



SAN BENITO COUNTY HEALTH AND HUMAN SERVICES
WHOLE PERSON CARE
PARTICIPANT AGREEMENT



The San Benito County Health and Human Services Agency (SBCH&HSA) Whole Person Care (WPC) is part of the California Small County Collaborative (CSCC). WPC and the participant _____ hereby agree to the following:

name of participant

The participant will engage with the WPC Comprehensive Care Coordination (CCC) team. The CCC team and the participant will meet regularly in order to improve continuity of care.

The CCC Team agrees to support the participant by:

1. Completing an assessment and developing a Care Plan within 30 days.
2. Ensuring the Care Plan goals are the voice and choice of the participant and include reduction in the need to use Hospital Emergency Department.
3. Providing case management services to assist in meeting the goals of the Care Plan.
4. Scheduling CCC team meetings in a location that will be convenient for the participant.
5. Collaborating with the participant and other agencies as needed to meet the goals of the Care Plan.
6. Linking participant to community resources including housing support, if needed.
7. Transition planning beyond the WPC program.

The participant agrees to engage with the CCC team by:

1. Participating in CCC meetings in order to coordinate services needed to meet the goals of the Care Plan.
2. Meeting with CCC team members up to 2-4 times weekly for support in achieving the healthy goals and benefits of the Care Plan.
3. Authorizing communication between CCC team members.
4. Allowing unidentifiable information be shared with SCWPCC for pilot program outcomes.
5. Utilizing the CCC team for support with:
 - ❖ Primary Care Provider
 - ❖ Health Issues
 - ❖ Housing
 - ❖ Mental Health or Substance Use Disorders
 - ❖ Probation/Law Enforcement
 - ❖ Crisis

I further acknowledge that I am enrolling in this program by my own choosing and I can choose to withdraw from the WPC at any point. _____
(Initial)

Conflicts may occur between participants and staff. Should a significant disagreement arise, which cannot be resolved within a CCC meeting, the issue may be brought to the attention of Whole Person Care Program by the participant or CCC team member. In the event that no solution can be found the participant or supervisor may request a team meeting with the participant and CCC team present.

Participants also have the option to file a grievance. A grievance can be filed verbally with a SBCHHSA staff or by completing a grievance form available in the lobby of Suite 109.

Participant Signature: _____ Date: _____

WPC Staff: _____ Date: _____