WHOLE PERSON CARE

Shasta County

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.

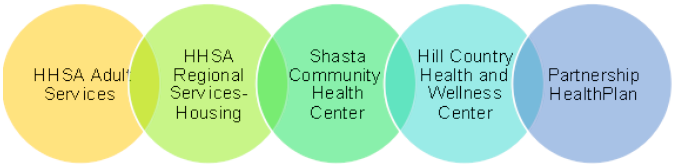
Who does the program serve?

The Shasta County WPC pilot target population includes Partnership Health Plan members who are homeless or at risk of homelessness and had two or more emergency department visits or a hospitalization in the last three months. In addition, the target population may have one or more of the following risk factors: a diagnosis of serious mental illness, a diagnosis of substance use disorders, or an undiagnosed opioid addiction.

What health care and social service organizations are participating?

A total of 13 entities, including health and social service organizations, are participating:

- Shasta County HHSA Adult Services
- Shasta County HHSA Regional Services- Housing Programs
- Shasta Community Health Center
- Hill Country Health and Wellness Center
- Partnership HealthPlan of California



Oversight and guidance are provided by the Shasta Health Assessment and Redesign Collaborative (SHARC), which includes participating entities, public agencies, and community partners.

Lead Entity: Shasta County Health and Human Services Agency

Estimated Total Population: 600 clients served over pilot period

Budget: $1.9 million in annual federal funds, matched by an equal amount of local funding

What services are included?

The WPC pilot focuses on the following key services, interventions, and care coordination strategies:

- Screening and enrollment in the WPC pilot program and referral to a Teamlet comprised of RN, medical case manager, and a housing case manager
- Development of a hub for behavioral health, assisted outpatient treatment, pre-crisis, and social non-medical services through development of a mental health resource center
- Mobile crisis team to divert individuals experiencing acute mental health crises away from the emergency department and law enforcement and into treatment by providing timely professional intervention in the field
- Intensive medical case managers to provide care coordination to connect WPC participants to needed primary care and specialty care, non-medical social services, track referrals, and assist patients in accessing needed care
- Linkages to residential and outpatient substance use disorder services

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- Coordinated entry approach to housing services with housing case managers that assist participants in overcoming housing barriers. This service helps participants find and maintain stable housing to better address support substance use disorder treatment, as well as medical and behavioral health care goals.

The WPC pilot aims to connect participants to a patient centered health home, which provides case management to support clients in accessing medical and social services and stabilize patients' health needs and chronic conditions. Services provided include regular and timely access to medical services, support of clients' substance use treatment goals, and coordination with local housing case managers and housing assistance programs to connect clients to stable housing.

How are participants enrolled?

Referrals are generated via key community partners (hospitals, SUD providers, mental health providers, etc.) and the referral form is submitted to the WPC administrative team. Once eligibility is verified, the potential participants are assigned to a Teamlet. The Teamlet coordinates an outreach and engagement strategy and develops a comprehensive care plan with the patient. Patients also have the option to opt out of WPC.

How is data being shared?

The WPC pilot utilizes several sources of data: 1) health claims data from Partnership Health Plan of California; 2) electronic health records maintained by Shasta County HHSA and FQHCs; 3) program reports from case managers and pilot partners; and 4) Homeless Management Information System.

To be enrolled in WPC, each participant signs a multi-party, bi-directional release of information. This enables the pilot team to coordinate care, share participant information amongst the members of the Teamlet and between health systems and providers for outreach and engagement activities, case management, service delivery and reporting and tracking purposes. Data management and sharing activities are expected to be ongoing during the pilot period.

"Whole Person Care has facilitated a paradigm shift in our concept of collaborative, client centered, treatment services. This enhanced collaboration is helping us better serve those in our community who are most in need."

— Dean True
Shasta County HHSA- Adult Services Branch Director