WHOLE PERSON CARE
MONTEREY COUNTY
Physical Wellness • Behavioral Health • Social Services

Report for Operational Year 2 (2018)

Coalitions, Collaboratives, & Partnerships January 2019

COUNTY OF MONTEREY
HEALTH DEPARTMENT

WHOLE PERSON CARE BACKGROUND

WPC coordinates comprehensive health, behavioral health, and social services case management to

- **Improve beneficiary health & wellness and**
- **Reduce overutilization of hospital resources**

Minimum 500 Medi-Cal and potential Medi-Cal Enrollees who are

- **Homeless/chronically homeless, and**
- **May have mental illness, and/or**
- **Chronic disease diagnoses**

WHOLE PERSON CARE BACKGROUND

WPC in effect now through December 2020

- **$34 M for five years (½ Federal Funds, ½ County Match)**
- **Working partners are Public Health, Behavioral Health, Clinic Services, DSS, CCAH, CHSP, CCCIL, FWJS, Sun Street, Interim, CRLA**

The goal beyond 2020 is for the WPC model to become the "new normal" with sustainable Medi-Cal and other government funding

WHOLE PERSON CARE BACKGROUND

Community Partners are

- **CHOMP, SVMH, Mee hospitals**
- **Clinica de Salud de Valle de Salinas**
- **Coalition of Homeless Services Providers**
- **Housing Authority**
- **Low income housing agencies and providers**
- **Low income housing developers**

WPC NEW APPROACH

Complex, comprehensive care coordination

- Interdisciplinary teams headed public health nurses
- Health, mental health, housing, and vulnerability assessments
- Health & services appointment navigation and transportation
- Individual health care plans
- Warm hand-off referrals
- Housing and housing support services
- Crisis support, substance use treatment, life skills, tenant education & coaching, paths to employment

NEW FACILITIES & PROGRAMS

Facilities

- 8-bed, 24/7 Sobering Center opened December 2017
- 88 apartments at 21 Soledad Street: WPC funding case managers
- 47 apartments in Marina: WPC funding case managers

Programs

- Comprehensive health/housing/social services case management
- Rapid Rehousing & 12 months housing sustainability supports
- Augment Mobile Crisis Team
- Medical-Legal Partnership
- Housing Access Specialist contract
- Telehealth Kiosks

NEW SYSTEMS IMPLEMENTATION

Integrated IT systems to share health data among hospitals, clinics, and service providers

- Electronic master person index data sharing between hospitals
- Patient case management system data sharing between hospitals, clinics, and public health nurses

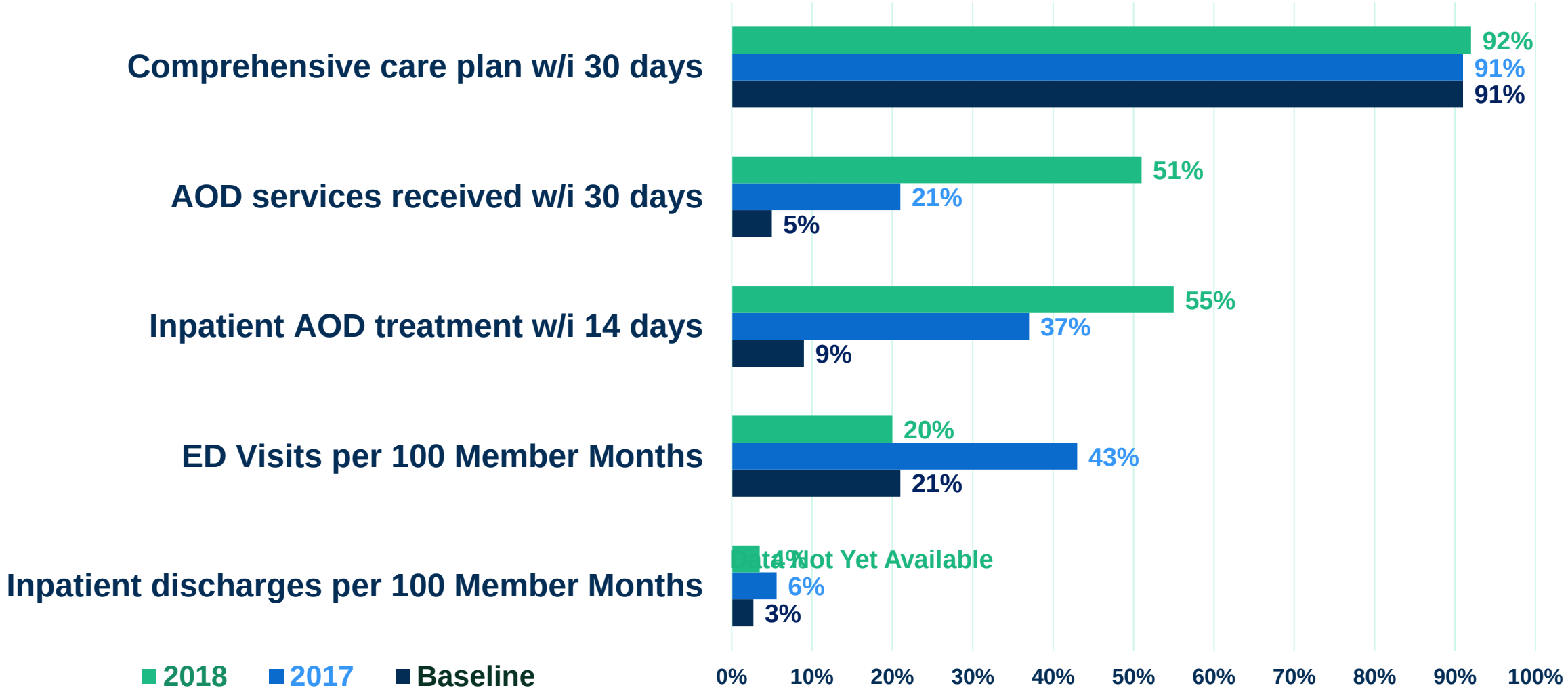
ENROLLMENT OUTCOMES

	2017	2018	Total
Referrals received	276	486	762
Referrals vetted for eligibility	270	146	416
All Enrollees including dropped & deceased	48	87	134

Current pipeline to find potential enrollees as of 12/31/18	87

Challenges: service provision is subject to staffing levels. Vetted referrals (potential enrollees) may be difficult to locate.

UTILIZATION OUTCOMES



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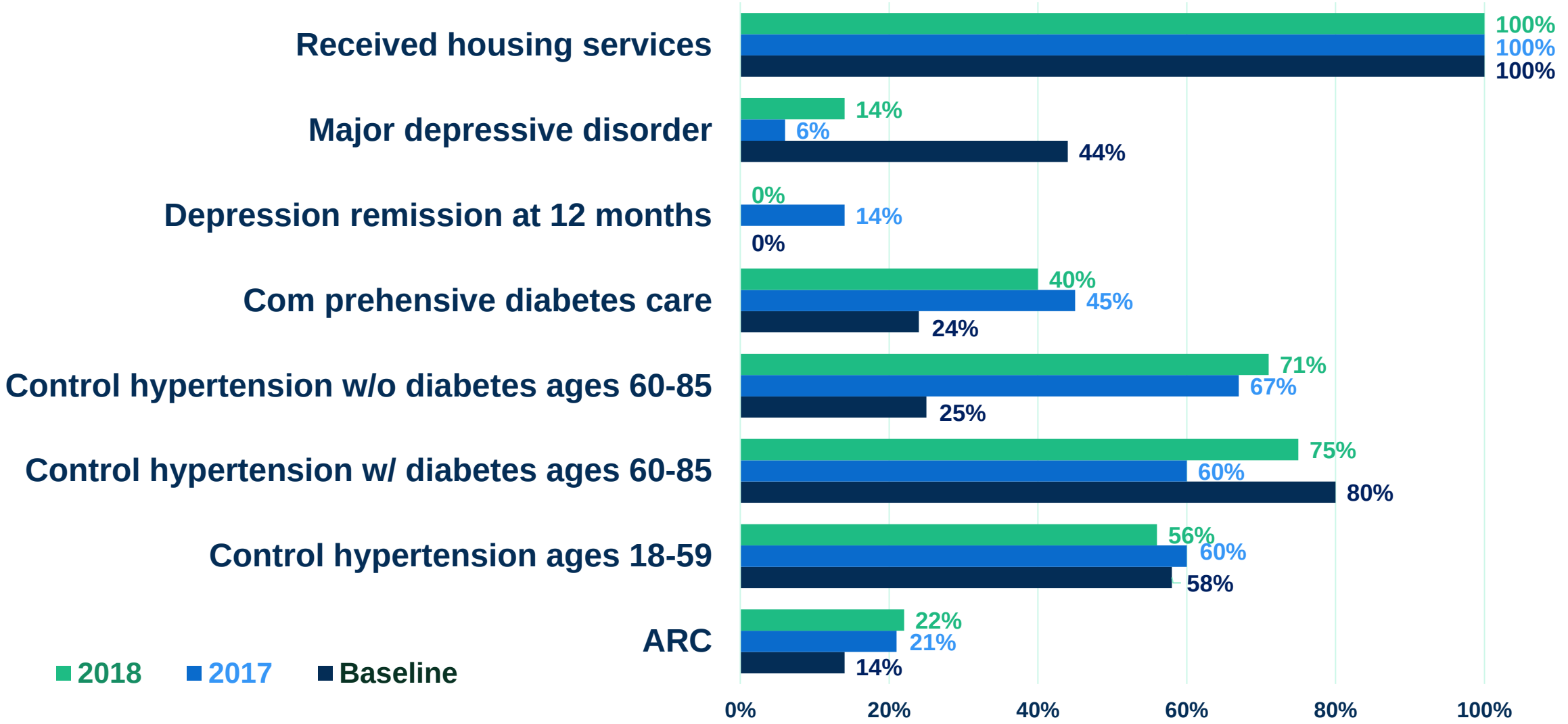

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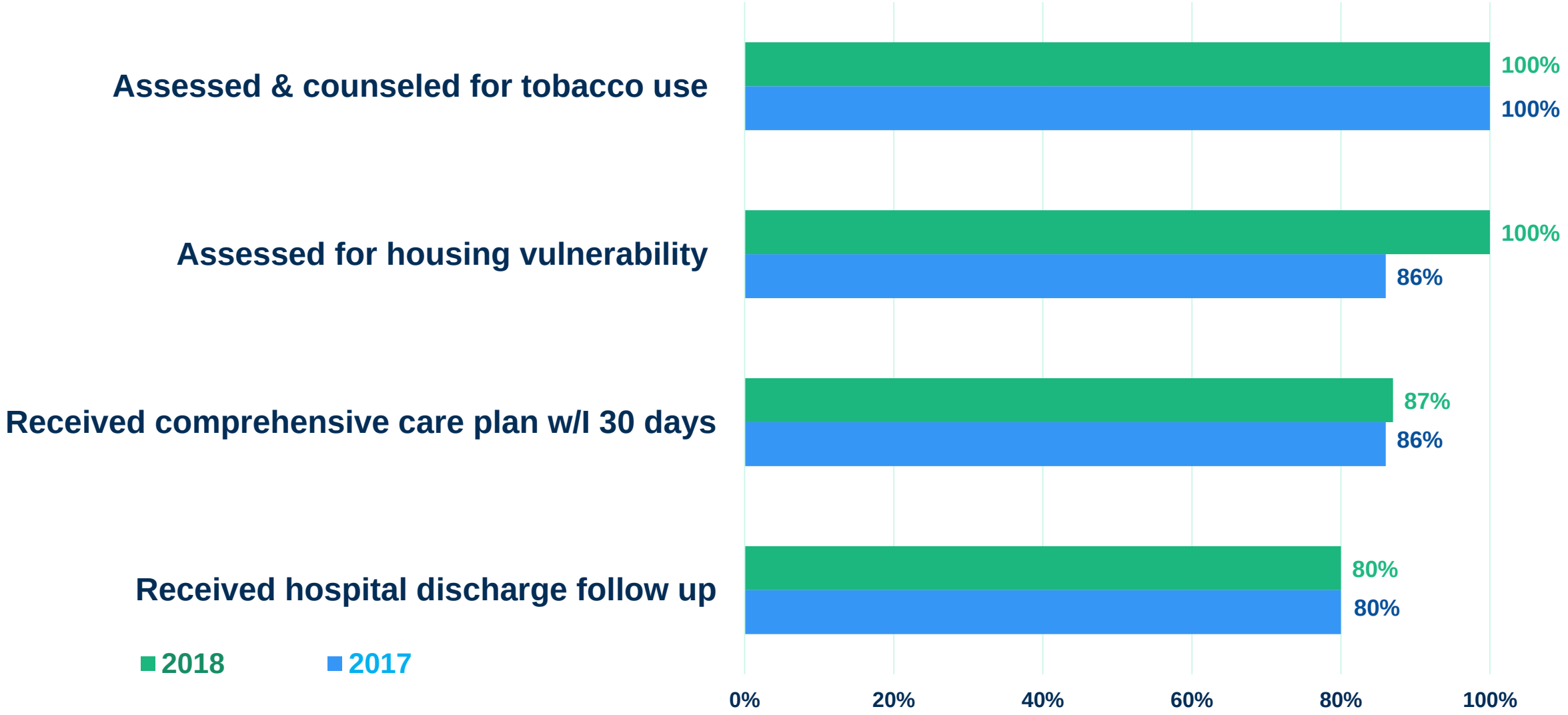


2018 ENROLLMENT OUTCOMES

Total enrolled in 2018	**87**
Active caseload as of 12/31/18	**51**
CSUMB Learning Center services	**1,131**
FWJS Outreach services	**4,237**
Sobering Center clients	**225**
Rapid Rehousing clients	**122**

HEALTH OUTCOMES

Controlled Blood Pressure <140/90

2016 Baseline	2017 Data	2018 Data
58% (7/12 pts)	60% (9/15 pts)	56% (10/18)

Controlled Diabetes <8.0%

2016 Baseline	2017 Data	2018 Data
24% (4/17 pts)	45% (5/11 pts)	40% (6/15)

Suicide Risk Assessment

2016 Baseline	2017 Data	2018 Data
44% (4/9 pts)	6% (1/17 pts)	17% (6/36)

HEALTH OUTCOMES

All Cause Readmissions within 30 Days

2016 Baseline	2017 Data	2018 Data
14% (3/32)	45% (5/11)	22 (7/32)

ED Visits (#)

2016 Baseline	2017 Data	2018 Data
237	124	144

Inpatient Utilization (#)

2016 Baseline	2017 Data	2018 Data
31	16	25

SUCCESS STORY 1

70-year old person had been homeless for 30 years. The person suffered from multiple chronic diseases that lead to over-use of CHOMP's Emergency Department.

Since WPC program enrollment in October 2017, the enrollee has had no ED visits, has been assigned to a primary care provider, has received a full range of health related services from the WPC Public Health Nurse case management team and partners, and has obtained housing at a board and care facility.

SUCCESS STORY 2

73-year old person had recently became homeless and was referred to WPC by an emergency department that the person was frequenting as a place of shelter. The person suffered from multiple chronic illnesses.

Since WPC program enrollment in August 2017, the enrollee has been assigned to a primary care provider and no longer seeks care at the ED. The WPC Public Health Nurse case management team helped the enrollee find housing at a board and care facility and assigned them an in-home health support (IHHS) worker at 70 hours a month to help with a wide variety of activities of daily living.

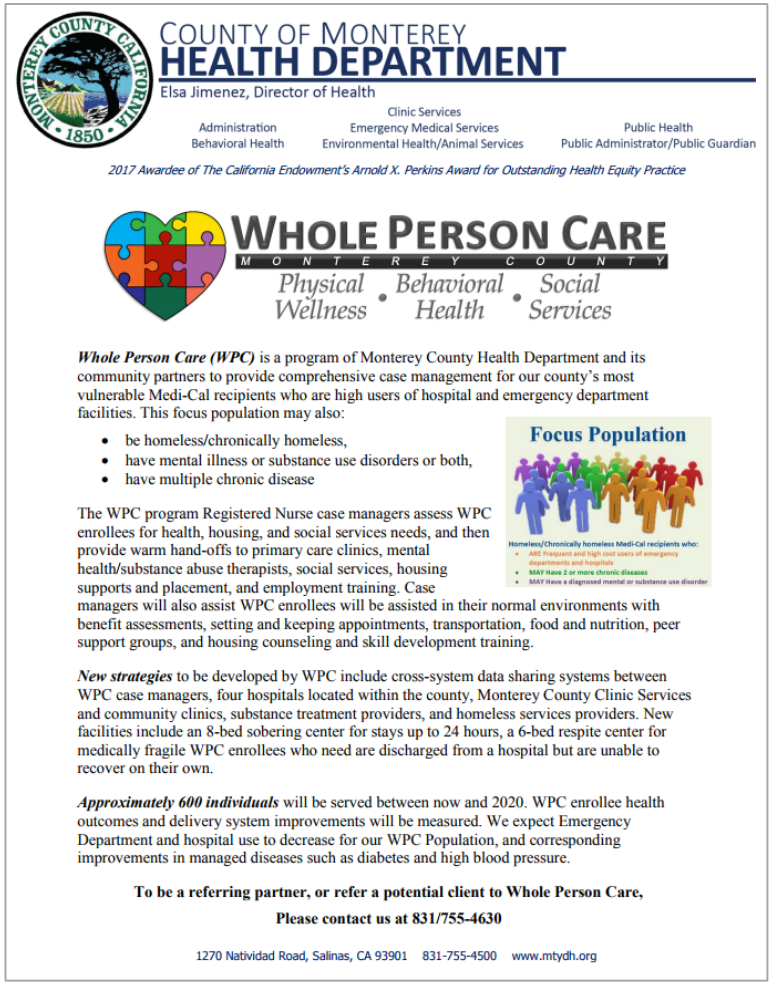
SUCCESS STORY 3

A person had been homeless off and on for about 30 years, had served 3 prison terms, had been a victim of sexual and physical abuse, was malnourished, is wheelchair bound, and has a mental health diagnosis.

Since WPC program enrollment in July 2017, the enrollee was placed in assisted living. The WPC Public Health Nurse case management team continues to work with this enrollee to address substance dependency. The enrollee said the WPC experience was “the first time people have showed kindness to me in a very long while.”

WEBSITE MATERIALS

- 1-Page Description (English, Spanish)
- Referral Form (English, Spanish)
- Social Clinical Workgroup Contacts
- Social Clinical Meeting Schedule
- PowerPoint presentations
- State Contract and Reports
- Success Stories



COUNTY OF MONTEREY
HEALTH DEPARTMENT
Elsa Jimenez, Director of Health

Administration
Behavioral Health
Clinic Services
Emergency Medical Services
Environmental Health/Animal Services
Public Health
Public Administrator/Public Guardian

2017 Awardee of The California Endowment's Arnold X. Perkins Award for Outstanding Health Equity Practice

WHOLE PERSON CARE
MONTEREY COUNTY
Physical Wellness • Behavioral Health • Social Services

Whole Person Care (WPC) is a program of Monterey County Health Department and its community partners to provide comprehensive case management for our county's most vulnerable Medi-Cal recipients who are high users of hospital and emergency department facilities. This focus population may also:

- be homeless/chronically homeless,
- have mental illness or substance use disorders or both,
- have multiple chronic disease

Focus Population

Homeless/Chronically homeless Medi-Cal recipients who:
- ARE Frequent and high cost users of emergency departments and hospitals
- MAY Have 2 or more chronic diseases
- MAY Have a diagnosed mental or substance use disorder

The WPC program Registered Nurse case managers assess WPC enrollees for health, housing, and social services needs, and then provide warm hand-offs to primary care clinics, mental health/substance abuse therapists, social services, housing supports and placement, and employment training. Case managers will also assist WPC enrollees will be assisted in their normal environments with benefit assessments, setting and keeping appointments, transportation, food and nutrition, peer support groups, and housing counseling and skill development training.

New strategies to be developed by WPC include cross-system data sharing systems between WPC case managers, four hospitals located within the county, Monterey County Clinic Services and community clinics, substance treatment providers, and homeless services providers. New facilities include an 8-bed sobering center for stays up to 24 hours, a 6-bed respite center for medically fragile WPC enrollees who need are discharged from a hospital but are unable to recover on their own.

Approximately 600 individuals will be served between now and 2020. WPC enrollee health outcomes and delivery system improvements will be measured. We expect Emergency Department and hospital use to decrease for our WPC Population, and corresponding improvements in managed diseases such as diabetes and high blood pressure.

To be a referring partner, or refer a potential client to Whole Person Care,
Please contact us at 831/755-4630

1270 Natividad Road, Salinas, CA 93901 831-755-4500 www.mtydh.org

http://www.co.monterey.ca.us/government/departments-a-h/health/public-health/whole-person-care

THANK YOU

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MONTEREY COUNTY
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http://www.co.monterey.ca.us/government/departments-a-h/health/public-health/whole-person-care

CA Department of Health Care Services

http://www.dhcs.ca.gov/services/Pages/WholePersonCarePilots.aspx