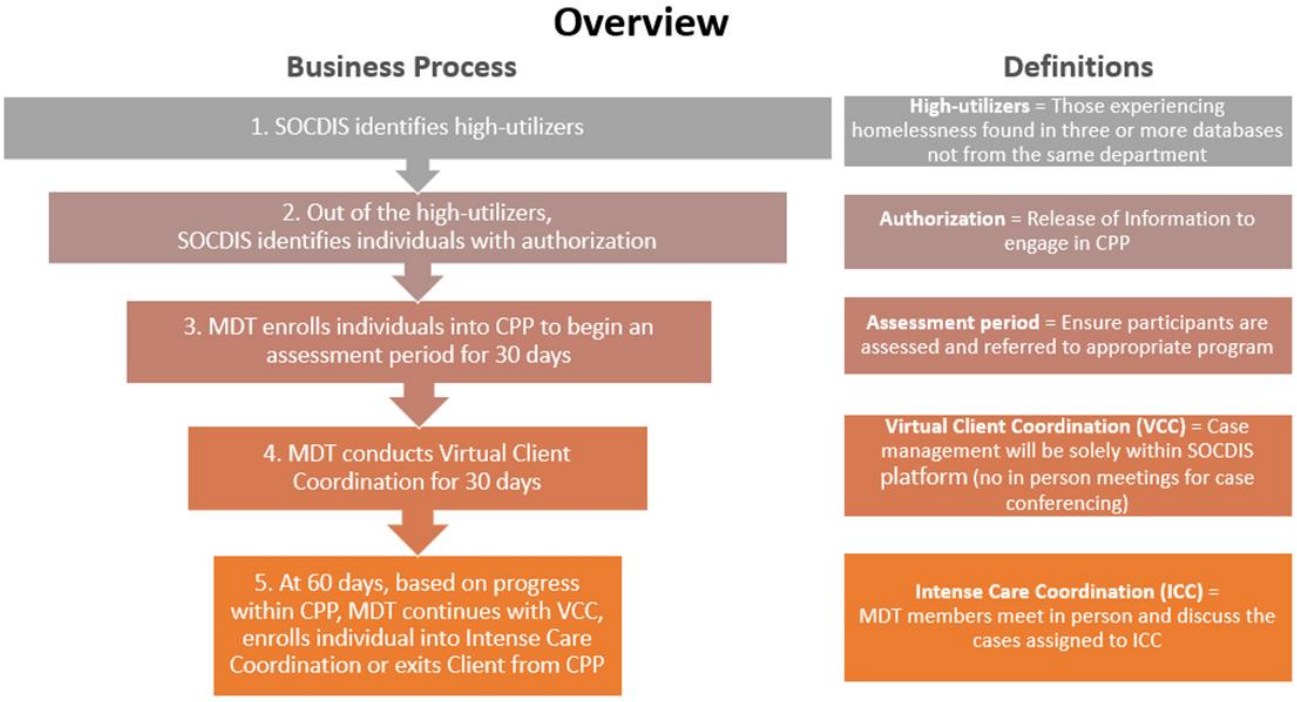
Care Plus Program Multi-Disciplinary Teams (MDT)



MDT Purpose and Functions

To promote connection to services and resources for homeless individuals.

Virtual Care Coordination (VCC) occurs for those clients who appear in at least three County Systems of Care.

MDT members will use established criteria from each County department to identify clients from this cohort who then may become eligible for Intense Care Coordination (ICC) - *see suggestions below.*

The MDT is responsible for development and implementation of a Care Plan. Each MDT will have a lead facilitator (OCC) who is responsible for convening and managing the MDT around that client and for the structured organization of MDT meetings.

Principles of effective MDT's

In establishing our MDT, we are advocating a willingness to:

- ✓ Collaborate on a unifying philosophy centered on care of the client and the community.
- ✓ Learn about other County departments / disciplines, develop trust among members.
- ✓ Share responsibility for client care and work continuously on overcoming barriers.
- ✓ Establish a mechanism for negotiation and renegotiation of goals and roles over time.
- ✓ Establish a common language and shared documentation that underpins effective care coordination.

MDT member responsibilities

- Ensure representation for each client connected with, or potentially in need of services, from their County department. Ensure consistency of representation in MDT meetings for each case. Representation must be at level required to make decisions and drive forward actions.

- Respond and provide timely updates to the lead facilitator to meet and expedite care coordination timeframes.
- Share and communicate relevant MDT information and actions within their County department in line with AB210 MOU and SOCDIS Privacy and Security guidelines.
- To provide the case history and current case status within their County department and all relevant information including services provided, engagement and interventions planned.
- Support and inform the development of the Care Plan and contribute measurable goals for the purpose of addressing and preventing homelessness.

➢ Guiding, informing and making recommendations to the MDT on: **Behavioral health** (identified mental health and psychological factors, including recommendations and access to assessment, diagnosis and treatment); **Corrections** (the safety and security of the client and community, probation requirements and compliance with any orders); **Healthcare** (physical health, inpatient and outpatient care, diagnosis and treatment options and compliance); **Housing/Homelessness** (progress and engagement with housing navigation, case management interventions, access to a range of housing options, including shelter, transitional and permanent supportive housing); **Benefits and support services** (eligibility for, access and benefit assistance programs that promote stability and self-sufficiency).

Considerations for MDTs

In meeting the responsibilities outlined above, there are some key considerations for members to work through within their County Departments. The functions of VCC and ICC will need to operate dynamically in order to promote the timely connection to services and resources that will be most effective in meeting client need and achieving positive outcomes.

- How real time client information will be captured, collated and fed back.
- Internal process for communicating decisions or actions, and delegation and monitoring of those actions.
- Timescale expectations for the updating and completion of case records.
- How any existing client centered documentation (housing navigation, case management, recovery plans etc) interact / interface with the development of an MDT Care Plan.

Criteria for ICC *(These are provided as suggestions only):*