



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

Solano

Annual Report PY3

May 16, 2019

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.

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I. REPORTING INSTRUCTIONS

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

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

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

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

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II. PROGRAM STATUS OVERVIEW

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.*

The Solano Whole Person Care (WPC) pilot continues to succeed in outreach and engagement and has served 155 unduplicated clients through PY3. Solano WPC also has undergone a series of transitions related to administrative and delivery infrastructure. These changes have not adversely impacted the program's progress towards the enrollment goal but has brought awareness that more focus needs to be directed to care coordination of existing WPC participants, building capacity to implement data-driven practices, and operationalizing sustainability.

Successes

Solano WPC continues to be successful in outreach and engagement efforts. The high-utilizer list provided by Solano's Medi-Cal Managed Care plan, Partnership Health Plan of California (PHC), has been a continuous source of potential clients. Additional referrals are being solicited from the various hospital and clinic providers/partners, including NorthBay Healthcare, Solano County's primary care clinics, and La Clinica de la Raza. This has helped to reinforce partner engagement. Solano WPC is also exploring the opportunity to broaden its referral source to capture individuals being released from the jail setting.

Challenges

Changes in administrative and delivery infrastructure occurred in PY3 that resulted in Solano procuring a different primary community provider for WPC. In accordance with county purchasing guidelines, Solano issued a Request for Proposals and awarded a new contract to Bay Area Community Services (BACS) to administer WPC for the remaining three years of the pilot. For technical infrastructure, Solano has also procured a new database, Efforts to Outcome (ETO). Previously, SharePoint was to serve as the health information exchange but deemed insufficient to perform care coordination and reporting. During these transition periods, communication among partners, providers and staff, is achieved through regularly scheduled meetings, such as the Solano WPC Planning and Operations meeting and the Solano WPC Steering Committee meeting.

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Lessons Learned

An ongoing issue described from the PY2 was the service gap in mental and substance use services. With the transition of contract providers from SCBH to BACS, this area will be addressed in that BACS provides an array of behavioral health services, job development and placement, and a focus on addressing homelessness. This is offered through various solutions to include interim housing, benefit assistance, job support, and food support. For example, BACS operates a transitional housing program under Solano's Mental Health Services Act and four housing spots are reserved for Solano WPC clients. Consequently, Solano WPC will be revisiting its policies and procedures and will be updating them in alignment with new program operations. This is further described under the Administrative Infrastructure section.

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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	15	9	7	6	10	3	50

Item	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Unduplicated Total
Unduplicated Enrollees	5	6	3	8	4	0	76

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	0	0	0	0	0	0	0
Utilization 1	0	0	0	0	0	0	0
Service 2	0	0	0	0	0	0	0
Utilization 2	0	0	0	0	0	0	0

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Costs and Aggregate Utilization for Quarters 3 and 4							
FFS	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Total
Service 1	0	0	0	0	0	0	0
Utilization 1	0	0	0	0	0	0	0
Service 2	0	0	0	0	0	0	0
Utilization 2	0	0	0	0	0	0	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

Amount Claimed								
PMPM	Rate	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total
Bundle #1	\$454	\$39,498	\$43,584	\$46,762	\$46,762	\$49,940	\$50,848	\$277,394
MM Counts 1		87	96	103	103	110	112	611

Amount Counts								
PMPM	Rate	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Total
Bundle #1	\$454	\$52,210	\$36,320	\$36,774	\$40,860	\$40,860	\$39,498	\$246,522
MM Counts 1		115	80	81	90	90	87	543

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

The unduplicated enrollment count and the PMPM for the first half of 2018 was updated to reflect revisions submitted in the Enrollment and Utilization Reports. These differences were uncovered when we moved to our new case management software (ETO) and reports were revised as soon as the discrepancies were uncovered. Similarly, the PMPM tables were updated.

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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.

At the onset of the pilot, Solano Coalition for Better Health (SCBH) was selected as the primary community provider to provide WPC services. However, in accordance to county purchasing guidelines, a Request for Proposals (RFP) was issued in March 2018 for the remaining three years of WPC. An evaluation committee reviewed each RFP and in May 2018, Bay Area Community Services (BACS) was selected to replace SCBH for WPC services. BACS brings an expertise in mental health and substance service that will help to address some gaps in service. BACS commenced services beginning in August. Both SCBH and BACS operated simultaneously during a transition period between August to September.

Solano County provides oversight in the monitoring of policies and procedures through discussions from the stakeholder groups. For example, during program implementation, several policies were reviewed and updated due to feedback from the Data/Quality Improvement Committee (which includes a standing PDSA item) and Planning/Operations Committee. This communication method helps keep everyone abreast of emerging issues and determine solutions to any issues that arise.

With our new vendor, BACS, the administrative infrastructure has changed. These changes were reflected in our midyear budget adjustment request. BACS has a staffing model that is significantly different from SCBH. BACS has more licensed mental health clinicians, staff with specialized roles (including the housing and employment coordinators), and a program manager with a stronger background in data analytics. Some of the functions formerly performed by county staff have been shifted to members of the BACS team.

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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.

Case Management Software

The notable update includes the technical infrastructure change from Microsoft SharePoint to Efforts to Outcomes (ETO) to serve as the Solano WPC client database. Solano WPC originally selected Microsoft SharePoint for data information exchange about clients, but after six months of use, it became apparent that there were limitations in the ability to track metrics and it was cumbersome to access client information. An additional functionality was purchased for SharePoint but proved to be incompatible.

As a result, H&SS restarted the solicitation of product demonstrations from potential vendors and selected Efforts to Outcomes (ETO) by Social Solutions. Features include: case management/service planning, configurable dashboards, workflows, approvals, and alerts, and outcomes measurement management. Licenses have been purchased and training has been conducted for county WPC staff, BACS staff, and all partner agencies. BACS is actively using the system and we continue to work with partners to encourage their use of the system. We are actively exploring the possibility of obtaining Emergency Department discharge information for our WPC clients and feeding that data into ETO.

Housing Services

In March, SCBH was able to secure a rental house to be used for transitional housing for WPC participants. This housing stock provides residence for seven (7) WPC participants who were previously homeless or unstably housed. SCBH also has worked with community partners to provide food and clothing to clients and has initiated wellness groups in the home.

Since the transition to BACS, the housing model has changed slightly. BACS operates a transitional housing program under Solano's Mental Health Services Act and four (4) housing spots are reserved for WPC clients. BACS also employs one full-time housing coordinator who works exclusively on assisting WPC clients with housing. The housing coordinator works in conjunction with Coordinated Entry and many community partners.

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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.

**Please limit responses to 500 words*

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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.

Comprehensive Care Plan within thirty (30) days of enrollment

PY3 Goal: 92 participants or 80% enrolled

A primary responsibility under the Care Coordinator includes establishing a comprehensive care plan near the onset of client interaction. Once enrolled, procedures automatically begin with scheduling time for recurring care conferences. The WPC client is educated on the various resources such as assistance in applying for social services, social security income, and affordable housing. Solano WPC has completed 71% of the initial comprehensive care plans on time, or care plans for 57 out of the 81 clients enrolled during 2018.

At the beginning of PY3 we were meeting this goal; however, in the transition from our previous vendor to our current vendor, several care plans were completed late. Additionally, our current vendor needed several months after the point of transition to fully staff their team. Now that the transition is complete and our vendor is fully staffed, we should be able to meet this target going forward.

Housing Services

PY3/Quarter Goal: Housing is provided or obtained for at least ten (10) individuals; outside housing assistance is provided to all clients demonstrating housing instability based on multi-model assessment and care plan.

Solano WPC provides clients three (3) different levels of housing depending on the need and availability, including emergency/crisis, transitional and permanent housing. In PY3, 76 individuals were referred for housing services. Of these, 45 (61%) were provided housing. Some clients have received both emergency housing and then transitioned to permanent or transitional housing. Several clients also required multiple housing referrals during this period. Once housed, Solano WPC works closely with the client to develop housing plans, screening for public assistance programs, linkages, and creating an established rental history.

For an unduplicated count of clients provided housing, in Q1 15 clients were housed, in Q2 20 clients were housed, in Q3 nine clients were housed, and in Q4 three clients were housed.

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Substance Use Disorder (SUD) Treatment Participation

PY3 Goal: Clients enrolled and participated in SUD treatment (unduplicated); 15 cumulative or 20% eligible. A total of 11 clients were referred for substance use issues in PY3, and 10 (91%) were successfully connected to treatment services.

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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.

An update to stakeholder engagement includes BACS as the new WPC primary community provider. Solano WPC has already informed current stakeholders of the new contractor and BACS will be following the same meeting structure.

Same list reported in PY2 Annual:

- Data/Quality Improvement Committee
- WPC Steering Committee
- Planning and Operations Committee
- WPC Project Meeting

The WPC IT Committee has been discontinued as a regularly scheduled meeting but is called when needed.

Case Manager Luncheon

Solano WPC has been working on ways to build and maintain engagement with healthcare providers. In January, SCBH sponsored a case manager luncheon. This was well received by the attendees and provided an opportunity for the Care Coordinator and various Case Managers to meet and discuss best practices on client care coordination.

A training session and partner luncheon is being planned for January 2019. This will bring all of the partners together, introduce the BACS staff, cover success stories of WPC clients, and finish with a training session on ETO.

Referrals outside of PHC List

In addition to utilizing the new high-utilizer list provided by Partnership Health Plan of CA (PHC), Solano WPC will develop new referral sources. BACS has presented to several of our partner agencies to inform staff of program criteria and the referral process. They have also presented to several community groups, including the homeless roundtables hosted by a local police department.

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IX. PROGRAM ACTIVITIES

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

1. Linkage to Substance Abuse Treatment

In PY3, Solano WPC has successfully linked 91% of clients with identified substance use disorders to treatment. A significant driver of this success is the addition of a substance abuse specialist to the care team. This individual is able to focus on clients' substance use, identify the most appropriate venues for treatment, and work with clients to encourage them to utilize the linked services.

2. Graduation of WPC Participants

Success stories have been shared on several clients that have an increased sense of well-being. Highlights include:

- Utilization of PHC's transportation service to take clients to and from their medical appointments
- Clients were added on the waitlist for Section 8 housing
- Clients have applied and were approved for General Assistance/General Relief
- Clients have achieved job readiness and successfully gained employment

Clients have attended substance use sessions which are often scheduled several times a week.

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

(1) BACS and SCBH Transition Period

Solano WPC took precautions to ensure that warm-hand offs of clients occur efficiently and without an interruption in services during the change in WPC vendors. This was primarily accomplished by having the vendors operate simultaneously for two months. SCBH and BACS worked closely to carefully evaluate WPC participants that still need continued care and to graduate those who were ready. Clients with the highest acuity were transferred first and were introduced to their BACS case manager by their former SCBH staff member whenever possible.

Near the end of their contract, SCBH lost several of their key staff members, which made communication between the two vendors difficult. Additionally, BACS faced some initial difficulties in hiring that left several of their key positions vacant during this transition period. Due to the transitory nature of our WPC target population, communication was lost with some clients during this time. However, BACS was able to reconnect with many of them in the following months.

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

(1) Data Policy and Procedure

Solano WPC has drafted and finalized a policy on Data and Metrics and was shared with stakeholders. The purpose of the document was to establish structure for metrics and data collection and includes the universal and variant metrics along with point of contact related to gathering the metric. This is a step in the right direction of moving the pilot towards more data-driven practices.

(2) Data Collection

With the introduction of our case management software, ETO, we are now able to pull automated reports on most of the metrics. This made many of the policies drafted (described in the previous statement) redundant, and those will be revisited in PY4. We have found that our ETO system collects valuable information that is more accurate than what we had been working with previously. However, we continue to work with our partners to encourage their use of the system. We also continue to refine the system so that we can access the most useful information.

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

(1) Effectiveness of the High-Utilizers List – Same challenge

Initially, we assumed that all individuals on the High-Utilizer List (HUL) would meet the Pilot's target population criteria. However, we discovered this was not the case. Due to limitations in our data sharing agreement with PHC, we were unable to have the list filtered by mental health diagnoses or chronic condition diagnoses. It was common to encounter individuals with no apparent mental illness and/or no chronic physical conditions. Several individuals on the list were not chronic high-utilizers but rather people who had experienced acute injuries or illnesses (such as a car accident) that left them with high medical expenditures in the query window for the report, but not outside of that window. None of those individuals were appropriate for WPC.

Additionally, PHC is unable to provide contact information for the clients on the HUL. We have developed a work-around by sending the list to our Employment & Eligibility team and having them populate contact information, but this slows the process considerably.

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Finally, with the implementation of our new ETO system, we are able to filter out individuals on the HUL who have previously been outreached to. In the most recent distribution of the HUL, only about 60 of the 200 individuals on the list had not already been outreached to. This again reflects our need to build up referrals from our partner agencies.

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

(1) SharePoint to ETO Transition – Complete

Our Information Technology needs for Solano's Whole Person Care pilot have evolved over the course of the project. We began our data collection with Microsoft SharePoint and very quickly discovered it was not meeting our needs reporting needs as it was more of a document repository and lacked exporting features. We decided to contract with Social Solutions, Efforts to Outcomes (ETO). ETO appeared to have many of the features we desired to collect data, extract data, operationalize an electronic Release of Information (ROI), and an electronic signature function. After building the system to the workflows of our first contractor, Solano Coalition for Better Health, we underwent a formal solicitation process for a new vendor. A new vendor was selected which slowed down our implementation of ETO, as we are reviewing the workflows, processes, forms to meet the needs of our new vendor, Bay Area Community Services (BACS).

Our ETO system was fully launched in August 2018. It took considerable time to enter data from SharePoint into ETO. Because both SCBH and BACS were on board during this time, training for both entities was required and delivered. ETO allows both County WPC staff and BACS supervisors to have better visibility over the work that is being done with WPC clients. Transitioning to the new system also uncovered some gaps in enrollment reporting that was corrected in early 2019.

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

(1) Metrics/Outcome Measures

Though data collection and tracking has improved, questions still arise on whether true outcomes versus outputs are being achieved. For example, data has been provided on number of referrals, placements, appointments, and etc., but this has not been tied to individual patient outcomes as of yet. We continue to struggle with obtaining and analyzing the data that is collected and provided by PHC. They have been overwhelmed with requests from the multiple WPC pilots operating within their jurisdiction, and regrettably, the counties have been unable to coordinate their data requests amongst themselves.

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

(1) Engagement with managed care plan and hospitals - Ongoing

Though stakeholders include representatives from the local hospitals, until the Pilot demonstrates and adequate return on investment, sustainability in the program is still unclear. This would be accomplished through continuous communication of the Pilot's overarching goals, overcoming legacy obstacles, and reframing the person-centered model of health care.

2. Housing and Homelessness – Ongoing

A lack of affordable housing and homelessness continue to be significant barriers to client success. Nearly all of our WPC clients have some form of income, however, very few earn enough to be able to afford market-rate housing in our county. In 2018, the county's only homeless shelters closed. One has since reopened, but under a business model that is significantly more restrictive. To our knowledge, no WPC clients have successfully been placed there under the new model.

In addition to the typical barriers we see with housing, our WPC client base has been exceptionally difficult to support due to a lack of accessible housing in Solano County. Given our target population, many of our WPC clients have some form of limitation of their mobility. Currently, we have no respite housing nor shelters that are accessible to anyone who is wheelchair bound, on crutches, or who can't navigate stairs without assistance.

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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.

For the PY3 Annual Report, the following PDSA documents will be submitted:

- Inpatient Utilization
- Care Coordination
- Comprehensive Care Plan
- Data and Information
- Ambulatory Care
- PDSA Summary Document