



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 PY 3

06/14/2019

The following items are the required components of the Mid-Year and Annual Reports:

Component	Attachments
<p><b>1. Narrative Report</b>  <b>Submit to:</b> Whole Person Care Mailbox</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Completed Narrative report</li> <li><input type="checkbox"/> List of participant entity and/or stakeholder meetings (<i>if not written in section VIII of the narrative report template</i>)</li> </ul>
<p><b>2. Invoice</b>  <b>Submit to:</b> Whole Person Care Mailbox</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Customized invoice</li> </ul>
<p><b>3. Variant and Universal Metrics Report</b>  <b>Submit to:</b> SFTP Portal</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Completed Variant and Universal metrics report</li> </ul>
<p><b>4. Administrative Metrics Reporting (This section is for those administrative metrics not reported in #3 above - the Variant and Universal Metrics Report.)</b></p> <p><b>Note: If a Policy and Procedures document has been previously submitted and accepted, you do not need to resubmit unless it has been modified.</b></p> <p><b>Submit to:</b> Whole Person Care Mailbox</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Care coordination, case management, and referral policies and procedures, which may include <i>protocols and workflows.</i>)</li> <li><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.</li> </ul>
<p><b>5. PDSA Report</b>  <b>Submit to:</b> Whole Person Care Mailbox</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Completed WPC PDSA report</li> <li><input type="checkbox"/> Completed PDSA Summary Report</li> </ul>
<p><b>6. Certification of Lead Entity Deliverables</b>  <b>Submit with associated documents to:</b> Whole Person Care Mailbox and SFTP Portal</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Certification form</li> </ul>

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***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

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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](mailto:1115wholepersoncare@dhcs.ca.gov).

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## II. PROGRAM STATUS OVERVIEW

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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.*

### SUCCESSSES:

- More RNs were recruited and those that needed to pass Probation's background check did, allowing us to open all sites.
- East & West Regions developed monthly collaborative meetings with Case Managers from detention health, housing, Behavioral Health, and IEHP. This has enabled better communication and more coordinated access to care across the County. Multiple improvements in care coordination for complex clients have occurred as a result of these meetings.
- Staff has been active in assisting clients to access DPSS services. The persistence has resulted in growth of those referred to DPSS who actively sign up for services (including medi-cal) from ~20% at baseline to ~55% this past year.
- WPC was awarded the highest honor by the Riverside County Chief of Probation in 2018. The award was given for "dedication, influence, and outstanding service that will have a sustainable and lasting effect on Riverside County residents for years to come." WPC also has numerous success stories including access to permanent housing, employment, education, family reunification, self-sufficiency with physical and behavioral health stabilization and reduction of re-incarceration.
- RN screeners have gotten creative in identification and screening clients that don't come into the Probation office by working off Probation lists, meeting the clients in the community (resource fairs, drug court participants, etc.), and obtaining warm handoffs from the jails.
- Successfully purchased SAS, a data analytics platform which will reduce the amount of time and effort needed to compile reports from multiple sites and EHRs and increase accuracy of data submitted to DHCS.

### CHALLENGES:

- Each County Department/partner has their own electronic data record system, making it difficult to share information and pull reports for data analysis and submission. Once SAS is functional, this will improve.

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- Riverside County is very large geographical. There are some areas with limited resources and residents lack transportation, which causes access problems.
- The WPC Housing Outreach Team has had 1,045 referrals during the 2018 calendar year. However, due to the lack of follow through with this population it is difficult to get them to sign up for Medi-Cal and only half 500 have been identified as enrolled into WPC.

## LESSONS LEARNED:

- Collaboration is important to identify roles and goals and to streamline services to prevent service duplication.
- Staying client centered and focused, has allowed much better integration of care for clients benefit.
- The WPC HOT team is positioned to connect individuals that are homeless into the safety net by helping them connect with basic documentation need to apply for Medi-Cal and other social support services

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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
<b>Unduplicated Enrollees</b>	<b>91</b>	53	85	<b>74</b>	<b>130</b>	<b>212</b>	<b>646</b>

Item	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Unduplicated Total
<b>Unduplicated Enrollees</b>	<b>195</b>	<b>454</b>	<b>311</b>	<b>320</b>	<b>331</b>	<b>313</b>	<b>2,571</b>

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.

<b>Costs and Aggregate Utilization for Quarters 1 and 2</b>							
<b>FFS</b>	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total
<b>Service 1</b>	162	113	139	<b>199</b>	<b>215</b>	<b>478</b>	<b>1306</b>
<b>Utilization 1</b>	\$38,718	\$27,007	\$33,221	\$47,561	\$51,385	\$11,242	\$312,134
<b>Service 2</b>	0	0	0	0	0	0	0
<b>Utilization 2</b>	0	0	0	0	0	0	0

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<b>Costs and Aggregate Utilization for Quarters 3 and 4</b>							
<b>FFS</b>	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Total
<b>Service 1</b>	<b>447</b>	<b>1028</b>	581	950	728	696	<b>4430</b>
<b>Utilization 1 \$239</b>	106,833	245,692	138,859	227,050	173,992	166,344	1,058,770
<b>Service 2</b>	26	1	0	108	72	173	380
<b>Utilization 2 \$239</b>	6,214	239	0	26,051	17,208	,107	90,820

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

		<b>Amount Claimed</b>						
<b>PMPM</b>	Rate	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total
Bundle #1	\$350	<b>50</b>	40	40	<b>68</b>	<b>39</b>	<b>41</b>	<b>278</b>
MM Counts 1		17,500	14,000	14,000	23,800	13,650	14,350	97,300
Bundle #2		<b>4</b>	4	5	<b>15</b>	<b>14</b>	<b>17</b>	<b>59</b>
MM Counts 2	\$469	1,876	1,876	2,345	7,035	6,566	7,973	27,671

		<b>Amount Counts</b>						
<b>PMPM</b>	Rate	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Total
Bundle #1	\$\$350	<b>49</b>	43	<b>21</b>	34	26	25	<b>198</b>
MM Counts 1		17,150	15,050	7,350	11,900	9,100	8,750	
Bundle #2	\$469	13	12	<b>21</b>	<b>6</b>	0	27	<b>79</b>
MM Counts 2		6,097	5,628	9,849	2,814	0	12,663	37,051

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

The enrollment criteria to be counted into the WPC Program: Those that are screened by a WPC nurse and who have obtained Medi-Cal. However, the latter does not automatically enroll the individual into the PMPM bundle. Enrollment into the WPC PMPM bundle requires a Care Manager to enroll the individual into their case load.

In addition, a second FFS bundle for Benefits Advocacy Fee for Service was approved. The FFS bundle does not indicate enrollment into the WPC program. An individual may receive FFS (outreach) services with, or without, active Medi-Cal enrollment.

Riverside over billed by 5,054.50 due to inaccurate counting in FFS and PMPM categories. Reconciliation will take place at the 2019 midyear invoice in which moneys will be withheld to account for the overpayment.



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## IV. NARRATIVE – Administrative Infrastructure

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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.

Mid-Year report:

Administrative infrastructure consists:

- Director of Population Health who oversees the program and provides administrative direction.
- Program Coordinator implements and monitors the county wide program.
- 2 Nurse Coordinators (one in the East Region and one in the West Region) oversee staff nurses to implement the program in both the Probation sites and the Federally Qualified Medical Clinics.
- 7 Care Manager Nurses are actively employed. 1 position is in recruitment.
- 6 Screening Nurses are actively employed. 2 positions are in recruitment.
- 7 Housing Navigators in Coordinated Entry System to administer ViSPADT and outreach services. 5 positions are in recruitment

### Updates:

Due to the uncertainty of continued funding for WPC, there have been changes in employment status. Most FTEs are still in place but some have chosen to accept positions with longer term stability.

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## V. NARRATIVE – Delivery Infrastructure

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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.

Mid-Year report:

The delivery infrastructure that is in place allows newly released probationers to be screened for behavioral, physical, substance, housing, insurance and social needs and allows for an immediate warm hand off to departments that can assist with these needs. The goal is to engage individuals who are transitioning from correctional environments to the community who have been largely invisible to the health system.

RUHS WPC Program was designed to be a solution for “the right place at the right time” to engage clients for early screening and referral. WPC works closely with the Probation department and has developed a process to identify individuals that can be referred to the WPC Registered Nurse, for screening and referral, in all 9 Riverside County Probation offices.

RUHS WPC personnel continues to work closely with Riverside County’s Department of Public Services personnel to streamline the Medi-Cal enrollment process so that individuals can access medical, substance and behavioral health services and be care coordinated by a WPC RN CM.

Once the client has transitioned into Care Coordination the Complex Care (CC) RN coordinates the care and needs of each Probationer. The CC RN conducts ongoing coordinated case conferences for individuals with multiple needs to ensure the care is coordinated. The EPIC EHR is being used, has had an update that allows similar functionality to the Wellness Map. The Wellness Map will not be needed due to this.

The 7 WPC Housing Navigators in the Coordinated Entry System are working to capacity and others are being recruited. Several clients have been successful in securing housing. Especially those with complex medical and behavioral health needs.

Updates, notable trends, and highlights of achievements/progress as well as any changes since the prior report:

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The collaboration between service providers has been very successful and as a result Probation, Behavioral Health, and WPC have implemented a system in which duplication of assessment referrals have diminished considerably. The Probation Officer provides the WPC RN with information on what needed services have been identified by them and what referrals have already been made so that the RN will not duplicate the efforts. The flow of information needed for these referrals has been improved to reduce duplication and to gain efficiency.

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## VI. NARRATIVE – Incentive Payments

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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.

Warm handoff between the RUHS Detention Health Nurse and the RUHS WPC Nurse for individuals that have chronic health conditions in the jail and will need to continue access to care once released into the community have been implemented. We began this process in October 2018 as part of our efforts of upstream identification of needs and continuity in care. WPC had 38 individuals at \$200 per individual for a total of \$7,600 payable to RUHS. We have improved processes and believe we will increase this number during 2019.

DBH/FQHC follow up appointment made within 30 days of being referred by WPC to the FQHC and/or Department of Behavioral Health in order to facilitate the continuity of physical, mental health and SUD services in the community with a reimbursement rate of \$200 per individual. 1,163 referrals made for a total of \$232,600 payable to RUHS.

DPSS jail eligibility determinations: incentive payment of 100K to assist in covering the additional cost of Medi-Cal eligibility determination/barrier identification and resolution, either prior to release from jail, or to add additional eligibility technicians into probation sites.

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## VII. NARRATIVE – Pay for Outcome

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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.

Decrease Emergency Department Usage by 5% from year 1 at \$500,000.

The WPC team believes early identification of need for both transitions in care of chronic behavioral, physical and SU needs and early identification and referral for these needs should reduce unnecessary ED usage since the client will have insurance (Medi-Cal) and will have a PCP and medical home for care.

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## VIII. STAKEHOLDER ENGAGEMENT

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***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.

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1. 1/9/18- Community Corrections Partnership Executive Committee (CCPEC)
2. 4/3/18 - Community Corrections Partnership Executive Committee (CCPEC)
3. 7/9/2018 - WPC Epic Optimization: Phase 2 of WPC expansion needs
4. 7/18/2018 – WPC EPIC Expansion: documentation needs and training for the Screening and phase 2 planning for Care Management template
5. 7/23/2018 – CDCR and HIE data transfer for Parolees
6. 7/26/2018 – Behavioral Health Housing Documentation: transition from paper document to HER
7. 7/31/2018 - Behavioral Health Data Exchange from CDCR to Riverside County: Explore the data exchange capability to provide the medical record to Riverside County of Parolees coming back into the community
8. 7/31/2018 – Jail Utilization: discussion of Top 100 high utilizer for Sherriff. Individuals that keep going back to jail will be connected to WPC nurse for screening and warm handoff to appropriate departments (DPSS, Behavior Health, Physical Health, Pharmacy etc)
9. 8/8/2018 -Care Collaboration: Detention, Behavioral Health, WPC: Setting up process for transitions in care of individuals receiving care by RUHS Detention Health that are returning to the community.
10. 8/13/2018 – Manifest Medex: Continuation of discussion to transfer medical record from CDCR to Riverside County via HIE
11. 8/20/18 -Referral Process into CES in Riverside County by CDCR: develop a process for CDCR to refer into the Coordinated Entry System (Housing Outreach) for Riverside County for those individuals falling outside Probation supervision
12. 8/23/2018 – Check-In meeting for the Coordinated Correctional Health Information System Project (MX, Riverside, CDCR)
13. 8/28/2018 - Jail Utilization: discussion of Top 50 high utilizer for Sherriff. Individuals that keep going back to jail will be connected to WPC nurse for screening and warm handoff to appropriate
14. 9/6/2018 - WPC Expansion - Project Scope for Phase 2 of EPIC expansion into Care Management documentation
15. 9/10/2018 - Transitions in Care from incarceration. Workflow for providing continued care of inmates exiting the jails
16. 9/11/18- Justice System Change Initiative Executive Steering Committee Meeting (J-SCI)
17. 9/11/18 - Community Corrections Partnership Executive Committee (CCPEC)
18. 9/12/2018 - Jail Utilization cross walk of individuals already receiving care and status of engagement
19. 9/13/2018 - Data Warehousing Follow Up Meeting for SAS procurement
20. 9/25/2018 – Eligibility Tech in the jails: discussion on expediting Medi-Cal enrollment after release from incarceration.
21. 9/25/2018 – EPIC expansion of WPC: continued discussion on WPC needs in EPIC

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22. 10/2/2018 - Transitions in Care in Corrections: Discharge Planning and barriers in Care Management
23. 10/4/2018 - Coordinated Discharge System for Homeless Follow Up Meeting
24. 10/9/2018 - Whole Person Care - Quality Program Impact & Finalize Workflow Discussion for EPIC expansion
25. 10/15/2018 – Quarterly Partner Meeting: Updates to Key stake holders
26. 11/6/2018 – EPIC Care Coordination Note for Case Managers discussion
27. 11/6/18 Justice System Change Initiative Executive Steering Committee Meeting (J-SCI)
28. 11/6/18 - Community Corrections Partnership Executive Committee (CCPEC)
29. 11/29/2018 - Check-In meeting for the Coordinated Correctional Health Information System Project
30. 12/3/2018 – ELMR: discussion on documentation for WPC read only access to view patient behavioral health follow through



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## IX. PROGRAM ACTIVITIES

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

- (1) The initial conversation where clients state their most important goal(s). We then share it among the team to enhance the importance of the goal and make the efforts client centered.
- (2) Avoiding duplicate efforts by learning the roles of each partner, focusing on their expertise with the client to help them the best way possible in meeting their needs.

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

- (1) Not being able to reach client due to no way of communication via phone, e-mail, etc. We have learned that probation is the best way to contact clients because they are mandated to keep in touch. Some clients are required to check-in with Probation every day, so this helps communicate with clients.
- (2) Initially, being able to meet all partners on a monthly basis was a bit of a barrier, but both regions have been able to agree on a consistent day/time/location each month. There has been consistent representation from all partners at each meeting and membership continues to grow each month.

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

- (1) The signed consents allow us to have more conversations regarding appointments, care, and follow-up amongst partners.
- (2) We've obtained additional access and/or fine-tuned access to the varying electronic records to increase success with data sharing.

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

- (1) We have learned that warm handoffs & secure emails are the best way to communicate about clients since our multiple partners have different electronic systems. We understand the importance of having one system to easily view each other's input on the client and continue to work on a universal care plan solution. Until then, partners in BH, Detention Health and the WPC team, have view only access to each others EHRs.

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- (2) We've developed, fine-tuned, and maintained processes to meet the needs of patient documentation and data collection while planning for a system that can access, analyze, and report the needed information.

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

- (1) The close collaboration with RUHS IT has enabled the decrease of resubmission of the reports. The Quarter 4 utilization report only had 2 revisions, a reduction from Quarter 3 which had ten.
- (2) The Monthly Partner reports are being automated. Behavior Health has a more streamlined method of determining, and reporting, those who have been referred for services, and have attended and/or failed them. Detention Health RNs are providing the End of Sentence report on a daily to weekly basis to generate the warm handoff; Housing Outreach Team began documenting in the Electronic Record on November 2018.

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

- (1) Resubmission of the Utilization report has been a challenge due to the manual reporting that was needed in order to complete. The CIN lookup has been a very lengthy and arduous process due to having to go and look up each individual at the Medi-Cal website that is screened by WPC to determine enrollment.
- (2) Although the Care Managers are documenting in EPIC we don't have the ability to pull reports yet. SAS will be our solution for pulling data and providing dashboards and reports.

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

- (1) The support of Probation Staff is critical to the WPC program. The staff is relocated periodically in order to avoid burn out which results in a lot of changes at Probation. The constant moving of staff across the region requires re-education and continued process updates of Probation Staff by the WPC for continued referrals. As a result of the transition period the number of WPC referrals may decrease in some Probation Offices.

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(2) At the time when WPC Riverside was being planned the Probation department did not have data collection in place to determine the number of individuals that were reporting to their centers. In an effort to make an informed guess a tally system was put in place for two weeks to record the number of new probationers (at each of the 9 probation sites) and then an estimate was created by multiplying by 26 to equal a full year of new probation visits. The Riverside Probation department in an effort to continue to support WPC has implemented a more rigorous data collection system that accurately documents the number of new Probationers that are required to report to their centers. The number of new individuals that are predicted to be screened has drastically decreased with a projection of 4,800 instead of the 7,800 agreed to in our CAP. We are looking at other creative ways to capture more screenings including working with Riverside County Parole, who has relied on us for some months now as a result of our work with probation for this population. We anticipate opening one site in Riverside and another in the desert and may be able to open others also. Additionally, there is a DA in Riverside County who is interested in partnering with WPC to see if we can begin to screen justice involved individuals for needs when they offend rather than waiting for them to go to, and be released from jail.

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**X. PLAN-DO-STUDY-ACT**

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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.