Frequently Asked Questions: Care Plus Program

1. What is the Care Plus Program?

The Care Plus Program offers enhanced care coordination for those who are the most vulnerable across the County of Orange's (County) System of Care – Behavioral Health, Community Corrections, Healthcare, Housing, and Benefits and Support Services. The program objectives are to expedite the identification of client needs and provide subsequent linkages to services with greater collaboration and maximization of resources. The program is facilitated through multidisciplinary team meetings and Compass OC.

2. What are Care Plus Program cohorts?

The Care Plus Program currently facilitates three (3) cohorts: Homeless, Corrections, and Proposition 36. Each cohort focuses on a specific vulnerable population and has its own eligibility criteria.

Cohort	Eligibility
Homeless	Clients are experiencing homelessness and are considered high utilizers of the County's System of Care.
Corrections	Clients who have been incarcerated four (4) or more times within the past year and are not experiencing homelessness.
Proposition 36	Clients who are Proposition 36 eligible and are experiencing homelessness.

*Note: Participating Entities may have vulnerable clients who fall outside of a cohort's defined criteria. These clients should be brought to the Office of Care Coordination for consideration. Please email careplusprogram@ceo.oc.gov.

3. What is Compass OC?

Compass OC is a technology solution that facilitates data sharing between County departments and community-based organizations. The Compass OC database pulls data elements from numerous source systems and creates a platform to view a client's program history and service utilization to help create client care plans and assist in care coordination.

4. How can a new User be added to Compass OC?

All Compass OC Users accounts are initiated through the Office of Care Coordination. Users must complete all Care Plus Program mandatory privacy trainings before access is granted to Compass OC. To initiate a new User

account, email the Office of Care Coordination at careplusprogram@ceo.oc.gov.

5. What is the Multidisciplinary Team?

The Multidisciplinary Team (MDT) is a key feature of the Care Plus Program and facilitates care coordination. The Care Plus Program has an MDT for each cohort. Its primary role is to promote connection and expedite referrals to services and resources for clients. The MDT meets in person to plan, coordinate, and overcome barriers to care for clients enrolled in Intense Care Coordination (ICC).

6. How do I enroll a client in the Care Plus Program?

Compass OC Users are able to enroll a client in the Care Plus Program by following the Compass OC System Workflow. The Compass OC System Workflow can be found on the Office of Care Coordination Care Plus Program internal website - Care Plus Program - Internal Website | Orange County CEO's Office.

7. What is an Authorization Form?

An Authorization Form allows Care Plus Program Participating Entities to disclose confidential information to each other for the purpose of coordinating client care. More information regarding client Authorization Forms can be found on the Authorization Form itself or the Authorization Form FAQ document.

8. What is Intense Care Coordination (ICC) and Virtual Care Coordination (VCC)?

Intense Care Coordination (CC) is care coordination which involves the Multidisciplinary Team (MDT), made up of members from across each County department and community-based providers, meeting in person to discuss and expedite services for a cohort of clients who are high utilizers of the County's System of Care. Clients who receive ICC often have been challenging to engage meaningfully and have high barriers to achieving the goals outlined in their Care Plan.

Virtual Care Coordination (VCC) is care coordination which involves the Multidisciplinary Team members communicating solely within the Compass OC platform or email/telephone, with limited to no in-person case conferencing occurring. Clients who receive VCC also need assistance navigating the County's System of Care but are able to do so on their own and make progress on achieving the goals outlines in their care plan.