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

Riverside University Health System
Annual Program Year 2
4/2/2018

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.

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.*

SUCCESSES:

The Whole Person Care (WPC) pilot has resulted in upstream identification of behavioral, physical, social (including medi-cal), housing and substance needs and linkages to services for the recently released probation population. Nearly 100% of probationers accept WPC RN screening, when offered. Many probationers have received warm hand-off referrals from screening nurses. Additionally, the RN CM has provided many hours of outreach services in order to ensure that probationers show up to appointments. The most encouraging data has been from referrals made to our Transitional Youth Program in Department of Behavioral Health. We have had many of these youth comment on how grateful they are to be referred to services that might enable them to stay out of the system moving forward.

The two RN Managers have been able to successfully clear probation background check. 5 screening RNs are going through Probation Background check. If cleared, we will have 5 RN screeners and our Nurse Managers will be able to focus exclusively on management of WPC.

WPC has also improved integration and collaboration between multiple county and community partners leading to utilization management review and to improved processes for access to services by patients/clients.

The WPC executive and partner committees meet on a monthly basis in order to discuss progress made as well as gaps in services and resulting actions taken. As a direct result of this increased communication, the detention Health care management team is also now meeting with other members in the clinic setting in order to transition individuals from incarceration who are on chronic medications, and need refills, upon release. This effort is another step to reduce inappropriate ED utilization (as a way to refill prescriptions).

WPC has found that individuals that are early released frequently leave without their discharge medication and do not have the ability to navigate the county system in order to obtain timely refills. WPC staff have worked with hospital pharmacists and physicians

in Behavioral Health and the Care Clinics to implement processes for ease of refills in these occurrences.

CHALLENGES:
The current challenge is the length of time the probation department background check is taking as well as the failure rate for background clearance. This is preventing the WPC screening nurses from being located in the probation sites in order to screen new probationers.
LESSONS LEARNED:
While we have learned that Probation Background checks have delayed our start date for WPC, we have also learned we have flexible, and willing partners who continue to assist our efforts by thinking outside the box to come up with solutions for this group. This is another demonstration of the integration and coordination that has occurred as a result of this pilot. Riverside was able to leverage the partnership and begin screening in both Indio and Riverside and we were able to enroll 155 individuals into the WPC.

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							

Item	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Unduplicated Total
Unduplicated Enrollees				*	77	*	153

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							
Utilization 1							
Service 2							
Utilization 2							

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				36	193	147	376
Utilization 1				8,604	46,127	35,153	89,864
Service 2							
Utilization 2							

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For ***Per Member Per Month (PMPM),*** please report your rate, amount claimed and member months by PMPM type. These reports should tie to your budget, invoice and utilization reports. For "Bundle #" below, use the category number as reported in your submitted Quarterly Enrollment and Utilization Report. Add rows as needed.

PMPM		Amount Claimed						
	Rate	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total
Bundle #1	$							
MM Counts 1								
Bundle #2	$							
MM Counts 2								

PMPM		Amount Claimed						
	Rate	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Total
Bundle #1	$350				*	30,800	88,550	88,550
MM Counts 1					*	88	253	253
Bundle #2	$							
MM Counts 2								

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

Waiting on background clearance for Nurses to begin screening individuals at the Probation sites. The RUHS WPC Pilot aim is to conduct screening onsite at each of the 8 Probation offices. Screening will be conducted to identify needs and a warm hand off referral will occur for all conditions identified.

An RN CM referral occurs for all clients identified to have SMI and 5 other conditions Simultaneous to the medi-cal authorization process, the RN Care Manager will begin to coordinate services, as needed.

The screening process was not able to take place during quarters 1,2, and 3 due to the long process of probation background checks. Screening began in the 4th quarter of Year 2 (calendar year 2017). The RUHS WPC Pilot began screening at the Riverside Probation site on October 1, 2017 and opened a second screening site in Indio on November 6, 2017.

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.

Administrative infrastructure consists currently of the Director of Population Health who oversees the program and provides administrative direction. The Program Coordinator was hired in February 2017 to implement and monitor the county wide program. Two Assistant Nurse Managers (ANMs) were hired in May to oversee staff nurses and office assistants and to implement the program in both the Probation sites and the Federally Qualified Medical Clinics. Three Care Manager Nurses came on board during the end of the second quarter and 4 additional Care Manager Nurses came on board in the fourth quarter. Two Screening Nurses come on board passing the cumbersome Probation background check during the 4th quarter.

The administrative team has been meeting individually with each of the stakeholders to develop in-depth details regarding outreach, warm handoffs and referral processes as well as methodology for ensuring all data points are available for reporting. The PDSA are being implemented for continuous improvement as strategy, intervention and solutions are entertained.

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.

The goal is to engage individuals who are transitioning from correctional environments to the community who have been largely invisible to the health system. Probationers have not received any early assessment of needs in the past. Due to lack of assessment upon release, there is no linkage to needed services for chronic needs and the probationer often utilizes the emergency department for routine clinic care.

The new delivery infrastructure that will be in place will allow newly released probationers to be assessed for behavioral, physical, substance, housing and social needs and will allow for an immediate warm hand off to departments that can assist with these needs.

Additionally, probationers have not routinely been assisted to access medi-cal as a method to allow health coverage, upon release. RUHS WPC personnel is working closely with Riverside County's Department of Public Services personnel to streamline the MediCal enrollment process so that those individuals who are qualified to be care coordinated by a WPC RN CM can be.

RUHS WPC Program will be at the right place at the right time to engage clients for early screening and referral. The Probation department has developed a process to identify individuals who qualify for WPC and the process to refer the client to the Registered Nurse stationed in their office for outreach and screening (see workflow).

Registered Nurses in the 8 probation sites will provide behavioral health, physical health, and social services screening to each probationer that qualifies. Improved and ongoing communication between multiple County departments and community agencies who provide services to high needs clients, is essential to the success of care in this population.

Once the individual has transitioned into Care Coordination the Complex Care (CC) RN will coordinate the care and needs of each Probationer. The CC RN will conduct ongoing coordinated case conferences for individuals with multiple needs to ensure the care that is needed is coordinated. Due to contractual and technical issues, the Wellness Map, hosted by LLU has not been implemented yet. We hope to implement use during 2018, once all concerns have been resolved.

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 incentive payments were included in RUHS WPC Pilot.

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.

RUHS Whole Person Cares Program's outreach is done at the probation sites via Registered Nurses. However, due to the lengthy background check that is required for RNs, the program was not able to begin screening until the fourth quarter: October 1 2017, after the first RN passed her Probation background check. The second site was opened November 6, 2017. As WPC RNs pass their Probation background checks, more sites will be opened. The pay for outcomes is based on a 5% decrease over baseline for decreasing avoidable admission to psychiatric and primary care hospitals and decreasing avoidable emergency department usage for both physical and behavioral health primary care needs. However, no baseline metrics have been established for these outcomes so we are not able to determine whether WPC efforts have reduced these metrics or not.

The greatest lesson learned about how we set up our WPC program is that employees who work in Probation, must clear their background check, in addition to the typical County Wide background check. This was an unknown during the planning stages of WPC. Additionally, we found that there has not been any data specific to the probation population, that has been gathered prior to the implementation of the WPC pilot.

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.

5/10/2017 Topic: Wellness map Met with Loma Linda to go over the Wellness Map contract and next steps on developing the WPC Wellness Map. Decision: Finalize contract with RUHS for the buildout
5/16/2017 Topic: Emergency Programs for Probationers with Coachella Valley Rescue Mission; Decision: referrals for WPC population for program based housing
5/22/2017 Topic: WPC & America's Job Centers; Decision: Referrals for New Beginner program
6/1/2017 Topic: Data Sharing across county departments coordinating patient services; Decision: meet with County Counsel to go over needs of sharing of information pertinent to services being provided by individual department.
6/12/2017 Topic: Transitions in Care Related to WPC; Decision: WPC nurses at Probation will be able to do warm handoff to county and community services
6/20/2017 Topic: Inmates Access to Care from Medical Clinics; Decision: normal pathway for clinic patients not meeting a WPC Nurse
7/19/2017 - Topic: Care Coordination; Decision: Met with Detention Health Care coordinators for WPC overview and discharge planning from jails.
8/3/2017 - Topic: WPC Documentation & Billing; Decision: create a billing id so bills won't drop when WPC RN sees patient at FQHC
8/8/2017 - Topic: Follow up - Referrals to DBH from WPC RN Screening Decision: DBH review Whole Person Health Score questionnaire
8/10/2017 – Topic: WPC TechCare EHR build; Decision: TechCare WPC screen build discussion
8/15/2017- Topic: MISP and WPC referrals; Decision: developed pathways for referral from WPC.
8/16/2017- Topic Housing for East County; Decision: Met with Tom Cox for CVRM referrals for WPC population for program based housing.
8/21/2017- Topic: WPC and Probation Workflow; Decision: Met with Riverside Probation Supervisor Jessica Reyes for workflow of probation from entrance of client to exit. Required check-in's per month, type of probations, assessment tool for security risk
8/22/2017 – Topic: DPSS and Whole Person Care Referral Process Meeting; Decision: train WPC personnel in C4yourself
9/5/2017 – Topic: Follow up: WPC TechCare buildout; Decision: set up a meeting with all WPC staff to go over workflow

9/11/2017 – Topic: Status of Wellness Map FHG Contracts; Decision: Contract will need to go to Riverside County Supervisor for approval
9/14/2017 – Topic: WPC workflow to Build TechCare; Decision: need to have labs in EPIC for physician to review and TechCare will not be a solution for WPC EHR needs
9/28/2017 – Topic: phone conference with Probation Decision: workflow of referral from Probation Officer to WPC Screening nurse
10/2/2017- Topic: Meeting with Path of Life for Housing program director; Decision: proper referrals for WPC clients & program overview.
10/18/2017 – Topic: WPC meeting with Probation; Decision: set up a meeting between DBH, WPC, Probation to do a walkthrough and role delineation with line staff and avoid duplication of services.
10/23/2017 - Topic: WPC referrals to Medi-Cal tracking; Decision: WPC Coordinator will provide bimonthly list of referrals to DPSS for review of Medi-Cal
10/30/2017 – Topic: Pharmacy Care Managers Transitions in Care WPC Program; Decision: nurse will contact detention health for medication refill and 800 number to request medication from hospital pharmacy 40B
11/1/2017 – Topic: Duplication of Services; Decision: step by step Walkthrough for Referrals and responsibilities for Probation, WPC, and DBH
11/20/2017 - Pathways & Access to Care for Probationers
11/29/2017 – Topic: Meeting with RUHS IT and WPC Reset Discussion: Decision: determine best EHR solution for WPC needs in documentation and reporting
12/12/2017 – Topic: WPC EHR (EPIC) build with LLU; Decision: EPIC new department questionnaire to begin the build for WPC
12/19/2017 – Topic: Active Medi-Cal Enrollment Status Workflow; Decision: Beginning enrollment
Notification of active status and Notification if a WPC client drops off Medi-Cal for 45 days or more.

IX. PROGRAM ACTIVITIES

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

(1) As a result of the relationships developed from the planning of WPC Stakeholder conversations for improved care coordination has occurred between Detention, Behavioral Health, and Medical Clinics as well as improved utilization of services provided within community agencies.

(2) WPC has enabled early identification of need and has been able to provide warm handoffs to those providing services for these needs. One important aspect is continuation of medication for chronic illness (both mental and physical health). Many conversations have been held to ensure sufficient medication availability. Causes of failure are numerous: lack of Medi-Cal coverage, lack of adequate supply at d/c from jail, early release negating attention to providing meds. Detention health has hired one new RN CM. WPC RN Managers are engaging the detention health CM in conversations about how to communicate during transitions in care between incarceration and release.

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

(1) Data sharing pathways have been challenging due to the constraints interpreted by County Counsels averse to risk. One of the lessons that we learned is to help County Counsel understand that providing information sharing is not a zero sum game in which all data has to be shared with all key partners; instead, data sharing can occur in a need to know basis using the EHR permissions to put parameters around the data that is protected by various laws protecting personal health information.

(2) Care coordination efforts have been difficult as the RN CMs get to know their resources and the appropriate contacts in each of the departments (in their specific region of the County). Lesson learned is that many silos exist currently that will need further effort to break down.

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

(1) WPC developed in conjunction with County Counsel a consent for data sharing that facilitates the exchange of information among the departments involved in care coordination. Although partners are eager to assist this group of individuals, there

remains concerns around data sharing. Individuals enrolled into WPC have BH diagnosis and SUD concerns that lead to hesitation around the ability to share without proper consent.

(2) WPC has a strong relationship with our key partners in Department of Public Social Services, Detention Health and Department of Behavioral Health that enables the Pilot to adapt to meet the needs of the program working within various legal and departmental limits. These departments are eager to assist in helping out clients.

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

(1) A lack of common Electronic Medical Record database used by all departments within the continuum of care of WPC participants has been a challenge. The data transfer is not immediate and we find that staff needs to use 2 different EHRs to be able to screen in one location and case manage in the other.

(2) Additionally, there are multiple EHR systems that will need to be tracked in order to adequately pull data needed for DHCS reporting. A population health management EHR solution is being assessed for utilization for this need.

(3) Lessons learned-having one common EHR provides much better continuity. Without a common EHR, much greater interpersonal communication is required. This depends on relationship building which we are focusing a great deal of attention to currently.

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

We have worked out combinations of paper and electronic data communication, including referrals and data gathering in order to be successful with data requirements. Our long term goal is to have an electronic method of communication for this entire process but we have encountered some IT process barriers that continue to be addressed.

f.) Briefly describe 1-2 challenges you have faced with data collection and/or reporting.
1. Due to the lengthy probation background RUHS WPC did not have any outreach/screening or enrollment until October 2017. 2. The screening process is done on paper and transferring the paper data into the electronic form in a manner that is accessible to all that are providing services has been a challenge. In addition, we are finding that due to a lack of electronic database we are juggling multiple lists for each of the metrics. Matching each individual client to the multiple lists is time consuming.

g.) Looking ahead, what do you foresee as the biggest barriers to success for the WPC Program overall?
1. The long process for Probation background check, as well as RNs failing background check impacts screening and enrollment. 2. The lack of housing available for those that will be experiencing homelessness after incarceration will be a barrier. If an enrolled probationer moves to another county, the support services put in place may be sabotaged by the physical move.

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.

Administrative: Care coordination
Administrative: Data and information sharing
Data: Universal Care Coordination via EPIC and FH care coordination tool
Comprehensive Care Plan: Q3 Sharing of Care Plan among WPC Partners
Comprehensive Care Plan: Q4 Sharing of Care Plan among WPC Partners
Impatient Utilization: Q3 Avoiding preventable Hospital Stays
Impatient Utilization: Q4Avoiding preventable Hospital Stays
Ambulatory Care: Q3 Emergency Department avoidable usage
Ambulatory Care: Q4 Emergency Department avoidable usage