Whole Person Care Update
September 2017

Watch this video at
https://safetynetinstitute.org/wpcsupport/

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WPC Overview

- Medi-Cal 2020 waiver
- 5-year, $3 billion pilot program
- Builds cross-sector infrastructure and strengthens coordination of physical health care, behavioral health care, and social services
- Supports vulnerable, high-utilizing populations
- Addresses the *whole person* - medical, behavioral, emotional, and economic

*California Taps Health Care Money to Pay for Homeless Services*  
(KQED report, July 2017)
WPC = 9 more reporting periods
2 evaluations (Midpoint & Final)
WPC Progress

PY2 Focus on Infrastructure Development

- Convening steering committees
- Hiring/forming care teams
- Creating care coordination workflows
- Selecting/implementing IT platforms
- Establishing data sharing MOUs/processes
WPC Progress

- Enrollment and service delivery have begun
  - Total enrollment of 17,000+ in May 2017
- 15 pilots approved in Round 2
  - New and legacy pilots
  - Started July 1, 2017
  - 25 WPC pilots in total
- Pilots will continue infrastructure development in PY3
WPC Challenges and Solutions
WPC Challenge #1: Hiring

Why is it challenging?
- Long timeline
- Competition for talent

Solutions
- Leverage external **staffing services** to identify candidates
- Hire **contractors**
- Clearly defined **career ladders**
- **Hiring exam** to streamline process and identify correct skillset
- **Generate publicity** for the project to stimulate interest and create potential talent pipeline
- Bring on **program participants** as peer navigation staff
Challenge #2: Client Engagement

Why is it challenging?

- Transient populations with complex conditions
- Previously disengaged with health care system or pending applications

Solutions

- **Verbal** followed by written consent
- Engaging homeless in community
- Engaging justice-involved individuals upon release
- Hiring peer navigators with lived experience
Challenge #3: Data Privacy/Sharing

Why is it challenging?
- Sensitivity of patient information, especially for behavioral health
- Balance of protecting patient privacy with coordinating care

Solutions
- **Behavioral Health** runs data matches and manages data warehouse
- **Hiring staff** inside Behavioral Health
- Care management systems **turn on or off sensitive data/data sharing capabilities** in real time
- Following the **State Health Information Guidance (SHIG)**, developed by the California Office of Health Information Integrity (CalOHII): [http://www.chhs.ca.gov/OHII/Pages/shig.aspx](http://www.chhs.ca.gov/OHII/Pages/shig.aspx)
Challenge #4: Medi-Cal Churn

Why is it challenging?

- Transient populations
- Counties vary in which departments have access to Medi-Cal Eligibility Data System (MEDS) files
- Beneficiary’s absence in monthly MEDS files is only indication of drop-off for third-party MEDS file users

Solutions

- Send enrollee list to eligibility office to **cross check for redetermination**
- **Provide SSI training** to staff
- Outreach staff **combing MEDS files** and providing targeted outreach to individuals
## Looking Ahead: Program Year 3

### Continued Work
- Physical infrastructure
- Technology infrastructure
- Incorporating data sharing solutions into workflows
- Continuous enrollment

### PY3 Focus
- Provision of care and service delivery
- Performance measurement and improvement
- Data reporting and analysis

### Strategic Thinking
- Spread
- Support
Learn more at safetynetinstitute.org/wpc

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