WHOLE PERSON CARE

Solano 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.

Lead Entity: Solano County Health & Social Services

Estimated Total Population: 250 clients served over pilot period

Budget: $466,701 in annual federal funds, matched by an equal amount of local funding

Who does the program serve?

The Solano County WPC pilot targets individuals with high medical utilization, repeated incidents of avoidable emergency department use, and two or more chronic and serious health conditions. At least one of which are mental health and/or substance use disorders. Many individuals in the target population are either homeless or at high risk of homelessness.

What health care and social service organizations are participating?

Ten entities, including health and social service organizations, are participating in WPC:

- Solano County Health & Social Services
- Partnership HealthPlan of California
- Solano Coalition for Better Health
- NorthBay Medical Center/NorthBay VacaValley Hospital
- Kaiser Permanente Vallejo Medical Center/Kaiser Permanente Vacaville Medical Center
- Bay Area Community Services
- Fairfield Housing Authority
- La Clinica de la Raza Community Medical Centers, Inc.

What services are included?

The WPC pilot provides a wide range of services and an extensive team of providers and entities that offer participants creative and innovative interventions. Services include:

- Participant engagement: Community Health Outreach Workers (CHOWs) identify and enroll potential participants, refer individuals to services and resources, and coordinate care
- Comprehensive, Person-Centered Multi-Modal Screening Tool: Participants are screened for medical and behavioral health issues by a CHOW within the community health centers. Participants are provided services quickly to secure health, mental health, housing, and social services needs.
- Complex Care Coordination (CCC): CCC provides comprehensive case management for medical and behavioral health services for WPC participants in home and community settings. Activities address participant needs across all major dimensions of care, including self-care, disease management, treatment adherence, follow-through, obstacles that need to be addressed by the provider team, and overall utilization, and progress.

Community Connections

A project of Solano Coalition for Better Health and Solano County Health & Social Services

WHOLE PERSON CARE

Solano County

- Field Outreach and Linkage: Coordination between WPC pilot entities allows participants to receive priority service access in Federally Qualified Health Centers (FQHC), mental health, and substance use programs. Participants are linked to community-based resources through assertive outreach, appointment facilitation and completion assistance, miscellaneous care support, and participant engagement services.
- Mental Health and Substance Use Treatment and Co-occurring Peer Support: Services include a harm-reduction approach that provides individually-tailored field-based and clinic-based engagement, treatment, relapse prevention, and relapse recovery services to participants.
- Housing and Social Service Assistance: Housing advocacy and support services provided to participants through housing resource specialists. Solano County has allocated 10 housing slots to individuals participating in the WPC pilot (funded separately from the WPC pilot budget). Social service assistance, including food services, transportation resources, and community-based organization referrals, are also provided to participants.

How are participants enrolled?

Participants are identified via a list provided by Partnership HealthPlan of California, as well as, other sources including CHOW outreach. Engagement specialists work directly with individuals to enroll in services, facilitate appointment attendance and completion, and engage participants through motivational interviewing, shared experience, and caring and compassionate contacts.

How is data being shared?

Data sharing is facilitated through a health information exchange that includes information on participants' treatment plan, assessment information, and progress notes. A new clinical collaboration software tool is also currently under development, which will allow WPC pilot participating entities to easily communicate, summarize, and update care events with the collaborating team of providers and entities. Information sharing is governed by memoranda of understanding (MOUs) with each participating entity.

"We find the value of sharing information across agencies beneficial. We are now starting to build strong linkages among different service sectors to address upstream social factors thereby improving our community's health outcomes."

— Jayleen Richards, Public Health Administrator
Solano County Health & Human Services,
Public Health Division