



# Whole Person Care Update

September 2017

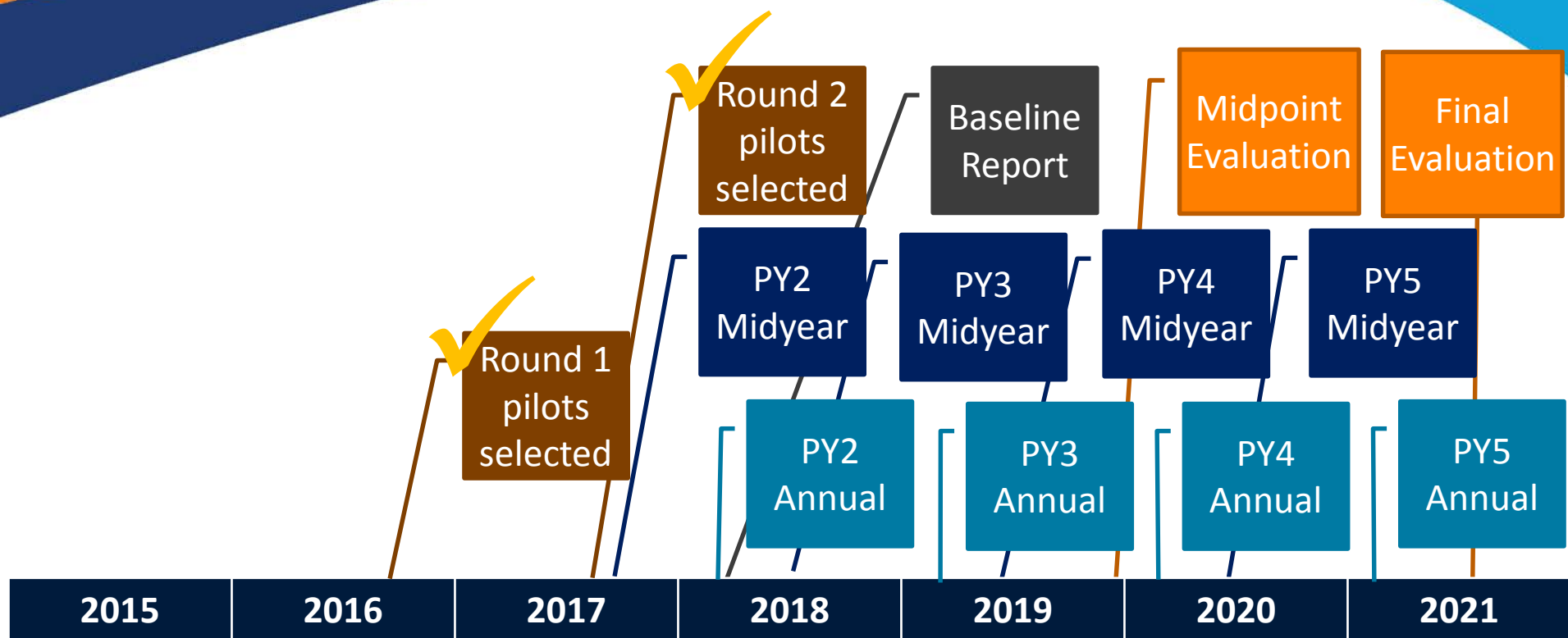
Giovanna Giuliani  
Executive Director  
California Health Care Safety Net Institute

# WPC Overview

- *Medi-Cal 2020* waiver
- 5-year, \$3 billion pilot program
- Builds cross-sector infrastructure and strengthens coordination of physical health care, behavioral health care, and social services
- Supports vulnerable, high-utilizing populations
- Addresses the *whole person* - medical, behavioral, emotional, and economic

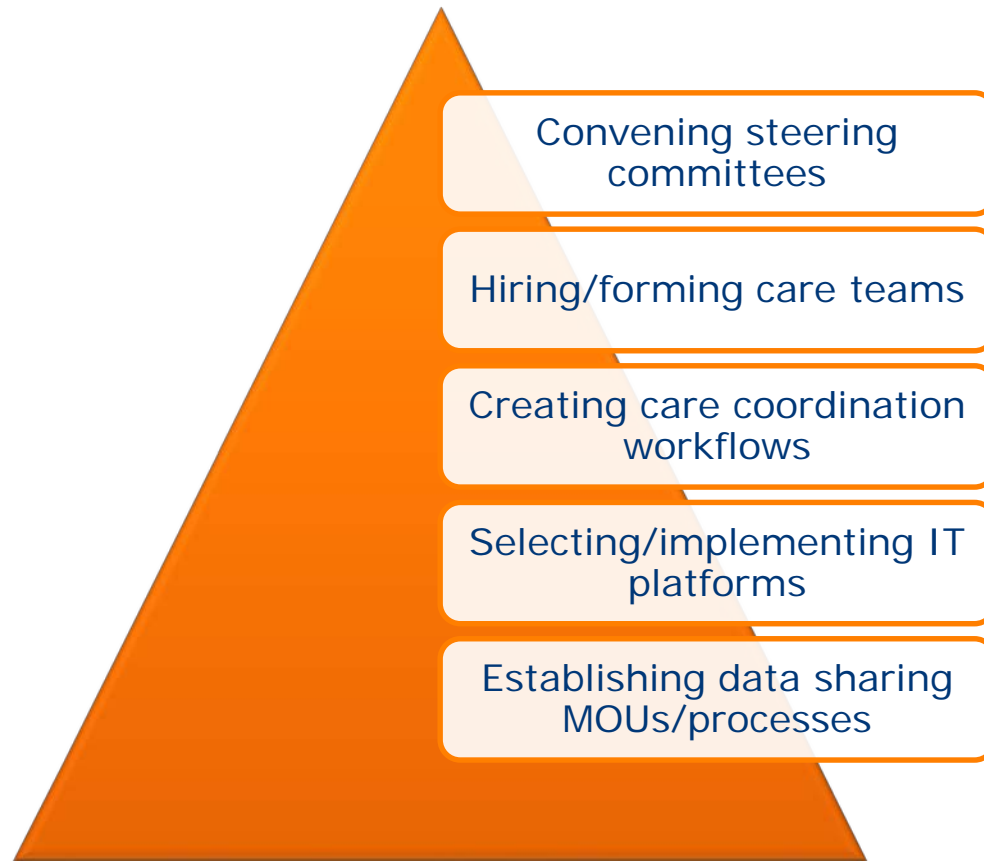


[California Taps Health Care Money to Pay for Homeless Services](#)  
(KOED report, July 2017)



**WPC = 9 more reporting periods  
2 evaluations (Midpoint & Final)**

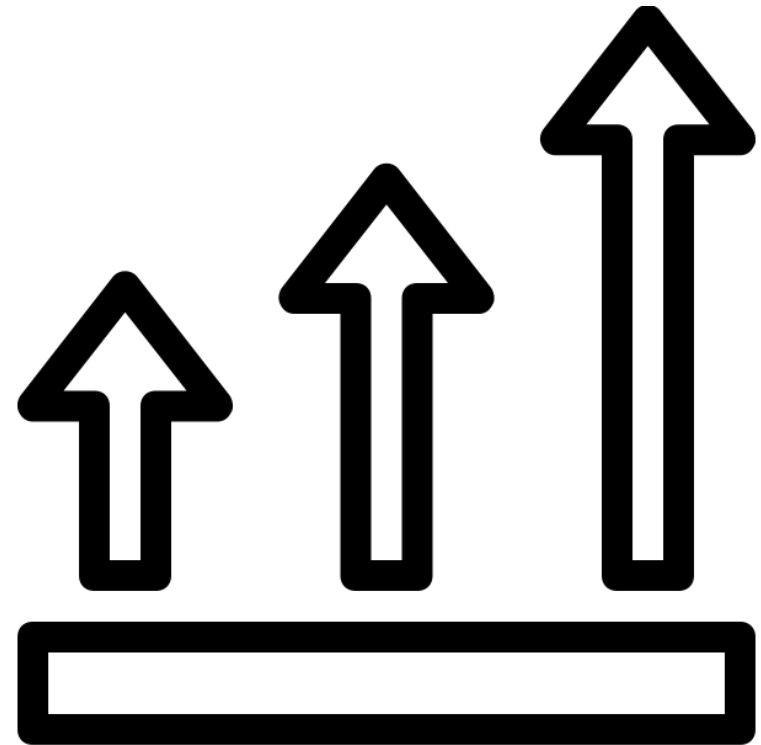
# WPC Progress



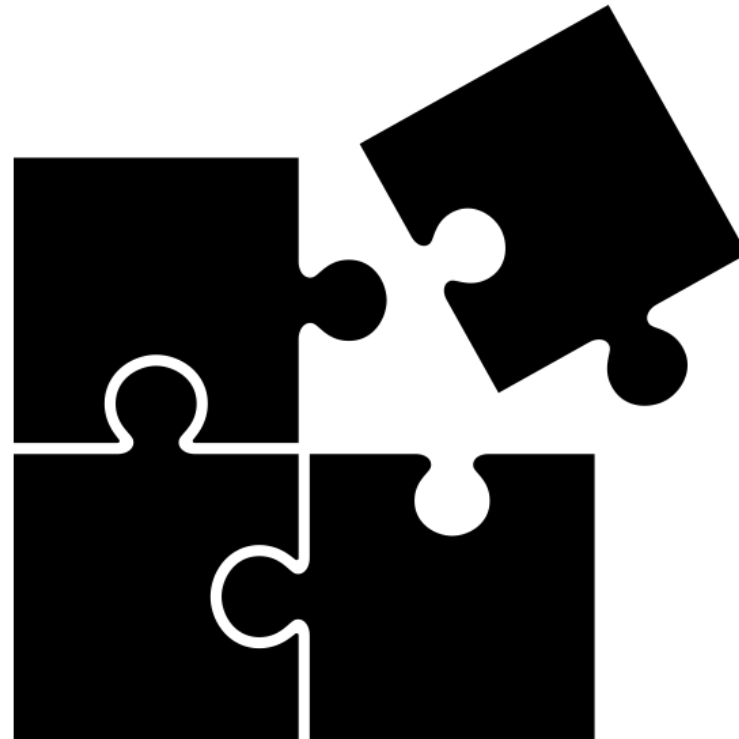
## PY2 Focus on Infrastructure Development

# WPC Progress

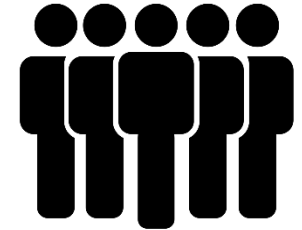
- Enrollment and service delivery have begun
  - Total enrollment of 17,000+ in May 2017
- 15 pilots approved in Round 2
  - New and legacy pilots
  - Started July 1, 2017
  - 25 WPC pilots in total
- Pilots will continue infrastructure development in PY3



# WPC Challenges and Solutions



# WPC Challenge #1: Hiring



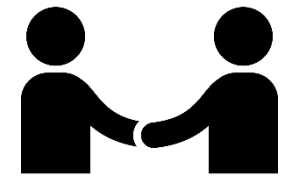
*Why is it challenging?*

- Long timeline
- Competition for talent

## Solutions

- Leverage external **staffing services** to identify candidates
- Hire **contractors**
- Clearly defined **career ladders**
- **Hiring exam** to streamline process and identify correct skillset
- **Generate publicity** for the project to stimulate interest and create potential talent pipeline
- Bring on **program participants** as peer navigation staff

# Challenge #2: Client Engagement



*Why is it challenging?*

- Transient populations with complex conditions
- Previously disengaged with health care system or pending applications

## Solutions

- **Verbal** followed by written consent
- Engaging homeless in **community**
- Engaging justice-involved individuals **upon release**
- Hiring **peer navigators** with lived experience



# Challenge #3: Data Privacy/Sharing



*Why is it challenging?*

- Sensitivity of patient information, especially for behavioral health
- Balance of protecting patient privacy with coordinating care

## Solutions

- **Behavioral Health** runs data matches and manages data warehouse
- **Hiring staff** inside Behavioral Health
- Care management systems **turn on or off sensitive data/data sharing capabilities** in real time
- Following the **State Health Information Guidance** (SHIG), developed by the California Office of Health Information Integrity (CalOHII): <http://www.chhs.ca.gov/OHII/Pages/shig.aspx>

# Challenge #4: Medi-Cal Churn



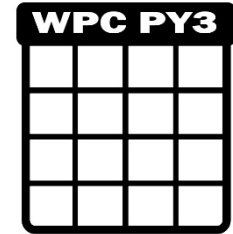
*Why is it challenging?*

- Transient populations
- Counties vary in which departments have access to Medi-Cal Eligibility Data System (MEDS) files
- Beneficiary's absence in monthly MEDS files is only indication of drop-off for third-party MEDS file users

## Solutions

- Send enrollee list to eligibility office to **cross check for redetermination**
- **Provide SSI training** to staff
- Outreach staff **combing MEDS files** and providing targeted outreach to individuals

# Looking Ahead: Program Year 3



## Continued Work

- *Physical infrastructure*
- *Technology infrastructure*
- *Incorporating data sharing solutions into workflows*
- *Continuous enrollment*

## PY3 Focus

- *Provision of care and service delivery*
- *Performance measurement and improvement*
- *Data reporting and analysis*

## Strategic Thinking

- Spread
- Support

Learn more at  
[safetynetinstitute.org/wpc](https://safetynetinstitute.org/wpc)

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