



Whole Person Care Pilot Application

Submitted by
County of Orange
Health Care Agency

Legacy Application: July 1, 2016

WPC Pilot Expansion Application: March 1, 2017

WPC Pilot Additional Funding Proposal: April 5, 2019-REV1

April 16, 2019 REV2

May 31, 2019 REV3

Section 1: WPC Lead Entity and Participating Entity Information

1.1 Whole Person Care Pilot Lead Entity and Contact Person

Information Requested:	Organizational Information Provided
Organization Name:	County of Orange, Health Care Agency
Type of Entity:	County
Contact Person:	Melissa Tober-Beers
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Section 2: WPC Lead Entity and Participating Entity Information

2.1 Geographic Area, Community and Target Population Needs

Orange County is 798 square miles, with 42 miles of coastline and is predominantly urban with a population of just over 3.1 million. Orange County will implement the WPC Pilot throughout Orange County and will target full-scope Medi-Cal beneficiaries who are homeless; and will place an emphasis on Medi-Cal beneficiaries who are seriously mentally ill, including those who may also be homeless or at risk of homelessness.

This request for additional available WPC funding will expand some of the existing services as discussed below and will also include adding focused services for certain subsets of the homeless population such as those recently released from jail with medical needs.

Orange County is currently evaluating the services under the existing pilot, identified additional areas of need, and is proposing only those services that can be provided in a meaningful and impactful way over the remaining term of the WPC Pilot (July 1, 2019 through December 31, 2020). The Orange County WPC Pilot also looked at this as an opportunity to align some of the WPC Pilot services with similar services being offered under the Health Home Program as they relate to person struggling with homelessness with the goal of a seamless transition of care for those that qualify for both programs.

Overall Approach

Orange County's WPC Pilot is a multiple access approach to addressing the needs of the homeless population, particularly for those who also have mental illness, through increased connectivity and data sharing with the aim to create a seamless continuum of care and services that minimizes the effort and time required by the individual to more effectively have their needs met for basic necessities such as, but not limited to, food, shelter, medical care, mental health treatment, substance abuse treatment, and/or assistance in accessing and/or applying for benefits . The access points are:

- Hospital emergency rooms (ERs)
- Community Clinics and other community providers
- On the street
- County's Behavioral Health Services programs.
- Civic Center Courtyard
- Year-round homeless multi-service and drop-in centers.

Following a lawsuit filed on behalf of persons being cleared from the Santa Ana Riverbed in Orange County, and a directive from a U.S. District Court Judge to all Orange County cities, (except Santa Ana in which the only low barrier shelter for the County was housed), a number of Orange County cities have been opening homeless shelters across the County, with five opening this past year. Accordingly, these shelters are now also access points to the WPC Program.

2.2 Target Population(s)

The Orange County WPC will continue to target those persons experiencing homelessness. In addition to targeted programs for those that are also living with Serious Mental Illness (SMI), Orange County's WPC is proposing to add those persons who will experience homelessness upon release from county jail, who may also have concurrent mental health and/or substance use disorders. Orange County has implemented two programs that are funded with Mental Health Services Act and Prop 47 Grant dollars that will benefit by collaborating with the WPC Pilot to provide a broader continuum of care for these clients. Additionally, Orange County is proposing to target persons who have mental health and/or substance use disorders, who have been placed in permanent housing, but who are a high risk of failing their housing placement and becoming homeless. Unduplicated enrollees estimated to be served if additional funding for WPC Services through this expanded application, including the addition of this new target population, is discussed below.

1. Homeless Beneficiaries:

Estimates of Unduplicated Enrollees to be Served:

- One additional hospital and two additional community clinics are proposing to fund additional homeless outreach and navigation services. Program Year 4 is a start-up year, is estimated to provide services to an additional 666 unduplicated clients.
- The existing WPC Pilot includes Housing Navigation and sustainability services specifically targeted to persons who are also living with Serious Mental Illness (SMI). Orange County's Behavioral Health Services (BHS) does a wonderful job in coordinating with the Housing Authorities, accessing their clients' status in the Coordinated Entry System, aiding clients in becoming housing ready, providing housing navigation for WPC enrollees, and in aiding them in maintaining their housing through a myriad of housing sustainability services, including peer mentoring also for WPC enrollees. Unfortunately, for those clients who are not SMI, an equally coordinated system in Orange County does not appear to exist. Since housing navigation and housing sustainability are also requirements of the Health Homes Program for homeless individuals, the Orange County WPC Pilot is proposing to include these services for non-SMI beneficiaries and will be partnering with CalOptima to ensure that services are consistent with the requirements of Health Homes. When the Orange County Health Homes Program commences on January 1, 2020, the WPC expects that it will continue to provide services to those persons who are homeless, but may not meet the other criteria to be eligible for Health Homes. We anticipate reaching an additional 120 unduplicated enrollees through these efforts.
- Orange County believed it was fortunate that a provider able to work with clients needing assistance with their Activities of Daily Living (ADLs) had responded to its Request for Applications for recuperative care services. Unfortunately, their lack of experience with those that have been chronically homeless, and may also have concurrent behavioral health issues, resulted in what was hoped to be a temporary stop on referrals. This facility has closed and other similar providers are not interested in providing these services. The current group of recuperative care providers under contract with the County are unable to take these clients. It has reached a point that the number of beneficiaries needing recuperative care and assistance with ADL's, but not requiring skilled nursing level services, is just too great to ignore or wait for the perfect provider to express interest.

Using the additional funds being made available for the WPC Program, Orange County is proposing to partner with one of current recuperative care providers to work with our

Managed Care Plan on development of a recuperative care program focused on those needing assistance with ADLs. We are proposing to pilot approximately 10 beds for this specific population, depending on need. Orange County's current recuperative care length of stay averages 35 to 45 days; however, clients that are wheelchair bound may have additional medical needs that require a longer stay, but not more than the 90 days allowed by WPC guidelines. As a result, we anticipate being able to provide services to an additional 90 unduplicated clients.

Seriously Mentally Ill (SMI) and SMI Homeless Beneficiaries:

Estimates of Unduplicated Enrollees to be Served:

- As various communities of homeless populations are evacuated from riverbeds, parks, and other encampments move into newly established shelters and are linked to WPC services such as recuperative care, the WPC Participating Entities have increasingly noted that a number of these WPC enrollees are exhibiting behavioral health symptoms that preclude them from successfully participating in shelters, recuperative care, or housing. Of particular concern are those clients that have concurrent medical issues requiring recuperative care, but are not able to be managed in the standard recuperative care setting. The unfortunate result is they often leave shelter and/or recuperative care, and their medical conditions worsen.

Using the additional funds being made available for the WPC Program, Orange County is proposing to partner with one of our FQHCs and local homeless provider for a BHS focused recuperative care program. All referrals into recuperative care will still require a concurrent medical justification; however, services will also include life skills, coaching and counseling to better enable the enrollee to successfully integrate into more crowded and hectic congregate settings such as shelters. This not only will help ensure maintenance of the enrollees' overall health, but will also make them more likely to agree to and succeed in housing placement. Participants will be referred directly from the shelters and/streets before entering shelters by BHS Outreach & Engagement. The site for the BHS focused recuperative care can accommodate up to 20 beds. Orange County's current recuperative care length of stay averages 35 to 45 days. We anticipate being able to provide services to an additional 240 unduplicated clients.

- In the current WPC Pilot, housing navigators and housing sustainability services are funding for persons who are homeless and also living with SMI. As a condition of agreeing to work with a housing navigator, WPC enrollees are required to enroll in housing sustainability services for up to six months to ensure that the beneficiaries transition to, adjust to, and sustain their permanent housing placement. Orange County

is encouraged that of the 88 total beneficiaries enrolled in housing sustainability services, 35 are currently receiving services and 46 beneficiaries have graduated, meaning they have maintained their housing placement for six months and have been determined to have the ongoing ability to continue to maintain their placement. There were seven beneficiaries that were not able to successfully maintain their placement, representing a 92% success rate for all enrollees to date, and an 84% success rate for all graduates.

Based on this success, Orange County is proposing to extend intensive housing sustainability and supportive services to all SMI/SUD beneficiaries recently housed or pending placement in housing, but have not been working with a WPC navigator. This supportive services model is tailored to the level, intensity, and type of intervention to meet the strengths and needs of the targeted population, acknowledging the environmental factors that affect a beneficiary's wellbeing and housing stability, including trauma. This program will provide a community-based system of care in order to deliver seamless, integrated, and coordinated services to this target population. The vision of this model is to provide individualized care coordination services, and other supportive services, which utilizes best practices to improve housing stability and retention for individuals living in permanent housing. We anticipate being able to provide services to an additional 350 unduplicated enrollees.

Jail Release Homeless Beneficiaries:

Estimates of Unduplicated Enrollees to be Served:

As a result of other grant opportunities, the Orange County Sheriff's Department, Social Services Agency (SSA), and the Health Care Agency (HCA) have been partnering to ensure that persons released from jail are enrolled in Medi-Cal and linked to other benefits managed by SSA such as General Relief, CalWORKS, and CalFresh. The Sheriff's Department contracts with the Orange County Health Care Agency to provide Correctional Health Services (CHS) within the jail. CHS staff currently partners with Behavioral Health Services (BHS) staff to aid in providing services to persons who are SMI and/or SUD. Both CHS and BHS staff have recently reached out to the WPC Program for assistance in linking those inmates being released from the jail, but who are medical fragile and homeless, and may also be have SMI/SUD co-occurring issues to WPC Services.

Using the additional funds available for the WPC Pilot, and the Orange County WPC Pilot is proposing to collaborate with both CHS providing intensive "in-reach" services within the jail, as well as BHS for linkages to SMI/SUD services. Orange County is proposing to provide jail release recuperative care services and for referrals from both CHS and BHS for beneficiaries being

released from county jail and needing continued medical monitoring while linking with primary care provider, linking to other WPC services, following through with Social Services and re-establishing back into the community, including acceptance at shelters. We are proposing to pilot three jail release recuperative care program:

- Jail Release General Recuperative Care: 5 to 10 beds for beneficiaries released from jail that do meet the criteria for linkage with Behavioral Health Services. Orange County's current recuperative care length of stay averages 35 to 45 days. We anticipate being able to provide services to an additional 70 to 90 unduplicated clients in this program depending on the level of funding received.
- Jail Release Mild to Moderate Mental Illness/SUD Recuperative Care: 5 to 10 beds for beneficiaries released from jail are not diagnoses as having a serious mental illness, but have mild to moderate mental health symptoms in conjunction with substance use. We anticipate being able to provide services to an additional 70 to 90 unduplicated clients in this program depending on the level of funding received.
- CHS Jail to Community Re-Entry: This program is targeted to those that are SMI and includes both intensive "in-reach" services while the beneficiary is detained in the county jail as well as facilitating access to an array of services upon release, which may include recuperative care specifically designed for this population. This program will offer intensive mental health case management aimed at bridging the gap between mental health services provided while in custody and the treatment and support services needed upon release from custody. We anticipate providing services to up to 1,600 unduplicated beneficiaries and providing up to 20 recuperative care beds depending on need.

Target Population(s)	PY 2	PY 3	PY 4	PY 5	Total
Homeless - Current	1,100	2,370	2,295	2,295	8,060
Homeless – (w/2019 Funding)	1,100	2,370	2,587	2,879	8,936
<i>Hospitals/Clinics</i>	1,100	2,220	2,220	2,220	7,760
<i>Drop-In/Multi Service</i>	0	150	75	75	300
<i>Hospitals/Clinics (2019 Funding)</i>	0	0	222	444	666
<i>Housing Navigators – Non-BHS Linked</i>	0	0	20	40	60
<i>Housing Sustainability - Non-BHS Linked</i>	0	0	20	40	60
<i>ADL Focused Recuperative Care</i>			30	60	90
SMI Homeless - Current	145	366	366	366	1,243
SMI Homeless (w/2019 Funding)	145	366	601	841	1,953
<i>Housing Navigator</i>	0	76	76	76	228
<i>Housing Sustainability</i>	115	230	230	230	805
<i>Drop-In/Multi-Service</i>	30	60	60	60	210
<i>Housing Navigators – BHS Expansion</i>	0	0	20	40	60
<i>Housing Sustainability - BHS Expansion</i>	0	0	20	40	60
<i>Shelter Referrals to BHS Recuperative Care</i>	0	0	80	160	240
<i>Intensive Housing Supportive Services</i>			117	233	350
Jail Release Homeless (2019 Funding)	0	0	823 - 830	847 - 860	1670 - 1690
<i>Jail Release Recuperative Care</i>	0	0	23 - 30	47 - 60	70 - 90
<i>Jail Release Recuperative Care –BHS/SUD</i>	0	0	23 - 30	47 - 60	70 - 90
<i>Jail to Community Re-Entry In-Reach</i>	0	0	400	800	1200
Total - Current	1,245	2,736	2,661	2,661	9,303
Total (w/2019 Funding)	1,245	2,736	3,613- 3,620	4,565 – 4,578	12,159 – 12,179
Increase	0	0	952 – 959	1,904 – 1,917	2,856 – 2,876

Shaded rows above reflect the additional number of unduplicated beneficiaries that are projected receive services as a result of this 2019 expanded funding opportunity, if all proposed services are funded. This represents reaching an additional 2,876 unduplicated individuals. The total number of members to be served during the term of the WPC Pilot, between both populations, will increase to 12,179.

Section 3: Services, Interventions, Care Coordination, and Data Sharing

3.1 Services, Interventions, and Care Coordination

Homeless Beneficiary Population:

Orange County's WPC Pilot is a multiple access point approach, with each access level addressing the needs of the homeless population. With the proposed addition persons being detained in the county jail to the WPC Pilot, the county jail has been added under the first access point.

First Access Point:

Safety Net Connect:

Safety Net Connect is the developer of WPC Connect which went live in November, 2018 and is Orange County's electronic shared care coordination system for WPC enrollees.

A number of enhancements are already included in the WPC funding provided, and these enhancements will be rolled out throughout the remainder of the WPC Pilot. To strengthen sustainability of the system beyond December 31, 2020, the following enhancements are being proposed with the additional funding that is available:

- Development of an Application Programming Interface "API" hub that will make it easier to develop ways to integrate and exchange data in a known and standard way and will help with linkages to the Homeless Management Information System, Coordinated Entry System, EDie for emergency department data sharing between hospitals, and other data platforms.
- Development of Standard Assessment tools to be used for both WPC and Health Homes Programs.
- Shelter Bed Availability and Referral Capability to enable hospitals to better meet their SB 1152 requirements for a warm hand off to a shelter and reduce unnecessary time.
- Outer-Circle referral and "close-the-loop" functionality – Orange County's inner-circle participants are those who are contracted to have access to WPC Connect and are considered the "primary" care plan entities for WPC. The outer-circle participants would represent the "go-to" or "private" community-based organization and/or social service network of each of our primary participating organizations and who do not necessarily need access to or are involved in the beneficiary's care coordination plan. The enhancement of WPC Connect to allow each of the inner-circle partners to (1) identify (2) load (3) refer and (4) receive updates on the WPC beneficiaries bridges the communication divide as these beneficiaries navigate their way through the community

receiving services. WPC Connect's ability "eRefer" a patient from an inner-circle organization to a trusted network for that organization through an electronic process using work queues and functionality that supports the updating of the activities, would shed valuable light on the other services received by the beneficiary to reflect the "whole person."

- Clinic specific enhancements to allow increased coordination with the Managed Care Plan for Health Home activities.

County-Wide Homeless Data Integration:

In the interest of coordinating all services and touches provided to beneficiaries in Orange County, the WPC Pilot is proposing a County-Wide Homeless Data Integration project which will provide a fuller picture of all services being provide and/or received by a homeless beneficiary through integration into the WPC Comprehensive Care Plan. Additionally, the integration of data into one central database can be used to provide a comprehensive overview of all services being provided, gaps to either specific subpopulations (SMI, women, Hispanic) or locations of populations, and which programs are most successful in linking clients to services and/or housing.

Orange County has already initiated meetings with all known entities, both within and outside of the County, that keep any sort of data related to those that are homeless. Some of the more obvious databases include WPC Connect, CalOptima, the Homeless Management Information System, the Coordinated Entry System, Behavioral Health Services, and Social Services. Additionally, departments such as the Sheriff, Probation and veteran's services have been included as well for any systems they may use to track those that are also homeless. The WPC Pilot is proposing engage a consultant to assist with: Envision/Design, Integration, Analytics, Cloud Infrastructure, Care Coordination Portal, and Master Data Management.

These enhancement services are included under Delivery Infrastructure.

Hospital Homeless Outreach and Navigation Services:

While only six of Orange County's hospitals are currently contracted to provide homeless navigators to assist in providing more coordinated care to these beneficiaries accessing their emergency rooms, all Orange County hospitals have been invited to participate in the WPC Collaborative and be an active participant in WPC Connect. Anaheim Regional Hospital has expressed interest adding a homeless navigator to their hospital emergency department. Services provided by this position will be represented by an increase in the number of member months for PMPM 1 services.

Recuperative Care:

Orange County is proposing to increase the number of recuperative care beds, and remain within the same Fee-For-Service rate negotiated under the current agreement with DHCS for the WPC Pilot, for the following types of recuperative care services:

- Jail release recuperative care – General population
- Jail release recuperative care – mild to moderate mental health/SUD
- Jail release recuperative care - SMI
- ADL focused recuperative care
- BHS focused recuperative care
- Expansion of current recuperative care services

Jail In-Reach and Release Services:

In addition to, and in support of, referrals to recuperative care services upon release from jail as discussed above, the WPC Pilot is proposing to add the Correctional Health Services (CHS) Jail to Community In-Reach and Re-entry Program. This program is a collaboration between BHS and CHS that services adults ages 18 and older who are living with mental illness and detained in a County jail. This program was developed in response to the high rates of recidivism observed among inmates living with mental illness and aims to decrease rates of returning to jail by providing access and linkage to needed behavioral health services and supports. This program will use a comprehensive approach to discharge planning and re-entry linkage services for inmates with mental illness at all five Orange County jail facilities. CHS works closely with Social Services to determine who is a Medi-Cal beneficiary with suspended benefits while in custody and works with inmates how do not have Medi-Cal on applying and being approved before release from jail.

Discharge planning services will be conducted while individuals are still in custody and will include thorough risk-needs-responsivity (RNR) assessments, re-entry groups aimed at identifying possible barriers to successful re-entry and developing tailored discharge plans. Services will also include facilitation of linkage to a range of services upon release, such as counseling, medication support, housing and transportation. Connections with family and other support systems such as forensic peer support mentors will also be facilitated. Staff will work in collaboration with other stakeholders, including the Orange County Sheriff's Department, Orange County Probation Department, Orange County Public Defender, Social Services Agency, CalOptima, Recuperative Care Providers, Regional Center of Orange County, Orange County Housing Authority, and other ancillary agencies to identify gaps in service delivery and solidify linkages with external stakeholders for a smooth transition from jail to community.

Orange County is proposing a new PMPM 4 Category to fund these Jail In-Reach and Release Services.

[Second Access Point:](#)

Homeless Outreach and Navigation: While only ten of Orange County's clinics are currently contracted to provide homeless navigators to assist in providing more coordinated care to beneficiaries in their communities, all Orange County community clinics have been invited to participate in the WPC Collaborative and be an active participant in WPC Connect. Recently, CalOptima has contracted with four FQHCs to provide much needed mobile medical services out in the community, specifically targeting those areas where communities of persons who are homeless congregate. Three of these FQHCs currently contract with the WPC for homeless navigator services. The WPC has reached out to the remaining one about adding a homeless outreach navigator to the mobile medical team, as well as current providers about expanding navigator services. At the writing of this proposal, one has expressed interest and communications are in process with the others. Should either ultimately decide not to proceed, other WPC clinic has expressed interest in expanding services in consideration of the new mobile medical van services. Services provided by any/all of these community clinics will be represented by an increase in the number of member months for PMPM 1 services.

Core Care Coordination Services: As the WPC Pilot has matured in service provision, participating entities have begun to identify gaps in care as well as the work entailed to mitigate and ultimately fill these gaps in care. Particularly, that there is no single entity that is responsible for the beneficiary throughout their continuum of care. While we anticipate that WPC Connect will bring about improvements on care coordination due to the shared care plan, Orange County WPC is proposing to establish Core Care Coordinators (CCCs) for those beneficiaries that are high users of multiple service areas. The goal of this effort is not to replace any WPC entity's existing case management approach, but rather this is being done with the purpose of supplementing the various case management systems encountered by a beneficiary, and the shared care plan via WPC Connect, based on the realization that a gap most often presents itself as the beneficiary is working with case managers that can be in Managed Care, Behavioral Health, recuperative care, Public Health, and shelters. Each area is coordinating the services they are responsible for, but not necessarily coordinating with other areas other than through the electronic care plan. The CCC would ensure the beneficiary does not become lost as he or she is navigating providers and that one person is aware of all aspects of the beneficiary's care and can facilitate communication between case managers when indicated either through activity through the care plan, or resulting from check-ins and conversations with the beneficiary. It is the intent of the WPC Program and CalOptima to work together to have these services align with those provided by the care coordinators hired by the CB-CMEs under the Health Home Program to allow for an easy transition of care for those beneficiaries eligible for services under both WPC and Health Homes.

Orange County is proposing a new PMPM 5 Category to fund Core Care Coordination services.

Third Access Point

There are no new services proposed for the existing drop-in service providers under the WPC. The new city homeless shelters that have opened have had a service impact particularly on the amount of services provided by the Behavioral Health Services Outreach & Engagement team and that impact is discussed below under those services that specifically focus on the SMI population.

Seriously Mentally Ill (SMI) Homeless Beneficiaries:

The final access level is through the County's Behavioral Health Services. All of the above mentioned services are anticipated to also touch or include SMI Homeless beneficiaries; however, they will likely take a different path to other interventions once they are identified as being connected with, or become newly connected with, the County's Behavioral Health Services. This is primarily due to other grant funded resources targeted specifically to this population, including Mental Health Services Act (MHSA) funding that is also identified as the non-federal match funding for the existing WPC Pilot.

Shared Services with General Homeless Population:

Using additional funding requested through this proposal, Orange County is proposing to both expand current Housing Navigation and Housing Sustainability services to the SMI populations, but also to extend the provision of these services to beneficiaries who do not have a linkage to the County's Behavioral Health Services Program. Under the current WPC Program, these services have only been available for those that also qualify for programs funded by MHSA dollars. The County's BHS service area has long established expertise in working with community housing, entering beneficiaries into the Coordinated Entry System, and assisting beneficiaries to become document ready for various voucher programs and was able to readily expand to include housing navigation and housing sustainability services originally funded through the WPC.

However, the WPC Pilot has recognized a very real need to also develop this level of expertise to assist medically fragile beneficiaries that are not also SMI or otherwise have a linkage to County BHS services in securing housing. Since these components are also required for Health Homes, Orange County is proposing to benefit from the expertise of our BHS partners and collaborate with CalOptima so that 1) Health Homes also benefits from this expertise and 2) that services developed under the WPC align well with Health Homes.

Sustainable Housing Opportunities

The WPC Pilot funds housing navigators that work specifically with SMI homeless beneficiaries. Orange County represents a high cost and competitive housing market which is a challenge for this target population to access. Recently the three of the four Housing Agencies in Orange County applied for a Mainstream Housing Voucher Grant. The Orange County Housing Authority specifically targeted their vouchers to beneficiaries enrolled in the WPC Program who have also been high utilizers of emergency services, including emergency rooms. The Santa Ana and Anaheim Housing Authorities have also expressed interest in working with the WPC Pilot to provide vouchers to persons who can be demonstrated to be linked to residence in their cities. As a result of this influx of housing vouchers, the WPC Pilot is proposing to augment the current housing navigation program to provide additional resources to network in the community and specifically locate sustainable housing opportunities homeless beneficiaries, both SMI and non-SMI, before the vouchers expires.

Sustaining Housing Placement

All beneficiaries who agree to working with a Housing Navigator are required to enroll in housing sustainability services for up to six months to ensure that the beneficiaries transition to, adjust to, and sustain their permanent housing placement. These services include, but are not limited to:

- Individual needs assessment
- Development of individualized housing support plan
- Development of housing support crisis plan
- Identification and intervention for behaviors that may jeopardize housing
- Education on tenant and landlord rights and responsibilities
- Eviction prevention planning and coordination
- Coaching on developing/maintaining relationships with landlords/property managers
- Assistance resolving disputes with landlords and/or neighbors
- Advocacy/linkage with community resources to prevent eviction
- Assistance with credit repair activities and skill building
- Assistance with housing recertification process
- Housing stabilization services
- Home visits
- Linkage to mental health, health care, and substance use disorder services
- Housing-focused care coordination(hospital/jail discharge planning, housing liaison for tenant's care providers)
- Non-emergency Transportation
- On call crisis support/intervention
- Assistance with accessing community provider services
- Basic Health & Wellness Education
- Peer Support

Under the current WPC Pilot funding for these services was provided as a result of Orange County meeting its Pay for Outcome and Pay for Reporting Measures. Existing WPC Housing Navigation and Housing Sustainability services are funded through reimbursement under the WPC agreement for performance outcomes and reporting related to housing and reduced psychiatric admissions. Under this application, consistent with DHCS's instructions that proposals be service driven and/or care coordination IT infrastructure driven, Orange County is proposing to fund these services under a new PMPM 6 Category.

Additionally, each client receiving bundled housing services covered under the PMPM 6 above, who is subsequently placed successfully in permanent housing, will receive a one-time bundle of services/supports corresponding with each beneficiary's unique move in needs. Such services and/or supports may include assistance with turning on utilities, moving costs, and provision of basic household supplies/necessities (linens, cleaning supplies, kitchenware, and other basic needs). The cost for the one-time bundle is covered under the new FFS 2.

[Services Unique to the SMI Population](#)

In addition to the above services, the following services are specifically targeted to the SMI Homeless population with the MHSA and matching dollars through the WPC Pilot. They are provided through Behavioral Health Services either directly or through contracts with community-based providers:

[SMI Outreach and Engagement](#)

Under the current WPC Pilot, a team of WPC Behavioral Health Outreach & Engagement (BHS O&E) staff respond to requests from WPC hospitals, community clinics, recuperative care, and drop-in center/multi-service center providers when a beneficiary presents and is believed to need linkage to County Behavioral Health Services. As cities have opened permanent homeless shelters, the WPC BHS O&E staff have not been sufficient to respond to all of the calls. In this proposal, Orange County is proposing to increase the number of member months currently under PMPM 3 to reflect the increased level of services to be able to provide additional resources to this area.

Section 4: Performance Measures, Data Collection, Quality Improvement and Ongoing Monitoring

4.1 Performance Measures

Overview

For the new services proposed, Orange County's WPC Pilot will identify from which system(s) the data for both baseline and future years' will be derived; including if the data is dependent on information from other sources. Timelines for regular submission of data will be developed so information is consistently gathered throughout the WPC Pilot and submitted consistently to the WPC Collaborative and the state.

By Program Year

Year 4 – 2019

WPC Pilot: For services beginning on July 1, 2019, baseline data required by DHCS for the expansion will be submitted along any required PDSA's. The following partners will provide data for on services for the three recuperative care subpopulations: 1) Homeless data will primarily be provided by CalOptima, 2) County Behavioral Health responsible for mental health and substance abuse treatment episode data, 3) the Orange County Sheriff's department will provide data on incarcerations, and 4) Activities of Daily Living data on the continuum of care for the target population will be provided by hospitals, community clinics, and recuperative care providers. Activities will also include developing Policies & Procedures to establish the recuperative care communication structure and data sharing requirements for the WPC Pilot Expansion

Ongoing Outcome Measures:

WPC Pilot: Quarterly reporting of the data measurements identified, with the partners identified above providing data from their respective data systems.

All participating entities: Provide initial data files or reports, as applicable, related to the WPC Pilot population before implementation of the innovations to create baseline statistics for which all data will be compared.

Annual Target Benchmark:

Baseline data will be reported for the target populations for reporting to DHCS and to use as part of the Plan-Do-Study-Act process as part of determining the success of the WPC Pilot innovations.

Year 4 and 5 – 2019 through 2020

Short Term Process Measures:

WPC Pilot: Collect quarterly data resulting from the implemented innovations and begin analysis against metric and desired outcomes.

All participating entities: Initiate the “Do” phase of the Plan-Do-Study-Act Process by providing the WPC Pilot innovations, give feedback to the WPC Collaborative on any changes/challenges/barriers to implementing the innovations as planned, and provide the initial data resulting from the implemented innovations.

Ongoing Outcome Measures:

Initiate the Study and Act phases of the Plan-Do-Study-Act Process by analyzing the data, summarizing what was learned, review what did not to work, and determine what modifications, if any, are needed.

Annual Target Benchmark:

Meeting the metric targets below (as agreed upon by DHCS) and the partners.

Year 5 – 2020

Short Term Process Measures:

WPC Pilot: Work with each participating entity on sustainability plans past the term of the WPC Pilot.

All participating entities: Begin identifying other areas of applicability for the innovations proposed that would allow sustainability of services to the WPC populations.

Ongoing Outcome Measures:

Identify and estimate cost savings, both tangible and intangible, resulting from the innovations put in place for the WPC Pilot.

Annual Target Benchmark:

The goal is that innovations implemented for the WPC Pilot Expansion will continue into 2021, and have been expanded or evaluated for expansion to other programs/populations served by CalOptima for Health Homes

Examples of possible outcomes and indicators include:

Program Description: To provide recuperative care services to homeless clients with behavioral health issues, recently released from jail, and to clients needing Assistance with Daily Living		
Outcome	Indicator	Data Source
Development of Comprehensive Care Plan	Proportion of participating beneficiaries with a comprehensive care plan, accessible by the entire care team (Universal WPC Metric)	WPC Connect
Reduction in Substance Abuse	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (Universal WPC Metric)	Substance abuse treatment episode data from Health Care Agency Behavioral Health Services
Reduction in Emergency Department Utilization	Ambulatory Care Emergency Department Visits (Universal WPC Metric)	CalOptima
Reduction in All Cause Readmissions	Acute inpatient stays that are followed by an unplanned acute readmission for any diagnosis within 30 days (Variant WPC Metric)	CalOptima
Reduction in General Hospitalization and Acute Care	Inpatient Utilization (and Discharges) (Universal WPC Metric)	CalOptima
Reduction in Psychiatric Hospitalizations	Follow Up After Hospitalization for Mental Illness (Universal WPC Metric)	CalOptima
Reduction in Jail Incarcerations	Incarcerations per 1,000 member months of WPC beneficiaries (Variant WPC Metric)	Orange County Sheriff
Improvement in Overall Beneficiary Health	Self-reported rating for beneficiaries overall health and mental or emotional health (Variant WPC Metric)	Behavioral Health Services and recuperative care sites
Increase in Receipt of Public Services	Number and percent of clients who applied for and received food stamps, housing vouchers, etc.	WPC Connect

Section 5: Financing

5.1 Non-Federal Share

The Orange County Health Care Agency will provide all the non-federal-share for these additional services using Tobacco Settlement Revenues, Mental Health Services Act funds, and County Funds. No other participating entities are contributing to the non-federal-share.

5.2 Non-Duplication of Payments and Allowable Use of Federal Financial Participation

All WPC Pilot service funding will only reimburse activities or services that are not otherwise billable to Medi-Cal through CalOptima as the Managed Care Plan, Short-Doyle Medi-Cal via the County’s Behavioral Health Program, or Targeted Case Management. CalOptima, Behavioral Health Services, and Public Health Services, as members of the WPC Collaborative, have provided consultation on services that would be considered billable to Medi-Cal as

services/activities have been discussed for inclusion in the WPC Pilot. The proposed WPC pilot will fund infrastructure and data sharing through the development of WPC Connect; recuperative care and respite services to persons that are experiencing homelessness; hospital and community clinic based outreach and coordination services; assistance in seeking/developing housing resources; support/resources to beneficiaries and/or landlords to maintain housing placement; and providing information for accessing social needs such as food, clothing, and legal assistance.

The level of care coordination that will be provided by the hospitals, community clinics, and recuperative/respite care programs do meet the requirements specified in Title 42 of the Code of Federal Regulations, Section 440.169(d) for Targeted Case Management which are:

- Comprehensive Assessment and Periodic Reassessment
- Development of a Specific Care Plan
- Referral and Related Activities
- Monitoring and Follow Up Activities

We recognize the purpose of the WPC Pilot is to develop a care plan that can be accessed by all the participating entities; however, Orange County's approach is more focused on care coordination and meeting the immediate needs of the client, and heavily emphasize trust-building, motivational support, disease specific education, and general reinforcement of health concepts. The care plans developed by the WPC Pilot participating entities will be focused on the short-term immediate needs of the client. There is no long term care plan that will be developed until these immediate needs are met. Once a beneficiary gets to the point that a more traditional, long term care plan can be developed, and the client can commit to following the care plan, including participation in the periodic reassessments, then CalOptima, the County's Public Health Nurses, and County's Behavioral Health Services staff, as appropriate for the beneficiary, will take over the more formal case management. At this point, these services would no longer be covered by the WPC Pilot and would be otherwise billable/covered by Medi-Cal under Targeted Case Management, Short-Doyle Medi-Cal, or CalOptima as the Managed Care Plan.

CalOptima, by definition as the Medi-Cal Managed Care Plan, can only provide plan-covered services to Medi-Cal beneficiaries enrolled in their plan. Persons receiving emergency Medi-Cal (and therefore not in CalOptima's enrollment files) or having other coverage, may be linked to care via the infrastructure put in place by the WPC Pilot through WPC connect. WPC Connect will be used so hospitals and community clinic outreach workers hired specifically to support the WPC will only work with Medi-Cal beneficiaries. Other clients will be provided services through other resources provided by these entities (if the WPC is expanding staff), or will receive information about other resources, but will not receive the care coordination/navigation of services under the WPC Pilot. As exists now, referrals for services

may be provided by community providers within their capacity to do so. For medical care required outside of the hospital, and not covered by emergency Medi-Cal, the County’s Medical Safety Net Program will provide care coordination of non-Medi-Cal patients and uncovered services of those receiving Emergency Medi-Cal until such time that they can be enrolled in Medi-Cal.

5.3.a Funding Request

Orange County will submit a Budget Summary by Program Year upon notification by DHCS of the components of this proposal that it determines will be funded and will reflect the amount that DHCS agrees to fund. The amount below represent the maximum amount of funding that is being requested by Orange County, with notations on those areas that may be reduced or eliminated in less funding is provided.

The minimum amount requested is:

Program Year 4:	\$ 5,974,328
Program Year 5:	\$11,186,609
Total:	\$17,160,937

The maximum amount requested is:

Program Year 4:	\$ 8,400,330
Program Year 5:	\$13,140,287
Total:	\$21,540,617

Program Year 4:

Category	Current*	Proposed Additional Funding	
		Minimum	Maximum
Administrative Infrastructure	\$ 202,547	\$ 0	\$ 0
Delivery Infrastructure	\$ 765,000	\$ 834,000	\$1,834,000
Incentive Payments	\$ 10,000	\$ 82,951	\$ 134,800
FFS Services	\$1,567,823	\$1,958,583	\$3,373,162
PMPM Bundle	\$3,761,640	\$1,903,487	\$1,863,061
Pay for Reporting	\$ 206,050	\$ 0	\$ 0
Pay for Outcomes	\$ 348,900	\$1,195,307	\$1,195,307
TOTAL:	\$6,861,960	\$5,974,328	\$8,400,330

Please see the table on in Section 2.2, on pages 7 and 8. It is anticipated that up to an additional 1,350 unduplicated members will be served by the WPC Pilot Programs for services provide from July 1, 2019 through December 31, 2019.

Program Year 5:

Category	Current*	Proposed Additional Funding	
		Minimum	Maximum
Administrative Infrastructure	\$ 202,547	\$ 0	\$ 0
Delivery Infrastructure	\$ 765,000	\$ 1,150,000	\$ 2,450,000
Incentive Payments	\$ 10,000	\$ 165,901	\$ 269,601
FFS Services	\$1,567,823	\$ 3,288,711	\$ 3,798,264
PMPM Bundle	\$3,761,640	\$ 5,095,732	\$ 5,136,158
Pay for Reporting	\$ 206,050	\$ 0	\$ 0
Pay for Outcomes	\$ 348,900	\$ 1,486,265	\$ 1,486,264
TOTAL:	\$6,861,960	\$11,186,609	\$13,140,287

Please see the table on in Section 2.2, on page 7 and 8. It is anticipated that up to an additional 1,906 unduplicated members will be served by the WPC Pilot Programs for services provide from January 1, 2020 through December 31, 2020.

**Any roll-over requests or budget adjustments approved since the submission of the above budget from Orange County's current WPC Agreement, as amended, are not reflected in the above amounts.*

5.3.b Funding Request - Detail

Administrative Infrastructure:

There is no change to the current WPC Administrative Infrastructure Budget.

Delivery Infrastructure:

WPC Connect:

The WPC Pilot is proposing that Safety Net Connect will be paid as follows upon completion of each enhancement that is built into WPC Connect, as discussed in Section 3, Services, Interventions, Care Coordination and Data. These enhancements are intended to strengthen the electronic shared care coordination infrastructure.

Enhancement	Payment Upon Completion	Expected Program Year
a. API Hub	\$150,000	Program Year 4
b. Shelter Bed Availability and Referral	\$ 50,000	Program Year 4
c. Standard Assessment Tool	\$134,000	Program Year 4
d. Outer Circle Referral & Close the Loop Functionality	\$150,000	Program Year 5
TOTAL:	\$484,000	

Homeless Data Integration:

Process Steps	Payment Upon Completion	Expected Program Year
a. Envision/Design	\$ 250,000	Program Year 4
b. Cloud Infrastructure	\$ 250,000	Program Year 4
c. Care Coordination Portal	\$1,000,000	Program Year 4
d. Integration	\$ 800,000	Program Year 5
e. Master Data Management	\$1,000,000	Program Year 5
f. Analytics	\$ 500,000	Program Year 5
TOTAL:	\$3,800,000	

The minimum requested budget would fund all enhancements for WPC Connect and the PY 4 Process steps for the Homeless Data Integration Project. The maximum requested budget fully funds both items.

Incentive Payments:

Project Milestone Incentives – WPC Round 3:

Orange County’s requested funding for WPC Round 3 represents a 55% increase in its WPC funding if the minimum requested amount is approved and a 69% increase in funding if the maximum requested amount is approved. In addition to maintaining the implementation, evaluation, and periodic modifications to meet desired outcomes (if indicated based on Plan-Do-Study-Act review) for which there has been a four-year timeline (January 1, 2017 through December 31, 2020), successfully implementing the significant increase proposed program services and demonstrating meaningful outcomes in 18-months (July 1, 2019 through December 31, 2020) is critical.

Incentive payments will be earned for achieving timely implementation of Orange County WPC components and evaluating if the desired outcome was or would be achieved based on data available for the 18-month period. Milestones to effectively implement and/or complete each component were identified and key milestones listed below. The value of each incentive payment was determined by the level of complexity, in terms of establishing new programmatic/administrative processes or based on the level of time and coordination efforts required to achieve the milestone, or both. If the effort to achieve the milestone is routine, then a level of complexity would be assigned the lowest value of “1.” Conversely, if the effort to achieve the milestone requires written justification to expedite and/or circumvent standard county processing timelines (sole source agreements, expedited solicitations, late filing for Board of Supervisor consideration, etc.), then the level of complexity could be rated as high as a “3.” Payment to the Orange County WPC Pilot would be upon 100% completion of each milestone.

Program Year 4:

Milestone	Milestone Details	Level of Complexity	% of Total Points	Minimum	Maximum
WPC Connect enhancements: Amend contract with vendor to add services	Develop Scope of Work, Amend Contract, Bring to Board of Supervisors for approval	1	6%	\$5,1844.44	\$8,425.00
Homeless Data Integration – Execute Consult Contract	Develop Scope of Work for solicitation; Board of Supervisors approve release of solicitation, release solicitation, receive and review bids, select provider, negotiate agreement, Board of Supervisors executes contract	2	13%	\$10,368.88	\$16,850.00
Recuperative Care – Increase Average Number of beds from a range of 40 to 45 to a range of 60 to 65	Increase Average Number of recuperative care beds from a range of 40 to 45 to a range of 60 to 65	3	19%	\$15,553.31	\$25,275.00
Intensive Housing and Support Services – Release Solicitation	Develop Scope of Work, obtain Director of Behavioral Health approval to release; release solicitation	2	13%	\$10,368.88	\$16,850.00
Hospital and Community Clinic Outreach & Navigation – Execute Amendments	Develop Scope of work and do financial calculations that impact the Master Agreement for Hospitals and the Master Agreement for Clinic. Obtain Hospital Association and Coalition of Community Clinic concurrence, draft amendments, Board of Supervisors approves amendments, obtain hospital and clinic signatures	1	6%	\$5,1844.44	\$8,425.00
SMI Specific Care Coordination – Train expanded staff on WPC Program and using WPC Connect	Schedule trainings for support staff, line staff and supervisors on the following: WPC 101 – Program basics and resources WPC Connect – How to Use WPC Connect – Running Reports Evaluate each group’s usage of WPC Connect to target any follow-up trainings.	1	6%	\$5,1844.44	\$8,425.00
Jail In-Reach and Release Services – Train new staff on WPC Program and using WPC Connect	Schedule meetings with BHS Staff to review desired process flow for referrals and communication flow re: WPC enrollees; Meet with Jail-In	1	6%	\$5,1844.44	\$8,425.00

Milestone	Milestone Details	Level of Complexity	% of Total Points	Minimum	Maximum
	reach staff, contracted jail re-entry providers, and recuperative care provider to discuss and formalize referral processes, communication streams, and entering clients in WPC Connect; Schedule WPC Connect Trainings; Evaluating program usage of WPC Connect for any follow-up trainings or enhancements to WPC Connect for this particular population and/or program				
Core Care Coordination – Release Solicitation	Develop Scope of Work, Present at WPC/Health Homes Program Crossover meetings for concurrence on alignment; make any necessary revisions, release solicitation	3	19%	\$15,553.31	\$25,275.00
Housing Navigation and Sustainability - Non-SMI – Execute Contracts	Two Phases: Phase 1: Interim Sole Source agreement for immediate delivery of services: Develop Scope of Work, work with contract department to develop one time interim agreement; review with provider, execute agreement. Phase II: Modify as appropriate the scope of work for the sole source, Present at WPC/Health Homes Program Crossover meetings for concurrence on alignment; make any necessary revisions, release solicitation, select provider(s), bring contracts to Board of Supervisors for approval, execute agreement(s)	2	13%	\$10,368.88	\$16,850.00
TOTAL		16	100%	\$82,951.00	\$134,800.00

Program Year 5:

Milestone	Milestone Details	Level of Complexity	% of Total Points	Minimum	Maximum
Recuperative Care – – Increase Average Number of beds from a range of 60 to 65 to a range of 80 to 85 (capacity)	Increase Average Number of recuperative care beds from a range of 60 to 65 to a range of 80 to 85 (capacity)	3	27%	\$45,245.73	\$73,527.55
Hospital and Community Clinic Outreach & Navigation – Reach Program Capacity	Capacity reached in Q1 which would be equal 7,183 member months for the quarter.	1	9%	\$15,081.91	\$24,509.18
SMI Specific Care Coordination – Reach Program Capacity	Capacity reached in Q1 which would be equal to 686 member months for the quarter	2	18%	\$30,163.82	\$49,018.36
Core Care Coordination – Reach Program Capacity	Capacity reached in Q2 which would be 180 member months for the quarter	3	27%	27%	\$73,527.55
Housing Navigation and Sustainability - Non-SMI – Reach Program Capacity	Capacity reached in Q1 which is 24 member months for the quarter	2	18%	\$30,163.82	\$49,018.36
TOTAL		18	100%	\$165,901	\$269,601

FFS Services:

Recuperative Care (FFS 1):

Orange County is proposing to provide each of the population focused recuperative care programs at the same Fee-For-Service rate specified in our current WPC Program in the amount of \$180.50 per bed day. This calculation includes funding for an RN to review medical necessity for admission into recuperative care, length of stay extensions beyond those initially authorized, and review of care and discharge planning documents. An additional RN will be needed with to meet the workload demands associated with expansion of bed days and populations specific reviews for appropriateness and medical necessity. An RN is included in the current bed day rate of \$180.50 and we believe we can absorb another within this rate. The WPC Pilot proposes to provide the following bed days for each Program Year and each type of recuperative care:

Program Year 4:

Population Focus	Cost per Day	Minimum # of Bed Days	Maximum # of Bed Days	Minimum Total	Maximum Total

Jail Release-General	\$180.50	975	1,264	\$175,987.50	\$ 228,152
Jail Release BHS/SUD	\$180.50	975	1,264	\$175,987.50	\$ 228,152
Jail Release SMI	\$180.50	2,320	3,509	\$ 418,760	\$ 633,374.50
ADL Assistance	\$180.50	1,112	1,112	\$ 200,716	\$ 200,716
BHS Focus	\$180.50	2,320	3,509	\$ 418,760	\$ 633,374.50
General Expansion	\$180.50	1,304	6,185	\$ 235,372	\$1,116,392.50
TOTAL NEW:		9,006	16,843	\$1,625,583	\$3,040,162
CURRENT TOTAL:		8,686	8,686	\$1,567,823	\$1,567,823
COMBINED TOTAL		17,962	19,098	\$3,193,406	\$4,607,985

Program Year 5:

Population Focus	Cost per Day	Minimum # of Bed Days	Maximum # of Bed Days	Minimum Total	Maximum Total
Jail Release	\$180.50	1,950	2,528	\$ 351,975	\$ 456,304
Jail Release BHS/SUD	\$180.50	1,950	2,528	\$ 351,975	\$ 456,304
Jail Release SMI	\$180.50	4,640	3,452	\$ 837,520	\$ 623,086
ADL Assistance	\$180.50	2,224	2,224	\$ 401,432	\$ 401,432
BHS Focus	\$180.50	4,640	3,452	\$ 837,520	\$ 623,086
General Expansion	\$180.50	298	4,341	\$ 53,789	\$ 783,551
TOTAL NEW:		15,702	18,525	\$2,834,211	\$3,343,764
CURRENT TOTAL:		8,686	8,686	\$1,567,823	\$1,567,823
COMBINED TOTAL		24,388	27,211	\$4,402,034	\$4,911,587

Move In Fee-For-Service Bundle (FFS 2):

Each client receiving bundled housing services, who is subsequently placed successfully in permanent housing, will receive a one-time bundle of services/supports corresponding with each beneficiary's unique move in needs. Such services and/or supports may include assistance with turning on utilities, moving costs, and provision of basic household supplies/necessities (linens, cleaning supplies, kitchenware, and other basic needs).

In consultation with a community provider who will be contracting with the WPC Program to coordinate these Move-In bundle services with the housing navigation staff, they estimate the average amount need to assist a currently homeless beneficiary in securing and setting up a household can range from \$3,000 to \$4,000 per individual. Orange County's WPC Pilot has budgeted an average of Fee-For-Service cost at \$4,500 per beneficiary in the event certain individuals may have higher than average needs; however, all reimbursement will be based on actual cost. The amount for Program Year 4 includes persons currently engaged in housing navigation and support services should they secure housing placement on or after July 1, 2019.

	One-time Costs (FFS 2)	Minimum # of members housed	Maximum # of member months	Minimum Total	Maximum Total
Program Year 4	\$4,500	74	74	\$333,000	\$333,000
Program Year 5	\$4,500	101	101	\$454,500	\$454,500
TOTAL		175	175	\$787,500	\$787,500

PMPM Bundle:

Hospital and Community Clinic Outreach and Navigation (PMPM 1):

Orange County is proposing to provide increase the number of member months in the PMPM Hospital and Community Clinic Navigation bundle as follows:

Program Year 4:

Program Year	PMPM	Minimum Member Months	Maximum Member Months	Minimum Total	Maximum Total
Program Year 4	\$121	2,093	2,093	\$ 253,253	\$ 253,253
CURRENT TOTAL:		26,640	26,640	\$3,223,440	\$3,223,440
COMBINED TOTAL		28,733	28,733	\$3,476,693	\$3,476,693

Program Year 5:

Program Year	PMPM	Minimum Member Months	Maximum Member Months	Minimum Total	Maximum Total
Program Year 5	\$121	4,186	4,186	\$ 506,506	\$ 506,506
CURRENT TOTAL:		26,640	26,640	\$3,223,440	\$3,223,440
COMBINED TOTAL		30,826	30,826	\$3,729,496	\$3,729,496

Supportive and Linkage Services – Drop-In and Multi-Service Centers (PMPM 2):

Orange County is not proposing any additional or modified services to this PMPM bundle.

SMI Specific Care Coordination (PMPM 3):

Orange County is proposing to provide increase the number of member months in the PMPM SMI Specific Care Coordination bundle as follows:

Program Year 4:

Program Year	PMPM	Minimum Member Months	Maximum Member Months	Minimum Total	Maximum Total
Program Year 4	\$207.50	2,022	2,022	\$419,565	\$419,565
CURRENT TOTAL:		720	720	\$149,400	\$149,400
COMBINED TOTAL		2,742	2,742	\$568,965	\$568,965

Program Year 5:

Program Year	PMPM	Minimum Member Months	Maximum Member Months	Minimum Total	Maximum Total
Program Year 5	\$207.50	4,044	4,044	\$839,130	\$839,130
CURRENT TOTAL:		720	720	\$149,400	\$149,400
COMBINED TOTAL		4,764	4,764	\$988,530	\$988,530

Jail In-Reach and Release Services (PMPM 4)

Orange County has budgeted \$3,100,000 annually to provide services to Jail In-Reach and Release Services to 1,600 inmates as follows:

Position	FTE	Salaries	Benefits	Jail/ Bilingual Differential	Indirect (5%)	Total Cost
Clinical Social Worker II	10.00	\$ 687,232	\$371,105	\$30,160	\$ 54,425	\$1,142,922
Mental Health Specialist	8.00	\$ 389,542	\$210,353	\$24,128	\$ 31,210	\$ 655,224
Marriage Family Therapist	6.00	\$ 427,814	\$231,020	\$18,096	\$ 33,847	\$ 710,777
Service Chief	2.00	\$ 173,139	\$ 93,495	\$ 6,032	\$ 13,633	\$ 286,300
Staff Specialist	1.00	\$ 52,312	\$ 28,248	\$ 3,016	\$ 4,179	\$ 87,755
Office Technician	1.00	\$ 39,749		\$ 3,016	\$ 3,211	\$ 67,441
GROSS TOTAL	28.00	\$1,769,789	\$13,164	\$84,448	\$140,496	\$2,950,419
Less Vacancy Factor						(\$549,600)
NET TOTAL						\$2,400,819
Estimated Supplies						\$ 149,581
Total Annual Budget						\$2,550,400

Because these positions work in the jail, they are provided jail differential payment (\$0.75/hour) in addition to their normal pay. Bilingual pay differential has also been added (\$0.70/hour). For Orange County, benefits include retirement contributions, workers' compensation, Medicare, and the following insurance contributions: unemployment, health, salary continuance, dental, life, and accidental death and dismemberment. For new County employees, Orange County has one of the lowest retirement pension plans (1.62% at 67). Additionally, all employees regardless of their retirement plan, must contribute the employee portion of their own retirement, and also contribute a portion to those that are or will be participating at the prior retirement formula of 2.7% at 55 (known as the reverse pick-up). This make recruiting qualified and capable staff to Orange County challenging, so higher benefit packages are needed. Additionally, all staff working within the jail must pass a rigorous background investigation conducted by the Sheriff's Department. As a result, maintaining a full staff is difficult, so a vacancy factor of approximately 19% has been factored in.

The WPC Pilot estimates that of the 1,600 inmates these staff will be assisting per year, an estimated 50% will be Orange County residents and qualify for Medi-Cal.

For 18-months, the total funding for this program would be equal to \$3,813,000 (\$2,542,000/12 *18) of which 50% is equal to \$1,912,800.

1,600 inmates per year x 50% = 800 inmates per year x 1.5 years = 1,200 inmates. 400 inmates will be provided services in PY 4 and 800 inmates will receive services in PY 5. Orange County is proposing to provide 1,200 member months of services over the course of the 18-month period, focusing services on each inmate 30 days prior to release from jail (so one member month per inmate on average). However, depending on each individual inmate's medical and mental health needs, it is possible a very small percentage may receive in-reach services up to 90-days prior to their release from jail.

$$\$1,912,800/1,200 = \$1,594/\text{per member per month}$$

1,200 total beneficiaries/18 month = an estimated 66 members receiving services per month in PY 4 and an estimated 67 members receiving services per month in PY 5.

Program Year	PMPM 4 Rate	Member Months	Total
Program Year 4	\$ 1,594	396	\$ 631,224
Program Year 5	\$ 1,594	804	\$1,281,576
TOTAL:		1,200	\$1,912,800

Core Care Coordination Services (PMPM 5):

The WPC Pilot is proposing to target the beneficiaries that are high users of multiple service areas. Using the Health Home Program Guide, the aggregate minimum care coordinator ratio requirement is 60:1 at measured in any point in time. The projected number of Core Care Coordinators (CCCs) needed for those beneficiaries that are high users of multiple service areas is 10 FTE, which will link to the top 2% of unduplicated clients for PY 5. It is anticipated a number of these clients will qualify for Health Homes, so the CCC's in the WPC program will target the highest utilizers of those that do not qualify for Health Homes or do not elect to receive these services through Health Homes until the WPC Program ends in December 2020. At this time, there may be sufficient alignment in services such that the CCC's may continue to provide services as part of the CB-CMEs for Health Homes.

Position	FTE	Salaries	Benefits	Indirect (5%)	Total Cost
Core Care Coordinators	1	\$60,000	\$20,400	4,020	\$84,420
TOTAL	X 10	\$600,000	\$204,000	\$40,200	\$844,200

The WPC Pilot assumes that PY 4 will need to be phased in to allow for recruitment of staff and to then time to identify and outreach to those clients that would most benefit from core care coordination services. The WPC is currently working with those clinics that may have staff levels and capacity to start services prior to July 1, 2019, such that the projected member months are projected to be 2,362. By PY 5, all 10 CCC's should be hired and carrying the aggregate minimum caseload of 60 clients.

Program Year 4:

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	TOTAL
Avg Cases/CCC	27	36	45	54	60	60	
Total CCC	4.5	6	7.5	9	10	10	
Maximum Member Months	122	216	338	486	600	600	2,362

Program Year 5:

		TOTAL
Avg Cases/CCC	60	720
Total CCC	10	10
Member Months	600	7,200

The PMPM 5 rate calculation is as follows:

PY 4 Total Cost: \$ 290,219

PY 5 Total Cost:	\$ 884,626
Total Cost:	\$1,174,845
Member Months	9,562
Equals	\$122.87 PMPM

[Housing Navigation and Housing Sustainability Services – All populations \(PMPM 6\):](#)

Orange County is proposing to fund Housing Navigation and Housing Sustainability services at levels equivalent to what is currently being expended for these same services targeted to the SMI population (currently Orange County manages funding for these services through Pay for Reporting and Pay for Outcomes reimbursement from DHCS). Since these are actual cost contracts negotiated between the County and the providers, Orange County is proposing a combined PMPM bundled rate for these services, which will be based on the actual level services provided in PY 3 adjusted for the percentage of funding proposed by Orange County for these new services. Orange County is proposing both an expansion of the current services provided to the SMI population as well as add these as new services to non-SMI persons. The services will be reported collectively under this new proposed PMPM 6.

Current annual funding level of SMI Housing Navigation and Housing Sustainability contracts is equal to \$882,200 and the actual number of beneficiaries receiving these services in PY 3 was 130. The average number of members months per beneficiary has been approximately seven months.

The proposed PMPM 6 rate calculation is based on the following:

\$882,200 divided by 910 member months (130 clients x 7 months) is equal to \$969.45 per member per month. However, there are two factors that need to be considered with this data: 1) PY 3 was a start-up year for the housing navigation services and 2) some of the beneficiaries in the 130 figure were still actively engaged in housing sustainability services going into PY 4. Orange County is therefore proposing an adjusted PMPM rate of \$960 per member per month.

The average amount of time that a beneficiary works with a housing navigator is 4 months. They may be then enrolled in housing sustaining services prior to finding housing (learning to budget, landlord negotiations, etc) in addition to receiving a minimum of 6 months of housing sustaining services following placement in permanent housing. Housing sustaining services may be extend to up to 12 months if recommended by the beneficiary’s case manager.

Orange County estimates that the 70 beneficiaries in Program Year 4 will receive an average of 4 months of services as the program is phased in, for a total 280 member months. For Program

Year 5, it is estimated that there will be 140 new beneficiaries receiving an average of 10 months of services for a total of 1,400 member months, plus some beneficiaries receiving from PY 4 continuing into PY 5 which is anticipated to add an additional 292 member months for a total of 1,692 member months in PY 5.

Services	Actual PY 3	New PY 4	New PY 5	Total New
Housing Navigation: # of Persons Housed	42	23	46	69
Housing Sustainability: # of Persons Enrolled	88	47	94	141
Total	130	70	140	210

The PMPM 6 budget is as follows:

Funding for PY 4	280 member months x \$960 pmpm =	\$ 268,800
Funding for PY 5	1,692 member months x \$960 pmpm =	<u>\$1,624,320</u>
TOTAL		\$1,893,120

Reporting and Quality:

There is no change to the current WPC Reporting and Quality Budget; however, Orange County is open to suggestions from DHCS should this be desired or required.

Pay for Outcomes

The Orange County WPC Pilot Program is proposing to add the following Pay for Outcome measures related to implementation of the expanded housing navigation and housing support services discussed above.

Outcome Metric Proposed	Payment Terms	PY 4 Target	PY 4 Amount	PY 5 Target	PY 5 Amount
<i>RECUPERATIVE CARE</i>					
<ul style="list-style-type: none"> BHS Focused – Goal occupancy % achieved December 31 of each PY 	Per % Completed (i.e., 100% for 80% avg occupancy)	60% occupancy 12 of the 20 beds filled at all times	\$200,000	80% occupancy 16 of the 20 beds filled at all times	\$200,000
<ul style="list-style-type: none"> Jail Release - Goal occupancy % achieved December 31 of each PY 	Per % Completed (i.e., 100% for 79% avg occupancy)	40% avg occupancy 10 of the 23 beds filled for the PY	\$200,000	79% avg occupancy 18 of the 23 beds filled for the PY	\$200,000
<ul style="list-style-type: none"> Percentage of Jail Release clients 	Per % Completed	0%	\$0	50%	\$200,000

Outcome Metric Proposed	Payment Terms	PY 4 Target	PY 4 Amount	PY 5 Target	PY 5 Amount
actively engaged in services upon discharged from Recuperative Care	(i.e., 100% for 50% average)	(may not have sufficient discharges at start)			
<i>HOUSING SERVICES</i>					
• Clients Engaged in Housing Navigation	Per % Completed	54	\$198,826.75	108	\$177,253
• Number of Clients Housed	Per % Completed	36	\$198,826.75	72	\$177,253
• Number of Clients Enrolled in Peer Mentoring	Per % Completed	70	\$198,826.75	140	\$177,253
• Number Sustaining placement >6 months	Per % Completed	35	\$198,826.75	70	\$177,253
• Number Sustaining placemen for 1 year	Per % Completed	0	\$0	35	\$177,253
TOTAL			\$1,195,307		\$1,486,264

All proposed Outcome Metrics are paid “Per % Completed.”

For Recuperative Care – the first Outcome Measure for PY 4 is an average of 12 of the 20 beds for BHS focused recuperative care will be filled during PY 4, equating to 60% occupancy rate (12/20=.6). If, at the end of PY 4, an average of 50% of the beds were actually filled during (representing 10 of the 20 beds on average), this would represent 84% of the 60% occupancy target (50/60=84%) and Orange County would be paid 84% of the amount identified for PY 4. For PY 5, these average calculations can be made at both Mid-year and reconciled with the annual invoice. This methodology applies to all Outcome Measures for Recuperative Care.

For Housing Services – the first Outcome Measure is that a total of 54 WPC enrollees will be engaged with a Housing Navigator (actively seeking housing). This amount represents 100% of the target and any number short of this would result in Orange County receiving only a fraction of the Outcome Measure payment. If the actual number of clients actively engaged with a housing navigator is 50 by the end of PY 4, then Orange County would receive 93% (50/54=.93) of the payment associated with that outcome measure. For PY 5, the amount of clients served at mid-year will be paid as a percentage of the total target, with the balance (assuming 100% of the outcome is achieved) paid and reconciled with the annual invoice. This methodology applies to all Outcome Measures for Housing Services.