

# PROGRAM ENROLLMENT, CARE PLANNING, PROGRAM AND CPP EXIT

Watson Care Manager Training Session

## WORKFLOW PROCESSES

- Assigning and enrolling a client in to a WCM program (focus on VCC & ICC)
- Creating a clients Care Plan
  - Adding goals and actions (predesigned for CPP and option to add bespoke)
  - Assigning actions to care team members
  - Updating on progress and closing out actions
- Exiting a client from WCM program/s
  - Reviewing client care plan and goals before exit
  - Completing an Outcomes form for the client
  - Deactivating the client once they have exited all WCM programs and are no longer receiving care coordination under the Care Plus Program

#### Virtual Care Coordination (VCC) Workflow

A Care Plus Program client will normally be enrolled in VCC initially. If ICC criteria is met, refer to ICC workflow. A client may also return to VCC following a decrease in need after a period receiving ICC.

#### Intense Care Coordination (ICC) Workflow

A client may enter ICC after a period of receiving VCC when needs have increased, or they may be enrolled directly when ICC criteria has already been met.



ASSIGNING AND ENROLLING CLIENTS IN PROGRAMS There are 2 steps to entering a client in a WCM program

#### • Step I is assigning the program:

Assignment is in the case of programs with certain eligibility criteria, where the client may need an assessment to determine their eligibility (not currently being used), prior to program acceptance and enrollment

#### • Step 2 is enrollment in to the program

Any WCM program can proceed straight to enrollment (as we are not currently completing any eligibility assessments)

Both steps, the program assignment and enrollment, must be completed

#### STEP I – ASSIGN PROGRAM: SELECT THE 'PROGRAMS' TAB AND CLICK 'ASSIGN'

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## ASSIGN THE RELEVANT PROGRAM, ENTER DATE STARTED, CLICK SAVE

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#### STEP 2 – PROGRAM ENROLLMENT: PROCEED STRAIGHT TO ENROLLMENT BY UPDATING PROGRAM STATUS

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## NOTES ON ENROLLING CLIENTS IN PROGRAMS

- Program enrollments are one of the key linkages measured in the Care Plus Program
  - Enrollment timescales are important once a client is registered in WCM, the expectation is that they are enrolled in relevant programs (at a minimum VCC or ICC depending on need) within an appropriate timeframe (30 day target)
- The start and end dates / program duration is monitored as a measure of expedited service delivery
  - Length of service / time in programs is also important – ensure dates are accurate and program enrollments are exited in a timely manner once the client leaves that program

CLIENT IS NOW ENROLLED IN RELEVANT PROGRAM

CREATING A CARE PLAN IS NEXT...



#### STRUCTURE OF CARE PLAN

**Goals** are the overarching area of need we're working on with the client

Activities / **Actions** are the steps taken to meet that need

- Each action must be attributed to a goal
- We have predesigned goals and actions for CPP
- Closing out is required for each action (progress updates are optional), before a client is exited from VCC or ICC programs and deactivated from CPP

PREDESIGNED
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Goals	Activities / Actions
Behavioral Health	Referral for behavioral health screening and assessment
	Support client engagement in accessing behavioral health treatment
	Linkage to behavioral health outreach
	Linkage to Behavioral health services / treatment provider
Benefits and	Support client to maximize eligible income
Supportive Services	Referral for Social Services benefits eligibility assessment
	Support client to manage and maintain budget
	Support client to reduce debts / arrears, establish payment plans
Correctional Health	Referral to substance use, co-occurring disorder screening and assessment
	Linkage to substance use, co-occurring disorder services / treatment provider
	Support client to prevent self-harm or suicide
	Support client engagement in substance use, co-occurring disorder treatment
	Plan and support clients reentry, including treatment access, from custodial setting
lealthcare	Referral to healthcare screening and assessment
	Linkage to healthcare services / treatment provider
	Support client to better manage chronic health conditions
	Support client in obtaining diagnosis and treatment planning
	Plan and support client discharge from healthcare setting
Housing	Complete Coordinated Entry System (CES) status check
	Linkage to street outreach
	Referral to Shelter, coordinate housing placement
	Linkage to housing services / provider and housing navigation
	Linkage to Emergency Rental Assistance / Program
Probation	Support client to comply with community corrections requirements
	Plan and support clients reentry from custodial setting
	Support client to manage and reduce risks

# CREATING A CARE PLAN: SELECT 'PLAN' FROM THE CLIENT'S SUMMARY PAGE

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# ADD RELEVANT GOALS TO CARE PLAN

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# CLICK SAVE TO ADD THE GOAL TO THE CLIENTS CARE PLAN

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# THE GOAL IS NOW VISIBLE ON THE CLIENT CARE PLAN PAGE

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# NEXT, ADD ACTIVITIES (ACTIONS) TO THE CLIENTS CARE PLAN

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#### YOU CAN ASSIGN THE ACTION TO A CARE TEAM MEMBER AND ADD TIMEFRAME FOR COMPLETION IF REQUIRED

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## THE ACTION NOW APPEARS ON THE CLIENTS CARE PLAN PAGE

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#### ANY TIMEFRAMES ASSIGNED TO THE ACTION, WILL APPEAR ON THE ASSIGNED CARE TEAM MEMBERS WCM HOME PAGE

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# WHEN COMPLETING ACTIONS, PLEASE PROVIDE OUTCOME

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- Select either 'successful' or 'not successful' as default (these measures are used in CPP performance reporting)
- Only use the other categories if the action is no longer relevant or if progress was never even attempted
- Closing out is required for each action (progress updates are optional), before a client is exited from WCM programs and deactivated from CPP

## COMPLETED ACTIONS ARE VISIBLE ON THE CLIENTS CARE PLAN PAGE

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WHEN ALL CARE PLAN ACTIONS HAVE BEEN CLOSED OUT, AND

THE CLIENT NO LONGER NEEDS VCC / ICC,

AN OUTCOMES FORM CAN BE COMPLETED, AND

THEY CAN BE EXITED FROM THAT PROGRAM... Once a client leaves a program they are enrolled in, they must be exited –

- An outcomes form must be completed first for the VCC or ICC programs
  - this measures clients' outcomes and overall CPP impact
- Program exit captures if successful (completed) or unsuccessful (disenrolled)
  - These successful and unsuccessful program exits are monitored by the Care Plus Program to determine effectiveness

All program **actions** in the clients **care plan** must be completed / closed out before exiting the program

NOTES ON EXITING CLIENTS FROM PROGRAMS

#### TO ACCESS THE OUTCOMES FORM, SELECT THE RELEVANT ICC OR VCC PROGRAM FROM THE 'PROGRAMS' TAB

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	Name	Status	Updated By	
Anna Joe	✓ Coordinated Housing Placement	Assigned on 2/26/2021 3:32 PM	Natalie Dempster	:
51 Years 4/1/1970 Male	✓ ICC - Intense Care Coordination	Enrolled on 6/2/2021 1:26 PM	Melanie McQueen	:
Priority: Not Set	✓ Custody and Re-Entry	Enrolled on 12/2/2020 1:53 PM	Krithika Sudeswaran	:
Alerts (6)	✓ Custody and Re-Entry	Disenrolled on 12/2/2020 12:33 PM	Krithika Sudeswaran	:
Li Virtual Record	✓ Custody and Re-Entry	Disenrolled on 12/2/2020 9:52 AM	Krithika Sudeswaran	:
Actions $\checkmark$	✓ Custody and Re-Entry	Disenrolled on 12/1/2020 11:20 PM	Krithika Sudeswaran	:
Address 230 Cookie St Santa Ana, California, 98192 Phone 101-230-1114				11-20 AM
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#### SELECT 'OUTCOME MEASUREMENT' UNDER CASE MANAGEMENT

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Anna Joe 51 Years	Outcome Measurement		* Required Field
4/1/1970 Male		∧ Housing:	
Alerts (6)		SOCDIS Outcomes: If the client had this need, was it a successful outcome? • Yes – the successful outcome. • No – the client had this need but it was a nega client did not have this need.	client had this need and achieved a ative outcome. • Not applicable – the
Actions ~		Successfully placed in accommodation: $\sim$	
Address		Received support to prevent homelessness:	
Santa Ana,		~	
Cathornia, 98192		Improved housing situation:	
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#### NOTES ON COMPLETING THE OUTCOMES FORM

- The outcomes form is structured under the goal headings:
  - Behavioral health
  - Benefits and Supportive services
  - Correctional health
  - > Healthcare
  - Housing
  - Probation
- There are 23 outcome indicators altogether
- Please answer in your professional judgement:
  - 'Yes' if the client had this need and it was a successful outcome
  - 'No' if the client had this need but it was a negative outcome
  - 'Not applicable' the client did not have this need

#### WORK THROUGH THE OUTCOMES FORM



## SAVE AND COMPLETE THE OUTCOMES FORM

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⊻ ∧	Anna Joe 51 Years	Outcome Measurement		N/A $\checkmark$
<u>/</u> \ ≜	4/1/1970 Male			
<u>ዋ</u>	Priority: Not Set			Probation
	1) <u>Alerts (6)</u> 聞 Virtual Record			Provided support to comply with probation requirements: *
	Actions V			Support to reduce/manage risk factors: *
				N/A ~
	Address 230 Cookic St			Accessed housing upon release from jail: *
	Santa Ana, California, 98192			Yes 🗸
	Phone 101-230-1114			<ul> <li>Correctional Health</li> </ul>
	Programs			Improved management of chronic conditions: *
	Coordinated Housing Placement			N/A ~
	ICC - Intense Care Coordination			Access to behavioral health support / treatment while incarcerated: *
	Custody and Re-Entry			Supported to cease/reduce/minimize risk from self-harm and suicide: *
				N/A ~
				Complete

#### NEXT EXIT THE CLIENT FROM THE PROGRAM REMEMBER! ENSURE ALL ACTIONS ARE CLOSED OUT IN THE CLIENTS CARE PLAN FIRST

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Anna Joe 51 Years	© Goals     Q 6     ⊕     Progress:     ○ ○ ○ ○     Programs     ICC - Intense Care Coord	dination		÷
4/1/1970 Male	Follow up on identified initial needs 🗸 💾 Services 0 open			
Priority: Not Set	Actions for Anna 0 open			
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## WHEN THE CLIENT EXITS THE PROGRAM, CLICK 'UPDATE STATUS'

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Anna Joe	✓ Coordinated Housing Placement	Assigned on 2/26/2021 3:32 PM	Natalie Dempster	:
51 Years 4/1/1970	✓ ICC - Intense Care Coordination	Enrolled on 6/2/2021 1:26 PM	Melanie McQueen	:
Mate Priority: Not Set	✓ Custody and Re-Entry	Enrolled on 12/2/2020 1:53 PM	Krithika Sudeswaran	Update Status
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tions 🗸	✓ Custody and Re-Entry	Disenrolled on 12/1/2020 11:20 PM	Krithika Sudeswaran	:
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#### SELECT 'COMPLETED' IF SUCCESSFUL OR 'DISENROLLED' IF UNSUCCESSFUL

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Anna Joe				* required field		
51 Years 4/1/1970	Current Status	Enrolled				:
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CLOSING OUT CLIENT FROM CARE PLUS PROGRAM

#### After:

- An outcomes form has been completed,
- The client has been exited from all WCM Programs, and
- The client no longer needs care coordination under the Care Plus Program,

They can be closed out from the Care Plus Program by **deactivating** them

(the client can always be reactivated if they return to CPP)

#### TO CLOSE OUT THE CLIENT FROM CPP, CLICK 'DEACTIVATE' FROM ACTIONS MENU FROM THE CLIENT'S PAGE

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New Task   New Note   New Touchpoint   New Referral   Update Photo   Update Priority   Activate   Deactivate   Actions   Address   230 Cookie St   Santa Ana,   California, 98192   Phone   101-230-1114	Plan ∨ Programs ∨ Data	History V Team V Summary	Share Care Plan Customize Summary C ?
	$\wedge$ Goals $\rightarrow$	∧ Actions	$\wedge$ Care Team $\oplus$ $\rightarrow$
	Follow up on identified initial needs	No Records	Andrew Hong OCC - ADA Specialist
	$\wedge$ Programs $\oplus$ $\rightarrow$	$\wedge$ Assessments $\oplus$ $\rightarrow$	Gina Ramirez PROB - Deputy Probation Officer
	Coordinated Housing Placement	No Records	January Johnson OCHA - Administrative Manager I - Section Chief
	ICC - Intense Care Coordination	$\wedge$ Conditions $\oplus \rightarrow$ No Records	Kathleen Green PROB - Supervising Probation Officer
	Custody and Re-Entry	$\wedge$ Social Background $\oplus$ $ ightarrow$	Marco Rodriguez OCCS - Administrative Manager I
	$\wedge$ Latest Note $\oplus$ $\rightarrow$	No Records	$\wedge$ Latest Touchpoint $\oplus$ $ ightarrow$
	Alert	$\wedge$ Current Medications $\oplus ightarrow$	Phone: Unsuccessful
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THE CLIENT IS NO LONGER ACTIVE IN THE CARE PLUS PROGRAM

(CAN BE REACTIVATED IF THEY RETURN TO CPP)



# ANY QUESTIONS?

Thank you!