



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



Ventura County
 Annual Narrative Report, Program Year 5
 April 06, 2021, Resubmitted 6/11/2021

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 type="checkbox"/> Completed Narrative report <input type="checkbox"/> 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	<input type="checkbox"/> Customized invoice
3. Variant and Universal Metrics Report Submit to: SFTP Portal	<input 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 type="checkbox"/> Completed WPC PDSA report <input 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 type="checkbox"/> Certification form

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

Whole Person Care

Ventura County

Annual Narrative Report, Program Year 5

April 06, 2021, Resubmitted 6/11/2021

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.

Whole Person Care

Ventura County

Annual Narrative Report, Program Year 5

April 06, 2021, Resubmitted 6/11/2021

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.

Key accomplishments for PY 5 include:

- Continued intensive enrollment of patients engaging 5,876 individuals through mobile outreach and enrolling 131 new unduplicated participants by the end of the period.
- One Stop/Care Pods launched at two new sites: Ventura County Rescue Mission and Halaco superfund site.
- 226 Care Pod Events, 35 Backpack Medicine Events, 1,199 Recuperative Care Bed Days.

Increasing integration among county agencies, health plans, providers, and other entities

Regular Leadership with the Medi-Cal Managed Care Plan Gold Coast Health Plan (GCHP) around CalAIM planning, ongoing care coordination meetings resulted in alignment of care coordination with the health plan; Participation in Community Health Needs Assessment with plan and area hospitals resulted in progress towards regional health information exchange.

Increasing coordination and appropriate access to care

Coordinated with Continuum of Care and Human Services Agency to launch Project Roomkey effort serving 350 homeless persons at risk for more severe COVID-19 illness, providing daily case management onsite. Developed hospital discharge procedure allowing for safe discharge of homeless persons at risk for severe illness or requiring isolation into Roomkey hotels. Developed hotel voucher program.

Reducing inappropriate emergency and inpatient utilization

Continued efforts begun in PY 4 including coordinated workflows with ER and hospital discharge teams, WPC Medical Director updates to care plans following multidisciplinary case review, hospital and clinic level incentives for scheduling primary

Whole Person Care

Ventura County

Annual Narrative Report, Program Year 5

April 06, 2021, Resubmitted 6/11/2021

care visit within 7 days of discharge. Developed twice daily alerts for ER and inpatient admission, summary of missed and upcoming appointments for enrolled and eligible GCHP plan members, and monthly eligibility report by medical home and primary care provider.

Improving data collecting and sharing

Launched Cerner Health-e-Care Care Coordination platform, customized to WPC specifications, and trained all staff in its use. Signed contract with Manifest Medex for ER alerts and health information exchange. Launched Cerner Commonwell updating forms and Notice of Privacy Practices to provide opt-out and allow for information exchange. Developed lab report of COVID tests for all WPC enrolled and eligible GCHP plan members.

Achieving quality and administrative improvement benchmarks

Quarterly PDSA review of ED, IP, Care Plan metric, social needs survey, and timely/complete/accurate documentation. Semi-Annual PDSA review of data sharing and care coordination infrastructure and policy and procedures.

Increasing access to housing and supportive services

1,637 housing services provided.

Improving health outcomes for the WPC population

Collected and monitored health outcomes across more than 30 utilization, health status, and access to service metrics quarterly using new validated reporting templates through data warehouse developed in PY 4.

Challenges: COVID local health emergency impacted system capacity and access across settings. This was exacerbated during the COVID surge in PY 5 Q4. Staff needed to adapt to working telephonically or in-person at hotel sites or One Stop/Care Pods and backpack medicine where safety protocols could be implemented. Some patients were unreachable due to lack of phone or changed contact information. Collectively, these had a negative effect on metrics achievement across multiple metrics.

Lessons Learned:

Staff developed strategies to stay connected with patients and accomplish many of the same tasks telephonically, building skills in this for the future. Staff helped to bridge the gap for patients less likely to seek care on their own.

Whole Person Care
 Ventura County
 Annual Narrative Report, Program Year 5
April 06, 2021, Resubmitted 6/11/2021

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	14	19	13	13	*	*	77

Item	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Unduplicated Total
Unduplicated Enrollees	*	*	13	19	*	*	52

Whole Person Care

Ventura County

Annual Narrative Report, Program Year 5

April 06, 2021, Resubmitted 6/11/2021

*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	\$22,657.25	\$24,858.24	\$16,054.28	\$10,875.48	\$8,545.02	\$20,456.26	\$103,446.53
Utilization 1	175	192	124	84	66	158	799
Service 2	\$35,477.40	\$42,741.82	\$36,491.04	\$60,311.58	\$74,164.66	\$101,701.88	\$350,888.38
Utilization 2	210	253	216	357	439	602	2,077
Service 3	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Utilization 3	0	0	0	0	0	0	0

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	\$11,522.83	\$8,803.96	\$14,241.70	\$8,545.02	*	*	\$51,788.00
Utilization 1	89	68	110	66	*	*	400
Service 2	\$87,848.80	\$98,492.02	\$117,920.12	\$103,898.10	\$98,492.02	\$135,152.00	\$641,803.06
Utilization 2	520	583	698	615	583	800	3,799
Service 3	\$0	*	*	\$0	\$0	\$0	*
Utilization 3	0	*	*	0	0	0	*

Whole Person Care
 Ventura County
 Annual Narrative Report, Program Year 5
April 06, 2021, Resubmitted 6/11/2021

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	\$318.21	\$10,500.93	\$8,909.88	\$5,409.57	\$42,640.14	\$39,776.25	\$41,685.51	\$148,922.28
MM Counts 1		33	28	17	134	125	131	468
Bundle #2	\$269.69	\$82,794.83	\$82,255.45	\$89,806.77	\$98,976.23	\$98,976.23	\$102,212.51	\$555,022.02
MM Counts 2		307	305	333	367	367	379	2,058
Bundle #3	\$223.74	\$126,189.36	\$126,413.10	\$128,203.02	\$123,951.96	\$123,057.00	\$124,175.70	\$751,990.14
MM Counts 3		564	565	573	554	550	555	3,361

Whole Person Care
 Ventura County
 Annual Narrative Report, Program Year 5
April 06, 2021, Resubmitted 6/11/2021

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	\$318.21	\$8,909.88	\$12,091.98	\$15,592.29	\$22,274.70	\$14,001.24	\$14,319.45	\$87,189.54
MM Counts 1		28	38	49	70	44	45	274
Bundle #2	\$269.69	\$92,773.36	\$89,806.77	\$91,964.29	\$96,818.71	\$94,661.19	\$94,930.88	\$560,955.20
MM Counts 2		344	333	341	359	351	352	2,080
Bundle #3	\$223.74	\$120,819.60	\$117,239.76	\$117,016.02	\$118,582.20	\$115,673.58	\$111,646.26	\$700,977.42
MM Counts 3		540	524	523	530	517	499	3,133

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

124 Care Pod Community Service Events were completed during the period at \$10,000 per event triggering a FSS payment of \$1,240,000 payable to County partners.

Whole Person Care

Ventura County

Annual Narrative Report, Program Year 5

April 06, 2021, Resubmitted 6/11/2021

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.

In PY 5, the Program Director, Informatics Team, Database Analyst, Administrative Assistant, Medical Director, and QI Coordinator attended to the day-to-day implementation of the program.

The QI Coordinator and Database Analyst monitored program metrics as well as documentation quality, timeliness, and completeness as part of an ongoing quality improvement efforts and oversaw the implementation of 5 required and 2 optional PDSA cycles.

The Informatics team uploaded claims data and data for Ventura County Behavioral Health in the data warehouse to allow quarterly reporting of all 30 metrics using report templates built and validated in PY4.

The WPC Medical Director participated in weekly multidisciplinary case review meetings and documented updates to the care plan within the electronic health record for new enrollees, priority cases, and persons with ED or IP visits each week.

The WPC Financial Manager will remain unfilled with these duties provided by in-house resources on an in-kind basis.

The pilot spent \$155 on office supplies.

Indirect amount reported of \$863,043.86 is based on 5% of direct costs totaling \$16,953,769.70.

Total Administrative Infrastructure expenses invoiced for the period: \$1,128,335.30.

Whole Person Care
Ventura County
Annual Narrative Report, Program Year 5
April 06, 2021, Resubmitted 6/11/2021

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.

IT Development costs of \$182,922 funded development of Cerner Health-e-Care ad hoc forms, a push-button quarterly enrollment report, several program monitoring reports to help identify data entry errors, twice daily alerts of ER/hospital admissions and missed/upcoming appointments for WPC enrolled and GCHP WPC eligible members, and a WPC enrolled and eligible COVID lab test report integrating data from multiple sources including Quest and the Public Health lab.

Care Pod operating costs of \$71,270.17 covered supplies, and operating costs at six sites, River Haven, VCMC, North Ventura Avenue, El Buen Pastor, Ventura County Rescue Mission, and Halaco.

Tiger text costs of \$1,760 covered secure text messaging application costs for all staff.

Cerner monthly fees for HealthAnalytics, Data Acquisition, HealthCare, CPT Codes for HealthIntent, Milliman Advanced Risk Adjusters and HealthRegistries were paid at a prorated rate less HealthRegistries totaling \$57,786.

Costs (County IT and Cerner) to develop Manifest MX plugins totaled \$117,878.

Two new care pods were purchased for a total of \$179,827.48.

A motel voucher program to transition Project Homekey efforts was developed in collaboration with County Partners for a COVID capacity building payment of \$150,000.

A hospital discharge protocol to place homeless persons to hotel sites to safely isolate during the COVID local health emergency and COVID lab report were developed for COVID capacity building payments of \$20,000 each.

Alert GPS personal security devices for staff were purchased for \$1,389.88. Monthly cell access costs for these devices totaled \$1,620.

Two new One Stop Care Pods sites were established, Rescue Mission in Q2 and Halaco in Q3 of PY 5 for payments of \$20,000 each.

Whole Person Care
Ventura County
Annual Narrative Report, Program Year 5
April 06, 2021, Resubmitted 6/11/2021

One Shelter/Emergency Navigation Center was established January 27, 2020, for a progress payment of \$300,000. This was approved in the PY 5 rollover request which was finalized after the PY 5 mid-year invoice was submitted.

Total Delivery Infrastructure expenditures for the period: \$1,144,453.53.

Whole Person Care

Ventura County
Annual Narrative Report, Program Year 5
April 06, 2021, Resubmitted 6/11/2021

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.

Housing services:

- Trigger for Payment: \$150 per completed unit
- 246 UNITS
- Payment: \$36,900 to County partners.

Follow-up after mental health ED visit:

- Trigger for Payment: At least 50% follow-up rate; \$500 per follow-up
- 63 follow-ups/92 ED visits with a mental health diagnosis = 68.48% follow-up rate
Payment: \$31,500 to County partners.

Meeting attendance expense coverage:

- Trigger for Payment: \$100 per meeting participant
- 23 meeting participants
- Payment: \$2,300 to County partners.

Backpack Medicine Events:

- Trigger for Payment: \$10,000 per completed event
- 24 events
- Payment: \$240,000 payable to County partners.

Care plans completed within 30 days of enrollment:

- Trigger for Payment: At least 80% of new patients will have a care plan within 30 days
- 78/81 care plans completed within 30 days of enrollment, 96.30% for PY 5, triggering incentive
- Payment: \$132,000 (50% of annual payment) to County partners.

Annual care plans completed within 30 days of enrollment anniversary:

- Trigger for Payment: At least 60% of patients will have updated care plan within 30 days of anniversary.
- 250/416 care plans completed within 30 days of enrollment anniversary, 60.10% for PY 5, incentive
- Payment: \$220,000 (50% of annual payment) to County partners.

Whole Person Care

Ventura County

Annual Narrative Report, Program Year 5

April 06, 2021, Resubmitted 6/11/2021

Timely follow-up after hospitalization – clinic incentives:

- Trigger for Payment: \$300 per timely follow-up
- 224 7-day follow-up appointments scheduled out of 741 inpatient discharges, 30.23% (Annual)
- Payment: \$30,900 payable to Ambulatory Care Clinics.

Timely follow-up after hospitalization – hospital incentives:

- Trigger for Payment: \$300 per timely follow-up
- 114 7-day follow-ups out of 741 inpatient discharges, 14.84%
- Payment: \$16,500 to VCMC/Santa Paula hospitals.

Co-develop plans with Medi-Cal Managed Care Plan to prepare for CalAIM. The following plans were submitted 12/31/2020:

- Transition plan for existing members, \$275,000
- Collaborative strategy to identify and engage new target populations, \$275,000
- Transition communications plan, \$275,000
- Population health strategy, \$275,000

Payable to County partners.

Total incentive payments invoiced for this period: \$1,810,100

Whole Person Care

Ventura County

Annual Narrative Report, Program Year 5

April 06, 2021, Resubmitted 6/11/2021

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.

The Ventura County Whole Person Care Pilot reported on the following universal and variant metrics for PY 5. Due to the COVID-19 Local Health Emergency its impacts to system capacity, the Ventura County Whole Person Pilot selects the alternate payment methodology for PY 5 metrics.

Due to the impacts of the COVID-19 local health emergency on system capacity and access on WPC Pay for Outcomes Metrics, the Ventura County Whole Person Care Pilot will utilize the alternative payment methodology authorized by DHCS for PY 5 Pay for Outcomes.

The Ventura County Whole Person Care Pilot elects to use the COVID-19 Alternative Payment method for Pay for Outcome payments in Program Year 5. Ventura achieved 95% of our Pay for Outcomes in Program Year 4. Ventura will receive 95% payment in Program year 5, in the total amount of \$9,510,902.74.

The following outcomes are reported as required by the alternate payment methodology but are not the basis for PY 5 Pay for Outcomes payments.

Follow-up within 30 days post hospital MH visit: target 15% improvement over baseline 67%; PY 5 78.95%%; % change of 17.83%; MET; data source: PY 5 Universal and Variant Metrics Template. \$550,000

New AOD visits

- **Treated within 14 days**, target 15% improvement over baseline, baseline 39%; PY 5 39.16%; % change .41%; NOT MET; data source: PY 5 Universal and Variant Metrics Template. \$350,000
- **Treated within 30 days plus engagement**, target 15% improvement over baseline, baseline 17%; PY 5 21.99%, % change 29.35%; MET; data source: PY 5 Universal and Variant Metrics Template. \$400,000

CHW/CSW Training, target 70%; PY5 94.92%; 24.92% over target; MET; data source: PY 5 Universal and Variant Metrics Template. \$500,000

Whole Person Care

Ventura County

Annual Narrative Report, Program Year 5

April 06, 2021, Resubmitted 6/11/2021

HbA1c <8.0, target 15% improvement over baseline, baseline 47%; PY 5 40.19%; % change -14.49%; MET; data source: PY 5 Universal and Variant Metrics Template. \$550,000

Depression Remission, target 15% improvement over baseline; baseline 0%; PY 5 4.76%; % change 4.76%; NOT MET; data source: PY 5 Universal and Variant Metrics Template. \$550,000

Suicide Risk Assessment, target 15% over baseline; baseline 0%, PY5 47.06%, % change 47.06%; MET; data source: PY 5 Universal and Variant Metrics Template. \$550,000

Homeless Receiving Housing Services, target 65%, PY 5 92.42%, 54.03% over target; MET; data source: PY 5 Universal and Variant Metrics Template. \$350,000

6 CHW/CSW Encounters, target 65%, PY 5 65.99%, .99% over target; MET; data source: PY 5 Universal and Variant Metrics Template. \$350,000

Recuperative Care Readmissions, target 65%, PY 5 81.91%, 26.01% over target, MET, data source: PY 5 Universal and Variant Metrics Template. \$350,000

Social needs screens completed within 30 days of new enrollment: target 85%, PY 5 74.07%; 12.86% below target; NOT MET; data source: LE calculations \$350,000

Social needs screens currently enrolled: target 66%, PY 5 29.27%, 125% below target; NOT MET; data source: LE calculations. \$200,000

Controlling Blood Pressure 140/90 18-59 w/ HTN, target 10% improvement over baseline, baseline 21%, PY 5 43.24%, which is a percent change of 105.90%; MET; data source PY 5 Universal and Variant Metrics Template. \$450,000

Case Review, WPC Medical Director, target 80%, PY 5 62.14%, NOT MET, data source: LE calculations. \$200,000

Flu Vaccine, target 80%, PY 5 48.71%, NOT MET, data source: LE calculations. \$350,000

ED Utilization, target 5% improvement over previous year, PY 4 367.4 ED visits per 1000 MM, PY 5 343.96 ED visits per 1000 MM, ATTAINED

Inpatient Utilization, target 5% improvement over previous year, PY 4 102.33 inpatient visits/1000 MM, PY 5 102.54 inpatient visits/1000 MM, NOT ATTAINED

All Cause Readmissions, target 15% improvement over baseline, baseline 23.17%, PY 5 29.39%; % change 26.85% , NOT MET; data source: DHCS \$0.

Whole Person Care

Ventura County

Annual Narrative Report, Program Year 5

April 06, 2021, Resubmitted 6/11/2021

COPD - Long-Acting Bronchodilator Therapy, target 5% improvement over prior year, PY 4 84.62%; PY 5, 0% % change -84.62%; NOT MET; data source: LE calculations. \$450,000

COPD – Performing Spirometry, target 5% improvement over prior year, PY 4 68.63%, PY 5 71.43%; % change 4.08%, NOT MET; data source: LE calculations. \$450,000

Patient Activation Measure – not a planned metric in PY 5

30-Day In-Patient Psychiatric Readmission – target 5% improvement over prior year, PY 4 6.06%, PY 5, 34.04%, % change 461.72%; NOT MET; data source LE calculations. \$450,000

SBIRT

- **SBIRT Completed**, target 5% improvement over prior year, PY 4 52.64%, PY 5 70.36% change 33.66%; MET; data source: LE calculations. \$225,000
- **Active Referral to Treatment**, target 5% improvement over prior year, PY 4 30.32%, PY 5 36.10% change 19.06%; MET; data source: LE calculations \$225,000
- **Brief Interventions**, target 5% improvement over prior year, PY 4 29.8%, PY 5 50%, % change 78.76%; MET; data source: LE calculations \$225,000
- **Treatment/MAT Access**, target 5% improvement over prior year, PY 4 35.56%, PY 5 64.37% , % change 81.02%; MET; data source: LE calculations \$225,000

Implement 4 Quarterly PDSA Improvement Cycles on 6 CHW/CSW metric; MET; data source: PY 5 AR \$250,000

Implement 4 Quarterly PDSA Improvement Cycles on timely/complete/accurate documentation for all CHW/CSW visits; MET; data source: PY 5 AR \$250,000

Medication reconciliation, PY 5 target 80%, PY 5 98.59%, MET, data source LE calculations, \$350,000

Primary Care Appointment Within Program Year, PY 5 target 85%, PY 5 84.53% NOT MET, data source LE calculations

Whole Person Care
Ventura County
Annual Narrative Report, Program Year 5
April 06, 2021, Resubmitted 6/11/2021

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.

Please see attached list.

Whole Person Care

Ventura County

Annual Narrative Report, Program Year 5

April 06, 2021, Resubmitted 6/11/2021

VIII. PROGRAM ACTIVITIES

Care Coordination

- A. Briefly describe 1-2 successes you have had with care coordination.
 - 1. Case management of homeless persons from congregate shelter at-risk for more severe chronic illness based on their health conditions into Project Roomkey hotels where they could self-isolate, and case management of unsheltered persons at-risk for severe illness into Project Roomkey hotels, onsite health, social services, and SUD case management at Project Roomkey hotels.
 - 2. Continued face to face engagement of WPC enrolled patients at Project Roomkey Hotels and One Stop/Care Pod events while unable to conduct home visits during COVID-19 local health emergency.
- B. Briefly describe 1-2 challenges you have faced with care coordination, and lessons learned from those challenges.
 - 1. Staff converted to telework status in March, 2020 and continued to work this way throughout the rest of 2020. Staff unable to meet patients face to face except at One Stop/Care Pods events or Project Roomkey motels meaning that most case management converted to telephonic case management where some clients were not able to be reached. Recognition of this led to the development of a field safety protocol to allow return to face to face visits on a case by case basis ensuring staff and patient safety.
 - 2. Staff added duties to case manage eligible clients into Project Roomkey hotels and provide onsite case management support on top of existing ambitious workloads. Management developed a teleworking daily work flow to help staff navigate their caseloads. This also speaks to the additional effort many staff put in across the system to meet community needs during the local health emergency.

Data Sharing

- A. Briefly describe 1-2 successes you have had with data and information sharing.
 - 1. Launched Cerner health-e-Care care management platform in July, 2020 including build-out of ad hoc forms required for reporting
 - 2. Staff were able to learn a new software system while taking on additional duties during local health emergency and while teleworking.
- B. Briefly describe 1-2 challenges you have faced with data sharing, and lessons learned from those challenges.
 - 1. Covid-19 local health emergency delayed data sharing MOU with Behavioral Health Department which delayed planned implementation of electronic data exchange as part of Health-e-Care launch.
 - 2. Despite loosening restrictions for substance use disorder under 42 CFR with new CARES act legislation, agencies are waiting for final guidance in

Whole Person Care

Ventura County

Annual Narrative Report, Program Year 5

April 06, 2021, Resubmitted 6/11/2021

2021 to implement changes, which staff and County counsel continue to monitor as we continue to plan to expanded electronic data sharing.

Data Collection

- A. Briefly describe 1-2 successes you have had with data collection and/or reporting.
 - 1. Creation of new COVID-19 lab data report to facilitate changed quarterly enrollment and utilization report requirements to include COVID data.
 - 2. Development of a new specialized report in Cerner to capture Quarterly Enrollment and Utilization Report and creation of multiple ad hoc forms to capture QEUR data elements.
- B. Briefly describe 1-2 challenges you have faced with data collection and/or reporting.
 - 1. Health-e-Care launch required creation of several forms to enable quarterly enrollment and utilization reporting which required close coordination with our IT teams to set up and implement to capture the appropriate data elements. This close coordination resulted in being able to report on time for the next quarterly report after transitioning completely to the new care coordination platform.
 - 2. Initially, we were unable to export enrollment data from Health-e-Care requiring a special Cerner report which was delayed past the deadline. We needed to develop a workaround using the data warehouse.

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

Some uncertainty over which program elements will be carried over under CalAIM (e.g. ILOS options) and how they will be funded making it hard to motivate and retain staff. Despite this, we were able to convert WPC fixed term positions to regular positions late 2020 and offer a career ladder for Community Services Workers/Community Health Workers to attain a higher classification within the County civil service system.

Whole Person Care

Ventura County

Annual Narrative Report, Program Year 5

April 06, 2021, Resubmitted 6/11/2021

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.

PPDSA Attachments:

1. Reducing ED Utilization, 4 Reports
2. Reducing Avoidable Inpatient Utilization and Readmissions, 4 reports
3. Ensuring Comprehensive Care Plan Development, 4 reports
4. Care Coordination, Case Management, and Referral Policies and Procedures Development, 4 reports
5. Data and Information Sharing Policies and Procedures Development, 4 reports
6. CHW Training, 4 reports
7. 6 CSW Visits, 4 reports
8. Timely, Complete, Accurate Data Entry, 4 reports

Completion of the above PDSAs #s 1-6 is reflected in the Ventura County Whole Person Care Pilots Pay for Reporting section of the PY5 Invoice. Completion of PDSA's #7 and 8 is reflected in the Pay for Outcomes section of the PY 5 Invoice.