



State of California - Health and Human Services Agency
Department of Health Care Services
Whole Person Care
 Lead Entity Narrative Report



San Joaquin County Whole Person Care
 Annual Narrative Report, Program Year #4
 Revised June 29, 2020

REPORTING CHECKLIST

The following items are the required components of the Mid-Year and Annual Reports:

Component	Attachments
1. Narrative Report Submit to: Whole Person Care Mailbox	✓ Completed Narrative report ✓ List of participant entity and/or stakeholder meetings (<i>if not written in section VIII of the narrative report template</i>)
2. Invoice Submit to: Whole Person Care Mailbox	✓ Customized invoice
3. Variant and Universal Metrics Report Submit to: SFTP Portal	✓ Completed Variant and Universal metrics report
4. Administrative Metrics Reporting (This section is for those administrative metrics not reported in #3 above - the Variant and Universal Metrics Report.) Note: If a Policy and Procedures document has been previously submitted and accepted, you do not need to resubmit unless it has been modified. Submit to: Whole Person Care Mailbox	✓ Care coordination, case management, and referral policies and procedures, which may include <i>protocols and workflows.</i>) ✓ Data and information sharing policies and procedures, which may include <i>MOUs, data sharing agreements, data workflows, and patient consent forms.</i> One administrative metric in addition to the Universal care coordination and data sharing metrics. Describe the metric including the purpose, methodology and results.
5. PDSA Report Submit to: Whole Person Care Mailbox	✓ Completed WPC PDSA report ✓ Completed PDSA Summary Report
6. Certification of Lead Entity Deliverables Submit with associated documents to: Whole Person Care Mailbox and SFTP Portal	✓ Certification form

NOTE: The WPC Quarterly Enrollment and Utilization Report is submitted on a quarterly basis to the DHCS SFTP site.

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I. REPORTING INSTRUCTIONS

Pursuant to the Whole Person Care Agreement and the Special Terms and Conditions of California's Medi-Cal 2020 §1115 Medicaid Demonstration waiver, each WPC Program Lead Entity ("Lead Entity") shall submit Mid-Year and Annual reports for the duration of the WPC Program. The WPC Reporting and Evaluation guidelines, Attachment GG, provide the requirements for the Mid-year and Annual report.

The Mid-Year Report narrative contains data January-June 30, and is due August 31 for Program Years (PYs) 3-5.

The Annual Report narrative contains data from January 1 through December 31, and is due April 2 each program year. The Annual Report is not meant to be duplicative of narratives provided in the Mid-Year Report, but aims to capture a complete picture of accomplishments and challenges during the Program year.

The Lead Entity is required to submit these reports to the Whole Person Care inbox at: 1115wholepersoncare@dhcs.ca.gov.

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II. PROGRAM STATUS OVERVIEW

Instructions: Please provide a brief overview of your program's successes and challenges and any lessons learned during the reporting period. Structure your responses in alignment with the WPC program's goals using the following as headers (from STC 112): increasing integration among county agencies, health plans, providers, and other entities; increasing coordination and appropriate access to care; reducing inappropriate emergency and inpatient utilization; improving data collecting and sharing; achieving quality and administrative improvement benchmarks; increasing access to housing and supportive services; and, improving health outcomes for the WPC population.

Please limit responses to 500 words. If additional information is needed, please contact your assigned Analyst.

The primary goals for San Joaquin County Whole Person Care are to increase integration, coordination, and access to care throughout the County and to provide positive health outcomes for a very complex and vulnerable population. Our goals include implementing a strong infrastructure that encourages and supports care coordination, data sharing, and innovation among County and non-County entities throughout our community.

San Joaquin County faced several successes and challenges in PY4.

1. Communication, collaboration, and integration between entities – Teams from San Joaquin General Hospital, St. Joseph's Medical Centers, Community Medical Centers, San Joaquin County Behavioral Health Services, San Joaquin County Correctional Health, San Joaquin County Public Health, San Joaquin County Veteran Services, local shelters, and local health plans continued to meet and develop workflows and procedures to improve services to enrollees including access to care and care coordination among community partners. Ongoing communication between improved relationships across organizations and helped enrollees see more success. A primary challenge we faced in PY4 was turnover of staff and data sharing.
2. Data sharing – Although data sharing continues to be a challenge in our pilot, we did see a significant improvement in PY4. With support from County Council, Intrepid Ascent, Activate Care, and community partners, we focused on three areas in PY4 to improve data sharing: 1) consent forms 2) partner check-in meetings and 3) Activate Care. We did see an increase in the number of consent forms signed in PY4.

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3. Comprehensive Care Plan – A comprehensive care plan is a critical component in the work of case managers, care coordinators, housing staff, social workers and others within Whole Person Care. We implemented a care management platform, Activate Care, in April 2019. Activate Care allowed us to improve care coordination, reduce duplication of efforts, track outreaches and other engagements, and share data. While partners were a bit slow to begin using the platform, with additional trainings and data entry done by WPC Admin team to provide as much information available, we found an increase in usage.
4. Metrics and Outcomes – PY4 provided us the best opportunity to date to gather and analyze enrollee data. We saw a lot of success and improvement in enrollee utilization of services and health outcomes, but also found that a lot of data isn't complete between various partners. To gather data for reporting is difficult because it is a very labor-intensive job of gathering data from all partners and trying to audit across information to piece the details together.

San Joaquin County Whole Person Care has a primary goal to build a strong infrastructure that leads to a sustainable program that can live on beyond the Pilot while providing the highest level of services and support to an extremely vulnerable, complex population.

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III. ENROLLMENT AND UTILIZATION DATA

Instructions: For the Mid-Year report, provide data for January-June 30 of the Program Year and for the Annual Report, provide data for January-December 31 of the Program Year.

The tables below should reflect enrollment and utilization numbers, consistent with your invoice and quarterly enrollment and utilization reports.

For revisions of enrollment and utilization data submitted during the Mid-Year Report (Months 1-6), changes should be made in bold. Additionally, note explicitly in the additional box at the end of this section if no changes were made to the Mid-Year reported data.

Item	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Unduplicated Total
Unduplicated Enrollees	30	62	46	157	27	43	365

Item	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Unduplicated Total
Unduplicated Enrollees	93	28	57	66	47	75	731

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*For **Fee for Service (FFS)**, please report your total costs and utilization for each service. These reports should tie to your budget, invoice and utilization report. Add rows as needed.*

Costs and Aggregate Utilization for Quarters 1 and 2							
FFS	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total
Recuperative Care	\$36,125.00	\$34,000.00	\$32,045.00	\$35,445.00	\$41,055.00	\$32,980.00	\$211,650.00
Recuperative Care Utilization	425	400	377	417	483	388	2,490
Care Coordination				\$729.95			\$1,965.25
Care Coordination Utilization				13			35
BHS Integration Team		\$22,555.68			\$18,974.50		\$41,530.18
BHS Integration Team Utilization	63	66	97	54	42	28	350
Field Based Engagement of Homeless Individuals-DNS	0	0	0	0	0	0	0
Field Based Engagement of Homeless Individuals-DNU	0	0	0	0	0	0	0
Re-Entry-DNU	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Re-Entry-DNU Utilization	0	0	0	0	0	0	0
211 Care Coordination	\$0	\$0	\$0	\$0	\$0	\$0	\$0
211 Care Coordination Utilization	0	0	0	0	0	0	0
Employment	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Employment Utilization	0	0	0	0	0	0	0

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Costs and Aggregate Utilization for Quarters 3 and 4							
FFS	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Total
Recuperative Care	\$36,380.00	\$42,500.00	\$35,275.00	\$38,590.00	\$33,830.00	\$38,505.00	\$225,080.00
Recuperative Care Utilization	428	500	415	454	398	453	2,648
Care Coordination	\$786.10	\$954.55	\$673.80	\$854.55	\$1,066.85	\$729.95	\$5,065.80
Care Coordination Utilization	14	17	12	17	19	13	92
BHS Integration Team	\$20,652.75			\$20,652.75			\$41,305.50 (301.50 hrs)
BHS Integration Team Utilization	186	238	170	271	112	89	1,066
Field Based Engagement of Homeless Individuals-DNS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Field Based Engagement of Homeless Individuals-DNU	0	0	0	0	0	0	0
Re-Entry-DNU	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Re-Entry-DNU	0	0	0	0	0	0	0
211 Care Coordination	\$0	\$0	\$0	\$0	\$0	\$0	\$0
211 Care Coordination Utilization	0	0	0	0	0	0	0
Employment	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Employment Utilization	0	0	0	0	0	0	0

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*For **Per Member Per Month (PMPM)**, please report your rate, amount claimed and member months by PMPM type. These reports should tie to your budget, invoice and utilization reports. For “Bundle #” below, use the category number as reported in your submitted Quarterly Enrollment and Utilization Report. Add rows as needed*

Amount Claimed								
PMPM	Rate	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total
Population Health Bundle	\$161.07	\$41,072.85	\$39,945.36	\$32,214.00	\$19,006.26	\$24,482.64	\$29,797.95	\$186,519.06
Population Health Bundle MM Counts		255	248	200	118	152	185	1,158
High-Intensity PMPM Bundle	\$501.19	\$0	\$0	\$0	█	█	\$5,513.09	\$10,023.80
High-Intensity PMPM Bundle MM Counts		0	0	0	█	█	11	20
Low-Intensity PMPM Bundle	\$429.92	█	█	█	█	█	█	\$429.92
Low-Intensity PMPM Bundle MM Counts		█	█	█	█	█	█	█

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PMPM	Rate	Amount Claimed						Total
		Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	
Population Health Bundle	\$161.07	\$38,334.66	\$25,287.99	\$32,052.93	\$30,764.37	\$27,865.11	\$29,636.88	\$183,941.94
Population Health Bundle MM Counts		238	157	199	191	173	184	1,142
High-Intensity PMPM Bundle	\$501.19	██████████	██████████	██████████	██████████	██████████	██████████	\$18,042.84
High-Intensity PMPM Bundle MM Counts		█	█	█	█	█	█	36
Low-Intensity PMPM Bundle	\$429.92	██████████	█	█	█	█	█	██████████
Low-Intensity PMPM Bundle MM Counts		█	█	█	█	█	█	█

Please provide additional detail, if any, about your enrollment and utilization for this reporting period. (Optional)

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IV. NARRATIVE – Administrative Infrastructure

Instructions: Please describe the administrative infrastructure that has been developed specifically for the WPC program and how it relates to achievement of program goals. Reimbursement will be based on actual costs expended and employees hired/employed for the WPC pilot, and only up to the limit of the funding request in the approved budget.

Please note the narrative submitted during the Mid-Year report will be considered part of the Annual report and will not need to be resubmitted. Include updates, notable trends, and highlights of achievements/progress as well as any changes since the report. Please limit your responses to 500 words.

The PY4 Administrative Budget includes a Department Applications Analyst, Management Analyst, Accountant, Public Health Nurse, Registered Nurse, Outreach Events, Learning Collaborative, Office Specialist, and Office Supplies. In 2019, SJC spent a total of \$473,217.46, or 72%, of the Administrative budget to support the Pilot.

- **Department Applications Analyst III** – In the original application process, a full-time Application Analyst was identified to help support WPC pilot. Due to an original delay in hiring and onboarding, most of the technical responsibilities fell to the Management Analyst with support from an outside partner, Intrepid Ascent. We reduced the budget for this position from \$159,163.00 to \$50,000 and invoiced a total of \$1,247.43, or 2.5%, in PY4.
- **Management Analyst II** – The Management Analyst is responsible for overseeing, creating, and implementing all aspects of the pilot. This person coordinates with all partners including County agencies like Behavioral Health, Correctional Health, San Joaquin General Hospital as well as non-County agencies like St. Joseph's Medical Centers, Community Medical Centers, Intrepid Ascent, and Health Plan of San Joaquin. This position is also responsible for participating in various other homeless efforts throughout the community including, but not limited to, Continuum of Care General Membership and sub-committees. This position was fully staffed all year and invoiced a total of \$134,446.06, or 96%.
- **Accountant II** – This position is tasked with supporting the Management Analyst with monitoring, tracking and providing financial reporting and invoicing for the Mid-Year and Annual invoices as well as supporting the Budget Adjustment and Rollover process. Although, this position was not filled it was utilizing staff within the department to fulfill the tasks and fiscal needs of the pilot prior to 2019. In 2019, the staff was promoted and SJC went through a recruiting and hiring process. Due to this, WPC did not invoice anything for the position in PY4.

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- **Public Health Nurse** – We divided this position between two organizations, Community Medical Centers (CMC) and SJC Public Health. In PY4 we invoiced a total of \$106,075.67, or 75%. CMC faced some challenges with invoicing based on finance staff turnover and how their data system is set up to capture nursing encounters. SJC Public Health was able to fully staff a Nurse to work with WPC enrollees and were able to maximize invoicing by providing a significant amount of engagement with enrollees.
- **Registered Nurse (Community Health Education Outreach)** – This entire line item was allocated to the SJGH Population Health team. Based on the need we saw in PY2 and PY3, we requested and were approved for an increase in funding from \$92,142.00 to \$158,441.68. SJGH was able to fill the position and provide support and services to WPC enrollees.
- **Community Health Education and Outreach Events** – We did not invoice anything for this line item as we did not conduct anything we considered an event. Education and outreach were done on a regular basis as part of the work.
- **Learning Collaborative Meetings** – Total costs accrued and invoiced for 2019 was \$1,937.17.
- **Office Specialist** – This position is responsible for supporting the WPC pilot with daily operations, reporting, Activate Care, and all other areas of the program as needed. A total of \$71,619.54, or 95%, was invoiced for PY4.
- **Office Supplies** – We invoiced a total of \$3,871.08, or 77%, in office supplies needed to support the WPC pilot in PY4.

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IV. NARRATIVE – Delivery Infrastructure

Instructions: Please describe the delivery infrastructure that has been developed as a result of these funds and how it relates to achievement of pilot goals. Reimbursement will be based on actual pilot expenditure for the final deliverable or outcomes, up to the limit projected or estimated costs in the approved budget.

Please note the narrative submitted during the Mid-Year Report will be considered part of the Annual Report and will not need to be resubmitted. Include updates, notable trends, and highlights of achievements/progress as well as any changes since the prior report. Please limit your responses to 500 words.

In PY3 we created two items in Delivery Infrastructure - Hardware/Software items and Health Information Exchange. We invoiced a total of \$6,227.98, or 1%. We anticipated invoicing a much higher amount based on PY3 spending, but ultimately, we were not able to meet some of our PY4 goals.

- Hardware/Software items – This budget area allowed us to purchase hardware and software items as needed to support the pilot. The only expense we were able to invoice for in this line item were for cell phones. Cell phones were provided to Behavioral Health, Correctional Health, SJGH Population Health, and Public Health team members. The cell phones not only allow staff to call WPC enrollees, but also allows them to access the Activate Care platform through an app. While we hoped to provide laptops to the outreach team, we were not successful in accomplishing this goal. Additionally, we had hoped to implement a data analytics program, but we did not have the bandwidth to accomplish this goal.
- Health Information Exchange – We anticipated more expansion and higher degree of reporting in PY4 which would have allowed us to incur more cost. Based on how the implementation of Activate Care went and the amount of time it took staff to use the platform, as well as several other priorities in PY4, we did not work on reporting or expansion of Activate Care or any other IT systems.

We are hoping to utilize the entire budget in PY5.

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V. NARRATIVE – Incentive Payments

Instructions: Please provide a detailed explanation of incentive payments earned during the Reporting Period. Elaborate on what milestones were achieved to allow the payment, the amount of each payment, and to whom the payment was made. The lead entity will only be permitted to invoice for actual incentive payments made.

Please note the narrative submitted during the Mid-Year Report will be considered part of the Annual Report and will not need to be resubmitted. Include updates, notable trends, and highlights of achievements/progress as well as any changes since the prior report. Please limit your responses to 500 words.

- **Health Information Exchange** –The funding in this line item is for San Joaquin Community Health Information Exchange (SJCHIE) managed by Intrepid Ascent. SJCHIE partially achieved their incentive requirements by providing HIE Infrastructure Development, Case Management Infrastructure, Data Management and support with Activate Care. Total invoiced in PY4 was \$83,961.90 (\$40,854.40 Jan-June & \$43,107.50 July-Dec), or 21%. This is paid to the Intrepid Ascent on behalf of the SJCHIE that supports the work of several agencies within the system.
- **Patient Advocate/Navigator** – We continued to utilize funding in this line item for a housing specialist through Central Valley Low Income Housing (CVLIH). Understanding the various housing programs is difficult, so a housing expert is vital to the pilot. CVLIH was paid a total of \$3,342.03 (\$2,207.91 Jan-June & \$1,134.12 July-Dec), or approximately 7%, to support this incentive. We hope to increase this incentive line item in PY5.
- **Medical Transition Program** –The purpose of this program was to support a drop-in clinic model at the Public Health building in downtown Stockton, a primary location for SJC homeless individuals. The clinic is intended to remove some of the barriers for the homeless population, primarily those recently released from incarceration. The drop-in clinic started one day each week and was so successful that soon the doctors asked if it could be expanded to multiple days each week and we were able to place staff there multiple times each week. Total invoiced in PY4 was \$90,000.00 (\$30,000.00 Jan-June & \$60,000.00 July-Dec), or 75%. This is paid to San Joaquin General Hospital that supports the work of several agencies within the system.

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- **Community Transition Program** (previously Re-entry) – In our PY4 budget adjustment we requested re-entry change to Community Transition Program. This program expanded referrals from County jail to also include the local PHF's and Crisis Stabilization Units with the incentive for one-time unique new enrollment from one of the three locations into WPC. Based on staffing needs and time to understand the new program, we did not fully achieve this incentive, but hope to improve in PY5. Total invoiced in PY4 was \$37,250.00 (\$1,250.00 Jan-June & \$36,000.00 July-Dec), or 21%. This is paid to the County of San Joaquin Correctional Health Services that supports the work of several agencies within the system.
- **Consent Forms** – Due to difficulty in obtaining consent forms we created this incentive in PY4 hoping to incentivize partners in getting the consent forms. Unfortunately, none of our partners achieved the goal. Total invoiced in PY4 was \$0.
- **Data Sharing/Care Management** – A new incentive in PY4, this incentive was put in place allowing partners to collect payment if they supported the Activate Care platform. We are invoicing a total of \$29,900.00 (\$0 Jan-June & \$29,900.00 July-Dec), or 17%, for PY4. While this might lead us to think partners were not utilizing the platform, we believe that the low invoice amount is a reflection of partners not invoicing us for the incentive versus their actual utilization. This is paid to the County of San Joaquin that supports the work of several agencies within the system.
- **Medi-Cal Eligibility** – We added this incentive to our budget in our Budget Adjustment request for PY4. Our hope was that we would find a partner to take on this work which would allow them to claim the incentive funds. We were not successful in identifying a partner in PY4 but handled the work within the Lead Entity. We will continue to look for a partner to manage this work. Total invoiced in PY4 was \$24,000.00 (\$12,000 Jan-June & \$12,000.00 July-Dec), or 100%. This is paid to the County of San Joaquin that supports the work of several agencies within the system.

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VI. NARRATIVE – Pay for Outcome

Instructions: Referencing the Whole Person Care Universal and Variant Metrics Technical Specifications, please provide a detailed explanation of the status of your program's performance on the pay-for-outcome metric(s). For the Mid-year report, only report those measures that are reported semi-annually; for the Annual report, please report all. Provide details that demonstrate what was achieved for each outcome, any challenges, and any lessons learned. Reimbursement will occur for achieved outcomes based on proposed annual target and methodology. Please limit your responses to 500 words.

San Joaquin County WPC has four Pay for Outcomes: Reduce Emergency Department visits, Increase Housing Services, Clients with HbA1c<8%, and Reduce Inpatient Utilization by 70%. We achieved each item at 100% for PY4.

- **Reduce Emergency Department visits** – This outcome is based on our ability to reduce the number of emergency department visits based on our entire WPC enrolled population. The target for achievement is a 5% decrease over the previous year. Our rate of ED visits in PY3 was 1348, and in PY4 was 412.26, showing an overall decrease of 69.42%. This metric is paid using DHCS administrative data, and we achieved 100% success, earning a payment of \$10,000.
- **Increase Housing Services** – This outcome is based on our ability to increase enrollees who are referred to a housing service who receive a housing service. The target for achievement is a 5% increase over the previous year. The rate of housing services in PY3 was 100%, and in PY4 was 100%, therefore earning a payment of \$10,000.
- **Clients with HbA1c<8%** - This outcome is based on our ability to increase the number of enrollees who have a diabetes diagnosis to a HbA1c value of <8%. The target for achievement is at least 70% of individuals enrolled will reduce their HbA1c values to < 8%. The PY4 rate was 83.22%, earning a payment of \$8,915.
- **Reduce Inpatient Utilization by 70%** - This outcome is based on our ability to reduce hospital inpatient utilization of our entire WPC enrolled population. The target for achievement is a 70% decrease over the previous year. Our rate of IPU in PY3 was 226.00, and in PY4 was 63.37, showing an overall decrease of 71.96%. This metric is paid using DHCS administrative data, however, and we did not achieve the target for this metric.

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VII. STAKEHOLDER ENGAGEMENT

Instructions: Please provide a complete list of all program policy meetings you have held with participating entity/ies and/or stakeholders during the reporting period, and a brief summary, with topics and decisions, of the proceedings. The list of meetings will not count against your word limit. An attachment to this report is also acceptable, please note below if this option is being used. Please Note: Do not include meetings held as part of providing WPC services (e.g. care planning, MDT meetings). Meeting information provided in the Mid-Year Report does not need to be resubmitted.

See attached

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VIII. PROGRAM ACTIVITIES

Briefly describe 1-2 successes you have had with care coordination.

1. Activate Care – This platform provided the WPC Admin team and partners to share data, track outreaches, share documents, and other care coordination functions. Through the platform, staff was able to help enrollees find housing, get appointments with PCP's, maintain Medi-Cal coverage, and access BHS services in addition to other needed supports and services.
2. Winter Emergency Shelter – Another success in PY4 was our participation and ability to help coordinate care for the Winter Emergency Shelter. Two of our local shelters were highly concerned that they would not be able to shelter this past winter as they were already over capacity throughout the summer months. A team of community agencies met on a weekly basis, strategized funding and workflows and were able to implement expanded shelter from December 2019 through April 2020. Through this partnership, we also enrolled several hundred homeless individuals into WPC and helped get them connected to services.

Briefly describe 1-2 challenges you have faced with care coordination, and lessons learned from those challenges.

1. Our biggest challenge continues to be data sharing. While we did see an improvement in signed consent forms based on how many referrals were received, we did not have signed consents. In PY4 we opened referrals to EMS and Health Plan of San Joaquin to pull reports on clients and identify those who met WPC criteria. Those individuals were then referred to WPC and teams began trying to find them and contact them. We learned that this referral approach makes it difficult to engage individuals and get the signed consent.

Briefly describe 1-2 successes you have had with data and information sharing.

1. Activate Care was also a huge success in regard to data and information sharing. While not all enrollee profiles were accessible to all of the teams, we were able to create a report in Activate Care that showed the names of everyone who had any connection to WPC whether they were enrolled, referred, etc. Anybody with access to the platform could see the list and know if someone they were working with or wanted to refer already had some connection. This helped us get consents signed, improve collaboration, and better understand the needs of our enrollees.

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Briefly describe 1-2 challenges you have faced with data sharing, and lessons learned from those challenges.

1. One challenge we continue to face in PY4 was our inability to integrate with our HIE with one of our local hospitals, St. Joseph's Medical Center. They are one of two primary hospitals in the Stockton area and provide services to many of our enrollees. We work effectively with multiple teams within the organization, but unfortunately have not managed to achieve this goal.

Briefly describe 1-2 successes you have had with data collection and/or reporting.

1. Activate Care allowed us to pull parts of the necessary data necessary to complete reports required for the pilot. With over 2,000 enrollees in the pilot, managing enrollee information in a spreadsheet was not a very effective system. Having an automated process to pull, at least some information, was very helpful.

Briefly describe 1-2 challenges you have faced with data collection and/or reporting.

1. Collecting data from partners can be a bit challenging, but more difficult than collecting data is the issue that WPC enrollees are accessing multiple agencies throughout the county and without one place for all of the data to exist, knowing which information is most current or accurate is very difficult. Reporting requires gathering data from multiple partners, putting it all together, and manually auditing everything. This is extremely time consuming and has a lot of room for error.
2. The other challenge with reporting is there is a lot of missing information for enrollees. I believe this is because this population is not very forthcoming with information or they don't know the information.

Looking ahead, what do you foresee as the biggest barriers to success for the WPC Program overall?

The biggest barrier for success at this time is the end of the pilot. We finally feel like we have a reasonable amount of staff, even though we definitely need more, partners understand the program, and most are willing to work together instead of siloed. Now that we have built multiple successful relationship, have a care management platform in place, and many enrollees we feel we have to start ramping down which will create a lot of barriers for enrollees.

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IX. PLAN-DO-STUDY-ACT

Instructions: PDSA is a required component of the WPC program. The WPC PDSA Report template will be used for each PDSA that the LE is conducting. Summary and status reports are required components of your Mid-Year and Annual reports. Please attach all required PDSA documents and completed template demonstrating your progress in relation to the infrastructure, services, and other strategies as described in the approved WPC LE application and WPC STCs. Note: For the Mid-Year Report, submit information from January – June 30. For the Annual Report, submit information inclusive of all PDSAs that started, are ongoing, or were completed during the Program Year.

See attached