

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.

Who does the program serve?

Monterey County's WPC program aims to meet the needs of some of the community's most vulnerable individuals – Medi-Cal beneficiaries who are homeless, may have a history of mental illness and substance abuse or chronic disease, and who do not have an assigned medical home. The program seeks to improve health outcomes for this population, and decrease the use of the emergency department as a source of primary care.

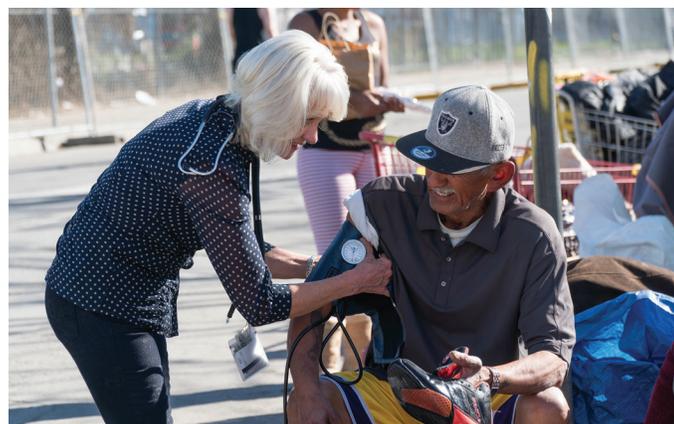
What health care and social service organizations are participating?

There are 13 core partner organizations that participate in Monterey County's WPC pilot program including:

Central California Alliance for Health (CCAH): Medi-Cal managed care health plan provider

Central Coast Center for Independent Living (CCCIL): Provider of rapid-rehousing and housing support strategies

CHISPA: Developer and manager of permanent housing



Lead Entity: Monterey County Health Department

Estimated Total Population: 600 individuals over the pilot period

Budget: \$17 million in annual federal funds, matched by an equal amount of local funding provided by Monterey County Health Department

Coalition of Homeless Services Providers: Non-profit and public organizations working to address the complex issues of homelessness, and operator of the Coordinated Assessment and Referral System

Franciscan Workers of Junipero Serra: Operator of an emergency shelter, transitional housing, free health clinic, and day center programs

Housing Authority of Monterey County: Provider of Housing Choice Vouchers (formerly Section 8)

Interim, Inc.: Provider of residential mental health and housing services

MidPen Housing: Developer and manager of permanent supportive housing

Monterey County Department of Social Services: Providing public benefits to vulnerable persons who lack financial supports

Monterey County Health Department: Administration, Clinic Services, Public Guardian, Behavioral Health, and Public Health Bureaus providing WPC enrollee health care, case management, and pilot oversight

Monterey County Sheriff, Probation, and Public Defender offices: Referral providers of potential WPC enrollees pending release from jail and reunification for WPC enrollees lost to the system

Natividad Medical Center (NMC): County safety-net health care system

Sun Street Centers: Operator of an 8-bed sobering center

Other partners include service providers and referral agencies for homeless persons

What services are included?

Case managers work with enrollees to establish their immediate goals and care plans, and continue to coordinate their ongoing care for 12 months. They teach patients how to

navigate public systems and help them access food, housing, personal safety, and employment assistance.

WPC enrollees are assessed for physical and mental health needs. They are scheduled for medical and behavioral health visits no later than 30 days from enrollment at one of seven Monterey County Health Department clinic sites. Case managers transport and accompany enrollees to their medical appointments, and ensure they have access to medications and specialty clinical care.

Through the Coalition of Homeless Service Providers, participants complete a screening and housing assessment to understand participants' preferences and to surface any potential barriers to successful tenancy. Assessment findings are used to build an individualized housing support plan, which can include placement assistance, help with applications, and living skills.

How are participants enrolled?

Potential clients are referred to the program by Central California Alliance for Health, the four hospitals and emergency departments located within the county, and homeless services providers. Referrals are vetted and case managers work to locate individuals in the field. Potential enrollees are introduced to the program and those who enroll are assigned a team of case workers to meet their medical, mental, and substance use needs, as well as warm hand-off referrals to a coordinated and comprehensive network of supportive services.

How is data being shared?

Natividad Medical Center, county health and specialty clinics, and the public health nurse case managers operate under one county entity, which helps facilitate health data and information sharing. Hospital and emergency department data from Central California Alliance for Health and Natividad Medical Center is used to identify the highest cost, highest utilizing individuals. Monterey County is developing a secure and bi-directional electronic Master Person Index and a coordinated case management system that will link health, behavioral health, and homeless services data. The systems should be in place by the end of 2019.

Early Success:

A WPC enrollee, who has been homeless for most of his adult life and currently suffers from a heroin addiction, was identified as a high utilizer of the emergency department. The enrollee said, "the emergency room is faster than the clinics" for receiving care. As a result, the enrollee had not seen a primary care provider in over two years. A WPC Public Health Nurse Case Manager took the enrollee to a walk-in appointment at the Laurel Family Practice Clinic for wound treatment. The enrollee was seen within 15 minutes of arrival and has returned multiple times. In addition to being linked to other supportive services, the enrollee is now on the Monterey County Housing Authority's waitlist for an affordable housing unit, using federal HOME funds.

"One WPC enrollee was 57 years old and had been homeless for the past 30 years. The enrollee suffered from multiple chronic diseases resulting in over-use of hospital emergency departments for ongoing care. Since enrolling in the WPC program in October 2017, the enrollee has had no ED visits, now has a primary care provider, and has received a full range of supportive and health related resources from the WPC case nurse management team, including housing at a board and care."

*— Ahkahuil Rubalcava
Nurse Case Manager
Monterey County*