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

Placer County Health and Human Services
2020 Annual Narrative Report, Program Year #5
April 8, 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	☐ 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

Placer County Health and Human Services
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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.

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.

In 2020, the Placer WPC Pilot spent much of the year planning for the possibility that the program would be ending on December 31. Some staff had begun transitioning to other programs and enrollment was slowed down while we waited to hear if there would be funding in 2021. Late in the year we received word that the program would continue, and we began rebuilding the program to prepare for 2021 and beyond. There is no question that the uncertainty had a negative impact upon staff, team; members that have stayed on and new hires have been working hard to keep a positive attitude and continue providing excellent services through the uncertainty and through the effects of the pandemic.

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

Whole Person Care has been an integral part of the County's response to COVID-19. Collaborative relationships that were strengthened by WPC in the past several years have been important to multiple County divisions and community partners being able to communicate more openly and work together more effectively.

Increasing coordination and appropriate access to care

When the pandemic began, we found that there was not an effective mechanism in place to help homeless individuals with COVID-19 be discharged to a safe location after leaving the hospital. WPC volunteered to fill this void and we work together with Public Health, Adult System of Care, Human Services, and the local hospitals to provide timely essential hospital discharges for this vulnerable population.

Reducing inappropriate emergency and inpatient utilization

WPC staff receive immediate e-mail notification from our PreManage program when members go to regional hospitals. 93% of our members received a case management visit within seven days of going to the ED. Post-discharge, case managers worked to

link members to primary care, specialty care, and medical respite providers to reduce preventable ED visits.

Improving data collecting and sharing

Updating our data collection through entering data directly into Avatar continued to pay dividends by making data entry, tracking, and monitoring easier. We are now able to check on potential data issues more quickly and follow up with staff to make sure that they are entering data correctly.

Achieving quality and administrative improvement benchmarks

We have emphasized this component of the program from the beginning. Placer WPC continues to meet all benchmarks in our pay for outcomes reporting.

Increasing access to housing and supportive services

Placer County Whole Person Care added three Permanent Supportive Housing (PSH) homes in 2020 increasing the total number of beds available to program participants by 17. These homes were contracted to The Gathering Inn that runs the local homeless shelters. Adding an additional PSH provider has allowed the County to have more options in the future for PSH homes and increases the likelihood that there will be friendly competition between providers to ensure that the County is getting the best possible services.

Improving health outcomes for the WPC population

Our members continue to have improved health outcomes. Members receive support related to appointment follow-up, medication assistance, and consultation with WPC nursing staff familiar with their medical concerns. The Medical Respite program continues to see positive outcomes with 75% of individuals having improved health after their stay.

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	*	*	11	*	*	*	44

Item	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Unduplicated Total
Unduplicated Enrollees	*	*	*	*	0	*	55

*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							
Utilization 1							
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							
Utilization 1							
Service 2							
Utilization 2							

*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	$1,242.00	$120,474.00	$119,232.00	$121,716.00	$119,232.00	$113,022.00	$111,780.00	$705,456.00
MM Counts 1		97	96	98	96	91	90	568
Bundle #2	$10,666.00	*	*	*	*	*	*	$479,970.00
MM Counts 2		*	*	*	*	*	*	45
Bundle #3	$1,838.00	$204,018.00	$202,180.00	$204,018.00	$211,370.00	$207,694.00	$233,426.00	$1,262,706.00
MM Counts 3		111	110	111	115	113	127	687
Bundle #4	$2,253.00	$87,867.00	$78,855.00	$83,361.00	$83,361.00	$105,891.00	$117,156.00	$556,491.00
MM Counts 4		39	35	37	37	47	52	247

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	$1,242.00	$103,086.00	$96,876.00	$90,666.00	$91,908.00	$88,182.00	$86,940.00	$557,658.00
MM Counts 1		83	78	73	74	71	70	449
Bundle #2	$10,666.00	*	*	*	*	*	*	$469,304.00
MM Counts 2		*	*	*	*	*	*	44

Amount Claimed for Quarters 3 and 4

PMPM	Rate	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Total
Bundle #3	$1,838.00	$229,750.00	$218,722.00	$200,342.00	$189,314.00	$180,124.00	$185,638.00	$1,203,890.00
MM Counts 3		125	119	109	103	98	101	655
Bundle #4	$2,253.00	$110,397.00	$108,144.00	$92,373.00	$69,843.00	$60,831.00	$69,843.00	$511,431.00
MM Counts 4		49	48	41	31	27	31	227

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

We continued to overenroll in almost all of our bundles. Placer WPC's philosophy is that if our staff have time to provide additional services then we will open additional clients as there is tremendous need amongst these vulnerable community members.

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.

Administrative Infrastructure funds in 2020 were for the Staff Services Analyst (salary and benefits), the WPC Consultant, and indirect costs.

The Staff Services Analyst works closely with the team to ensure timely and accurate data reporting, provides data analysis and interpretation, communicates regularly with the WPC consultant, and works closely with County IT staff to develop more effective data reporting/analysis methods.

Our data consultant, IDEA Consulting, meets with the staff analyst once a week to ensure data was recorded and tracked accurately. They also communicate with the manager to assist in other administrative services. These include report preparation and conducting collaboration surveys.

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.

Delivery Infrastructure funds during this period were expended on: Care Management Tracking and Reporting Portal, IT Workgroup and Support, and Space Costs.

Our Care Management Tracking and Reporting Portal is PreManage, which is an internet-based platform from Collective Medical Technologies and is essential for us to meet our Pay for Outcome metrics as well as providing all the data needed for our universal and variant metrics.

HMIS licenses are necessary for WPC to add clients for enrollment as we utilize HMIS's "By Name List" which prioritizes persons experiencing homelessness based on vulnerability. These license charges were expended in the IT Workgroup and support line item.

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.

ASOC provides us with reports on inpatient psychiatric hospitalization, mental health treatment and diagnoses, and substance use services per quarter. ASOC has provided reports on time in 2020. Reports provided by ASOC allowed us to verify that we met goals related to WPC metrics. Payments of $16,800 have been made to ASOC in 2020.

We received one invoice from California Health and Wellness in the amount of $300 for their data that allows us to verify and meet goals related to WPC metric.

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.

Placer County elects to use the COVID-19 Alternative Payment method for Pay for Outcome payments in Program Year 5. Placer achieved 100% of our Pay for Outcomes in Program Year 4. Placer will receive 100% payment in Program year 5, in the total amount of $256,713.50 ($256,713.50 earned at Mid-Year and $256,713.50 earned at Annual).

Universal Metric- 80% of WPC members with a Serious Mental Illness (SMI) will receive a CCCC service following a discharge from a psychiatric hospital within 30 days ($18,900.00). This metric was met with 100%. All the clients received a CCCC service following a discharge from a psychiatric hospital within 30 days.

Universal Metric- 70% of WPC members will have a completed assessment and Tailored Plan of Care within 30 days of enrollment (Tailored Plan of Care is accessible to all WPC entities) ($137,185.50). This metric was met with * (*) of clients having a completed assessment and tailored plan of care within 30 days of enrollment.

Universal Metric- 70% of WPC members with a primary diagnosis of mental illness who are seen in the emergency department will have a CCCC visit within 7 days ($67,085.50). This metric was met with 93% (157/169) of clients with emergency department visits received a CCCC visit within 7 days.

Variant Metric- 70% of WPC members discharged from Index Hospital Stay who are not rehospitalized within the next 30 days ($33,542.50). This metric was met with 71% of clients (50/70) not rehospitalized within 30 days of discharge.

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.

Due to Covid-19, meetings were stopped for a short period, but many of them resumed in an online setting.

Adult System of Care (ASOC)

WPC team members meet with ASOC each week in a system collaboration meeting. We discuss shared cases, new programs, and treatment coordination. New policies and procedures are developed as needed. WPC and ASOC attend many of the same meetings and work together closely on various projects. Many of our meetings in 2020 were directly related to Covid-19 and our shared response to the pandemic.

Advocates for Mentally Ill (AMI) Housing

WPC sends two Housing Coordinators and the Housing Lead to meet with our contractor once per month to discuss housing updates and discuss programming decisions. In between these meetings, there are phone and in-person meetings with our colleagues as needed.

Anthem Blue Cross Updates

We have established collaborative monthly meetings with Anthem about data sharing and case management items. An increased focus of meetings has been reviewing the services that Placer County WPC provides and how Anthem might work with us in the future under CalAIM.

City of Roseville Housing Authority

The WPC manager, Housing Team lead, and a housing coordinator attend monthly meetings with City of Roseville Housing Authority. Multiple agencies involved with homelessness in Roseville also attend these meetings.

Chapa De Indian Health Program

WPC Supervisor and case management leads meet monthly with Nursing and administrative staff to collaborate on shared clients and discuss areas where we can assist one another in meeting client needs.

The Gathering Inn (TGI)

In the second half of 2020 we have contracted with TGI to provide two more six-bedroom homes for Permanent Supportive Housing (PSH). We met with them regularly to develop policy and collaborate on providing services. We are looking forward to having an additional PSH provider in Placer County.

HRCS (Housing Resource Council of the Sierras)

HRCS is the continuum of care for Placer and Nevada Counties. Several community partners participate in HRCS (Placer County, City of Roseville, PIRS, Stand Up Placer, AMIH, The Gathering Inn, Volunteers of America, ASOC, Sierra Foothills AIDS, Public Health, HHS Admin, and others). WPC management participates in the monthly HRCS meeting. The WPC manager and the Housing Team lead both attend HRCS data management meeting. WPC has taken a larger role in the data committee meetings at HRCS in the second half of 2020.

Medical Respite

The Program Supervisor, a Public Health Nurse, and case managers attend collaboration meetings with our medical respite provider (The Gathering Inn). Management occasionally attends meetings if contract-related issues need review.

QI Meetings

WPC Program Manager, Analyst, and Team leadership meeting at least monthly to discuss program items and review policies, procedures, and PDSAs as necessary.

Sutter Community Partners

WPC attends the monthly meeting held by Sutter Hospital. The meeting includes: The Gathering Inn, Latino Leadership Counsel, WellSpace, Whole Person Care, and Sutter staff. The focus of these meetings is to help community partners receiving funding from Sutter Health improve collaboration. During the course of our Pilot, Sutter Health has donated $2,000,000 to help us purchase housing units.

WPC Leadership Council

Placer County HHS Admin, Placer County Public Health, Placer County Human Services, Placer County Housing Authority, Placer County Adult Services, and Whole Person Care meet every month. We have greatly increased the use of data across the system to review success and look for growth opportunities in the services we provide. Community partners are invited to attend and participate as appropriate. These meetings became increasingly important in the second half of 2020 as this was the group that brainstormed solutions to the possibility that WPC would be ending in December.

VIII. PROGRAM ACTIVITIES

Care Coordination

A. Briefly describe 1-2 successes you have had with care coordination.
    1. A major success we had with care coordination was making our medical respite available for homeless individuals who were Covid-19 positive early in the pandemic. The County had not yet set up accommodations for this eventuality and the WPC staff worked late on a Friday and over the weekend to make sure that client(s) would have a place to stay and self-isolate safely. This care coordination required communication and collaboration between WPC, ASOC, Public Health, Sutter Health and ASOC to make sure that everything was done correctly.
    2. Late in the year there was a fire at an apartment complex where several WPC clients were housed. The WPC staff and AMI Housing have worked together closely to find placements and to monitor client well-being through this difficult period.

B. Briefly describe 1-2 challenges you have faced with care coordination, and lessons learned from those challenges.
    1. As part of Placer County's pandemic response, we put together a Covid risk scoring sheet based on CDC recommendations for those most at risk of serious illness/death if they contracted the disease. The next step was to have staff score individuals based on their risk factors and then those at highest risk would get into one of the Project Roomkey hotel rooms. When it came to scoring individuals and finding out what scores people had, WPC was largely cut out of that process even though we had a nurse working on the project who was much more qualified to do the scoring than anyone else involved. We were familiar enough with our members' health and the scoring sheets to know that our clients were sometimes rejected from getting a room when they likely should have been able to get a room. We were unable to get an explanation as to why this was happening and there did not seem to be anything that we could do about it. The lesson learned from this was the importance of building relationships across various entities. The individual blocking the care coordination had a long-standing relationship with those in charge of the project so they were able to convince those persons to do what they wanted to do even though it was clearly against the stated goals of the program and what was in the best interest of preventing potentially serious negative outcomes amongst some of Placer County's most vulnerable homeless residents.

Data Sharing

B. Briefly describe 1-2 successes you have had with data and information sharing.
    1. We have had increased collaboration with Human Services on sharing client information so that we can work together to check on eligibility. Although we were able to do this in the past, our new system has helped us to avoid duplicating work and has streamlined processes across teams.
    2. We brought on board a new permanent supportive housing partner during the second half of 2020. These homes were set up specifically to house WPC clients who were highest on the Continuum of Care's By Name List. We have been able to effectively share information from the By Name List with The Gathering Inn and collaborate on housing these individuals.

C. Briefly describe 1-2 challenges you have faced with data sharing, and lessons learned from those challenges.
    1. We had an issue with our data consultant where they were providing the wrong date for when assessments and treatment plans needed to be completed. Staff recognized the mistake and worked with them to provide the correct date so that our data would be accurate. The lessons learned were to always check the data our consultant provides us which is how we discovered the error and to report it to the consultant in a timely fashion.

Data Collection

B. Briefly describe 1-2 successes you have had with data collection and/or reporting.
    1. Our WPC Leadership Council has been working on collecting data from various Placer County programs in 2020. Data is collected and summarized from ASOC, Public Health, and Human Services and the team has used that information to make changes in how we provide services throughout the three divisions. Much of the focus has been on housing and on SSI/SSDI; it took several months to get on the same page about what data to collect and how to make sure that we were all looking at data in the same way. But now that we have a streamlined process we have been able to consider new ways to collaborate across divisions.

C. Briefly describe 1-2 challenges you have faced with data collection and/or reporting.
    1. The confusion over whether or not Placer WPC would continue in 2020 led many staff to look for other positions in the County. This led more turnover than would typically be expected in an established program. New staff needed to be trained on our data collection procedures and more follow-up was needed to make ensure that it was done correctly. These

difficulties were exacerbated by more of our work being done from home so training was more complicated.

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

Placer WPC has been a successful program. We have been able to meet our outcome measurements, improve collaborations in Placer County, and house over 160 people by the end of 2020. We are proud of the work that we have done and are grateful that we have been able to provide these important services to Placer County's most vulnerable residents.

Looking forward, the biggest challenge we have is the transition to CalAIM and navigating how that will change the services that we are providing. We have an exemplary collaborative partner (Anthem) who seems committed to doing all they can to make sure that the transition goes well and we appreciate their work on this. However, at this time we are still unsure of various details related to how funding will work, which clients will be covered, which clients will be grandfathered into the program, what level of services will be required, and multiple other questions that will impact how Whole Person Care looks moving beyond 2021.

We are committed to continuing to provide high quality service and we appreciate that DHCS is committed to expanding in-lieu of services to specialty populations in California that have not been able to access important care in the past. We are confident that, although there will be difficulties with a new process, that all involved have the best intentions so we fully expect that healthcare to the most vulnerable will be expanded and that our Whole Person Care program will be an important part of providing those services in Placer County.

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:

1. Administrative Q3 2020 - Comprehensive Care Plan annual assessment within 30 days of anniversary
2. Administrative Q4 2020 - Comprehensive Care Plan 30 days of CCCC entry cycle 2
3. Administrative Referral Infrastructure Semi-Annual - HDAP Phone Assessment final cycle
4. Health Outcomes Ambulatory Care Q4 2020- Emergency Department Visits
5. Administrative Data and information sharing infrastructure Semi-Annual - Team Restructure
6. Administrative case management Semi-Annual Telecommuting during COVID-19
7. Administrative Care coordination Semi-Annual AOD services during COVID-19
8. Health Outcomes Inpatient Utilization Q4 2020-Hospital readmit rates with Medical Respite Intervention
9. Health Outcomes Inpatient Utilization Q3 2020-Hospitalizations resulting in PHF stay
10. Health Outcomes Ambulatory Care Q3 2020 - Pandemic supplies and education to homeless clients & ED visits due to Covid-19