



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



Solano County Health and Social Services
 Annual Narrative Report, Program Year 5
 April 1, 2021

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	<input checked="" type="checkbox"/> Completed Narrative report <input type="checkbox"/> List of participant entity and/or stakeholder meetings (if not written in section VIII of the narrative report template)
2. Invoice Submit to: Whole Person Care Mailbox	<input checked="" type="checkbox"/> Customized invoice
3. Variant and Universal Metrics Report Submit to: SFTP Portal	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Care coordination, case management, and referral policies and procedures, which may include <i>protocols and workflows.</i> <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Completed WPC PDSA report <input checked="" type="checkbox"/> Completed PDSA Summary Report
6. Certification of Lead Entity Deliverables Submit with associated documents to: Whole Person Care Mailbox and SFTP Portal	<input checked="" type="checkbox"/> 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 Solano Whole Person Care (WPC) pilot ended after completing program year 5 succeeded in outreach and engagement of 253 unduplicated clients.

Success: Solano WPC built solid relationships with over 25 different organizations who has referred to WPC and been successfully in care coordination with these organizations. WPC formed relationships with the three emergency rooms in the county for Medi-Cal recipients that use the emergency room inappropriately. A Tiered Housing Method" was used and had successes with placements into supportive housing and gradually supported to move into a more independent housing situation as the WPC gain skills to do this. WPC had many successes to house WPC clients even during wildfires and COVID-19. A big success was in the number of relationships built with several different types of housing that includes apartment complex managers, respite care, shelters, Project Room Key projects, board and care houses and supportive housing. Another success is the linkages in getting clients with substance use disorders placed in residential treatment and maintaining their sobriety. WPC has worked with Partnership Health Plan of California to access their transportation benefit so that WPC clients can get to their medical and mental health appointments independently. WPC staff are members of the Mental Health Systems of Care coordination meeting to help place WPC clients in additional appropriate services for their situation. WPC has continues to increase client engagement, resulting in more graduations. WPC clients have enrolled in school, maintained employment and reconnected with their natural supports.

Challenges: The biggest challenge during this reporting period has continued to be COVID-19 and wildfires during the summer. WPC reassessed processes on how to engage and link clients to community resources at the same time keeping WPC staff

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safe. The final challenge during this time was navigating if WPC would continue or not in Solano County.

Lessons Learned: The biggest lesson learned continue to be in housing. Because of the strong relationships formed with different housing partners, WPC was able to house most of their WPC caseload during COVID-19 and wildfires. WPC Supported WPC clients with appropriate housing so that clients were not decompensating and going back to living on the streets.

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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	12	*	*	*	*	*	34

Item	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Unduplicated Total
Unduplicated Enrollees	*	*	*	0	0	0	14

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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
Service 1 COVID Recup Care	0	0	0	0	0	0	0
Utilization 1	0	0	0	0	0	0	0
Service 2							
Utilization 2							

Costs and Aggregate Utilization for Quarters 3 and 4

FFS	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Total
Service 1 COVID Recup Care	\$100,230	\$107,940	\$123,360	\$100,230	\$107,940	\$84,810	\$624,510
Utilization 1 \$257	390	420	480	390	420	330	2,430

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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 for Quarters 1 and 2

PMPM	Rate	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total
Bundle #1 TCP+	\$454	35,412	35,412	29,056	26,332	25,878	27,240	179,330
MM Counts 1		78	78	64	58	57	60	395
Bundle #2 Pt Navigation	\$	0	0	0	0	0	0	0
MM Counts 2								

Amount Claimed for Quarters 3 and 4

PMPM	Rate	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Total
Bundle #1	\$454	\$24,516	\$24,516	\$24,062	\$21,338	\$18,614	\$11,350	\$124,396
MM Counts 1		54	54	53	47	41	25	274
Bundle #2	\$	0	0	0	0	0	0	0
MM Counts 2								

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.

Solano County continues to contract with BACS to provide WPC services. BACS has a Project Manager that oversees the direct services of WPC. Solano County's WPC Program Manager provides the oversight in monitoring policies and procedures, quality assurance for ETO documentations and data reports, plan the monthly stakeholder group WPC Planning and Ops, and DHCS reporting and invoices.

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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.

Housing Specialist, Substance Use Specialist and Employment Coordinator

BASC employed a Housing Specialist to partner with local shelters, respite care sites, board and care facilities, motels, supportive housing complexes and landlords at hotels to house WPC clients. The Substance Use Specialist worked with WPC clients with SUD to connect WPC clients with treatment programs. The Employment Specialist was moved to another program since WPC was ending in December 2020. .

IT Infrastructure

The primary successes toward building an enhanced case management system – the Solano Integrated Data System (IDS) – with our vendor, RSM US LLP, were creation of:

- 1) A Provider Portal to view selected components of a resident’s “Golden Record” that includes combined information from multiple programs; and
- 2) A Referral Tracking System to send program referrals within and outside of County programs and share cases/care plans.

The Provider Portal will allow non-Solano County staff to log into the IDS where they will gain access to a small(er) subset of data and those staff can access relevant aspects of the Golden Record for Whole Person Care participants that are assigned to their care. The method to transfer and track the sharing of data, care plans, notes, and so on, is managed by a Referral Tracking System.

There were several additional – but smaller – refinements and updates that were made to the IDS to build a more sustainable data model that will be flexible enough to additional data sources – so that the Golden Record can be even more complete – and to test and ensure that the IDS meets all privacy and compliance requirements.

Legal Advocacy

No legal advocacy work was done this year.

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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.

Partner Transition Meeting (4 meetings per year)

Total earned: \$4,125

Three partner meeting were held in as held in July, September and October. The call in October focused on WPC ending and how clients would be transferred to other programs. The maximum payment is \$5,500 for four meetings (\$1,375 per meeting). Payment for this incentive will paid to the county partners, for a maximum of 4 meetings per year.

Client-centered warm handoff meetings

Total earned: \$27,500

Fifty client-centered warm handoffs were conducted with WPC clients and different programs that met the clients needs (50 warm hands x \$550 = \$27,500) paid to county partners.

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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.

Housing Services

Goal: Housing is provided or obtained for at least * individuals per quarter, housing assistance is provided to all clients demonstrating housing instability based on multi-model assessment and care plan. (\$3,800/quarter) Total earned: \$0

The focus of WPC changed due to COVID-19 and due to the program closing in December 2020. Clients were connected to as many housing programs and connected to Project Room Key programs. Since program was ending limited enrollment; therefore, not having as many unique clients to connect to housing.

Enrolled with Care Plan

Goal: Clients will have a Comprehensive Care Plan within 30 days of enrollment. PY5 goal 200 cumulative participants or 80% enrolled (\$500/new clients and max payable is 40 clients) Total earned: \$6000

Fourteen (14) clients were enrolled in WPC during quarters three and no clients were enrolled in quarter four. All 14 clients had comprehensive care plans within 30 days of enrollment or 100%. The total amount earned was \$6,000 the remaining left for this outcome. The total amount earned for the year is \$20,000 and \$14,000 was earned in quarter one and two. This was calculated by \$500 x 14 clients = \$7,000 per the completed outcome and \$6,000 was left to earn. Payment will be paid to the lead agency Solano County Health and Social Services.

SUD Treatment Participation

Goal: Clients enrolled and participate in SUD treatment (clients are unduplicated). PY5 goal: 35 cumulative participants or 20% eligible. Total earned: \$0

No clients were linked to SUD services because of COVID-19 and because the program was ending.

Coordination Meeting with PHC: (\$3,000 for each meeting) Total earned \$9,000

Three meetings with Partnership Healthplan of California PHC) occurred during quarter three and four to plan the end of Solano WPC and to transition appropriate clients to

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their intensive case management program. Partnership staff in attendance for these meetings were Katherine Barresi, Director of Care Coordination and Amy Turnipseed, Senior Director of External and Regulatory Affairs.

Executed MOU or contract with PHC: Total earned: 0

Due to Solano WPC program ending a contract or MOU were not done.

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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.

Stakeholder meetings include during this reporting period:

WPC Planning and Ops Committee – meetings were held on 7/16/20, 9/10/2020 and 10/15/2020. one meeting was held on 1/16/2020.

The topics discussed at the July meeting was on the care coordination programs Partnership Healthplan of California (PHC) offered; PHC presented and held a discussion on ways to work together with PHC. The September meeting focused on the new Integrated Data System (IDS) and ways partners can begin using IDS to make care coordination and referral easier. The October meeting focused on WPC closing and discussed client linkages to other programs.

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VIII. PROGRAM ACTIVITIES

Care Coordination

- A. Briefly describe 1-2 successes you have had with care coordination.
1. The ability to reassess how to operate safely and successfully for WPC staff and clients to do care coordination during COVID-19. Care coordination became even more critical to connect WPC clients to appropriate care to keep them safe.
 2. Built on success of working with other programs to transition WPC clients successfully into programs that fit their needs.
- B. Briefly describe 1-2 challenges you have faced with care coordination, and lessons learned from those challenges.
1. Connecting with clients during COVID-19 continued to be a challenge. Also, programs wanted negative COVID-19 test to enter programs. Connected with Solano Public Health to get COVID-19 tests done to facilitate entry into needed programs and housing.

Data Sharing

- A. Briefly describe 1-2 successes you have had with data and information sharing.
1. A success was extracting and sharing data that was natively entered in disparate data systems, in a single location, specifically between Whole Person Care and Adult Mental Health programs. Solano County program participants in the Whole Person Care program have been entered in the Integrated Data System, along with program participants in several Adult Mental Health programs. After a participant signs the appropriate release of information, staff from both programs can be assigned to the Care Team, where they will gain access to the Golden Record including the ability to review and contribute to the Care Plan and any updates.
 2. A success was creating data crosswalk templates that encompass several programs in health and social services. Aligned with the success of creating a sustainable, interoperable solution, draft Data Integration Crosswalk templates were created to compare similar data fields to each other from health and social service data systems. This means that beyond solely having the ability to compare address, gender, and other demographic data points, Solano began the path of comparing care plans developed in disparate programs with each other. For example, if a person has a goal of finding obtaining a stable source of food from a public assistance program (e.g. CalFresh) and has an identified obstacle of food insecurity that was identified during a medical appointment, there is an ability to highlight this overlap so that members of both teams can pool resources toward achieving the same goal(s).

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

1. A significant challenge has been working with our county's Department of Information Technology (DoIT) to upgrade our software from solutions that rely on decades-old technology that is hosted by on-premises data structures, to a fully cloud-based solution. In addition to the training involved with migrating to a fully cloud-based solution, there were – and still are – cultural changes such as not having full control over the data model and back-up solutions that caused a great deal of consternation and presented some barriers that we have yet to fully overcome. Before embarking on the progress of creating a department-wide Integrated Data System (IDS) there was significant work to survey and prepare staff in the Health and Social Services Department, identify a vendor that had completed similar work in other locations, and seek approval for a contract from the county's Board of Supervisors. The lesson is that the cultural shift for DoIT is (arguably) an even larger change from building the solution to even being comfortable with providing support to staff for small changes, and that DoIT may need an even longer lead time before embarking on such a dramatic change in how care is coordinated and provided.
2. A significant challenge has been the resistance of several vendors for electronic data systems, to allow data to be extracted from the various systems on an ongoing basis. Outside of the State-mandated and – maintained systems, many of the (smaller) private vendors are finding that more and more organizations are seeking a unified platform for case management. This is a major shift in their business structure and necessitates a revision of their pricing structure. Solano has had several negotiations with vendors that are effectively trying to hold the data that they are hosting, hostage. This is in violation of several newer pieces of legislation such as the 21st Century Cures Act and Office of the National Coordinator for Health Information Technology's proposed rule against Information Blocking. Solano has had to carefully negotiate how to craft agreements that allow for continued support of some legacy systems, while still taking steps forward to build an integrated system that will promote better care coordination and services for Solano County residents.

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Data Collection

- A. Briefly describe 1-2 successes you have had with data collection and/or reporting.
1. Data collection continues to improve since the beginning of using ETO. We are able to query the system and data is being entered accurately. ETO cannot store mental health or substance abuse treatment information. This information will be in our new integrated data system
 2. BACS has improved tremendously on having WPC clients sign ROI so that we can get client level data from Partnership Healthplan. This allows us to do quality checks on information that we are receiving.
- B. Briefly describe 1-2 challenges you have faced with data collection and/or reporting.
1. Solano WPC has overcome many challenges with data collection, and we have finally worked through many challenges. Solano WPC started using Excel to collect data and then moved to Social Solutions ETO a case management system. Solano County staff needed to train BACS the direct service provider for WPC on how to document in ETO consistently and accurately so that consistent data can be collected for reporting. The lesson learned was to conduct quality assurance reviews of ETO and providing BACS with monthly feedback on their documentation. Data entry is finally done by BACS WPC staff consistently and accurately making data collection easier and more reliable

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

Solano WPC ended on December 31, 2020.

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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.

PDSA Attachments:

PDSA Attachments:

1. Inpatient Utilization
2. Care Coordination
3. Comprehensive Care Plan
4. Data and Information
5. Ambulatory Care
6. PDSA Summary Document