WHOLE PERSON CARE

San Bernardino 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 San Bernardino WPC pilot target population includes highest-risk, highest-utilizing patients in the county. This includes individuals who:

- Have repeated incidents of avoidable emergency room use, hospital admissions, or nursing facility placement
- Have two or more chronic conditions
- Have mental health and/or substance use disorder
- Are currently experiencing homelessness
- Are at risk of homelessness, including individuals who will experience homelessness upon release from institutions such as hospitals, rehabilitation facilities or jails

WPC enrollees include individuals who demonstrate the greatest need in these areas.

Lead Entity: Arrowhead Regional Medical Center

Estimated Total Population: 2,000 over the course of the 5-year pilot, with 500 enrolled at any given time

Budget: $2.5 million in annual federal funds, matched by an equal amount of local funding provided by Arrowhead Regional Medical Center

What health care and social service organizations are participating?

Ten partner organizations are participating in the WPC pilot, including these key partners (listed alphabetically):

- **Arrowhead Regional Medical Center:** County public health care system
- **Community Clinic Association of San Bernardino County:** Policy and advocacy organization representing community clinics and Federally Qualified Health Centers (FQHCs)
- **Inland Behavioral and Health Services:** Community FQHC that will serve as a medical home to the WPC pilot population
- **Inland Empire Health Plan:** Medi-Cal managed care plan
- **Inland Temporary Homes:** A housing services resource available to assist housing needs of target population participants
- **Molina Healthcare:** Medi-Cal managed care plan
- **San Bernardino County Department of Behavioral Health:** County specialty mental health agency
- **San Bernardino County Human Services Department:** Including multiple participating departments providing clinics, public assistance, and aging services
- **San Bernardino County Information Services Department (ISD):** County department to manage bi-directional data sharing
- **San Bernardino County Sheriff's Office:** Manages the health system in the San Bernardino County jail system

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What services are included?

The pilot focuses on personalized care navigation, run by field-based mobile teams. Care navigators develop individual care plans for WPC enrollees based on need. Navigators help enrollees access existing county primary and specialty care services for both physical and behavioral health, and social services like nutritional support, education assistance, job training, and housing, as well as support from community-based organizations. Enrollees have access to assistance with daily needs, such as phone cards, bus passes, and fresh food.

How are participants enrolled?

Individuals in the target population can be enrolled during encounters with county health care or other services. San Bernardino County's WPC pilot is also designed to reach its population through other means, including relationships with the patient, family members, or support systems. Recognizing that clients may have had negative experiences with health care providers in the past, WPC patient navigators are viewed as advocates, as opposed to "clinical experts," and are trained to build a system of support around the patient.

How is data being shared?

San Bernardino procured an automated bi-directional population health system that allows all providers participating in the pilot to track and review progress and view utilization data, while complying with patient data privacy requirements. Patient navigators have immediate access to the information they need - data as well as medical, behavioral and social experts - to determine appropriate care options for their patients.

"Geographically, our county is the largest in the contiguous U.S., which presents barriers to patients in lesser-populated regions. Our Whole Person Care program has to be mobile-based, because we need to physically meet patients where they are if we're going to succeed."

— Ron Boatman
Associate Hospital Administrator
Arrowhead Regional Medical Center