WHOLE PERSON CARE
SACRAMENTO PILOT PROGRAM
Statewide pilot program for vulnerable Medi-Cal patients to improve health outcomes and reduce utilization of high-cost services
WHOLE PERSON CARE
City Approach

- Integrate & Expand Outreach
- Develop Data Sharing Capacity
- Comprehensive Care Coordination
- On-Going Housing Support
### Align
Align Whole Person Care services with homeless Point-in-Time needs

### Integrate
Integrate Whole Person Care with existing resources:
- City General funded homeless programs
- Continuum of Care programs via Sacramento Steps Forward
- SHRA housing programs
- County systems and services

### Catalyze
Use Whole Person Care to leverage funding and programs to increase capacity throughout the entire homeless system of care

**WHOLE PERSON CARE**
City Approach
WHOLE PERSON CARE
Part of a Larger System

People in need

WPC Touchpoints
• healthcare
• shelter
• mobile

Community Referrals

6,800 people

Common Assessment (health & housing)

Not WPC eligible
via community queue

WPC eligible

CoC Housing Programs

Not WPC eligible

Common Assessment (health & housing)

WPC eligible

Mental Health Substance Abuse

Care Coordination/Case Management

CoC Housing Programs

Transitional Housing

Rapid Re-Housing ~ 450

Perm Supportive Hsg. ~ 525

Flexible $

Rapid Re-Housing ~ 350

SHRA Housing ~ 1,000

Non Subsidized Market Housing

New Permanent Supportive Housing

Prevention/Diversion

Expanded Shelter Options

Literally homeless

imminently at risk

6,800 people

3,250 people

1,625 people
Over three years, Whole Person Care will:

- *Increase outreach capacity by 2-3 times*
- *Reduce case management loads by approximately 75%*
- *Leverage approximately 2,300 housing opportunities*
WHOLE PERSON CARE
Service Oriented Framework

- Outreach (6,800 people)
- Care Coordination (3,250 people)
- Housing Supports (1,625 people)
- Respite Beds (144 people)
Federal matching dollars dependent on:

1. Providing services to identified number of Medi-Cal eligible patients; and
2. Providing regular data (quantitative & qualitative) on program delivery and patients served; and
3. Meeting pre-determined health and housing outcome metrics.

WPC Funding to Support Data and Metrics

<table>
<thead>
<tr>
<th>Care Coordination Software</th>
<th>Community Resource Database</th>
<th>Data Analyst Staffing and Consultants</th>
<th>Data Sharing Incentives</th>
</tr>
</thead>
</table>
WHOLE PERSON CARE
Funding Partners

- Existing City contracts for outreach and case management services
- Portion (annualized) of the City’s one-time housing set-aside
- Existing contracts for navigation, care management and respite beds from Health Care Systems

$8 million annual IGT
WHOLE PERSON CARE
Funding Process

1. Non Federal Match
2. IGT
3. Eligible City match
4. Federal match + City match
5. Federal match + City match
6. Sacramento Whole Person Care Program
**WHOLE PERSON CARE**

Flow of Funding

*IGT funding from prior program year pays for services delivered in current program year*

<table>
<thead>
<tr>
<th>Year</th>
<th>PY 1</th>
<th>PY 2</th>
<th>PY 3</th>
<th>PY 4</th>
<th>PY 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 2017</td>
<td><strong>PY 1 IGT $4m</strong></td>
<td><strong>PY 2 IGT $4m</strong></td>
<td><strong>PY 3 IGT $8m</strong></td>
<td><strong>PY 4 IGT $8m</strong></td>
<td><strong>PY 5 IGT $8m</strong></td>
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<tr>
<td>July 2017</td>
<td><strong>IGT + match $8m</strong></td>
<td><strong>IGT + match $8m</strong></td>
<td><strong>IGT + match $16m</strong></td>
<td><strong>IGT + match $16m</strong></td>
<td><strong>IGT + match $16m</strong></td>
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<tr>
<td>Jan 2018</td>
<td><strong>pay PY2 costs</strong></td>
<td><strong>pay PY3 costs</strong></td>
<td><strong>pay PY4 costs</strong></td>
<td><strong>pay PY5 costs</strong></td>
<td><strong>IGT $8m</strong></td>
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<tr>
<td>Jan 2019</td>
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<td><strong>IGT $8m</strong></td>
<td><strong>IGT $8m</strong></td>
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<td>Jan 2020</td>
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<td>Jan 2021</td>
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</tbody>
</table>

- Application
- Planning & set-up
- Service delivery
March 2017
• Application submitted to DHCS

May 2017
• Application finalized and submitted to CMS

June, 2017
• DHCS award letter
• Council approval
• Sign contract with DHCS

July 1, 2017
• Start of PY2
• Transmit PY1 IGT

January 1, 2018
• Start of PY3
• Transmit PY2 IGT
• Begin delivery of WPC services

WHOLE PERSON CARE
Implementation Timeline
**Funding Obligations**
- Enter into contracts with funding partners
- Transmit PY1 IGT to DHCS (August)

**Staffing**
- Establish internal City staffing lead
- Hire consultant staffing lead

**Program Implementation**
- Begin forming governance committees
- Issue RFP(s) for service providers