DHCS State of California - Health and Human Services Agency
Department of Health Care Services
Whole Person Care
Lead Entity Mid-Year or Annual Narrative Report

Reporting Checklist

Small County Whole Person Care Collaborative
Annual Report PY2
5/8/2018

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 *(if not written in section VIII of the narrative report template)*
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 *protocols and workflows.)* ☐ Data and information sharing policies and procedures, which may include *MOUs, data sharing agreements, data workflows, and patient consent forms.* 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.

Whole Person Care

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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.

Whole Person Care

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II. PROGRAM STATUS OVERVIEW

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.*

Overall: The Collaborative has had a slow start. Two of the three counties had significant issues recruiting and hiring qualified staff. Key positions were not filled until October and November. As a result, outreach, engagement and enrollment did not begin until the very end of the year. However, much administrative work was accomplished in getting us to the point where we could accept participants, and we did begin to outreach to potential clients as well as enrolled three individuals by the end of PY2. Attached to this report are Policies, Procedures, Agendas, Presentations, MOUs, PDSAs, and other materials demonstrating the level of work performed to prepare for accepting clients.

Increasing Integration: In PY2, the Collaborative was successful in completing an operating agreement for cross-county collaboration. We amended the agreement later in the year given the change in selection of the third-party administrator. The original third-party administrator was expensive and less efficient given additional layers to the approval process. After gaining more experience and confidence with the Whole Person Care Pilot Project, Collaborative members chose to perform the work of the third-party administrator themselves by leveraging the financial capacity of the lead entity – San Benito County – with hiring an external consultant experienced in complex projects. The Deputy Director and financial staff member from San Benito along with the hired consultant comprise the operating staffing for the Collaborative. The functioning has been very efficient and continues to advance, track and maintain the Collaborative's focus.

Increasing Coordination: Within each county, the status of the MOUs with community partners varies. Mariposa has all agreements executed and was able to achieve extensive coordination among key partners. This was demonstrated by partner staff engagement in meetings and completion of activities for WPC. Getting agreements signed took more time than anticipated for the other counties. Despite partners being engaged as early as the WPC application process, limited staffing and turnover hampered progress. In San Benito, an MOU is signed with the hospital and clinics. However, staff have had difficulty engaging providers and their Behavioral Health agency. Most staff who were engaged in the WPC application process have retired or left those positions requiring staff to "start from scratch". In Plumas, negotiations began

in early PY2 with partner hospitals, but no MOU had been signed. A contract with their housing vendor was executed though. Workflows were begun in PY2, which assisted in establishing the activities of coordinating with community partners. Mariposa County, who was fully staffed the earliest of the counties, also beta tested workflows among staff to refine referral and communications procedures. While workflows were started for the other two counties, the MOUs were finalized the following year.

ED and Hospital Reduction: Two county's have MOUs in place with their hospital partners, and reciprocal points of contact (hospital and WPC). While hospitals have not agreed to use the WPC eClient Management System, they have agreed to work with them on patients enrolled in WPC. As of the end of PY2, only a few individuals were enrolled near the end of December. There were no opportunities for ED intervention.

Data Collection and Sharing: The CSCC made remarkable strides in rapidly designing and deploying an eClient Management System (eBHS). This system is designed for staff as well as community partner staff to have permissions-based access to the system to chart information and review information appropriate to their role. We were able to conduct an initial training for County staff on November 30, beta test the workflows with non-real clients, and submit needed changes to the vendor for launch in PY3. The launch was delayed from December 31, 2017 to February 2018 due to the holidays and inclusion of complex reports and inter-form connections.
It took nearly four months to finalize a data sharing agreement with the health plans for two counties, and five for Plumas. Plumas lagged behind due to significant leadership and staff turn-over. We worked collaboratively with the Plans to find solutions to data-sharing resulting in everyone having access to high utilizer lists before the end of PY2. This was an enormous success. Although partner referrals were beginning in the last quarter of the year for Mariposa and Plumas, the lists proved invaluable for identifying and enrolling the target population. Two of the three counties were still working on building a notification and cooperative procedure with their hospitals. Plumas and Mariposa have been sharing information when needed with universal releases in place.

Quality and Improvement Benchmarks: PY2 proved to be a difficult year for two of the three counties in hiring staff. PDSAs were only becoming integrated into practice in the last two months. San Benito hired their staff in October. Plumas hired staff in October, but the position turned-over shortly thereafter. A new project lead was not hired until November. We were able to get into a routine in communication on a weekly basis, which was instrumental in advancing the program. The Collaborative began constructing their own policies and procedures to memorialize and make consistent the workflow. There will be much more in the next mid-year report.

Housing: MOUs were signed with all external housing support nonprofits in Plumas and Mariposa. San Benito did not hire their internal housing navigator as of the end of the year. Only three individuals were enrolled as of the end of the reporting year. Therefore, no housing work had begun. Assessments were still being completed.

Health Outcomes: Staff were beginning to work with the first enrollees at the end of the year. No outcomes information will be available until PY3.

III. ENROLLMENT AND UTILIZATION DATA

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	0	0	0	0	0	0	*

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

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.

FFS	Costs and Aggregate Utilization for Quarters 1 and 2						
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total
Service 1 – Engagement							
Utilization 1	0	0	0	0	0	0	0
Service 2 – Respite							
Utilization 2	0	0	0	0	0	0	0
Service 3 - Sobering							
Utilization 3	0	0	0	0	0	0	0

Whole Person Care

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FFS	Costs and Aggregate Utilization for Quarters 3 and 4						
	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Total
Service 1 - Engagement	0	0	0	5	16	25	46
Utilization 1	0	0	0	5	16	25	$12,882.68
Service 2 - Respite	0	0	0	0	0	0	0
Utilization 2	0	0	0	0	0	0	$0
Service 3 - Sobering	0	0	0	0	0	1	1
Utilization 3	0	0	0	0	0	1	$0

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.

PMPM		Amount Claimed						
	Rate	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total
Bundle #1	$1721 m $1467 p $1657 sb	0	0	0	0	0	0	0
MM Counts 1		0	0	0	0	0	0	0
Bundle #2	$1389 m $657 p $1936 sb	0	0	0	0	0	0	0
MM Counts 2		0	0	0	0	0	0	0

PMPM		Amount Claimed						
	Rate	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Total
Bundle #1	$1721 m $1467 p $1657 sb	0	0	0	0	0	$*	$*
MM Counts 1		0	0	0	0	0	*	*

Bundle #2	$1389 m $657 p $1936 sb	0	0	0	0	0	$*	$*
MM Counts 2		0	0	0	0	0	*	*

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

> The Collaborative spent most of PY2 putting administrative structures in place such as MOUs, data-sharing agreements, universal release forms, client materials and the processes for the Collaborative as a whole. In Mariposa, staff were nearly all hired by July. For San Benito and Plumas Counties, staff were not hired until September, October and November. A spreadsheet to guide the design of eBHS, was developed over nearly two months. We used this to document client contacts prior to the system launch. By the end of PY2, all counties were conducting outreach with targeted populations, and two counties had enrollees. All individuals were enrolled in December and were therefore not enrolled for at least 30 days to be included in the outcome metrics in PY2. **One client required sobering services. We did not include this in the billing because the county in which this client was enrolled did not have sobering services budgeted for PY2. The client service occurred in December into the new year. As such, it was determined that we would bill for the service in PY3.** Staff were working on their assessments and paperwork in December and, as will be reported more fully in the PY3 mid-term report, several successes in housing and health occurred.

IV.   NARRATIVE – Administrative Infrastructure

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.

The SCWPCC established an operating entity with an agreed upon decision-making structure. An initial MOU was completed in June, which outlined the financial and administrative responsibilities of each member county. The MOU had to be amended later in the year due to a change in Third-Party Administrator. Funds have been expended for fiscal oversight as well as funds to staff the Collaborative, which have been much lower by bringing the administration "in-house". This structure assists the SCWPCC in meeting all Pilot goals in that this entity is responsible for aggregating data and advancing tools like training and the eBHS eClient Management System.

After establishing the operating entity, we established a meeting schedule to facilitate communication and coordination among the three counties. While this may sound simple, it was not. Not only were there multiple schedules to consider, but the frequency and type of staff attending essential to advance this highly complex project. Decision-makers as well as front-line staff were required for decisions at different points in the planning. This relates to all Pilot goals in that the foundation of data capture was determined through this process as well as compliance with a variety of required Pilot activities.

Client and partner materials were generated and translated into Spanish as appropriate. This assisted in meeting Pilot goals related to the provision of services to be tracked. The materials include universal and SUD consent critical for data-sharing and materials important to engagement and fully informing clients and community partners.

The SCWPCC designed a spreadsheet for information capture and the design of eBHS. To be most efficient, we designated a Data Subcommittee to be the architects of the system. This sheet underwent several refinements as we learned about the Pilot from other program's efforts and from testing. The sheet system was tested with fake clients by Mariposa and Plumas, and then tested again with real clients as we began to implement WPC. This administrative activity relates to the WPC data-sharing goal. Mariposa, being fully staffed and moving more rapidly, comprised the bulk of the Data Subcommittee initially given no key staff in place with the other counties.

One of the most challenging activities of PY2 was creating data-sharing agreements with health plans, which was finally accomplished in December. Once we had a template to work with and clear direction as to how they could be changed, we were able to rapidly customize them. There was much time needed to allow for Health Plan counsel (and other committee) approval. It was then left to each County Counsel and Board of Supervisors to approve in that order. Questions delayed the process and any non-negotiable items or substantive changes required the document to move through the process of approval over again. This item was further delayed in Plumas where the lack of legal capacity and staff turnover held MOU approval up for an extra 45 days. This is related to the WPC data-sharing goal.

All counties established MOUs, and BAAs as needed, with a variety of community and agency partners. As of December, the hospitals in Mariposa and San Benito had MOUs executed. Housing contracts were executed in Plumas and Mariposa, and county department MOUs were complete in Mariposa. San Benito continued to struggle with turnover and low capacity at community partners. Plumas' documents were held up by their understaffed County Counsel office.

Each county established internal team meetings where reviews of procedures, activities and workflow occur. PDSAs are performed based on the needs identified by these groups. Some are more structured than others, but they all serve the same purpose – to advance the project within each county. This relates to all goals but especially the implementation of reflection in practice and improvement projects.

Only Mariposa had Leadership Committee meetings in PY2. In these meetings, a schedule and goals were established. There was some discussion as to the needed frequency of the meetings, but they plan to initially meet monthly as described in the application. The goals and an overview were done for all meetings, but design logistics (how coordination will actually work) continued to be addressed by the third meeting. San Benito continued to struggle with cooperation from partners who are suffering from turn-over and low staff capacity. While leadership initially committed to monthly meetings at the time of the application, they are now concerned that it will require too much time. Plumas began planning for their first Leadership Committee meeting in PY2, but the hired staff person resigned prior to finalizing the details. This activity is related to the goal of providing care coordination, housing and outreach/engagement in that there will be no closed door, facilitation of referrals, and seamless hand-offs to other services.

We progressed to such a degree, that by November of PY2, the SCWPCC was ready to work through the last major pieces of the project design and train staff on established procedures, protocols and the eBHS system. This training enabled the counties to work together to determine best practices, workshop challenges to find solutions, and determine pathways to ensure the collection of high-quality data. We were able to identify remaining gaps prior to beginning enrollment and care coordination. As a

Collaborative, for example, we decided on a PHQ-9 protocol. We discussed administration of the suicide tool as well among many other data connected items. This relates to all the goals of the Pilot in terms of developing a solid foundation for coordination and data capture.

Throughout this entire time, eClient management systems were being evaluated. eBHS was selected, a contract executed, and design of the system, testing and training were performed. We moved quickly knowing that we have enrollees in PY3 needing to be served and tracked. This system is fundamental to our work. It will perform the math that describes utilization, meeting our reduction goals, determining rates, and providing basic database functioning such as the ability to pull general overview reports. We triple-checked that the information was being processed as specified in the HEDIS/Pilot measures so that the information was being captured and processed to provide accurate reports. Staff will also use the reports for improvement review and PDSAs as needed. By December 31, 2017, eBHS was not sufficiently configured to accept data, so we pushed the "go live" date.

Funds were not fully expended since teams were not fully staffed. Items like training and travel have been rolled over to the next program year. However, static amounts such as Directors and facilities were expended.

V.   NARRATIVE – Delivery Infrastructure

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.

Staffing
The major Delivery challenge throughout PY2 was in recruiting and hiring staff. Although Mariposa was mostly staffed, the other two counties struggled with attracting and keeping staff in addition to working the positions through their county bureaucracies. By December, most of the teams were in place, with just three positions unfilled. Training focused on PDSAs, using the eClient management system (eBHS), care coordination and establishing workflows in preparation of working with clients.

eBHS
The eClient management system was functional but only 70% of the desired features were complete by the end of the year and no reports configured. The chosen vendor was significantly less expensive than most other competitors. Funds are rolled over into PY3 to cover needed enhancements to the system and some reallocated to incentives. The system was designed on a spreadsheet, tested and modified. Redundant categories were eliminated, and the workflow was modified. We anticipate making additional changes over time as the system is used with real participants.

Community Support
Mariposa established MOUs with all partners early in PY2. San Benito had an MOU signed with their hospital partner but struggled to get solid working relationships with other entities. Behavioral Health, for example has yet to sign an MOU with San Benito. Plumas began negotiations with hospitals in mid-PY2, but issues brought up by County Counsel prevented their execution. Contracts were in place with other providers. Extremely high turnover and empty positions have been a large barrier for San Benito and Plumas. Leadership Committee meetings began for Mariposa in PY2. Plumas has already scheduled a meeting for PY3. San Benito will be exploring other configurations for their Leadership Committee given the staffing difficulty all agencies are having in San Benito County.

Office Technology and Vehicles
Technology and the vehicles allocated in the budget were not expended due to the late hiring of staff in most of the WPC Collaborative member's positions. We anticipate expending most of this line item in PY3 with more staff in place.

VI. NARRATIVE – Incentive Payments

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.

No incentives were paid in PY2. Incentives are based on referrals (in San Benito), ED intervention (All),and participation in Care Coordination meetings (All). There were few opportunities for intervention with enrolled clients. Two were enrolled only for a few days before the end of the year. Additionally, San Benito did not have established relationships for referrals by the end of PY2.

VII. NARRATIVE – Pay for Outcome

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.

There were no Pay for Outcome payments as of the end of PY2. Only three participants had been enrolled as of the end of PY2.

VIII. STAKEHOLDER ENGAGEMENT

Stakeholder Engagement - In the text below or as an attachment to this report, 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. 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.

Mariposa held three Community Leadership meetings with their Partners.
6/20/17 (Power Point attached – no agenda)
10/3/17 (Agenda with minutes)
11/2/17 (Agenda with minutes)

The first meeting focused on introducing community partners to the program and providing them with the referral, consent and other information materials they need to implement the project. Regular attendees include John C. Fremont Hospital, Probation, Behavioral Health, Human Services, Public Health and Alliance for Community Transformations (ACT). Subsequent meetings focused on a program update, addressing barriers and improving referrals to the program. Operational items, such as whether a BAA was required, are discussed as well. Mariposa has really been using these meetings effectively to address programmatic start-up issues as well as system design issues.

Plumas and San Benito were not able to organize a meeting in PY2. Again, in both counites, key staff were hired late in PY2. Plumas County had rapid turnover with their original hire, and had to recruit, interview and hire a replacement in November 2017. San Benito hired their key staff in October and November - toward the end of PY2. Both counties did actively engage their partners at the director level prior to and during the early months of PY2. However, group meetings were not initiated in these counties since the program structure had not been fully built. It is very important to note, however, that project Leads did continue to meet with community partners one to one to build personal relationships, discuss the project and negotiate MOUs.

IX. PROGRAM ACTIVITIES

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

(1) We were able to establish a data-sharing and case management relationship with Anthem and California Health and Wellness. Staff in all three counties were able to receive lists of target population members and begin highly targeted outreach and engagement work. County staff received contact information for and met with Case Management director-level staff from the health plans to cultivate a clear line of contact.

(2) Very quickly after the Collaborative's soft launch in October, Plumas County began receiving referrals from their Probation partner. While the referrals did not result in 100% of referred individuals being enrolled, it allowed staff to evaluate the information they were providing to their partners to increase the number of qualified referrals.

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

(1) The major challenge in PY2 impacting Care Coordination has been the recruitment and retention of staffing. It is difficult to recruit skilled professionals in rural communities. Plumas attempted to recruit a staff person from a non-human service county department, who was quickly overwhelmed. In subsequent recruiting, priority was given to recruitment of social service trained staff, and the resulting staff member was familiar with the work and able to manage the less steep learning curve.

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

(1) The SCWPCC was able to rapidly create an operating entity and get MOUs and BAAs approved for data-sharing and cooperative decision-making despite longer lead times to get these documents on three Board of Supervisors agendas. Even with the change in third-party administrator, we were still able to operate and advance critical activities.

(2) The health plans have been extraordinarily helpful in identifying criteria on which to base their high utilizer lists. We made tentative meeting plans to establish a routine report-back on the status of our use of their member list, and on working out any issues that arise. By the end of 2017, we had meetings scheduled with health plan contacts.

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

(1) San Benito has had difficulty in working with their partners to share data. Insufficient organizational depth and commitment was established prior to the WPC start date. Turn over and retirements at the director level, where conversations occurred, have meant that the new Project Manger has been working "overtime" on establishing relationships and obtaining MOUs.

(2) The lead time to get MOUs and BAAs approved was lengthy. A major lesson the administrator learned is to assume everything must go before a Board and leave sufficient time in the project plan.

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

We were able to evaluate, select, contract and nearly deploy our eClient Management System (eBHS) within six months. By the end of PY2, our system was 70% complete. It still lacked some build out of custom features and reporting templates. County staff were trained on the system in November, but we were not able to "go live" by 12/31/17. Staff continued to enter information on the excel sheet until the system was live.

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

In retrospect, understanding what we needed to include in the eBHS system was our greatest challenge. This project is so complex with its advanced statistics and research requirements, it has been difficult to build out the system with all the various elements. It has been ongoing learning what constitutes the correct data points and discovering what we then need to include in the database system.

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

Fulfilling the data-sharing vision for a seemless flow of information between key service providers will be the most challenging feature to implement. Clinically, the Care Coordinators will be communicating with key service providers to decrease barriers and improve quality of care, but this is the labor intensive current model. As relationships strengthen over time and progress is realized, there may be more opportunity for automating the data integration. This could take the form of low tech Excel sheets and lists in the near-term, potentially system use by outside agencies in the mid-term, and possibly a data crosswalk (dare we dream API) once a month dump in the long-term if needed.

X.   PLAN-DO-STUDY-ACT

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.

WPC PDSA Summary

  Plumas – Staffing Change
  Plumas- Approval Method
  Plumas – Referral

  Mariposa - Data Platform
  Mariposa - WPC Crisis Protocol
  Mariposa - Referrals Call In Option

SCWPCC – Data Collection – test 1
SCWPCC – Data Collection – test 2

Mariposa and Plumas were able to begin to integrate the PDSA process into their practice. San Benito was not able to perform PDSAs until 2018. This is a work in progress, and the PDSAs reflect less familiarity with the process. In 2018, we scheduled two additional trainings to assist us in improving the PDSA process.