WHOLE PERSON CARE

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 Santa Clara County WPC pilot target population includes high utilizers of health and behavioral health services. To identify eligible individuals, Santa Clara Valley Health and Hospital System's (SCVHHS) Center for Population Health Improvement aggregated data from across SCVHHS departments and Valley Health Plan (the county's managed care plan). A point system was developed to assess which individuals would benefit most from WPC. The point system measures usage of emergency, inpatient, and urgent care systems, with a higher point value assigned to emergency psychiatric and medical encounters. Partner organizations also identified sub-groups of the target population who may have been excluded in these calculations due to justice involvement, a lack of access to care, or other circumstance.

What health care and social service organizations are participating?

The partner organizations participating in Santa Clara County's WPC pilot project include:

- **Anthem-Blue Cross:** Medi-Cal managed care plan for 73,886 enrollees in the county
- Behavioral Health Contractors Association: Network of community-based behavioral health providers
- **Community Health Partnership:** Consortium of nine community health centers
- County of Santa Clara Office of Supportive Housing: County supportive housing agency
- **Custody Health Services:** Custody Health Services provides care to over 55,773 inmates annually, of which over 18% have a serious mental illness

Santa Clara County

Lead Entity: Santa Clara Valley Health and Hospital System (SCVHHS)

Estimated Total Population: 10,000 over the course of the 5-year pilot

Budget: \$25 million in federal funds, matched by an equal amount of local funding provided by SCVHHS

- **El Camino Regional Hospital:** Nonprofit hospital in Santa Clara County
- Hospital Council, Santa Clara Section: Consortium of 12 hospitals in county
- Housing Authority of County of Santa Clara: County housing authority assists about 17,000 households through the federal rental housing assistance
- Roots Community Health Center: Community organization that provides care coordination and complex care management services targeting WPC patients of African descent
- Santa Clara County Probation Department: Reduces crime and protects the community through prevention, investigation and supervision services and safe custodial care for adults and juveniles
- Santa Clara County Public Health Department (SCCPHD): Focuses on protecting and improving the health of communities through education, promotion of healthy lifestyles, disease and injury prevention, and the promotion of sound health policy
- Santa Clara County Office of Reentry Services: Resource centers that support previously incarcerated individuals
- Santa Clara County Social Services Agency: A culturally sensitive and socially responsible public agency providing high quality, professional, financial, and protective services to low-income individuals and families
- Santa Clara Family Health Plan (SCFHP): Medi-Cal managed care plan
- Santa Clara Valley Medical Center: County public health care system that is dedicated to the health of the whole community by providing high quality, cost-effective medical care to all residents



Learn more at caph.org/wpc

WHOLE PERSON CARE

Santa Clara County

- Santa Clara Valley Behavioral Health Services
 Department: Provides an extensive array of services for
 adults, transitional aged youth and older adults through
 outpatient services at county sites and contract agencies
- The Health Trust: Health care service provider
- Valley Health Plan: Managed care plan owned and operated by the County

What services are included?

The WPC pilot is designed to address gaps in the existing service system and provide coordinated services to help the target population access and navigate existing services.

As part of WPC implementation, and in response to the needs of enrollees, the pilot has developed an array of services including:

- New/expanded wellness and health promotion activities to support prevention and engagement in healthcare
- Increased access to skilled nursing facilities for participants with complex medical/psychiatric needs
- Medical respite care for those participants without appropriate home care
- Peer respite for those experiencing mental health crisis
- A sobering center as an alternative to custody or emergency services for inebriated participants

The targeted care coordination model is based on the anticipated needs and duration of patients in the WPC program. For example, "short-term" patients receive help with care transitions and "mid-term" patients receive help stabilizing complex cases and addressing social barriers to recovery such as housing instability. "Long-term" patients, who are unlikely to achieve independence without ongoing services, receive more hands-on care coordination. This includes maintaining engagement and nursing home transition patients who require intensive care coordination to avoid institutionalization and support community living.

How are participants enrolled?

Individuals eligible for WPC are notified by mail. Those individuals without a current mailing address are engaged directly when they visit a participating organization. Care coordinators also engage patients who have been identified as eligible at locations frequently visited by those in the program's target population, including parks and churches.

How is data being shared?

The Trust Community is a WPC data sharing system which facilitates data integration among internal and external partners. It is designed to allow WPC partners to access utilization data and data for patient intervention planning efforts, as well as analytical tools to measure performance and outcomes.

Additionally, Santa Clara's WPC pilot is working to improve the quality of services provided to enrolled patients. "Plan Do Study Act" quality improvement activities are currently being implemented to test change at Santa Clara Valley Health and Hospital System and with contracted community partners.

"We have incredible backing from our community, with sixteen official partners and seventeen more organizations that are supporting our efforts. With so much to offer, we can truly tailor our efforts to meet the unique needs of each individual who is part of this program to achieve better health."

> — Amy Carta Assistant Director Santa Clara Valley Health and Hospital System



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