Multnomah County					
Program #40081 - Multr	nomah County Care Coordination		FY 2025 Proposed		
Department:	Health Department	Program Contact:	Jessica Jacobsen		
Program Offer Type:	Operating	Program Offer Stage:	Proposed		
<b>Related Programs:</b>					
Program Characteristic	s:				

## **Executive Summary**

The Care Coordination Unit was formed in 2020 in the Behavioral Health Division as a result of CCO 2.0 and provides care coordination for all ages, including: Wraparound, Youth & Adult Intensive Care Coordination (ICC), & the Multnomah Intensive Care Coordination Team (M-ITT). Wraparound and Youth ICC provide a broad range of care coordination services and work within the multi-tiered Children System of Care Governance Structure to address cross system barriers for youth and families. Adult ICC provides integrated care coordination to adults with complex behavioral health needs to improve health outcomes and experience. M-ITT provides short term care coordination and case management to support adults during and after a psychiatric hospitalization to connect to community-based services.

## **Program Description**

Wraparound, Youth & Adult ICC are funded by Oregon Health Plan via a delegation agreement with Coordinated Care Organization(s). M-ITT is funded by HealthShare as part of the Crisis Services continuum of care. Care Coordinators partner with Primary Care Providers, Community Behavioral Health Providers, Department of Community Justice, Housing Providers, Intellectual Developmental Disabilities, Oregon Department of Human Services, Child Welfare, School Districts, Peer Service Providers, and other stakeholders to improve care and outcomes for clients.

ICC and Wraparound Care Coordinators engage in a team planning process with adults, youth, family, community partners, and providers to develop a unified, strengths-based plan addressing individualized needs. For youth participating in Wraparound services, their plan of care is youth-driven, family-guided, culturally responsive, multidisciplinary and includes both formal and natural support. The goal is to help youth address mental health needs in order to be healthy, successful in school, and remain in their communities. Youth and Adult ICC support individuals (and their families) with complex behavioral health needs to develop individualized care plans meeting physical, oral, behavioral health, substance use, and psychosocial goals. ICC facilitates transitions between mental health services; ensures team communication; and connects with community services and supports. M-ITT provides rapid engagement to adults exiting psychiatric hospitals (who are not connected to an outpatient behavioral health provider) to provide short term, intensive support and connect them to ongoing behavioral health services and other community support services (i.e. Primary Care, shelter, etc.) to address client needs.

Programs ensure policies, procedures and services are individualized and culturally/linguistically responsive. Staff are recruited and retained to reflect the communities served with several bicultural and bilingual staff available to work with LGBTQIA+, Native American, African-American, Latinx and Spanish speaking clients. Peer Services are contracted out to qualified providers.

Performance Measures							
Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target		
Output	Number of unique children served in Youth Care Coordination.	362	350	372	350		
Outcome	% score measuring family's satisfaction and progress in Wraparound. (1)	70%	85%	75%	85%		
Output	Referrals processed in Youth Care Coordination.	378	300	393	350		
Output	Total number of clients served in M-ITT. (2)	520	575	527	530		

#### **Performance Measures Descriptions**

Program added administrative support to increase WFI-EZ survey completion rates to help obtain a statistically significant response rate. In FY23 completion rates increased by over 100%, and a strategic plan is in place to further increase completion rates. Program caregiver satisfaction scores surpass the statewide average for Wraparound programs.
M-ITT was short-staffed the majority of FY23 and saw increased length of enrollment due to reduced system capacity, resulting in a decreased total number served.

Delegation Agreement with Coordinated Care Organization(s) to provide Wraparound and Intensive Care Coordination.

Revenue/Expense Detail								
	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds				
Program Expenses	2024	2024	2025	2025				
Personnel	\$0	\$7,821,578	\$0	\$9,610,498				
Contractual Services	\$0	\$1,390,858	\$0	\$2,804,197				
Materials & Supplies	\$0	\$81,564	\$0	\$206,541				
Internal Services	\$0	\$2,190,484	\$0	\$2,821,657				
Total GF/non-GF	\$0	\$11,484,484	\$0	\$15,442,893				
Program Total:	\$11,484,484		\$15,442,893					
Program FTE	0.00	50.68	0.00	58.68				
Program Revenues								
Intergovernmental	\$0	\$11,484,484	\$0	\$15,442,893				
Total Revenue	\$0	\$11,484,484	\$0	\$15,442,893				

## **Explanation of Revenues**

This program generates \$1,625,135 in indirect revenues. MHS-05 - Adult MH SVCS - \$340,225 Trillium Peer Svcs contract - \$101,176 Care Oregon Medicaid BH - \$14,519,516 OneTimeMotel - \$481,976

# Significant Program Changes

Last Year this program was: FY 2024: 40081 Multnomah County Care Coordination

In FY 2025, program expects to add two new Care Coordination teams. One team will serve incarcerated individuals with known behavioral health and/or substance use conditions. The second team will provide level of care assessments for individuals with Substance Use Disorders, prioritizing people transitioning out of jail or hospital settings in need of assessment for a referral into care.