level Case Management & Navigation Services Bundle #3 Rate	$282	$23,124	$21,432	$22,560	$21,150	$20,304	$21,714	$130,284
Lower Level Case Management & Navigation Services MM Counts 3		82	76	80	78	74	79	469

PMPM		Amount Counts						
	Rate	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Total
Housing Bundle #1 Rate	$375	$286,875	$297,750	$299,250	$272,250	$285,000	$290,250	$3,167,250
Housing Bundle MM Counts 1		813	837	839	859	884	893	9,003

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PMPM	Rate	Amount Counts						
		Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Total
Enhanced Case Management & Navigation Services Bundle #2 Rate	$537	$379,659	$388,251	$390,399	$357,105	$372,141	$373,215	$4,223,505
Enhanced Case Management & Navigation Services MM Counts 2		755	765	766	780	800	794	8,398
Lower Level Case Management & Navigation Services Bundle #3 Rate	$282	$21,996	$22,560	$22,278	$18,612	$20,586	$22,560	$258,876
Lower Level Case Management & Navigation Services MM Counts 3		84	86	85	87	94	100	1,005

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

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IV.   NARRATIVE – Administrative Infrastructure

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.

As the program has evolved, program personnel have shifted and no longer directly align with the DHCS budget personnel line items. City program staff on Pathways include the Homeless Services Manager, Program Analyst, and Administrative Officer. The City's costs for this staff time are invoiced through the Data Manager and Data Analyst personnel line items. The Homeless Services Manager leads the program and supervises the Program Analyst and Administrative Officer. The City's Program Analyst is the primary point-of-contact for the program at the City and oversees the Pathways consulting team. The Program Analyst is 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 all Pathways-related contracts; invoice processing, and budget management; and participation in Pathways external and internal meetings. The Administrative Officer provides support for program budget management. The costs submitted for PY4.1 for the Data Manager and Data Analyst were inflated due to a calculation error. The costs submitted for these two line items in PY4.2 have been adjusted down so that the total for PY4 reflects the total actual cost incurred by the City of Sacramento.

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

The Pathways consulting 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 meetings, governance committees, and external stakeholder meetings; develop and monitor service provider contracts; review and submit all program invoices; support service provider Quality Improvement and PDSA activities; oversee compliance monitoring; and support DHCS reporting. City staff and the Pathways consulting team work closely together to oversee the budget and monitor expenditures in the program.

Deliverables completed by City Pathways staff and the Pathways consulting team during PY4.2 include:
- Review and revision of service provider contract terms;
- Supporting execution of contract extensions and amendments;
- Onboarding and orientation of new Pathways Hub;
- Support for provider-level PDSAs and quality improvement, including Learning Community Sessions;
- Facilitate discussions and initiate planning around the close of the program;
- Development and dissemination of program policies;
- Support DHCS reporting in coordination with the Data Management Entity;
- Support in ICP+ planning and contract development and execution;
- Support in planning for housing-related transportation funding;
- Management of service provider invoicing and program budget;
- Development and management of PY4 Incentive Agreement contracts;
- Ongoing maintenance of the Online Toolkit;
- Support for Pathways communications as requested.

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V.   NARRATIVE – Delivery Infrastructure

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.

In the second half of PY4, 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 expertise to support service delivery, technology implementation and data sharing practices, and 3) technical support required for program transitions, ramp down and revision of DHCS reporting processes, as requested by DHCS.

Delivery infrastructure funds for ICP + respite care beds were expected to be utilized in the second half of PY4, but this was delayed due to continued issues in securing the required physical space. Delivery infrastructure funds for ICP + respite care beds are expected to be utilized in the first half of PY5.

From January through December 2019, the Pathways Data Management Entity, Sacramento Covered, continued to improve and augment the SCP Portal. Subject matter experts from Intrepid Ascent and Desert Vista Consulting was deployed to support these augmentations and improvements. 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;
- Ongoing implementation of the SCP Portal "Ticketing System" that enables users to create tickets to report issues and bugs, make change requests, and submit support questions;
- Improvements to the SCP Portal functionality, including updates to the user-interface to more easily access information; addition of new fields to more accurately and consistently capture critical data like housing disposition, increased editing ability across partners, and new features to allow providers to better manage and track enrollments and disenrollment's and staff provision of services; and
- Updating and improving data collection processes for DHCS Variant & Universal reporting;

- Improving and expanding the SCP system functionality for reporting and monitoring. New fields were added to support data entry and tracking of enrollees in the City of Sacramento HMIS system.

IT SMEs also worked on and supported other critical components of the Pathways IT delivery infrastructure, including the decision to put the Hospital Notification pilot on hold due to competing program priorities and lack of stakeholder alignment. Additional work was done to create consent forms for programs that did not sign a data sharing agreement. The initial template was created to support Pathways client enrollment in new County-funded housing programs.

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VI. NARRATIVE – Incentive Payments

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.

Pathways to Health + Home incentive payments are earned and paid on an annual basis. For PY4, 20 Pathways partner organizations were offered Incentive Agreements, of which 19 organizations have executed agreements and one partner who is still negotiating their agreement. 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:

Hospitals: Up to $100,000 per organization ($280,000 total)
1. Dignity Health earned $100,000
2. Sutter Health earned $90,000
3. UCD Davis Health earned $90,000

Managed Care Plans: Up to $100,000 per organization ($300,000 total)
4. Aetna (did not execute an agreement)
5. Anthem Blue Cross earned $100,000
6. Health Net earned $100,000
7. Molina Healthcare earned $100,000

Community-Based Partners: Up to $155,000 per organization ($890,000 total)
8. Elica Health Centers (clinic) earned $75,000
9. Health and Life Organization, Inc. (clinic) earned $20,000
10. Lutheran Social Services of Northern California (CBO) earned $75,000
11. One Community Health (clinic) earned $75,000
12. Peach Tree Health Clinic (clinic) earned $20,000
13. River City Medical Group (CBO) earned $20,000
14. Sacramento Covered (CBO) earned 95,000
15. Sacramento Fire Department (government agency) earned $145,000
16. Sacramento Native American Health Center (clinic) earned $75,000
17. Sacramento Police Department (government agency) earned $135,000
18. Sacramento Self-Help Housing (CBO) earned $75,000
19. Sacramento Steps Forward (CBO) earned $5,000

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20. WellSpace Health (clinic) earned $75,000

Milestones achieved to allow payment:
Incentive Agreements offered for 2019 required achievement of triggers detailed in the City of Sacramento's approved WPC application.

Additional requirements beyond DHCS-approved triggers were also included in the PY4 Incentive Agreements to support more robust coordination and data sharing, as well as completion of Shared Care Plans.

Specific additional requirements include:
- Data sharing as needed to meet DHCS reporting requirements, as requested
- Participation in Pathways special projects, as requested
- Supporting Pathways coordination with the Health Homes Program, as requested
- Completion of required fields in Shared Care Plans (contracted service providers only)

VII.   NARRATIVE – Pay for Outcome

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.

The City of Sacramento reports annually on four Pay-for-Outcome metrics for Pathways: All-Cause-Readmissions (ACR), Ambulatory Care (AMB), Inpatient Utilization (IPU), and Housing Services. Note that DHCS provides state-calculated rates for ACR, AMB, and IPU metrics, which will determine formal attainment of DHCS-approved benchmarks by the Pathways project. Below is the current status of each metric.

Housing Services
Our Annual PY4 Housing Services rate is 99.88%, meaning that 99.88% of all enrollees referred to housing services in PY4 actually received housing services. The PY4 rate is a 10.8% increase from the PY3 rate (90%), and well over the program's 5% goal for PY4.

Pathways has continued to be successful in meeting our Housing Services goals due to our program framework that incorporates a workflow that ensures all new enrollees to be referred to housing services. Housing services are provided by Sacramento Self-Help Housing, Sacramento Covered and Lutheran Social Services of Northern California.

Ambulatory Care (AMB)
For Annual PY4, Pathways data show an AMB rate of 152.37 emergency department visits per 1,000 Pathways member months (or 1,456 emergency department visits total for the year). Our PY4 Annual AMB rate is a 70.52% decrease from our PY3 rate (516.79 per 1,000 member months) and over the goal of a 10% decrease for PY4.

Based on DHCS Data, AMB rate had increased from PY3 to PY4. Therefore, Pathways will not be able to claim this P4O.

All-Cause-Readmissions (ACR)
In PY4, data show 6.30% or 89 of 1,413 inpatient discharges resulted in a 30-day readmission following that inpatient stay. Our PY4 ACR rate reflects a decrease of 55.01% from the PY3 rate of 14%.

Based on DHCS Data, ACR rate had increased from PY3 to PY4. Therefore, Pathways will not be able to claim this P4O.

Inpatient Utilization (IPU)
For Annual PY4, Pathways show an IPU rate of 58.60 inpatient discharges per 1,000 Pathways member months (or 560 inpatient discharges total for the year). Our PY4 Annual IPU rate reflects 68.07% decrease from the PY3 rate of 183.52 inpatient discharges per 1,000 Pathways member months and well over the goal of a 10% decrease for PY4.

Our pilot is still working on the reporting processes and IT infrastructure to understand the trends underlying the decreases in our hospitalization rates.

Based on DHCS Data, IPU rate had increased from PY3 to PY4. Therefore, Pathways will not be able to claim this P4O.

Ambulatory Care, Inpatient Utilization and All-Cause Readmission Reporting Issues:
Data submitted for these measures are unverified due to several factors. The City of Sacramento relies on health plan and hospital system partnerships to share data to report on hospital utilization metrics. However, to date, the City of Sacramento hasn't received data from three key reporting partners, resulting in incomplete data sets. Without access to claims data from each participating partner, it is not possible to verify if or to what extent duplicate data are received from reporting partners even when considering client-level data received. For instance, Ambulatory and In-Patient Utilization encounter and claims data about the same four WPC enrollees were received from reporting health plan and hospital systems for the same month, however, it is not possible to confirm if these encounters were duplicate counts or separate. For this reason, there is a small (<0.05%) variation between the AMB and IPU encounter data totals reported in the PY4 Annual Report and the PY4 Variant & Universal Metrics report.

VIII.   STAKEHOLDER ENGAGEMENT

Stakeholder Engagement - In the text below or as an attachment to this report, 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. 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.

Pathways held a total of 7 governance committee meetings from July through December 2019:
1. 8/8/2019 — Pathways Executive Committee Meeting
2. 9/5/2019 — Pathways Steering Committee Meeting
3. 10/17/2019 — Pathways Service Delivery Committee Meeting
4. 11/7/2019 — Pathways Executive Committee Meeting
5. 12/5/2019 — Pathways Steering Committee Meeting
6. 12/19/2019 — Pathways Service Delivery Committee Meeting
7. 12/19/2019 — Pathways IT Committee Meeting

Governance Committee meetings during this period focused on:
- Brainstorming Pathways program ramp down & enrollee transition opportunities in preparation for PY5;
- Launching the new Learning Community Session approach that pivoted from internal program processes to professional development for direct service staff;
- Discussing use of one-time emergency funding from HEAP and Governors One-Time Housing Funding for WPC pilots (including the County run Flexible Housing Pool);
- Reviewing and discussing programmatic strategies to improve data collection processes for DHCS reporting.

Key decisions made and actions taken by the committees in the second half of PY4 included: 1) Executive Committee approval to limit referral sources starting June 1st to City shelters and stopping referrals completely on October 1st (this decision was made before the CalAIM announcement and will be revisited as a result); 2) Steering Committee and IT Committee review and approval of changes to the DHCS data collection process, 3) moving IT Committee to an ad hoc basis and repurposing the Service Delivery Committee to a Transition Workgroup in the effort to have stakeholders actively participating in decisions around continuity of care and program closure.

Pathways continued to participate in policy meetings with health plan, hospital, and community-based partners focused on implementation of the Health Homes Program and the changing Medi-Cal landscape related to CalAIM:

- 8/28/19 — Health Homes/ WPC Whiteboard Session
- 11/5/19 — Health Homes/ WPC Whiteboard Session
- 12/2/19 — Health Homes/ WPC Whiteboard Session

In addition, Pathways continued to host Learning Community Sessions to engage contracted Pathways service provider staff. In the second half of PY4, the learning community shifted from focusing on internal workflows and program process to more skill-based trainings aimed to aide direct service staff in professional development. These trainings include:

- 8/2/2019 — Pathways Program Manager Meeting – A New Approach to Learning Community
- 10/2019 — Pathways Learning Session - Trauma Informed Care
- 12/10/2019 — Pathways Learning Session - Boundaries, Self-Care and Staff Safety

IX.   PROGRAM ACTIVITIES

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

Enhanced care coordination among all Pathways providers to include more housing information. Development of standardized housing service definitions across all three housing providers and updating the Shared Care Plan to reflect these changes enabled enhanced care coordination among all Pathways providers to include more housing information. By standardizing housing definitions and ensuring all housing providers could offer the same set of services, capacity for housing enrollees and staying connected with enrollees once housed increased in the City of Sacramento.

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

Incorporation of newly launched program(s) into Pathways project workflows. Sacramento County launched the Flexible Housing Pool (FHP) program during this reporting period to support persons who are homeless or in unstable living situations to transition into permanent housing. FHP designated 40 slots for Pathways referrals, requiring the development of new data sharing and referral workflows between the Pathways program and the County. The lack of a data sharing agreement between Pathways and this County department made it difficult and time-consuming to enter client information into the County's FHP portal (Our pilot currently has data sharing agreements with County Behavioral Health, not County office of Human Assistance. While work arounds were developed through the use of consent forms, there remain to be ongoing issues around communication workflows that the program is working to resolve without a data-sharing agreement.

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

Collaboration with key partners. The City of Sacramento worked with four health plans in Sacramento County to prevent the duplication of WPC and Health Homes Program enrollment. The four health plans, with whom Pathways has data sharing agreements in place, agreed to not list WPC enrolled individuals on their Health Homes TEL lists provided to the CB-CMEs. The Pathways program sends enrollment rosters to each of the plans on a monthly basis and the health plans remove Pathways enrolled individuals from their TELs. As an added check, the CB-CMEs who are also WPC service partners cross-check their TEL lists with their Pathways enrollee roster and identify any dual-enrolled individuals and request that the Pathways eligibility and enrollment entity dis-enroll them from Pathways.

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

Minimizing inefficient processes or workflows across Pathways partners and other entities that serve Pathways clients. Pathways partners identified duplication of effort around data collection and data entry as an ongoing challenge due to policies that require data collection and entry into the Shared Care Plan as well as multiple other platforms, including the region's Homeless Management Information System (HMIS), used by programs that serve the same client population, and SHINE, used by Sacramento County. Pathways staff, along with HMIS staff, researched options for these two computer platforms to communicate or share data with each other, but were not successful in developing a workable solution due to lack of stakeholder agreement.

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

Developing and implementing a new DHCS data collection process with reporting partners. Prior to PY4, the Pathways data management entity collected data from hospital, plan, and County partners for four pay-for-outcome and five pay-for-reporting measures. Because of the complexity of the reporting process, the number of partners, and the lack of County infrastructure to support data collection and storage, the strategy prior to PY4 was to require partners to report aggregate data for pay for outcome measures only. Per DHCS, Pathways was required to store/maintain client-level data as well as aggregate data for all DHCS reporting measures. Pathways facilitated a stakeholder feedback process with all reporting partners around these requirements. This resulted in an overhaul of our DHCS data collection process that was fully supported and informed by our data management entity and reporting partners.

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

Identifying and overcoming barriers to ensure comprehensive data about the Pathways project is efficiently collected and reported. After two years of working with one particular partner to sign the Pathways data sharing agreement, said partner finally entered into an agreement. However, despite having an executed agreement, this reporting partner does not plan to share data needed for reporting purposes at this time. Much time has been spent engaging this partner on the importance of their data for reporting and the protections the program has in place for data sharing, collection

and reporting. Effort was also spent seeking a data sharing agreement with other county departments for program coordination. When it became clear a direct data sharing agreement was not possible, the program developed a workaround with service partners to ensure coordination between programs.

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

The quickly evolving Medi-Cal health care and health policy environment and workflow complications brought on by the COVID-19 outbreak. As WPC approaches its final year, the City of Sacramento has been planning for how best to transition enrollees into other programs and services. The evolution at the state-level from Health Homes to CalAIM has made it difficult to begin to lay the groundwork for enrollee transition. While the original timeline laid out in the initial CalAIM proposal was a lift, the biggest challenge is lack of clarity on direction and timing. Additionally, with most enrollees enrolled in managed care, Pathways is working with five different health plans on their transition plans and the variation among the five health plans complicates efforts to standardize and streamline a transition process for our enrollees. We are also anticipating challenges for patients who are duals, aging out of the program, or who do not meet potential eligibility requirements for successor programs to WPC. There is also a large possibility that transition activities may be delayed due to the outbreak of COVID-19. The City of Sacramento is working to create a smooth transition for as many enrollees as possible to the most appropriate program to meet the individual's needs. The added complication from COVID-19 comes into play too. We are already seeing workflow impacts as staff move remote and clinics face the brunt of COVID-19 cases.

X.   PLAN-DO-STUDY-ACT

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.

List PDSA attachments:

- PY4 Mid-Year PDSA Summary Table
- WPC PDSA Care Coordination September-Dec 2019
- WPC PDSA Comprehensive Care Plan August-October 2019
- WPC PDSA Comprehensive Care Plan September-Dec 2019
- WPC PDSA Data Sharing October-Dec 2019
- WPC PDSA Reducing Inpatient Utilization October-Dec 2019
- WPC PDSA Reducing Inpatient Utilization September-Dec 2019
- WPC PDSA Reducing ED Visits September-Dec 2019
- WPC PDSA Reducing ED Visits September-Dec 2019