Together We Care

MHAB

April 16, 2020

WHOLE PERSON CARE
CRUZ TO HEALTH

WHOLE PERSON CARE

Cruz to Health

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WPC – C2H: Program Overview

- Whole Person Care pilot projects test county-based initiatives across the state to improve care management and health outcomes of Medi-Cal beneficiaries with co-occurring chronic conditions, complex needs, and history of high utilization of multiple systems
- WPC – C2H's primary services are services that are not billable to Medi-Cal
- Funding:
  - California Department of Health Care Services - Medi-Cal 2020 waiver
  - Mental Health Services Act Innovations grant (INN – IHHS)
  - Other County non-leveraged funding sources (i.e. General Funds)
- Project timeline: July 2017 – December 2020

DHCS
California Department of HealthCareServices

WPC-C2H: Target Population

Adult Medi-Cal beneficiaries of Health Services Agency clinics with the following risk factors:

A behavioral health* and/or substance use diagnosis

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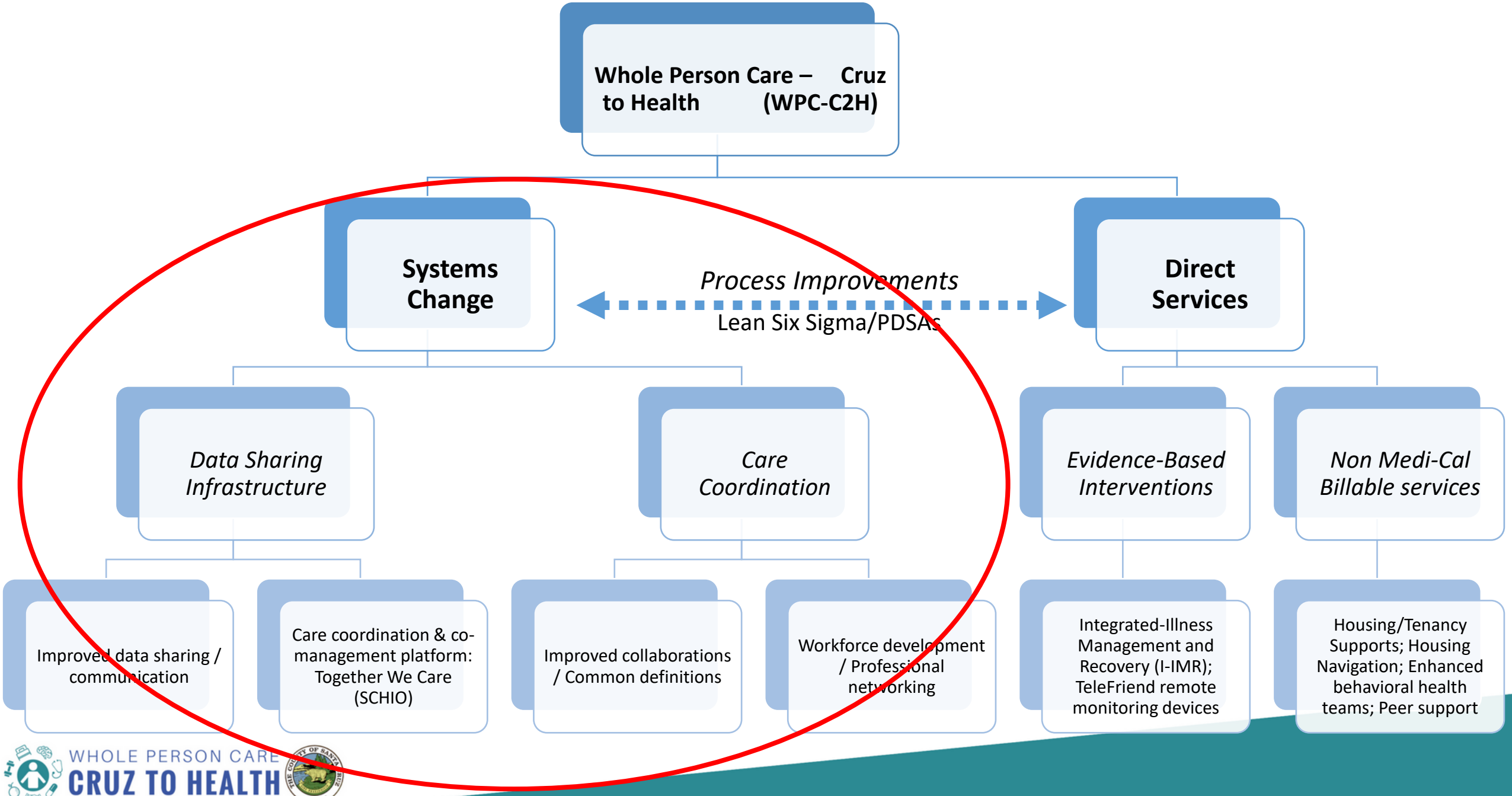
At least two of the following:

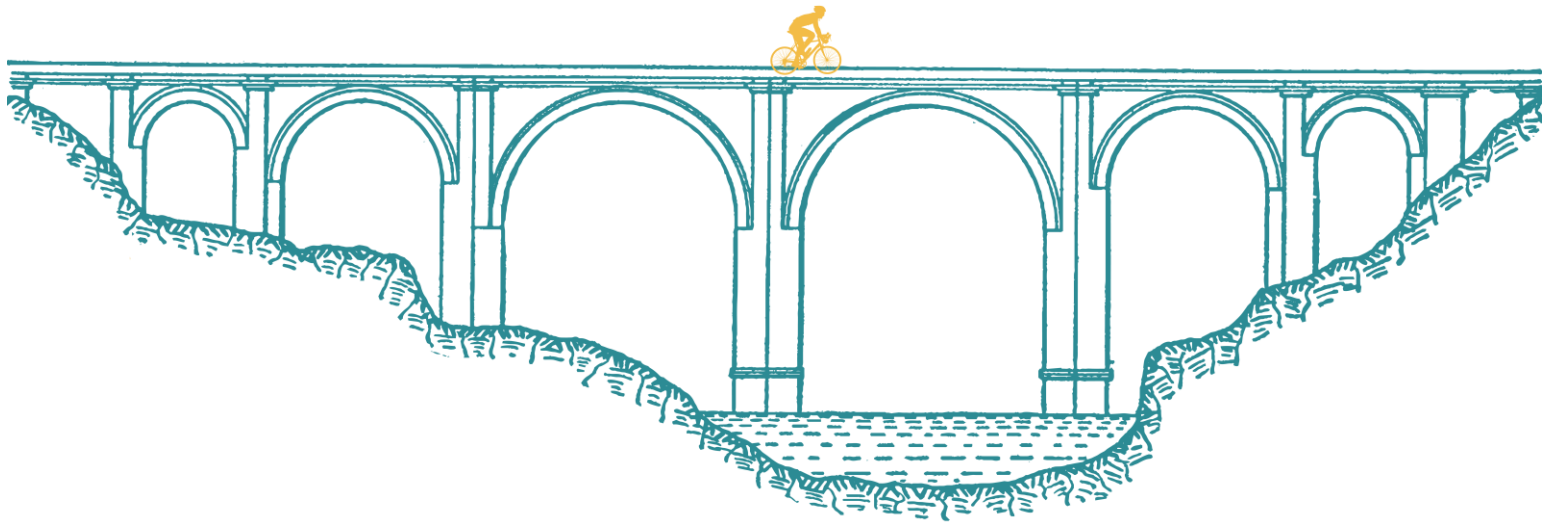
- ≥ 2 chronic health conditions (i.e. diabetes, COPD)
- Prescribed ≥ 5 medications for chronic health conditions
- Homeless or at-risk for homelessness
- ≥ 4 psychiatric hospitalizations within last 12-months
- ≥ 2 medical hospitalizations within last 6-months
- Institutional living or custody within last 12-months

*Includes mild to moderate diagnoses

Referrals not meeting the above criteria may still qualify dependent on the demonstrated need and program capacity.


Whole Person Care – Cruz to Health (WPC-C2H)
Systems Change
Process Improvements
Lean Six Sigma/PDSAs
Direct Services
Data Sharing Infrastructure
Care Coordination
Evidence-Based Interventions
Non Medi-Cal Billable services
Improved data sharing / communication
Care coordination & co-management platform: Together We Care (SCHIO)
Improved collaborations / Common definitions
Workforce development / Professional networking
Integrated-Illness Management and Recovery (I-IMR); TeleFriend remote monitoring devices
Housing/Tenancy Supports; Housing Navigation; Enhanced behavioral health teams; Peer support

Bridging the Care Coordination Gap



- WPC – C2H as a *community* asset
  - Providing dedicated resources and efforts towards common goals of improved care coordination and data sharing
- DHCS vision of laying groundwork for what comes next in Medi-Cal (CalAIM)

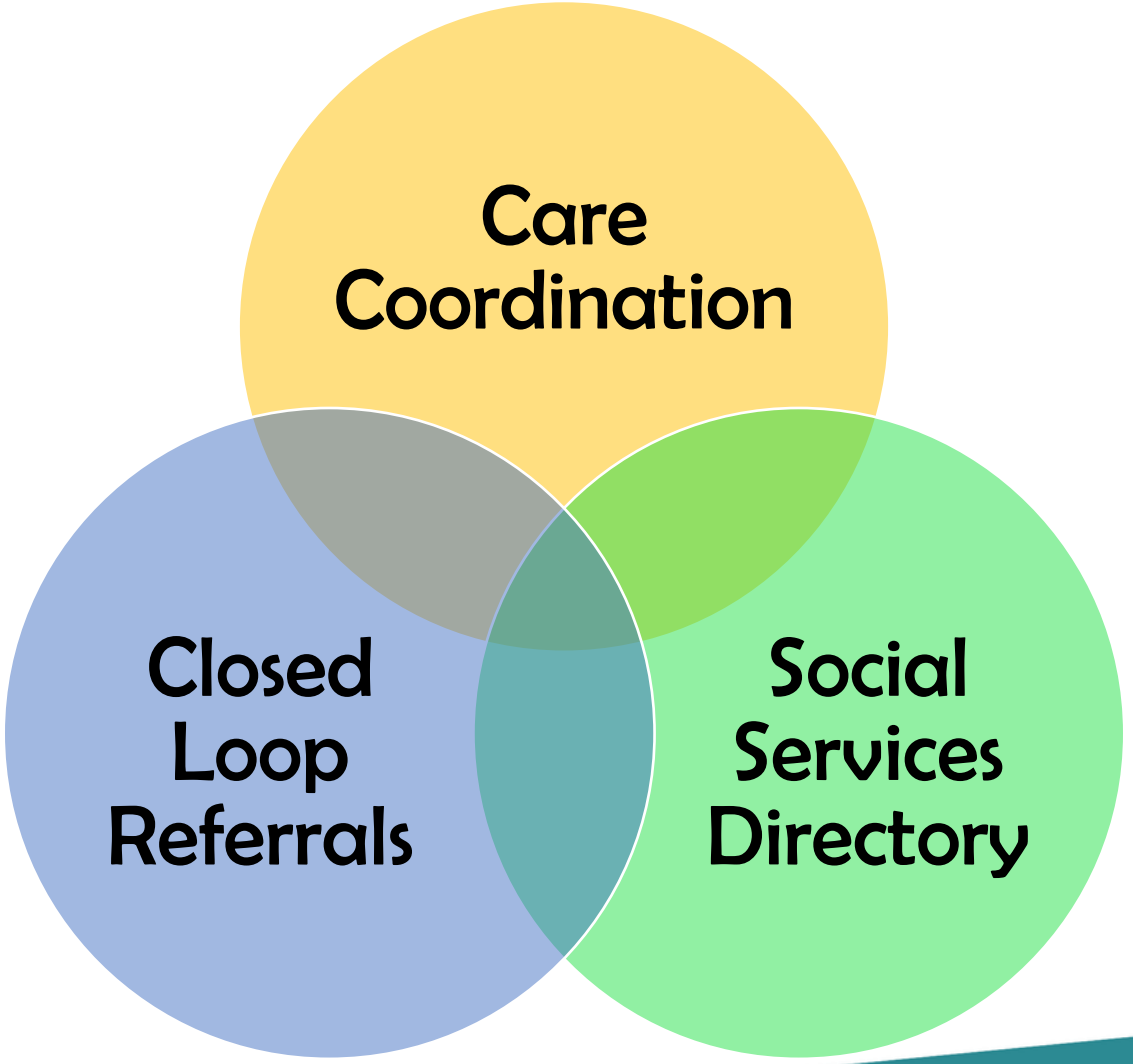
Santa Cruz Health Information Organization
Together We Care

Together We Care Vision Statement

We share a vision of sustaining and building upon existing standardized and secure exchange of health and social service information across organizations to facilitate person-centered, comprehensive care.

“Together We Care” Platform

- Care Management and Community Resource Referral System
- Seamless communication
- Share patient information
- Coordination of tasks across the care continuum
- Multidisciplinary partners

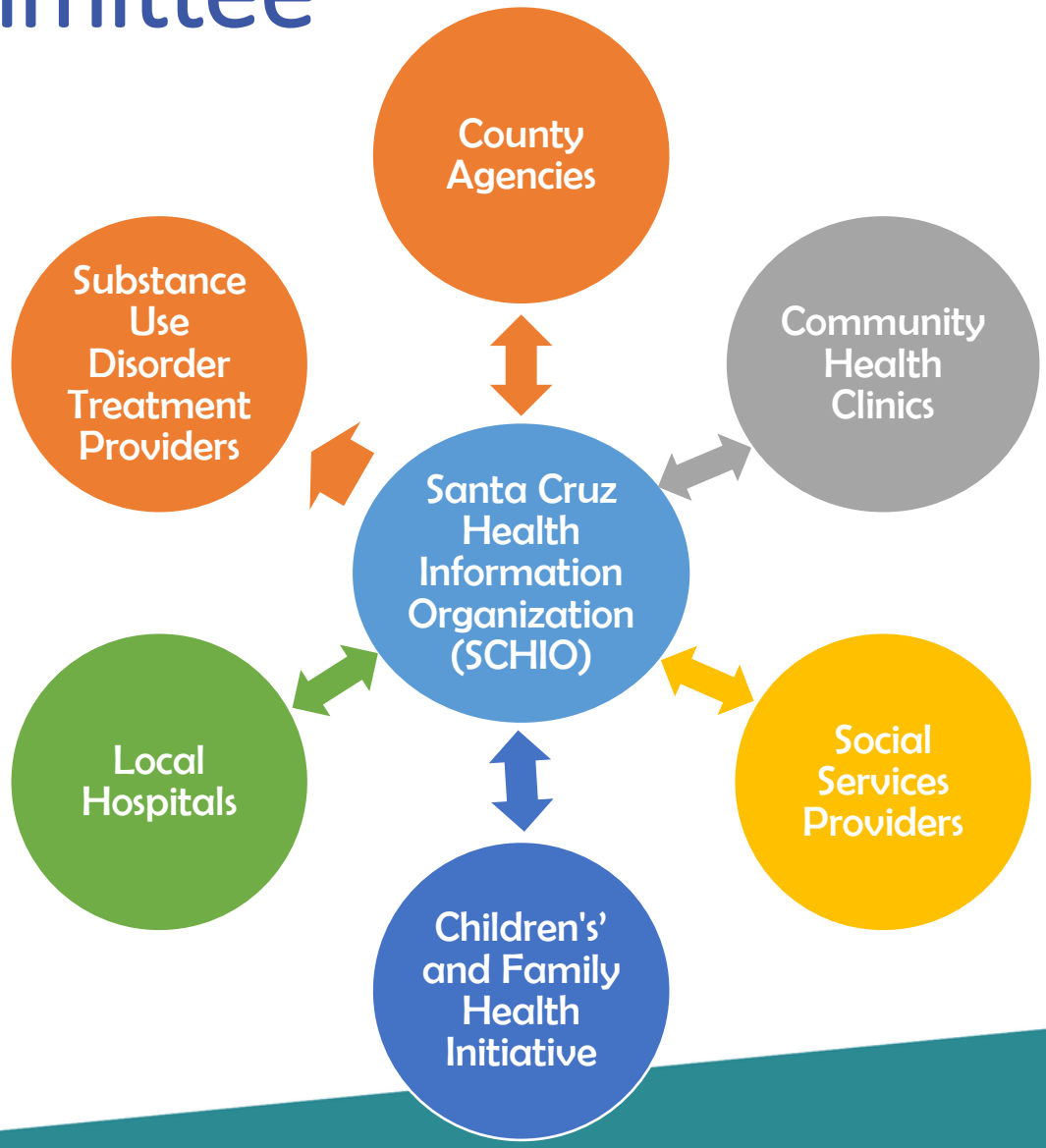


The Era of SDOH Care

ACT.md

Community collaboration is a social determinant of health.
Here's how the top performing communities are adapting.

“Together We Care” - Vendor Selection via Review Committee



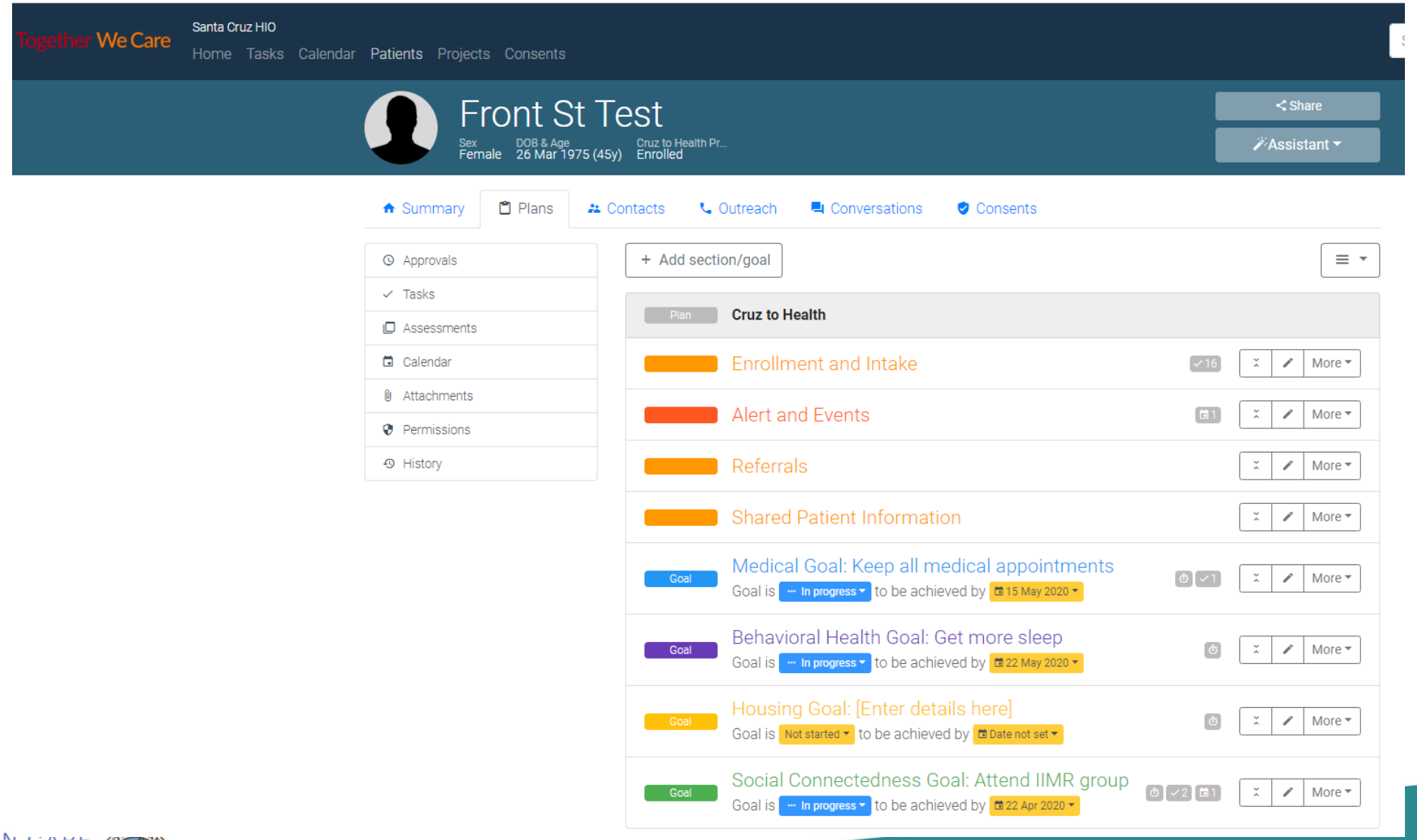
Early Users

Whole Person Care – Cruz to Health (HSA & community partners)

Moving Health Care Upstream (Salud, WLC, PVPSA, Community Ventures)

SCCHC Complex Care Management (SCCHC and community partners)

Sample of WPC use with Front St, Inc.



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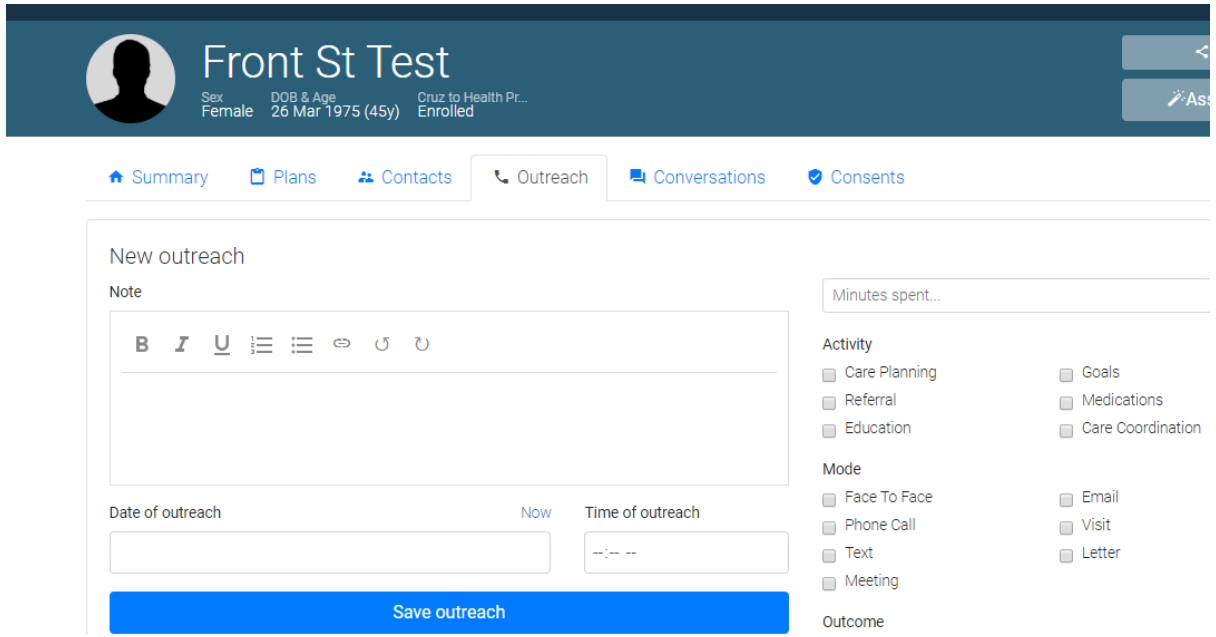
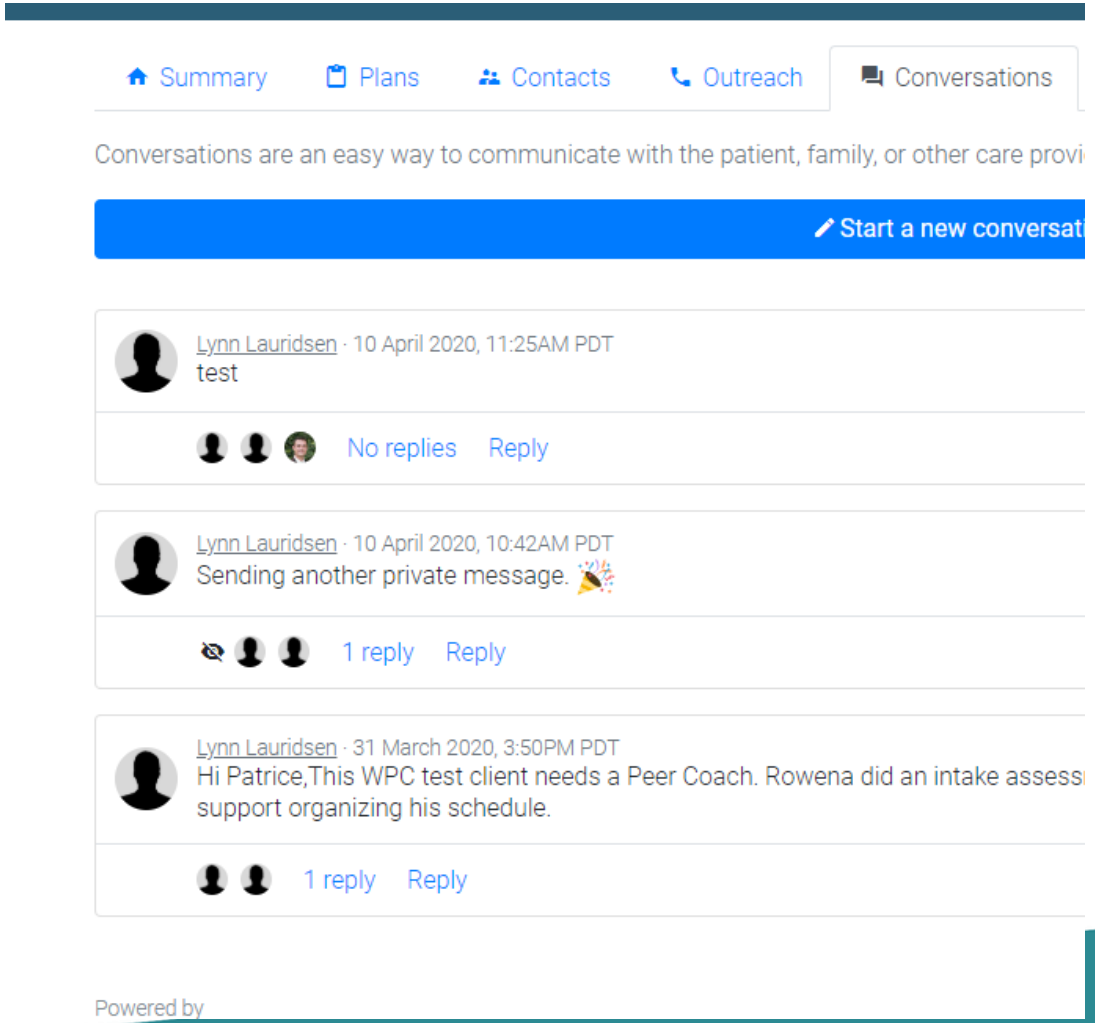
Multiple care providers can document and communicate within the platform.





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