

## Background

Whole Person Care (WPC) is a pilot program within Medi-Cal 2020, California's Section 1115 Medicaid Waiver. WPC is designed to improve the health of high-risk, high-utilizing patients through the coordinated delivery of physical health, behavioral health, housing support, food stability, and other critical community services.

**Lead Entity:** Kings County

**Estimated Total Population:** 600 individuals over pilot period

**Budget:** \$1.2 million in annual federal funds, matched by an equal amount of local funding

## Who does the program serve?

The target population of Kings County WPC pilot, called KARELink, consists of Medi-Cal (MC) Beneficiaries living in Kings County that have one or more of the following: Substance Use Disorder (SUD), Mental Health Issue (MH), poor control of diabetes, and/or hypertension.

## What health care and social service organizations are participating?

There is a total of nine organizations participating in the pilot:

- Kings County Human Services Agency (Lead Entity)
- Kings County Behavioral Health
- Kings County Public Health
- Kings County Probation
- Kings County Sheriff
- Champions Recovery Alternative Programs
- Anthem Blue Cross Managed Care
- Adventist Health
- Kings View Mental Health Services

## What services are included?

- **Referrals** – No wrong door approach for referrals into the program. Referrals will be taken via manual forms, web portal ([www.KARELink.org](http://www.KARELink.org)), phone, fax, email, or as a walk in. Various organizations throughout the community have been informed of how and who to refer into the program
- **Screenings** – All referrals are screened by a Multi-Disciplinary Team (MDT) for the following: eligibility for any/all public assistance, SUD/MH, physical health, housing stability, and job navigation. Each member of the team develops recommendations for the case management team based on the needs/goals of the enrollees as well as the professional insights from the MDT
- **Case Management/Care Coordination & all other services** MDT's as well as invested coordinating service providers (e.g. probation officers, social workers, mental health case managers) meet to finalize and review the enrollee's needs, goals, and recommendations from the MDT. Case managers from all service providers have a clear understanding of what each role they will play in the case management. Services available include housing stability, job navigation, best practices for SUD/MH and physical health as well as access to sobering beds, tattoo removal for job seekers, SSI advocacy, and life skill classes

*"I like coming here. I feel like the staff listen to me.  
I have referred some of my friends to KARELink."  
— KARELink enrollee*



### How are participants enrolled?

Clients are enrolled after a screening process by the MDT, specifically after the eligibility, physical health, and SUD/MH screenings.

### How is data being shared?

At present, data is being shared in two ways. Those actively working with enrollees have access to a shared drive on the County server where providers have access to client data at all times. Participating entities and coordinated services providers that do not have access receive information via encrypted emails. Efforts to Outcomes (ETO) Social Solutions has been purchased for data sharing and bi-directional data. ETO will provide automated and customizable reports for further analysis of collected data, expand data sharing between participating entities, and uniform communication methods between the various entities.

*“For years, we referred our clients to programs and services to simply fulfill the terms and conditions ordered by the Court. In recent years, our focus has shifted toward making more nuanced risk and needs assessments of our clients; however, the enhanced services we required were lacking. With the addition of KARElink as a partner in Kings County, service delivery to justice involved individuals has improved significantly. Individuals are able to receive services for substance use, behavioral health, physical health and other critical social service needs in one stop. This coordination of efforts has increased the efficiency of our system and we believe it will greatly improve outcomes for our clientele.”*

*— Dan Luttrell  
Deputy Chief Probation Officer*